Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Health Futures University Technical College, 350 High St, West Bromwich, B70 8DJ

Date: 3 December 2015; 1330h – 1715h

Members attending:

Mr R Samuda	(RSM)	Chairman
Ms O Dutton	(OD)	Vice Chair
Mr H Kang	(HK)	Non-Executive Director
Dr P Gill	(PG)	Non-Executive Director
Mr M Hoare	(MH)	Non-Executive Director
Mr R Russell	(RR)	Non-Executive Director
Cllr W Zaffar	(WZ)	Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Mr T Waite	(TW)	Director of Finance
Dr R Stedman	(RST)	Medical Director
Mr C Ovington	(CO)	Chief Nurse
Ms R Barlow	(RB)	Chief Operating Officer
Miss K Dhami	(KD)	Director of Governance
Mrs R Goodby	(RG)	Director of OD

In attendance:

Mrs C Rickards	(CR)	Trust convenor
Mr A Kenny	(AR)	Director of Estates/NHD

Board Support

Mr D Whitehouse	(DW)	Head of Corporate Governance

Time	Item	Title	Reference Number	Lead
	1.	**Apologies**	Verbal	**DW**
	2.	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	**Chair**
1355h	3.	**Patient story**	Presentation	**CO**
	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 5 November 2015 as a true and accurate records of discussions*	SWBTB (11/15) 185	**Chair**
1400h	5.	**Update on actions arising from previous meetings**	SWBTB (11/15) 186	**DW**
	5.1	Smoking Cessation Implementation	SWBTB (12/15) 187	**TL**
	5.2	Wider Safe Staffing	SWBTB (12/15) 188	**RG**
1415h	6.	**Questions from members of the public**	Verbal	**Chair**
1425h	7.	**Chair's opening comments**	Verbal	**Chair**
	8.	**Chief Executive's report**	SWBTB (12/15) 189 SWBTB (12/15) 189 (a)	**TL**
1445h	9.	**Trust Risk Register**	SWBTB (12/15) 190 SWBTB (12/15) 190 (a)	**KD**

Time	Item	Title	Reference Number	Lead
	9.1	**Junior Doctor (in training) Industrial Action**	SWBTB (12/15) 191 SWBTB (12/15) 191 (a)	**RB**
1500h	**10.**	**Integrated Performance Report**	SWBTB (12/15) 192 SWBTB (12/15) 192 (a)	**TW**
	10.1	**Mortality Update**	SWBTB (12/15) 193 SWBTB (12/15) 193 (a)	**RST**
1530h	**11.**	**Annual plan Q2 report**		
	11.1	**Ten out of Ten Safety Standards**	SWBTB (12/15) 194 SWBTB (12/15) 194 (a)	**CO**
	11.2	**Readmissions – Board Assurance Framework Update**	SWBTB (12/15) 195 SWBTB (12/15) 195 (a)	**RB**
1600h	**12.**	**CQC Improvement Plan update** *(incorporating headline feedback from November mock inspections)*	SWBTB (12/15) 196 SWBTB (12/15) 196 (a)	**KD**
1615h	**13.**	**Safe Nurse Staffing** *(with a focus on Women and Children's Services and Maternity Services)*	SWBTB (12/15) 197 SWBTB (12/15) 197 (a)	**CO/RG**
1630h	**14.**	**Financial performance – PO7 October 2015**	SWBTB (12/15) 198 SWBTB (12/15) 198 (a)	**TW**
1640h	**15.**	**The Contribution of Volunteers to SWBH**	SWBTB (12/15) 199 SWBTB (12/15) 199 (a)	**CO**
1650h	**16.**	**Annual Plan Delivery Report 2015/16 – Q2 Update**	SWBTB (12/15) 200 SWBTB (12/15) 200 (a)	**TL**
1700h	**17.**	**Sandwell Treatment Centre**	SWBTB (12/15) 201 SWBTB (12/15) 201 (a)	**TL/AK**
	FOR INFORMATION			
	18.	**100,000 Genome Project: Update**	SWBTB (12/15) 202 SWBTB (12/15) 202 (a)	**RSt**
	UPDATES FROM THE BOARD COMMITTEES			
	19.	Minutes from the meeting of the **Configuration Committee** held on 17 November 2015.	SWBAR (08/15) xxx To Follow	**RSM/ TL**
	20.	Update from the meeting of the **Quality & Safety Committee** held on 27 November 2015	SWBAR (10/15) xxx To Follow	**OD/ CO**
	21.	Update from the meeting of the **Finance and Investment Committee** held on 27 November 2015	SWBAR (10/15) xxx To Follow	**RSM/ TW**
	22.	Update from the **Public Health, Community Development & Equality Committee** held on the 26 November 2015	SWBAR (08/15) xxx To Follow	**RSM/ RST**
	23.	**Any other business**	Verbal	**All**
	24.	**Details of next meeting** The next public Trust Board will be held on 7 January 2016 at 1330h in the Anne Gibson Board Room at City Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Board Room, Sandwell General Hospital **Date** 5 November 2015 1.30pm – 5.00pm

Members Present

Mr Richard Samuda	Chair
Ms Olwen Dutton	Vice Chair
Dr Paramjit Gill	Non Executive Director
Mr Harjinder Kang	Non Executive Director
Mr Robin Russell	Non Executive Director
Cllr. Waseem Zaffar	Non Executive Director
Mr Toby Lewis	Chief Executive
Ms Rachel Barlow	Chief Operating Officer
Miss Kam Dhami	Director of Governance
Mrs Raffaela. Goodby	Director of Organisational Development
Mr Colin Ovington	Chief Nurse
Dr Roger Stedman	Medical Director
Mr Tony Waite	Director of Finance & Performance Management

Also in attendance:

Mrs Chris Rickards	Trust Convenor
Mr Jonathan Walters	Director of Operations

Board Support:

Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1 Apologies	
Apologies were received from Mr Mike Hoare.	
2 Declaration of interests	
Mr Hoare had recently highlighted his Directorship role of Metech Consulting Ltd. In addition the Board were notified that Mr Lewis had recently been appointed as an independent Member of the Council of Aston University. The Register of Interests will be updated accordingly.	
3 Patient Story (reflections to follow in private board meeting)	
The Board received 3 patient stories via filmed interviews from Graham, Carolyn and Peter about their experiences of treatment at the Trust. Key messages from the stories were that Graham felt that he was informed about the treatment he was receiving and had been kept up to date as to what was going on. For Carolyn, despite being anxious she felt she had been treated with kindness and professionalism. Peter was impressed with the service he had received from the Ambulance Service and the hospital during	

his treatment. The Board agreed that it was important to receive patient feedback in as many different forms as possible. When presented with telling their story in front of a camera a patient may feel the need to present a positive experience. Patient feedback has been presented to the Board in different forms including patients directly attending the Board to give their story. It was important that different approaches continued to be used and for these to sit alongside other sources such as PALs information and formal complaints. Clear opportunities should be available for complainants to share their experiences with the Board.	
4 Minutes of previous meeting – 6th August 2015	SWBTB (10/15) 172
Resolved: the minutes of the previous meeting were agreed as an accurate record subject to the following amendments: • **Minute 15.4 – the figures listed were amended with the rolling sickness absence being 4.91% which was a deterioration in performance rather than a slight improvement as stated. For September the rate of sickness absence was 4.94%** • **Minute 16 – the R&D Plan would be brought back to the February meeting for consideration by the Board.**	
5 Update on actions arising from previous meetings	SWBTB(10/15) 172(a)
In terms of the actions arising from previous meetings: • The Video Reflexivity update would be included in one of the later presentations on this agenda (SWBTBACT.495) as would the update on sonographers (SWBTBACT.505). • The letter to the Chief Executive of Public Health England regarding the national availability of BCG vaccines had been sent and a response was awaited.	
6 Questions from members of the public	
Mr Samuda opened the meeting for questions from the public. Mr Bill Hodgetts asked about the recent engagement events that were taking place in respect of the changes to Oncology. At the recent meeting at Sandwell Hospital eight patients expressed satisfaction with the proposals but one patient did not. If this percentage was extrapolated across all those using the service then what implications would this have for the direction the Trust was taking? What would also be the implications for Radiography if there were changes to Oncology? In response Mr Lewis reiterated that there was no possibility of the services currently being provided through Sandwell Hospital and the Birmingham Treatment Centre being provided elsewhere. The changes hadn't been instigated by the Trust but rather by other partners. That being said circumstances provided an opportunity for the Trust to develop a service that was inherently more responsive to patients. In respect of the National Peer Review process the Trust was currently an outlier in terms of performance in this area. There remained key areas of risk currently but these related to elements of the oncology service that were being provided externally. Greater control would enable the Trust to drive improvement. The Black Country Alliance equally provided	

opportunities for stronger collaboration going forward.	
7 Chair's opening comments	
Mr Samuda took the opportunity to highlight the success of the recent Annual Staff Awards Ceremony. He also highlighted the importance of the Board retaining its strategic focus given the level of change within the system from changing national assessment systems from the CQC to different Provider and commissioning landscapes locally and regionally. The Black Country Alliance would provide an important opportunity to develop some local impetus to drive improvement across the system. In ensuring effective use of Board time the Chairman reiterated the need to focus debate at the meeting and to keep presentations short and succinct.	
8 Chief Executive's Report	SWBTB (11/15) 173
The Board's attention was drawn to Annex B and the Board Equality and Diversity Plan. Progress against the Plan was going in the right direction. The one red risk was in respect of active peer groups for each protective characteristic. The Board was also notified of the strike ballot that was taking place by junior doctors and that action was underway to ensure safe staffing levels across the Trust dependant on the outcome of the ballot. Key dates that the Board needed to be aware of included: • On the 22 October the CQC regulatory improvement notice was lifted in respect of training records for imaging staff. • On the 9 November Surgery and Trauma Assessment Reconfiguration will be taking place on to the Sandwell Hospital site. • On the 16 November the partial booking model for 9 specialities will commence. Also on that date the CQC outcome on delayed inspection of Community Children's Services will also be presented at a Quality Summit with publicity the following day. Cllr Zaffar highlighted the opportunities presented around the possibilities of closer collaboration between the Local Authority and Police and Health partners. Mr Lewis welcomed the support Cllr Zaffar was providing and highlighted the benefits all round of building a stronger partnership with the City Council.	
Action: that the Board's partnership networks be considered at a future Board Development Session.	Mr Whitehouse
9 Trust Risk Register	SWBTB (11/15) 174a/ 174b
Miss Dhami introduced the Risk Register drawing the Board's particular attention to those items which would remain red in terms of residual risk score. These included risk 121 (unpredictable birth activity and the impact of cross charging from other providers against the AN/ PN tariff). The antenatal pathway would not be in place by the end of October as planned. There was however commitment that progress would be made by all parties by the end of November 2015. Attention was also drawn to risk 325 (risk of a breach of patient confidentiality due to inadequate information security systems). Mr Lewis highlighted that the Trust's self-assessment against the Information Governance Toolkit standards would be brought to the February Board meeting. In a response to a query regarding other high profile cyber security attacks (e.g. Talk Talk) it was explained that all of the Trust's systems fall within the NHS national spine and hence within the national IT system protocols. All patient information remains confidential. Where the Trust has developed in house systems not all of these met current standards hence the replacement	

programme that was underway through to 2017. The Microsoft 7 migration is underway with changes planned to be implemented by March 2016. Whilst systems are covered by national security mechanisms the one key remaining area of risk is where staff invite risks into the system through their personal use of the system. Consideration is being given to a policy around the use of personal e-mail/ webmail addresses and this will be brought to the Board once a fuller assessment has been completed. Mr Kang challenged progress against risk 566 (further reduction or failure to recruit senior medical staff). He sought assurances that there had been movement on this issue and that traction was now being seen on recruitment in this area. Ms Barlow responded the red residual rating was in part a consequence of the age and retirement profile of consultants. The leadership profile has been strengthened and there has been a recent recruitment of an in house consultant in Emergency Care. The loss of 1 or 2 consultants would however pose a significant risk. Miss Dhami drew the Board's attention to the Oncology risks highlighted in the Register (risks 533, 534 and 538). In terms of wait times 100% funding increase is being proposed. In terms of differentials and extending chemotherapy wait times this is being reviewed. The risk score will remain the same through to April. Ms Dutton challenged progress against risks in respect of the age of equipment (risks 9 and 3). Mr Lewis stated that the age of the trauma operating tables appropriate for those with morbidity related care needs would be resolved by Christmas. The age and profile of equipment over 10 years and the replacement programme is a matter for consideration by the Audit Committee. Mr Lewis made explicit the expectation that any risk that retained a residual risk score that was red should be being reported through to the Trust Board's Risk Register.	
Action: The asset register and the process for replacing equipment would be added to the Audit Committee work programme.	Mr Whitehouse
10 Staff Safety and Security at Work	SWBTB (11/15) 175
Mr Samuda thanked Ms Barlow and the rest of the Executive team for the significant work that had gone into managing recent incidents and providing assurances around the systems in place to protect and support staff security and safety. Mr Ovington stated that safety features as a topic for this month's staff discussions to prompt pro-active discussion amongst staff around what they can do to protect themselves and each other. There was a vacancy for a team leader within the Trust's Security Team and it was planned that this position would be filled soon with the team reshaping itself to address current and future requirements. Engagement with the other Emergency Services was strong with the Police being pro-active in responding to incidents, especially in the Trust Emergency Departments. Ms Dutton challenged the extent to which the Trust was looking to reduce lone workings and the extent to which staff were coming forward with new ideas to improve safety. Mr Ovington highlighted that since recent incidents staff had been buddying up to provide assurance to each other at quiet times. Risk assessments had already been undertaken for key areas of the hospital buildings and further consideration would be given to parking access for	

those working non routine hours. Ms Barlow added that for potentially high risk patients receiving treatment via partners such as the Prison Service or through GP referral or other healthcare channels then there were systems in place to flag up risks to staff from patient behaviour. Clearly however if they walk in through the front door to one of the Emergency Departments then it is not possible to always identify patients that may be a risk to staff. Mrs Rickards welcomed the speed of the response from the Executive to the recent incident. Staff felt reassured that the incident had been taken seriously and that swift action and support had been given to staff. Ms Barlow highlighted the need to maintain momentum and awareness.	
Action: That the recommendations outlined in the report be monitored by the Quality and Safety Committee including the perception of staff as to whether they actually feel safer.	
11 Change Plan for Imaging Scans and Reports	Presentation
Mr Walters, Group Director of Operations for Imaging and Pathology joined Ms Barlow in responding to queries arising from the report. Progress had been good in terms of recent improvements against national reporting standards. Performance targets include a 1 hour turn around for all emergency scans and a 4 hour turn around for SAU and AMU requests. Time to report is shy of where it needs to be but clear progress can be evidenced. A paper had recently been discussed at the Clinical Leadership Executive. The supply nationally of trained sonographers makes it a difficult cohort to recruit to but work is underway looking at training and development for in house staff such as doctors and high banded nurses as is the case in other parts of the country. Mr Lewis stated that it was important to recognise that in 2014 a change programme had been pulled together and should have been implemented. Performance had however flat lined since then and it was imperative that sustained improvement was now delivered with visible results over the coming 6 months otherwise the Board may need to consider alternative delivery options. Ms Barlow stated that with Mr Walters' leadership the teams were very clearly focussed on improvement. Previously some data was not filtering through all levels of the team whereas now this is done routinely thus allowing staff to gain a much better picture of areas of focus. Mr Kang challenged why the Trust was not looking now at alternative delivery options if performance was not improving at the pace needed. Mr Lewis responded that over the coming weeks the service would be delivering against its 14 day turn around commitments. If the service can drive out premium time working then it will be in a stronger financial position. Mr Walters gave assurances that vacancies were being recruited to and that the identified deliverables in the report were achievable. Mr Lewis stated that the Trust continued to support the service but that demonstrable improvement would be required quickly.	
12 Corporate Integrated Performance Report	SWBTB (11/15) 176
Mr Waite drew the Board's attention to the at a glance summary at the start of the report. He highlighted the following areas of performance:	

• Progress against the 4 hour Emergency Department wait target was 93.74% compared to a target of 95% and 94.09% up to the 26 October. • The Trust had had a second case of unavoidable MRSA infection for the year during October. • There were 4 serious incidents reported in Maternity in September. The Quality and Safety Committee had worked through these in detail the previous week and could not identify any clear patterns of failure. • The 62 day urgent GP referral to treatment target of 85% had been missed during August and September. Ms Dutton provided assurance that sickness absence rates were being closely monitored by the Quality and Safety Committee. In addition Mr Kang highlighted the positive trend in the use of nurse bank and agency shifts. Mrs Goodby stated that the revised bank rates had been set through to the end of March. The increase in bank rates had meant that overall spend had yet to come down but work was ongoing to ensure rates were in accordance with the grade of role being performed (e.g. not paying a Band 6 nurse to cover a Band 5 role). Where this does still occur then a clear rationale is given. Mr Lewis stated that in January the Trust would be setting ambitious targets around quality and safety for the next 4 years. He also welcomed the performance report being available in such a timely manner.	
13 Financial Performance – Period 6 September 2015	SWBTB (11/15) 177/ 177a
Mr Waite introduced the Financial Performance report stating that the Trust's positon was currently still off plan. There was not a significant improvement in September and the pay bill continued to increase during that period. The Trust is currently unlikely to deliver the scale of improvement needed to deliver against the plan without concerted remedial action. The run rate will require an improvement of £2 million per month to secure the original plan plus stretch surplus requirements. Ongoing work was needed to increase planned care activity and secure the income from these, deliver an Improvement Plan to address current gaps and continue to address premium working rate costs. None of these actions would however compromise patient safety. TDA requirements nationally in terms of increasing the level of reserves were a concern nationally. Any delivery against this would be on a non recurrent basis. The Chairman challenged whether as a Trust we could gain a firm grip on rising costs in agency spend and income. Ms Barlow highlighted that there were weekly meetings to review progress against stated financial targets. Mr Lewis stated that considerable investment had been put into middle managers to ensure effective leadership across the organisation to drive the ambitions the Board had. Across 8 Clinical Groups 2 had improvements in financial performance, 2 were remaining static and 4 had a deteriorating position. Agency costs were still not falling at a fast enough rate in some areas.	
14 Safe Nurse Staffing	SWBTB (11/15) 178/ 178a
Mr Ovington introduced the report highlighting the work that had been undertaken over the past 2 months to improve data accuracy. Daily and weekly checking of staff on duty against the plan has continued. Staffing levels on each ward is clearly visible to patients and visitors and Non Executive Directors are encouraged to look for this information when undertaking ward walks. There are still some challenges where for example a ward is closed or where the roll out of	

updated IT infrastructure across some wards means that information may need to be collated manually in some instances. Mr Lewis highlighted that the data may still indicate a rostering issue is some clinical areas. On ward D12 for example the day time fill rate was listed as 143.3% whereas it was 70.4% for the night time fill rate. There may well be appropriate explanations but the data enables the Board to give that challenge. Mr Lewis highlighted that the Board would benefit from looking in detail at a particular area and suggested that Women and Children's Services and Maternity should be a specific focus at the next Board meeting. Mr Ovington and Mrs Goodby highlighted the ongoing recruitment drive that was taking place across the Trust. Open recruitment events, open days and a big social media campaign were resulting in a steady improvement in the numbers of staff coming on to rosters. It was agreed that the focus at the next Board meeting should be a spotlight on Women and Children's. Ms Dutton challenged the timescales in regard to recruitment from the close of adverts through to interview and people starting working. It was agreed that information on the vacancy levels within the Trust and the timescales for recruitment would be shared with the Board after the meeting.	
Actions: **1. Women and Children's Services and Maternity, including recruitment, are an item for consideration at the next Board meeting. Assurance was requested in respect of the effective working relationship between Obstetricians and midwives.** **2. That safe nursing levels continue to be monitored by the Quality and Safety Committee.** **3. That data in respect of vacancy levels across the Trust and recruitment timescales be shared with the Board following the meeting.**	Mr Ovington Mr Ovington Mrs Goodby
15 CQC Improvement Plan Update	SWBTB (11/15) 179/ 179a
Miss Dhami provided an overview of the report stating that a majority of the 67 actions arising from the CQC report had been completed. The next stage was to carry out mock CQC inspections across the Trust to test how the outcomes from the Improvement Plan are being delivered on the ground. The Executive, Non Executive Directors and peer support will be amongst those carrying out the inspections during November. Whilst progress was strong there was still a need to ensure consistency especially in regard to the basics of care (Ten out of Ten), documentation and communication and joint working across clinical disciplines. Mr Lewis highlighted increasing reassurance around such areas as end of life care, imaging and outpatients. Mr Samuda queried the level of understanding across the Trust of the importance of these issues. Mr Ovington responded saying that in regard to the new documentation there had been improvements but that for example there was still inconsistency in the patient signing off all paperwork. Testing and coaching is being undertaken with individual members of staff to ensure the basics of care are consistently being adhered to.	
Action: That Non Executive Directors support the mock inspections and that initial outputs from these are reported to the Board in December.	Miss Dhami

16 Trust Response to the Kirkup Report into Morecambe Bay Maternity Services	SWBTB (11/15) 180
The Kirkup report sets out the findings of the investigation into higher than normal death rates and untoward incidents at the Morecombe Bay NHS Foundation Trust between 2004 and 2013. Mr Ovington introduced a report whereby the Trust had assessed itself against all 44 recommendations of the Kirkup report. Compliance against the recommendations was strong but it was important to not be complacent. Discussion suggested that, notwithstanding the technical recommendations of the report covering the response paper, we had a duty to ensure that inter-personal and inter-professional relationships within obstetric and maternity care were and remained consistent with great care. Mr Lewis asked for the WCH Group team to outline during Q4 2015-16 to the Board how they could discharge that duty, and for the Board to then consider whether those processes, and their results, were satisfactory and sufficient.	
Action: that a report is brought back to the Board outlining how the duty to ensure that inter-personal and inter-professional relationships within obstetric and maternity care were being discharged.	Mr Ovington
17 Our Approach to Smoking Cessation Among Patients, Staff and Visitors	SWBTB (11/15) 181/ 181a
Mr Lewis introduced the report as a means of prompting debate at the Board around the policy direction that should be taken in respect of a complete ban on smoking on all Trust sites, enforcement measures that would be needed to ensure the policy was followed and to gain views as to the Trust's policy on e-cigarettes. Mr Lewis made clear that implementation of a new policy would not be without its detractors both in terms of staff, clinicians and the public. That was not however reason not to tackle the health, social and environmental implications of smoking amongst staff, patients and visitors. He stated the need to be clear as to the objective we were trying to achieve in making this decision and the need to make a clear statement about the health risks of smoking and hence whether this should be acceptable within the Trust. Mrs Goodby highlighted that experience from other local Trusts that had taken the approach of banning smoking had seen increases in smoking on the boundaries of hospital sites. Any policy relating to preventing smoking completely would need to be accompanied by targeted support to individuals in helping them stop smoking. Mr Kang highlighted that as a healthcare organisation we should not condone an activity on Trust premises that was proven to be harmful to people's health. On moral grounds it was right that we should be discouraging and ultimately preventing smoking on Trust premises. In terms of publicising the policy the Trust should be badging it as a pro-active health campaign encouraging local communities to live healthier and longer and that the Trust would be supporting individuals in these ambitions. Dr Gill also highlighted the high levels of mortality across some parts of the community and that any means of addressing these statistics should be encouraged. Mrs Rickards stressed the importance of any new policy being implemented with effective advanced publicity and that it is essential that if implemented then the policy is applied consistently across all staff and patient groups and across all sites. Dr Stedman highlighted the importance of having the discussion at this point as it enables us to implement a plan that will take us through to the opening of the Midland Met and a clear policy being in place at that point as to the stance taken around smoking at that hospital and at all Trust sites.	

The Board discussed the stance of Public Health England around e-cigarettes. Ms Dutton stressed the need to treat e-cigarettes in the same way as cigarettes. Dr Stedman stressed that for health and safety reasons e-cigarettes were not permitted within hospital premises. If people are asked to smoke in shelters then some consideration would need to be given to the design of those shelters potentially compartmentalising those who smoked cigarettes from those that smoked e-cigarettes. Mr Lewis concluded the discussion by saying that there was a clear consensus across the Board for the proposals outlined at the meeting. Discussions would take place with the local authorities in respect of any potential implications around any visual environmental impacts such as litter on the periphery of Trust sites. Any new policy would not be implemented without effective support mechanism in place for staff to encourage them to quit. **Resolved: that the principles of smoking not being allowed on Trust sites other than designated shelters be endorsed with active support, remedial action and enforcement used to ensure compliance against the policy by staff, patients and visitors. That the ultimate aim be for the Trust to be smoke free from 2018.** **Action: A detailed implementation plan would be brought back to a future Board meeting.**	Mr Lewis
18 Complaints and PALS Report – 2015/ 16 Quarter 2	SWBTB (11/15) 182/ 182a
Miss Dhami introduced the report stating that 97% of complaints made in Quarter 2 2015/16 had been dealt with within timescale with the average time being 27 days. Ms Dutton commended the work undertaken by the team and welcomed the inclusion of examples where lessons had been learnt and practice improved as a consequence of complaints.	
Updates from Board Committees	SWBTB (11/15) 183
19 Update from Audit and Risk Management Committee held on the 29 October 2015 and minutes of the meeting held on the 30 July 2015	SWBAR (07/15) 051
The update from the Audit and Risk Management Committee held on the 29 October 2015 and the minutes of the meeting on the 30 July 2015 were noted. Following a question from Mr Lewis assurance was given that conversations were taking place in regard to the lessons learnt from clinical audits. Mr Russell highlighted the update the Committee had received in respect of counter fraud measures and the Inform and Involve standards.	
20 Update from the meeting of the Quality and Safety Committee held on the 30 October 2015 and the minutes of the meeting held on the 25 September 2015	SWBQS (9/15) 094
The update of the Quality and Safety Committee held on the 30 October 2015 and the minutes of the meeting held on the 25 September 2015 were noted.	
21 Update from the meeting of the Finance and Investment Committee held on the 30 October 2015 and minutes of the meeting held on the 25 September 2015	SWBCF (09/15) 028
The update of the Finance and Investment Committee meeting of the 30 October 2015 and the minutes of the meeting on the 25 September 2015 were noted.	
22 Any Other Business	

No other items were discussed	
23 Details of the next meeting : 3 December 2015	
The next meeting will be held off site at the Health Futures University Technical College, 350 High Street, West Bromwich B70 8DJ, commencing at 1:30pm.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board Action Tracker

Last Updated: 25 November 2015 (an exercise has been carried out to close all completed actions and and remove them from the tracker)

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.487	CEO Report	SWBTB (8/15) 123	06-Aug-15	100,000 Genome Project - R&D team to prepare a paper for future board	TL	03/12/2015	Included on the agenda for this meeting.	
SWBTBACT.488	CEO Report	SWBTB (8/15) 123	06-Aug-15	Mutual Tolerance Report at 6 months	TL	01/03/2016	Report schedeled for the March 2016 Board meeting.	
SWBTBACT.499	Forward Capital Plan 2015-17	SWBTB (9/15) 149	03-Sep-15	Update the Trust Board on the capital programme review	TW	05/11/2015	Report to be considered on the private agenda of the Board in December.	
SWBTBACT.501	CQC Improvement Plan Update	SWBTB (9/15) 150	03-Sep-15	A paper on successes following the CQC inspection to be presented to the Q&S Committee	KD	03/12/2015	A report went to the Q&S Committee on the 27 November. An Improvement Plan update will continue to the a regular item to the Board.	
SWBTBACT.502	Trust volunteer service	Presentaion	01-Oct-15	A report on what success looks like for the Trust volunteer service at the, December 2015 Board.	CO	03/12/2015	Included on the agenda for this meeting.	
SWBTBACT.507	Ten out of Ten	SWBTB (10/15) 163	01-Oct-15	The Board will receive an update with a remedy plan on Ten out of Ten at the December Board Meeting.	CO		Included on the agenda for this meeting.	
SWBTBACT.508	Serving Food to Patients	SWBTB (10/15)168	01-Oct-15	Board to continue to monitor arrangements for serving food to patients.	CO		Oral update to the Board	
SWBTBACT.486	Consent on the day of surgery	SWBTB (7/15) 122	06-Aug-15	Provide update with analysis of how many people on our waiting list pre-date eDTAs introduction	RB		Update to be provided to a future meeting of the Board	
SWBTBACT.508	Chief Executive's Report	SWBTB (11/15)	11-Nov-15	Partnerships to be considered at next Board Development Session	DW		Scheduled for the Decmeber Board Develeopment Session	
SWBTBACT.509	Kirkup Report	SWBTB (11/15) 180	11-Nov-15	Report back on duty to ensure inerpersonal and inter professional relationships within obstetrics and maternity	CO			

SWBTCACT.510	Smoking Cessation	SBBTB (11/15) 181	11-Nov-15	Detailed Implementation Plan to be brought to the Board	TL		Update included on the agenda for this meeting	
SWBTBACT.511	Matter arising from 6 August	SWBTB (10/15) 172	06-Aug-15	R&D Plan to be considered by the Board		03/03/2015	Report scheduled for the March meeting	

KEY:

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Smoking Cessation Implementation
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis Chief Executive
AUTHOR:	Toby Lewis Chief Executive
DATE OF MEETING:	3rd December 2015

EXECUTIVE SUMMARY:

At the last Board meeting it had an extensive conversation regarding the Trust's approach to smoking cessation. The Board at that point resolved that the principles of smoking not being allowed on Trust sites other than designated shelters be endorsed with active support, remedial action and enforcement used to ensure compliance. The ultimate aim is for the Trust to be smoke free from 2018.

REPORT RECOMMENDATION:

The Board is invited to:

- Reconfirm the five points of prior agreement
- Note progress on implementation, agreeing to receive updates via the Public Health, Equality and Community Development Committee
- Undertake EIA evaluation of the policies above in February 2016, prior to implementation

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

Comments:

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

PREVIOUS CONSIDERATION:

Smoking on our sites – update on implementation considerations

1. The Board discussed at its November meeting detailed papers on our options around smoking on our sites. We reached an interim conclusion to be confirmed today that:

- All sites would be smoke free from November 2018
- Smoking would only be permitted from April 2016 within designated shelters
- That shelter arrangement would also apply to e-cigarettes
- We would continue to support NRT, MECC and introduce a paid-time pilot too
- But a fines remedy would be trialled to seek to ensure we had stick not just carrot

2. We have discussed widely in recent weeks how we begin to operationalise those decisions. The intended approach is very much combining clinical and communication skillsets to ensure that there is a good understanding across our sites of the benefits of quitting and of the support options available.

3. We expect to be able to commence the paid time pilot from February 2016. We need to ensure that there is a good understanding across line managers of how this will work, and how we ensure it does not create issues with how teams work to support patients.

4. Shelter design and locations have been largely drafted. Some refinements will take place in the weeks ahead before we commission any new units in time for April 2016. These shelters will be highly visible and support key messages on quitting and the offer we have in place.

5. Advice confirms the legality of us adopting fines proportionate to the likely costs of tidying our sites and ensuring that costs expended in pursuit of the policy are recovered. Discussions are commencing with internal stakeholders on how we will operate our fines approach drawing on good practice elsewhere. We wish to avoid confrontation but must also operate consistently – targeting known non-shelter areas of the Trust.

6. A specific communications campaign is needed around e-cigarettes. There is limited evidence of use indoors, but adopting our shelter-only approach outdoors unquestionably challenges common practice in other public space.

7. The Board is invited to:

- Reconfirm the five points of prior agreement
- Note progress on implementation, agreeing to receive updates via the Public Health, Equality and Community Development Committee
- Undertake EIA evaluation of the policies above in February 2016, prior to implementation

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Wider Safe Staffing – taking a wider view**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Raffaela Goodby – Director of Organisation Development**
DATE:	**3rd December 2015**

EXECUTIVE SUMMARY:

At October's Trust Board meeting the Board discussed two pieces of work with regards to safe staffing outside of the regular and detailed board updates on nursing staff levels. The report outlined the intention to further clarify staffing that constitutes a 'ward clinical team' including therapy, pharmacy and junior doctors. This will create a picture of the ward during the natural cycle of the week.

I also outlined the intentions and objectives of a high profile piece of work being led by Dr Mike Durkin, NHS England Director of Patient Safety, under the auspices of NHS Improvement, which will seek to develop a methodology that properly assesses and publishes what appropriate levels of staffing should be. The outcomes of this work will inform whether our wider staffing levels are deemed as "Safe" under the national guidelines that are developed. Since October there has been no update to SWBH on this piece of work through NHS Improvement. The Dr Durkin research will also establish 'safe' guidelines for mental health and community settings.

REPORT RECOMMENDATION:

This update is noted by the board to receive a more detailed update on 7th January 2016.
The national delays are noted by the board with future recommendations being discussed and considered when released by NHS Improvement during 2016.

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	
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:

PREVIOUS CONSIDERATION:

Safe Staffing Data considered monthly at Trust Board.
CLE Monthly
Quality and Safety Committee.

1) Why Wider Safe Staffing?

At October board there was an extended discussion about safe staffing, and in particular the levels of staffing routinely in place at ward level. This is linked to the work on nursing safe staffing, which is nationally mandated, whereas other staffing levels are not; unless from Royal Colleges in some instances. There are a number of inputs that make up the full complement of expected staffing on a clinical ward. These include:

- Nursing numbers (nationally mandated through NICE) anc closely monitored through Trust Board.
- Trainee doctor allocations
- Ward clinical pharmacist
- Therapy staff (such as occupational therapists, physiotherapists or other services)

2) How to get to "one clear view" of the staffing complement on our clinical wards.

The sources of information being collated are:

- Junior doctor allocations data
- Therapy staff data
- Pharmacy staff data
- Existing nursing data

The ward clinical team complement will obviously differ throughout the week to cover the rhythm and working practises of the hospital.

For example:

- Night versus day
- Weekday versus weekend

What we cannot do at the moment is say whether the established baseline is considered 'safe', either guided by mandated standards or available guidance from other sources. However, there is a significant piece of work being led by Dr Mike Durkin will then establish what is considered 'safe'.

3) Ensuring the NHS is Safely Staffed - National Work

In August 2015 the Chief Nurse of NHS Improvement wrote to all Chief Nurses in Trust's across the UK to inform them of a shared work programme which aims to improve the safety and quality of NHS Staffing. This was launched formally on 14th October 2015.

This body of work aims to:

- Improve experience of care for patients and staff
- Improve the effective and safe clinical outcomes for our patients; and
- Achieve an improved efficiency and productivity in every pathway of care and staffing guidance.

The project therefore will:

- Take a multi professional approach that takes in to account all staff involved, not just nurses
- Takes in to account at here are many care settings that are not in a hospital, and span organisational boundaries
- Remember that this is not just about filling rotas or looking only at numbers or input measures
- Recognise there is not a one size fits all

This will not change the NICE guidance that has already been issued, and it will not contradict the CQC's role to inspect and rate hospitals and providers, and it is not about saving money - but about using the money we have as efficiently and effectively as possible. There is also a project being led by the Mental Health Taskforce, on establishing what is the right balance of staff in the many settings that treat those with mental illness.

The outcomes of this piece of work will be independently reviewed by NICE, CQC and Sir Robert Francis QC to ensure they meet the high standards of the care the NHS aspires to and of which patients deserve. Staffing guidance will be published by the National Quality Board taking in to account the feedback from an oversight advisory group and independent reviews.

Summary

The outcomes of this work will inform points 1 and 2 above – and ascertain whether SWBH's ward clinical teams are considered 'safe' by the new national standards. It is assumed they will also make recommendations for improvements with a monitoring and reporting regime for doing so.

Doing this work now means that the Trust will be in a positive position from which to make changes swiftly and efficiently with minimum impact to patients and to the Trust's reputation.

It is recommended therefore that SWBH keep an oversight of this important piece of national work through the Chief Nurse and Medical Director where appropriate over the coming months and year.

Raffaela Goodby. Director of Organisation Development.

26th November 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

REPORT TO THE TRUST BOARD HELD IN PUBLIC

Chief Executive's Report – December 2015

October and November have been hectic across the Trust. We have seen a very stark mixture of great success and areas where we need to rapidly improve. A significant number of major initiatives have gone into operation over the period, whose success will be pivotal in 2016. During October we celebrated our biggest ever SWBH Awards. **And of course in November we had the very welcome news that the delayed CQC inspection of one of our largest services – community children's - had resulted in our inaugural Outstanding Rating**. High performing organisations learn from success as well as mistakes, and we are determined in upcoming quality improvement time to reflect in every service on the lessons from the positive stories patients, parents and inspectors told us about these services. There is no room for complacency but this is definitely a time for congratulation.

Rightly the bulk of our Board's agenda focuses in three areas: Our risk register, including the continuing oncology issues we have faced for some time; our integrated performance report, where we want to focus on setting forward quality and safety goals including around mortality; and our annual plan delivery**,** where we still have much to do to secure the majority of our priorities. I would suggest there is some encouragement in October's sickness performance. Half of our groups are now below 4%. Both long term and short term sickness are falling. There is a great deal still to do but I would advise that we are beginning to see the benefit of an alliance with trade unions, HR professionals, occupational health and managers. Dudley Group, our BCA partners, have sickness rates well below 4% and we know it is possible, and necessary.

1. Our patients

As I indicated last month in advance October saw us fall short on three key constitutional standards – emergency care, elective waits for the unmeasured standards, and cancer waits at 62 days. This was an exceptional correction, as we improve systems to create resilient delivery. By December, we must be succeeding in planned care domains and driving towards our self-imposed six week maximum wait in clinic. Emergency care delivery continues to be among the top few Trusts in the UK, but still short of the standard. Given the continued DTOC issues with Birmingham residents, the locally unavoidable dislocation of strike action, and demand well above contract and expectations, I think we need to stabilise current delivery rather than anticipating immediate improvement.

We have now agreed four wards (Priory 4, Lyndon 5, D26 and D43) who will pilot for us the well-regarded John's Campaign around dementia and carers. At the most basic level this welcomes relatives into a partnership with their loved one and with us. Not only is this project utterly consistent with our 2020 vision and the statement about coordinated care that underpins that, but this work follows from 2014-15 work on so-called open visiting hours, and from current work as a national pilot site around 'focused care'. During 2016-17 we would expect to scale up these further changes across our sites. As we move now inexorably towards a centralisation of complex acute

care, it is immensely important that we create the partnerships with relatives that protect patients against isolation and institutionalisation.

The Board once again discusses our Ten Out Of Ten programme. We also have chance to reflect on our in-house Inspection Team visits in recent days. Both are a search for reliability and consistency. Doing everywhere, what we usually do. This is, internationally, the 'grail' of healthcare improvement, and we should be curious and relentless about how to make it happen here. Neighbouring Trusts are exploring models such as Virginia Mason, and beyond healthcare we can see partners such as Carillion or those in regional industrial giants who are working on, with success, just those issues. Having created a Trust-wide learning model, we have a chance to succeed. Early in 2016 we will agree three year plans on safety and on quality. And those will be delivered through precisely these basic operational improvement models.

Informing our plans for future months and years, we want as much patient feedback as we can garner. Our friends and family coverage remains mixed, with far further to go in maternity care and ED. Now we have implemented partial booking in key specialties we need to continue to pay attention to our largest volume point of care, outpatients, where we have good chronological data, on what those using services think of us. The Board has recently experimented with various routes to get feedback directly into our meetings. We have some good practice in pockets in the Trust but before we start 2016-17 we need to bring together that work, led by our communications and nursing teams, and make sure that we have an approach that is Trust-wide.

This month sees the first presentation of data on the reconfiguration of cardiology. Volumes have been above plan. We have now surmounted the equipping issues seen in early days. But initial success in seeing rapid assessment at Sandwell has dissipated and this is being addressed. Meanwhile, we have gone live with our long planned move of all acute and trauma surgery onto the Sandwell site, as well as the move of most wards and our day surgery facility. Data on performance will come to January's Board but again initial indications are very, very, positive, both in terms of avoiding pitfall delays and improving patient pathways of care. Thinking long term this means our move to Midland Met would be grounded in pre-integrated children's and surgical care models, leaving only some medical specialties to synthesis. The rotation of nursing and medical staff between our two A&Es is commencing, as we move towards 1000 days to Midland Met opening.

2. Our workforce

In our mid-year review document, issued to all employees late last month, we indicated that our future would be determined in large part by our success tackling recruitment and sickness. Data on both has been made available to Board members. We are making progress. Time to hire has to reduce further and we must address continued retention hot spots. In vacancy terms the focus is on maternity and neonates, and in sickness terms on WCH, medicine and facilities. We know from the success of imaging, community and therapies and surgery A that real progress can be made.

In the last few weeks the Board's Living Wage pledge has been operationalised for both substantive and bank workers. The living wage rose in November, so the pledge remains a cost to us. But a benefit in terms of morale and in making our organisation one that operates to some values that matter. We have previously confirmed bank rates through to March 2016, and are preparing now for the implementation of national rules around agency hourly rates. A risk assessment on exposure

to those rules will be circulated during December. Meanwhile, strike action by trainee doctors from December 1st onwards features on the Board's agenda. Local discussions with BMA representatives are constructive and whilst there will be an impact on the volume of care we can provide we are working to ensure continued safety.

In planning for the year ahead, we want to focus on long term education and training. Accordingly our traditional training needs analysis will span three years. This will be accompanied by a re-launch of our appraisal systems on the model approved in early 2015. We want to create a culture grounded in great, supportive line management. This is the route to improved morale in our organisation, in that line managers connect the overall purpose of the Trust (which we believe is both increasingly clear and increasingly well understood) with the day to day challenges of work. The Board's workforce committee will oversee this programme which must be delivered by the end of 2016-17. Appraisal quantity is not at issue in the Trust – we compare well to others. It is the quality of connection with the appraisal and the organisation's aims that we want to change, as well as the career planning that is absent, our data tells us, from two-thirds of current appraisal discussions.

The introduction of the agency cap poses a considerable challenge to us. It is very much in line with our long term strategy. Not only are we spending more on agency costs this year than we planned, but our paybill reduction plans in future years see us removing £11m from our spend, much of it via limited agency. The specific challenge we are calibrating is our reliance, because of vacancies in our region at sub-consultant grades, on locum doctors. In particular our emergency services, presently spread across two sites, are dependent on these appointments.

During January we will commence advertisement for our 8 Speak Up guardians. At the same time, the tolerance policy agreed in outline in August will be launched, at the same time as our security emphasis is advertised again through QIHD simulation training. This marks an important early year focus on wellbeing at work to complete our award winning OH offer. We have a positive reaction to September's focus on tackling bullying and harassment.

3. Our partners

I should congratulate both Dudley Group of Hospitals and Sandwell & WB CCG on winning HSJ awards at the recent ceremony. There is, meanwhile, no greater clarity on the form or approach to be taken to the recovery of services at HEFT in collaboration with UHB, nor on the future shape of the Black Country Partnerships FT. The mental health vanguard team (MERIT) have begun to discuss with local stakeholders including ourselves how their planned improvements in emergency psychiatric care might be facilitated. The Trust leadership continues to focus hard on these issues and has seen dramatic improvements in care and reductions in waits, but issues remain, with a recent TTR for a patient who spent over 12 hours in the emergency department.

As we finalise our long term workforce plans, we will bring together educational partners during the early part of 2016 to examine how their programmes and courses can assist us, across the suite of universities that we work with: UoB, UCB, Wolverhampton and Aston. In similar vein we are reviewing our FE collaborations and exploring how we might deepen links in particular to Sandwell College.

4. Our regulators

On October 22nd the improvement notice issued to imaging for poor training records, as distinct from poor training, was removed by the CQC, after this inspection on site summer. This means the Trust has no extant regulatory action in place.

The completion of our 2014 CQC review has accorded with the issue of our Community CYP report. Meanwhile, the CQC continue to adapt its method, and has now confirmed the abolition of Intelligent Monitoring reports. Accordingly, the only public published data about our regulator's view of the Trust will be the report outcome from March 2015. Discussions continue about how re-inspection is best undertaken to assess and reflect upon the progress being made by staff across the organisation.

An exceptionally positive site visit for our breast screening service took place in month, with results formally reported in coming weeks. The service is developing a national reputation for standards and we need to ensure that this recognised and sustained.

I attach an update on our equality objectives. I have not provided a top ten summary this month on our annual plan, given the broader paper in the Board on the same topic.

Toby Lewis, Chief Executive

November 25th 2015

Annex 1

Agency Rate Price Cap Rules

Overview

Monitor last week wrote to all NHS Trust Chief Executives highlighting the need for concerted action across the sector in tackling spend on agency staff. They have published new rules introducing a cap on the hourly rate of agency staff. This cap took effect from midday on the 23 November 2015. These caps will be further reduced from the 1 February 2016 and the 1 April 2016 (the reductions in rates are listed over the page). Bank pay rates are not included in this cap but Monitor has said they will review this should bank rates increase substantially over the same period. Trusts will be required to report to Monitor and the TDA when they exceed the price cap.

Controlling agency spend has been a key priority for us as a Trust over the past year and will continue to be so. The impact of our actions in this area is being reported regularly to the Board.

Within this context the Board has to put patient safety and quality of care at the forefront of its decision making. As such there may, on occasions, be justified reasons why we need to go beyond the capped rates to ensure the right mix of staffing to deliver high quality care. To respond to local requirements promptly and effectively the Board is asked to grant delegated authority to the Chief Executive to exceed the hourly capped rate where there is clear justification for doing so. When this happens those occasions where the cap rate is exceeded will be reported to the Quality and Safety Committee and then the Trust Board.

Recommendations:

1. That the Trust Board delegate authority to the Chief Executive to breach the hourly rate cap for agency staff when there is a justified reason for doing so.
2. That any incidents of the pay cap being exceeded are reported to the Quality and Safety Committee and then to the Board.

Agency Worker Pay Cap 2015 – 16

The following table summarises the trajectory of pay caps through to April 2016:

	From 23 Nov 2015	From 1 Feb 2016	From 1 Apr 2016
Junior doctors	150% above basic	100% above basic	55% above basic
Other medical staff	100% above basic	75% above basic	55% above basic
All other clinical staff	100% above basic	75% above basic	55% above basic
Non-clinical staff	55% above basic		

Annex B – Board Equality and Diversity Plan (vs. October 2014 version – July 15 revisions)

Key deliverable	Commitment at July 15 board	Current state – Nov 15
The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	This will be available in draft at in time for our annual declaration. This will be compared to our overall by band staff profile.	On track
The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	Board members to undertake a baseline knowledge assessment this summer on equality and diversity, which can then inform a training plan for Q3. This work will be led by Raffaela Goodby, supported by the Head of Corporate Governance.	Needed during November
We would undertake an EDS2 self-assessment for any single directorate in the Trust. Almost all directorates have submitted to post a draft for review.	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee in September 2015	Taken to the November Committee.
Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS.	Starts in December 15
Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	The director of communications needs to plan a year of work, starting from October 2015.	Plan Developed. Starts from December.
Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead by October 2015 with an unambiguous programme which will certainly include a specific BME leadership offer.	Plan developed, staffside consulted implementation date to commence Q4.
We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	It now needs to be progressed, to conclude by December 2015. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity.	Method agreed, timetabling to be shared for completion by end of February 16
With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	This will require some further discussions across the leadership, to prioritise how we create interest groups with integrity. We will work with TU colleagues and others to think through how this is best developed in time	Consulted with staffside colleagues & programme confirmed at

Key deliverable	Commitment at July 15 board	Current state – Nov 15
	for the PHCD&E committee in September.	PHCD&E committee (Nov).
Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	Plan developed, implementation date to commence Q4.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	3 December 2015

EXECUTIVE SUMMARY:

The Trust Risk Register compromises high (red) risks that have been through the validation processes at directorate / group and Executive Committee levels.

The Trust Risk Register was reported to the Board at its November meeting and Executive Director updates are highlighted where these were provided for the meeting.

REPORT RECOMMENDATION:

- **RECEIVE** monthly updates on progress with treatment plans from risk owners for risks on the Trust Risk Register

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:

Clinical Leadership Executive November 2015

FOR REVIEW

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 3 December 2015

1. EXECUTIVE SUMMARY

1.1 This report includes the Trust Risk Register and an update on the implementation of the electronic risk system.

2. TRUST RISK REGISTER (TRR)

2.1 Clinical Group and Corporate Directorate risks were reviewed at Risk Management and Clinical Leadership Committees. No additional risks were highlighted for escalation to The Board.

2.2 Actions to recall babies affected by the national BCG shortage (risk number 332) are progressing; maternity services are working with NHS England as supplies of the vaccine are becoming available.

2.3 The oncology risks on the Trust Risk Register (risk numbers 533; 534; 538) will be addressed as part of the Cancer Services project, which has an associated project risk register using the Trust's standard risk methodology.

2.4 The trauma risk (risk number 770) is anticipated to be mitigated January / February as a new trauma operating table is on order.

2.5 As a reminder, the options available for handling risks are:

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

3. ELECTRONIC RISK SYSTEM

3.1 Implementation of the electronic risk system is ongoing. All directorate risk leads will have access to the system by the end of quarter 3. It is anticipated that all directorates will fully transfer management of their risk registers onto the electronic system during quarter 4 so that the electronic system is in use Trust wide by quarter 1, 2016-17.

3.2 Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System.

4. RECOMMENDATION(S)

4.1 The Board is recommended to:

- **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk Register.

Kam Dhami, Director of Governance

3 December 2015

Appendix: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs (1414MARWK03)	4x5=20	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	Safe & Sound 2 year programme of workforce change 2014/2016 delivered 407 WTE reduction. Early planning & engagement on 2016/2018 workforce change TDA Deep Dive (30 Sep) completed re. change delivery, learning and plans for 2016/2018. Workshops, consultation and engagement	Raffaela Goodby	31/03/2016	03/11/2015	Quarterly	3x4=12	Treat
119	Live (With Actions)	Maternity And Perinatal	Maternity 1	Incident	There is not a 2nd on call theatre team for an obstetric emergency between 1pm and 8am. In the event that a 2nd woman requires an emergency c/s when the 1st team are engaged, there is a risk of delay which may result in harm or death to mother and/or child.	2x5=10	Monitoring of frequency of near misses On cal theatre team available but not dedicated to maternity (but where possible maternity is prioritised) Good labour ward management practices and good communication between teams.	Reviewed by TB who advised the risk will continue to be monitored / tolerated.	Rachel Barlow	/ /	28/10/2015	Monthly	2x5=10	Tolerate

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
121	Live (With Actions)	Maternity And Perinatal	Maternity 1	Costs Not Planned	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.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned to be in place by end Oct 15.	Rachel Barlow	31/10/2015	28/10/2015	Monthly	3x4=12	Treat
172	Live (With Actions)	Strategy	Strategy	Loss Of Income	Risk of failure to achieve TDA sign off for annual plan return and failure to develop an integrated TDA annual plan submission compliant with TDA guidance requirements which triangulates the Trust's long term finance, activity and workforce projections, which also align to the Trust's long-term integrated business plan and LTFM.	4x4=16		Recruit into two vacant posts	Toby Lewis	31/03/2016	03/08/2015	Quarterly	4x4=16	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
173	Live (With Actions)	Admitted Care	Priory 4	Service Level Agreement - Oper	Potential loss of the Hyper Acute Stroke Unit due to an external commissioner led review.	4x4=16	Standard operating procedure agreed and in place for data collection and validation. Outcomes rated well nationally. KPI monitoring in place. Review panel feedback being considered as part of strengthening position as preferred provider.	Continued monitoring through SSNAP Meeting held with Black Country Alliance stakeholders to discuss collaboration of Stroke services Any individual breach of agreed standards is monitored and pathway amendments made where identified.	Rachel Barlow	01/04/2016	27/10/2015	Monthly	2x4=8	Tolerate
214	Live (With Actions)	Waiting List Management	Waiting List Management (S)	Performance	Lack of assurance of standard process and data quality approach to 18 weeks.	4x4=16	SOP in place Deputy COO for Planned Care appointed Improvement plan in place for elective access	TDA expert sought to assist in 52 week breach analysis and mitigation programme	Rachel Barlow	31/03/2016	27/10/2015	Monthly	2x4=8	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
215	Live (With Actions)	Waiting List Management	Waiting List Management (S)	Performance	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity	4x4=16	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	ADAPT workshop with partners in Q3 to review progress and final implementation plan actions Confirm plans for a joint health and social care ward to be established and funded on the City site in 2016 Proviers to social services to work 7 days with improved turnaround and access standards - being addressed through CCG led forum	Rachel Barlow	31/03/2016	27/10/2015	Bi-Monthly	3x4=12	Treat
221	Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in informatics, significant time constraints (programme should have started earlier) and budgetary constraints (high risk that in adding the full costs of an EPR into the LTFM that there is insufficient capital for related and pre-requisite schemes- e.g. Infrastructure	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Informatics LTFM has been reviewed and prioritised with CEO and Finance engagement, to ensure appropriate funding is allocated and protected from additional Trust-wide delivery demands on Informatics	Establish formal Programme Board with appropriate governance including approved ToR Development of contingency plans in relation to clinical IT systems will be established, to ensure that if there is any slippage (for example, a TDA query / Legal challenge), there is an alternative and fully considered option.	Alison Dailly	01/06/2016	22/09/2015	Monthly	4x4=16	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
					Remediation / MMH Infrastructure preparation / Business Plan schemes)		Completion of the formal procurement process (SOC, OBC, and OBS) have been completed at speed to claw back time to enable appropriate implementation Board and managerial support for programme ensuring investment in infrastructure dependencies and required resource is prioritised appropriately	Management time will be given for programme elements such as detailed planning, change management, and benefits realisation						
228	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide EPR.	**5x4=20**	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) Specialist technical resources engaged (both direct and via supplier model) to deliver key activities Informatics has undergone organisational review and restructure to support delivery of key transformational activities Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities Phase 1 Deep Dive completed to identify detailed IT infrastructure issues - network element completed end May 2015	Review of resourcing requirements undertaken and appointment of additional specialist resources	Alison Dailly	01/04/2016	22/09/2015	Monthly	**5x4=20**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
325	Live (With Actions)	Informatics	Medical Director's Office	Unauthorised Disclosure Of Inf	There is a risk of a breach of patient or staff confidentiality due to inadequate information security systems and processes which could result in regulatory and statutory non-compliance.	4x4=16	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Specialist Security Manager recruited on interim basis, to provide immediate focus to upgrades, improvements, and IGTK and best practice activities and standards, for onward knowledge transfer and documentation of approved process	Review all NHS Mandates for Informatics and Clinical Systems and ensure compliance to these Deep discovery activities undertaken to flush out 'under the cover issues' End of XP and Win 2003 support to be given higher priority to ensure this issue is mitigated (WIN 7 migration), This may involve the use of external consultancies to speed up process.	Alison Dailly	01/10/2015	22/09/2015	Monthly	2x4=8	Treat
326	Live (With Actions)	Emergency And Acute	Accident & Emergency (C)	Staffing	Not all shifts have an appropriately trained trauma nurse on duty due to a lack of nurses trained in ATNC or equivalent which could compromise the quality of care.	5x3=15	All shift coordinators have ATLS qualifications. The peer review team advised that these staff should have the Advanced Trauma Nurse Course (ATNC) or equivalent. Local trauma teaching in place.	All staff within ED are being trained through a rotation course to achieve ATNC.	Rachel Barlow	31/12/2015	27/10/2015	Monthly	4x2=8	Treat

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327	Live (With Actions)	Interventional Radiology	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4x3=12	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests.	Discussions have taken place with BCA partners to look at options for providing a weekend service.	Rachel Barlow	31/03/2016	27/10/2015	Bi-Monthly	2x3=6	Treat
328	Live (With Actions)	Operations Management	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff	Recruitment making positive progress with a number of key appointments over Q2 Key vacancies covered with high quality interims Recruitment for all posts in Q3 active	Rachel Barlow	30/06/2015	27/10/2015	Quarterly	3x3=9	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
329	Live (With Actions)	Maternity And Perinatal	Maternity 1	Service Level Agreement - Oper	Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH.	3x5=15	Implemented alternative ways of providing services to minimise impact. Additional clinics as required Use of agency staff by Imaging to cover gaps in the current service. Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance.	Recruitment and retention strategy ongoing Training being scoped to support the development of Sonographers and other disciplines in house. Programme to start Q4 2015-16	Rachel Barlow	01/06/2015	/ /	Monthly	5x2=10	
330	Live (With Actions)	Gynaecology_Gynaeonco	Gynaecology (C)	Recruitment	Provision of ultra sound support for Gynaecology services is at risk due to difficulties in recruitment and retention of ultra-sonographers which results in the potential for delayed diagnoses, failure to achieve 31 day cancer investigation targets plus impacts on the one-stop community service contract. Group lack confidence that the team will be able to maintain 100% attendance in the	3x4=12	Use of agency staff by Imaging to cover gaps in the current service Robust communication with Imaging for timely alerts when sonography not required in clinics to ensure efficient use of sonography time.	Recrutiment and retention strategy ongoing Training being scoped to support the development of sonographers and other disciplines in-house.	Rachel Barlow	01/06/2015	28/10/2015	Monthly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
					CGS resulting in the contract being at risk.									
331	Live (With Actions)	Management	Administrative Teams (Communit	IT Software - Clinical System	BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records.	**4x4=16**	A proforma has been developed to enable CMWs to send critical information to the IT service desk. CMW have the ability to download patient caseloads whilst online so can access offline via their IPads. Utilisation of local super users and dedicated midwife for day- to- day support. CMW reverts to peer notes for retrospective data entry if unable to input data in real time	IT Service Desk liaising with maternity and CSUs to install BN client onto GPs PCs.	Rachel Barlow	01/06/2015	27/10/2015	Monthly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
332	Live (With Actions)	Maternity And Perinatal	Maternity 1	Vaccination	National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB.	5x4=20	Pooling all available vaccines from other areas in the Trust Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary.	Clinics to be set up when the BCG vaccine is available	Rachel Barlow	01/05/2016	27/10/2015	Monthly	4x4=16	Treat
410	Live (With Actions)	Ophthalmology	Ophthalmology	Clinical Environment IC Relate	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell 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. Risk that either a patient's health, or	5x4=20	Reviewing plans in line with STC retained estate	Site walkabout scheduled for Nov	Rachel Barlow	30/11/2015	27/10/2015	Quarterly	5x4=20	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
					privacy/dignity will be compromised as a consequence of poor building design in Sandwell Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area.									
533	Live (With Actions)	Scheduled Care_Long	Oncology Medical	Service Level Agreement - Oper	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	**3x4=12**	Being tackled through use of locums and waiting times monitored through cancer wait team.	100% funding increase proposed by Trust	Rachel Barlow	/ /	03/11/2015	Monthly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
534	Live (With Actions)	Scheduled Care_Long	Oncology Medical	Performance	Trust non-compliant with some peer review standards at serious concern level	3x4=12	Being addressed through oncology recruitment to sustainably attend peer review	Meet standards	Roger Stedman	/ /	04/11/2015	Monthly	3x4=12	Treat
538	Live (With Actions)	Scheduled Care_Long	Oncology Medical	Performance	Differential and extended chemotherapy wait times between sites.	3x4=12	Review / amend pathway		Roger Stedman	/ /	04/11/2015	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
566	Live (With Actions)	Emergency And Acute	Accident & Emergency (S)	Staffing	There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x5=20	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Agree a recruitment and retention premium. Marketing of new hospital plans pending approval of full business case. Leadership development and mentorship. Programme to support staff development. Continued communication and engagement of the Urgent Care Strategy.	Recruitment ongoing	Rachel Barlow	31/12/2015	27/10/2015	Monthly	3x5=15	Treat
666	Live (With Actions)	Paediatrics	Paediatrics	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the children can be maintained, therapeutic care is compromised and there can be an impact on other	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place	The LA and CCG are looking to develop a Tier 3+ service whilst Tier 4 beds are reviewed nationally	Rachel Barlow	01/04/2016	28/10/2015	Monthly	4x4=16	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
					children and parents.		Children are managed in appropriate risk free environments							
755	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System	There is a risk that the Trust's integration engine fails, as 50% of the disks have already failed and are not repairable and the current version is unsupported by the supplier. Resulting in inability to transfer key clinical information between key clinical systems, making these systems unuseable (e.g. CDA, eMBS etc).	4x5=20		Put in place business continuity and communications plan for the event of hardware failure. Activities underway to identify how to effectively and safely transition Rhapsody V2 off this server onto a virtual server. Treatment plan is to migrate of Rhapsody V2 to current V5 software. This will require downtime and implementation of business continuity over the migration period.	Alison Dailly	31/03/2016	22/09/2015	Weekly	4x5=20	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
768	Live (With Actions)	Elective Access	Elective Access Inpatient (C)	Performance	There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.	5x3=15	Referral due to be closed on or before 31.10.15 New Depurt COO hired to oversee reform of planned care including referral management Training for all medical secretaries and elective access team in Oct / Nov.	Data quality group to be formed in November to focus on and oversee referral management of data quality Internal audit review to be commissioned in 2016	Rachel Barlow	01/04/2016	27/10/2015	Monthly	3x3=9	Treat
770	Live (With Actions)	Theatres_Vascular_Urol	Theatres - Orthopaedic	Quality Of Care	Risk of Trauma patients requiring traction during surgery being delayed with associated morbidities due to both trauma operating tables being over 15 years old.	4x4=16	Increase training for medical and theatre staff to prevent any accidental damage to the table.	Replacement of Trauma Table. Table ordered with expected delivery Jan / Feb (3 mth lead time for this item).	Rachel Barlow	31/12/2015	03/11/2015	Quarterly	4x4=16	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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771	Live (With Actions)	Theatres_Vascular_Urol	Theatres - 1st	Incident	Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability.	4x4=16	Audit by Pan Birmingham team of turnaround times. Non conformance discussed daily and investigated. Monthly Theatre users group meeting with Trust and BBraun. Non conformance presented at TUG monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance.	Letter sent to BBraun by CEOx2. Meeting arranged with GDops & P.Pitt at BBraun which took place 30th October 2015	Rachel Barlow	/ /	03/11/2015	Quarterly	4x4=16	Treat
775	Live (With Actions)	Theatres_Vascular_Urol	Vascular Services	Medical Equipment	Risk of no longer being able to offer Rfa or USGF due to the poor quality and increasing loss of imaging on the screens during surgical procedures due to the age of the two sonosite machines.	5x3=15		Quotation for replacements submitted for consideration as part of capital bids	Rachel Barlow	31/12/2015	04/11/2015	Quarterly	5x3=15	Treat

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Junior Doctor (in training) Industrial Action
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow - Chief Operating Officer
AUTHOR:	Matthew Dodd - Deputy Chief Operating Officer
DATE OF MEETING:	3rd December 2015

EXECUTIVE SUMMARY:

The paper outlines the preparations that are being made by SWBHT to respond to the industrial action by junior doctors.

The BMA has confirmed a number of proposed dates for industrial action for doctors in training. The proposed dates are set out below.

- 08.00 hrs, Tuesday 1st December to 08.00 hrs Wednesday 2 December 2015: Emergency care only i.e. Christmas Day type service
- 08.00 – 17.00 hrs, Tuesday 8 December 2015: Full walk out
- 08.00 – 17.00 hrs, Wednesday 16 December 2015: Full walk out

This briefing note covers the arrangements for the 1st December, when junior doctors will be providing emergency care. The detailed plans for the further strike days are being worked up at the time of writing and appropriate verbal update will be provided to the Trust Board meeting.

REPORT RECOMMENDATION:

The Trust Board is asked to note the Trust response including the command and control structure that will provide assurance on safe service provision through the active industrial action.

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:
The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		x

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

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

Comments:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Junior Doctors (In Training) Industrial Action: 1st, 8th, 16th December 2015

Briefing Note for Trust Board on Planning for 1st December

1.0 Introduction

The BMA has confirmed a number of proposed dates for industrial action for doctors in training. The proposed dates are set out below.

- ***08.00 hrs, Tuesday 1st December to 08.00 hrs Wednesday 2 December 2015:*** Emergency care only i.e. Christmas Day type service
- ***08.00 – 17.00 hrs, Tuesday 8 December 2015***: Full walk out
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This briefing note covers the arrangements for the 1st December, when junior doctors will be providing emergency care. The detailed plans for the further strike days are being worked up at the time of writing.

2.0 Trust Management & Oversight of Industrial Action

There is a group overseeing the Trust response to the industrial action which is led by the Chief Operating Officer and includes the Trust Medical, Clinical & Group Directors. This is meeting twice a week to ensure that the Trust is able to offer a safe service during any period of industrial action.

A sub-group is meeting with BMA representatives to agree the details of the industrial action such as inclusions/exclusions, communication with junior doctors, and etiquette for the day of action.

On the days of industrial action there will be a command and control structure in place to ensure the day is run safely and any emerging issues are dealt with in real time. The Chief Operating Officer will lead this as gold command, supported by senior operational and medical leaders on each site as silver commands. Each specialty will have a clinical and operational lead. The Director of Communications will be an integral part with the coordinating team assisting with internal and external communications. A full debrief will follow each strike day. Matthew Dodd as Emergency Planning Lead and Lesley Barnet, Head of Workforce, are expert advisors to the planning.

3.0 Participation in Industrial Action:

Approximately 60 – 70% of junior doctors are BMA members and are likely to be taking part in industrial action. The BMA have recommended that only doctors in training who are in the BMA take part in the industrial action, although other doctors who are in the BMA or not in a union may also be entitled to strike in sympathy.

Staff who are not participating in the industrial action are being asked to support the clinical needs of their service. This includes changing non-clinical sessions and study leave to direct clinical care activity, while staff reporting for duty may be asked to provide cover across the organisation, provided they have the requisite skills and experience

A briefing note for staff is included in ***Appendix 1***

4.0 Levels of care:

Junior doctors participating in the industrial action will be providing emergency care only (Christmas Day model). While all on call and emergency duties must be honoured, it means that cover for elective admissions on the 1st December is not seen as part of their role (as the admissions would not take place on Christmas Day). Hence in terms of planning assumptions, any post-operative surgical care for elective patients who have a procedure on the 1st December will have to be provided by Consultants, SAS, Trust doctors or those juniors not participating in industrial action (from 08.00 hrs on 1st Dec to 08.00 hrs on 2nd Dec)

The Trust has identified the junior doctors on emergency/urgent care rotas and has advised them that the expectation is that they fulfil their duties. Whilst at work they will be required to undertake all normal duties as set out in Section 5 below. All other junior doctors have been contacted to ask them to for their intentions regarding attendance at work on 1st December.

5.0 Impact on Trust Activity:

5.1 Elective Activity:

There will be no scaling down of elective activity prior to 1st December. All specialities are reviewing their levels of service provision to ensure that they can provide a safe service during the day of industrial action itself. There will be a reduction in activity. This will be in areas such as:

- Outpatient activity which is delivered by junior doctors
- Outpatient activity where a consultant will be redirected to provide support to theatres or to ward cover
- Surgery, where junior doctor support is required with the procedure or with the post-operative care and substitutes are not available

5.2 Non-Elective Activity:

Although the junior doctors will be providing emergency care, the reduction in routine ward support has the potential to lead to a reduced number of discharges on the day concerned (and following days). This would impede the timely flow of patients from assessment units to in-patient beds.

In response to this, the (daily) discharge goals are being increased in the lead up to the 1st December, while senior doctors are being asked to cover the wards. In addition, the CCG has been requested to provide additional beds for patients who are medically fit for discharge.

6.0 Payment to staff participating in industrial action

Staff who participate in industrial action and do not turn up for duty will not be paid. All junior medical staff will be asked to confirm the hours that they worked on 1st December and whether they were absent due to industrial action.

7.0 Preparation for Industrial Action on 8th & 16th December

While the main focus has been on the 1st December, Clinical Groups are also considering the impact of a full walk out on subsequent days of industrial action. There will be a debrief on 2nd December from the previous day's action, which will inform the Trust response for future

events. It must be recognised that there will a greater impact in terms of reduction in elective activity where a full walk out is involved.

8.0 Recommendation

The Trust Board is requested to note the actions being taken to prepare for the industrial action planned by junior doctors (in training).

Sandwell & West Birmingham Hospitals NHS Trust

Frequently Asked Questions – Industrial Action – BMA Junior Doctors Contract Negotiations

1.	**What does the proposed industrial action involve?** The BMA has confirmed a number of proposed dates for industrial action, subject to the outcome of the ballot being in favour of industrial action. The proposed dates are set out below. • **8am, Tuesday 1st December to 8am Wednesday 2 December 2015:** Emergency care only i.e. Christmas Day type service • **8am to 5pm, Tuesday 8 December 2015:** Full walk out • **8am to 5pm, Wednesday 16 December 2015:** Full walk out Action of the 1st /2nd December is for 24 hours and junior doctors taking part in industrial action will only provide cover for emergency or urgent activities (so called Christmas Day type services). The current position of the BMA is that action taken on 8th and 16th December '15 will be of a shorter duration but will involve a full walk out. The Trust will therefore require all doctors not involved with industrial action to work flexibly, although within their scope of competency, to ensure the organisation is able to provide a safe level of care during this period.
2.	**How is the Trust preparing for the industrial action?** The Trust will be preparing for the industrial action days using our normal contingency planning approach. Each Group is being asked to complete a risk assessment for each of their specialties and will consider what level of service they will be able to provide on each of the three days and the arrangements that need to be put in place in order to be able to do so safely. All Group plans will be subject to review and sign off by Rachel Barlow, Chief Operating Officer. Proposed activity on the dates of industrial action will not be signed off unless there are clear plans in place to provide assurance that the proposed activity can be undertaken safely.
3.	**Who agrees what activities are included within Christmas Day services?** The Groups are being asked to determine what level of service they would normally provide on a typical Christmas Day. The list of services that fall into this category will be shared with the Trust's local BMA representatives with a view to reaching an agreement in order to ensure that junior doctors are clear on the level of emergency/urgent service they are required to undertake. Discussions will take place with the LNCC leads with Matthew Dodd, Deputy COO, Lesley Barnett, Head of Workforce (Deputy Director) and Philip Andrew, Head of Medical Staffing.

4.	**Has the Trust arrangements for the management of the industrial dispute been discussed with the BMA?** We are working closely with the BMA regional and local leads to agree the arrangements and will continue to do so during the lead up to all three of the industrial action dates.
5.	**Do you know how many junior doctors are likely to be taking industrial action?** We cannot say for sure. We know that approximately 70% of our junior doctors are BMA members. The current assessment is that they are highly likely to vote in favour of industrial action. Groups are being asked to plan on the assumption that the vast majority of our junior doctors will take part in the industrial action. Once we know the outcome of the ballot, we will be writing to all our junior doctors to ask them to confirm their intention to take industrial action. We cannot impel them to respond however and would encourage all Groups to work on the planning assumption that the vast majority of junior doctors will be taking industrial action
6.	**Can other doctors take part?** Guidance from the BMA is that only junior doctors who are BMA members should take part in the industrial action as doctors that did not take part in the ballot may not be afforded protection from dismissal under UK legislation. Further information can be found on the BMA website and the document 'Guidance for hospital doctors not involved in industrial action.'
7.	**Will I be required to cover other Doctor's duties as a result of junior doctors taking industrial action?** Any employed doctor not taking part in industrial action will be asked to be available to undertake clinical activities during the period of industrial action. Those not undertaking urgent or emergency activities may be asked to support or cover colleague's urgent or emergency activities and must remain available to do so at all times (reasonable requests on a contingency basis). If you are asked to cross cover, this must be within your professional scope of practice.
8.	**Will Consultant and SAS Doctors study leave/annual leave be cancelled?** The Groups will be reviewing planned commitments falling on the days of industrial action. Authorised annual leave will be honoured. It is likely that planned study leave commitments will be rescheduled in order to ensure the availability of the maximum number of doctors. Future annual leave and study leave requests for any of the industrial action days will not now be approved unless there are highly exceptional reasons.
9.	**How will taking industrial action affect my pay?** Should you take industrial action by not undertaking your normal duties your pay will be affected. All doctors (with the exception of those that have confirmed that they will not be taking part in industrial action) will be asked to complete a timesheet confirming the number of

	hours lost due to industrial action. This form will need to be countersigned by the relevant Clinical Director. Pay will then be deducted accordingly. Timesheets will be distributed to the relevant Doctors by the Medical Staffing Department.
10.	**May I take annual leave on 1st, 2nd, 8th or 16th December 2015?** New requests for annual leave will not now be granted, unless there are exceptional circumstances. Annual leave exceptions are to be agreed by the relevant Clinical Director and the Head of Medical staffing. Existing leave arrangements will be honoured.
11.	**What happens if I don't attend work on the days scheduled for industrial action?** Un-authorised absence taken on any of the scheduled days of industrial action will not be treated as participation in industrial action, but as unauthorised absence, subject to the normal disciplinary rules.
12.	**What is the procedure if I am unable to attend work on one of the industrial action days due to sickness?** If you are sick on the day and unable to attend work, you **must** (in accordance with the Trust's sickness policy) contact your CD/consultant and the medical staffing department at the earliest opportunity on the day. All staff who take sickness absence will be required to attend a return to work interview.
13.	**What happens if I am booked to attend study leave on a day of industrial action?** If you are booked to undertake a planned study leave activity which is subsequently cancelled you are required to attend work. Where study leave is cancelled to enable you to support the Trust to maintain safe services on a day of industrial action, the associated costs will be met by the organisation. If you choose not to undertake a planned study leave activity that continues as normal on an industrial action day, then this will be considered to be industrial action. Your pay will be affected and the costs of the study leave activity will not be reimbursed.
14.	**Will the Trust allow Doctor's to publicise their reasons for taking industrial action on Trust premises?** Doctors are asked to respect the position of the Trust and not to engage in overt publicity in support of the industrial dispute whilst on Trust premises. This is a national dispute and the Trust does not have a position. We would ask Doctors to follow our media and social media policies. In particular, you are not permitted to share on social media images from within the Trust during the day of industrial action. Patient and staff confidentiality must be respected at all times. In line with our media relations policy, no media will be allowed onto Trust premises without permission from the Director of Communications and would at all times, if permitted access, be accompanied by a Trust press officer. BMA badges/stickers may be worn discretely provided they do not contravene the Trust Uniform

	policy. BMA badges/stickers may be worn discretely provided they do not contravene the Trust Uniform policy.
15.	**What if I am asked questions by patients and visitors?** If questioned, doctors may inform patients or relatives about the day of action but are requested to do so in a factual and neutral way.
16.	**Who do I refer to on the day if there is a conflict of opinion regarding what duties I should or shouldn't undertake?** The Trust respects the right of doctors to take lawful industrial action. No-one should be put under undue pressure to undertake duties that they do not consider to be either urgent or emergency activity. If there are issues of concern on the day please escalate to the relevant clinical director/matron for resolution.
17.	**What if I am scheduled to undertake an SPA activity on** 1st, 2nd, 8th or 16th December 2015? SPA activities will not be considered to be either urgent or emergency activities. Doctors are required to be on site on if scheduled to undertake SPA activities on one of the above.
18.	**I plan to take industrial action – how will my clinics be cancelled?** The general management team will be working closely with the relevant Clinical Directors/Group Directors to assess all clinic's and patients scheduled to attend on the industrial action days to determine what activities may proceed and which patients need to be cancelled. Doctors should liaise with their Clinical Directors regarding these arrangements.
19.	**What is considered to be a Christmas Day Service?** We intend to provide the normal level of service Group's would typically provide on a Christmas Day, which will include daily ward rounds. Where rostered, juniors will be required to take calls from GPs and participate in scheduled ward rounds which involve [a] attending the review of patients; [b] undertaking any tasks that arise from this such as ordering tests, amending medications, preparing discharge (& TTO) documentation If a service would normally increase the numbers of staff on duty over a bank holiday (eg ED, AMU) then this is permitted as part of emergency provision on the day of action
20.	**Can I book an agency locum to backfill for junior doctors taking industrial action?** It is not permissible to use agency locums specifically to provide cover for junior doctors taking industrial action. This is not to be confused with pre-booked agency locums to provide cover for vacancies, which is entirely appropriate.

21.	**If I take industrial action, will all the pay deductions be taken from my December '15 pay?** Given pay arrangements are processed earlier than normal in December to allow employees to be paid prior to Christmas, deductions will be taken from the January 2016 pay.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report (October 2015)
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Mngt
AUTHOR:	Yasmina Gainer, Head of Performance Management
DATE OF MEETING:	3 December 2015

EXECUTIVE SUMMARY:

The report is to inform the Trust Board of the summary performance of the Trust covering the period to October 2015.

REPORT RECOMMENDATION:

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

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:
The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		

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

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

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, Clinical Leadership Executive and Quality & Safety Committee.

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: October 2015

Reported as at: 26/11/2015

Contents

At Glance - October 2015

Infection Control

There were 2 C. Diff cases reported during the month of October. The number of cases year to date is at 16 against a target of 18.

1 case of MRSA Bacteraemia was reported in October in Medicine. Subject to root cause analysis. 2 cases year to date.

The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of October is 21.6 versus the target of 9.42.

Harm Free Care

Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 94.7% for October just beneath the 95.0% operational threshold and stable to last month.

There were 73 falls reported in October (44 Acute; 29 Community) with 2 falls resulting in serious injury (1 in medicine and 1 in community).

There were 5 cases of avoidable, hosiptal acquired pressure sores reported in October (4 cases in Medicine and 1 case in Surgery B, 2x Grade 2 and 3x Grade 3).

There were 7 serious incidents reported in October (incl 2 from falls injury).

There were no medication errors reported in October.

Venous Thromboembolism (VTE) Assessments in October at 95.6% (target of 95%) indicating recovery from previous month.

There were 7 Open CAS Alerts reported at the end of October, of which 2 were overdue at the end of the reporting period.

Obstetrics

The overall Caesarean Section rate for October is 25.2 %, 25.5% on a cumulative year to date basis and are therefore just above the target of 25.0%.
Elective and Non-Elective rates for the month were 10.0% and 15.2% respectively, an increase in elective and decrease in non-elective pathways.

Adjusted perinatal mortality rate (per 1000 births) for October 6.12 being within target of 8.0 or less.

Early Booking Assessment (<12 + 6 weeks) - SWBH Specific definition target of 90% has not been met and October delivery is at 75.0% , but delivering to national target in October.

Registrations convert to lower deliveries at the Trust, as other centres pick up the births element.

Breastfeeding initiation is at 74.22% on a cumulative basis, below the target of 77% in the last quarter.

Mortality & Readmissions

The Trust RAMI for most recent 12-mth cumulative period is 92 (latest available data is as at July).

Latest data available data (July) indicates weekday and weekend mortality rates are within statistical confidence limits.

Deaths in Low Risk Diagnosis Groups (RAMI) - month of July 102 [vs. 51 equivalent month last year].
Reviewed by MD & confirmed not a matter ofg concern.

During the most recent month of August the mortality review rate is at 91%.
The revised target agreed by the medical director has been set to 90% of mortality reviews within 42 days.

Readmissions reported at 7.7% for October in-month [8.4% rolling 12 mths]. CHKS peer group reporting 6% rates. Expected to improve over time due to recent focus week improvements.

Stroke Care & Cardiology

Stroke data for October indicates patients spending >90% of their time on a stroke ward was 96.4% above the 90% operational threshold (year to date delivery at 91.3%). A significant improvement on last month.

October admittance to an acute stroke unit within 4 hours remains relatively stable at 80.8% (falling short on 90% local target, but meeting 80% national target).

The October percentage of patients receiving thrombolysis within 60 minutes of admission was a second month running at 100% compared (target of 85%) - a significant improvement now for the third consecutive month.
October patients receiving a CT scan within 1 hour and 24 hours of presentation was at 73.6% (target 50%) and 100% respectively (target 100%).

For October the Primary Angioplasty Door to balloon time (<90 minutes) was 92.9% (84.6%LM) against an 80% target; and Call to balloon time (<150 minutes) was at 91.7% (84.6%LM) for the same period, also against an 80% target - both targets are delivering year to date and have improvements month on month.

RACP performance for October at 97.0% (improvement from last month), with a year to date performance is at 97.7%.
Variable performance & below the target 98%. The service is looking at improvements for this across the pathway.

Cancer Care

The Trust has met the 62-day urgent GP referral to treatment target of 85% overall during September, with performance of 89.4%.

62 day cancer targets not met in Upper GI and Haematology despite overall achievement for the month.
Noted that Urology site performance improved in month to 93% on back of revised pathway implementation.

The projection is that all targets other than 62 Days will be failed in October, but recovery in November delivery.

In September, 9 patients are waiting over 62 days and 4 patients are waiting more than 104 days. There is now a national focus on this cohort of patients and the trust will be required to submit detailed patient level information for this indicator.

Other high level targets were met in September (2WW and 31day).

The longest waiting patient is at 228 days.

Patient Experience - MSA & Complaints

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

FFT is meeting targets in respect of scores, however failing against response rates in inpatients and A&E. The IPR has now included FFT indicators for Outpatients and Maternity which will be completed next month.

The number of complaints received for the month is at 107 (avg for this year of 96), with 4 formal complaints. All have been acknowledged within target timeframes. Oldest complaint on the system is 159 days old.

The Learning Disability indicator is red. The service is under-going a review to ensure compliance is as per latest guidance, an action plan has been implemented.

Patient Experience - Cancelled Operations

The number of Last Minute Cancelled Operations (elective) increased to 1.0% (vs. 0.70%) against a 0.8% target.

No breaches of 28 days guarantee in October.

9 urgent cancellations were reported in October. The number of sitrep cancellations increased from 28 to 42 in the month of October. The position is still being validated.

Theatre utilisation is below the target of 85% at a Trust average of 75.6% as at October. The position is not complete for the Cardiology cases due to a change to a new system (Labyrinth).

Emergency Care

The Trust's performance against the 4-hour ED wait target of 94.2% during the month of October .
Performance for the second Quarter was 94.57% (vs. Q1 92.99%).
November A&E performance (as at 26th) is at 94.58% so still achievable for the month.

WMAS fineable 30 - 60 minutes delayed handovers at 93 in October an increase to last month.
Over 60 minutes reported 1 (vs. 1) delayed handover only.
As a %age of the overall conveyances the over 60 min delays are at 0.02% (target at 0.02%) in the month, cumulatively at 0.11%. Overall improving other than on the 30-60 minutes which has risen for the last two months.

Fractured Neck of Femur - not available for October

DTOCs are at 1.9% in the month of October, below the target of 3.5%.

Referral To Treatment

RTT incomplete pathway for October was at 92.04% meeting the 92% target. This is the only pathway now monitored nationally.
Admitted and non-admitted RTT pathways continue to be monitored & both are under-achieving in October.
The forecast is that RTT will be met over the next 3 months across all pathways.

At the end of October 4 patients were waiting more than 52 weeks for commencement of treatment.

22 Treatment Functions failed the respective RTT pathway performance thresholds for the month.
Completed Pathway – Admitted - 6 Treatment Functions are under-performing
Completed Pathway – Non Admitted - 10 Treatment Functions are under-performing
Incomplete Pathway - 6 Treatment Functions are under-performing

Diagnostic waits (September) beyond 6 weeks were 0.11%, remaining well beneath the operational threshold of 1.00% and improving to previous already low trends.

Data Completeness

The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields. AE, OP and Community parameters remain above target, but IP data with valid entries has fallen just below the required threshold.

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold, with actual performance (completeness) during October September reported as 97.0%. Outpatient, Community and A&E data sets continue to exceed their respective thresholds. Coding for Ethnicity has been below target in October (89.82% vs targets of 90%)

Open Referrals as at October are at 214,841. The trust is reviewing its process and policy in respect of this indicator which aims to maintain appropriate levels of open referrals.

Staff

PDR overall compliance as at the end of October at 87.13%. The Medical Appraisal / Revalidation rate as at August is 88.1% measuring only validated appraisals, not appraisal reviews carried out. Both indicators are below targets of 95%.

Mandatory Training at the end of October at 87.25% overall against target of 95%. Health & Safety mandatory training at 97.68%

Sickness Absence at 4.96% in October (vs. 4.94%) which represents a 12-month rolling period, a 0.02% worsening to last month.
Return to Work interview rate following Sickness Absence is at 66.99% for the month.

The Trust annualised turnover rate is at 13.8% as at October.

Qualified nurse vacancies as at October reported as 279wte
Overall vacancies reported as 780wte. The vacancy level here represents the absolute measure between budgeted establishment and actual. It is not the 'managed' trust position which is different.

Nurse Bank & Agency utilisation continues to be high.

CQUIN

The trust has submitted Q2 returns to CCG and SCG commissioners.

Feedback has been received from both confirming 100% payment, however some schemes are subject to validation and audit.

Ext Assessment Frameworks & Data Quality

Current Observation & Escalation assessment of the trust is at 'level 3 - Intervention'. The September position is unlikely to influence / change this rating.

Data Quality (DQ) - the Performance Committee has agreed to re-visit all IPR indicators in respect of DQ. DQ kitemark assessments have been progressing as part of an ongoing improvement cycle. The initiative completes at the end of December 2015 when all data reported in the IPR will have a completed / assessed kitemark (or with clear actions in place). The project is under-way and delivering to milestones at this stage which included Executive sign off of the DQ Kitemark middle-segment.

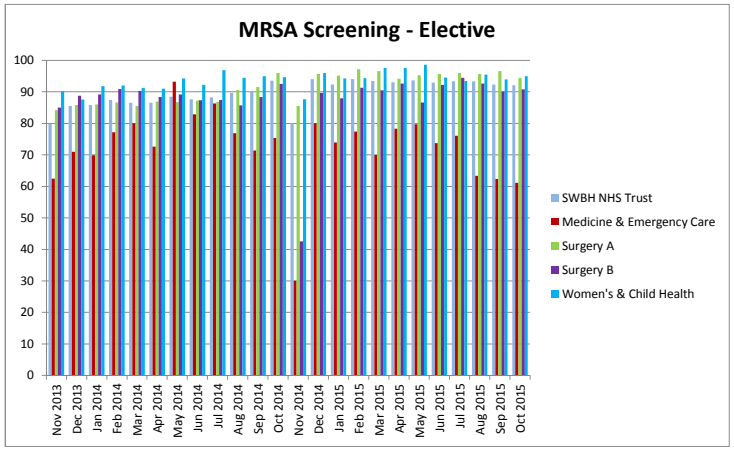
Summary Scorecard - October (Month)

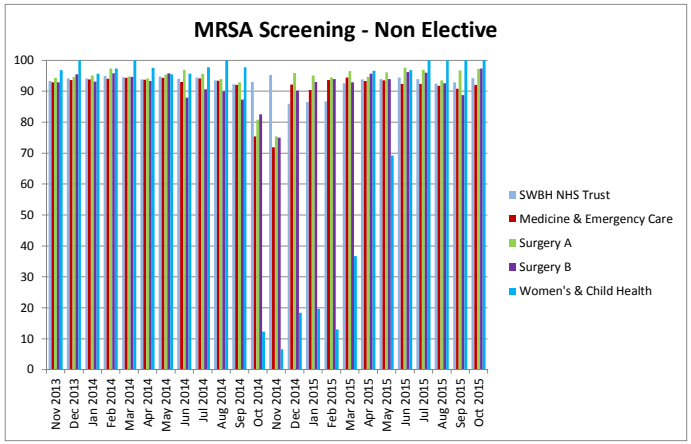
Section	Red Rated	Amber Rated	Green Rated	None	Total
Infection Control	2	0	4	0	**6**
Harm Free Care	6	0	6	2	**14**
Obstetrics	1	1	5	6	**13**
Mortality and Readmissions	0	0	1	11	**12**
Stroke and Cardiology	2	0	9	0	**11**
Cancer	0	0	8	4	**12**
FFT. MSA, Complaints	3	1	4	14	**22**
Cancellations	3	3	3	0	**9**
Emergency Care & Patient Flow	7	1	5	4	**17**
RTT	5	0	2	0	**7**
Data Completeness	3	0	7	1	**11**
Staff	9	0	1	11	**21**
Total	**41**	**6**	**55**	**53**	**155**

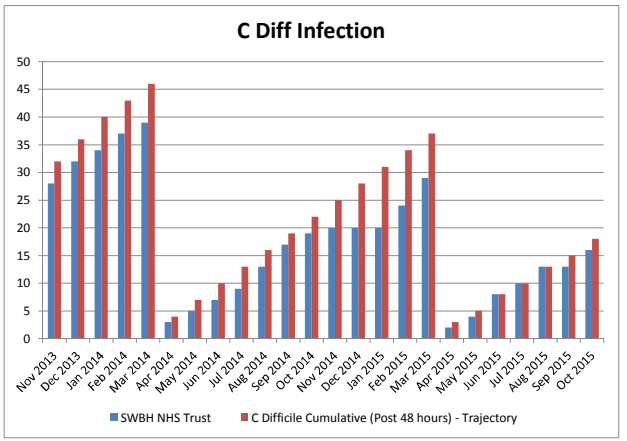
41 exceptions (red rated) reported indicators at October. This reflects a fairly static trend across the same indicators over the reporting periods. A number of internal exception reports has been initiated by the COO to address the performance.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From May 2014) M J J A S O N D J F M A M J J A S O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
4			C. Difficile	<= No	30.0	3.0		Oct 2015	2	0	0	0					2	16			
4			MRSA Bacteraemia	<= No	0.0	0.0		Oct 2015	1	0	0	0					1	2			
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.4	9.4		Oct 2015									21.6	2.9			
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Oct 2015									27.0	21.9			
3			MRSA Screening - Elective	=> %	80.0	80.0		Oct 2015	61.1	94.4	90.7	95					92.1				
3			MRSA Screening - Non Elective	=> %	80.0	80.0		Oct 2015	92.1	97.2	97.3	100					94.3				

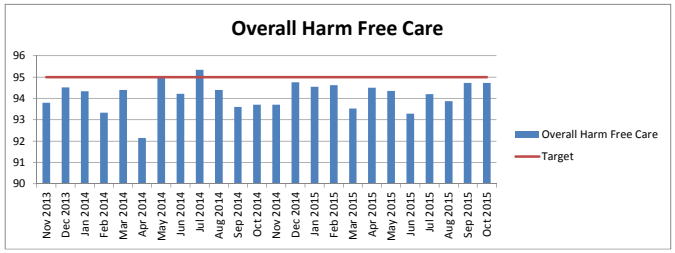


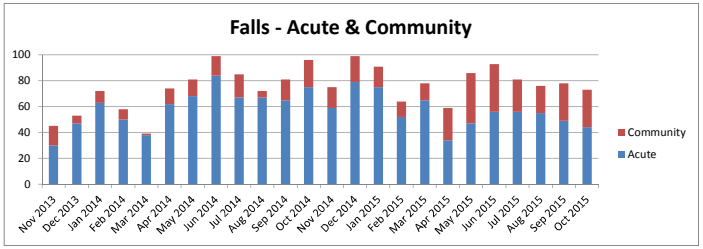


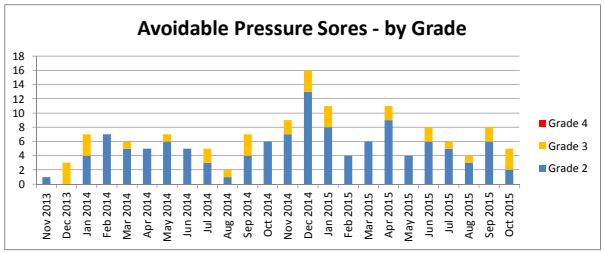


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Oct 2015									94.7				
8		d	Patient Safety Thermometer - Catheters & UTIs	%			0.48	0.51	0.49	0.42	0.41	0.40	0.25	0.31	0.41	0.40	0.64	0.25	4.00	2.00	1.00	9.00	3.00	3.00	Oct 2015									0.26				
8			Falls	<= No	804	67	81	99	85	72	81	96	75	99	91	64	78	80	106	90	70	76	78	73	Oct 2015	41	2	1	0	0	0	29		73	573			
9			Falls with a serious injury	<= No	0	0	5	4	1	5	1	1	2	1	1	0	1	1	1	1	5	0	1	2	Oct 2015	1	0	0	0		0	1		2	11			
8			Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	7	5	5	2	7	6	9	16	11	4	6	11	4	8	6	4	8	5	Oct 2015	4	0	1	0					5	46			
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Oct 2015	94.4	98.2	98.7	92.5					95.6				
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Oct 2015	98.3	100.0	100.0	100.0		0.0			99.6				
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Oct 2015	99	98	100	98		94			99				
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Oct 2015	98	97	100	98		94			98.361				
9		d	Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	Oct 2015	0	0	0	0	0	0	0		0	3			
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	Oct 2015	0	0	0	0	-	0	0		0	1			
9		d	Serious Incidents	<= No	0	0	2	2	2	2	1	1	2	3	4	4	6	5	4	7	9	7	5	7	Oct 2015	4	1	0	1	0	0	1	0	7	44			
9			Open Central Alert System (CAS) Alerts	<= No			5	7	5	6	5	5	15	17	10	9	4	8	5	4	8	11	8	7	Oct 2015									7				
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	1	1	0	0	0	4	0	1	0	1	0	3	2	0	1	2	2	Oct 2015									2				

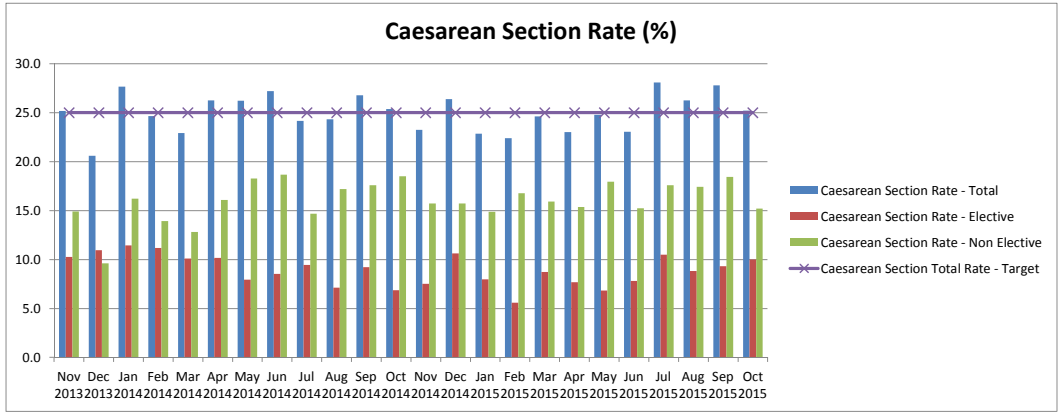


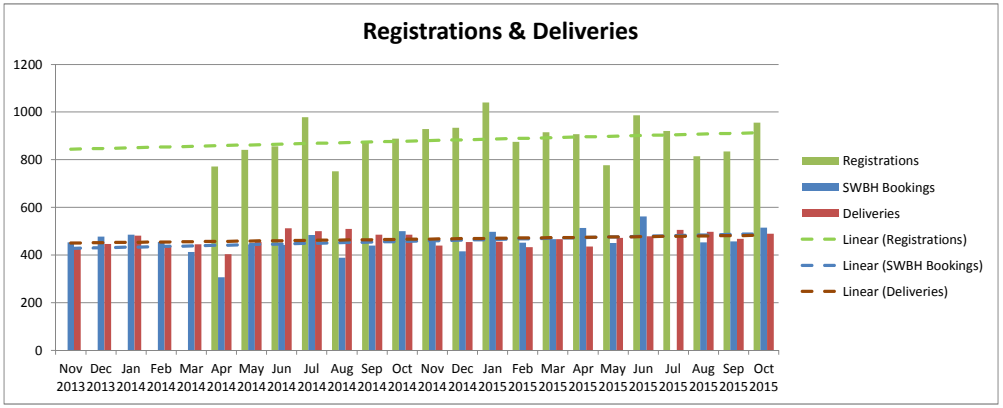




Patient Safety - Obstetrics

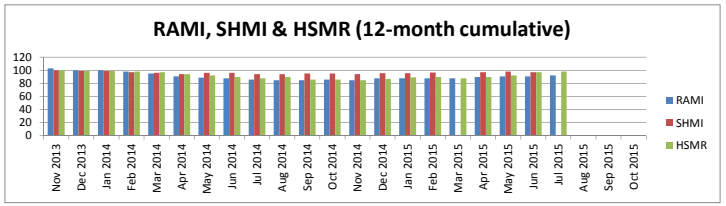
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Oct 2015	25.2	25.5			
3		•	Caesarean Section Rate - Elective	<= %			8	9	9	7	9	7	8	11	8	6	9	8	7	8	11	9	9	10	Oct 2015	10.0	8.7			
3		•	Caesarean Section Rate - Non Elective	<= %			18	19	15	17	18	19	16	16	15	17	16	15	18	15	18	17	18	15	Oct 2015	15.2	16.8			
2		•d	Maternal Deaths	<= No	0	0																			Oct 2015	0	0			
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Oct 2015	4	18			
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Oct 2015	1.02	2.36			
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Oct 2015	6.12				
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Oct 2015	75.00				
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Oct 2015	147.8				
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	Oct 2015	-	74.22			
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			1.8	2.6	1.8	0.9	0.9	0.7	1.5	1.2	1.3	0.5	2.1	2.1	2.1	1.3	1.6	1.6	1.6	1.5	Oct 2015	1.51	1.70			
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.8	1.6	1.6	0.7	0.3	0.7	1.3	0.8	0.3	0.5	1.5	1.6	1.0	1.3	1.0	1.1	1.3	1.1	Oct 2015	1.13	1.23			
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.7	0.4	0.4	0.2	0.0	0.0	1.0	0.4	0.0	0.0	1.2	0.7	0.8	0.9	0.2	0.5	0.8	1.1	Oct 2015	1.13	0.68			

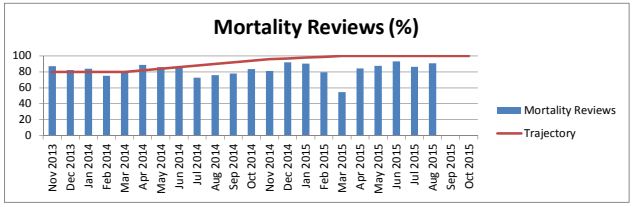


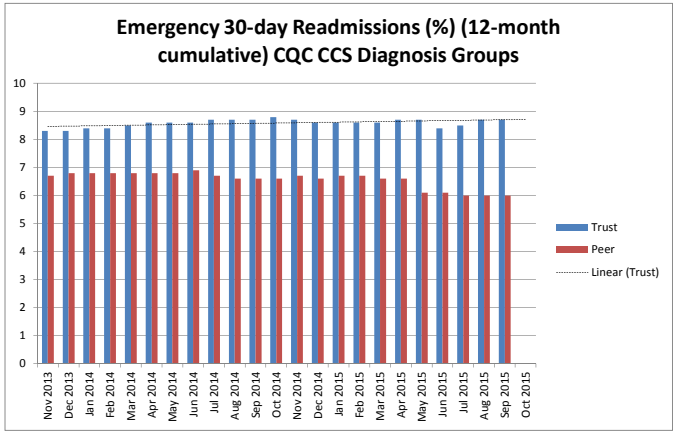


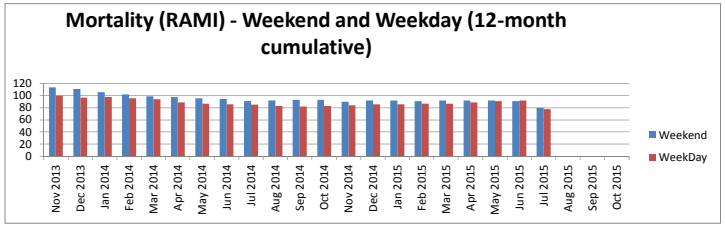
Clinical Effectiveness - Mortality & Readmissions

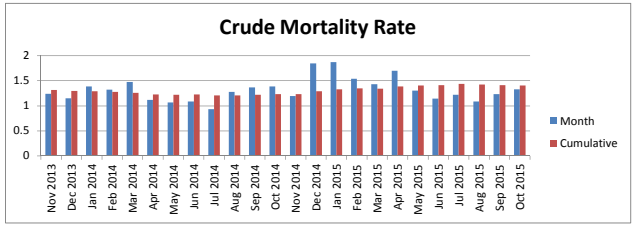
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	89	88	86	85	85	86	85	88	88	88	88	90	91	91	92	-	-	-	Jul 2015										364			
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	87	86	85	83	82	83	84	86	86	87	87	89	91	92	78	-	-	-	Jul 2015										350			
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	96	95	91	92	93	93	90	92	92	91	92	92	92	91	80	-	-	-	Jul 2015										355			
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	96	96	94	94	95	95	94	96	96	97	-	97	98	97	-	-	-	-	Jun 2015										292			
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			92	90	88	90	86	86	85	87	89	90	88	90	92	97	98	-	-	-	Jul 2015										377.0			
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	75	47	51	71	89	80	76	111	105	94	93	75	84	53	102	-	-	-	Jul 2015									102				
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	Aug 2015	90	100	0	0					91				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.1	1.1	0.9	1.3	1.4	1.4	1.2	1.8	1.9	1.5	1.4	1.7	1.3	1.1	1.2	1.1	1.2	1.3	Oct 2015									1.33				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	Oct 2015										1.41			
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.6	7.8	8.1	8.3	7.8	8.2	7.5	8.0	8.5	8.3	8.4	9.4	8.7	8.5	9.1	8.1	7.7	-	Sep 2015									7.73				
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.2	7.9	7.8	7.8	7.7	7.7	7.7	7.7	8.1	8.1	8.2	8.2	8.2	8.3	8.4	8.4	8.4	-	Sep 2015										8.31			
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.6	8.6	8.7	8.7	8.7	8.8	8.7	8.6	8.6	8.6	8.6	8.7	8.7	8.4	8.5	8.7	8.7	-	Sep 2015	-	-	-	-						8.61			





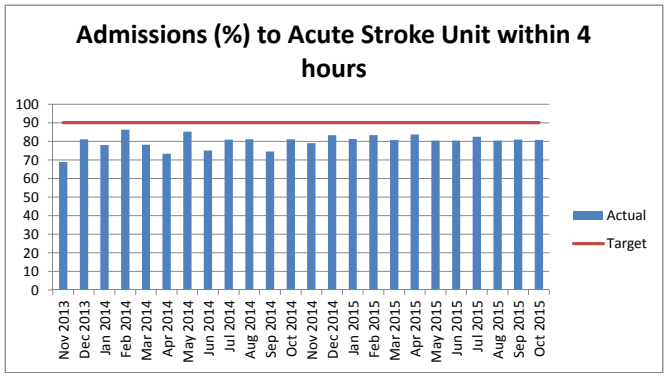


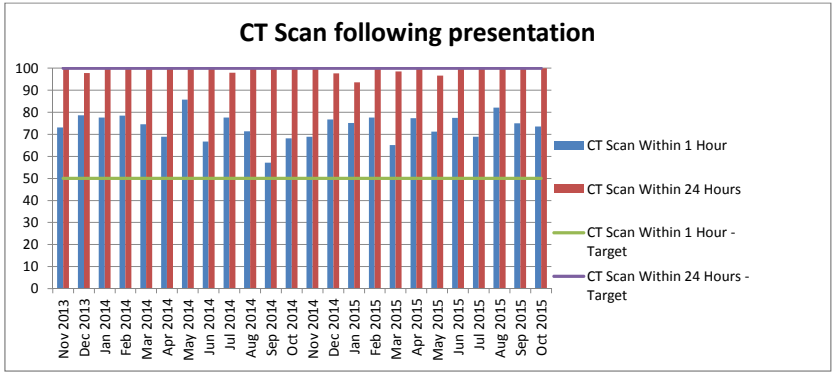


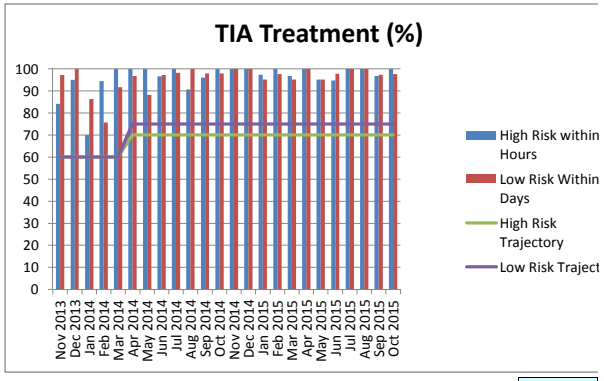


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since May 2014) M J J A S O N D J F M A M J J A S O	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Oct 2015	96.4	91.3			
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Oct 2015	80.8	81.2			
3		•	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Oct 2015	73.6	75.0			
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	100.0	100.0		Oct 2015	100.0	99.5			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Oct 2015	100.0	83.3			
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Oct 2015	100.0	100.0			
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Oct 2015	100.0	97.9			
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Oct 2015	97.7	98.2			
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Oct 2015	92.9	93.4			
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Oct 2015	91.7	94.6			
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Oct 2015	97.0	97.7			



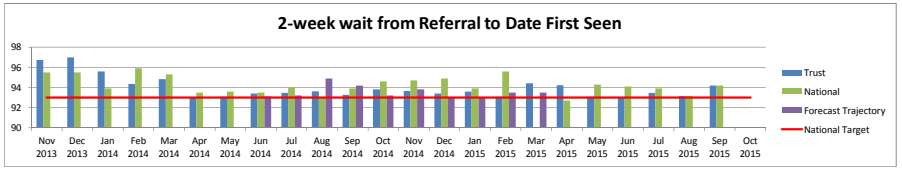


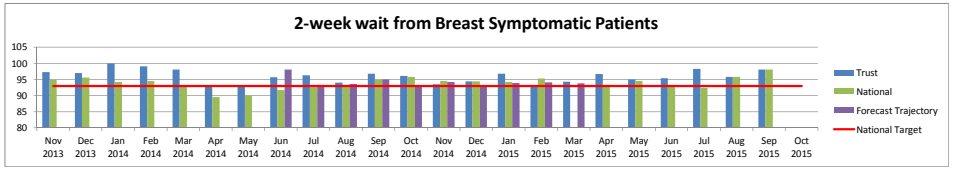


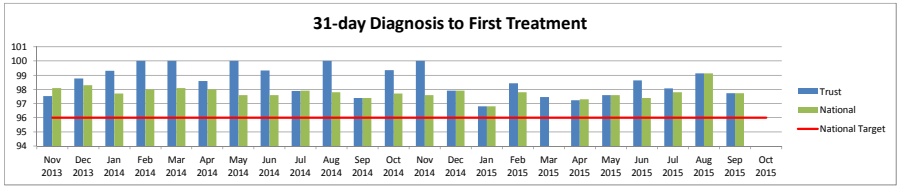
Clinical Effectiveness - Cancer Care

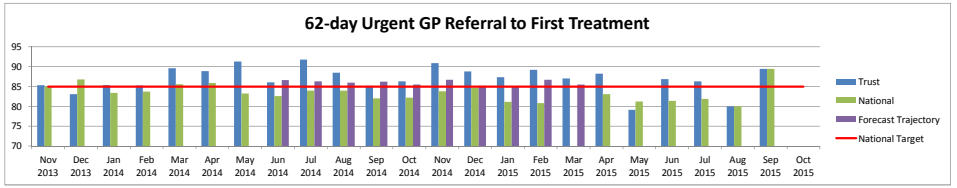
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
1			2 weeks	=> %	93.0	93.0																		-	Sep 2015	92.5	95.1	96.8	94.0					94.2	93.5			
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Sep 2015		-							98.0	96.6			
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Sep 2015	91.7	100.0	100.0	100.0					97.7	98.0			
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																	N/A	-	Sep 2015									95.7	98.0			
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		-	Sep 2015									100.0	98.4			
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	Sep 2015									-	0.0			
1			62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Sep 2015	78.6	94.3	100.0	86.4					89.4	85.6			
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	Sep 2015	0.0	100.0	0.0	100.0					100.0	96.5			
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	Sep 2015	100.0	93.3	0.0	100.0					96.8	90.3			
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	12	9	-		Sep 2015	4.5	2.5	0.0	1.5					8.5	20.5			
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	4.5	7.0	4.0	-		Sep 2015	3.0	1.0	0.0	0.0					4.0	15.5			
1			Cancer - Longest Waiter in days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	180	147	228	-		Sep 2015	228	173	62	98					228				

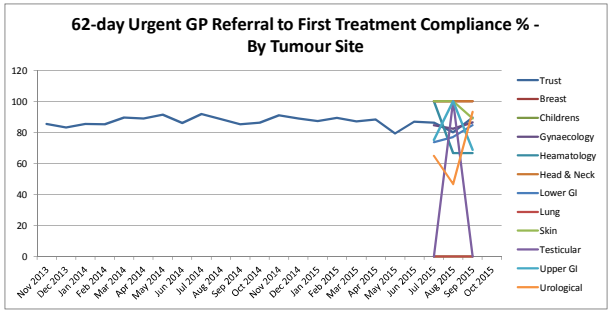
Cancer - Patients Waiting (over 62 days) By Tumour Site				Breast	Childrens	Gynae	Haematology	Head & Neck	Lower GI	Lung	Skin	Testicular	Upper GI	Urology	Total
Breaches	No			0.0	0.0	1.5	1.0	0.0	1.0	0.0	1.0	0.0	2.5	1.5	8.5
Compliance	%			100.0	-	86.4	66.7	100.0	84.6	-	88.9	-	68.8	93.2	89.4

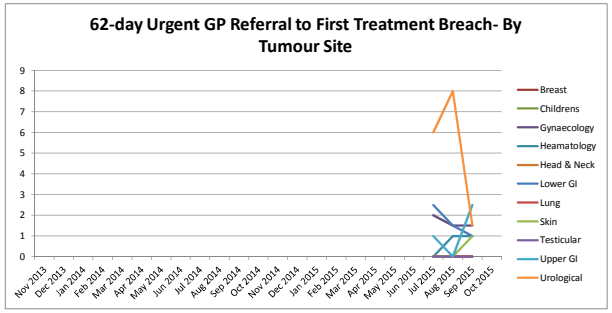








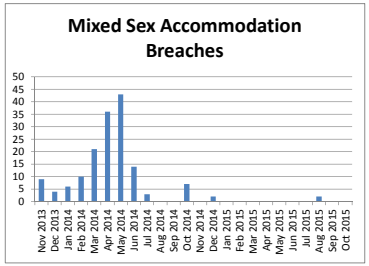


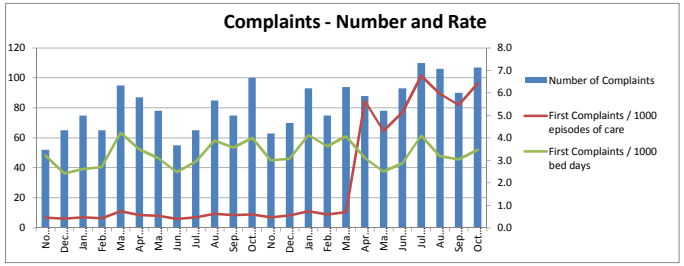


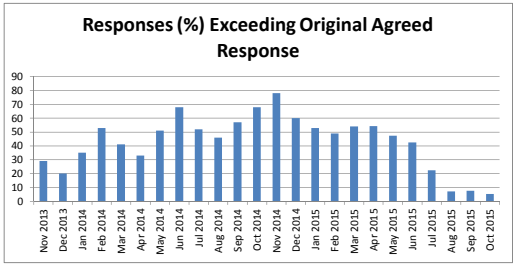
NOTES:

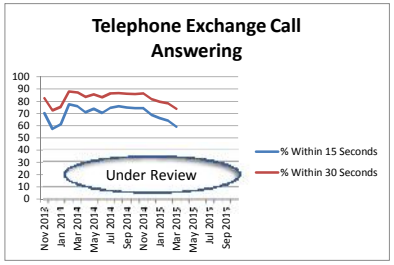
Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		b	FFT Response Rate - Inpatients	=> %	30.0	30.0	44	45	41	32	31	28	31	28	33	43	43	29	31	31	28	25	22	27	Oct 2015									27				
8		a	FFT Score - Inpatients	=> No	60.0	60.0	74	70	73	76	74	73	73	69	70	68	72	95	95	95	96	95	95	95	Oct 2015									95				
8		b	FFT Response Rate Emergency Department (Type 1 Only)	=> %	20.0	20.0	16	16	16	17	17	17	18	17	18	21	22	9.9	8.4	7.2	9.4	9.6	7.5	6.8	Oct 2015	6.77								6.8				
8		a	FFT Score - Emergency Department (Type 1 Only)	=> No	46.0	46.0	49	48	47	49	47	48	49	49	50	44	52	79	79	79	84	88	83	80	Oct 2015	80.2								80				
8			FFT Score - Outpatients	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Score - Daycase	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Response Rate - Daycase	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Score - Maternity Antenatal	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Score - Maternity Postnatal Ward	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Score - Maternity Community	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Score - Maternity Birth	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
8			FFT Response Rate - Maternity Birth	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-				
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	43	14	3	0	0	7	0	2	0	0	0	0	0	0	0	2	0	0	Oct 2015	0	0	0	0		0	0		0	2			
9			No. of Complaints Received (formal and link)	No			78	55	65	85	75	100	63	70	93	75	94	88	78	93	110	106	90	107	Oct 2015	43	18	18	9	1	1	4	13	107	672			
9			No. of Active Complaints in the System (formal and link)	No			245	270	219	258	282	324	359	219	249	266	265	278	225	186	170	174	143	151	Oct 2015	65	23	24	13	2	3	5	16	151				
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.1	2.5	2.9	3.9	3.6	4.0	3.0	3.1	4.1	3.6	4.1	3.1	2.5	2.9	4.1	3.2	3.0	3.5	Oct 2015	2.44	4.66	30.7	2.08					3.47	3.18			
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			0.5	0.4	0.5	0.6	0.6	0.6	0.5	0.6	0.7	0.6	0.7	5.6	4.3	5.1	6.8	6.0	5.5	6.4	Oct 2015	5.61	7.72	12.8	3.61			0		6.41	5.67			
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	99	99	100	99	100	100	99	98	100	99	100	100	100	100	100	100	Oct 2015	100	100	100	100	100	100	100	100	100				
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	51	68	52	46	57	68	78	60	53	49	54	54	47	42	22	7.1	7.7	5.3	Oct 2015	9.23	4	4.17	0	0	0	0	0	5				
9			No. of responses sent out	No			30	4	138	66	42	35	26	198	59	52	84	56	115	102	129	77	107	101	Oct 2015	29	24	12	14	0	4	4	14	101				
9			Oldest' complaint currently in system	No			124	145	127	133	131	174	161	182	192	213	234	254	188	210	186	208	136	159	Oct 2015	159	27	106	27	25	29	21	29	159				
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Oct 2015	N	N	N	N	N	N	N	N	No				



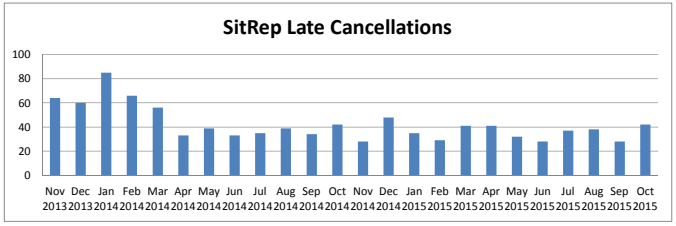


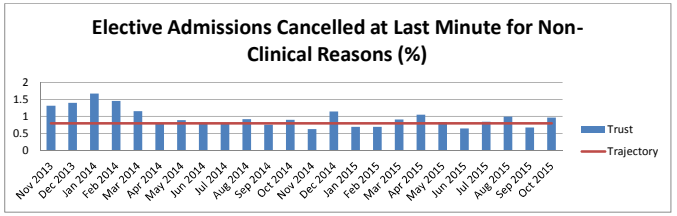


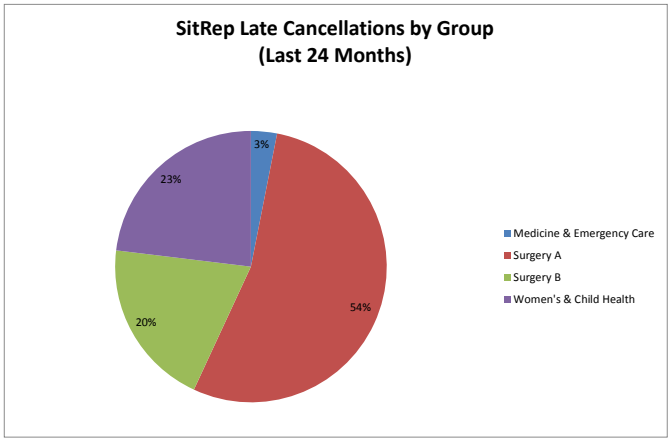


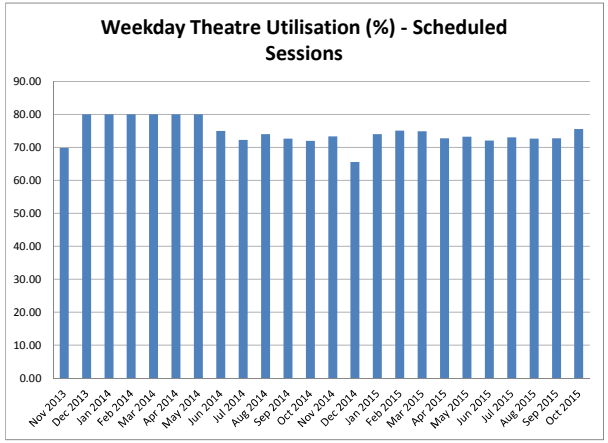
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2			Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2015	-	1.43	1.58	1.94					1.0	0.9			
2			Number of 28 day breaches	<= No	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	Oct 2015	0	0	0	0					0	1			
2			No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	Oct 2015	0	0	0	0					0	1			
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	43	33	36	39	34	42	28	48	36	29	41	41	32	28	37	38	28	42	Oct 2015	0	17	19	6					42	246			
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	Oct 2015	0	0	0	0					0	5			
3			Multiple Cancellations experienced by same patient (all cancellations)	<= %	0.0	0.0	7	10	12	11	13	11	14	10	11	13	12	11	13	13	13	10	10	11	Oct 2015	2.4	13.8	10.6	14.3					11.3				
3			All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	<= %	3.1	3.1	6	5	5	6	7	6	6	8	6	7	5	5	5	5	5	6	5	6	Oct 2015	1.2	7.2	9.8	7.1					5.63				
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Oct 2015	54.1	78.4	75.1	75.7					75.6				
2			Urgent Cancellations	<= No	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	11	5	6	0	7	3	9	Oct 2015	1.0	9.0	0.0	0.0					9.0	41			



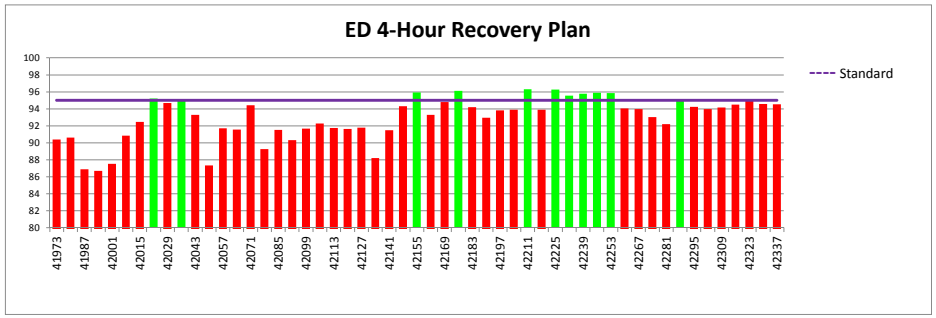


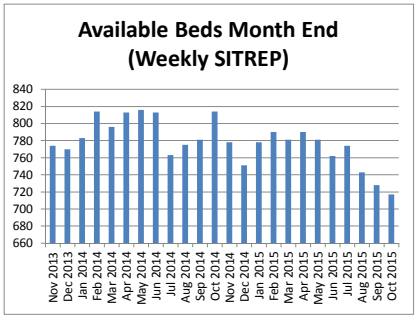


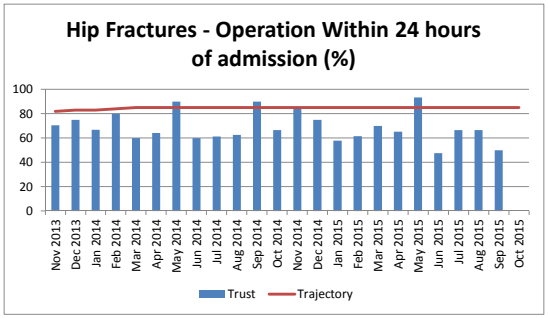


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend	Next Month	3 Months
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Oct 2015	95.0	92.4	99.6	94.21	93.83			
2			Emergency Care 4-hour breach (numbers)	No			1210	1277	1122	876	1460	1636	1440	2234	1054	1481	1695	1527	1406	1037	1086	741	1138	1106	Oct 2015	385	713	8	1106	8041			
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Oct 2015	0	0		0	0			
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Oct 2015	16	16	14	16	17			
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Oct 2015	49	49	16	43	49			
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Oct 2015	8.00	8.30	4.40	7.69	7.66			
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Oct 2015	2.65	4.93	1.30	3.56	4.30			
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	136	125	145	51	136	219	159	282	185	149	164	43	116	90	72	58	76	93	Oct 2015	25	68		93	548			
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	8	8	1	13	21	14	31	7	6	8	9	8	3	3	2	1	1	Oct 2015	0	1		1	27			
11		e	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Oct 2015	0.00	0.04		0.02	0.11			
11			WMAS - Emergency Conveyances (total)	No			4227	4093	4278	3994	4067	4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	Oct 2015	1707	2553		4260	25082			
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Oct 2015	0.9	3.1		1.9	2			
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Oct 2015	3	8.5		12				
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			601	587	606	575	568	603	535	699	544	573	634	567	596	502	545	529	588	601	Oct 2015				601	3928			
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			286	282	297	295	246	306	257	286	214	258	270	237	293	239	240	237	275	261	Oct 2015				261	1782			
3			Hip Fractures - Operation < 24 hours of admission (%)	=> %	85.0	85.0																		-	Sep 2015				50	65.2			
3			Hip Fractures - Operation < 36 hours of admission (%)	=> %	85.0	85.0																		-	Sep 2015				69	82.4			

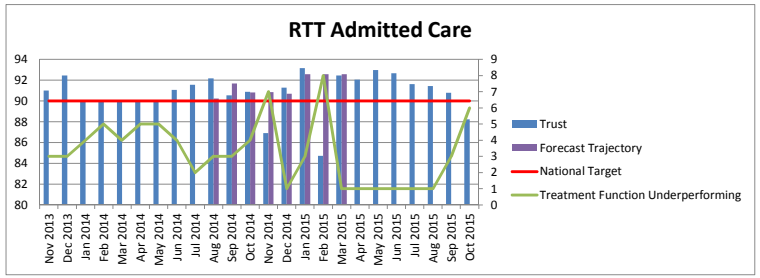


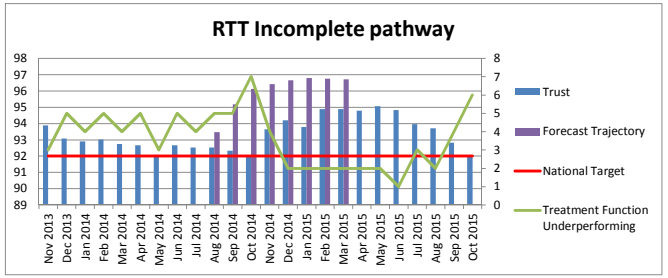


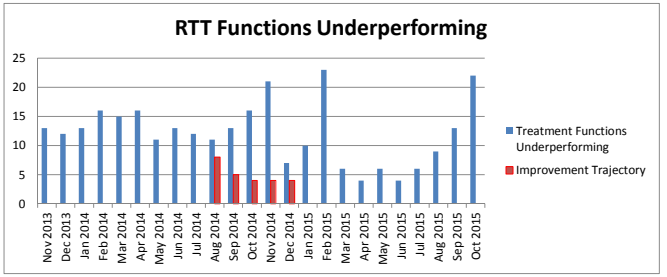


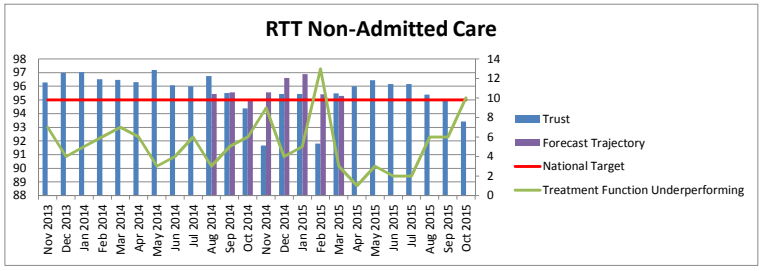
Referral To Treatment

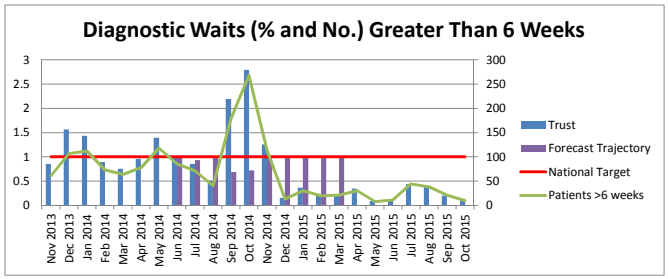
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Oct 2015	94.7	79.9	85.9	92.1					88.24				
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Oct 2015	91.0	92.5	93.4	97.1					93.42				
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Oct 2015	91.4	89.6	92.6	96.5					92.04				
2			Patients Waiting >52 weeks	<= No	0	0	2	2	3	4	4	3	3	0	4	3	4	1	2	1	3	5	2	4	Oct 2015	0	1	3	0.0					4				
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	1	2	2	-	3	1	-	1	1	1	-	2	-	2	3	1	2	Oct 2015	0	0	2	0					2				
2			Treatment Functions Underperforming	<= No	0	0	12	13	12	11	13	16	19	8	10	23	6	4	6	4	6	9	13	22	Oct 2015	7	10	5	0.0					22				
2			Acute Diagnostic Waits in Excess of 6-weeks	<= %	1.0	1.0	1.4	0.98	0.86	0.51	2.19	3.16	1.09	0.16	0.37	0.22	0.23	0.35	0.09	0.11	0.44	0.38	0.2	0.11	Oct 2015	0.3	0.8	0.0	0.0		0.0			0.11				

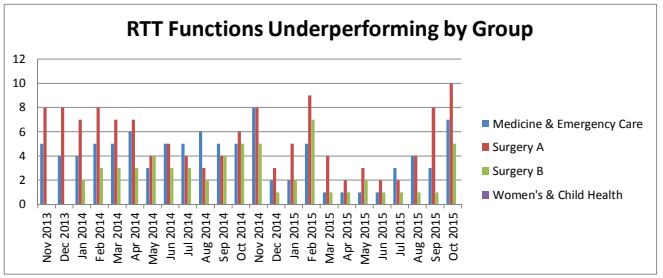










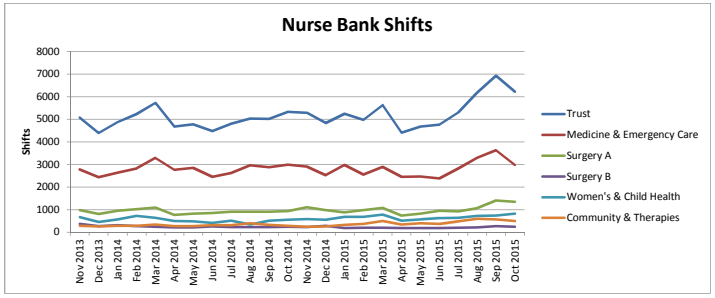


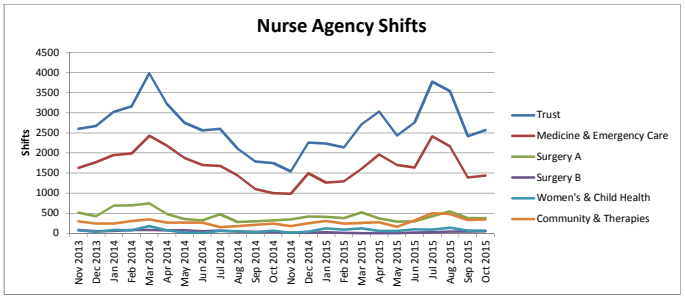
Data Completeness

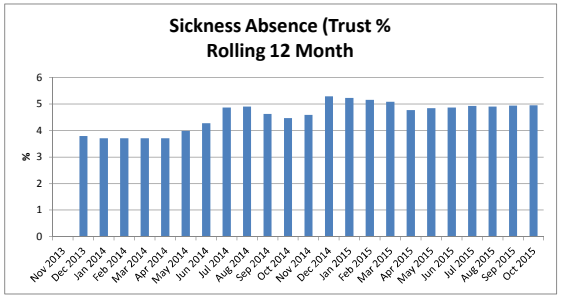
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
14			Data Completeness Community Services	=> %	50.0	50.0																			Oct 2015								61.2	61.19				
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2015									99.43				
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2015									98.57				
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2015									99.2				
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.0	95.6	95.4	95.2	95.7	95.3	95.7	96.0	96.5	96.9	96.6	96.9	96.6	96.3	96.5	95.8	96.5	97.0	Oct 2015									97.0	96.53			
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.5	99.4	99.4	99.5	99.5	99.5	99.6	99.6	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	Oct 2015									99.5	99.54			
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	95.8	96.3	96.1	96.1	96.2	96.4	96.6	96.2	97.0	96.7	96.8	96.8	96.9	96.9	96.3	96.0	96.7	96.3	Oct 2015									96.3	96.58			
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Oct 2015									89.82	91.09			
2			Data Quality of Trust Returns to the HSCIC (provided by TDA)	=> %	96.0	96.0	95.0	95.0	95.0	95.0	95.0	95.0	95.5	98.7	indicator no longer published										Dec 2014									98.70				
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Oct 2015									5.46	5.65			
2			Open Referrals	No			-	-	-	-	-	-	-	-	-	-	-	173,131	180,758	183,245	191,411	203,025	208,990	214,841	Oct 2015	75,035	40,565	67,982	27,705	3,293	208	53		214,841				

Staff

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2014) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
7		b	WTE - Actual versus Plan (FTE)	No			558	580	584	626	608	628	674	685	701	732	689	888	831	733	763	823	842	780	Oct 2015	216.6	116	57.7	85.7	40.1	47.5	124	92.2	780				
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	82.19	80.8	75.5	85.2	88.8	68.4	80.6	85.6		87.13			
7		b	Medical Appraisal and Revalidation	=> %	95.0	95.0											-								Oct 2015	85.56	86.3	100	91.7	88.2	90	0	0		88.06			
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Oct 2015	5.06	5.24	3.14	5.62	4.34	4.47	5.03	4.91	4.96	4.89			
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-						Oct 2015	62.0	65.9	54.6	61.8	80.5	47.8	80.4	73.9	66.99	64.67			
3			Mandatory Training	=> %	95.0	95.0																			Oct 2015	81.5	87.2	85.2	82.9	94.8	85.3	88.1	89.0		87.25			
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Oct 2015	95.99	97.5	94.8	96.2	100	95.3	97.5	98		97.68			
7		b	Staff Turnover (rolling 12 months)	<= %	10.0	10.0																			Oct 2015									13.665	13.44			
7			New Investigations in Month	No			4	6	5	2	15	3	1	0	3	4	5	8	11	5	8	4	5	10	Oct 2015	0	3	1	1	0	0	0	5	10				
7			Vacancy Time to Fill	Weeks			20	19	18	19	19	20	21	20	20	23	22	23	24	26	25	27	25	23	Oct 2015									23				
7			Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0	0	0	0	0			
7			Qualified Nursing Variance (FIMS) (FTE)	No			169	173	177	201	200	188	200	228	238	247	263	221	247	288	303	321	320	279	Oct 2015									278.84				
10			Nurse Bank Fill Rate	=> %	100.0	100.0	82	82	80	77	78	78	82	73	78	78	78	75	81	81	79	80	87	82	Oct 2015	81.97	85.3	97	94.2	0	100	90.6	35.7	82.19	81.2			
10			Nurse Bank Shifts Not Filled	<= No	0	0	969	919	1087	1802	1370	1036	1440	1727	1716	1432	1487	1532	1378	1073	1622	1423	1207	917	Oct 2015	594	220	7	48	0	0	48	0	917	9152			
10			Nurse Bank Use (shifts)	<= No	46980	3915																			Oct 2015	2981	1354	244	828	0	128	492	194	6221	38500			
10			Nurse Agency Use (shifts)	<= No	0	0																			Oct 2015	1434	374	54	71	0	283	342	9	2567	20529			
10			Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015	987	263	123	61	550	154	245	3157	5540	38282			
10			Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015	88	50	44	0	0	0	0	113	295	1401			
			Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	-			
15			Your Voice - Response Rate	No			19.8	-->	-->	18.2	-->	-->	17.4	-->	12.6	12.7	-->	-->	-->	13.9	-->	-->	15.3	-->	Sep 2015	6	10	15	12	24	24	31	19	15.3				
15			Your Voice - Overall Score	No			3.63	-->	-->	3.68	-->	-->	3.65	-->	3.57	3.55	-->	-->	-->	3.59	-->	-->	3.51	-->	Sep 2015	3.45	3.37	3.63	3.64	3.58	3.11	3.68	3.46	3.51				







CQUIN (page 1 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Trajectory / Notes	Q1	Q2	Q3	Q4	Monthly Trend A	M	J	J	A	S	O	N	D	J	F	M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
1	National	£646	£323	£0	Acute Kidney Injury	Improvement from previous Quarter	Derive Base Data	Improvement to last Qtr - GP Letter Pilot Delayed	Improvement to last Qtr - GP Letter Pilot Jan	Improvement to last Qtr	Q1 Met	Q2 Met	●	-	-	-	-	-					October results not confimed; Delivery expected despite a manual audting process	Oct-15	●	●	●	●
2	National	£323	£129	£0	Sepsis Screening	Improvement from base to agreed target	Derive Base Data	Target set at 32.5%	Improvement to Target	Improvement to Target	Q1 Met	Q2 Met	●	-	-	-	-	-					In October Patient First implemented - excellent result. However, system configuratoin not complete - supplier challenged - October results particularly low at 14% (32%expected)	Oct-15	●	●	●	●
3	National	£323	£65	£0	Sepsis Antibiotic Administration	90% by Q4	Establish Audit Mech.	CCG aware - small samples	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	●	-	-	-	-	-					Same as above.	Oct-15	●	●	●	●
4	National	£388	£388	£0	Dementia - Find, Assess, Investigate, Refer & Inform	90% (each of 3 elements) in Q4	Carry fwd from last year	Query with CCG - inform?	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	●	-	-	-	-	-					The 'inform' part of delivery a concern, till discharge letter goes live in Jan. 80 letters to be manually audited to keep achievement - resolve.	Oct-15	●	●	●	●
5	National	£65		£0	Dementia - Staff Training	Target tba - Qly reports to Board	Carry fwd from last year	Work towards 90%	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	●	-	-	-	-	-					Tracking well with excellent training programme in place.	Oct-15	●	●	●	●
6	National	£194		£0	Dementia - Supporting Carers	Bi-annual reports to Board	Carry fwd from last year	Work towards 90%	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	●	-	-	-	-	-					Tracking well.	Oct-15	●	●	●	●
7	National	£1,292	£1,163	£0	Improvement in diagnosis recording in HES Data Set of Mental Health presentations	85% in one month	Qly Data Collection	Achieve 85% in one month to complete CQUIN - already achieved in July & August at 99% - maintain performance			Q1 Met	Q2 Met	●	-	-	-	-	-					CSU has raised data challenge, which is being resolved positively. Final outcome awaited.	Oct-15	●	●	●	●
8	Local	£330	£330	£0	Community Therapies - Dietetics Community Communication with GPs	Deliver outstanding actions from 14 / 15	One data submission at end of Q2				Met												Delivered fully	Oct-15	●			
9	Local	£672	£142	£0	Reduce Number of Ward Transfers experienced by patients with Dementia	Agree improvement trajectory from base	Derive Base Data	Improvement Required	Improvement Required	Improvement Required	Q1 Met	Q2 Met	●	-	-	-	-	-					October results of concern, single month already double the size of the previo quarter - urgent process review to take place	Oct-15	●	●	●	●
10	Local	£672	£493	£0	Reduce Number of Out Of Hours Patient Transfers	Agree improvement trajectory from base	Derive Base Data	Improvement Required	Improvement Required	Improvement Required	Q1 Met	Q2 Met	●	-	-	-	-	-					October results increased, investigation required to confirm seasonal impact	Oct-15	●	●	●	●
11	Local	£1,163	£475	£0	Safeguarding	Carry Forward from last year	Report to Board (Pat Story)	Report to Board (Pat Story)	Report to Board (Pat Story)	Report to Board (Pat Story)	Q1 Met	Q2 Met	●										Tracking well.	Oct-15	●	●	●	●
20	Local	£400	£0	£0	Falls Medication	Baseline now agreed Q2	Not active Q1	Not active Q2	Baseline agreed		Not Active		-										Starting after Q2, baseline discussions being held	Oct-15		●	●	●
12	Spec.	£118	£59	£118	Reduce Number of Consultant-Led Follow Up OP Attendances	Implement plans to & monitor FUN ratio	Formulate Plans	Sign Off of Plans	Monitor & Improve	Monitor & Improve	Q1 Met	Q2 Met	●	-	-	-	-	-					Plan required and sign off by Medical Director - lack of clarity in respect of delivery of activity. SCG have agreed Q2 return.	Oct-15	●	●	●	●
13	Spec.	£118	£59	£0	HIV - Reducing Unnecessary CD4 Monitoring	90% pts have no more than 1 CD4 count in 9m	Qly Data Collection	Qly Data Collection	Qly Data Collection	Qly Data Collection	Q1 Met	Q2 Met	●	-	-	-	-	-					Tracking well.	Oct-15	●	●	●	●
14	Spec.	£118	£59	£118	Haemoglobinopathy Networks - develop partnership working, define pathways and protocol	Publish agreed care p'ways and protocols	Set Up initial network meet				Q1 Met	Q2 Met	●	-	-	-	-	-					Discussion with SCG required. Update from M Walsh discussion required.	Oct-15	●	●	●	●
15	Spec.	£118	£59	£0	Breast Cancer - help patients make more informed choices regarding treatment	Provion of anon. pt. Datasets	Derive Base Data	Qly Data Collection	Qly Data Collection	Qly Data Collection	Q1 Met	Q2 Met	●	-	-	-	-	-					Tracking well.	Oct-15	●	●	●	●
16	Spec.	£118	£59	£0	Bechet's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop	Submit Quarterly return	Qly Data Collection	Qly Data Collection	Qly Data Collection	Qly Data Collection	Q1 Met	Q2 Met	●	-	-	-	-	-					Tracking well.	Oct-15	●	●	●	●

CQUIN (page 2 of 2) and Summary

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Note	Trajectory		Previous Months Trend											Data Period	Comments	Year To Date	Trend	Next Month	3 Months
							Year	Month	A	M	J	J	A	S	O	N	D	J	F	M					
17	Public Health	£94	£0	£0	Breast Screening - improvement in uptake	Annual Report			Q1 Met	●	●	●	●	-	-	-	-	-	Oct-15	Patient letter gone out, but 6mths period in which to attend screening so results not visible as yet	●	●	●	●
18	Public Health	£42	£11	£32	Bowel Screening - improvement in uptake	Annual Report			Q1 Met	●	●	●	●	●	-	-	-	-	Oct-15	Patient letter gone out, but 6mths period in which to attend screening so results - uptake unlikely	●	●	●	●
19	Public Health	£154	£77	£0	Maternity and Health Visiting Services - Integrated working	Implement Shared Assessment Framework			Q1 Met	●	●	●	●	-	-	-	-	-	Oct-15	BadgerNet used to facilitate sharing	●	●	●	●

The Trust is contracted to deliver a total of 20 CQUIN schemes during 2015 / 2016. 7 schemes are nationally mandated, a further 5 have been agreed locally, 5 identified by the West Midlands Specialised Commissioners and 3 by Public Health. The collective **financial value** of the schemes is **c.£8.8m.**

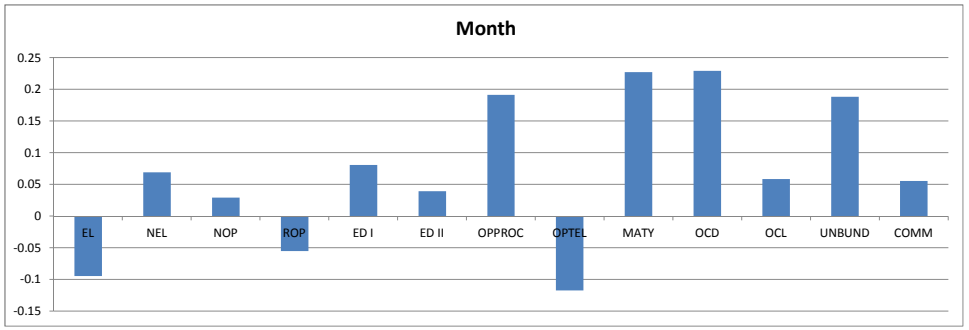
Q2 returns have been submitted to the commissioners and thse have now been confirmed. CCG queries raised were promptly responded to. Public Health has yet to issue returns requirements.

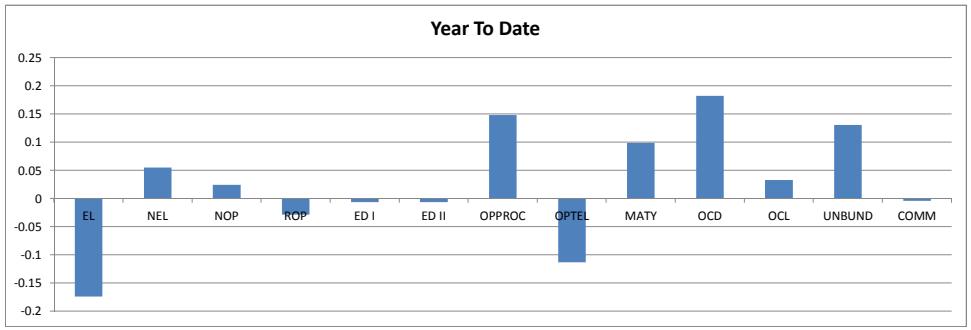
As at October month reporting, there are a number of schemes which cause early concern for next quarter's delivery. These have been highlighted here as red or amber. The financial impact from these is in the region of c£300k if non-payment takes place. Additional risk exist for partial elements of schemes. Further discussions with SCG and Public Health need to take place and Head of Income/CQUIN Lead is progressing to address scheme concerns. A new scheme has been baselined from Q2 (falls medication) for which £400k payment has been 'carved out' of existing CCG CQUIN funding envelope.

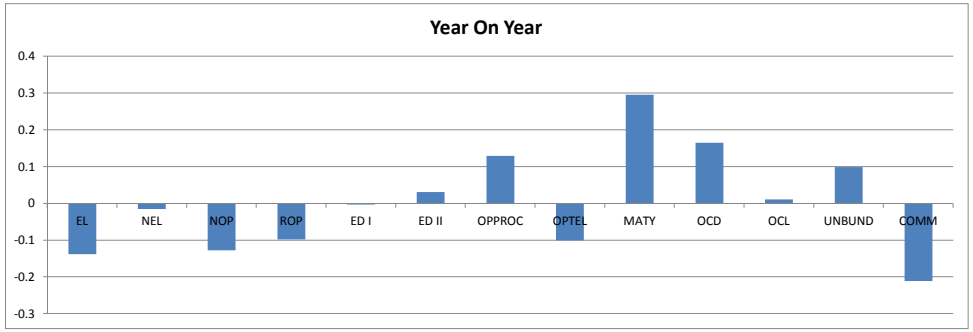
Monthly performance meetings have been put in place to monitor performance more regularly. Quarterly confirm and challenge meetings with Lead Executive also take place.

Activity Summary

Data Up to October 2015







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.

Adverse variances to plan in elective and outpatient care are being addressed through the demand and capacity work being led by the Chief Operating Officer. The plan focusses on maintaining underlying contract plan levels of activity during Q3 and Q4 through daily reporting of booked admitted and non-admitted activity and management challenge of differences from target.

There has been some movement in point of activity delivery since plans were set with activity in plans as daycase procedures now recorded in the outpatient setting, however performance in the month of October does demonstrate improved elective (including daycase) and OP Procedure delivery as recovery plans are implemented.

Maternity overperformance in month is set against a lower plan profile than previous months. Overperformance in occupied bed days reflects additional numbers against plan in neonatal special care and HDU in month.

KEY					
EL	IP and DC Elective	OPTEL	Outpatient Telephone Conversation	OCL	Other Contract Lines
NEL	IP Non Elective	MATY	Maternity Pathways	UNBUND	Unbundled Activity
NOP	New Outpatient	OCD	Occupied Cot Days	COMM	Adult and Child Community
ROP	Review Outpatient	ED I	ED City & Sandwell Acute and Malling		
OPPROC	Outpatient Procedures	ED II	ED BMEC		

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	RAG	Data Period	Group M	A	W	B	C	P	I	CO	Month	Year To Date	Trend	Next Month	3 Months
18		f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0		●	●	●	●	●	●	●	●	●	●	●	●	●						GREEN	Oct-15									£0.000				
18		f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0	●	●	●	●	●	●	●	●	●	●	●	●	●						RED	Oct-15	-4.2	-2.9	-1.6	-1.6	0.1	-0.1	-1.7	-0.6		-£2.232			
18		f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0	●	●	●	●	●	●		●	●	●	●	●	●						GREEN	Oct-15	-0.1	-1.2	0.2	-0.3	0.2	0.2	0.3	-0.4		£0.281			
18		f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0		●	●	●	●	●	●		●	●	●	●	●	●						AMBER	Oct-15	1.1	-3.0	-0.3	-0.3	0.1	0.0	0.9	-2.6		£0.000			
18		f	Forecast underlying surplus / deficit compared to plan	£0.0		●	●	●	●	●	●	●	●	●	●	●	●	●						GREEN	Oct-15										£0.000			
18		f	Forecast year end charge to capital resource limit	£22.8		●	●	●	●	●	●	●	●	●	●	●	●	●						GREEN	Oct-15									£20.153				
18		f	Is the Trust forecasting permanent PDC for liquidity purposes?	No		●	●	●	●	●	●	●	●	●	●	●	●	●						GREEN	Oct-15									£0.000				
18		b	Temporary costs and overtime as % total paybill	2.6%	2.6%	●	●	●	●	●	●	●		●	●	●	●	●						RED	Oct-15	11.6%	4.8%	1.6%	1.7%	9.7%	0.0%	7.6%	3.1%	5.8%	6.1%			
18			Financial Sustainability Risk Ratings from M6 (Continuity of Services Risk Ratings for M3 to M5)	3		●	●	●	●	●	●		●	●	●	●	●	●						GREEN	Oct-15										3.0			

MONTHLY: PASTE IN TDA KEY METRICS PAGE TO THIS FILE

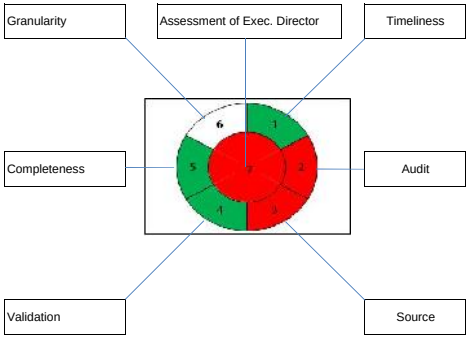
Legend

Data Sources	
1	Cancer Services
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	CHKS
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
20	Change Team (Information)

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

Data Quality - Kitemark



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	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC					
C. Difficile	<= No	30	3																			Oct 2015	2	0	0	2	14			
MRSA Bacteraemia	<= No	0	0																			Oct 2015	0	1	0	1	2			
MRSA Screening - Elective (%)	=> %	80	80																			Oct 2015	75	61	47	61.1				
MRSA Screening - Non Elective (%)	=> %	80	80																			Oct 2015	92	96	60	92.1				
Falls	<= No	0	0	40	61	42	44	41	67	50	66	63	42	52	43	47	42	39	41	40	41	Oct 2015	14	20	7	41	293			
Falls with a serious injury	<= No	0	0	3	3	1	4	1	1	2	0	1	0	1	1	0	1	5	0	1	1	Oct 2015	0	0	1	1	9			
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	3	3	3	0	5	3	6	7	10	1	1	8	3	6	2	0	6	14	Oct 2015	0	11	3	14	39			
Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Oct 2015	93.5	84.9	97.8	94.4				
WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Oct 2015	98.0	100.0	100.0	98.3				
WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Oct 2015	99	0	0	98.6				
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Oct 2015	98	0	0	97.7				
Never Events	<= No	0	0																			Oct 2015	0	0	0	1	0			
Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	Oct 2015	0	0	0	0	1			
Serious Incidents	<= No	0	0																			Oct 2015	0	3	1	4	25			
Mortality Reviews within 42 working days	=> %	100	98																	-	-	Aug 2015	93	87	90	90				

Indicator		Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC					
Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																			Oct 2015		96.4		96.4	91.3			
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Oct 2015		80.8		80.8	81.2			
Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Oct 2015		73.6		73.6	75.0			
Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																			Oct 2015		100.0		100.0	99.5			
Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Oct 2015		100.0		100.0	83.3			
Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Oct 2015		100.0		100.0	100.0			
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																			Oct 2015		100.0		100.0	97.9			
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																			Oct 2015		97.7		97.7	98.2			
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Oct 2015		92.9		92.9	93.4			
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Oct 2015		91.7		91.7	94.6			
Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Oct 2015		97.0		97.0	97.7			
2 weeks	=> %	93.0	93.0																		-	Sep 2015			92.5	92.5				
31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Sep 2015			91.7	91.7				
62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Sep 2015			78.6	78.6				
Mixed Sex Accommodation Breaches	<= No	0.0	0.0	43	14	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0			
No. of Complaints Received (formal and link)	No			38	28	28	32	36	48	18	31	30	36	38	41	35	41	53	36	29	43	Oct 2015	18	12	13	43	278			
No. of Active Complaints in the System (formal and link)	No			117	129	106	130	131	156	149	93	106	126	117	112	104	87	90	74	58	65	Oct 2015	26	20	19	65				
Oldest' complaint currently in system (days)	No			124	145	127	133	131	174	161	182	188	209	230	250	188	210	186	208	136	159	Oct 2015	25	159	27	159				

Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC					
Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																		Oct 2015	-	-	-	-				
28 day breaches	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0.0	0.0	0.0	0	0			
Sitrep Declared Late Cancellations	<= No	0	0	2	7	7	3	2	5	4	1	0	0	9	8	1	2	4	7	0	0	Oct 2015	0.0	0.0	0.0	0	22			
Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	43	60	50	61	54	57	60	62	61	49	48	54	60	46	47	45	33	54	Oct 2015	0.0	0.0	54.1	54.1				
Emergency Care 4-hour waits (%)	=> %	95.0	95.0																		Oct 2015	95.0	92.4	Site S/C	93.6	93.2			
Emergency Care 4-hour breach (numbers)	No			1003	1016	907	736	1201	1390	1181	1913	940	1242	1412	'	'	'	'	'	'	'	Mar 2015	1361	4	47	1412	13511			
Emergency Care Trolley Waits >12 hours	<= No	0	0																		Oct 2015	0.0	0.0	Site S/C	0	0			
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																	-	Sep 2015	16.0	16.0	Site S/C	16	17			
Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																	-	Sep 2015	43.0	55.0	Site S/C	50	57			
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																		Oct 2015	8.0	8.3	Site S/C	8.2	8.3			
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																		Oct 2015	2.7	4.9	Site S/C	3.9	4.7			
WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	136	125	145	51	136	219	159	282	185	149	164	43	116	90	72	58	76	93	Oct 2015	25	68		93	548			
WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	8	8	1	13	21	14	31	7	6	8	9	8	3	3	2	1	1	Oct 2015	0	1		1	27			
WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																		Oct 2015	0.00	0.04		0.02	0.11			
WMAS - Emergency Conveyances (total)	No			4227	4093	4278	3994	4067	4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	Oct 2015	1707	2553		4260	25082			

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC					
RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Oct 2015	0.0	94.2	95.0	94.7				
RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Oct 2015	100.0	91.7	90.6	91.0				
RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Oct 2015	0.0	91.8	91.1	91.4				
Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	Oct 2015	0	0	0	0				
Treatment Functions Underperforming	<= No	0	0	3	5	5	6	5	5	7	2	2	6	1	1	1	1	3	4	3	7	Oct 2015	0	2	5	7				
Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2015	0	0.35	0.28	0.33				
WTE - Actual versus Plan	No			161	157	151	166	160	166	197	232	242	244	176	200	200	219	236	262	261	217	Oct 2015	100.5	48.8	63.3	217				
PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Oct 2015	84.64	80.77	80.92		86.0			
Medical Appraisal and Revalidation	=> %	95.0	95.0												-							Oct 2015	90.91	96.77	72.97		84.4			
Sickness Absence (%)	<= %	3.15	3.15																			Oct 2015	4.90	5.39	4.74	5.06	4.87			
Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	61.6	69.8	36.9		60.23			
Mandatory Training (%)	=> %	95.0	95.0																			Oct 2015	81.59	81.35	81.91		82.9			
New Investigations in Month	No			1	1	2	1	2	1	0	0	1	2	2	2	1	1	2	1	3	0	Oct 2015	0	0	0	0				
Nurse Bank Fill Rate %	=> %	100	100	'	'	'	'	'	'	'	'	'	'	72	2528	3008	2311	3287	3019	4330	2700	Oct 2015				82				
Nurse Bank Shifts Not Filled (number)	<= No	0	0	'	'	'	'	'	'	'	'	'	'	1031	1136	1055	771	1146	977	811	594	Oct 2015				594				
Nurse Bank Use	<= No	34560	2880																			Oct 2015				2981	20017			
Nurse Agency Use	<= No	0.00	0.00																			Oct 2015				1434	12688			
Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00																			Oct 2015				987	6904			
Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00																			Oct 2015				88	337			
Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-			
Your Voice - Response Rate (%)	No			8	-->	-->	9	-->	-->	9	-->	-->	6	-->	-->	-->	6	-->	-->	6	-->	Sep 2015	5.0	3.0	15.0	6.0				
Your Voice - Overall Score	No			3.68	-->	-->	3.76	-->	-->	3.76	-->	-->	3.57	-->	-->	-->	3.49	-->	-->	3.45	-->	Sep 2015	3.35	3.79	3.36	3.45				

Surgery A Group

Indicator	Measure	Trajector Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
C. Difficile	<= No	1																			Oct 2015	0	0	0	0	0	2			
MRSA Bacteraemia	<= No	0																			Oct 2015	0	0	0	0	0	0			
MRSA Screening - Elective	=> %	80																			Oct 2015	95.8	97.9	87.8	0	94.4				
MRSA Screening - Non Elective	=> %	80																			Oct 2015	97.4	97.3	95.8	100	97.2				
Falls	<= No	0	7	4	8	3	9	9	6	6	0	4	4	5	9	5	4	2	4	2	Oct 2015	0	1	1	0	2	31			
Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0			
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	1	1	0	0	4	0	0	2	0	0	1	1	1	2	6	Oct 2015	0	2	0	4	6	11			
Venous Thromboembolism (VTE) Assessments	=> %	95.0																			Oct 2015	97.9	97.5	99.4	99.1	98.2				
WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0																			Oct 2015	100	100	100	100	100.0				
WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0																			Oct 2015	98.3	100	97.6	0	98.0				
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0																			Oct 2015	96.5	100	97.6	0	97.0				
Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	Oct 2015	0	0	0	0	0	2			
Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0			
Serious Incidents	<= No	0																			Oct 2015	0	1	0	0	1	5			
Mortality Reviews within 42 working days	=> %	98.0																	-	-	Aug 2015	100	100	0	100	100.0				

Indicator	Measure	Trajector Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
2 weeks	=> %	93.0																		-	Sep 2015	96.8		89.5		95.14				
2 weeks (Breast Symptomatic)	=> %	93.0																		-	Sep 2015	98.0				98.03				
31 Day (diagnosis to treatment)	=> %	96.0																		-	Sep 2015	100.0		100.0		100				
62 Day (urgent GP referral to treatment)	=> %	85.0																		-	Sep 2015	95.4		93.2		94.25				
Mixed Sex Accommodation Breaches	<= No	0	0	0	3	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0	Oct 2015	0	0	0	0	0	2			
No. of Complaints Received (formal and link)	No		12	11	8	19	15	13	13	7	15	9	16	16	8	16	16	15	15	18	Oct 2015	10	6	2	0	18	104			
No. of Active Complaints in the System (formal and link)	No		50	50	34	39	49	57	78	53	45	40	45	46	27	32	23	26	23	23	Oct 2015	12	8	3	0	23				
Oldest' complaint currently in system (days)	No		124	131	118	99	109	133	143	171	192	213	234	254	97	157	108	122	125	27	Oct 2015	27	26	18	0	27				
Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8																			Oct 2015	0.25	3.25	2.26	-	1.43				
28 day breaches	<= No	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	Oct 2015	0	0	0	0	0	1			
Sitrep Declared Late Cancellations	<= No	0	16	5	6	16	10	18	6	33	11	13	17	12	10	8	21	13	13	17	Oct 2015	1	10	6	0	17	94			
Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	75	80	77	76	78	75	77	71	78	79	75	78	78	79	80.2	78	78	78	Oct 2015	75.7	80.2	78.4	89.4	78.4				
Emergency Care 4-hour breach (numbers)	No		100	100	119	52	103	118	94	121	43	108	127	-	-	-	-	-	-	-	Mar 2015	66	53	8	0	127	1166			
Hip Fractures - Operation < 24 hours of admission (%)	=> %	85																		-	Sep 2015		50.0			50.0	65.2			

Indicator	Measure	Trajector Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
RTT - Admittted Care (18-weeks) (%)	=> %	90.0																			Oct 2015	81.2	75.1	84.3	0.0	79.9				
RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0																			Oct 2015	95.5	93.4	81.0	0.0	92.5				
RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0																			Oct 2015	93.1	86.9	88.3	0.0	89.6				
Patients Waiting >52 weeks	<= No	0	1	0	2	4	2	1	2	0	3	1	2	1	0	0	0	2	1	1	Oct 2015	0	0	1	0	1				
Treatment Functions Underperforming	<= No	0	5	5	4	3	4	6	7	4	5	8	4	2	3	2	2	4	8	10	Oct 2015	4	3	3	0	10				
Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0																			Oct 2015	0.3	0.0	1.5	0.0	0.79				
WTE - Actual versus Plan	No		71	77	78	71	71	71	76	66	62	70	70	88	97	103	110.4	120	122	116	Oct 2015	34.6	24.8	34.7	17.3	115.5				
PDRs - 12 month rolling	=> %	95.0																			Oct 2015	76.5	73.2	85.4	83.7		86.9			
Medical Appraisal and Revalidation	=> %	95.0												-							Oct 2015	68.4	69.2	100	100		86.5			
Sickness Absence	<= %	3.15																			Oct 2015	5.4	4.6	5.9	4.6	5.2	5.2			
Return to Work Interviews (%) following Sickness Absence	=> %	100	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	56.4	39.9	75.6	75.6	65.9	63.0			
Mandatory Training	=> %	95.0																			Oct 2015	83.8	82.4	90.2	88.2		89.0			
New Investigations in Month	No		0	0	0	0	2	0	1	0	1	1	2	3	3	1	2	1	0	3	Oct 2015	0	3	0	0	3				
Nurse Bank Fill Rate	=> %	100.0	-	-	-	-	-	-	-	-	-	-	76	71	80	82	75.63	76	86	85	Oct 2015					85.3	80			
Nurse Bank Shifts Not Filled	<= No	0	'	'	'	'	'	'	'	'	'	'	335	313	247	197	347	303	272	220	Oct 2015					220	1899			
Nurse Bank Use	<= No	826																			Oct 2015					1354	7266			
Nurse Agency Use	<= No	0																			Oct 2015					374	2684			
Admin & Clerical Bank Use (shifts)	<= No	0																			Oct 2015					263	1376			
Admin & Clerical Agency Use (shifts)	<= No	0																			Oct 2015					50	201			
Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00					-	-			
Your Voice - Response Rate	No		13	-->	-->	11	-->	-->	11	-->	-->	9	-->	-->	-->	10	-->	-->	10	-->	Sep 2015	12	3	11	8	10				
Cancer = Patients Waiting Over 62 days for treatment	No		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	10	3	-	Sep 2015	-	-	-	-	2.5	12			

Surgery B Group

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		O	E					
C. Difficile	<= No	0	0																			Oct 2015	0	0	0	0			
MRSA Bacteraemia	<= No	0	0																			Oct 2015	0	0	0	0			
MRSA Screening - Elective	=> %	80	80																			Oct 2015	82.9	94.5	90.7				
MRSA Screening - Non Elective	=> %	80	80																			Oct 2015	100	96.4	97.3				
Falls	<= No	0	0	0	0	2	0	0	0	0	1	1	0	0	0	0	2	1	0	0	1	Oct 2015	1	0	1	4			
Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0			
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0			
Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Oct 2015	98.2	99.5	98.7				
WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Oct 2015	100	99.8	99.95				
WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Oct 2015	100	100	100				
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Oct 2015	99.5	100	99.66				
Never Events	<= No	0	0																			Oct 2015	0	0	0	0			
Medication Errors	<= No	0	0																			Oct 2015	0	0	0	0			
Serious Incidents	<= No	0	0																			Oct 2015	0	0	0	0			
Mortality Reviews within 42 working days	=> %	100	97		-	-	-		-	-	-	-	-	N/A	N/A	N/A	N/A		N/A	-	-	Aug 2015	0	0	0				

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		O	E					
2 weeks	=> %	93	93																		-	Sep 2015		96.8	**96.8**				
31 Day (diagnosis to treatment)	=> %	96	96								-										-	Sep 2015		100	**100**				
62 Day (urgent GP referral to treatment)	=> %	85	85					-													-	Sep 2015		100	**100.0**				
Mixed Sex Accommodation Breaches	<= No	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Oct 2015	0	0	**0**	**0**			
No. of Complaints Received (formal and link)	No			**9**	**3**	**10**	**11**	**8**	**12**	**11**	**14**	**14**	**12**	**16**	**14**	**9**	**6**	**15**	**15**	**16**	**18**	Oct 2015	16	2	**18**	**93**			
No. of Active Complaints in the System (formal and link)	No			**31**	**40**	**34**	**37**	**36**	**37**	**47**	**33**	**35**	**35**	**36**	**39**	**35**	**17**	**17**	**22**	**19**	**24**	Oct 2015	21	3	**24**				
Oldest' complaint currently in system (days)	No			**117**	**100**	**103**	**129**	**98**	**63**	**138**	**109**	**102**	**123**	**144**	**164**	**135**	**102**	**126**	**148**	**83**	**106**	Oct 2015	106	20	**106**				
Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2015	1.64	1.47	**1.58**				
28 day breaches	<= No	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Oct 2015	0	0	**0**	**0**			
Sitrep Declared Late Cancellations	<= No	0	0	**22**	**17**	**16**	**14**	**16**	**12**	**11**	**7**	**24**	**11**	**8**	**15**	**17**	**16**	**10**	**14**	**8**	**19**	Oct 2015	13	6	**19**	**99**			
Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	**74.4**	**72.5**	**74.5**	**72**	**73.6**	**72**	**73**	**68**	**74.1**	**72**	**75.2**	**73.3**	**71.4**	**73.1**	**73.9**	**70.5**	**73.6**	**75**	Oct 2015	77.3	69.4	**75.05**				
Emergency Care 4-hour waits (%)	=> %	95	95																			Oct 2015	99.6		**99.6**	**99.1**			
Emergency Care 4-hour breach (numbers)	No			**15**	**80**	**13**	**26**	**29**	**10**	**27**	**25**	**8**	**8**	**39**	-	-	-	-	-	-	-	Mar 2015	29	10	**39**	**290**			
Emergency Care Trolley Waits >12 hours	<= No	0	0	-	-	-	-	-	-	-	-	-	-									Oct 2015	0		**0**	**0**			
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15																		-	Sep 2015	14		**14**	**14**			
Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																		-	Sep 2015	17		**24**	**20**			
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Oct 2015	4.4		**4.4**	**3.6**			
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Oct 2015	1.3		**1.3**	**1.81**			

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		O	E					
RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Oct 2015	83.2	91.6	85.9				
RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Oct 2015	93.7	92.4	93.4				
RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Oct 2015	92.3	93.2	92.6				
Patients Waiting >52 weeks	<= No	0	0	1	1	0	0	2	2	1	0	0	1	1	0	1	0	3	2	1	3	Oct 2015	2	1	3				
Treatment Functions Underperforming	<= No	0	0	4	3	3	2	4	5	5	1	2	7	1	1	2	1	1	1	1	5	Oct 2015	2	3	5				
Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Oct 2015	0	0	0.00				
WTE - Actual versus Plan	No			34	38	33	32	28	30	27	30	32	29	28.5	35.3	35.1	46.6	43.1	50	57.2	57.7	Oct 2015			57.7				
PDRs - 12 month rolling	=> %	95	95																			Oct 2015	71.1	86.7		87.7			
Medical Appraisal and Revalidation	=> %	95	95												-							Oct 2015	100	100	75.5	93.3			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	3.49	2.16	3.14	3.22			
Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	46.7	77.2	54.64	52.3			
Mandatory Training	=> %	95	95																			Oct 2015	83	91.4		86.65			
New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	Oct 2015			1				
Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	100	99	99.6	98.4	98.2	96.9	96	97	Oct 2015			97.03	97.78			
Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	1	2	1	3	4	7	13	7	Oct 2015			7	37			
Nurse Bank Use	<= No	2796	233																			Oct 2015			244	1475			
Nurse Agency Use	<= No	0	0																			Oct 2015			54	192			
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015			123	911			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015			44	151			
Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-			
Your Voice - Response Rate	No			18	-->	-->	17	-->	-->	17	-->	-->	14	-->	-->	-->	12	-->	-->	15	-->	Sep 2015	7	32	15				
Your Voice - Overall Score	No			3.72	-->	-->	3.52	-->	-->	3.52	-->	-->	3.54	-->	-->	-->	3.59	-->	-->	3.63	-->	Sep 2015	3.65	3.64	3.63				

Women & Child Health Group

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P	C					
C. Difficile	<= No	0	0																			Oct 2015	0	0	0	0	0	0			
MRSA Bacteraemia	<= No	0	0																			Oct 2015	0	0	0	0	0	0			
MRSA Screening - Elective	=> %	80.00	80.00																			Oct 2015	97.4				95.0				
MRSA Screening - Non Elective	=> %	80.00	80.00																			Oct 2015	100	100			100.0				
Falls	<= No	0	0	0	2	0	1	0	0	0	0	0	0	0	1	2	1	0	1	2	0	Oct 2015	0	0	0	0	0	7			
Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0			
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	0	0	1	0	0	Oct 2015	0	0	0	0	0	1			
Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Oct 2015	98.5	88.2			92.5				
WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Oct 2015	100	100			100.0				
WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Oct 2015	97.7	100			97.9				
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Oct 2015	97.7	100			97.9				
Never Events	<= No	0	0																			Oct 2015	0	0	0	0	0	1			
Medication Errors	<= No	0	0																			Oct 2015	0	0	0	0	0	0			
Serious Incidents	<= No	0	0																			Oct 2015	0	1	0	0	1	8			

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P	C					
Caesarean Section Rate - Total	<= %	25.0	25.0																			Oct 2015		25.2			25.2	25.5			
Caesarean Section Rate - Elective	%			8	9	9	7	9	7	8	11	8	6	9	8	7	8	11	9	9	10	Oct 2015		10			10.0	8.7			
Caesarean Section Rate - Non Elective	%			18	19	15	17	18	19	16	16	15	17	16	15	18	15	18	17	18	15	Oct 2015		15.2			15.2	16.8			
Maternal Deaths	<= No	0	0																			Oct 2015		0			0	0			
Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Oct 2015		4			4	18			
Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Oct 2015		1.02			1.0	2.4			
Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Oct 2015		6.12			6.1				
Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Oct 2015		75			75.0				
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Oct 2015		148			147.8				
Mortality Reviews within 42 working days	=> %	100.0	97.0			-						-				N/A			N/A	-	-	Aug 2015	0	0	0		0.0				
2 weeks	=> %	93.0	93.0																		-	Sep 2015	94		0		94.0				
31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Sep 2015	100				100.0				
62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Sep 2015	86.4				86.4				
Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0				0	0			
No. of Complaints Received (formal and link)	No			4	6	11	8	8	8	12	7	11	9	11	7	9	14	14	12	10	9	Oct 2015	3	4	2	0	9	75			
No. of Active Complaints in the System (formal and link)	No			15	21	21	24	29	29	33	12	21	27	32	28	28	20	18	17	13	13	Oct 2015	0	0	0	0	13				
Oldest' complaint currently in system (days)	No			61	82	52	66	87	104	123	151	52	73	94	113	128	96	50	57	57	27	Oct 2015	27	18	25	0	27				

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P	C					
Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2015	2.78		-		1.9				
28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0				0	0			
Sitrep Declared Late Cancellations	<= No	0	0	3	4	7	6	6	7	7	7	1	5	7	6	4	2	2	4	7	6	Oct 2015	6				6	31			
Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	83	81	83	78	76	77	77	80	77	78	79	76	78	74	75	76	79	76	Oct 2015	75.7	-			75.7				
Emergency Care 4-hour breach (numbers)	No			14	14	18	14	30	23	36	82	5	30	16	-	-	-	-	-	-	-	Mar 2015	8	0	8	0	16	300			
RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Oct 2015	92.1				92.1				
RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Oct 2015	97.1				97.1				
RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Oct 2015	96.5				96.5				
Patients Waiting >52 weeks	<= No	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0				0				
Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0				0				
Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Oct 2015	0				0.0				

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P	C					
WTE - Actual versus Plan	No			58	60	67	81	61	60	59	66	67	68.6	66.9	67.9	70.8	87.2	95.8	111	96.6	85.7	Oct 2015	28.8	33.4	16.3	7.5	85.7				
PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	80.8	86.4	87.2	82.1		88.1			
Medical Appraisal and Revalidation	=> %	95.0	95.0												-							Oct 2015	100	81.8	90.9	0		90.6			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	4.87	6.2	4.54	5.97	5.6	5.6			
Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	64.6	58	63.9	70.9	61.82	58.18			
Mandatory Training	=> %	95.0	95.0																			Oct 2015	88.8	77.7	87.2	88		84.3			
New Investigations in Month	No			0	0	2	0	0	0	0	0	0	1	1	1	3	2	2	1	1	1	Oct 2015	0	1	0	0	1				
Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	90	93.6	95.4	91.9	93.9	90.9	94.7	94.2	Oct 2015					94.2	93.6			
Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	81	37	35	53	50	68	51	48	Oct 2015					48	94			
Nurse Bank Use	<= No	6852	571																			Oct 2015					828	4616			
Nurse Agency Use	<= No	0	0																			Oct 2015					71	582			
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015					61	458			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015					0	87			
Medical Staffing - Number of instances when junior rotas not fully filled	0	0																													
Your Voice - Response Rate	No			11	-->	-->	12	-->	-->	12	-->	-->	9	-->	-->	-->	13	-->	-->	12	-->	Sep 2015	17	6	16	18	12				
Your Voice - Overall Score	No			3.79	-->	-->	3.65	-->	-->	3.65	-->	-->	3.53	-->	-->	-->	3.66	-->	-->	3.64	-->	Sep 2015	3.8	3.57	3.42	3.73	3.6				
HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-	-	-	-	-	-	-	-	-	-	-	17	26	56	97	124	118	111	Oct 2015				111	111	549			
HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	82.6	81	86.7	88.3	87.9	90.7	-	Sep 2015				90.7	90.7	87.83			
HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-	-	-	-	-	-	-	-	-	-	-	17	15.9	8.8	5.87	9.69	9.04	-	Sep 2015				9.04	9.04	9.29			
HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	59.2	61.7	71.1	77.7	82	87.4	92.3	Oct 2015				92.3	92.29	81.43			
HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-	-	-	-	-	-	-	-	-	-	-	88.4	78.8	77.3	86.7	86.1	84.5	91	Oct 2015				91	91.02	86.23			

HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	85.1	80.2	91.4	89.8	82	92.9	95.1	Oct 2015				95.1	95.14	89.09					
HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-	-	-	-	-	-	-	-	-	-	-	76.9	71.5	78.3	79.2	70	84.7	83.2	Oct 2015				83.2	83.24	77.38					
HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	1	1	Oct 2015				1	1	7					
HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	74	74.3	79.1	83.5	94	93	96.5	Oct 2015				96.5	96.52	89.17					
HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	63.3	65.3	65	77.7	88.5	83.1	80.2	Oct 2015				80.2	80.15	79.39					
HV - % of infants being breastfed at 6 - 8 weeks	%			-	-	-	-	-	-	-	-	-	-	-	38.7	38.7	38.7	33.6	31.4	32.3	27.6	Oct 2015				27.6	27.58	32.45					
HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015				-	-	-					
HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	347	397	333	-	Sep 2015				333	333	1077					
HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	88	87.2	85.8	92.3	98.5	86	-	Sep 2015				86.1	86.05	91.27					
HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	359	374	340	365	Oct 2015				365	365	1438					
HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	74.1	80.9	79	99.7	95.4	94.7	####	Oct 2015				0	0	92.63					
HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	315	340	275	321	Oct 2015				321	321	1251					
HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	76.2	68.8	66.3	98.4	95.8	81.1	####	Oct 2015				0	0	86.86					
HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-	-	-	-	-	-	-	-	-	-	-	0	0	0	84	31	27	42	Oct 2015				42	42	-					
HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	-					
Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0**	**1.5**	**1.5**	-	Sep 2015	1.5	-	0	-	**1.5**	**3**					
Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	**1**	**1**	**0**	-	Sep 2015	0	-	0	-	**0**	**2**					
Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	**123**	**130**	**98**	-	Sep 2015	98	-	0	-	**98**						
Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	**8**	**3**	**0**	**0**	**0**	**0**	**0**	Oct 2015	0	-	0	-	**0**	**11**					

Open Referrals	No			-	-	-	-	-	-	-	-	-	-	-	**19,676**	**20,814**	**21,841**	**23,178**	**25,152**	**26,342**	**27,705**	Oct 2015	7,796	13,886	6,013	10	**27705**			

Pathology Group

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		HA	HI	B	M	I					
Never Events	<= No	0	0																			Oct 2015	0	0	0	0	0	0	0			
No. of Complaints Received (formal and link)	No			0	1	0	1	1	3	0	2	3	1	5	0	2	3	0	2	0	1	Oct 2015	0	1	0	0	0	1	8			
No. of Active Complaints in the System (formal and link)	No			1	2	1	2	3	6	5	5	8	7	6	4	6	5	2	3	0	2	Oct 2015	0	2	0	0	0	2				
Oldest' complaint currently in system (days)	No			91	112	27	46	68	92	111	90	96	117	138	73	92	27	23	18	0	25	Oct 2015	0	25	0	0	0	25				
WTE - Actual versus Plan	No			32	31	32	29	27	25	27	27	24	16	16	20.4	22.8	32.5	34	33.7	40.3	40.1	Oct 2015	3.4	2.8	14.5	5	4.2	40				
PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	83.1	89.7	92.1	91.4	78.6		92.27			
Medical Appraisal and Revalidation	=> %	95.0	95.0												-							Oct 2015	100	71.4	100	100	100		87.04			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	5.41	1.58	4.35	3.55	5.56	4.34	4.32			
Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	80.5	91.4	85.3	94.9	100	80.5	79.3			
Mandatory Training	=> %	95.0	95.0																			Oct 2015	90.6	94.3	95.4	95.4	99.3		95.5			
New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0				
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015						550	3718			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015						0	0			
Your Voice - Response Rate	No			30	-->	-->	31	-->	-->	31	-->	-->	12	-->	-->	-->	21	-->	-->	24	-->	Sep 2015	15	41	22	28	63	24				
Your Voice - Overall Score	No			3.43	-->	-->	3.74	-->	-->	3.74	-->	-->	3.76	-->	-->	-->	3.69	-->	-->	3.58	-->	Sep 2015	3.14	3.28	3.51	3.85	4.27	3.58				

Imaging Group

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		DR	IR	NM	BS					
Never Events	<= No	0	0																			Oct 2015	0	0	0	0	0	0			
Medication Errors	<= No	0	0																			Oct 2015	0	0	0	0	0	0			
Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Oct 2015			73.6		73.58	75			
Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Oct 2015			100		100	99.47			
Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0	0			
No. of Complaints Received (formal and link)	No			4	2	3	3	0	4	2	2	3	2	1	0	4	3	5	8	4	1	Oct 2015	1	0	0	0	1	25			
No. of Active Complaints in the System (formal and link)	No			5	7	8	5	5	8	10	8	9	7	5	0	5	5	7	11	7	3	Oct 2015	2	1	0	0	3				
Oldest' complaint currently in system (days)	No			19	40	59	30	52	76	72	75	83	75	96	123	102	27	24	43	62	29	Oct 2015	29	27	0	0	0				
Emergency Care 4-hour breach (numbers)	No			39	41	32	34	49	50	52	45	41	49	51	-	-	-	-	-	-	-	Mar 2015	51	0	0	0	51	513			
Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2015	0.01				0.01				
WTE - Actual versus Plan	No			13	11	13	22.1	14	16	15	21	21	33	33.6	41.4	46.3	57.9	58.9	55.9	50	47.5	Oct 2015	29.7	0.6	3.5	6.2	47.5				
PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	66.2	100	82.8	80.4		80.4			
Medical Appraisal and Revalidation	=> %	95.0	95.0												-							Oct 2015	87.5	0	100	100		94.9			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	3.2	7.6	2.8	5.4	4.47	4.65			
Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	48	90.5	73.9	20.2	47.8	45.0			
Mandatory Training	=> %	95.0	95.0																			Oct 2015	82.7	89	88.7	90.2		87.1			
New Investigations in Month	No			2	2	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015					0				
Nurse Bank Use	<= No	288	24																			Oct 2015					128	487			
Nurse Agency Use	<= No	0	0																			Oct 2015					283	1681			
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015					154	1301			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015					0	0			
Your Voice - Response Rate	No			19	-->	-->	33	-->	-->	33	-->	-->	18	-->	-->	-->	19	-->	-->	24	-->	Sep 2015	17	0	55	11	24				
Your Voice - Overall Score	No			3.72	-->	-->	3.73	-->	-->	3.73	-->	-->	3.28	-->	-->	-->	3.41	-->	-->	3.11	-->	Sep 2015	2.79	0	3.55	3.67	3.11				

Community & Therapies Group

Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC					
MRSA Screening - Elective	=> %	80.0	80.0												-	-	-	-	-	-	-	Oct 2015	-	-	-	-				
Falls	<= No	0	0	9	11	13	4	14	20	17	21	22	16	13	30	47	37	25	27	29	29	Oct 2015	0	27	2	29	224			
Falls with a serious injury	<= No	0	0	2	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	Oct 2015	0	1	0	1	2			
Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	4	2	2	1	1	1	3	5	2	1	3	3	1	1	3	2	0	0	Oct 2015	0	0	0	0	10			
Never Events	<= No	0	0																			Oct 2015	0	0	0	0	0			
Medication Errors	<= No	0	0																			Oct 2015	0	0	0	0	0			
Serious Incidents	<= No	0	0																			Oct 2015	0	1	0	1	4			
FFT Response Rate - Wards (Community)	=> %	25.0	25.0	67.9	42.9	60	59.5	56.7	47	37.5	32.6	33	41.3	101	27.7	40.4	28.2	30.7	33.2	34.2	42.5	Oct 2015	-	-	-	42.47				
FFT Score - Wards (Community)	=> No	68.0	68.0	95	87	83	91	82	88	73	87	100	95	92	98.6	96.7	91.4	91.3	91	91.3	96.2	Oct 2015	-	-	-	96.2				
Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2015	0	0	0	0	0			
No. of Complaints Received (formal and link)	No			3	0	0	5	2	5	1	1	2	1	1	0	1	2	1	3	5	4	Oct 2015	1	1	2	4	16			
No. of Active Complaints in the System (formal and link)	No			10	8	3	8	8	10	12	3	4	3	6	0	7	6	4	5	7	5	Oct 2015	2	1	2	5				
Oldest complaint currently in system (days)	No			94	115	75	38	60	64	81	75	61	82	103	158	0	99	118	140	10	21	Oct 2015	26	9	21	21				
WTE - Actual versus Plan	No			36	45	45	61.8	65	67	71	75	76	72.2	77.4	174	92.8	77.3	85.3	87.7	114	124	Oct 2015	13.5	65.9	44.9	124.3				
PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	86.4	75.2	82.5		87.9			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	3.37	5.64	5.11	5.03	5.19			
Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	93.8	82.5	73.5	80.41	79.71			

Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC					
Mandatory Training	=> %	95.0	95.0																			Oct 2015	91.6	85.4	88.9		89.1			
New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	Oct 2015				0				
Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	93	89.5	94.2	89.2	89	89.7	92.2	90.6	Oct 2015	-	-	-	90.64	90.71			
Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	36	41	31	46	72	62	56	48	Oct 2015	-	-	-	48	356			
Nurse Bank Use	<= No	5408	451																			Oct 2015				492	3264			
Nurse Agency Use	<= No	0	0																			Oct 2015				342	2410			
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015				245	1725			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015				0	0			
Your Voice - Response Rate	No			18	-->	-->	32	-->	-->	32	-->	-->	28	-->	-->	-->	26	-->	-->	31	-->	Sep 2015	45	31	26	31				
Your Voice - Overall Score	No			3.75	-->	-->	3.88	-->	-->	3.88	-->	-->	3.76	-->	-->	-->	3.77	-->	-->	3.68	-->	Sep 2015	3.58	3.65	3.8	3.68				
DVT numbers	=> No	730	61	62	87	39	33	70	35	42	47	54	53	55	56	53	67	64	78	59	44	Oct 2015				44	421			
Therapy DNA rate OP services	<= %	9	9	16	11	10.6	10.5	11.3	12	13.6	12	12.3	13.9	12.9	13.3	12	14.5	10.7	9.85	10.5	11.4	Oct 2015				11.4	11.7			
FEES assessment	<= No	100	8	10	3	4	4	5	5	3	2	14	1	2	0	2	0	0	-	-	-	Jul 2015				0	2			
ESD Response time	<= Hr	48	48											-	-	-	-	-	-	-	-	Feb 2015				0	0			
STEIS	<= No	0	0	2	1	0	1	0	0	0	1	0	0	-	-	-	0	0	0	0	1	Oct 2015				1	1			
Rapid response to AMU, RRTS	<= mins	60	60	71	72	73	68	81	79	82	86	79	98	-	-	-	-	-	-	-	-	Feb 2015				98	864			
Avoidable weight loss	<= %	20.0	20.0	0	8	0	0	0	0	0	9	0	0	8	0	25	20	0	-	-	-	Jul 2015				0.0	11.8			
Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	7.9	11.2	16.1	15.6	17.1	14.3	12.3	13.1	9.5	12.1	13.7	16	14	11	15	15	12	15	Oct 2015				15	98			

Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC					
DNA/No Access Visits	%			-	-	-	3	1	1	1	1	1	1	-	-	-	-	6	1	1	-	Sep 2015				0.69				
Falls Assessments - DN service only	%			-	-	-	72	58	49	45	45	62	54	65	47	55	50	46	44	43	42	Oct 2015				41.6				
Pressure Ulcer Assessment - DN service only	%			-	-	-	73	61	50	48	46	63	57	65	51	55	51	48	44	43	44	Oct 2015				43.8				
Healthy Lifestyle Assessments - DN Service only	%			-	-	-	61	54	48	39	43	58	54	36	47	57	45	37	37	37	36	Oct 2015				35.92				
At risk of Social Isolation Referrals to 3rd sector DN service only	%			-	-	-	46	75	67	57	65	95	77	-	-	-	-	50	75	50	63	Oct 2015				62.5				
MUST Assessments - DN Service only	%			-	-	-	9	11	10	11	10	19	18	-	22	22	24	21	23	23	23	Oct 2015				22.61				
Incident Rates - per 1000 charge	Rate1			-	-	-	4	5	5	4	4	5	4	-	4	5	5	4	4	-	-	Aug 2015				4.4				
Dementia Assessments - DN Service only	%			-	-	-	72	62	55	52	51	61	62	-	46	56	40	48	45	50	43	Oct 2015				43				
48 hour inputting rate	%			-	-	-	91	83	81	85	86	89	83	-	87	89	92	91	94	90	90	Oct 2015				90.2				

Corporate Group

Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months
		Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		CEO	F	W	M	E	N	O					
No. of Complaints Received (formal and link)	No			8	4	5	6	5	7	6	6	15	5	6	5	7	8	6	15	11	13	Oct 2015	6	1	0	1	0	1	4	13	65			
No. of Active Complaints in the System (formal and link)	No			16	13	12	13	21	21	25	12	21	16	18	14	12	14	9	16	16	16	Oct 2015	6	1	0	2	0	2	5	16				
Oldest' complaint currently in system (days)	No			69	90	77	99	121	106	104	104	123	145	138	158	99	121	53	24	27	29	Oct 2015	-	-	-	-	-	-	-	29				
WTE - Actual versus Plan	No			154	162	176	162	183	194	203	168	175	200	220	260	267	110	99.6	103	100	92.2	Oct 2015	15.2	2.8	-12.4	14.7	-1.5	41.2	32.2	92.2				
PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2015	86	73	78	90	88	88	84		87.3			
Medical Appraisal and Revalidation	=> %	95.0	95.0												-						#DIV/0!	Oct 2015			95						100			
Sickness Absence	<= %	3.15	3.15																			Oct 2015	2.36	2.34	3.58	3.29	2.86	6.01	5.55	4.91	4.73			
Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-		-	-						Oct 2015	75.6	66.7	41.0	86.1	47.4	81.4	73.9	73.9	71.7			
Mandatory Training	=> %	95.0	95.0																			Oct 2015	95	93	92	92	93	87	88		90			
New Investigations in Month	No			1	3	1	0	5	0	0	0	1	0	0	1	0	1	2	1	1	5	Oct 2015	0	0	1	0	0	3	1	5				
Nurse Bank Use	<= No	1088	91																			Oct 2015								194	1348			
Nurse Agency Use	<= No	0	0																			Oct 2015								9	287			
Admin & Clerical Bank Use (shifts)	<= No	0	0																			Oct 2015	-	-	-	-	-	-	-	3157	21889			
Admin & Clerical Agency Use (shifts)	<= No	0	0																			Oct 2015	-	-	-	-	-	-	-	113	625			
Your Voice - Response Rate	No			26	-->	-->	24	-->	-->	21	-->	-->	15	-->	-->	-->	16	-->	-->	19	-->	Sep 2015	60	23	38	18	15	15	12	19				
Your Voice - Overall Score	No			3.76	-->	-->	3.60	-->	-->	3.49	-->	-->	3.48	-->	-->	-->	3.50	-->	-->	3.46	-->	Sep 2015	3.66	3.36	3.76	3.69	3.45	3.31	3.23	3.46				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Mortality Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Dr Roger Stedman**
AUTHOR:	**Simon Parker (Head of Clinical Effectiveness)**
DATE OF MEETING:	**7th December 2015**

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the board about mortality indicators used in the Trust in order to understand the factors that influence these including quality of care.

In December 2014 the Trust switched from monitoring mortality ratios as published by Dr Foster (HSMR) to using a similar indicator published by CHKS (RAMI). We also track a third indicator published by HED (SHMI). These three indicators differ significantly in how mortality ratios are calculated – in particular how the 'Expected' mortality (denominator of the ratio) is calculated and how frequently this is re-based.

A mortality ratio is a way of comparing different hospitals mortality rates and adjusting them for various factors that account for expected variation between Trusts – such as the age, case mix and social deprivation of the population served. A 'normal' mortality ratio is 100 i.e. if after adjustment for those factors a mortality ratio of 100 means the number of deaths at the Trust is 'as expected'.

Mortality ratios across all Trusts change over time – for various reasons – including changes in case mix and also changes in the way that case mix is recorded. Certain diagnostic codes have a more significant impact on this than others – in particular the code Z51.5 for palliative care. As a result of changes over time the 'normal ratio' moves (generally down) – so periodically the adjustment algorithms are 're-based' in order to bring the normal back to 100. For HSMR and RAMI this occurs annually and results in a step change in mortality ratio. SHMI is rebased every month so we do not see step changes in this indicator.

Over the last 12 months our HSMR and RAMI have increased steadily relative to our peers (i.e. not as a result of re-basing). We have investigated this change and it appears to coincide with a change in coding practice relating to palliative care following internal audit of our Z51.5 coding practice. This has resulted in a reduction in palliative care coding over a period of time during which our peers have increased their coding of palliative care. Further investigation is required to understand if this is the only reason for the change. It should be noted that mortality ratios whilst they have moved relative to peers they remain well within margins of error.

During the same period SHMI has remained stable.

Our mortality review system has indicated over the same period a steady or decreasing number of cases in the 'preventable' category.

REPORT RECOMMENDATION:

The board should consider at a future meeting how it wishes to use, review and monitor mortality data as a means of driving improvements in quality of care.

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	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	**X**	Equality and Diversity	X	Workforce	

Comments:

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

PREVIOUS CONSIDERATION:

Mortality update

Background

Over recent months the Hospital Standardised Mortality Ratio (HSMR) reported for the Trust has been increasing. This report provides some further details on this trend.

Standardised Mortality Ratios

Standardised mortality ratios provide a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in population structure. The ratio is (observed) to (expected) deaths, multiplied conventionally by 100. Thus if mortality levels are higher in the population being studied than would be expected, then the value will be greater than 100.

The main mortality indicators reported in the IPR are identified in Table 1 below together with the provider of the data.

Table 1

Indicator	Provider
Risk Adjusted Mortality Index (RAMI) – Overall (12 month cumulative)	CHKS
Summary Hospital – Level Mortality Index (SHMI) (12 month cumulative)	HED
Hospital Standardised Mortality Ratio (HSMR) – Overall (12 month cumulative)	CHKS

In addition to the above indicators the Hospital Standardised Mortality Ratio (HSMR) – Overall (12 month cumulative) is available from HED.

Source data for the Standardised Mortality Ratios

The standardised mortality ratios are based on routinely collected administrative data or Hospital Episode Statistics (HES) where diagnoses are typically grouped according to the primary diagnoses in the first episode of care. Patients are allocated to these diagnoses baskets which may not be the same as the actual cause of death.

As HSMR's are derived from HES data, they will be influenced by the depth and accuracy of clinical coding.

Expected number of deaths

Although in calculating the expected number of deaths there are slight differences in the methodologies between the ratios and between the providers, in principle they all aim to place a probability of dying on each patient admitted after making adjustments for differences in risk among specific patients. In making these adjustments and in establishing a patient's risk profile, how well comorbidities are captured and also whether the patient was receiving palliative care and therefore be expected to die, will be important information.

Adjustments made for palliative care

Adjustments are made for where patients were receiving Palliative Care, but the extent of this is different across the indicators. For example, under RAMI patients coded as receiving palliative care (Z515) are excluded from the numerator, whilst for the HSMR adjustments are made for this. For SHMI values no adjustments are made and the patients receiving palliative care are included.

Observed number of deaths

The observed deaths, the numerator, will be influenced by the quality of care given, i.e. the better the care, the fewer people will die. It will be influenced by place of death .i.e. if the end of life care is typically given in hospital, the numerator increases. Other factors such as how well a Trust manages the deteriorating, patient, sepsis and controls of infections will be significant.

There are also some differences between the SMR's in the cohort of patients included in the numerator. For example, HSMR's are based on 80% of in-hospital deaths, whereas RAMI include all deaths. SHMI values are based on both in-hospital and out of hospital deaths that occur within 30 days of discharge.

Rebasing

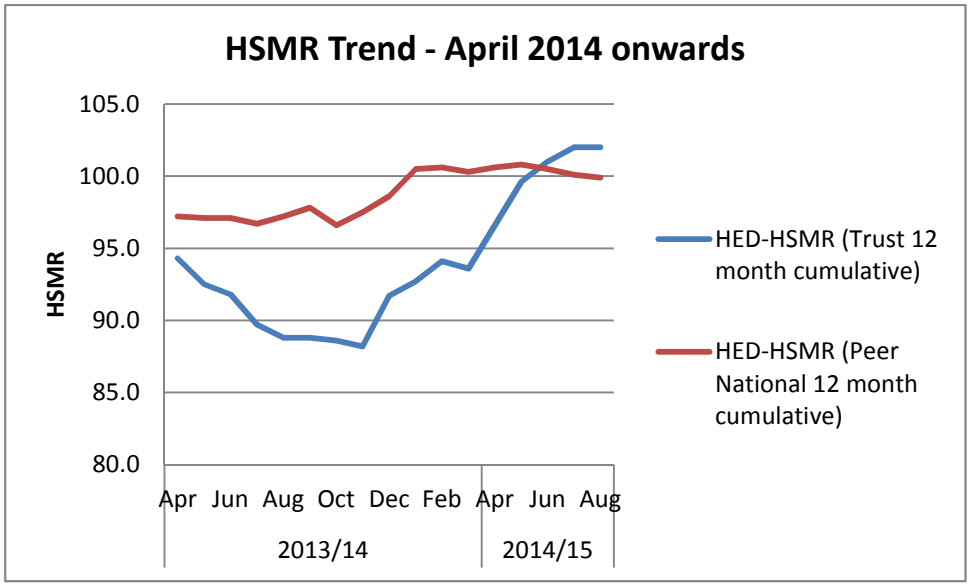
Mortality Ratios are rebased periodically. They are rebased due to changes seen over a period of time, including improvements in clinical practice, clinical coding and population demographics. The effect of rebasing is to reset the average 'base' value back at 100. Most commonly after rebasing a Trust's value will rise, but by how much will be influenced by a number of factors.

Mortality ratios may be rebased at different times by their providers. CHKS rebases their RAMI and HSMR values annually, whereas HED rebase their HSMR and SHMI values monthly.

The effect of rebasing can be seen most markedly with RAMI. CHKS released RAMI 2015 in October 2015 with rebased data and refreshed algorithms. The data reported in the IPR is currently based on RAMI 2014. If reporting was switched from RAMI 2014 to RAMI 2015, the value for the latest rolling 12 month cumulative period which is available (August 14-July 15) would increase from 92 to 108.

Increasing HSMR values

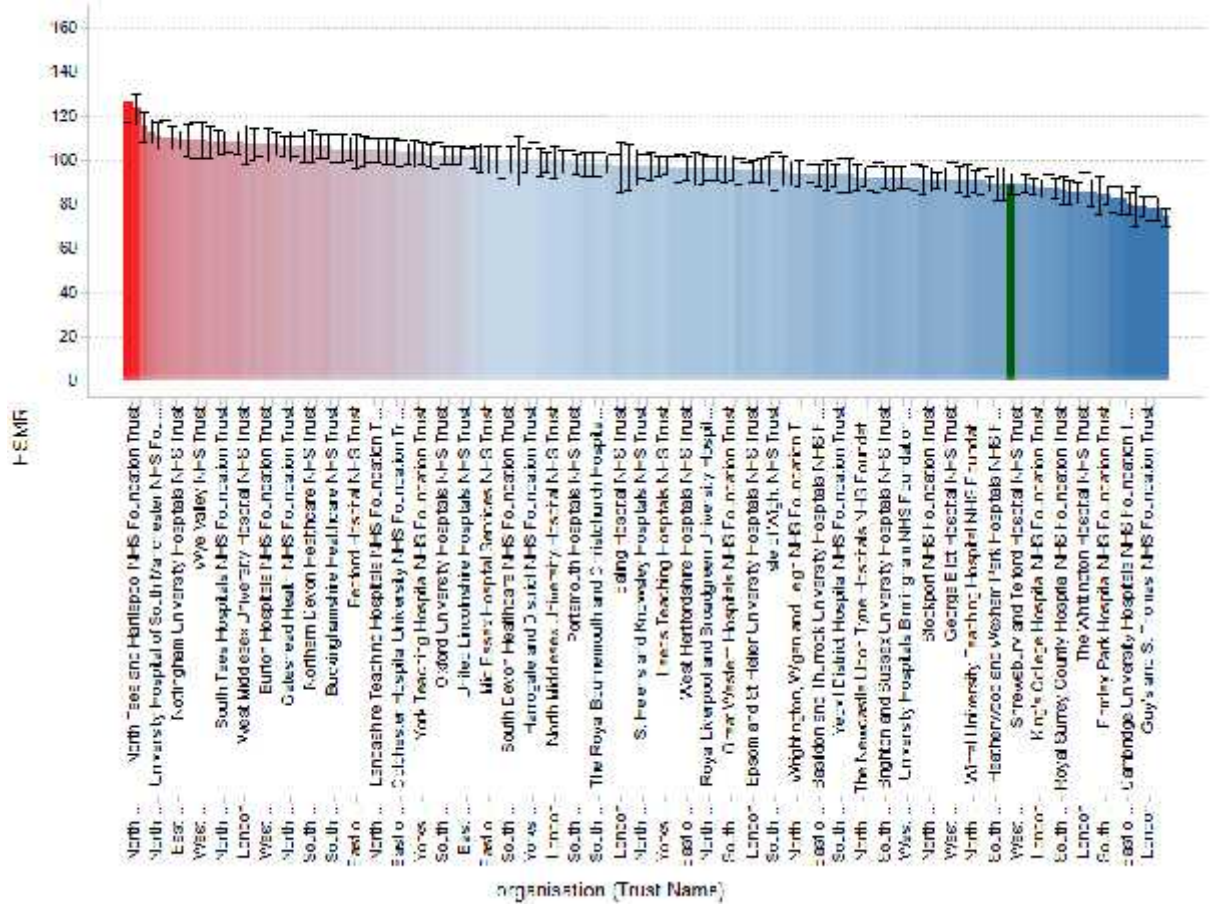
Graph 1- HSMR (12 month cumulative) Trend (Source HED).



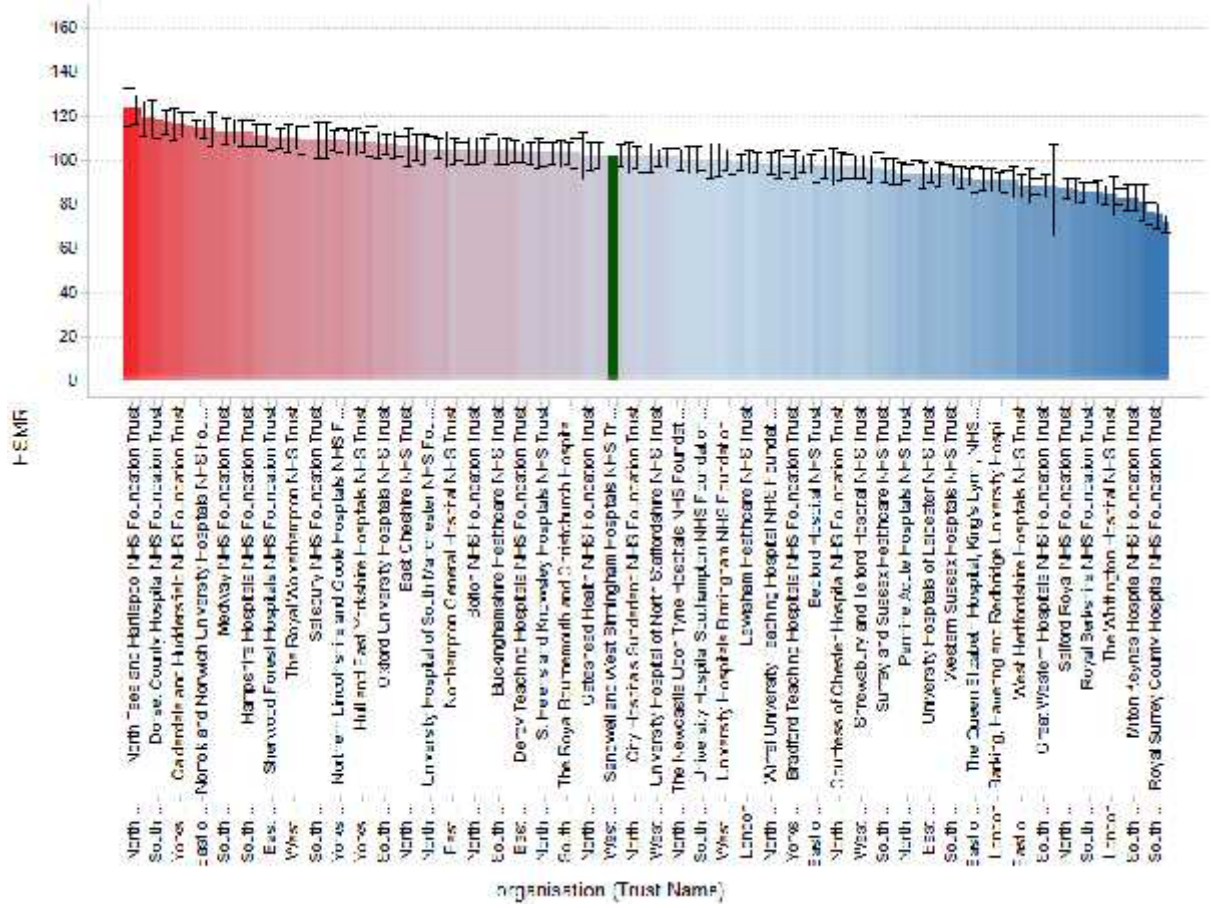
The graph above highlights that for approximately the last 12 months the HSMR value for the Trust has been rising. There has also been a rise in the RAMI value for the Trust. The HSMR sourced from HED has the advantage of being rebased at regular intervals.

The Trusts changed position relative to peers for the HSMR is illustrated when the examining data for the last 2 years. Graph 2 shows the Trust's position for the rolling 12 month cumulative period ending in August 14 and Graph 3 for rolling 12 month period ending in August 15. The Trust is highlighted in green.

Graph 2 - HSMR relative to peers for the 12 month cumulative period ending in August 14.

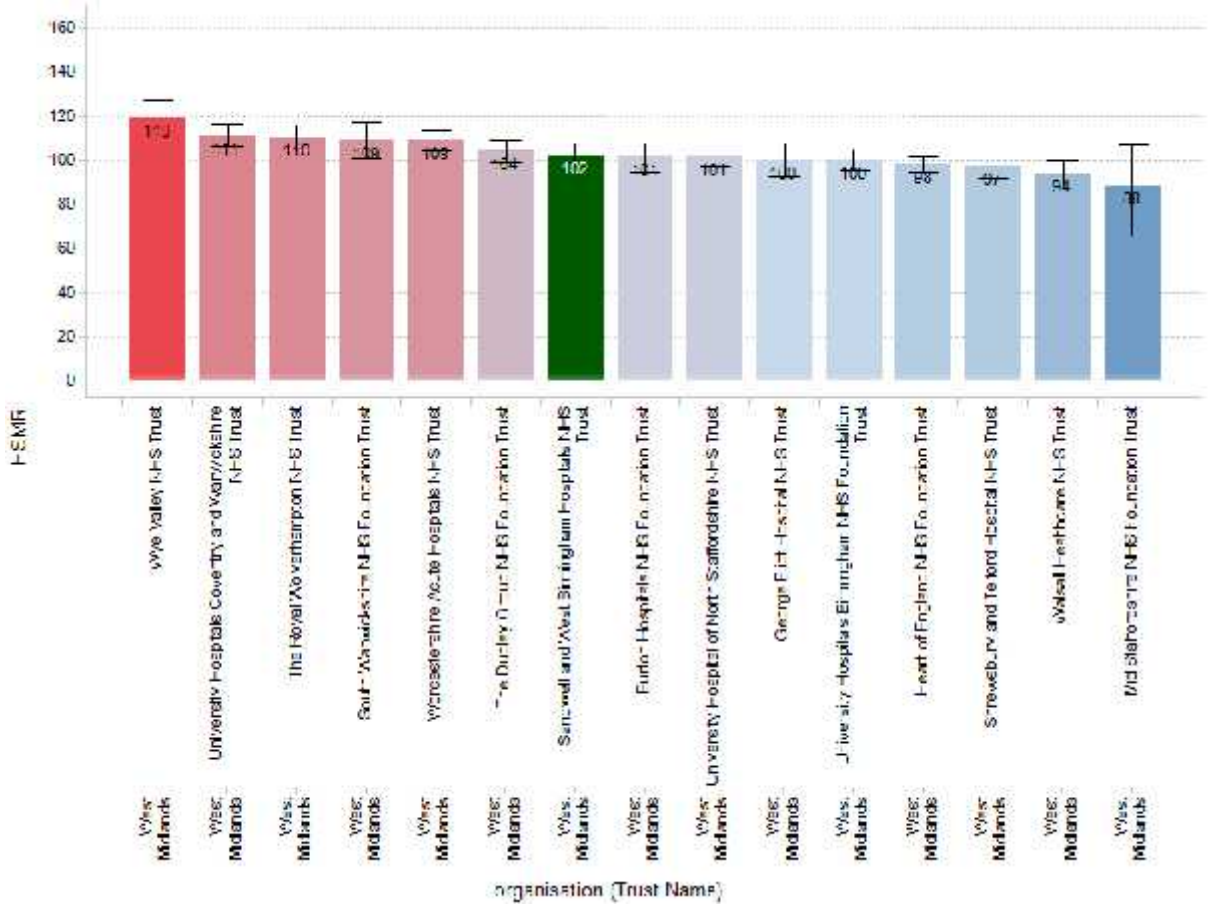


Graph 3- HSMR relative to peers for the 12 month cumulative period ending in August 15.

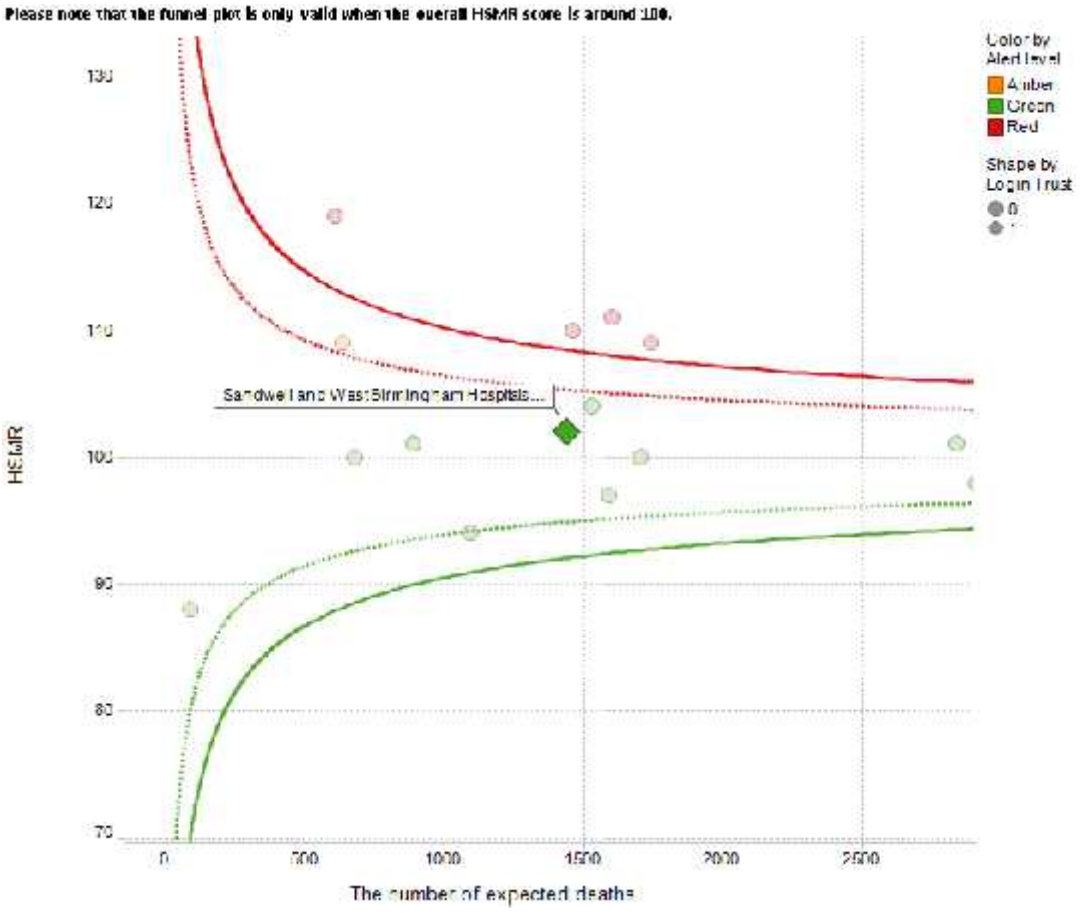


The position of the Trust in relation to peers in the West Midlands for the 12 month cumulative period ending in August 15 is shown in Graph 4 below (source HED).

Graph 4 - HSMRs for West Midland Trusts (12 month cumulative period Sept 14- Aug 15)



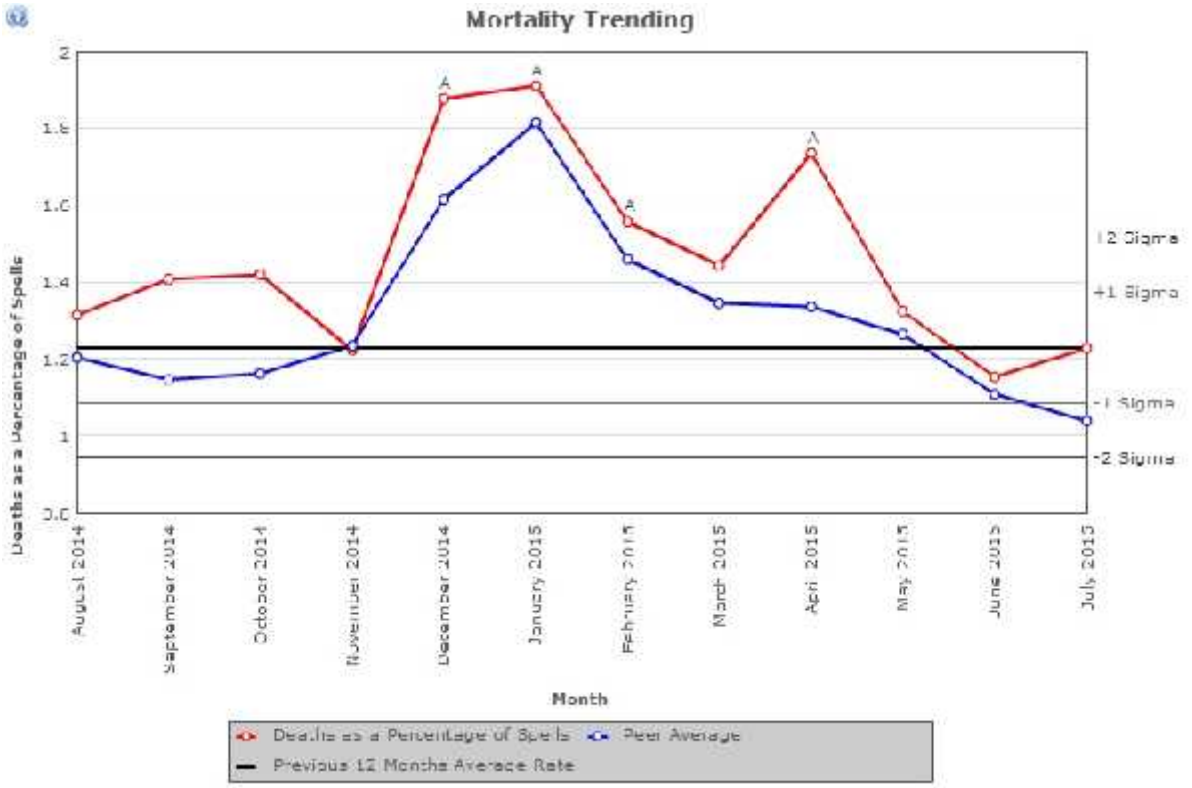
Although there has been a rise in the HSMR for the Trust to over 100 to a value of 102 for the latest 12 month cumulative period (September 14-August 15), this value is still within statistical conference limits as shown in the Funnel Plot graph below.



Crude mortality rates

The graph below indicates that the crude mortality rate for the Trust has increased in comparison to the average rate in the previous 12 months and that it is above the national peer average.

Graph 5 - Crude Mortality Rates for the period August 14 – July 2015 (source CHKS)

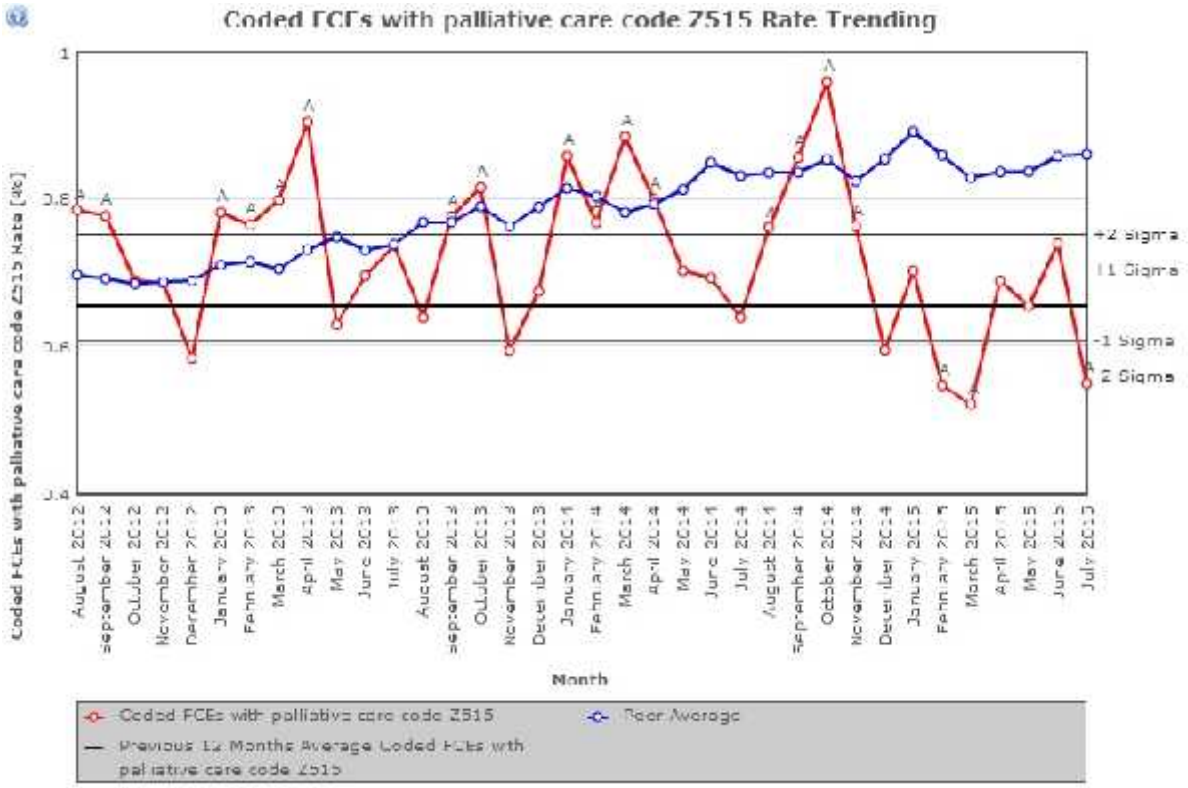


As more deaths are included in the numerator for the HSMR, the need to ensure that the clinical coding is as accurate and complete as possible is even more significant to ensure that patients are allocated to the correct diagnosis basket and that the appropriate risk adjustments are made. This is includes capturing all patient receiving palliative care.

Although the coding may be entirely correct and all the patients receiving palliative care were captured, data from CHKS on palliative care (Z515) coding for the Trust nevertheless highlights that over the last 12 months there has been a decline in the use of this code when compared to the national peer average (See Graph 6 below).

The potential effect of this might for example be seen in the pneumonia HSMR diagnosis basket which has the largest number of deaths. Ensuring that the coding is complete as possible for this group could have a significant impact on the HSMR. In the most recent rolling 12 month cumulative period ending in Aug 15 there were 16 more deaths than expected. In contrast, in the 12 month cumulative period ending in August 14 there were 33 less than expected. Data for these periods show that although the average number of comorbidities per spell is similar in both periods, there was a reduction in palliative care coding in the most recent period. In this period there were 367 as opposed to 291 deaths in the earlier period. Despite the increase in deaths in this basket, the percentage of palliative care discharges decreased from 108 to 93.

Graph 6 - Palliative Care coding trends (source CHKS)

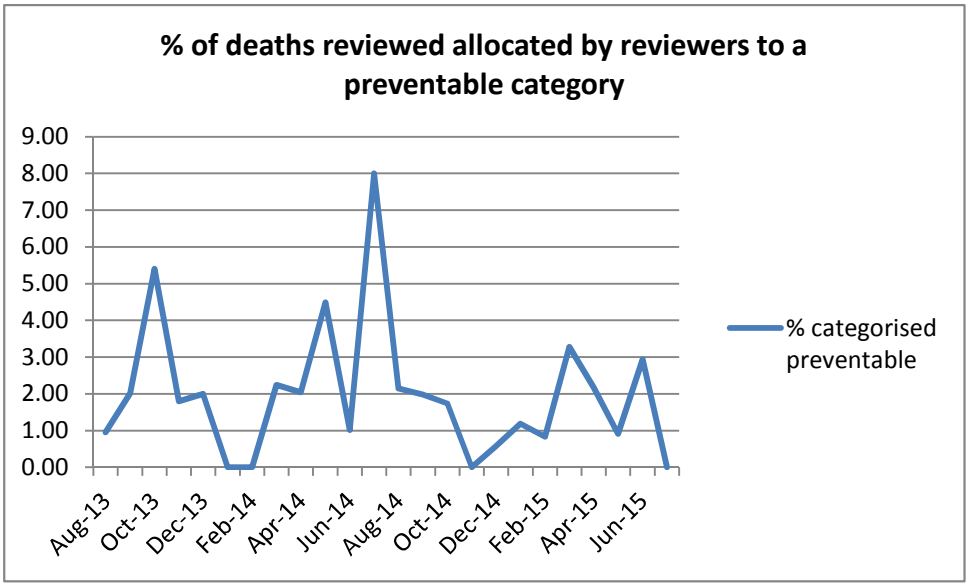


Quality of care provided

As indicated above, the numerator (observed number of deaths) will be influenced by the quality of care provided. To assist with examining the care processes delivered to deceased patients the Trust has the **Mortality Review System (MRS)** in place**.** The mortality review system involves a qualitative overview of each death by a senior clinician who was not directly involved in the patients care. Each case is examined for errors or deficiencies in care and the death is categorised as expected or unexpected and also whether the death was considered to be preventable.

Graph 7 below indicates that although there has been a change in mortality ratios and crude mortality, the rate of deaths reviewed categorised by reviewers as preventable has not.

Graph 7 – Percentage of deaths reviewed categorised as preventable



Conclusions

- There has recently been an increase in the Hospital Standardised Mortality Ratio for the Trust when examining a rolling 12 month cumulative period. This has resulted in the Trust moving away from the top quartile of best performing Trusts for this indicator.
- The reason for the increase in the HSMR may be explained in part by a reduction in the capturing when patients have received palliative care, but this requires further investigation.
- The principal mortality index (RAMI) now used by the Trust has been rebased and this will result in a large increase in the index value when the reporting is switched to RAMI 2015.
- Although there has been an increase in the Trust's HSMR, the value is still within statistical confidence limits. In addition, the percentage of deaths categorised by reviewers as preventable has not increased.
- In terms of looking at the quality of care, the mortality review process can provide some assurance that the vast majority of deaths in hospital are reviewed and any significant lessons are shared.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	10\10 safety standards
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse/ Elaine Newall, Director of Midwifery
AUTHOR:	Debbie Talbot, Deputy Chief Nurse
DATE OF MEETING:	3rd December 2015

EXECUTIVE SUMMARY:

The 10\10 safety standards have been a focus of work over the last year with moderate success. Board members will recall that we wanted all inpatients to be assessed against the standards within the first 24 hours of their hospital stay. Our performance data does not demonstrate full compliance and in recent months we have been reinvigorating our efforts to implement the scheme more fully. Our efforts to bring this into mainstream work is to consider the standards as part of the work we undertake routinely when a patient is admitted into hospital and at the time the care plan is developed. Our programme of work will be audited during the early part of January 2016 and further efforts directed as a consequence of those results.

REPORT RECOMMENDATION:

It is recommended to the board that key areas of discussion should relate to whether the implementation and next steps are sufficient to help drive in the change we want to see in the safety aspirations for every inpatient by the multidisciplinary team.

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	

Comments:

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

Relates to our safety objectives and BAF

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TEN OUT OF TEN SAFETY STANDARDS INCLUDING NUSING ASSESSMENT AND PERSON- CENTRED CARE PLANNING

Progress Report November 2015

1.0 Organisational Strategy

The Ten out of Ten Safety Standards checklist are included in SWBH Annual Plan, BAF and Quality Accounts and promote real time, patient centred interaction. The route to achieving the standards includes completion of multi-disciplinary individual, holistic patient assessment and care planning. The provision of evidence based personalised care planning is an action in our Quality Improvement Plan.

2.0 Communication Strategy

In order to achieve effective integration into clinical practice and improve safety and patient /carer involvement the following strategies have been employed:

- Ten out of ten individual patient checklist and audit tool launched this week The individual checklists are an addition to the‘ ward board’ and are stored in patients folders and utilised on transfer. The aim is for the checklist to act as a real time aide memoir for staff admitting the patient . The audit tool has been amended to include review of all ten standards to allow Ward Sisters to target areas for training etc

- The DCN has targeted the six assessment units on four occasions to promote the revised care plans and the link with the initial assessment and 10\10 checklist on admission.

- Person-centred assessment / care planning and 10/10 training are being undertaken by the Corporate Nursing Team until Dec 31st when a snap shot audit from each ward will be undertaken to assess effectiveness of implementation. In the interim period these are being checked as part of our unannounced inspection regime

- 41 re –formatted care plans are now available via connect which have been developed by speciality leads and ward staff and reflect evidence whilst also allowing for personalisation.

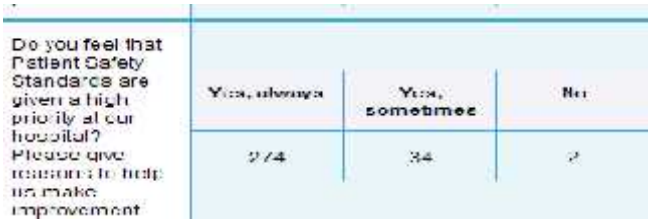
- Communication strategy to help embed 10\10 includes: Staff Communications headline messages; Letter to ward matrons and mangers; Posters; Screen savers; Chief Nurse Bulletin to all staff and matrons’ meetings; Heartbeat to all staff in October 2015.

3.0 Patient Experience & Safety

- Patient bedside folder Information updated, format improved for those visually impaired, and is available on connect

- Stickers have been purchased to allow staff to assess patients on an individual basis to determine if fluid management and recording is indicated. This is a temporary solution until nursing documentation is reviewed to amend current versions.

- Patient Satisfaction Surveys (responses from 22nd September 2015 to 24th November 2015):



Do you feel that Patient Safety Standards are given a high priority at our hospital? Please give reasons to help us make improvement	Yes, always	Yes, sometimes	No
	274	34	2

4.0 Next steps

- Inclusion of 10\10 in our in Patient Safety Plan as key priority.
- Localisation of 10\10 in specific areas of the trust other than adult inpatient wards
- Continue promoting in all MDT meetings and discuss at part of assessment and care planning activity on Board and Ward Rounds.
- Ensure care plans available on routine stationary order
- Promote deep diving within the clinical groups where wards are not improving key quality indicators which form part of Ten out of Ten, to include additional or remedial training
- Ensure ward sisters and charge nurses are sufficiently sighted on 10\10 and challenge the MDT where gaps exist
- Review local and operational dashboard to indicate which standards are not met.

5.0 Recommendations

- Accept the report.

- Promote Ten out of Ten/ Personalised care planning during Executive walkabouts.

Colin Ovington
Chief Nurse
24th November 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Readmissions – Board Assurance Framework Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Barlow, Chief Operating Officer**
AUTHOR:	**Rachel Barlow, Chief Operating Officer**
DATE OF MEETING:	**23rd November 2015**

EXECUTIVE SUMMARY:

The Trust emergency readmission rate within 30 days of discharge has reduced from 9.1% in July to 7.7% in September.

This paper updates the Trust Board on the Readmissions Focus Week held in October of which early analysis shows an improvement impact 0.5%.

A recent audit shows a further improvement of 0.7% can be made through implementation of standard operating procedures and data quality assurance.

As the next phase of the improvement journey in December, the Trust has Urgent Care Challenge Week 3 planned, which includes a pilot of:

- The concept of a virtual ward through better integration and alignment of acute specialties, community, primary and social care supporting discharges from the acute medical assessment unit at Sandwell.
- Hot clinics models bringing specialties closer to the ambulatory care units

The oversight and accountability framework for delivery of this improvement focus continues to be through the Urgent Delivery Group chaired fortnightly by the Chief Operating Officer and through the MDT associated with the new model of care.
The data quality will be assured through the 'kitemark' data quality sign off and improvement process also overseen by the Chief Operating Officer for this performance item.

REPORT RECOMMENDATION:

The Board are asked to:

- Note recent improvement in readmission rates
- Reflect on the future service delivery model
- Consider the assurance provided regarding the improvement methodology and the assurance framework to successfully deliver the improvement impact

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	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x

Clinical	**x**	Equality and Diversity		Workforce	**x**
Comments:					

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

PREVIOUS CONSIDERATION:

1. Introduction

The Trust emergency readmission rate within 30 days of discharge has reduced from 9.1% in July to 7.7% in September. This paper updates the Trust Board on the Readmissions Focus Week held in October and the forward reduction plan for readmissions which is centred on improving data quality and establishing a community based discharge service through a virtual out-patient's service model with health and social care input.

2. Readmissions Focus week - Methodology & Outcomes

The key objectives of the week were the **promotion and awareness raising of the LACE tool** in the inpatient wards (LACE is the Trusts predictor tool for patients at risk of readmission). The 'ask' was a simple one, that all patients discharged from hospital with a high risk of readmission had the following on discharge:

- Full explanation of medicines
- A date for a follow up out patients appointment (if necessary)
- A contact number of who to call after discharge if advice needed
- A courtesy follow up call to the patient once discharged

During the week we used a range of real life **patient stories**. These were a balance of both positive and developmental patient pathways to support discharge, as well as stories from which we needed to learn. Learning and improvement themes included the quality of discharge letters being holistic not condition specific, ensuring comprehensive advanced discharge planning for our complex of patients and better integrating plans between acute and community settings, setting clear clinical triggers for admission to hospital and providing specialist medical support to care homes.

During the week the **Quality Improvement Half Day** (QIHD) 6 specialties (Respiratory, Gastroenterology, Cardiology, Elderly Care, General Surgery, T&O) focussed on the top 5 pathways / conditions that result in readmission and are now looking at appropriate service redesign. The speciality groups have undertaken further audit of the top readmission patients, and as a result of this learning are looking at measures to be taken (for example, tailored discharge plans) to keep patients out of the acute hospital environment wherever possible. It is intended the MDT becomes a regular clinical meeting.

An example of the improvement work is being led by the respiratory team, who have agreed a Chronic Obstructive Pulmonary Disease pathway which better integrates acute, community and primary care working together through a 'care bundle'. This set of best practice clinical interventions to reduce hospital admission, will be launched in December.

Readmission was a theme for the **Consultant conference.** Presentation and debate resulted in a range of ideas at specialty level that are being taken forward. Those that will impact at Trust level include a virtual ward model, iCARES in-reach to assessment units, better discharge information to patients and carers, support to nursing homes.

The Readmission Focus Week used similar **methodology** to the Urgent Care Challenges with daily communications, a project management office that tracked key performance data 4 hourly and hosted a multi-professional learning discussion each day. Again we received good feedback from this improvement intervention.

The initial analysis 30 days on the cohort of patients discharged in Readmission Focus Week shows an improvement impact of 0.5% for that period.

3. Data Quality Issues & Measuring the Impact

A recent audit of data quality has indicated there are some residual data quality issue that need to be resolved. Patients who are discharged following their original emergency admission, with a plan to come back in to hospital with more than 24 hours' notice for a planned intervention should be booked

and recorded as a planned readmission. In some instances this is not the case; the audit shows that when this recording issue is resolved, this will potentially reduce the reported headline rate of emergency readmissions by 0.7%. A standard operating procedure is being implemented to correct this. The data quality will be assured through the 'kitemark' data quality sign off and improvement process also overseen by the Chief Operating Officer for this performance item.

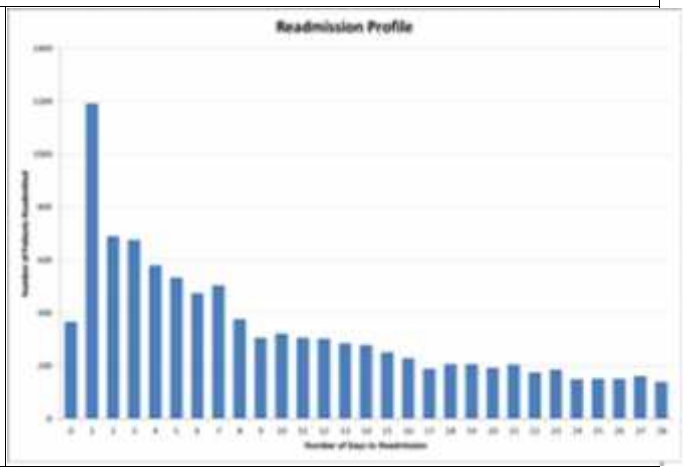
4. Introducing the concept of a virtual - comprehensive discharge care in the community

Patients discharged from our assessment units are in a group that are likely to be readmitted. These patients are often under the care of 1 or more of our speciality teams for long term conditions. The data below suggests patients are more likely to be readmitted in the first 7 days compared to the 30 day period. The data quality opportunity mentioned above should not detract from the need to redesign an urgent care system that does not require patients to attend ED but fast tracks patients to clinics in the community or acute setting.

Readmission rate from assessment areas

Ward	% Readmission rate within 7 days	% Readmission rate within 30 days
AMU 1/2	3.6/4.2	8.2/9.0
AMU A/B	5.13/7.67	11.56/17.29
D47	6.3	8.5
Emergency gynae	13.21	17.25
Paeds LG/L1	4.9/5	8.2/11.5
P2	5	10.63
L2	5.25	9.24
SAU Swell	15	17.71

Readmission profile by day post discharge over a year



On December 7th, through Urgent Care Challenge Week 3, the Trust will pilot a new way of working. In current design phase, this will introduce:

- The concept of a virtual ward through better integration and alignment of acute specialties, community, primary and social care
- Hot clinics models bringing specialties closer to the ambulatory care units

The design team includes consultants for acute medicine and end of life care, therapists, social services, nurses and operational management. The pilot will have iCARES in-reaching to the Acute Medical unit (AMU) at Sandwell to complement our current multi-professional ADAPT team (joint health and social care). All patients who are discharged will be provided with:

- Full explanation of medicines
- A date for a follow up out patients appointment (if necessary)
- A contact number of who to call after discharge if advice needed

The iCARES team will then follow up all patients discharged from AMU with a minimum of a phone call and visit those patients at home who might be at risk of readmission without intervention. The team are designing a virtual out-patients model, so patients who require on-going case management and an advanced discharge plan will be effectively managed in the community setting, preferably at home. A MDT infrastructure will be set up as part of the oversight framework. Working with social services the tam are looking at how low level care and support can make a difference to the transition from hospital to home.

Hot clinics via the Primary Care Assessment and Treatment service and ambulatory care units will provide speciality input without admission to hospital.

The Urgent Care Challenge week will use a similar communication and engagement strategy with key performance data and patients being tracked 4 hourly, to those previous improvement weeks. At the end of the week the pilot will have an initial evaluation, but the intention is to continue the work throughout winter.

5. Conclusion and recommendations

The progress to reduce readmission rates has been stubborn over the last 18 months. There has been good clinical engagement but the impact of change has been slow. It is pleasing to see the recent improvement but there is scope to further reduce readmissions through data quality focus and implementation of a virtual out-patient and increasing the hot clinic model.

The oversight and accountability framework for delivery of this improvement focus continues to be through the Urgent Delivery Group chaired fortnightly by the COO and through the MDT associated with the new model of care. The data quality will be assured through the 'kitemark' data quality sign off and improvement process also overseen by the Chief Operating Officer for this performance item.

The Board are asked to reflect on the future delivery model, improvement methodology and the assurance framework to deliver the Trust objective to reduce readmissions by 2% at Sandwell.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CQC Improvement Plan
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	3 December 2015

EXECUTIVE SUMMARY:

The attached paper provides a note on delivery of the CQC Improvement Plan and proposes ways in which the Board can test and check whether the work that has been carried out has been effectively implemented across the Trust and real change has resulted

The paper also describes the new in-house inspections that have been carried out during week commencing 23 November and provides some initial feedback from the inspectors. A verbal update will be made at the Board meeting as all of the inspections will have happened.

REPORT RECOMMENDATION:

The Board is asked to receive and accept the update and provide ongoing support to the delivery of the Improvement Plan.

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	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	

Comments:

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

Safe high quality care

PREVIOUS CONSIDERATION:

CLE and Quality and Safety committee

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Our Improvement Plan – responding to the Care Quality Commission Report
Update on delivery

Report to the Trust Board: 3 December 2015

1. The CQC report was published in March 2015 and identified 67 areas for improvement which we needed to carry out to improve the care and services provided to our patients. In response, an Improvement Plan was developed that we set out to achieve by the end of October 2015. Over the past 8 months work has been on-going to address the areas of poor practice found, with regular reports presented to the Board, Quality and Safety Committee and Clinical Leadership Executive.

2. There are many examples where actions have been completed such as **new lockable trolleys** and other storage containers to keep patient records secure, being able to **identify patients with a DNACPR order** on the eBMS system using a flag, **resuscitation trolley checks** carried out by Group DoNs, automated cabinets in place for improved storage, dispensing and governance of medicines etc.

3. In a number of areas work is on-going and needs to be concluded or a revised delivery plan considered. Examples include complete **person-centred care documentation**, embedding **Ten out of Ten**, reducing **sickness rates**, consistent **hand-hygiene** practice, and **memory loss scoring for dementia patients** in outpatients.

4. Organisation-wide improvements in communication, staff engagement and learning have continued to be strengthened since the CQC Inspection and have supported delivery of the Improvement Plan. Notable examples include Your Voice, Quality Improvement Half-Days, Ok to Ask, Urgent Care Challenge programmes and Board Rounds.

5. What needs to happen over a sustained period of time is to see if the changes made to working practices are real all the time, everywhere.

In-house inspection regime

6. To check if our response to the CQC findings have delivered real improvements on the ground or if more attention is needed, a series of unannounced inspection visits, 32 in total, are currently taking place and will have been carried out across the Trust over a 7-day period ending on 29 November.

7. The response to the request for 'volunteer' inspectors has been positive, with 50 staff from a range of disciplines and grades taking part. The visits are mostly being carried out in pairs, with one person being a clinician, and involve talking to staff, observing interactions, checking out the environment and, where possible, speaking to patients. To ensure impartiality staff have not been allocated to inspect their own work place or areas with whom they have close links. This has also been strengthened by the involvement of the TDA, CCG and the Trust's Members Leadership Group with the inspections.

8. For the areas being visited to feel like they have been through as close to real CQC inspection as we can reconstruct the in-house team are required to wear an inspector's badge and carry a clipboard.

To build consistency into the process all inspectors are working to a checklist (see Appendix 1), but are free to pursue areas, both good and of concern, as necessary.

9. One of our learning points from the CQC Inspection last year was that staff and managers need to be better at receiving inspectors and talking about how they and the team work and describing their interactions with others outside their area. By creating a 'mock up' of this experience we can begin to address this for next time (and the many other visits we receive).

10. The feedback from the inspections will be shared with local areas and more widely across the Trust to ensure shared learning. Initial feedback suggests that the majority of patients are happy with the care received and find staff helpful and friendly. Some inspections have found areas where practices are inconsistent, for example, hand washing, awareness and following of the Ten out of Ten patient safety standards checklist, care plan documentation. A further verbal update will be provided at the Board meeting as all the inspections will have happened.

11. The plan is to periodically carry out unannounced inspections, targeting good and problem areas as required.

Approaches to check changes in practice

12. Earlier this month Board members considered approaches in addition to the in-house inspections that it wanted to deploy and information it required to be assured of the successful delivery of the Improvement Plan and continued good practice, everywhere all the time. The following options were agreed:

- Using existing intelligence e.g. complaints, incidents, Your Voice, IPR data.
- Carrying out snap shot audits.
- Including Improvement Plan related reviews in next year's Clinical Audit Plan.
- Deploying more Internal Audit time to review areas inspected / assessed as compliant.
- Commissioning external peer assessments

Conclusion

13. The unachieved actions in the Improvement Plan now need to be completed at pace and the shortcomings identified through the inspections addressed. A programme of work is being developed to test and measure achievements in delivering the Plan so that additional actions can be taken, with the aim of moving from 'requiring improvement' to being 'good' and 'outstanding' across all of our services.

Kam Dhami
Director of Governance

25 November 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

In-house Inspections

CHECKLIST

To get to the heart of patients' experiences of care, the focus of the inspections is on the quality and safety of services, based on the things that matter to people.

5 inspection questions of services

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well led?

Area inspected:	
Date of in-house inspection:	
Inspection team:	1. 2. 3. 4.

Where EVERYONE Matters

Notes for the in-house inspectors:

1) In advance of your inspection visit:

   - Familiarise yourself with the checklist, which is made up of prompts for your conversations with staff and patients / relatives and things for you to observe.

     Not all of the questions will be applicable to the areas you are visiting so you will need to use these appropriately. The prompts are provided to start off your conversations with people; you will need to continue down an appropriate line of questioning depending on the responses received. Throughout the discussion you should ask staff to give you examples to support their answers and / or to show you visible evidence.

   - Collect your Inspector's badge and clipboard, which will include a blank copy of the checklist and make sure you use these in the area being inspected. The collection points for your badge and clipboard are:

     - Elaine Quinn, Trust Headquarters at Sandwell General Hospital – extension 4818
     - Sam Bailey, DGM building at City Hospital – extension 5536

   The intention is for the area you are visiting to feel like they have been through as close to a real CQC inspection as we can reconstruct. So do stay in role for whole time.

2) Arrive in your area at the scheduled time and meet up with your inspection team member(s). Take a few minutes before you enter the area to agree how you want to work together for the 2 hours assigned for the visit. It is recommended that you allocate some time at the end for a debrief on how it went and to complete the checklist, which needs to be returned to Elaine Quinn.

3) When you are ready to begin, introduce yourselves to the most senior member of staff on duty and explain that you are carrying out an unannounced inspection and will be there for 2 hours. Let them know that you will be speaking to staff and, subject to their agreement, to patients, as well as inspecting the environment and observing what is taking place. There will be a message in the Staff Bulletin on Friday telling colleagues that the in-house inspections are happening week beginning the 23 November, but details of the areas to be visited will not be revealed. So it should not be a complete surprise to staff that you have arrived, but the message may not reach everyone.

   Ensure you ask the person in charge if there are any no go areas and / or any patients that must not be spoken to / approached.

   While in the area you must abide by Trust policies so, for example, if you are there during protected meal times or when the drug round is happening do not disturb staff and patients, but take time to observe from a distance.

4) If during the visit you come across a serious patient safety concern let the person in charge know immediately and if necessary an appropriate senior manager.

5) At the end of your visit provide verbal feedback to the senior person in charge – both good practice and any areas for improvement that you picked up. Explain that you will be providing feedback to the Executive Team straight after the visit by completing the checklist.

6) After the visit complete the checklist, remembering to fill in the area visited, date and inspectors on the front sheet, and return via hand or internal mail to Elaine Quinn, Trust Headquarters at Sandwell General Hospital.

Are they safe?

Safe means that people are protected from both abuse and avoidable harm and that there is an open and just culture, which promotes continual learning

	Conversation prompts … ask for examples and to see evidence	Notes	Yes	No	N/A
1.	Do you know how to report safety incidents?				
2.	Do you report / act on concerns about unsafe equipment.				
3.	Do you receive feedback from reported incidents?				
4.	Do changes in practice / service provision take place following incidents or complaints?				
5.	Do you encourage patients to provide feedback on our services?				
6.	Do you know how to resolve or advise a patient who has concerns?				
7.	Do you ensure written and electronic information is kept secure?				
8.	Do you keep the information available to patients up to date?				
9.	Do you complete all appropriate risk and document assessments?				
10.	Do you assess your patient acuity / dependency at handover and ensure you have sufficient staff to cover the required work for the shift?				
11.	Do you know the procedure to follow for a patient who might have a lack of mental capacity?				
12.	What are the triggers that may alert staff that a patient may be deteriorating?				
13.	Do you know what the appropriate staffing complement is for the area and how to escalate concerns?				
14.	Can you describe how you would raise a safeguarding concern?				
15.	Do you use the Ten out of Ten checklist as part of your daily business.				

Are they effective?

Effective means that care and treatment provided to people is evidence based and achieves good outcomes for them, whether that is the prevention of premature death, the achievement of a good quality of life for those with long term conditions or following ill health / injury, or indeed the achievement of a 'good death'.

	Conversation prompts … ask for examples and to see evidence	Notes	Yes	No	N/A
1.	Do you know how many patients under you care have a DNACPR order in place?				
2.	Do you know when consent should be taken in relation to the care that you give?				
3.	Do you know of any NICE guidelines that apply to your area?				
4.	Can you describe your role in ensuring that a patient's nutritional and hydration needs are met?				
5.	Is your mandatory training up to date?				
6.	Do you keep the information available to patients up to date?				
7.	Do you document verbal discussions about care, treatment and support on the patient's file?				
8.	Do you link new patient records with any previous records that exist for that patient?				
9.	Do you ensure that all patient records are up to date, accurate and kept confidential?				
10.	Are records stored and transferred securely according to Trust policy?				
11.	Do you know where to access all mandatory policies relating to quality, safety and clinical governance?				
12.	Can you describe how you assess and monitor a patient's pain relief?				
13.	Do you have access to equipment which helps you to provide the safest care and best practice?				
14.	Do you know what to do if equipment is broken?				

Are they caring?

Caring means that people are treated with kindness, respect and are supported to manage their treatment and care with dignity

	Conversation prompts … ask for examples and to see evidence	Notes	Yes	No	N/A
1.	Do you give relevant information leaflets / contact details to patients?				
2.	Do you involve patients in their care plans by explaining their treatment, options and care?				
3.	Do you communicate with a patient's relatives to ensure they are involved in the decision-making about the patient's care?				
4.	Do you document in the patient's record when you have discussed their treatment options or when you have given them information?				
5.	Do patients sign their care plan / assessment to confirm that they have been involved and understand their treatment?				
6.	Does the care environment make patients / families feel safe, comfortable and private?				
7.	Do you understand that the perceptions of patients with dementia are different and take this into account?				
8.	Can you describe what the end of life care pathway involves?				
9.	Are patients supported to maintain their privacy and dignity while eating, drinking, washing, using the toilet?				
10.	Do you know the Friends and Family Test results for your area?				
11.	Can you describe any changes that have been made as a direct result of feedback from patients, relatives and visitors?				
12.	Do you always check what patients like to be called?				

Are they responsive?

Responsive means that people receive the treatment and care to meet their needs, a the right time without avoidable delay, and that they are involved in a way that responds to their needs and concerns to improve the services provided

	Conversation prompts … ask for examples and to see evidence	Notes	Yes	No	N/A
1.	Do you respond to concerns and complaints as they arise?				
2.	Can you describe how a formal patient complaint can be made?				
3.	Are patients always given an estimated discharge date at admission?				
4.	Do you take account of patients' needs and wishes so that they are ready to leave hospital at the right time?				
5.	Do you provide patients and their families with sufficient information to leave hospital with?				
6.	Do you ensure the patient has made adequate arrangements for leaving hospital?				
7.	Do you ensure the welfare needs of patients extend beyond the hospital back in to the community?				
8.	Do you ensure nutritional and hydration needs are met (red trays)				
9.	Do multi-disciplinary team handovers include all parties to ensure consistency of care – including relatives?				
10.	Do you take account of patients' needs at each stage of their treatment?				
11.	Do you tailor care for the patient groups that may be among the most vulnerable?				
12.	Do you know where to obtain information to support the care of patients in their own mother tongue?				
13.	Are you aware of the whistleblowing policy and how to raise concerns?				

Are they well-led?

Well-led means that the leadership and governance of the organisation is effective in holding itself and others to account for decisions, performance and actions; it welcomes and seeks challenge and feedback and strives for improvement to deliver high quality, patient focused care through a supportive culture of fairness, openness and transparency

	Conversation prompts … ask for examples and to see evidence	Notes	Yes	No	N/A
1.	Do you feel that 'senior management' are visible?				
2.	Do you know who the Executive Directors are?				
3.	Do you feel that communication from senior colleagues is open and effective?				
4.	Do you know what the main priorities for the Trust are this year?				
5.	Do you feel supported if you are involved in an incident or complaint?				
6.	Do you feel there is a culture of safety and learning within the Trust?				
7.	Have you had an appraisal?				
8.	Are you up to date with your mandatory training?				
9.	Do you keep your skills and knowledge up to date?				
10.	Do you what the Trust's vision is?				
11.	Have you had your flu jab?				
12.	Are you aware of the rate of sickness within your area compared to the Trust target?				
13.	Do you feel that you are kept up to date on changes that are taking place in the Trust?				
14.	Do you have opportunities to get involved in activities outside of your work area?				

Observations

	Yes	No
Interactions with patients		
Interactions with patients and visitors, are they friendly?		
Are patients and visitors being addressed in a professional and dignified way?		
Is the dignity of patients respected? E.g. does clothing and bedding cover them?		
Are curtains drawn and privacy signs visible?		
Are call bells answered in a reasonable and timely manner?		
Are staff introducing themselves to patients and/or visitors?		
Are patients offered a range of drinks?		
Are patients disturbed during protected meal times?		
Environment		
Is the area tidy, clean and safe?		
Are posters and information on walls/notice boards in date/current?		
Are fire escapes free from clutter/not used as a storage space?		
Safety		
Are hand hygiene standards observed between patients?		
Are appropriate universal precautions taken?		
Are medicine trolleys / cupboards locked when not in use?		
Is a red tabard worn during drug rounds (if applicable)?		
Are healthcare records stored safely when not in use?		
Staff		
Was the area welcoming?		
Did everyone wear their uniforms to a reasonable standard?		
Is everyone wearing their name badges?		

Comments:

Examples of questions for patients / relatives

	Notes
How are you finding the care that the staff are providing?	
Have you received assistance when you have needed support?	
What do you think about the choice and quality of food served?	
Have the staff responded in a timely way if you have pressed your call buzzer?	
Do you know your date of discharge from hospital?	
What do you think about the open visiting hours?	
Have you been provided with adequate pain relief (if applicable)?	
What have the staff told you about the Ten out of Ten checklist?	

Additional comments:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Safe Nurse Staffing
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Colin Ovington – Chief Nurse
DATE OF MEETING:	3rd December 2015

EXECUTIVE SUMMARY:

1.1 This report is an update on safe nurse staffing October data.
1.2 A programme of work to correct inaccurate data about nurse staffing has continued however the results of data accuracy have become worse, for this reason the national submission has not been made. NHS England and the Trust development Authority have been made aware of the difficulty.
1.3 The daily and weekly checking mechanism has been put in place which included a record of actual staff on duty, which we colleagues at the TDA have faith demonstrates the real position which is safe has been used to provide board members with an updated position. It is my recommendation that this manual system will replace the data submission into the national return.
1.4 Key questions for the board today should relate to gaining confidence in the manual data collection until a better electronic solution can demonstrate the same degree of accuracy.

REPORT RECOMMENDATION:

To receive an update at the January Trust Board meeting
To support the manual, daily checking of nurse staffing as the means of collecting the necessary information to make the national submission.

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:
The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	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:

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 3rd December 2015

1 EXECUTIVE SUMMARY

1.1 This report is an update on safe nurse staffing October data.

1.2 Board members will recall the heightened level of work on data assurance undertaken in recent months. The data return to the UNIFY system has not been made for October although collected. The data was demonstrating 200 to 300 percentage fill rate on many wards which is not correct. Our efforts to correct the data within the system have not been successful. NHS England and the Trust Development Authority have been made aware of this difficulty.

1.3 Daily and weekly manual checking of staff on duty against plan has continued. This data is correct and checked by matrons and Group Directors of Nursing prior to submission to the Chief Nurse. We are working on making this mechanism the method by which data will be submitted into the UNIFY system going forward.

1.5 The roll out of the nurse bank module of e-rostering continues and when fully implemented we will test out whether this module will allow us to collect the information electronically.

2 OCTOBER DATA UPDATE

Manual checking every shift for every day during the month which ensures that an accurate addition of any temporary staff onto the roster is giving all stakeholders, including the TDA a great deal of confidence in the safety of our staffing. Work is in progress to make this mechanism despite it being highly resource intensive the normal way to collect the necessary data for the national return. This will however be easier and use less man hours every month than the current system and gives data which is quality assured.

The fill rates of registered nurses across our wards varies between 94.5% and 98%. Approximately 1% of shifts are red flagged when we are unable to fill the gap in staffing. On these occasions other nursing staff such as matrons and clinical nurse practitioners are diverted to cover the duties as a priority over their normal duties.

Surgery A have undertaken a programme of change during the month. This resulted in a change to ward location. They required 57 registered nurse shifts to be filled every day for the first 18 days of October and 51 shifts per day for the remainder of the month. A total of 1689 RN required shifts(the plan) with vacancies and sickness an absences and use of temporary staff to fill gaps they were able to achieve 1596 RN shifts 94.5% of shifts were filled.

Medicine and emergency care required 139 RN shifts for every day during October with a monthly total of 4309 (the plan). They were able to achieve 4086 shifts 95% fill rate

Surgery B only have one ward with ten beds and achieved a fill rate of 98%.

A separate paper is provided about maternity care as requested at the November board meeting.

3 RECOMMENDATION

3.1 The Board are requested to receive this update and agree to publish the data on our public website.

Colin Ovington

Chief Nurse

25th November 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P07 October 2015**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**3 December 2015**

EXECUTIVE SUMMARY:

Key messages:

- Improvement in month but performance remains off plan year to date.
- Necessary reliance on significant contingencies to meet current year key financial targets. Additional measures mobilised to underpin delivery of those targets.
- Step improvement in monthly run rate required to secure exit run rate consistent with medium term financial plan. Focus of organisation firmly on remedy to deliver original plan.
- TDA proposed stretch surplus of £6m being £2.2m above original plan. Any contribution to this stretch to be delivered on a non-recurrent basis. Delivery at risk.
- Capital programme reviewed and re-profiled to be consistent with now confirmed requirements of retained estate and IM&T strategies consistent with effective delivery of MMH models of care.

Key actions:

- Confirm and deliver revised demand and capacity plans consistent with remedy of year to date under-performance on planned care. Delivery to be contained within original plan costs.
- Reduce pay bill run-rate in the first instance through reduction in premium rate agency spend to a level consistent with that achieved in Q3 / Q4 of 2014.15.
- Resolve dispute in respect of ante-natal secondary provider charges and establish fit for purpose SLA
- Discipline in delivery of CIP schemes to realise plan value on a full year effect basis.
- Expedite delivery of those necessary additional measures consistent with safe services.
- Progress identified actions to manage resources within approved External Finance & Capital Resource Limits having regard to any reliance on non-cash contingencies and revised capital programme.

Key numbers:

- Month surplus £36k being £(247)k adverse to plan; YTD deficit £(1,326)k being £(2,232)k adverse.
- Forecast surplus £3.8m in line with original financial plan. Any stretch to be delivered on N/R basis.
- Pay bill £24.6 (vs. £24.9m) in month; Agency spend £1.4m (vs. £1.5m) in month; £10.4m YTD.
- CIP delivery to date £7.9m being £0.3m favourable to TDA plan. Step up in CIP in Q3 / Q4 required.
- Capex YTD £8.6m being £1.6m below plan. Capital commitments £4.9m.
- Cash at 31 October £29.7m being £3.7m above plan due to timing differences
- New FSRR 3 to date being as plan despite adverse EBITDA performance; forecast 4 vs. plan 4
- Capital Resource Limit (CRL) charge forecast at £20.2m being as plan
- External Finance Limit (EFL) charge forecast at £(0.7)m being consistent with approved EFL.

REPORT RECOMMENDATION:

The Board is recommended to RECEIVE the report and REQUIRE & SUPPORT those actions necessary to secure key financial targets consistent with the delivery of safe, high quality care.

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	**X**	Legal & Policy		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:

Finance & Investment Committee

Finance Report

Period 7 2015/16, October 2015

Trust Board
3 December 2015

Contents

Page Title

Finance Report

Summary & Recommendations

Period 7 2015/16

Statutory Financial Duties	Value	Outlook	Note
I&E surplus	£3.8m	√	1
Live within Capital Resource Limit	£20.2m	√	2
Live within External Finance Limit	£(0.7)m	√	3

1. Plausible route to £3.8m original plan. Significant delivery risk to stretch target surplus £5.0m proposed to TDA.
2. Capex control totals clear & to be managed to secure effective scheme delivery and compliance with CRL.
3. Management of working capital including creditor stretch necessary as P&L delivery reliant on non-cash contingencies.

Outlook

- Ongoing financial challenges throughout 2015/16 in respect of elective income and premium cost of interim staffing represent a risk to achieving plan surplus.
- Target delivery includes significant use of contingencies. Focus remains on delivery of recurrent exit run rate consistent with medium term financial plan.
- Consequent cash erosion managed on a basis consistent with the trust meetings its obligations as they fall due.

Financial Performance for the 7 months to 31 October

I&E deficit of £1,326k being £2,232k behind plan;

Capital spend of £8.6m, £1.6m below plan;

Cash at 31 October £29.7m being £3.7m more than plan.

Opportunities & risks

The Trust has initiated a programme of additional measures necessary to the achievement of key financial targets and with include all identified opportunities.

There are specific risks to that plan and which are the subject of measures to seek to mitigate adverse impact:

- CQUIN and other income penalties
- Unfunded winter pressures
- Strike action
- Planned care activity fails to recover
- Recruitment delays and sickness absence continue to drive excessive agency demand
- Adverse antenatal pathway settlement

Recommendation

- Progress those actions necessary to secure key financial plan targets consistent with safe, high quality care.
- Maintain focus on delivering exit run rate consistent with medium term financial plan.

Finance Report

Performance to date – I&E and cash

Period 7 2015/16

I&E

The key I&E issues are:

- Planned care [elective IP & DC] income below plan levels;
- Premium rate interim staffing spend above plan levels;
- Rate of cost reduction not yet consistent with that required to meet medium term financial plan trajectory

The reported I&E deficit is after the benefit of £5.1m of balance sheet flexibility released to improve the position.

Reserves planned but not spent or accrued to date total £6.4m.

Savings

Progress reported through the Trust's savings management system TPRS continues to be positive and indicates delivery of savings to date slightly ahead of plan. The concern is with regard to the delivery of full year plans.

Capital & Cash

Capital expenditure to date stands at £8.6m against a full year plan of £20.5m. A further £4.9m of firm commitments have been made to date. This is reflected in the cash position, as is payables which continue to reflect disputed payments to NHS suppliers, including those for maternity pathway attendances at other Trusts. Payments due from the local authority for delayed discharges are disputed and so the debtors variance is partially offsetting any benefit on creditors.

Better Payments Practice Code

86% performance for NHS bodies in month brings the YTD up to 86% by value.

Non-NHS performance remains below target at 88% by value. Lack of receipting of orders continues to be a significant impediment to performance.

Financial Sustainability Risk Rating

Rating of 3 year to date compares with planned rating of 3.

Forecast is 4 consistent with plan.

Finance Report

I&E – To date & Outlook

Period 7 2015/16

P07 Year to Date	Annual Plan £'000s	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	Plan Outturn £'000s
Patient Related Income	399,981	33,394	33,498	104	233,287	229,900	(3,387)	399,981
Other Income	39,718	3,270	3,425	155	23,240	23,415	174	39,718
Income total	**439,699**	**36,664**	**36,923**	**259**	**256,527**	**253,314**	**(3,213)**	**439,699**
Pay	(286,060)	(23,489)	(24,598)	(1,109)	(166,900)	(171,356)	(4,456)	(286,060)
Non-Pay	(127,043)	(11,756)	(11,064)	693	(76,304)	(70,550)	5,754	(127,043)
Expendiutre total	**(413,103)**	**(35,245)**	**(35,661)**	**(416)**	**(243,204)**	**(241,906)**	**1,298**	**(413,103)**
EBITDA	**26,595**	**1,419**	**1,262**	**(157)**	**13,323**	**11,408**	**(1,915)**	**26,595**
Non-Operating Expenditure	(21,962)	(1,167)	(1,247)	(80)	(12,634)	(12,703)	(69)	(21,962)
IFRIC12	372	31	21	(10)	217	(31)	(248)	372
DH Surplus/(Deficit)	**5,006**	**283**	**36**	**(247)**	**906**	**(1,326)**	**(2,232)**	**5,006**

This table shows the YTD I&E position for the Trust.

It records a break-even position for P07 which represents a c£400k improvement on prior month.

This rate of improvement is less than that necessary to secure an exit run rate consistent with medium term financial plan.

Outlook	Reported YTD £'000s		Mth 8 £'000s	Mth 9 £'000s	Mth 10 £'000s	Mth 11 £'000s	Mth 12 £'000s	FY 2015/16 £'000s
Patient Related Income	229,900		33,245	33,554	33,564	33,814	33,534	397,612
Other Income	23,415		3,305	3,305	3,317	3,317	4,517	41,175
Income total	**253,314**		**36,550**	**36,859**	**36,881**	**37,131**	**38,051**	**438,787**
Pay	(171,356)		(24,499)	(24,539)	(24,429)	(24,428)	(24,123)	(293,375)
Non-Pay	(70,550)		(9,766)	(10,103)	(9,872)	(11,014)	(10,491)	(121,797)
Expendiutre total	**(241,906)**		**(34,265)**	**(34,642)**	**(34,301)**	**(35,442)**	**(34,614)**	**(415,172)**
EBITDA	**11,408**		**2,285**	**2,216**	**2,580**	**1,688**	**3,436**	**23,616**
Non-Operating Expenditure	(12,703)		(1,709)	(1,722)	(1,722)	(799)	(1,105)	(19,759)
IFRIC12	(31)		(4)	(4)	(4)	(4)	(4)	(53)
DH Surplus/(Deficit)	**(1,326)**		**572**	**491**	**854**	**885**	**2,327**	**3,804**

There remains a plausible route to delivery of original plan surplus of £3.8m.

This is reliant of the use of significant contingencies in addition to recurrent income improvement and cost cuts.

That rate of underlying improvement is key to any delivery of stretch surplus as recognised in the revised plan.

Finance Report

Income Analysis

Period 7 2015/16

PERFORMANCE UP TO October 2015	Activity			Finance		
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000
Accident and Emergency	129,057	127,702	(1,354)	12,780	12,151	(629)
Adult Renal Dialysis	315	120	(195)	38	15	(24)
Community	344,863	340,231	(4,633)	20,758	20,781	23
Day Cases	24,825	20,868	(3,957)	19,277	16,332	(2,945)
Elective	6,746	5,170	(1,576)	12,349	9,634	(2,715)
Maternity	10,727	11,573	846	10,209	10,849	640
Non-Elective & Emergency	39,789	39,090	(699)	51,244	52,027	783
Occupied Cot Days	6,567	7,712	1,145	3,381	3,514	134
Other Contract Lines	1,858,013	1,910,148	52,136	52,682	52,358	(324)
Outpatient	6,949	5,382	(1,567)	1,328	1,040	(288)
Outpatient FA Multi Professional Non-Consultant Led	99	36	(62)	27	20	(7)
Outpatient FA Single Professional Consultant Led	69,503	72,019	2,516	11,342	11,876	534
Outpatient FA Single Professional Non-Consultant Led	27,928	29,840	1,912	2,598	2,616	18
Outpatient FUP Multi Professional Consultant Led	15,672	10,559	(5,113)	1,960	1,353	(607)
Outpatient FUP Multi Professional Non-Consultant Led	387	301	(86)	19	17	(2)
Outpatient FUP Single Professional Consultant Led	171,931	166,835	(5,096)	14,153	13,673	(480)
Outpatient FUP Single Professional Non-Consultant Led	60,999	64,523	3,524	3,920	4,100	181
Outpatient Procedures	28,252	32,094	3,842	5,227	6,249	1,022
Outpatient Telephone Consultation	7,374	6,574	(800)	167	160	(7)
Other	35,367	39,829	4,462	4,851	5,358	507
Total				**228,308**	**224,123**	**(4,185)**

This table shows the Trust's year to date SLA income performance by point of delivery.
The impact of the shortfall in elective work can be seen in the adverse variance for day cases and elective activity. That these have only been partially offset by additional activity on outpatients and non-elective work underlines the importance of the elective demand and capacity work to the recovery plan.

The variance on total Patient Related Income to date is £(3,387)k.
The difference to SLA income shown above is primarily related to pass through costs of drugs & devices being above plan £1.2m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 7 2015/16

Paybill & Workforce

- Total workforce of 6,890 WTE [being 119 WTE below plan] including 128 WTE of agency staff.
- Total pay costs (including agency workers) were £24.5m in October being £1.1m over plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets. Focus on improvement in recruitment time to fill and effective sickness management.
- Compliance with new national agency framework suppliers effected during October as required. Minimal number of shifts procured outside of this and driven by strict commitment to maintaining safe staffing.
- Compliance with new national agency rate cap effected from 23 November 2015. Bank rates also confirmed as being compliant. Implementation is subject to granular assurance and without compromise to securing safe staffing levels.

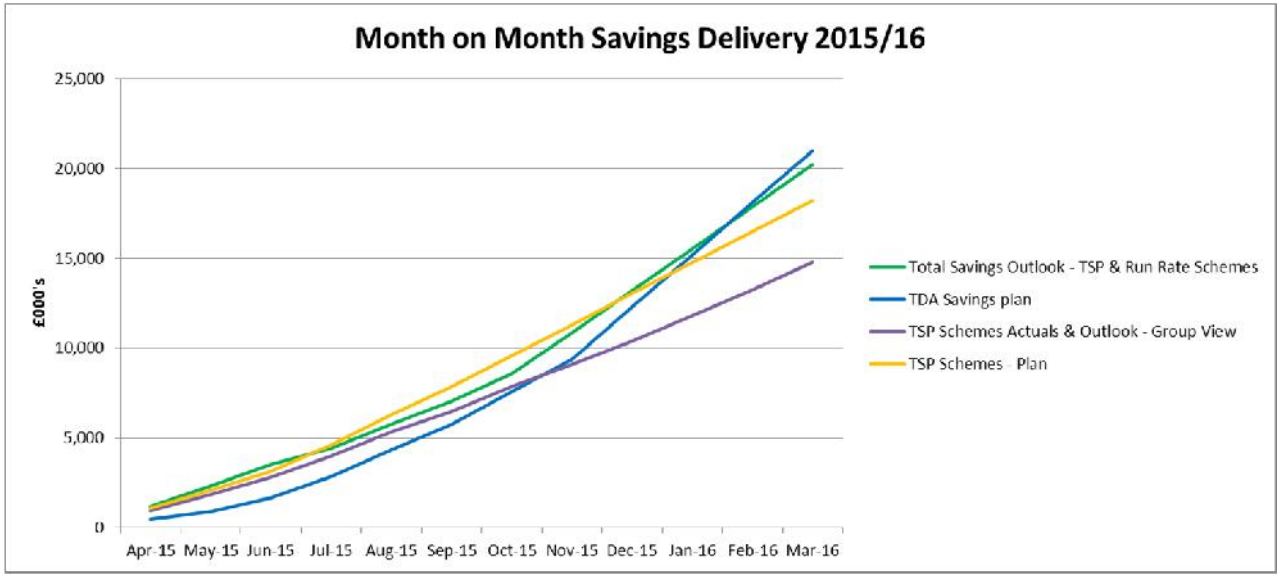
Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	104	(3,387)
Other Income	155	174
Medical Pay	(247)	(262)
Nursing	87	718
Other Pay	(949)	(4,912)
Drugs & Consumables	(603)	(1,445)
Other Costs	1,296	7,199
Interest & Dividends	(80)	(69)
IFRIC etc adjustments	(10)	(248)
Total	(247)	(2,232)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	24,598	24,929	(331)	-1%
Pay - agency spend	1,422	1,494	(72)	-5%
Pay - bank (inc. locum) spend	1,487	1,744	(257)	-15%
WTE - total	6,890	6,856	34	0%
WTE - substantive	6,054	5,987	67	1%
WTE - agency	238	191	47	25%
WTE - bank (inc. locum)	598	678	(80)	-12%

Finance Report

CIP achievement

Period 7 2015/16



This chart shows the savings profile in our plan submission to TDA; the plan value of identified TSP savings schemes; the value of those TSP schemes delivered to date and outlook.

The chart also shows a total savings plan from TSP & run rate schemes included in our forecast reported to TDA.

£21m of TSP schemes is necessary to meet the requirements of the trust's plan. Run rate schemes are tracked part of group 'route to balance'.

At P07 savings delivery was ahead of TDA plan with £7.9m of savings delivered against a plan of £7.6m.

Savings delivery was, however, below the plan value of those schemes with £7.9m delivered against a plan of £9.6m.

A group view of the outlook suggests a part- year shortfall in CIP delivery of £6.2m against TDA plan target £21.0m.

This is the subject of specific escalation.

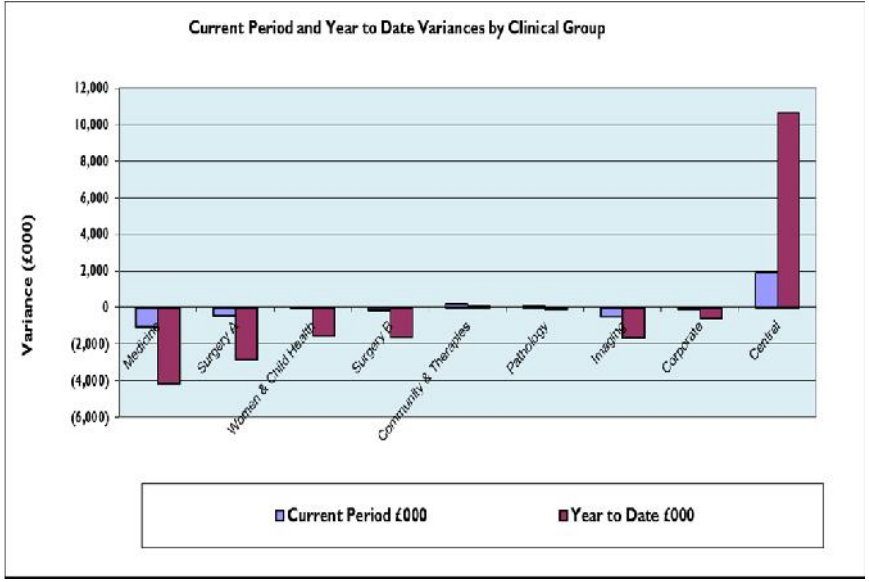
The full year effect of plan schemes is £21m being consistent with recurrent plan target.

Finance Report

Group Analysis – Month & YTD

Period 7 2015/16

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(1,058)	(4,199)
Surgery A	(473)	(2,867)
Women & Child Health	(50)	(1,577)
Surgery B	(158)	(1,628)
Community & Therapies	201	102
Pathology	94	(116)
Imaging	(512)	(1,679)
Corporate	(103)	(607)
Central	1,901	10,655



Performance of Clinical Groups

- **Medicine:** Key risks continue to be medical and nursing agency; delivery of savings plans especially the major scheme around closure of capacity. Delivering winter plan within budget also major risk. Significant CIP Plans value were identified but actual delivery significantly away from plan.
- **Surgery A:** Key risks are, delivery of contract, and delivering CIP target. Demand and Capacity work is forecasting significant improvement against contract. Identification of CIP plans and delivery remains a concern.
- **Women & Child Health:** Settlement of Maternity Pathway forward SLA & historic payments key for the Group. Management of position largely via holding vacancies; workforce plan assuring sustainability & safety.
- **Surgery B:** Intensive work around Demand and Capacity recovery on-going; expectation that significant improvements can be delivered. Significant gap in CIP identification and delivery are also a concern, although work on D&C and delivery of improvements should address significant proportion of these.
- **Community & Therapies**' position includes significant vacancy management as route to CIP savings. workforce plan assuring sustainability & safety.
- **Imaging:** Significant use of Premium Rate Working, contracted out reporting and mobile MRI scanner in order to deliver activity. Use of agency staff remains high. Have been a number of opportunities for improvement identified, and delivery of these vital in order to move toward financial balance.

Corporate Areas

- Pay underspends on management and administration of £0.8m are offset by share of SLA underperformance, savings under-delivery and non-pay overspending. Delivery of Demand and Capacity work in clinical Groups will have positive impact on position. Corporate Nursing & Facilities; and Operations are the two Directorates under most financial pressure.

Central

- Release of balance sheet contingency and impact of deferred / avoided reserves spend.

Finance Report

Capital

Period 7 2015/16

Summary Capital Expenditure: FY 2015/16

Expenditure Category	YTD Plan £'000s	YTD Actual £'000s	YTD Gap £'000s	Full Year Plan - Latest TDA £'000s	Full Year Forecast £'000s	Full Year Gap £'000s
Estates	5,134	3,551	(1,583)	9,449	9,449	0
Midland Metropolitan	1,778	1,759	(19)	2,950	2,950	0
Information	978	1,877	899	4,754	4,754	0
Medical equipment	2,058	1,168	(891)	3,000	3,000	0
Other (Contingency & donated assets)	266	254	(12)	348	348	0
Total Expenditure	**10,214**	**8,608**	**(1,606)**	**20,501**	**20,501**	**0**

The above table shows the status of the capital programme, analysed by category, at the end of Period 7 together with the latest view of out-turn. It can be seen that while expenditure is below plan to date full year spend is expected to be in line with plan. Commitments of £4.9m as at 31 October.

This full year plan is consistent with the anticipated CRL.

Finance Report

SOFP

Period 7 2015/16

STATEMENT OF FINANCIAL POSITION 2015/16	Balance as at 31st March 2015	Balance as at 31st Oct 2015	TDA Planned Balance as at 31st Oct 2015	Variance to plan as at 31st Oct 2015	TDA Plan as at 31st March 2016	Forecast 31st March 2016
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	233,309	233,889	234,922	(1,033)	246,555	238,898
Intangible Assets	677	548	537	11	437	437
Trade and Other Receivables	890	954	882	72	1,011	1,011
Current Assets						
Inventories	3,467	3,507	3,111	396	2,972	2,972
Trade and Other Receivables	16,318	20,447	16,291	4,156	15,966	15,966
Cash and Cash Equivalents	28,382	29,735	26,052	3,683	27,082	27,082
Current Liabilities						
Trade and Other Payables	(45,951)	(56,662)	(46,801)	(9,861)	(53,620)	(48,974)
Provisions	(4,502)	(2,765)	(3,883)	1,118	(3,355)	(3,437)
Borrowings	(1,017)	(1,017)	(1,017)	0	(1,017)	(1,017)
DH Capital Loan	(1,000)	0	0	0	0	0
Non Current Liabilities						
Provisions	(2,986)	(2,931)	(2,363)	(568)	(4,133)	(1,434)
Borrowings	(26,898)	(26,310)	(26,303)	(7)	(25,881)	(25,881)
DH Capital Loan	0	0	0	0	0	0
Total	**200,689**	**199,395**	**201,428**	**(2,033)**	**206,017**	**205,623**
Financing	**200,689**	**199,395**	**201,428**	**(2,033)**	**206,017**	**205,623**

The table opposite is a summarised SOFP for the Trust. The full year forecast reflects the Trust's decision to revalue Property at 1st April 2015 and this is represented in the variance from plan at 31st March 2016.

Cash held at the end of October exceeds the planned level. Delivery of the trust's financial plan is necessarily reliant on the use of balance sheet flexibilities. This will represent a drain on the trust's cash balances. Whilst this does not represent a near term risk but may be relevant to the trust's medium term plans.

Appropriate options to remedy any such impact will be considered and effected in due course consistent with securing the trust's medium term financial plans.

Necessary near term working capital management, including a stretch on payables, will be progressed to manage year end EFL target delivery.

Finance Report

Financial Sustainability Risk Rating FSRR

Period 7 2015/16

	October		Full Year	
	Plan £'000s	Actual £'000s	Plan £'000s	Forecast £'000s
Capital Service Cover				
Revenue available for Debt Service	14,115	11,270	27,050	24,177
Annual Debt Service	6,369	6,246	9,601	8,741
Capital Servicing Capacity (times)	2	2	3	3
Capital Service Capacity metric	3	3	4	4
Liquidity				
Working capital Balance	(9,358)	(10,262)	(10,380)	(10,412)
Operating Expenses within EBITDA	240,823	241,909	409,621	414,752
Liquidity Ratio Days	(8)	(9)	(9)	(9)
Liquidity Ratio Metric	2	2	2	2
I&E Margin				
Normalised Surplus/(Deficit)	689	(1,295)	4,634	4,902
Total Income	254,889	253,096	436,587	438,779
I&E Margin	0.3	(0.5)	1.1	1.1
I&E Margin Rating	3	2	4	4
I&E Margin Variance from Plan				
I&E Margin Variance	0.2	(0.8)	0.2	0.1
I&E Margin Variance from Plan rating	4	3	4	4
Financial Sustainability Risk Rating	3	3	4	4

This is the measure of financial health applied to the Trust by the TDA. As such it is based on the stretch target of £5m the Trust has signed up to.

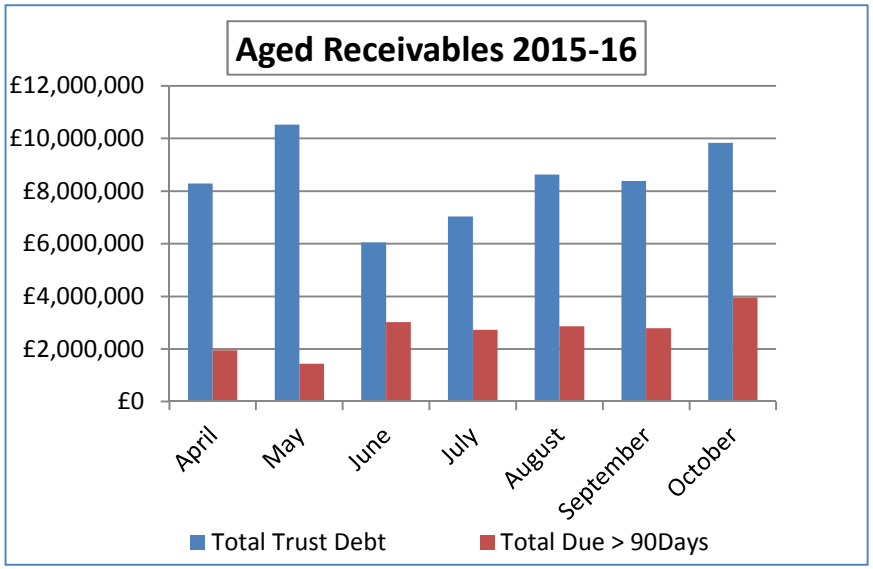
Previously referred to as the CoSRR, this has been updated by Monitor. The FSRR retains the elements relating to liquidity and debt servicing that comprised the CoSRR as well as elements for underlying I&E margin performance.

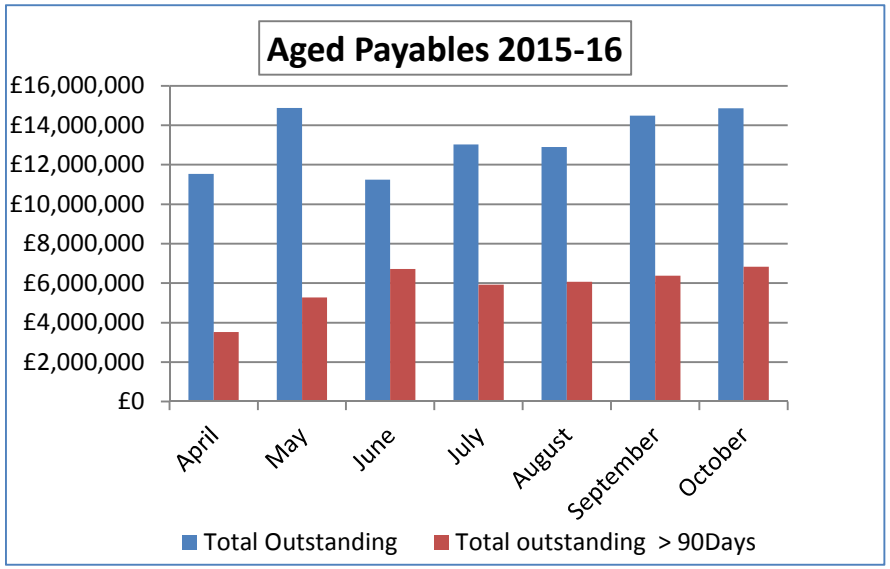
Performance on all components of the FSRR is slightly down on plan to date. However, given the anticipated achievement of the recovery plan the full year forecast remains consistent with the plan .

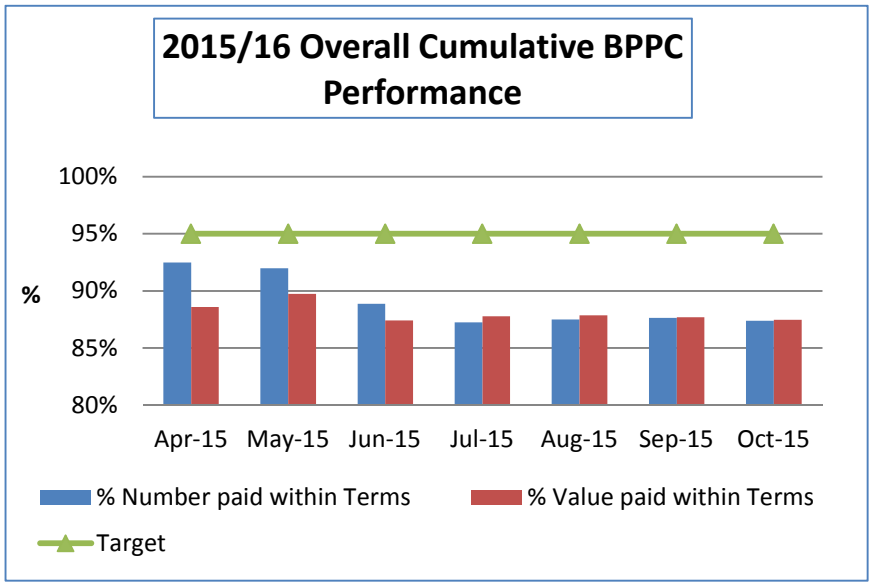
Finance Report

Aged Receivables, Aged Payables and BPPC

Period 7 2015/16







Note

- Within aged receivables the level of over 90 days debt has increased and is due to the outstanding debt relating to SLA's with other NHS providers and DTOCs charges with local authorities. Discussions for both issues are underway at Executive level.

- BPPC is below target of 95% but reflects consistent performance to date. The main challenges in improving this relate to the trust P2P process and specifically the use of purchase orders including receipting.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	THE CONTRIBUTION OF VOLUNTEERS AT SWBH
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Linda Pascall– Deputy Chief Nurse
DATE OF MEETING:	3rd December 2015

EXECUTIVE SUMMARY:

This paper describes the input we are making to develop our voluntary services and the successes we are aiming for with a newly revitalised team.

Key issues for the board to consider are about whether the successes which are proposed fit with our organisational ambitions

REPORT RECOMMENDATION:

Board are requested to support the progress towards achieving the successes described

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	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		Equality and Diversity	X	Workforce	X

Comments:

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

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

THE CONTRIBUTION OF VOLUNTEERS AT SWBH

Report to Trust Board on 5th November 2015

Introduction

This brief report describes the vision of how the Volunteers will contribute their services to SWBH.

Building on previous reports that have described the' repatriation' of volunteers from RVS hosting and the emergence of a 'Trust brand ' developed through the 'mi' themes of volunteering that encompass the ways in which volunteers can get involved with the work of the Trust.

Where are we now?

A robust recruiting process is underway which will result in 75 people joining the Trusts volunteer service by 30.11.15 to be deployed across the Trust during December and January to support way finding [at check in kiosks] and provide support for patients in the inpatient settings [support with nutrition, reading etc.]

Intentions for 2016 and beyond

- To work with the community

Volunteers offer a significant contribution across all disciplines not only to support staff in their endeavours but also as a means to share experiences and expertise and 'to give' back to the community at large. We will ensure this by making our message of involvement clear on our website and by ensuring use of appropriate social media. Also by entering into partnership with school and colleges about the opportunities to volunteer

- To be inclusive

SWBH NHS Trust serves a large and diverse population and consequently our volunteer service needs to reflect this and it is our intention to ensure that our volunteer colleagues are proportionately representative of the community we serve in order to gain the maximum benefit and enhance patient experience. We will achieve this by actively engaging with community groups and organisations to seek their support in identifying ways that will encourage people to want to work with us.

- To value our volunteers

When people take the time and trouble to offer their time to us we need to make sure this is recognised and appreciated. We will make sure that our substantive staffs recognise their part in appreciating volunteers. We will also hold regular updates for our volunteers on matters of interest/development. Working with our partner volunteers i.e. Agewell, cancer services, stroke etc

we will hold regular updates to share ideas an developments and to develop a recognition award for the volunteers.

- To be responsive

The success of volunteers depends upon true partnership between the Trust staff and those people who offer their time as volunteers. We will work with Clinical groups and divisions to seek the views/needs from a volunteer service to make sure that we are all engaged in the same effort

What does success look like?

Success will relate to the number of people we have recruited to volunteer and the length of time they continue to volunteer with us. The latter relative to the volunteer's motivation to volunteer.

A milestones and targets plan is drafted but in summary our measure of success would be that by 1ST January 2018 we would see:-

- A total complement 460 volunteers in the Trust deployed through the various Mi themes
- Volunteer support available 7 days a week through the various mi themes
- Weekly recruitment interviews with 10 volunteers joining us every month [120 a year]
- Monthly updates to volunteerss programme
- Volunteers available for way finding at every main entrance to the trust hospitals to help with kiosk and directions to various departments
- 100 volunteers supporting carers with patients in our care
- 150 volunteers in community settings supporting patients in out of hospital settings
- A volunteer workforce representative of the population served and of the protected characteristics
- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts
- A minimum of 30 regular volunteers in each clinical group depending on size and purpose

Recommendation

Trust Board are requested to acknowledge the proposed volunteer model and the successes we are aiming to achieve.

Colin Ovington
Chief Nurse
26th November 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Annual Plan Delivery Report 2015/16 – Q2 Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Toby Lewis – Chief Executive**
AUTHOR:	**Toby Lewis – Chief Executive**
DATE OF MEETING:	**3 December 2015**

EXECUTIVE SUMMARY:

The Q2 report covers again our 30 priority objectives. It describes the current state and assesses against year-end likelihood of delivery. Wherever possible amber has been avoided so that the Board has the clearest possible steer.

- Really strong progress is shown against 21st century infrastructure, care closer to home and an effective and engaged organisation.
- The overall position on use of resources perhaps reflects wider factors than simply I&E, which is currently behind plan and of cause for concern, with plan B in operation
- The greatest change of results and pace is needed in two areas – quality and responsiveness. It should be recognised that those domains have the most quantified and distributed goals within them.

Since the last report readmissions and health visiting have improved sharply in their LOD rating, and we are seeing positive indications for sickness delivery. Both our big complex procurements remain on plan.

There are 4 red ratings as follows:

- Changing discharge patterns
- Ten out of ten
- Reform of corporate services and
- Wait times standards above and beyond national norms

REPORT RECOMMENDATION:

To discuss progress against achievement of the key objectives outlined in the Trust Annual Plan for Q2 and much of Q3 and discuss those objectives that are currently behind schedule, advising on any additional actions required in Q4 notably in the red areas rated.

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

Comments:

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

Aligned to Trust strategic objectives

PREVIOUS CONSIDERATION:
Annual Plan considered by the Board in April 2015

SWBTB (12/15) 200 (a)

Key to RAG rating:
- Significant delay
- Some delay
- On track
- Complete

Annual Plan 2015-16

Q2 Monitoring Report

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
Safe, High Quality Care						
1	Reducing admissions by 2%*	RB	NR	As the Board's papers in December show there is an initial impact from work undertaken in late Q2 and early Q3. There is real focus on this issue across sites and teams.		Continue to focus on specialty wards but also seize AMU opportunities and build on hot clinic model now running in surgery.
2	Improving outpatient care by implementing phase two of our outpatients programme	RB	AM	In 15-16 this is on track (was due in 14-15). Subject to CSC, recruitment and capacity implementation.		It will only be after we have assessed the 16-11 partial booking phase 1 that we can confident of delivery by the end of Q4.
3	Achieving the gains promised within our 10/10 programme*	CO	DT	There is great work being undertaken and evident enthusiasm. It has yet to translate into a 100% delivery mindset.		The Board needs now to direct a set of interventions to ensure that we can demonstrate ward clinical teams embracing and using this checklist.
4	Meeting the improvements agreed with the Care Quality Commission creating an inclusive, active and risk driven culture	KD	AB	QIHD provide the basis for an inclusive action orientated QI culture. Our risk register continues to evolve. Your Voice data shows confidence around whistleblowing.		We have work to do to both quicken and deepen the actions in our plan, and to make sure that December-March sees a cultural embedding of our change agenda
5	Tackling caseload management in community teams*	RB	FS	As per prior Board papers work is ongoing, but a single plan of action is not yet visible.		There remains, with focus, a chance to make this a green item, but a change of pace is now needed.
Accessible & Responsive						
6	Meeting national elective and emergency wait time standards and deliver from October a guaranteed maximum six week wait for outpatient	RB	MD	Trust meeting elective wait standards but not emergency care standard. Full Trust compliance with local 6 week standard now expected at end		This remains the subject of huge focus, and the Trust performs better than peers. But we are short of our aims and must deliver our 6 week pledge this

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
	appointments			of Q4.		fiscal year.
7	Double the number of safe discharges each morning, and reduce by at least half the number of delayed transfers of care in Trust beds	RB	NR	There is engagement, action and progress. But it is not translating into material changes in either morning discharges or DTOCs.		The ADAPT workshop on 2-12 is an opportunity to frame what we do in Q4 and Q1 to harness the continued EDD enthusiasm.
8	Implement Advice and Guidance support for GPs in all specialties, and expand use of video technology to consult with patients	RB	AT	This (AG) was implemented in full in April. We need to work with GPs to up their take up.		We need to develop much greater use of Skype. Our next step is in A&E, but we need to confirm a deployment for 16-17 contracts that goes beyond diabetes.
9	Deliver our plans for significant improvements in our Health Visiting provision so children 0-5 years and their families receive high standards of professional support at home	RB	EN	There is considerable improvement in delivery in many categories, albeit we fall short of the KPI specification.		Continued improvement is needed to achieve the metrics specified later in Q4.
10	Work within our agreed capacity plan for the year ahead	RB	AM	The Trust is within our capacity plan but is not delivering sufficient volume of care. Reform to remove premium rate working is strong in Surgery A and WCH, less so in medicine, imaging and especially Surgery B.		There is some evidence of change in bookings, but it is not yet translating into productivity indices improvement nor higher overall volumes of work done.
	Care Closer to Home					
11	Expand our ICARES and heart failure services to provide improved care in West Birmingham	RB	FS	Good progress has been made with both developments, and new HF service is becoming operational.		We need to use these developments to create strong relationships with GPs in HOB – and to cut avoidable admissions on the City site
12	Implement our Rowley Regis expansion plans, so that by March 2016 we have in place our Right Care Right Here model on the site*	RB/AK		Plan supported by the Board after extensive patient and staff consultation. Due to finish in next 3 months.		Ensure that the changes in care models in OPD are implemented, not merely a change in physical layout. Finalise the pharmacy option.
13	Ensure that we improve the ability of patients to die in a location of their	RB	FS	We have succeeding in winning the EOLC tender. Our audit of in-hospital		We want to implement changes to reporting to allow us to identify 'missed'

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
	choosing, including their own home			delays has been completed.		or late cases using MR style system.
14	Support agreed projects with selected GP partners through the CCG's 'push sites' initiative, designed to fit care models to local populations	TL	DT	Progress with ICOF and YHP, both now operational. Slower progress with Vitality – senior leaders now involved to try and settle a solution.		We need now to get access to CCG outcome reporting data so that we can make an assessment of how much of £5m they have spent has had impact.
15	Move more of the respiratory medicine service into the community	RB	SC	Initial pilot work well received and bidding for national recognition. Yet to scale up to include community team but that is planned for coming weeks.		Need to confirm DICE equivalent model, linked to readmissions project. Forms part of YHP project.
Good Use of Resources						
16	Implement successfully and safely the new tariff regime (Enhanced Tariff Offer) as the Trust moves to a payment by results system	TW	IK	We are managing to code and conclude a position quarterly. There is more work to do to make data available rapidly to clinicians and managers.		As we move towards Q3/4 need to understand how rationing project will apply to treatments as ETO 'budget' is consumed. The guidance on 16-17 contract is awaited.
17	Create balanced financial plans for all directorates, and deliver Group level income & expenditure on a fully year basis*	TW	PS	The overall Trust plan remains deliverable, with a challenge to make it deliverable recurrently. Local team compliance is poor in most cases.		Continued focus on our 3 areas of emphasis: CIP delivery, agency control, and activity booking.
18	Develop our capital plan, and spend in line with that plan	TW	CA	We now have a draft plan not only for 2015-16 but through to 2020. This is considered at Board in Dec 2015.		Need know to Gantt chart full programme identifying procurement dates backwards from delivery dates.
19	Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board	RB	MM	Transition to automated IPR is going better, and day 5 being hit. Work now to ensure that forward look is sufficiently examined.		Need now to conclude work on reporting functionality and agree 2016-17 front end.
20	Reform how corporate services operate to create efficient transactional services by April 2016 that benchmark well against peers	TW	tbc	This work has stalled and to a degree been subsumed within BCA and our workforce modelling for 2016-18.		A decision is needed within the executive about how this is taken forward and with which teams.

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
21st Century Infrastructure						
21	Agree Electronic Patient Record Outline Business Case, and initiate the procurement process, whilst completing infrastructure investment programme*	AD	ME	Infrastructure project contracts let and on site. EPR running to timetable.		Meet the timescales previously agreed and see improvement from infrastructure investment in network resilience.
22	Reach financial close on the Midland Met Hospital*	AK	DL	We are operating to, or slightly ahead of, timetable, and advanced works are on site.		Financial close and transition phase for project into commissioning stages.
23	Complete public engagement on, implement and evaluate the reconfiguration of interventional cardiology and acute surgery between our Sandwell and City sites	RB	JD	Both projects are now live and are well regarded by staff and those patients who have commented.		Implement the surgery changes during Q4, and ensure safety is maintained and quality gains for emergency surgery waits are achieved
24	Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre	AK	RBanks	Work in late Q2/early Q3 has been rapid and engaging. A final plan is imminent.		Begin a clear communication campaign with both staff and local residents about the STC.
25	Finalise and begin to implement our Right Care Right Here (RCRH) plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr	RB	FS	A detailed plan has been developed (and the next step in it is to move cardiac rehab), but needs to pause while we settle the STC configuration.		If the intermediate care commissioning position is satisfactorily resolved in the weeks ahead then we can develop our site plan and implement a further and final ward in winter 2016.
An Engaged & Effective Organisation						
26	Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness*	RG	LB	Latest data shows some encouragement month on month. Four of eight groups are now below 4%.		We need to conclude work on long term sickness cases, including resolving those in corporate areas.
27	Finalise our long term workforce plan	RG	GD	Proposals come to the Board in December, grounded in both group and executive consideration.		Begin implementation and mobilisation process in early 2016.
28	Create time to talk within our Trust, so	RG	GD	QIHD is now in place and well		We need to develop a targeted plan for

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
	that engagement is improved			attended. Engagement scores at Trust level are improving. We still have significant disengaged number, which in some directorates is sizeable.		disengaged groups, by developing a better understanding of who they are and what their issues and concerns are
29	Agree and begin to implement our three year Education Plan	RG	JP	The plan has been approved and a chance to operationalise it exists through training plans. But there is work to do to make sure actions in all 4 phases are sufficient.		A gap analysis is needed of how HR and operations need to change to make the plan a feasible part of our work and landscape.
30	Complete the second year of our leadership development programme, providing clinical leaders with the skills and expertise to lead the organisation forward	RG	JP	We have made considerable progress since the last report with 'day six' being undertaken and a plan being agreed in CLE for four phases of development.		2016 needs to see us expand the range of leadership styles displayed across top leaders, and much greater salience for our leadership framework in our appraisal processes.

TRUST BOARD

DOCUMENT TITLE:	**Midland Metropolitan Hospital - Sandwell Treatment Centre, (STC).**
Centre	**Alan Kenny Director of Estates & New Hospital Project Director**
AUTHOR:	**Alan Kenny**
DATE OF MEETING:	**3rd December 2015**

EXECUTIVE SUMMARY:

In preparation for financial close on the Midland Met Hospital, the CEO identified 5 pre-financial issues which required an acceptable level of assurance to be provided for. The development of the STC was one of the 5 issues. 3 key questions were required to be answered with regard to the deliverability of the STC is:

- Sufficient space available to accommodate the (clinical and non-clinical services / departments) to be retained on and or transferred to the STC.
- The capital investment required to develop the STC available and affordable in line with the Trusts 2016-20 LTFM financial plans and programmes.
- A programme needs to be developed which captures the individual projects to be aligned to the master programme to enable the STC to be operational by July 2019.

A positive response to each of the questions informed by a range of feasibility studies and design options which collectively provide assurance that the STC can be developed against the space, investment and programme constraints associated with each of the questions posed.

The attached briefing note summaries the work undertaken over the September–November 2015 period. Progress has been monitored on a monthly basis at the Trusts Clinical Leadership Executive Committee CLE, and the MMH re Configuration Committee.

REPORT RECOMMENDATION:

It is recommended that the Trust Board consider / discuss and accept the report.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

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

21st Century Facilities - New Hospital Project

SANDWELL TREATMENT CENTRE (STC).

This briefing note has been prepared to accompany the presentation on the Sandwell Treatment Centre (STC), to be made to the Trust Clinical Leadership Executive Committee - CLE to be held on the 24th November 2015.

Introduction and Background.

During the September – November period a range capital planning activities, including feasibility surveys, the development of design layout options and associated works have been progressed.

In developing the design layout options the following guiding principles, (previously acknowledged by the August CLE), were adopted and reflected in the proposed final design layout options presented to and received by the November CLE:

- The allocation of clinical space will be prioritised for clinical use to ensure that functionality needs are met, effective working practices and service delivery models are supported and the utilisation of resources are maximised.
- Double moves for staff and services will be avoided where possible, and
- Any investment in any estate that is planned to be rationalised will be minimised.

The activities and works enabled each of the 3 questions (set out below), posed by the CEO with regard to the deliverability of the STC to be answered prior to the November CLE and December Trust Board.

Q1. Will there be sufficient space available on the existing Sandwell Hospital site to accommodate the (clinical and non-clinical / corporate) services which will remain on and or be transferred to the STC site post the opening of the Midland Met Hospital.

A. In planning for MMH and the retained estates at both City and Sandwell hospitals schedules of accommodation were prepared by services and departments.

The accommodation which will become vacant at Sandwell (and City), hospitals after the services have been transferred to MMH was also identified.

Those services which will remain at Sandwell, and or transfer from City to Sandwell have been identified and will effectively constitute the STC.

In addition a review of the design (including communication space), and broad utilisation of the Sandwell Hospital has been undertaken. Collectively the information was used to inform a range of design/layout options and to ensure that the most effective allocation of space / accommodation was identified.

The proposed final layouts of the hospital were presented to and received by the November CLE. Copies of each of the proposed the floor plans are attached.

The work undertaken confirmed that sufficient space will exist on the existing Sandwell hospital site, and that clinical services can be accommodated within the footprint of the main hospital building.

Q2. Is the programme of works required affordable, within the Trusts planned LTFM and Capital Programme resources over the 2016/17, 17/18, 18/19 and 19/20 years.

A. The costs associated with programme of works developed has have been estimated by cost advisors to the Trust.
Discussions with the Trusts finance department has indicated that subject to expenditure being appropriately phased, as at September 2015 and based on the Trusts current 2016-2020 business and financial plans the investment required is affordable, and within the Trusts planned LTFM and Capital Programmes over the 2016/17, 17/18, 18/19 and 19/20 years.

Q3. Can the sequencing of individual projects which make up the programme of works, be aligned to enable the STC to be operational by July 2019?

A. An outline master programme has been prepared, to which the individual projects which will need to be delivered have been aligned. The programme indicates that the STC can be operational by July 2019.

   This will require individual projects to be phased and delivered throughout the 2016/17, 17/18, 18/19 and 19/20 periods. This will require the impact of the projects and works to be carefully sequenced and any impact on operational services to be minimised.

   The programme will require procurement of the works to commence in January 2016, and funding to be available in line with forecast expenditure profiles in 2016/17, 17/18, 18/19 and 19/20.

Alan Kenny

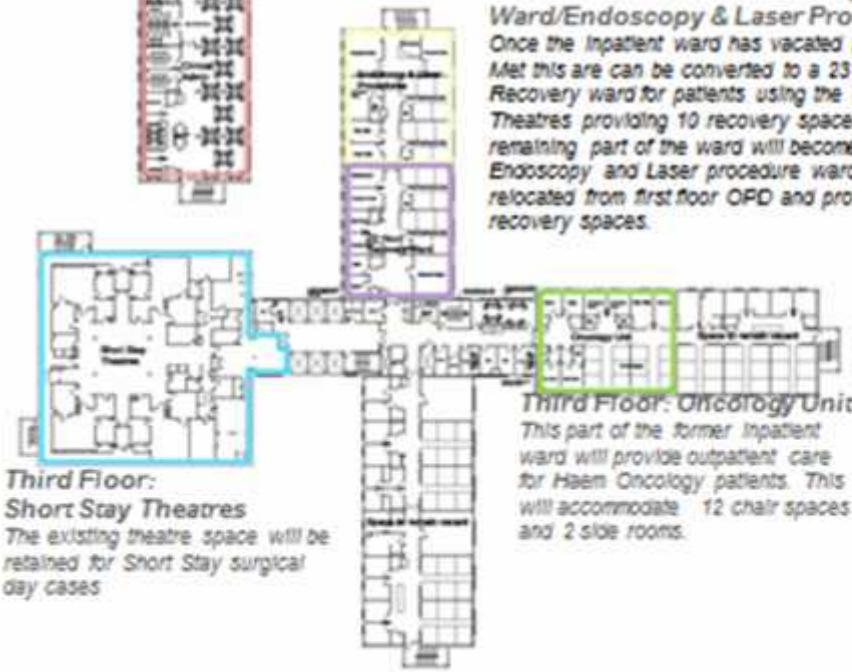
Director of Estates and New Hospital Project Director. November 2015

Fifth Floor: Clinical Admin

3 Previous Inpatient wards will be vacated once Midland Met opens allowing the spaces to be converted to admin for up to 70 desks which include a mix of open plan workstations, offices and seminar rooms.

Fourth Floor: Clinical Admin

3 Previous Inpatient wards will be vacated once Midland Met opens allowing the spaces to be converted to admin for up to 70 desks which include a mix of open plan workstations, offices and seminar rooms.



Third Floor: 23 Hour Recovery Ward/Endoscopy & Laser Procedure

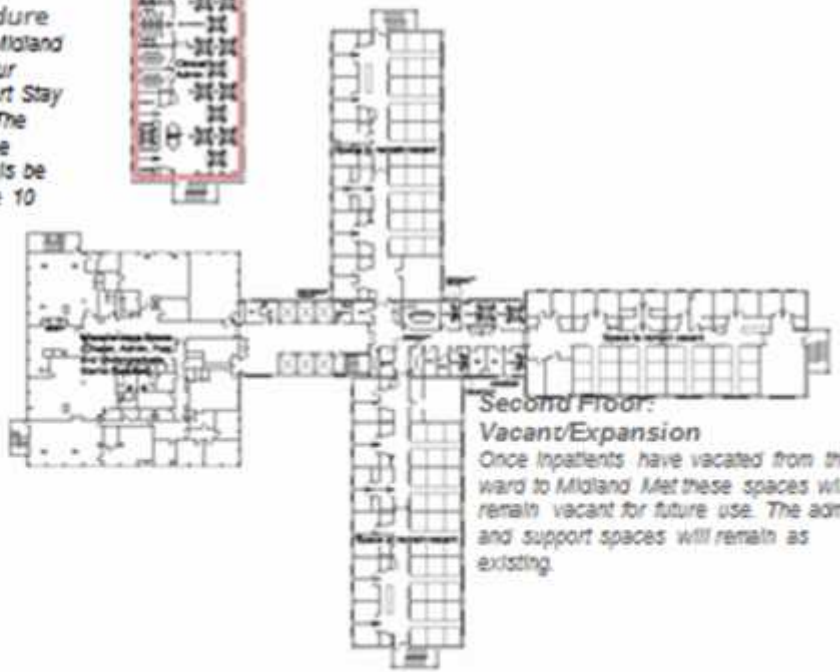
Once the Inpatient ward has vacated to Midland Met this are can be converted to a 23 Hour Recovery ward for patients using the Short Stay Theatres providing 10 recovery spaces. The remaining part of the ward will become the Endoscopy and Laser procedure ward, this be relocated from first floor OPD and provide 10 recovery spaces.

Third Floor: Oncology Unit

This part of the former Inpatient ward will provide outpatient care for Haem Oncology patients. This will accommodate 12 chair spaces and 2 side rooms.

Third Floor: Short Stay Theatres

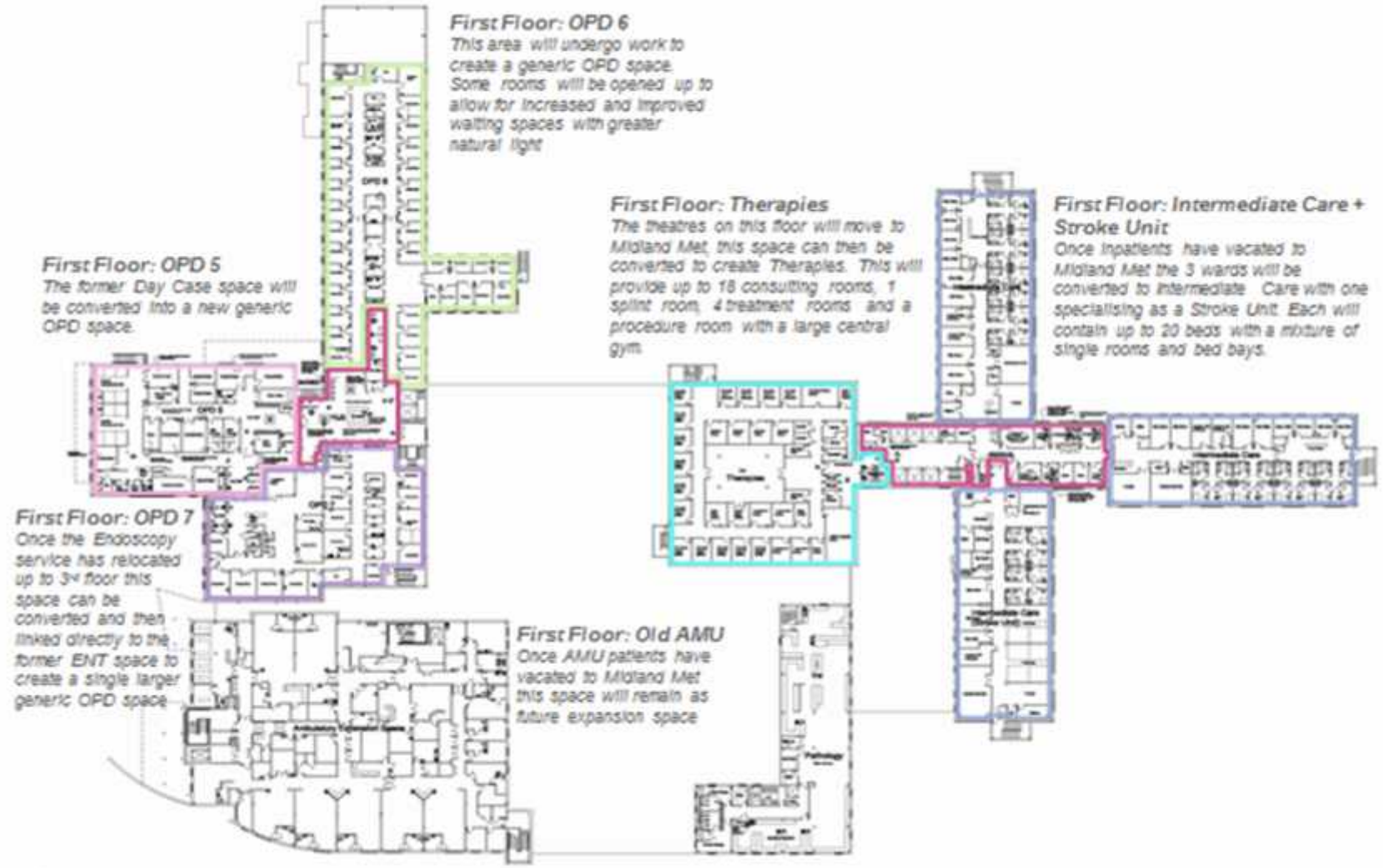
The existing theatre space will be retained for Short Stay surgical day cases



Second Floor: Vacant/Expansion

Once Inpatients have vacated from the ward to Midland Met these spaces will remain vacant for future use. The admin and support spaces will remain as existing.

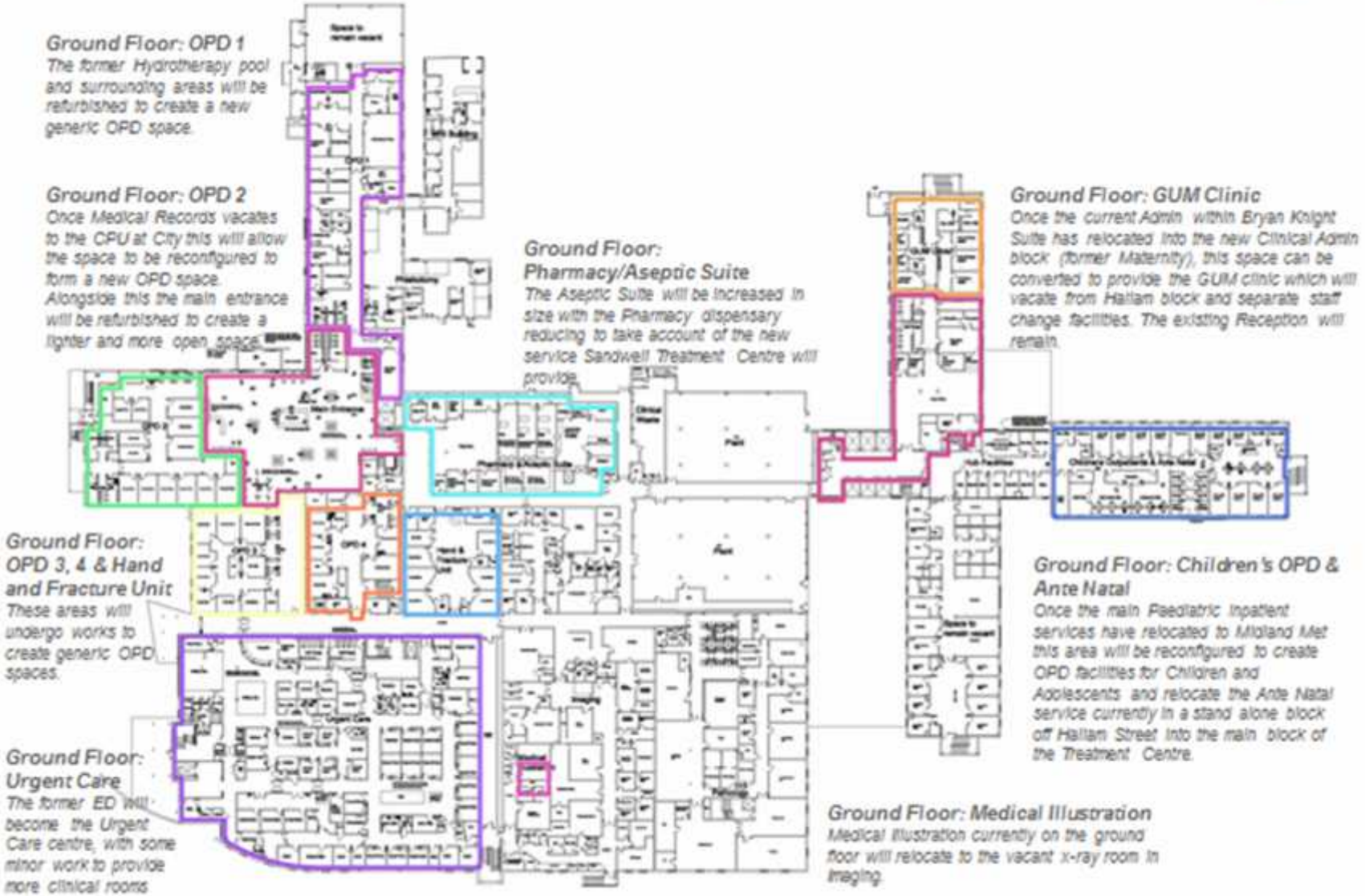
Proposals – Floors 5 - 2



Where EVERYONE Matters

Proposed Option – First Floor

Sandwell and West Birmingham Hospitals NHS



Ground Floor: OPD 1
The former Hydrotherapy pool and surrounding areas will be refurbished to create a new generic OPD space.

Ground Floor: OPD 2
Once Medical Records vacates to the CPU at City this will allow the space to be reconfigured to form a new OPD space. Alongside this the main entrance will be refurbished to create a lighter and more open space.

Ground Floor: Pharmacy/Aseptic Suite
The Aseptic Suite will be increased in size with the Pharmacy dispensary reducing to take account of the new service Sandwell Treatment Centre will provide.

Ground Floor: GUM Clinic
Once the current Admin within Bryan Knight Suite has relocated into the new Clinical Admin block (former Maternity), this space can be converted to provide the GUM clinic which will vacate from Hallam block and separate staff change facilities. The existing Reception will remain.

Ground Floor: OPD 3, 4 & Hand and Fracture Unit
These areas will undergo works to create generic OPD spaces.

Ground Floor: Children's OPD & Ante Natal
Once the main Paediatric Inpatient services have relocated to Midland Met this area will be reconfigured to create OPD facilities for Children and Adolescents and relocate the Ante Natal service currently in a stand alone block off Hallam Street into the main block of the Treatment Centre.

Ground Floor: Urgent Care
The former ED will become the Urgent Care centre, with some minor work to provide more clinical rooms

Ground Floor: Medical Illustration
Medical Illustration currently on the ground floor will relocate to the vacant x-ray room in Imaging.

Where EVERYONE Matters

Proposed Option – Ground Floor

TRUST BOARD

DOCUMENT TITLE:	**The 100,000 Genome Project**
SPONSOR (EXECUTIVE DIRECTOR):	**Dr Roger Stedman**
AUTHOR:	**Dr Deva Situnayake**
DATE OF MEETING:	**7th December 2015**

EXECUTIVE SUMMARY:

The 100,000 Genome Project represents a new paradigm in professional medical practice and clinical research.

The West Midlands and this Trust are at the forefront of this opportunity – which exists nowhere else in the world.

We are a phase 1 partner in the West Midlands Centre of the 100,000 genome project.

The endeavour will create an information resource of unparalleled complexity and value. It will usher in a new era of genuine 'evidence creating' medicine.

The objective is to generate clinical meaning for a vast information base that will be the genomes of 100,000 volunteers. This means reconciling detailed clinical information relating to diseases of supposed genetic origin with the genetic sequences of those individuals.

The time and place for this this is here and now – The cost of sequencing an individual's genome has fallen to the point where it can be applied almost as a routine test. The place is right – the NHS is the only health system in the world that is large enough, diverse enough and integrated enough to collect and reconcile this information. This has been recognised and funded directly by the UK government through the DoH and the establishment of Genomics England.

REPORT RECOMMENDATION:

For Information, Discussion and Board Support

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	X	Workforce	
Comments:					

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

PREVIOUS CONSIDERATION:

The 100,000 Genome project.
A transformational opportunity for medicine and the Trust

1. Summary

The West Midlands is one of 11 sites for implementation of the national 100,000 genome project. It is being led locally by UHB. It is a transformational project, aiming to deliver targeted genome screening to 100,000 individuals over 3 years (7000 in the West Midlands) with benefits both for individuals with rare diseases in whom established genetic signals are negative and those with certain forms of cancer.

There will be wider system benefits resulting from the changes in practice that are required to support efficient delivery at an operational level. This could act as an enabler to support greater transformation in the way certain specialities approach and resource the outpatient assessment process. Such changes could provide the platform through which the inevitable benefits from future wider scale application of genomic medicine will follow. There will be potential benefits for research and trial recruitment.

As a phase 1 delivery partner the Trust is engaging with this project by establishing a project steering group with a phased approach to implementation.

It is intended that this briefing paper should also trigger a wider discussion concerning resourcing, potential benefits and transformational opportunities some of which are outlined in this paper.

2. Background

2.1 As part of the UK rare diseases strategy NHS England announced in December 2014 an initiative that will lead the way in delivering the 100,000 genomes project a three year project launched by the Prime Minister to transform diagnosis and treatment of patients with cancer and rare diseases. On this basis genomics West Midlands has been identified as one of 11 Genomics Medicine Centres and has formulated an ambitious vision for delivery in the next three years. This should place the West Midlands at the forefront of this initiative.

2.2 In order to implement this genomics programme 7000 patients treated at 18 hospitals across the region will be screened and tested

2.3 Sandwell and West Birmingham NHS trust is identified as a phase 1 delivery partner together with the West Midlands NHS Genomics medicine Centre based at University Hospitals Birmingham NHS trust. Other phase 1 partners include the Children's Hospital Birmingham, Birmingham women's Hospital and the Heart of England NHS foundation trust.

2.4 It is envisaged that engaging in work to deliver the strategy will result in the embedding of genomics medicine and stratified or personalised medicine into both cancer and rare disease management pathways. It will also create a regional platform for world leading

clinical practice and research through indirect effects on clinic delivery and design, embedding genomics within relevant clinical services and preparing us for the role that genomics will play more widely in the future of medicine

For these reasons participation is strategically crucial for learning

2.5 As part of this program 13 1/2 thousand samples will be recruited over a period of three years from within patient populations suffering with cancer and rare diseases. Recruitment began Nationally on 2nd February 2015.

2.6 Suitable patients will include those with rare diseases in whom the diagnosis is suspected and for whom routine genetic tests are normal. Ideally samples including an affected individual and 2 family members (a so called trio) would be available

2.7 Potentially this approach will lead to the discovery of new mutations associated with known clinical diagnoses which are likely to be of significance. For Cancer and potentially other rare diseases molecular changes may also be identified which may have implications for the targeting of appropriate treatment to individuals - so-called personalised medicine.

2.8 Such an approach is likely to represent the future of medicine, with more precise targeting of treatment and therapeutic decision making according to easily identifiable genetic and molecular signals.

Appendix 1 summarises the organisational structure for delivery that has been formulated including Sandwell and West Birmingham NHS trust representation through Toby Lewis on the GMC partners group

Appendix 2 provides a lay summary of the 100,000 genomes project and how it works

3.0 **Associated transformational opportunities**

3.1 Engaging effectively with a 100,000 genomes Project will position Sandwell and West Birmingham NHS trust at the forefront of implementation of this technology within routine clinical practice. Flowing from this there will be a number of additional opportunities to review and improve the Trusts practice;

3.2 Building the genomics process into our clinical systems and processes, ensuring our systems for outpatient clinical care and assessment and the capture of necessary phenotype data are optimised to support this process will position us to take best advantage of the benefits that this approach will provide for our patients and clinical teams in terms of diagnosis and treatment. The procurement of our new EMR and the necessary work to support implementation presents an opportunity for synergy

3.3 As early adopters the trust will gain learning in relation to the development of the ethics and governance processes, capability and capacity for delivery of informed consent and implementation and delivery of genomic medicine – this will stimulate service redesign where appropriate and will have beneficial impact on clinical trial recruitment and basic

science research

3.4 Through the West Mids GMC platforms and pathways will be developed for (clinical) data sharing between participating Trusts which may be helpful for future collaborative work between Trusts ('GENIE')

3.5 There are considerable (free) training opportunities available via the GMC (e.g. an MSC in genomic medicine). Access to such training will facilitate the upskilling of our workforce.

3.6 Engagement with this project will also foster strengthening links with clinical genetics services and enable staff members to become aware and to exploit the existing and emerging opportunities for training and development in this area

4.0 **Funding systems and corporate support**

4.1 Limited funding is available. The Trust is currently securing agreement on a support post to facilitate project implementation

4.2 Corporate support will be required to ensure the process of engagement, roll out and implementation is efficiently achieved with maximum added value

5.0 **Leadership**

5.1 Clinical project Leadership has been agreed (Jointly Dr R D Situnayake & Prof Karim Raza)

5.2 Dr Situnayake or Prof Raza attend the regular monthly WM GMC operational delivery group meetings

5.3 A multidisciplinary operational steering group is in the process of being established and will ensure delivery of the following objectives;

An operations team identified within the hospital that will manage and take the Project forward locally

- Legal and data sharing agreements secured
- Local recruitment targets to be agreed
- IT systems are established to facilitate access to 'GENIE' a WM GMC dedicated, secure web based data collection system
- Local documentation prepared (PIS, consent forms, recruitment logs, invitation letters)
- Clinicians & CNS's trained
- Clinics and/or disease areas identified
- Meetings with heads of departments and GMC Director taken place
- Lab systems established

- Facilitate access to considerable (free) training opportunities available via the GMC (e.g. an MSC in genomic medicine) to support the upskilling of our workforce

6.0 **Work in progress**

6.1 Phase 2 early adopters committed to recruiting 'trios' with two first degree relatives related to the index case have been agreed to include;

Prof Paulus Kirchhof - cardiovascular disorders
Prof Sean Kehoe - gynaecological (ovarian) cancer
Dr Lucy Butler - ophthalmological disorders

Informatics liason has taken place with phase 2 adopting specialities (Gary Ansell Project management SWBH Informatics team)

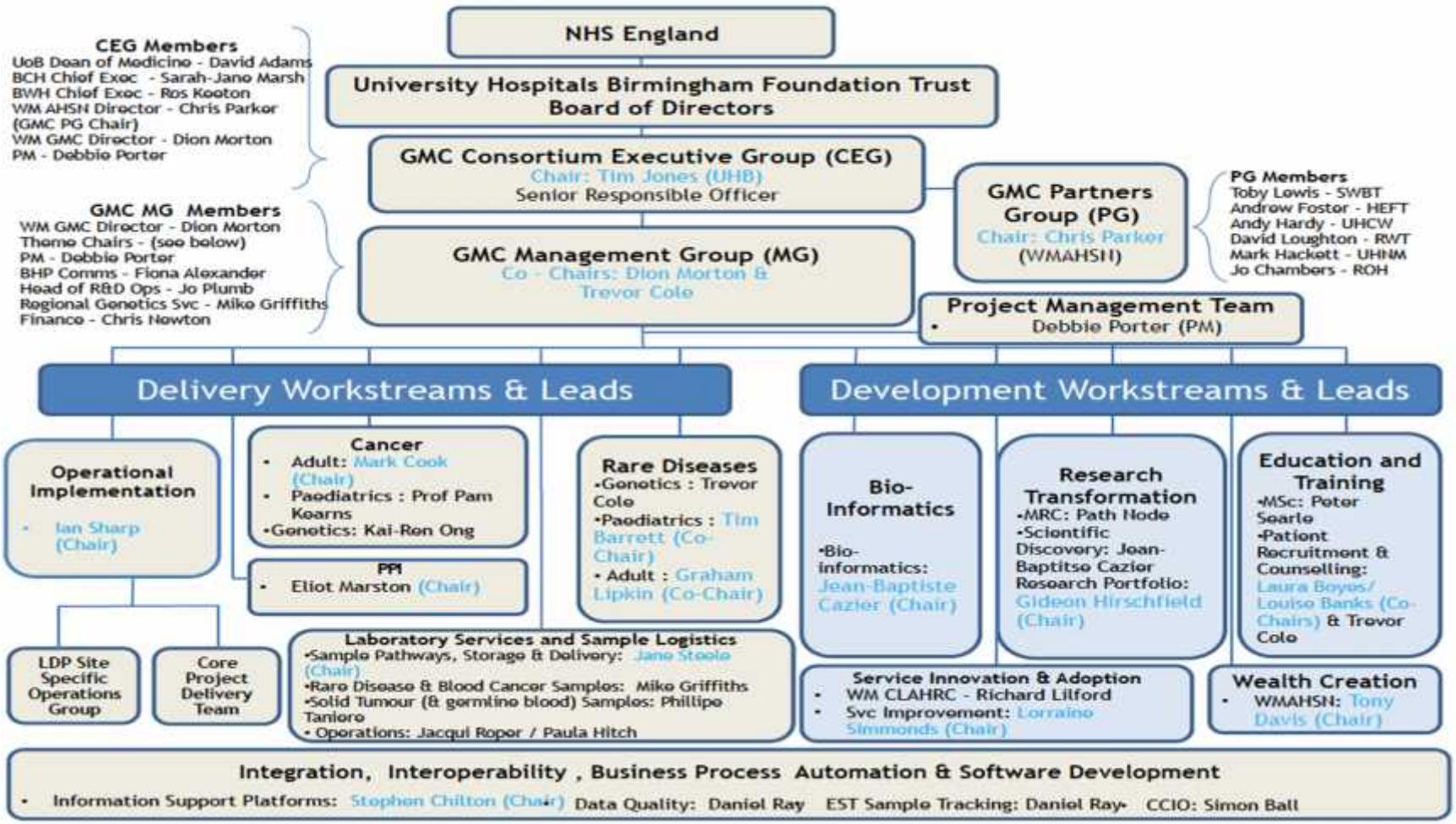
These teams will also provide learning and feedback on the implementation process for those that follow including;

- understanding of the operational processes required to implement the project and obtain samples to support the pathway in cancer
- identifying clinical nurse specialists some of whose time can be committed to this project to liase with families identified by the lead clinicians, to see them in clinic, provide them with information to support consent and collect the 'phenotype data ' with the clinical leads,
- learning how to upload the necessary information using the newly emerging informatics process, 'GENIE'
- Developing an understanding of how best to identify appropriate cases and families from their speciality databases, organising the process to review them and ensuring the necessary liason with the clinical genetics service for appropriate genetic tests to be undertaken if not done as part of routine practice

7.0 **Recommendation:**

For information and discussion

Appendix 1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BCH Chief Exec - Sarah-Jane Marsh
BWH Chief Exec - Ros Kenton
WM AHSN Director - Chris Parker (GMC PG Chair)
WM GMC Director - Dion Morton
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Chair: Tim Jones (UHB)
Senior Responsible Officer
GMC Partners Group (PG)
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Core Project Delivery Team
Laboratory Services and Sample Logistics
Sample Pathways, Storage & Delivery: Jane Stoole (Chair)
Rare Disease & Blood Cancer Samples: Mike Griffiths
Solid Tumour (& germline blood) Samples: Phillipe Taniere
Operations: Jacqui Roper / Paula Hitch
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WM CLAHRC - Richard Lilford
Svc Improvement: Lorraine Simmonds (Chair)
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WMAHSN: Tony Davis (Chair)
Integration, Interoperability , Business Process Automation & Software Development
Information Support Platforms: Stephen Chilton (Chair) Data Quality: Daniel Ray EST Sample Tracking: Daniel Ray CCIO: Simon Ball

Appendix 2

The 100,000 Genomes Project

Genomics England

How it works

After years of painstaking research carried out by thousands of dedicated scientists around the world, it was announced that a complete map of the DNA of a person – their genome – had finally been finished.

Now there is a real opportunity to turn the very important scientific discoveries about DNA and the way it works into a potentially life-saving reality for NHS patients across the country.

The 100,000 Genomes Project will focus on patients with a rare disease and their families and patients with cancer. The first samples for sequencing are being taken from patients living in England with discussions taking place with Scotland, Wales and Northern Ireland.

Amy
Rare disease patient

The doctor can now diagnose Amy and she will have the opportunity to be involved in drug trials, helping to improve symptoms of the disease.

Around **15,000** patients with rare diseases will take part in the 100,000 Genomes Project

Tom
Cancer patient

The doctor can now predict how well Tom will respond to a treatment and find one that will work best for him.

Around **25,000** patients with cancer will take part in the 100,000 Genomes Project

Better diagnosis **Better medicine**

4. Infomation sent to the doctor

4. Secure genome reading library for professionals and medical companies

3. Lots of patient's genomes are analysed to identify common trends and help make diagnoses

We compare many patients genomes and try to find similarities and differences to understand gene activity and how disease develops.

The Process

Amy
Rare disease patient

Because lots of rare diseases are inherited the genomes of the affected individual (usually a child) and two of their closest blood relatives are taken.

Tom
Cancer patient

Because in cancer cells there have been changes in the genome to make the cells cancerous, DNA is taken from the tumour and the patient's normal cells to compare, so that the precise changes can be detected.

The patient will need to give consent for samples to be sequenced, for information to be collected and permission for Genomics England to allow controlled access to this data.

(patients can withdraw consent at any time)

1. Information is collected

Medical files

The NHS keeps extensive records of patients throughout their lives

Genomes

A full set of human genes

Symptoms and other details about your condition/illness

2. Information is analysed

The genomes will be read letter by letter and analysed with medical records and observational records to give a full picture.

(identification details are removed)

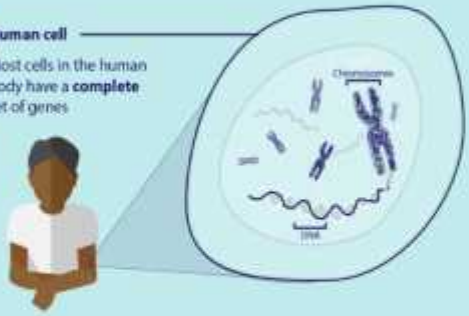
The 100,000 Genomes Project

Genomics

What is a genome?

Human cell

Most cells in the human body have a **complete** set of genes



Your **genome** is one whole set of all your genes plus all the DNA between your genes.

There are around **20,000** genes in your **genome**

What is genomics?

Genomics is the study of the whole genome and how it works, but has also come to have a broader meaning to include the way that the genome is interpreted and the technologies that have been developed because of it.

Why?

Looking at the whole genome will help us understand how disease develops and which treatments will be most effective.

80% of rare diseases are genomic

Around **40,000** people with cancer and rare diseases will take part in the project

over **330,000** new cases of cancer reported every year and growing

We compare books (that is, other patients' genomes) and try and find letter relationships that match to better understand gene activity.

Sequencing

This means reading the human genome letter by letter (all 3 billion pairs of letters)

In the past it has taken **13 years & £2 billion** to read every letter of our genetic code

Today it only takes **2 days & £1k** to read every letter

Before

5% **were analysed**
Only the active genes were looked at

95% **were unused**
All the non-gene sections that we didn't understand were disregarded as useless

Now

We know that the non-gene (non-coding) parts of your genome may have a role to play so we look at the whole thing, every single letter, and how the different parts work together.

Think of it as reading a book, **every letter counts.**

For more information on the 100,000 Genomes Project, please contact the team on:
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