

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital

Date 5 March 2015; 1330h

Members attending

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

In attendance

Mr M Hoare (MH) [Non-Executive Director]
 Miss K Dhami (KD) [Director of Governance]
 Mrs R Goodby (RG) [Director of OD]
 Mrs C Rickards (CR) [Trust Convenor]

Guests

Patient and patient's relative for patient story [Item 6]

Secretariat

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

Time	Item	Title	Reference Number	Lead
1330h	1	Apologies	Verbal	SG-L
	2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	SG-L
	2.1	Raffaella Goodby - declaration	SWBTB (3/15) 035	SG-L
	3	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 5 February 2015 a true and accurate records of discussions</i>	SWBTB (2/15) 033	Chair
	4	Update on actions arising from previous meetings	SWBTB (2/15) 033 (a)	SG-L
	5	Questions from members of the public	Verbal	Public
1345h	6	Patient story	Presentation	CO
1405h	7	Chair's opening comments and Chief Executive's report	SWBTB (3/15) 036	RSM/ TL
MATTERS FOR DISCUSSION AND APPROVAL				
1420h	8	Communicating matters of patient safety	SWBTB (3/15) 044 SWBTB (3/15) 044 (a)	KD
1430h	9	Nurse staffing levels	SWBTB (3/15) 043 SWBTB (3/15) 043 (a)	CO
1440h	10	Trust Risk Register		
	10.1	Overview and any new considerations	SWBTB (3/15) 041 SWBTB (3/15) 041 (a)	KD

	10.2	Ophthalmology privacy and dignity risk	Verbal	TL
1450h	11	Trust response to controls for revised Never Events	SWBTB (3/15) 042 SWBTB (3/15) 042 (a)	KD
1500h	12	Corporate integrated performance dashboard	SWBTB (3/15) 039 SWBTB (3/15) 039 (a)	TW
1515h	13	Financial performance – Month 10	SWBTB (3/15) 040 SWBTB (3/15) 040 (a)	TW
1525h	14	Draft 2020 Plan	To follow	TL
1540h	15	Public engagement about Rowley Regis Hospital	SWBTB (3/15) 046 SWBTB (3/15) 046 (a)	TL
1550h	16	Workforce Change: Safe and Sound 2014 – 16	SWBTB (3/15) 052 SWBTB (3/15) 052 (a)	TL
1600h	17	Trust response to the Fit and Proper Persons Test regulations	SWBTB (3/15) 038 SWBTB (3/15) 038 (a)	KD
PRESENTATION				
1610h	18	Service presentation – Year of Outpatients	SWBTB (3/15) 047 SWBTB (3/15) 047 (a)	RB
UPDATES FROM THE COMMITTEES				
1625h	19	Update from the meeting of the <u>Quality & Safety Committee</u> held on 27 February 2015 and minutes of the meeting held on 30 January 2015	SWBQS (1/15) 015	OD/ CO
	20	Update from the meeting of the <u>Finance & Investment Committee</u> held on 27 February 2015 and minutes of the meeting held on 30 January 2015	SWBFI (1/15) 009	RS/ TW
	21	Any other business	Verbal	All
MATTERS FOR INFORMATION				
	22	Details of next meeting <i>The next public Trust Board will be held on 2 April 2015 at 1330h at the Nishkam Centre, Soho Road, Birmingham</i>		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUSTREGISTER OF BOARD MEMBERS INTERESTS**Name of Director:** RAFFAELA GOODBY

My declarations of interests, relevant and material to Sandwell & West Birmingham Hospitals NHS Trust are:

Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies)	None
Ownership of private companies, businesses or consultancies seeking or possibly, likely to seek to be a Contractor to Sandwell and West Birmingham Hospitals NHS Trust	None
Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS Hospitals NHS Trust	None
A position of authority in a charity or voluntary body in health or social care.	
Any connection with a voluntary or other body contracting for NHS services	
Other interests regarded as being relevant and/or material	Board Member in PPMA (public sector people manager's association) member's organisation. E4S Practitioner Board Member (voluntary national body)

Signed.....

Date.....23/02/2015

MINUTES

Trust Board (Public Session) – Version 0.1

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital

Date 5 February 2015

Present

Mr Richard Samuda [Chair]
Dr Sarindar Sahota OBE
Ms Olwen Dutton
Mrs Gianjeet Hunjan
Mr Harjinder Kang
Mr Toby Lewis
Mr Colin Ovington
Miss Rachel Barlow
Dr Roger Stedman
Mr Tony Waite

In Attendance

Mr Mike Hoare
Miss Kam Dhami
Mr Alan Kenny

Secretariat

Mr Simon Grainger-Lloyd

Guests

Sr Catherine Beddowes
Sr Gillian Mahandru
Matron Marion Long

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies for absence were received from Mrs Chris Rickards. The Chairman welcomed Mr Alan Kenny who had recently joined as Director of Estates and New Hospital Project Director. The Chairman reported that a resignation had been received from Ms Robinson due to her overriding business commitments. She was thanked for her time and commitment to the Trust and the NHS as a whole. It was reported that the Vice Chair position would be taken on by Ms Dutton and the Finance & Investment Committee would be chaired by Mr Samuda.	
2 Declaration of Interests	
Mr Grainger-Lloyd advised that there had been no further declarations made since the last meeting.	

3	Minutes of the previous meeting	SWBTB (1/15) 019
	The minutes of the Trust Board meeting held on 8 th January 2015 were presented for consideration and approval. They were agreed to be a fair and accurate record of discussions held.	
4	Update on Actions arising from Previous Meetings	SWBTB (1/15) 019 (a)
	<p>The Board received the updated actions log.</p> <p>It was noted that there were no actions requiring escalation to the Board for resolution.</p> <p>In respect of the acute oncology service, Dr Stedman reported that the posts had been advertised and interviews for consultants would be held shortly. The filled positions would assist with developing a comprehensive nurse-led acute oncology service. It was reported that the cancer taskforce had met a number of times which was progressing the plans and providing oversight of the plans. It was reported that a root and branch review across the specialities was underway and MDTs were being redesigned. It was noted that this would improve the efficiency with which the MDTs would run in future.</p>	
5	Questions from members of the public	Verbal
	<p>Mr Cash asked whether there were any areas where the Trust was financially struggling and asked for detail on spend for temporary staff. He also asked what progress was being made with the Midland Met scheme.</p> <p>Mr Waite reported that for the current year, the Trust remained on track to deliver the planned surplus and the route to achieve this was clear, albeit the need for some contingency arrangements had been identified. It was noted that every effort was being taken to ensure that the savings schemes in the plans did not compromise safety and quality. It was highlighted that quality and equality assessments were made prior to the delivery of savings schemes to safeguard this.</p> <p>It was noted that effort was directed to controlling agency staff usage and instead to prioritise the recruitment of substantive individuals. He acknowledged that to cope with winter pressures, some additional temporary staff had need to be used however. It was noted that staffing would be discussed later on the agenda. Mr Ovington reported that recruitment overseas had not been deliberately pursued, primarily due to the effort needed to embed the individuals into the local environment.</p> <p>Mr Lewis reported that the Midland Met plans remained on track and the business case was moving forward to time. It was reported that the responses to the public sector comparator had been reviewed which varied by their nature but the scale and facilities set out originally for the Midland Met remained the same.</p>	

Mr Hodgetts noted that it was pleasing that the CCG and the Trust were engaging with the public on the plans for Cardiology reconfiguration.	
6 Patient story	Presentation
<p>Sr Beddowes and Sr Mahandru joined the Board to present the experience of a patient who had first been admitted to the Trust's care into Critical Care with sepsis and was later transferred to ward Priory 5 and later to Rowley Regis Hospital.</p> <p>Dr Stedman noted the difficulty with transitioning onto a ward from a Critical Care Unit and asked what arrangements were in place for handover and managing the transition. Sr Beddowes reported that every effort was directed to managing the expectations of the patients. It was reported that there needed to be wider communications out to more staff in terms of the differences that patients might expect. Mr Lewis asked whether a MRSA hoist was now in place on Priory 5. Mr Ovington reported that a separate hoist was not necessary and with adequate cleaning another hoist could have been used. Ms Dutton expressed her surprise that a hoist was not available in this instance, given that this would have been part of the handover process.</p> <p>The Chairman asked whether any car parking arrangements for long stay patients had been communicated. He was advised that this was the case, although some time into the patient's episode of care. It was agreed that there was further work to do in this respect.</p> <p>Mr Lewis noted that further thought was needed to ensure that ward environments could accommodate different age ranges of patients.</p> <p>Mr Ovington highlighted the importance of visitors as part of the patient therapy. It was noted that changes had been made as a result of this experience in this respect.</p>	
7 Chair's opening comments and Chief Executive's report	SWBTB (2/15) 021
<p>The Chairman advised that the Trust had not reported a Never Event for over twelve months and good progress had been made to ensure that this remained so in future which was pleasing.</p> <p>The tariff challenge by providers was highlighted which was a change from previous years. Mr Waite reported that this demonstrated the risk had been loaded into the organisations previously and scale of the challenge back against the plans was significant, with c. 75% of organisations responding.</p> <p>Mr Lewis reported that Monitor guidance on integrated care had been published which needed to be borne in mind.</p> <p>The Chairman reported that an informal NEDs session with the CCG had been held recently which had been well received. It was also highlighted that a Board to</p>	

<p>Board session with Birmingham & Solihull Mental Health NHS Foundation Trust had been arranged for later in the year.</p> <p>Mr Lewis noted that since 2009, every year at least three Never Events had been reported and therefore the success of the measures to prevent these incidents was self-evident. It was noted that this was pleasing in the national context. Ms Dutton suggested that this needed to be promoted in public places in the hospitals.</p> <p>It was noted that there had been a 'cash hoarding' headline in the local media recently and highlighted that the cash in the bank was used to pay salaries and was committed through the financial plan. It was noted that the financial pressures on the Trust and nationally remained a real issue. Mr Kang asked what communications were issued to contextualise this issue for the workforce. Mr Lewis reported that there had been effective penetration to discrete areas of the staff, however this was not true across the Trust. It was noted that there needed to be a strong link between FOI and communications to ensure accurate responses to matters such as this.</p> <p>Mr Lewis invited the Quality & Safety Committee to review the model for opening and closing beds at one of its forthcoming meetings. In terms of safeguarding, it was reported that a scorecard had been developed and the planned achievements needed to be reviewed by the Quality & Safety Committee. Ms Dutton suggested that these discussions needed to involve commissioners and local partners. Mr Lewis suggested that this needed to be widened to cover Deprivation of Liberties. It was agreed that these matters would be considered at the February and March meetings of the Committee.</p> <p>Dr Sahota noted that there was a plan to reduce the overall numbers of medical training posts. Mr Lewis advised that the quantification of this was not clear although there were no particular disadvantages to the Trust evident at present. Dr Stedman reported that there was a shift towards a generalist training and away from particular surgical specialities.</p> <p>It was reported that the accreditation of the Pathology unit by UKAS was planned and a self-assessment was to be undertaken. Mr Lewis noted the burden of some of the regulatory requirements in respect of particular roles.</p> <p>It was reported that waits at fracture clinics had reduced to three days.</p>	
<p>ACTION: Ms Wilkin to consider the promotion of Never Events success within public areas of the Trust</p> <p>ACTION: Miss Barlow to present the model for opening and closing beds at the next meeting of the Quality & Safety Committee</p> <p>ACTION: Mr Ovington to present the Safeguarding scorecard and deprivation of liberty requirements at the next meeting of the Quality & Safety Committee</p>	

8 Reaudit of consent	SWBTB (2/15) 022 SWBTB (2/15) 022 (a)
<p>Dr Stedman reminded the Board that a Never Event had occurred previously which had identified that consent prior to the day of surgery had not been obtained. Subsequent to this, an audit had highlighted that a high number of consent was obtained on the day of surgery when it could have been secured earlier. It was reported that a regular audit had now been implemented and most recently showed that a change in the process had delivered a much better position with much better consent system, although there remained further work to do including educating patients as to what the different parts of the consent process involved.</p> <p>Ms Dutton asked whether consent involved e-mailing patients so they could consider the information at their leisure. Dr Stedman reported that patient information leaflets were provided which outlined the procedure and allowed patient to reflect on this at home.</p> <p>Mrs Hunjan reported that in her experience, consent in outpatients worked well, however she highlighted that there were places on the consent box that if remained unchecked, should be raised and however it was unclear how this needed to be reported. Dr Stedman suggested that the various options needed to be clear for patients, such as sedation and general anaesthetic vs. local anaesthesia.</p> <p>It was reported that the same area as tested previously in the audit had not been retested and over a longer timeframe the Board would be reappraised of the position. Dr Gill asked whether this was a random sample. Dr Stedman offered to investigate and report back.</p> <p>Mr Lewis reminded the Board that the Trust had agreed to a zero tolerance approach on this issue. He noted that progress was encouraging but we now needed to tackle complete elimination. It was emphasised that April should be the month which all deviations were recorded and understood.</p> <p>It was reported that time needed to be set aside to accommodate the new processes even in busy clinics. Ms Dutton asked whether the standard communication included a warning that consent was to be taken when patients attended for an appointment. Dr Stedman reported that the first part of consent was the provision of information, with the signature to proceed sought much later. Mr Lewis suggested that information could be given in clinic which could be digested ahead of the appointment.</p>	
ACTION: Miss Dhami and Dr Stedman to undertake the 'April' consent project as suggested by Mr Lewis	
9 Update on Never Events assurance	SWBTB (2/15) 023 SWBTB (2/15) 023 (a)

<p>Miss Dhama reminded the Board of the historic Never Event position and highlighted the scale of clinical change that had occurred to prevent these happening again. It was noted that it was pleasing that a Never Event had not been reported for over twelve months.</p> <p>It was noted that the list of Never Events would be extended nationally shortly and that the measures in place to prevent any of the incidents that had not occurred in the Trust would be reviewed by the Quality & Safety Committee. Mr Lewis asked that any further measures which could be implemented to reduce the likelihood even further be considered as part of this report.</p> <p>Ms Dutton encouraged further attention to be given to the actions taken in outpatient departments.</p> <p>Dr Sahota asked whether any near misses had occurred during the period. Miss Dhama advised that this was the case and offered to develop a report into these. It was agreed that there was learning available from these cases. It was agreed that this would come back the Trust in March.</p>	
<p>ACTION: Miss Dhama to present a report into ‘near miss’ Never Events at the March meeting</p> <p>ACTION: Miss Dhama to present an update on measures in place to prevent the occurrence of any Never Events that had not occurred at the Trust at a future meeting of the Quality & Safety Committee</p>	
<p>10 Corporate integrated dashboard</p>	<p>SWBTB (2/15) 024 SWBTB (2/15) 024 (a)</p>
<p>Mr Waite presented the highlights and exceptions from the Integrated Performance report.</p> <p>It was reported that performance against the Emergency Care target was 93.8% in January and 94.1% month to date. Cancelled operations were reported to have reduced and there had been no mixed sex accommodation breaches. The referral to treatment time target was reported to have also improved at a speciality level. It was reported that it was likely that the standard would not be met by the year end however and that discussions were undergoing on a national basis to undertake additional work to address the position, albeit agreement of funding for this needed to be finalised.</p> <p>There were reported to have been no cases of MRSA in December, although cases in May and June had been reclassified as contaminated cultures. Falls increased in December and an increase in pressure ulcers was reported to have been seen.</p> <p>The performance against readmissions target was reported to have remained static or increased slightly against a forecast reduction. Dr Stedman reported that the work to reduce these had focussed on key specialities: respiratory, cardiology, acute medicine, elderly care and general surgery and good progress had been seen, although there was a renewed focus on this work. Dr Gill was asked what</p>	

<p>cases were classed as a readmission. Dr Stedman reported that each readmission of a single patient within 30 days was counted. Mr Lewis advised that there was an anticipation that expected admissions would reduce over the new few months. It was clarified that the emergency readmission rates for adults at Sandwell was significantly higher than planned and work was being undertaken to address this position. It was noted that the position in the context of a CQC methodology for calculation needed to be borne in mind when this was published.</p> <p>It was highlighted that the systematic issues causing mixed sex accommodation breaches appeared to have been resolved.</p> <p>Every effort was reported to be directed into achieving 100% compliance on PDRs.</p> <p>Dr Sahota asked whether there was a link between falls and staff sickness absence. Mr Ovington reported that there were a number of variables, including the additional numbers of open beds and higher levels of elderly patients treated. It was agreed that this would be presented to the Quality & Safety Committee at the next meeting.</p> <p>Dr Stedman reported that crude mortality rates had increased in December which reflected the 'flu outbreak to some degree. It was noted that the age profile for patients showed a higher number of elderly patients had been treated. It was noted that the majority of the falls were in Medicine & Emergency Care.</p>	
<p>ACTION: Mr Ovington to present an update on falls at the next meeting of the Quality & Safety Committee</p>	
<p>11 Financial performance – Month 9</p>	<p>SWBTB (2/15) 025 SWBTB (2/15) 025 (a)</p>
<p>Mr Waite reported that the forecast remained that the key financial targets and surplus were likely to be met, with some degree of reliance on contingencies. The small deficit in month was noted to reflect significant operational pressures and inability to delivery some planned cost savings as a result of this.</p> <p>The delivery of the CIP was reported to be behind and would require some fast tracking of some schemes. It was noted that there was an incomplete programme as yet for 2015/16.</p> <p>It was highlighted that there was a possibility of undershooting the Capital Resource Limit position, however no schemes were being held back and resources not spent would be carried forward as cash and would be used in 2015/16. Work was reported to be underway to improve planning and governance arrangements around this. Mr Kang asked what confidence was in place that unspent capital would not need to be surrendered. Mr Waite reported that there was no external pressure, however the Capital Resource Limit for 2015/16 had not yet be agreed.</p> <p>Mr Lewis suggested that the overspend on agency staff may not entirely reflect the additional open beds and asked whether this related to new approval arrangements. Mr Ovington and Miss Barlow provided assurance that this was not</p>	

the case and were used to fund temporarily opened wards and therefore there was an anticipation that this would be reversed in the next month. It was noted that bank staff was included in the temporary staffing position.	
12 Trust risk register update	SWBTB (2/15) 026 SWBTB (2/15) 026 (a)
12.1 Overview and any new considerations	
It was reported that there were no new risks to add, however some of the narrative and grading of the existing risks needed to be amended. Mr Lewis noted that a charity had funded a member of staff and asked for this to be investigated. It was also reported that the plans to recruit an eighth histopathologist would not go ahead and there would be not be a regulatory non-compliance issues occurring as a result of this decision.	
ACTION: Ms Wilkin to investigate the funding of a member of staff from the Trust's charity	
12.2 Ophthalmology privacy and dignity risk	
Mr Lewis reported that this matter was as yet unresolved.	
ACTION: Mr Lewis to provide an update on progress with resolving the Ophthalmology privacy and dignity risk at the next meeting	
13 Nurse staffing levels	SWBTB (2/15) 027 SWBTB (2/15) 027 (a)
<p>Mr Ovington advised that the paper had previously been considered by the Quality & Safety Committee. It was reported that the in-month and overview position was presented against the safer staffing guidance. It was noted that there was a better match with the planned position particularly at night.</p> <p>The historic position was discussed. It was also noted that newest standard came into force from NICE from June 2014, however the rule of thumb was that there should be 60-70% registered nurses on wards, apart from in community settings. The pattern of care in surgery was noted to be markedly different to those on medical wards, where there are likely to be a higher number of patients awake at night. It was also reported that the nurse staffing positions included the revised focussed care arrangements. Maternity was noted to be calculated differently due to the difference in care delivered in these areas.</p> <p>It was reported that the information was being published and sent to external bodies.</p> <p>Ms Dutton asked whether there was any rounding of numbers. Mr Ovington advised that this related to WTE rather than individuals. It was reported that some averaging was historic, however there were clear cases where patients needed individual attention. Looking forward, NICE was reported to be creating further guidance around Emergency Departments and consultation was</p>	

underway, with further standards around midwifery and community services.

Mr Lewis emphasised that detailed work had been done to review practice against the guidance. In terms of position against the national tool and asked whether the core establishments would count specialising requirements, given that these were counted in the fill rate and therefore suggested that there was a weakness in the methodology mandated. Mr Ovington advised that those additional members of staff needed to be included in the fill rate. He highlighted that the nurse staffing position did not always provide an indication of patient safety.

It was noted that external scrutineers had reviewed the way in which the methodology was being used in the Trust and there was good congruence with practice in other organisations.

Mr Lewis reported that there was a debate around areas where patients are sicker than average and in this case there was less guidance in these areas and therefore additional focussed work would be undertaken to identify the staff ratios needed to support these patients.

It was noted that areas where there were ratios of over 1:8, there were no plans to adjust them for affordability, such as in some surgical areas where overnight staffing ratios had been adjusted. Mr Ovington added that in some cases nurses had been added to establishments in for safety purposes.

Mr Ovington reported that some of the staffing models had changed over recent years and therefore this had been addressed by these plans.

Mr Lewis asked that the establishments that the Trust was currently running with be made clearer for the next meeting and that clarity be given as to whether these were the ones signed off. It was reported that a skills audit of staff was being undertaken which would identify if there were any linkages between incidents and skills and would inform training investments.

It was noted that further work would be done to refresh nurse staffing information displayed outside wards.

Mrs Hunjan asked whether the adherence to single sex ward guidance had impacted on the staffing models and sharing speciality. Mr Ovington reported that staffing was fairly consistent between general condition wards. It was noted that the creation of single sex wards, suggested that elderly female patients demanded a heavier workload for staff. It was noted that the staffing levels were not necessarily adjusted for this. It was noted that there was little rotation of nurses across the Trust at the moment, and the rotation models being developed were being designed to take into account feedback from new staff.

Mr Lewis asked that a nurse staffing report from other trusts be circulated. Dr Stedman suggested that in and outflow performance information would also be useful.

<p>ACTION: Mr Ovington to present an update nurse staffing report at the next meeting, clarifying the nurse establishments the Trust was currently using</p> <p>ACTION: Mr Ovington to circulate a nurse staffing report from other organisations</p>	
<p>14 Complaints update – Quarter 3</p>	<p>SWBTB (2/15) 028 SWBTB (2/15) 028 (a)</p>
<p>Miss Dhimi presented an overview of the changes made as result of complaints, including a change in signage to the BMEC Casualty and visiting hours.</p> <p>It was reported that the timescale for responding to complaints had deteriorated somewhat which reflected the action to respond to the oldest complaints. In December it was highlighted that more complaints responses than ever been issued at 202. Dr Sahota noted that it was only in a small number of cases where ethnicity was recorded. Mr Lewis suggested that this could be captured as part of the conversations to renegotiate the response times. It was agreed that this would be considered.</p>	
<p>ACTION: Miss Dhimi to consider the plan to capture ethnicity of patients as part of the discussions with complainants when negotiating response times</p>	
<p>15 Annual planning update – Quarter 3</p>	<p>SWBTB (2/15) 029 SWBTB (2/15) 029 (a)</p>
<p>In terms of the midwifery services objective (as opposed to birthing facilities), Mr Lewis reported that this had been discussed with partners and there was optimism that this would be resolved shortly. The detail of the discussions was given. He advised that the long term strategy for maternity services needed further attention and work with the local commissioners. It was suggested that a joint strategy between midwifery and health visitors might be beneficial.</p>	
<p>16 Staff opinion</p>	<p>Presentation</p>
<p>It was agreed that this information would be presented in private as some pieces of information had not yet been made public.</p>	
<p>17 Plans for emergency surgery</p>	<p>SWBTB (2/15) 030 SWBTB (2/15) 030 (a)</p>
<p>Miss Barlow reminded the Board that in January, the plans for engagement on the plans for emergency surgery had been presented which would finish on 20 March.</p> <p>It was reported that there was a plan to move the assessment units to Sandwell Hospital. The GP pathways would also be considered as part of the plans. Work with the ambulance service was also reported to be planned. The handling of care</p>	

<p>for gynaecology patients was also highlighted to be given consideration.</p> <p>It was reported that in terms of staffing changes, one on call consultant cover would be introduced for two sites and the work flow would be reviewed. The financial work on the proposals looked to deliver a cost neutral or slightly profitable solution.</p> <p>Ms Dutton asked whether any local MPs had commented on the plans. Ms Wilkin reported that briefings had been issued to all stakeholders and the plans had been presented to joint Overview & Scrutiny Committee, however no feedback from MPs had been received specifically. Instead it was highlighted that the interest had been on Cardiology changes. Mr Lewis suggested that post implementation risks needed closer scrutiny than the Cardiology risks and highlighted that there was not uniform support for this change by the staff involved. Dr Stedman reported that the risks were well understood. The designation as a trauma unit for City Hospital was reported to possibly be altered as a result of the plans.</p> <p>Mr Hodgetts noted that the engagement work did not focus significantly on the acute surgery plans and in particular the risks. Dr Stedman noted that patients would be taken to Sandwell Hospital, however contingency was needed for patients self-presenting at Accident & Emergency at City Hospital.</p> <p>It was agreed that a further update would be presented in May 2015 and a set of indicators to indicate success was needed. The results of the consultation will also be presented.</p>	
<p>ACTION: Miss Barlow to present an update on acute surgery reconfiguration at the May meeting</p>	
<p>18 Service presentation- iCares: intermediate care provision</p>	<p>Presentation</p>
<p>Matron Long joined the Board to present a summary of the iCares: intermediate care provision.</p> <p>Dr Stedman noted the resilience provided by access to the community beds. Miss Barlow reported that the service had expanded considerably and how it had supported the acute services well over winter.</p> <p>Ms Long reported that GP reaction was positive and patients had received the service well and the added value was appreciated thereby reducing the refusal to attend the site. Length of Stay was reported to have declined to c. 23 days which was a big improvement on previous performance.</p> <p>Mr Ovington reported that D47 was a new ward and suggested that a patient safety walkabout should be undertaken in this area. He reported that staff rotating between D43 and D47 was very positive.</p> <p>Dr Sahota noted that a delay in providing a care plan could create a delay with discharging a patient. Ms Long reported that the Own Bed Instead scheme linked</p>	

<p>with STAR in Sandwell to address this issue.</p> <p>Mr Lewis noted that the service was working well and the strategic challenge was to provide bed-based intermediate care at a lower cost than acute inpatient ward, however this did not appear to be the case at present. It was noted that there was a significant impact on the service as a result of this and the view of commissioners. It was noted that this needed to be resolved to ensure the success of the service. Dr Stedman highlighted that length of stay had reduced significantly and more patients had been treated despite the cost issue discussed.</p> <p>Ms Long was thanked for her report.</p>	
<p>19 Update from the meeting of Quality & Safety Committee held on 30 January 2015 and minutes from the meeting held on 19 December 2014</p>	<p>SWBQS (12/14) 109</p>
<p>Ms Dutton presented an overview of the key discussions from the Quality & Safety Committee meeting held on 30 January 2015.</p> <p>The equality and diversity report was reported to have been signed off and was now published.</p>	
<p>20 Update from the meeting the Finance & Investment Committee held on 30 January 2015 and minutes from the meeting held on 28 November 2014</p>	<p>SWBFI (11/14) 076</p>
<p>Mr Samuda presented an overview of the key discussions from Finance & Investment Committee meeting held on 30 January 2015.</p>	
<p>21 Update from the meeting of the Audit & Risk Management Committee held on 29 January 2015 and minutes from the meeting held on 30 October 2014</p>	<p>SWBAR (10/14) 058</p>
<p>Mrs Hunjan presented an overview of the key discussions from Audit & Risk Management Committee meeting held on 29 January 2015. It was noted a further session on the BAF was planned for the Board informal session and strengthening feedback from the Committees was planned.</p>	
<p>22 Any Other Business</p>	<p>Verbal</p>
<p>There was none.</p>	
<p>Details of the next meeting</p>	<p>Verbal</p>
<p>The next public session of the Trust Board meeting was noted to be scheduled to start at 1330h on 5 March 2015 and would be held in the Anne Gibson Boardroom, City Hospital.</p>	

Signed:

Name:

Date:

Next Meeting: 5 March 2015, Anne Gibson Boardroom, City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

5 February 2015, Churchvale/Hollyoak Rooms, Sandwell Hospital







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

In Attendance: Mr M Hoare (MH), Miss K Dhami (KD), Ms R Wilkin (RW)

Apologies: Mrs C Rickards (CR)



Secretariat: Mr Simon Grainger-Lloyd (SGL)






Last Updated: 27 February 2015

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.333	Learning plan 2014-17	SWBTB (10/14) 164 SWBTB (10/14) 164 (a)	02-Oct-14	Schedule a discussion about the rolling slide pack showing organisational change for a future Board Informal session	SG-L	12/12/2014 16/01/2015	Scheduled for the December January February meeting	
SWBTBACT.330	Francis Report action plan – mid-year review	SWBTB (10/14) 161 SWBTB (10/14) 161 (a)	02-Oct-14	Make an assessment of the adequacy of the proposed end year position against the actions raised in connection with the Francis Report	KD	05/03/2015 02/04/2015	To be featured in next update to the Board in March 2015	
SWBTBACT.332	Research and development plan 2014-17	SWBTB (10/14) 162 SWBTB (10/14) 162 (a)	02-Oct-14	Arrange for the citation index for Research & Development to be considered at the next meeting of the Research & Development Committee	RST	31/12/2014	Verbal update at meeting	
SWBTBACT.339	Trust risk register update	SWBTB (11/14) 190 SWBTB (11/14) 190 (a)	06-Nov-14	Consider the means of better publicising the Trust's maternity services	RW	31/03/2015	ACTION NOT YET DUE	
SWBTBACT.344	Never Events controls assurance	SWBTB (12/14) 203 SWBTB (12/14) 203 (a)	04-Dec-14	Consider further measures to communicate matters of patient safety and report back to the Board in March 2015	KD	04/03/2015	Included on the agenda of the March 2015 meeting	
SWBTBACT.346	Chair's opening comments and Chief Executive's report	SWBTB (2/15) 021	05-Feb-15	Consider the promotion of Never Events success within public areas of the Trust	RW	31/03/2015	ACTION NOT YET DUE	

SWBTBACT.347	Chair's opening comments and Chief Executive's report	SWBTB (2/15) 021	05-Feb-15	present the model for opening and closing beds at the next meeting of the Quality & Safety Committee	RB	27/02/2015	Initial discussions held at the meeting of the Q & S Cttee in February, with a plan to bring back checklists for opening and closing beds to the March meeting	
SWBTBACT.349	Reaudit of consent	SWBTB (2/15) 022 SWBTB (2/15) 022 (a)	05-Feb-15	Undertake the 'April' consent project as suggested by Mr Lewis	KD/RST	30/04/2015	ACTION NOT YET DUE	
SWBTBACT.350	Update on Never Events assurance	SWBTB (2/15) 023 SWBTB (2/15) 023 (a)	05-Feb-15	Present a report into 'near miss' Never Events at the March meeting	KD	05/03/2015	Included on the agenda of the March 2015 meeting	
SWBTBACT.351	Update on Never Events assurance	SWBTB (2/15) 023 SWBTB (2/15) 023 (a)	05-Feb-15	Present an update on measures in place to prevent the occurrence of any Never Events that had not occurred at the Trust at a future meeting of the Quality & Safety Committee	KD	05/03/2015	Included on the agenda of the March 2015 meeting	
SWBTBACT.352	Corporate integrated dashboard	SWBTB (2/15) 024 SWBTB (2/15) 024 (a)	05-Feb-15	Present an update on falls at the next meeting of the Quality & Safety Committee	CO	27/02/2015	Verbal update provided at the February meeting with a further detailed analysis to be presented at the March meeting	
SWBTBACT.354	Trust risk register update	SWBTB (2/15) 026 SWBTB (2/15) 026 (a)	05-Feb-15	Provide an update on progress with resolving the Ophthalmology privacy and dignity risk at the next meeting	TL	05/03/2015	Included on the agenda of the March 2015 meeting	
SWBTBACT.355	Nurse staffing levels	SWBTB (2/15) 027 SWBTB (2/15) 027 (a)	05-Feb-15	Present an update nurse staffing report at the next meeting, clarifying the nurse establishments the Trust was currently using	CO	05/03/2015	Included on the agenda of the March 2015 meeting	

SWBTBACT.356	Nurse staffing levels	SWBTB (2/15) 027 SWBTB (2/15) 027 (a)	05-Feb-15	Circulate a nurse staffing report from other organisations	CO	05/03/2015	Circulated as requested	
SWBTBACT.357	Complaints update – Quarter 3	SWBTB (2/15) 028 SWBTB (2/15) 028 (a)	05-Feb-15	Consider the plan to capture ethnicity of patients as part of the discussions with complainants when negotiating response times	KD	30/04/2015	ACTION NOT YET DUE	
SWBTBACT.358	Plans for emergency surgery	SWBTB (2/15) 030 SWBTB (2/15) 030 (a)	05-Feb-15	Present an update on acute surgery reconfiguration at the May meeting	RB	07/05/2015	ACTION NOT YET DUE	
SWBTBACT.337	Progress with strengthening consent process	Verbal	06-Nov-14	Provide an update on the reaudit of consent at a future meeting	RST	05/02/2015	Included on the agenda of the February 2015 meeting	
SWBTBACT.341	Update on actions arising from previous meetings	SWBTB (11/14) 199 (a)	04-Dec-14	Gather information from the recent audits of consent in readiness for the CQC quality summit in early 2015	RST	01/02/2015	Update included on the agenda of the February 2015 meeting	
SWBTBACT.342	Chair's opening comments and Chief Executive's report	SWBTB (12/14) 202	04-Dec-14	Provide a further update on acute oncology plans at the next meeting	TL	08/01/2015	Included as a verbal update under matters arising on the agenda of the February 2015 meeting	
SWBTBACT.343	Never Events controls assurance	SWBTB (12/14) 203 SWBTB (12/14) 203 (a)	04-Dec-14	Present a summary of the measures being taken to prevent all Never Events (including those that had not occurred at the Trust) at the February meeting of the Board	KD	05/02/2015	Update included on the agenda of the February 2015 meeting	
SWBTBACT.345	Corporate integrated dashboard	SWBTB (12/14) 204 SWBTB (12/14) 204 (a)	04-Dec-14	Present an update on plans for emergency surgery at the February meeting	RB	05/02/2015	Update included on the agenda of the February 2015 meeting	

SWBTBACT.348	Chair's opening comments and Chief Executive's report	SWBTB (2/15) 021	05-Feb-15	Present the Safeguarding scorecard and deprivation of liberty requirements at the next meeting of the Quality & Safety Committee	CO	27/02/2015	Presented as requested at the February 2015 meeting	
SWBTBACT.353	Trust risk register update	SWBTB (2/15) 026 SWBTB (2/15) 026 (a)	05-Feb-15	Investigate the funding of a member of staff from the Trust's charity	RW	05/03/2015	The ECLO position in Surgery B is not being paid from the Trust's charity. A local charity is funding the position for a year to evaluate the success of the post.	

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

REPORT TO THE PUBLIC TRUST BOARD

Chief Executive's Report – March 2015

The Board's agenda focuses today on follow through: Making sure we have done things we said we would do, and chasing down implementation to the year-end. Once again we focus on Never Events (as we approach 400 days). We will discuss our route to being one of few local providers who achieve their planned financial position. And we examine lessons and learning from our workforce changes last autumn, as we prepare for consultation on phase 2 in April 2015.

1. Our patients

Our integrated performance report continues to show success in meeting national cancer wait time standards. NHS-wide this is, sadly, not true, and so the hard work and scrutiny to maintain delivery, even when critical care beds are at a premium and some surgery is deferred, is a tribute to both clinical and managerial colleagues. The Board, through our risk register, has focused on issues for cancer patients in our Trust. Roger Stedman is leading the taskforce on my behalf, and although I think that the delivery deadline will need to be revised to end of May not end of March, as the Board heard last month we are manifestly getting 'traction' on some longstanding issues. Unfortunately a contract for service with University Hospitals Birmingham is not yet in place, and we will discuss when we meet the right course of action to address that difficulty – the Board's deadline of 1 December 2014 having passed.

I reported last month continued success with elective care wait times, and the considerable effort being undertaken to ensure our data quality continues to improve. In planning 2015/16 we want to shorten waiting times further, especially in outpatients. However, we want to do this by better systems and matching demand and supply - relying less on either overbooking or additional premium work. The capacity planning exercise that we have in progress as part of finalising our Annual Plan 2015-16 is proceeding well. We will agree how the full Board can take a view on those figures during April. The reliance on extra work is a consistent theme of the last three or four years in the Trust, and the year ahead is to be one where we turn the page, and work smarter not harder.

This month we note the work we recently started and conclude on March 20th around defining the full final state of services in Rowley Regis Hospital. Over the last two years we have moved many more services onto the site, and this public and staff engagement exercise is a genuine chance to prioritise remaining space options. Our strategic intent must be during 2015-16 to begin to make the move to *postcode specific booking*, such that follow up care will, typically take place closer to home. This desire for services close to home comes out very clearly in the ongoing discussions about 2015 moves for interventional cardiology and acute surgery. Inevitably there are concerns about travel time for treatment, but the louder voice and concern is to ensure that follow care does not 'drift' into a specialist centre. We will ensure that does not happen and meanwhile work on community facilities like Rowley Regis evidence our long term commitment to this policy direction.

2. Our workforce

The report before the Board on Safe and Sound, our workforce changes commenced in October 2014, shows, among many other issues, the scale of redeployment we have been able to achieve. Without lessening in any way the sense of disruption, sadness or grievance which can accompany large scale changes, it is important to be both clear and proud of the promise that we have kept.

The next phase of our workforce changes is now expected to reach consultation in April. This reflects changes that we want to make in six clinical groups (the exception being imaging). As in autumn 2014, the consultation will be a genuine search for better ideas, unseen risks, and ways to mould proposals to best achieve our safety, quality, financial and workforce goals.

The Board's reports contain mixed news on our work on staffing costs, cover and sickness. We can see a continued shift from agency to bank work – in our doctors and now among nursing roles. Sickness has risen slightly with winter, and January has seen continued agency rates in line with December and above what we achieved in early autumn. The use remains more than 20% below the early part of 2014, which is welcome.

In February we consulted staff and managers for their ideas to tackle short term sickness rates. The response and ideas have been extensive and encouraging. Over coming weeks, with JCNC, we will develop those ideas, and return to the Board at the start of May with defined trajectories and plans to try and achieve improvement. Targeted approaches within teams are the preferred outcomes of discussions within the Board's workforce committee, and that emphasis on local solutions and work is consistent with the feedback from staff over recent weeks.

3. Our partners

I will provide an oral update to the Board on 2015/16 contract negotiations, including the latest detail on tariff challenge and the option taken by us in the recent enhanced tariff guidance from NHS England and Monitor. My sense remains that relations with commissioners are collaborative and sensible. We will want to work within the Right Care, Right Here partnership to ensure that tenders put to market for local care are understood, expected, and can be executed. Sandwell Metropolitan Borough Council has decided to maintain the current provider arrangements with us for sexual health and CASH services in Sandwell. This welcome news provides stability through which to develop an improved offer to clients in the months and years ahead.

We continue to work constructively on the new hospital bid. Clinical engagement in design finalisation remains excellent. During coming weeks that design concludes as move towards submitting the approval business case to Whitehall this spring. That is the penultimate step before commercial close with a preferred contractor early in 2016.

4. Our regulators

The regulator inspection of pathology services, due this month, was deferred. Work to prepare for it continues. Meanwhile, we have participated in trauma review, notwithstanding our consultation on removing trauma unit status from City later this year.

The Care Quality Commission has indicated a high likelihood of the Trust receiving our draft final report early in April or in late March. Work on the issues raised with us to date is extensive, helped by the relatively unsurprising nature of the issues cited.

The process of reporting incorporates a Quality Summit with wider institutional stakeholders, which will be a welcome opportunity to secure support where issues are cross cutting. Although there has been progress on delayed transfers of care within Sandwell, concern about the position for Birmingham residents being looked after either at City or Sandwell, continues. With our current norovirus constraints, and intent to reduce our bed base in the weeks and months ahead, we must ensure meaningful progress is made to reduce assessment, choice, and transfer delays.

Toby Lewis
Chief Executive

27 February 2015

TRUST BOARD

DOCUMENT TITLE:	Communicating matters of patient safety				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Kam Dhami, Director of Governance				
DATE OF MEETING:	5 March 2015				
EXECUTIVE SUMMARY:					
<p>Arising from the discussion of Never Events controls assurance at the December meeting of the Trust Board, it was suggested that the various means by which patient safety matters are communicated throughout the organisation be presented as a composite picture.</p> <p>The attached details the various means by which patient safety matters are currently disseminated.</p>					
REPORT RECOMMENDATION:					
The Board is asked to receive and note the report.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
X					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Safe high quality care					
PREVIOUS CONSIDERATION:					
None					

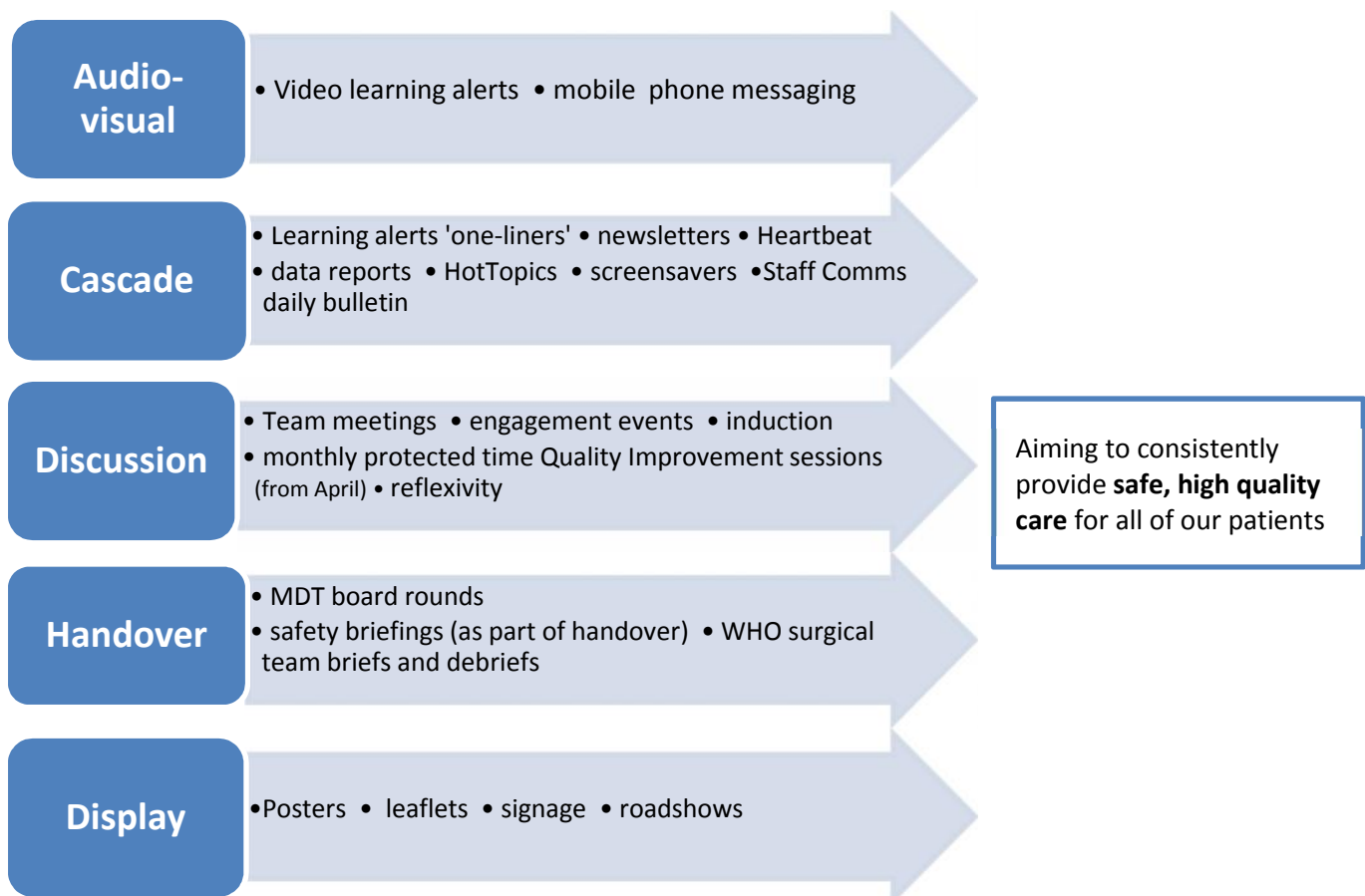
Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

Report to the Trust Board on 5 March 2015

Communicating matters of patient safety

- To improve safety for patients and their experience we must spread good practice and celebrate our successes as well as make changes when things are not as required or expected.
- Learning needs to be shared with and by staff to ensure that improvements happen consistently across all of our services.
- To achieve this, the Trust has developed a range of approaches aimed at effectively communicating matters of patient safety.
- These are shown below together with examples of the associated activities.
- We will continue to build on this repertoire so that lessons learned are properly shared across the organisation.



Kam Dhami
Director of Governance

26 February 2015

TRUST BOARD

DOCUMENT TITLE:	Safe Nurse Staffing
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Colin Ovington – Chief Nurse
DATE OF MEETING:	5 th March 2015

EXECUTIVE SUMMARY:

This report is an update using the data collected during January 2015.

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

The newly agreed ward nursing establishments are now all implemented and the data this month reflects this position. Additional staffing has not increased beyond previous months overall.

REPORT RECOMMENDATION:

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

To receive an update at the April Trust Board meeting.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Relates to our safety objectives and BAF

PREVIOUS CONSIDERATION:

Monthly by Trust Board.

SAFE NURSE STAFFING

Report to Trust Board on 5th March 2015

1 EXECUTIVE SUMMARY

1.1 This report is an update using the data collected during January 2015.

1.2 the data this month is against the newly implemented ward nursing establishments which were discussed at the Board meeting in February 2015.

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

1.4 Three wards were randomly selected by the information team to re test the data for accuracy.

2 JANUARY 2015 POSITION

2.1 Table 1. is the output data from the national data collection for December 2014 which demonstrates that we achieve higher fill rates against our rota's in most areas. This month I have colour coded the average fill rates which are +/- 10%, in the first instance this is to bring to the attention of the senior nursing team where variances are and to help with forward planning. This may also help with the fuller understanding of where additional bank or agency staff are being routinely used.

Table 1.

		Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)		Average fill rate - registered nurses/midwives (%)	
Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Nov-14	RXK03 BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2082.5	2122.167	569.75	590.9167	490.25	499.75	0	55.75	101.9%	103.7%	101.9%	0.0%
	RXK02 CITY HOSPITAL	26188.75	26959.63	15119	15017.5	14937	16194.5	6939	8142	102.9%	99.3%	108.4%	117.3%
	RXK10 ROWLEY REGIS HOSPITAL	3040.5	2955.25	3894	3722.75	1306.5	1463	1511.5	1800	97.2%	95.6%	112.0%	119.1%
	RXK01 SANDWELL GENERAL HOSPITAL	29371	30796.57	18168.5	19839.58	15566	17377.82	7733	11116.5	104.9%	109.2%	111.6%	143.8%
	Total	60683	62834	37751	39171	32300	35535	16184	21114	103.5%	103.8%	110.0%	130.5%
Dec-14	RXK03 BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1963.75	1844.167	554	471.5	518	465.5	0	139.25	93.9%	85.1%	89.9%	0.0%
	RXK02 CITY HOSPITAL	26367.75	26839.52	15860.5	15872.08	15638.5	16717.67	7044	7930	101.8%	100.1%	106.9%	112.6%
	RXK10 ROWLEY REGIS HOSPITAL	3280	3003	3634.5	3553.5	1262.5	1255.5	1501.5	1622.5	91.6%	97.8%	99.4%	108.1%
	RXK01 SANDWELL GENERAL HOSPITAL	30676	30848.75	17822	19391.08	16710.5	17467	8177.017	10390.08	100.6%	108.8%	104.5%	127.1%
	Total	62288	62535	37871	39288	34130	35906	16723	20082	100.4%	103.7%	105.2%	120.1%
Jan-15	RXK03 BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2123.25	2227.333	505.5	492.25	582.75	555	129.5	157.5	104.9%	97.4%	95.2%	121.6%
	RXK02 CITY HOSPITAL	30328.5	30574.63	15962.5	15937.82	18989.5	20653.42	7731	8767.25	100.8%	99.8%	108.8%	113.4%
	RXK10 ROWLEY REGIS HOSPITAL	2919	3183.5	3472.5	3411.5	1333	1558.5	1429	1542.25	109.1%	98.2%	116.9%	107.9%
	RXK01 SANDWELL GENERAL HOSPITAL	29286.5	30702.12	17609.5	19883.43	16561.5	18341	8455	11660.25	104.8%	112.9%	110.7%	137.9%
	Total	64657	66688	37550	39725	37467	41108	17745	22127	103.1%	105.8%	109.7%	124.7%
3-month Avges	RXK03 BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2056.5	2064.556	543.0833	518.2222	530.3333	506.75	43.16667	117.5	100.2%	95.4%	95.7%	40.5%
	RXK02 CITY HOSPITAL	27628.33	28124.59	15647.33	15609.13	16521.67	17855.19	7238	8279.75	101.8%	99.7%	108.0%	114.4%
	RXK10 ROWLEY REGIS HOSPITAL	3079.833	3047.25	3667	3562.583	1300.667	1425.667	1480.667	1654.917	99.3%	97.2%	109.4%	111.7%
	RXK01 SANDWELL GENERAL HOSPITAL	29777.83	30782.48	17866.67	19704.7	16279.33	17728.61	8121.672	11055.61	103.4%	110.3%	109.0%	136.2%
	Total Latest 3 month average—>	62543	64019	37724	39395	34632	37516	16884	21108	102.4%	104.4%	108.3%	125.1%

Table 2. demonstrates the expected numbers of registered Nurses and Health Care Support staff we plan to be on our rosters over the 24 hour day using the newly agreed nursing establishments. Where there are shortfalls in meeting this requirement or when individual patients require closer attention (focused care) additional staff will be booked on a temporary basis either via our nurse bank or via external agencies if there are no staff available. The fill rate percentage informs us that most of our wards continue to use additional capacity but more wards than in previous months appear to be closer to their planned roster levels.

Table 2.

Medicine & Emergency care															
	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015		Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015	
	D5	City	17	5	5	5	see	D7		1	1	0	see	D7	
	D7	City	10	3	3	3	96.7	93.6		1	1	0	80.8	95.7	
	D11	City	21	3	3	3	97.5	110.5		2	2	1	114.2	121	
	D12	City	10	2	2	2	96.4	97.8		1	1	1	93	81.8	
	D15	City	24	3.5	3.5	3	121.3	101.8		2	2	1	122.1	162.9	
	D17	City	25	3.5	3.5	3	97.3	125.5		2	2	1	120.9	127	
	D26	City	21	3	3	3	93.8	104.3		2	2	1	91.8	118	
	AMU 1	City	41	10	10	10	98.6	124.1		4	4	4	103.7	103.1	
	AMU 2	City	19	5	5	5	88.8	115.1		1	1	1	96.8	103.6	
	CCU Sandwell	Sandwell	10	3	3	3	101.7	105.1		0	0	0	111.8	0	
	PR4	Sandwell	25	7	7	7	102.7	94.6		3	3	3	100.7	103.3	
	PR5	Sandwell	34	5	5	4	96.6	115.8		3	3	2	100.2	119.2	
	NT4	Sandwell	28	4	4	4	144.5	141.9		3	3	3	198.6	222.8	
	LY 4	Sandwell	33	5	5	4	123.8	155.6		3	3	2	110.4	180.2	
	LY5	Sandwell	28	4	4	4	97.7	96.1		4	4	2	100.3	130.4	
	N5	Sandwell	15	5	5	2	103.7	102		1	1	1	98.2	0	
	AMU A	Sandwell	38	11	11	11	112	114.7		4	4	4	130.2	142	
	AMU B	Sandwell	20	3.5	3.5	3	99.7	100		3	3	3	143.8	136.6	
Surgery A															
	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015		Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015	
	D21	City	23	3	4	2	96.5	121		2	2	2	93.7	92.5	
	D25	City	19	4	4	2	99.9	113.1		2	2	2	97.7	102.9	
	SAU	City	12	4	4	3	97.7	103.9		1	1	1	104.5	173.6	
	N2	SGH	24	4	3	2	102.9	122.1		2	2	1	101.9	142	
	L2	SGH	28	6	6	4	100.9	111.6		3	3	2	105.9	106.4	
	P2	SGH	20	4	4	2	97.6	82.6		3	3	2	111.7	144.1	
	N3	SGH	33	6	6	3	104.4	103.7		4	4	3	91.4	108.8	
	L3	SGH	33	6	6	3	91.1	110.8		4	4	3	98.3	89.7	
	CCS	City	Staff flexed to the dependency/number of patients in the units				114.6	104		Staff flexed to the dependency/number of patients in the units			93.5	0	
	CCS	SGH					98.5	105.6					98.2	0	
Community & Therapies															
	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015		Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015	
	Henderson	RH	24	3	3	2	97.7	100.5		3.5	3.5	2.5	95.6	98.6	
	Elisa Tinsley	RRH	24	3	3	2	97.1	93.5		3.5	3.5	2.5	93.5	89.1	
	D43 & 47	City	47	6	6	4	118.4	313.3		5	5	2	97.9	128	
	Leasowes	RH	20	3	3	2	131.2	121.3		3	3	2	101.7	119.6	
Surgery B															
	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015		Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015	
	Eye ward	City	10	2	2	2	104.9	95.2		1	1	0	97.4	121.6	
Women's & Childrens															
	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015		Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during January 2015	Percentage night time fill rate during January 2015	
		LG	SGH	14	3	3	2	116	201.7		1	1	1	187.1	0
		L1	SGH	26	5	5	4	115.3	109.7		3	3	2	105.8	118.4
		D19	City	8	3	3	2	112.8	106.8		1	1	0	100	0
		D27	City	18	4	3	2	101.1	96.7		2	2	1	103.9	123.4
	Maternity	City	42	6	5	4	93	98.4		4	4	2	95.3	95.1	

3 RECOMMENDATION(S)

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

3.2 To receive an update at the April Trust Board meeting

Colin Ovington

Chief Nurse

26th February 2015

TRUST BOARD

DOCUMENT TITLE:	Risk Register Update				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Mariola Smallman, Head of Risk Management				
DATE OF MEETING:	5 March 2015				
EXECUTIVE SUMMARY:					
<p>The Trust Risk Register is reported to the Board to ensure oversight of the high red risks managed by the Clinical Groups, Corporate Directorates and Corporate Project Teams under the direction of Executive Leads.</p> <p>This report provides an overview of high (red) risks which have been previously accepted by the Board for inclusion on the Trust Risk Register and includes lead Executive Director updates.</p> <p>As at writing there is one additional risk for Trust Board to review in relation to maternity lifts breaking down.</p>					
REPORT RECOMMENDATION:					
<ul style="list-style-type: none"> REVIEW the Trust Risk Register and updates provided by Executive Directors. REVIEW and take a DECISION whether the risk in relation to maternity lifts is included on the Trust Risk Register. 					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
✓		✓		✓	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	✓	Environmental	✓	Communications & Media	
Business and market share		Legal & Policy	✓	Patient Experience	✓
Clinical	✓	Equality and Diversity	✓	Workforce	✓
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Aligned to BAF, quality and safety agenda and requirement for risk register process as part of external accreditation programmes.					
PREVIOUS CONSIDERATION:					
The Board receives regular risk register updates.					

Sandwell and West Birmingham Hospitals

NHS Trust

Trust Risk Register

Report to the Trust Board on 5 March 2015

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of high (red) risks which have been previously accepted by the Board for inclusion on the Trust Risk Register. The current Trust Risk Register with lead Executive Director updates is at **Appendix A**. As at writing there is one proposed additional risk for Trust Board to review:

Ongoing failures of the lifts in the maternity unit where there are periods of time when neither of the two lifts are working create a delay in transfer in an emergency situation could result in the potential for a catastrophic event of either a pregnant woman / unborn baby. (See Risk Assessment at Appendix B.)

- 1.2 The RMC reviews and reports on high (red) risks to CLE on a monthly basis, including highlighting new risks or changes to existing risks. The CLE will update the Board on existing risks and escalate 'new' risks.
- 1.3 As a reminder, the options available for handling risks are:

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

2. PUBLICATION OF RISK REGISTERS ON CONNECT

- 2.1 Risk Registers (RR) held at Clinical Group and Corporate Directorate levels are published internally on Connect.

3. ELECTRONIC RISK REGISTER

- 3.1 The Risk Team are currently implementing an additional Safeguard risk register module during quarter 4. The system set-up fields are being populated and a pilot using Governance risk assessments and risk register is scheduled during March.
- 3.2 The Safeguard risk register module will provide an integrated risk register which will be able to report on risk themes, by different management levels, by risk scores, etc., which be visible to all staff from the Safeguard Incident Reporting Icon on Connect. Scheduled reports and reminders will also be developed.
- 3.3 Individual risk leads at ward / department, directorate and Group levels will be given access to read /write risk assessment data for their area(s) on the system. All other staff will be given read

access to all risk registers. The Risk Team will have a temporary and limited resource to assist with the implementation of the system including provision of training/guidance to clinical group / corporate directorate risk leads.

- 3.4 Reporting of the Trust Risk Register to the Board will continue throughout the implementation of the electronic risk register system.

4. RECOMMENDATION(S)

4.1 The Board is recommended to:

- **REVIEW** the Trust Risk Register and updates provided by Executive Directors;
- **REVIEW and take a DECISION** whether the risk in relation to maternity lifts is included on the Trust Risk Register.

Kam Dhami, Director of Governance
5 March 2015

Appendix A: Trust Risk Register (version as at 26 February)

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating	Change since last mth
414MARWK03		Chief Executive	Workforce Strategy	Organisational (Strategic)	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment reduction of 1400 wtes, leading to excess pay costs.	4	5	20	Review of existing policy levers to ensure options are maximised and are executed sufficiently early. Strong governance oversight by the Trust Board. Previous update: A more detailed plan is being developed through CLE workforce committee, led personally by the Chief Executive. Will culminate in review at Board's Workforce and OD committee in September 2014. Update: Detailed plans for 14/15 and 15/16 in development due for implementation during Q3 and Q4 of 2014. Key planning assumptions for 2016 onwards in development.	Chief Executive pending appointment of Director of OD.	Mar-20	Jun-14	bi-monthly	3	5	15	=
2013HASU01	CCG	Medicine	Stroke/Admitted Care	Operational	Potential loss of the Hyper Acute Stroke Unit which is subject to an external commissioner led review.	4	4	16	Trust representatives on Strategic Review sub groups; SMBH Stroke Action Team continues to monitor stroke activity and performance on a monthly basis and to develop actions plans for service improvement; Implement action plans to improve data capture and accuracy. Previous updates: Standard operating procedure agreed and in place for data collection and validation. KPI improving new pathways, e.g., thrombolysis pathways direct from ambulance to CT scanner and strengthened capacity planning to ensure availability of gender specific beds to support timely admission. Feedback received from Stroke Review Advisory panel to be considered to strengthen position as preferred provider. Update 21.11.2014 - outcome of review has been put on hold and no definitive outcome has been received due to data validation issue. No current timeline. Update 12.2.2015 Awaiting final decision from CCG Commissioners and the independent panel that has been set up to review the whole process. CCG have not confirmed a timeline or completion date.	Chief Operating Officer	TBC - Commissioner led review	Feb 15	Monthly	4	3	12	=

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TRR140100001	Management review	Corporate Operations		Operational	Lack of assurance of standard process and data quality approach to 18 weeks.	4	4	16	Task and Finish Group established to oversee rapid improvement programme; SOP to be agreed and implemented in March for new processes; Elective access team structure to be reviewed; Central booking process to be strengthened to ensure real time data quality management; IST visit will inform work programme content. Previous update: New Waiting List Manager recruited and starting in July. Year of Out Patients programme will deliver automation to strengthen real time data. Plans to centralise elective access team in Q2. Data Validation Team still required - funding until end Q2. Perceived knowledge deficit in some services regarding 18 weeks - New Elective Access Manager to assess competency of teams and provide re-training in Q2. Progress: Timelines for assessment and training September to December and SOP / policy review in September	Chief Operating Officer	Jul-14	Sep-14	Jul-14	2	4	8	=

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TRR1401COO02	Management review	Corporate Operations		Operational	Sustained high Delayed Transfers of Care (DTC) patients remaining in acute bed capacity.	4	4	16	<p>Joint working through joint discharge teams on both acute sites established; 7 day working pilot; Weekly urgent care call with Chief Executives and Chief accountable officers from LAT, CCG, NTDA, acute Trust and social services includes DTC review, strategic and operational work; Commissioning plans for 7 day working in 2014 in train.</p> <p>Previous update: Additional capacity closed end July although DTC remains high. Plan will remain in place to re-open additional beds if required and triggers are agreed and activated through Operations Centre and authorised by COO or on call Executive Directors. Resilience System Plan (winter) submissions includes additional beds in community and social care – outcome of funding decision to be agreed in July. This will impact on DTC reduction. Work to establish a Joint Health Social Care assessment and discharge team continues – now in training phase for go live at Sandwell in August and then at City.</p> <p>Progress: DTC numbers remain high. The System Resilience plan awaits clarification from Birmingham City Council on aspects of plan workforce and the re-ablement bed plan for the locality. New joint team with Sandwell is in implementation phase with good engagement.</p>	Chief Operating Officer	Jun-14	Sep-14	Jul-14	2	4	8	=

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0907SOP15	Inspections: H&S and PEAT	Surgery B	Ophthalmology	Clinical	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area.	5	4	20	Trust Solution fitting in with RCRH required; Compliance with Medical Device and ICCC standards; Service Improvement application to Sandwell OPD; Greater use of Rowley facilities. Previous update: Rowley Max has been scoped and will be delivered in Year of Out Patients programme on track for completion Q2. Plans for relocation of oral surgery OP to enable ophthalmology to meet privacy and dignity standards in development with intention to complete in Q3. SGH outpatients privacy and dignity risk treatment plan stalled as dependant on Oral Surgery being relocated, which is still to be resolved Update 24.2.2015 Continuing to seek potential solution through re-location of Oral Surgery either off-site or to another SWBH location.	Chief Operating Officer	31/12/2015	Feb 15	GBM	3	3	9	=
1103PAE02	Risk Assessment	Women's and Child Health	Paediatrics	Clinical	Children that require but may not receive HDU 1:1 care - due to unpredictable demand, inadequate funding, poor staffing levels. Quality of care compromised for these and non HDU children due to inadequate staffing levels.	4	4	16	IAP submitted for HDU funds secured 12-13 to staff areas. Additional IAP submitted 13-14 for Paediatric Outreach team. Awaiting outcome from November IAP submission. Previous updates: Local escalation process is in place to ensure care is provided to HDU patients. Tracking occurrences to further quantify risk to those non-HDU patients. Current review of budgets and redeployment of resources. Monthly activity and staffing review of HDU care to be carried out and reported to paediatric clinical governance. Update: Monitoring in place; monthly reports to Clinical Directorate Governance Group and activity monitored through monthly directorate meeting	Chief Operating Officer	TBC	Dec-14	Monthly	3	4	12	=

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1103PAN01	Risk Assessment	Women's and Child Health	Paediatrics	Clinical	Lack of Tier 4 beds for C&YP with Mental Health problems means that they are admitted to the paediatric ward. There is no specialist medical or nursing mental health team to care for their needs with limited access to in / out of hours CAMHS support. Care for these children is compromised and impacts also on other children and parents.	4	4	16	Bank and agency staff utilised where available. Incidents to be escalated to the Health Forum / SSCB / PAB LA. Monthly report to be developed and reviewed at Paediatric Governance meeting and information provided to risk, Health Forum / SSCB / PAB. Honorary contracts for psychiatrists to be explored. Mental health commissioners report that they are working up enhanced assessment service for children's mental health which intends to reduce numbers of children needing admission. Impact expected in autumn. Confirmed new assessment service and intended benefits will enable review of residual risk. The Trust continues working closely to support this work. Agreed with both adult providers access to mental health bank to support specialist staffing. Guidance on booking process to be agreed in July. Previous Update: Direct access to agency booking approved by Chief Nurse 11.08.14 Update: Continue to monitor any incidents as they arise. Funding identified by the Mental Health Trust to provide both a Crisis Team and a Home Treatment team – both due to be in place January 2015, however funding is currently only available until end on March 2015.	Chief Operating Officer	TBC	Dec-14	Monthly	4	4	16	=
Oncology Peer Review	Medicine	Scheduled Care	Operational	Oncology Service is currently unable to treat approx. 120 patients a month due to workforce issues.		5	4	20	Previous update: SLA with Royal Wolverhampton Hospital NHS FT to provide consultant AOS – 2 sessions to augment the 2 sessions provided by UHB Update: Provision of replacement locum through New Cross Hospital, Wolverhampton to provide Consultant AOS - 2 sessions to augment the 2 sessions provided by UHB. Update 12.2.2015. Locum secured through agency. Clinic modelling re: breast and lung taking place as per actions through Cancer Taskforce Group.	Chief Operating Officer	TBC	Feb 15	Monthly	3	4	12	=

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	Oncology Peer Review	Medicine	Scheduled Care	Operational	Trust non-compliant with Oncology Standards.	5	4	20	<p>Previous update: Workforce and service design issues (hot clinics) to be negotiated through enhanced SLA with oncology provider. Meeting scheduled with QE for September. Intention is to agree model of service and agree workforce model and SLA for Q3. Developing nurse led services to see pre-chemotherapy patients – to mitigate oncology demand issues.</p> <p>Previous Update: Clinic Modelling and AOS proposal completed as a pre-requisite to negotiations with UHBFT re: SLA provision. Pilots to commence re: oral chemotherapy pharmacist role and rescheduling of chemotherapy in BTC.</p> <p>Update 12.2.2015: Interviews for x 2 Band 6 AOS nurses taking place. IAP being completed for 7 day service through business planning process.</p>	Chief Operating Officer	TBC	Feb 15	Monthly	1	4	4	=
	Oncology Peer Review	Medicine	Scheduled Care	Operational	Trust has inconsistent cancer pathways between its sites and mixed visiting oncology MDT attendance patterns.	3	5	15	<p>Previous update: Trust has extended discussions with UHB and executive led cancer futures workshop now scheduled for early September.</p> <p>Update: Workshop has taken place and proposal for oncology clinic model has been submitted to UHBFT.</p> <p>Update 12.2.2015: Awaiting reply from UHBFT re: model proposal. Cancer Action Taskforce Group working through actions and proposed model.</p>	Chief Operating Officer	TBC	Feb 15	Monthly	1	5	5	=
201109DEL30	Risk Assessment	Womens and Child Health	Maternity	Clinical	The existing provision of a 2nd theatre team for an obstetric emergency.	2	5	10	<p>Process to request opening of a second theatre in and out of hours for obstetrics is in place. Ongoing monitoring of any second theatre team issues through the incident reporting process. (Risk initially RED, downgraded to AMBER due to reduced frequency).</p> <p>Previous Update: TB has previously reviewed the risk and agreed it is to be tolerated.</p> <p>Update: Continued monitoring</p>	COO	TBC	Nov 14	Monthly	2	5	10	=

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TBC	Risk assessment	Women and Child Health	Maternity	Financial	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4	4	16	<p>Previous Update: Maximise tariff income through robust electronic data capture. Review of activity and income data 6 months post BadgerNet roll out. Comprehensive review of maternity pathway payment system underway for presentation to FD.</p> <p>Update: Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance</p>	Chief Operating Officer	Ongoing	Oct-14	Monthly	3	4	12	=
PROPOSED ADDITIONAL RISK																	
201501NYOBS02	Incidents	Women and Child Health	Maternity	Clinical	Ongoing failures of the lifts in the maternity unit where there are periods of time when neither of the two lifts are working create a delay in transfer and in an emergency situation could result in the potential for a catastrophic event of either a pregnant woman / unborn baby.	3	5	20	<ul style="list-style-type: none"> A&E type stretcher in Delivery suite & ward available at all times. When both lifts out try to utilise M1 as opposed to M2. Notice displayed clearly when lift out of use. Ensure frequent maintenance of each lift. Ensure incident reporting to indicate frequency of lifts out of action. 	Chief Operating Officer	Ongoing	Feb 15	Monthly	2	3	6	n/a

Maternity Block Lift RISK ASSESSMENT

DIVISION	Women & Child Health	WARD/DEPARTMENT	Maternity & Neonates		
ASSESSOR	Nicola Robinson	ASSESSMENT DATE	20.01.15	REVIEW DATE	09.02.15
DATE RISK MAY BE REALISED		DATE REVIEWED	18.02.15	REVIEW DATE	27.02.15
SCOPE OF ASSESSMENT		DATE REVIEWED		REVIEW DATE	
<ul style="list-style-type: none"> Lift 20 in the maternity block is currently out of use and awaiting a part from abroad as yet we have no ETA of when a repair is likely to take place – Although the lift was returned to full service, following further function testing the lift failed again this time with more critical failures within the main controller. This has a direct impact upon lift 11 which is not suitable for transfer on a standard bed; in addition increased demands on this lift have seen this lift out of action on a number of occasions resulting in no access to or from areas within the maternity unit in a routine / emergency situation. 		DATE REVIEWED		REVIEW DATE	
		DATE REVIEWED		REVIEW DATE	
		DATE REVIEWED		REVIEW DATE	
		DATE REVIEWED		REVIEW DATE	
RISK TREATMENT PLAN					
ACTION (inc Cost/Resource implications)			BY WHEN	BY WHOM	DATE ACHIEVED
<i>Ascertain from estates ETA on replacement part for lift 20.</i>			26.01.15	Ian Hawthorne	28.01.15
<i>Ensure all staff aware of action to be taken should both lifts be out of action at any time.</i>			26.01.15	Nicola Robinson / Ward Managers	26.01.15
<i>Repair of lift 20</i>			TBC	Contractors	Completed ? Jan
<i>Whilst Lift 20 has been repaired in the short term the Estates team are looking to upgrade the control system so that spares are readily available.</i>			31.03.15	Contractors	

RISK TREATMENT PLAN										
HAZARD	WHO/WHAT COULD BE HARMED/ DAMAGED?	EXISTING CONTROLS	L	S	RR	ADDITIONAL CONTROLS	L	S	RRR	FI
Ongoing failures of the lifts in the maternity unit where there are periods of time when neither of the two lifts are working create a delay in transfer in an emergency situation could result in the potential for a catastrophic event of either a pregnant woman / unborn baby.	<ul style="list-style-type: none"> • Mom • Babies • Staff • Trust 	<ul style="list-style-type: none"> • A& E type stretcher in Delivery suite & ward available at all times. • When both lifts out try to utilise M1 as opposed to M2. • Notice displayed clearly when lift out of use. • Ensure frequent maintenance of each lift. • Ensure incident reporting to indicate frequency of lifts out of action. • Ensure all staff aware of action to be taken should both lifts be out of action at any time. 	3	5	15	<p>Whilst Lift 20 has been repaired in the short term the Estates team are looking to upgrade the control system so that spares are readily available.</p> <p>Jackson Lifts to carry out this work and to provide for 24 hours working whilst the upgrade is being carried out.</p> <p>Works should be completed by 31st March with a 1 week shutdown required.</p>	2	3	6	?

Key:

L = Likelihood
 S = Severity
 RR = Risk Rating (LxS)
 RRR = Residual Risk Rating
 FI = Financial impact of Risk Treatment Plan

TRUST BOARD

DOCUMENT TITLE:	Revised Never Events: Controls Assurance				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Allison Binns, Assistant Director of Governance				
DATE OF MEETING:	5 March 2015				
EXECUTIVE SUMMARY:					
<p>This report provides information on the changes proposed by NHS England to the 2015/16 list of Never Events which have not occurred at the Trust and the controls that are in place which contribute to these not happening.</p> <p>Sufficient assurance is provided on all Never Events except Maladministration of Insulin. This is because there are no adequate barriers in place and errors are often due to human error. Given the changes made to the prescribing of insulin from the use of the letter 'U' to the word 'units' there needs to be a refocus on this and for professionals to accept accountability.</p> <p>The work taking place to on insulin administration will be overseen by the Patient Safety Committee and updates provided to the Quality and Safety Committee.</p>					
REPORT RECOMMENDATION:					
<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> NOTE the controls in place to prevent the likelihood of the revised Never Events happening in the Trust and the level of assurance given to each one. NOTE that an update from the Executive-led Patient Safety Committee on the work taking place on ensuring correct prescription for and administration of insulin, including any related incidents is to be received at a future meeting of the Quality & Safety Committee. 					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
				✓	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy	✓	Patient Experience	✓
Clinical	✓	Equality and Diversity		Workforce	
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Safe High Quality care					
PREVIOUS CONSIDERATION:					
Quality & Safety Committee on 27 February 2015					

Report to the Quality & Safety Committee on 27 February 2015

The Trust response to controls for revised 'Never Events'

1. Introduction

At their inception in 2009 there were twenty five Never Events of which twenty three were applicable to the Trust (the other two being for Mental Health Organisations). The eighteen Never Events the Trust has experienced relate to 5 incident types from the original list. All of these have undergone a root cause analysis and resulting actions have been taken to control the likelihood of recurrence, as previously reported.

There are therefore a number of Never Events which have not occurred in the Trust. NHS England is proposing to amend the current list, with some Never Events being removed completely and some merged. This paper highlights those Never Events which are on the list for 2015/16 but have not occurred in the Trust, with particular focus on the controls in place that may contribute to these not happening. The main amendment to all of the definitions is that the Never Event no longer needs to cause severe harm or death. For the Never Events listed below there have been three near misses reported which have been investigated and, where appropriate, additional controls put in place.

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
Wrongly prepared high-risk injectable medication. <u>Near misses</u> 2014/15 = 1	Patient Safety Alert issued in 2007 Promoting safer use of injectable medicines The National Patient Safety Agency (NPSA) received around 800 reports a month to its National Reporting and Learning System (NRLS) relating to injectable medicines between January 2005 and June 2006. This represents approximately 24 per cent of the total number of medication incidents. The majority of these resulted in no or low harm to patients. However, there were 25 incidents of death and 28 of serious	<ul style="list-style-type: none"> A high-risk injectable medication is wrongly manufactured in a hospital pharmaceutical department with the intention of it being administered to a patient. This includes products manufactured aseptically on the ward in aseptic cabinets but does not include simple dilution in a ward situation. High-risk injectable medicines are defined as those listed by the NHS Aseptic Pharmacy Services Group. High risk injectable medication is considered wrongly manufactured 	<ul style="list-style-type: none"> Access to medicines is restricted by the drug formulary. Access to medicines is restricted by clinical area; a stock list of drugs specific to the clinical specialty is maintained in clinical areas. Prescriptions are monitored by clinical pharmacists. A non stock drug will only be dispensed if a valid and appropriate prescription is written for the drug after approval by a clinical pharmacist. Information on the preparation and administration of drugs is provided. Complex or high risk injectable medication may be prepared by pharmacy staff in an aseptic 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
	harm reported between January 2005 and June 2006.	if manufacture was not compliant with the manufacturer's Specification of Product Characteristics.	manufacturing facility.	
Maladministration of potassium containing solution <u>Near misses</u> 2014/15 x 0	Patient Safety Alert issued in 2002 Reducing the risk of accidental overdose of intravenous potassium arising from use of potassium chloride concentrate solutions and other strong potassium solutions. Potassium chloride concentrate ampoules can look very similar to sodium chloride, water for injection and other injectable medicines. Reports from the United States of America, Canada and the UK have identified a number of incidents where potassium chloride concentrate has been accidentally administered to patients with fatal results.	Maladministration of a potassium-containing solution. Maladministration refers to; selection of strong potassium solution instead of intended other medication.	<ul style="list-style-type: none"> ▶ Access to strong potassium solutions is strictly controlled. ▶ A limited number of clinical areas keep strong potassium solutions as stock (CCU, CCS) ▶ Potassium policy is in place and monitored. ▶ Requests for strong potassium-containing solutions for use in clinical areas that do not hold strong potassium –containing solutions as stock must be discussed with a clinical pharmacist ▶ Ampoules of potassium now contain a red letter 'K' 	Yes
Wrong route administration of chemotherapy <u>Near misses</u> 2014/15 x 0	Health Service Circular issued in 2008 Updated national guidance on the safe administration of intrathecal chemotherapy At least 55 incidents are known to have occurred around the world (a number in England) where the intravenous vinca alkaloid drug Vincristine has been injected intrathecally during the chemotherapy treatment of a cancer patient. These incidents have resulted in the paralysis or death of the patients	Wrong route administration of liquid medication or enteral feed The patient receives one of the following: <ul style="list-style-type: none"> • Intravenous chemotherapy that is correctly prescribed but administered via the intrathecal route • Oral/enteral medication feed or flush administered by any parenteral route 	<ul style="list-style-type: none"> ▶ Chemotherapy is prescribed, prepared, supplied and administered by staff who are appropriately trained. ▶ Chemotherapy is prepared by pharmacy in an aseptic manufacturing / preparation unit. ▶ Chemotherapy prescriptions are checked and approved by a clinical pharmacist. ▶ Arrangements for the management of drugs for intrathecal administration require each stage of the process to be undertaken by staff who are approved to undertake the role and are named on the current IT register. 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
	<p>involved.</p> <p>Patient Safety Alert issued in 2009 Safer spinal (intrathecal), epidural and regional devices There have been fatal cases where intravenous medicines have been administered by the spinal (intrathecal) route and epidural medicines that have been administered by the intravenous (vein) route. There is also the potential for medicines intended for regional anaesthesia to be administered by the intravenous route, with fatal outcomes.</p> <p>These wrong route errors will always be possible as long as medical devices with standard (Luer) connectors are used. The introduction and use of medical devices which do not physically connect with intravenous equipment will further reduce the risk of wrong route errors.</p>	<ul style="list-style-type: none"> Intravenous administration of a medicine intended to be administered via the epidural route. 		
<p>Intravenous administration of epidural medication</p> <p><u>Near misses</u> 2014/15 x 0</p>	<p>Patient Safety Alert issued in 2007 Safer practice with epidural injections and infusions Between 2000 and 2004, three patient deaths were reported following the administration of epidural bupivacaine infusions by the intravenous route.</p> <p>A review of reports made to the NPSA between 1 January 2005 and 31 May 2006 reveals that there were 346 incidents reported that involved epidural injections and infusions. Most of these</p>		<ul style="list-style-type: none"> ▶ Drugs for administration via the epidural route are labelled clearly. ▶ Epidural infusions are bought in where appropriate. ▶ Epidural medications are stored separately to drugs for intravenous medication. ▶ Staff numbers who can give epidural medications is limited. ▶ Stocks of epidural medications is limited to certain areas 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
	resulted in no or low harm, and included six incidents where epidural medicines had been administered by the intravenous route.			
Maladministration of Insulin <u><i>Near misses 2014/15 x 1</i></u>	<p>Rapid Response Report issued in 2010 Safer administration of insulin Between August 2003 and August 2009 the National Patient Safety Agency (NPSA) received 3,881 wrong dose incident reports involving insulin. These included one death and one severe harm incident due to 10-fold dosing errors from abbreviating the term 'Unit'. Three deaths and 17 other incidents between January 2005 and July 2009 were also reported where an intravenous syringe was used to measure and administer insulin.</p> <p>Patient Safety Alert issued in 2011 The adult patient's passport to safer use of insulin A review of the National Reporting and Learning System (NRLS) for the period 1 November 2003 to 1 November 2009 identified 16,600 incidents including six deaths and 12 resulting in severe harm. Of these 26 per cent were due to the wrong dose, strength or frequency and 20 per cent were due to omitted medicine. Patients being prescribed or dispensed the wrong insulin product accounted for 14 per cent of incidents.</p>	<p>Maladministration of insulin by a health professional. Maladministration in this instance refers to a tenfold or greater overdose of insulin administered to the patient:</p> <ul style="list-style-type: none"> when a health professional(s) abbreviates the words 'unit' or 'units' when prescribing insulin in writing when a health care professional fails to use a specific insulin administration device e.g. an insulin syringe or insulin pen to draw up or administer insulin. <p>Change to 13/14 definition: <i>Major change is that this refers to tenfold or greater overdose.</i></p>	<ul style="list-style-type: none"> ▶ Insulin is prescribed, supplied and administered by appropriately trained staff. ▶ "Units" must be written in full ▶ Insulin syringes or commercial insulin pen devices must be used for measuring the dose of insulin for bolus administration. ▶ Insulin syringes must be used for measuring insulin for infusion. ▶ Prescriptions are monitored by clinical pharmacists and endorsed to clarify prescriptions. ▶ Active with Think Glucose <p>Reason for assurance level given: Current processes for prescribing and administering insulin relies on staff knowing the safety changes made for insulin. The change to units from the use of the letter 'u' was a national drive and incidents relating to an incorrect prescription relate to human error.</p>	Partial

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
	Reported incidents involved patients with type 1 or type 2 diabetes who were using insulin.			
<p>Inappropriate administration of daily methotrexate</p> <p><i>Near misses 2014/15 x 0</i></p>	<p>Patient Safety Alert issued in 2006 Improving compliance with oral methotrexate guidelines</p> <p>Since July 2004 the NPSA has received 165 reports of patient safety incidents involving oral methotrexate. Of these, 14 happened before the launch of patient safety alert (03) on 29 July 2004 and the remaining 151 happened after this date.</p>	<p>Supply or administration of methotrexate by any route to a patient for non-cancer treatment more frequently than the required once weekly treatment.</p> <ul style="list-style-type: none"> - Excludes cancer treatment with daily oral methotrexate. - Excludes where the error is intercepted before the patient is supplied with the medication. 	<ul style="list-style-type: none"> ▶ Daily administration of oral methotrexate is rarely indicated. ▶ Any prescription for daily methotrexate must be checked with the patient and consultant. ▶ The default labelling setting on the Pharmacy computer system for oral methotrexate is WEEKLY. ▶ Only 2.5mg tablets of methotrexate are kept in pharmacy. ▶ Patients receiving oral methotrexate are issued with an information and administration record ▶ Not provided as stock on any ward ▶ Limited to monthly prescription so only ever have 4 doses at a time. 	Yes
<p>Falls from unrestricted windows</p> <p><i>Near misses 2014/15 x 0</i></p>	<p>Department of Health, Estates and Facilities Division Alert issued in 2007 Risk of Falling from Windows</p> <p>Patients have fallen from the windows of upper floors. These incidents have resulted in serious injury, and in one case a fatality. The HSE have prosecuted a number of NHS Organisations resulting in fines as high as £20,000 being imposed.</p>	<p>A patient falling from an unrestricted window.</p> <ul style="list-style-type: none"> • Applies to windows “within reach” of patients. This means windows (including the window sill) that are within reach of someone standing at floor level and that can be exited / fallen from without needing to move furniture or use tools to assist in climbing out of the window. • Includes windows located in facilities/ areas where healthcare is provided and where patients can and do access. 	<ul style="list-style-type: none"> ▶ All windows in patient accessible areas are fitted with window restrictors. ▶ Repairs to faulty windows and restrictors done within 24 hours. ▶ External checks of all patient accessible windows in all Trust buildings every 2-3 years. 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
		<ul style="list-style-type: none"> Includes where patients deliberately or accidentally fall from a window where a restrictor has been fitted but previously damaged or disabled, but does not include events where a patient deliberately disables a restrictor or breaks the window immediately before the fall. 		
<p>Entrapment in bedrails</p> <p><i>Near misses 2014/15 x 0</i></p>	<p>Patient Safety Notice issued in 2007 Using bedrails safely and effectively</p> <p>Around one in 200 hospital patients fall out of bed. Most patients who fall receive only small bumps or bruises, but some patients are seriously injured. Rarely, injuries can be fatal. Bedrails attached to the sides of hospital beds reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed.</p> <p>However, bedrails are not suitable for all patients. For an independent patient, bedrails would get in their way. If there is a possibility that a patient will try to climb over a bedrail, it is safer not to use them. If patients are very restless in bed, they can injure their legs on standard bedrails. Very rarely (less than one in 10 million patients admitted to hospital), patients have died after becoming trapped in their bedrails.</p>	<p>Entrapment of a patient's chest or neck within bedrails, or between bedrails, bedframe or mattress, where the bedrail dimensions or the combined bedrail, bedframe and mattress dimensions do not comply with Medicines and Healthcare products Regulatory Agency (MHRA) guidance.</p> <p>Change to 13/14 definition: <i>Major change is that this refers to entrapment of chest or neck.</i></p>	<ul style="list-style-type: none"> ▶ Individual patient risk assessments to identify those most vulnerable. ▶ Where indicated highlo beds and floor mattresses are used for patients at risk of falling and bedrails risk assessment undertaken - rails are not used if patients might climb over them. ▶ Procurement of appropriate bed rails ▶ Use of rail bumpers to reduce entrapment likelihood 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
<p>Transfusion of ABO-incompatible blood components</p> <p><i>Near misses</i> 2014/15 x 0</p>	<p>Patient Safety Notice issued in 2006 Right patient, right blood</p> <p>Most incidents are due to the failure of the final identity checks carried out between the patient (at the patient's side) and the blood to be transfused. SHOT data have shown that between 1996 and 2004, five patients died as a direct result of being given ABO incompatible blood. ABO incompatibility contributed to the deaths of a further nine patients and caused major morbidity in 54 patients.</p>	<p>Inadvertent transfusion of ABO-incompatible blood components.</p> <ul style="list-style-type: none"> Excludes where ABO-incompatible blood components are deliberately transfused with appropriate management. Inadvertent ABO mismatched solid organ transplantation. Excluded are scenarios in which clinically appropriate ABO incompatible solid organs are transplanted deliberately In this context, 'incompatible' antibodies must be clinically significant. If the recipient has donor specific anti-ABO antibodies and is therefore, likely to have an immune reaction to a specific ABO compatible organ then it would be a never event to transplant that organ inadvertently and without appropriate management. 	<ul style="list-style-type: none"> ▶ Use of the Bloodtrack system which requires all requests and blood products to be specially barcoded. ▶ All staff collecting and administering products have to have received training ▶ Use of the Bloodtrack system reduces human error in identifying the right products for the right patient. 	Yes
<p>Severe scalding of patients</p> <p><i>Near misses</i> 2014/15 x 0</p>	<p>Health & Safety Executive Safety Alert issued in 2007 Managing the risks from hot water and surfaces in health & social care</p> <p>If hot water used for showering or bathing is above 44°C there is an increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures,</p>	<p>Patient being scalded by water used for washing/bathing</p> <ul style="list-style-type: none"> - Excludes scalds from water being used for purposes other than washing/bathing (e.g. from kettles). 	<ul style="list-style-type: none"> ▶ Thermostatic mixing valves on all ward taps. ▶ Paddle thermometers available on every ward for checking of bath temperatures. ▶ Baths have been replaced with showers to minimise emersion scalds. ▶ Bathrooms have warning notices about hot water. 	Yes

Never Event Type	Why the Alert was issued	Proposed 2015/16 description	Practical controls	Sufficient assurance
	scalds can be very serious and have led to fatalities.			

2. Conclusion

The practical controls in place provide a sufficient level of assurance that if followed realisation of a Never Event will be less likely, except in the case of maladministration of insulin. The change in the way insulin was to be prescribed was given a high profile yet errors continue to occur, with the main reason being human error. It is therefore important that these incidents reflect on the accountability of the professionals involved when these events occur. A focus on the correct prescription for and administration of insulin is required together with a review of every incident related to insulin; this work is underway and will be monitored by the Patient Safety Committee and reported to the Quality and Safety Committee

3. Recommendations

The Trust Board is asked to:

- a. **NOTE** the controls in place to prevent the likelihood of the revised Never Events happening in the Trust and the level of assurance given to each one.
- b. **NOTE** that an update from the Executive-led Patient Safety Committee on the work taking place on ensuring correct prescription for and administration of insulin, including any related incidents is to be received at a future meeting of the Quality & Safety Committee.

Allison Binns

Assistant Director of Governance

19 February 2015

TRUST BOARD

DOCUMENT TITLE:	Integrated Quality, Performance & Finance Report				
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Mgt				
AUTHOR:	Mike Harding, Performance Monitoring				
DATE OF MEETING:	27 February 2015 (Report finalised 20 February 2015)				
EXECUTIVE SUMMARY:					
The report is intended to inform the Trust Board of the summary performance of the Trust for the period April 2014 – January 2015.					
REPORT RECOMMENDATION:					
The Trust Board is asked to consider the content of this report and its associated commentary.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation			Discuss	
				x	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
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: V4					
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 and Performance Management Committee. Quality & Safety Committee.					

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality and Performance Report

January 2015









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




































































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At A Glance

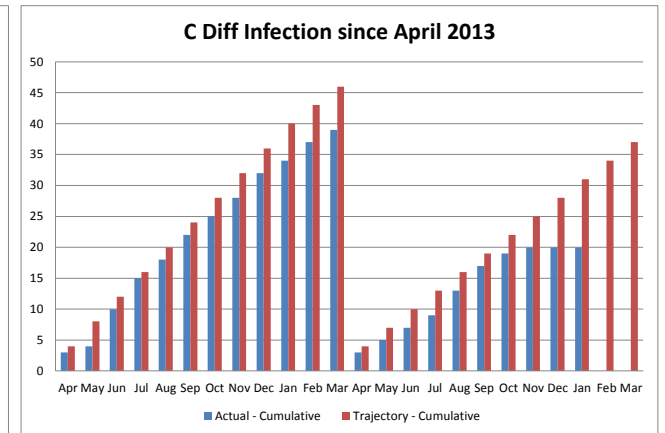
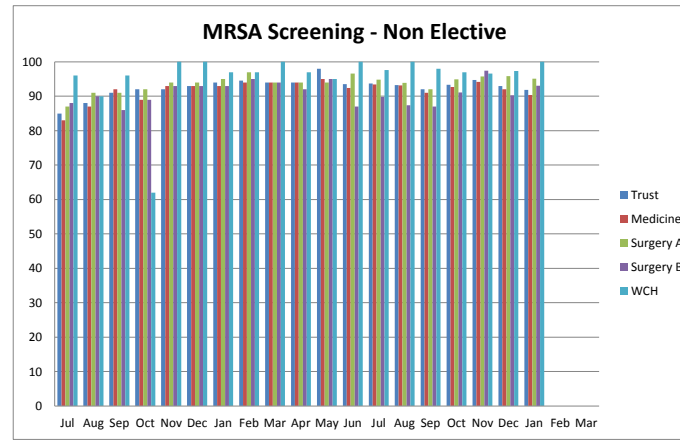
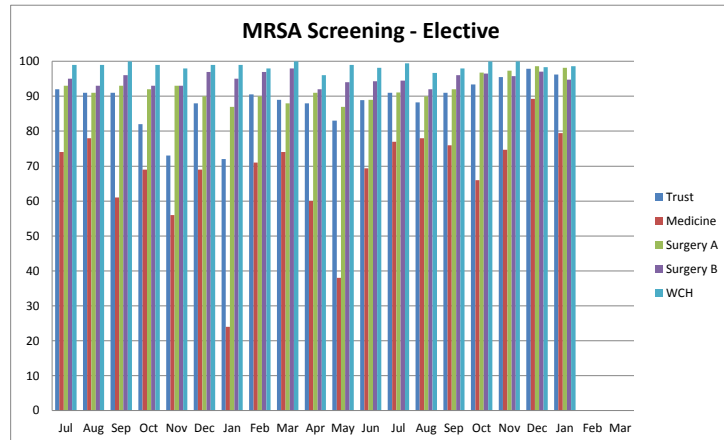
Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology
There were no cases of C. Diff reported during the month. The number of cases for the month, and numbers for the year to date, remain within the trajectorities for the respective periods.	Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 94.6%, beneath the 95.0% operational threshold.	The overall Caesarean Section rate for January decreased to 22.8%, with Elective and Non-Elective rates of 8.0% and 14.9% respectively. The overall rate for year to date is 25.3% compared with an operational threshold of 25.0%.	Mortality Data is now extracted from the CHKS system which reports the Risk Adjusted Mortality Index (RAMI) as the principal measure of an organisations mortality. HSMR data is also available from CHKS, but currently only available at Trust level. SHMI data derived from HED, continues to be reported.	Stroke data for the month of January indicates Patients spending >90% of their time on a stroke ward remains above the 90% operational threshold at 96.1% for the month, Admittance to a stroke unit within 4 hours remains relatively stable at 81.3% (90% target) and all (100%) eligible patients received thrombolysis within 60 minutes of admission (target85%). Patients receiving a CT scan within 24 hours of presentation fell slightly to 93.8% against a 100% target, with 75.0% patients receiving a CT Scan within 1hour of presentation.
There were no cases of post-48 hour MRSA Bacteraemia reported during the month.	There were 91 falls reported in January, a decrease from the previous month (94) Of these 63 were in Medicine, 1 in Surgery B and 22 in Community. (5 unknown)	Adjusted perinatal mortality rate (per 1000 births) increased during the month of December to 10.9, in excess of the target of 8.0 or less.	The Trust's RAMI for the most recent 12-month cumulative period is 86, which remains beneath that of the National Peer. City and Sandwell site RAMIs are 64 and 103 respectively.	Primary Angioplasty (Door to balloon time <90 minutes %) was 100%. for january against an 80% target. Primary Angioplasty (Call to balloon time <150 minutes %) was 100% against an 80% target. RACP percentage for December was 97.9% below the 98% target.
The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of January increased. The incidence for the month and year to date remains well within the operational threshold.	The total number of hospital acquired, avoidable, pressure ulcers increased to 16 (13 Grade 2, 3 grade 3) during the month of December.		Mortality rates for weekday and weekend, low risk diagnoses and CQC diagnosis groups remain within statistical confidence limits.	
Both MRSA elective and non-elective screening remain above the 80% target at 96.19% and 91.80% respectively.	There were 10 Open CAS Alerts reported at the end of January, one was overdue at the end of the reporting period.	Quarterly breast feeding initiation was at 75.5% for Q3. Year to date is 75.3 just short of the 77% target	During the most recent month for which complete data is available (November) the overall Trust performance for review of deaths within 42 days reduced to 81.0%, and remains beneath the trajectory for the month of 96.0%.	
			The Crude Mortality Rate for January is identical to December at 1.9%, with 184 and 185 deaths recorded respectively.	
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment
The Trust continues to meet all, in month (December) and year to date high level Cancer Treatment targets, and compare well against national benchmark data.	There were no mixed sex accommodation breaches reported during the month of January.	Cancelled Operations fell (improvement) to 0.8% during the month, against a 0.8% target. There were a total of 36 SitRep declared late cancellations reported during the period, a fall from 48 during the previous month. Of the 36 cancellations, 24 were in Surgery B, 11 Surgery A and 1 in Women&Children's	The Trust did not meet the 4-hour ED wait target during January with performance of 93.77% for the month and 92.8% YTD. Current performance for February is 91.08%, Quarter 4 is 92.55% and Year to Date is 92.67% (all as of 24th February 2015).	Trust level Admitted, Non-Admitted and Incomplete RTT Pathway targets were all met for the month of January.
1 Group, Medicine, failed to meet 93.0% operational threshold for the 2-week maximum cancer wait with performance for the month of 89.5%	The FFT Response Rate within ED has improved slightly to c.18%, but remains beneath the operational threshold of 20.0%.			3 patients waited more than 52 weeks for commencement of treatment, 2 on the RTT Admitted Pathway and 1 on the RTT Non-Admitted Pathway. 1 patient was waiting in excess of 52 weeks in Urology on the RTT Incomplete Pathway.
Women's and Children's missed the 31 day diagnosis to treatment target of 96% with performance during December of 92% (23 of 25 patients).		There were no second or subsequent urgent operation cancellations in January.	Delayed Transfers of Care increased slightly to 3.6% for the month (City 4.6%, Sandwell 2.9%).	10 Treatment Functions failed the respective RTT pathway performance thresholds for the month of January.
Both Surgery B and Women & Child Health Groups failed to meet the 62 day urgent GP referral to treatment target (85%) at 40% (1 of 2.5 patients)and 82.6% (9.5 of 11.5 patients) respectively. Women&Child Health also failed to meet the 62 day referral to treatment from screening at 50%(1 of 2 patients) against a 90% target and the 62 day referral to treatment from a hospital specialist at 0% (1 patient out of 1) also against a 90% target.	The percentage of complaints exceeding the response date has fallen (improved) again to 53% in January. Further work is being undertaken to ascertain specifically where in the system delays are occurring.			Diagnostic waits (January) beyond 6 weeks were 0.37%, compared with an upper operational threshold of 1.00%. Of the 30 patients waiting in excess of 6 weeks 12 are in Imaging,2 Medicine, 7 Surgery B and 9 Surgery A.
	The oldest complaint currently in the system is in Surgery A at 192 days	There were no 28 day breaches of the late cancelled operation guarantee reported during the month of January.	The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during January reduced to 57.1% (8 of 14 patients), and 69.18% for year to date.	
Data Completeness	Staff	CQUIN	External Assessment Frameworks	
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. All three parameters are above target. (latest data provided November)	PDR overall compliance as at the end of January improved marginally to 81.0%. The range by Group is 76 - 90%. The Medical Appraisal and Revalidation Rate improved slightly to 87.8%.	In summary, 18 schemes are classified as performing, with the remaining 4 underperforming.	TDA Accountability Framework - Quality Scores for each of the 5 domains which comprise the framework are indicated in the main body of this report, with the areas of 'adverse' performance against each domain identified. The sum of the domain scores are used to derive the overall quality score which for the most recent period is 3 (1 is highest risk rating and 5 is lowest risk rating). The overall score is also influenced by the application of any override rules which may be applied, which during January related to ED 4-hour performance of 93.77%.	
The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold, with actual performance (completeness) during January reported as 96.5%.	Mandatory Training at the end of January improved slightly to 87.3% overall. The range by Group is 84 - 94%.	Underperforming schemes are 1) A current FFT response rate of less than the Q1 base in inpatient areas; 2) The requirement to deliver a response rate of 40% or more in inpatient areas during March 2015; 3) Medication and Falls; 4) Community Dietetics. Further detail is contained within the CQUIN section of this report.		
The Trust's internal assessment of the percentage of invalid fields completed in the SUS submission for Maternity records remains in excess of the operational threshold of <15.0%, with a value for January of 38.87%.	An update to your voice shows a decline in score from 3.65 to 3.57 (Lowest Finance 2.77 to highest Breast Screening 4.03). Response rate also declined from 17.4% to 12.6% (Lowest Admitted care and Maternity 4% to highest Nuclear medicine 47%)	To date three confirm and challenge meetings have been held with scheme leads. Community Dietetics has been subject to detailed discussion with CCG leads, with a revised implementation plan and payment profile having now been agreed. Confirmation has been received from Specialised Commissioners that all 4 schemes have been fully achieved for Q3, and payment criteria satisfied.	Monitor Risk Assessment Framework - compliance against this framework is also indicated. For the month of January performance (actual and projected) attracts a Governance Rating of 1.0 (Amber / Green), influenced adversely by ED 4-hour wait performance.	
	Sickness Absence is reported as 5.34% for January, (This is the highest level shown on this 21 month chart) and 4.61% for the 12-month rolling period. (Range by Clinical Group during December is 3.7% to 6.4% and by Corporate Directorate 1.11% to 7.18%).			

Patient Safety - Infection Control

























Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	No.	37	3
4			MRSA Bacteraemia	No.	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	Rate	<9.42	<9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	Rate	<94.9	<94.9
3			MRSA Screening - Elective	%	80	80
3			MRSA Screening - Non Elective	%	80	80

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

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Jan-15	0	0	0	0					0	20			
Jan-15	0	0	0	0					0	3			
Jan-15									4.5	5.5			
Jan-15									31.15	18.8			
Jan-15	79	98	95	99					96.2				
Jan-15	90	95	93	100					91.8				

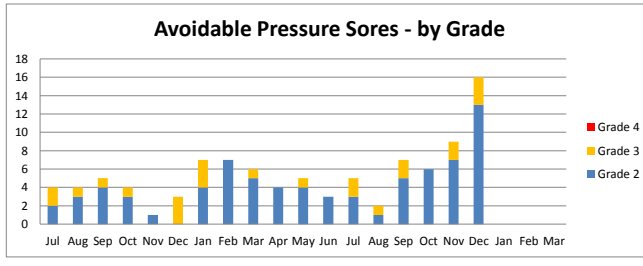
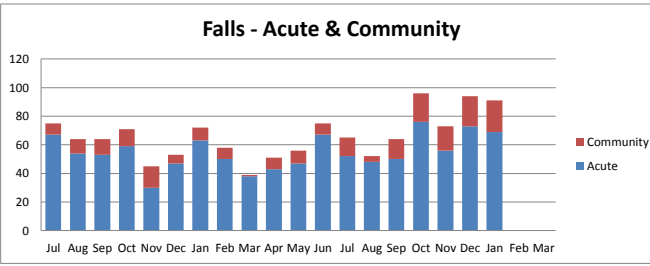
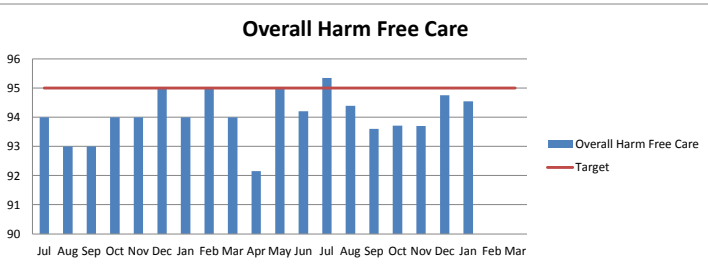


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			Patient Safety Thermometer - Overall Harm Free Care	%	=>95	=>95
8			Patient Safety Thermometer - Catheters & UTIs	%		
8			Falls	No.	804	67
9			Falls with a serious injury	No.	0	0
8			Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	No.	0	0
3		 	Venous Thromboembolism (VTE) Assessments	%	95	95
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	%	98	98
3			WHO Safer Surgery - 3 sections and brief (% lists where complete)	%	95	95
3			WHO Safer Surgery - Audit - 3 sections, brief and debrief (% lists where complete)	%	85	85
9		 	Never Events	No.	0	0
9			Medication Errors causing serious harm	No.	0	0
9		 	Serious Incidents	No.	0	0
9			Open Central Alert System (CAS) Alerts	No.		
9			Open Central Alert System (CAS) Alerts beyond deadline date	No.	0	0

Previous Months Trend (since October 2013)																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
0.17	0.72	0.52	0.69	0.43	0.43	0.53	0.48	0.51	0.49	0.42	0.41	0.40	0.25	0.31	0.41		
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
6	2	6	2	1	2	1	5	4	1	5	1	1	2	1	1		
4	1	2	7	8	7	5	6	5	5	2	8	6	9	16			
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
1	4	0	2	0	1	3	2	2	2	2	1	1	2	3	4		
7	6	9	9	8	11	9	5	7	5	6	5	5	15	17	10		
							1	1	1	0	0	0	4	0	1		

Data Period	Group									Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO						
Jan-15										94.6				
Jan-15										0.41				
Jan-15	63	0	1	0	0	0	22			91	853			
Jan-15	1	0	0	0		0	0			1	22			
Dec-14	7	4	0	0			5			16	62			
Jan-15	99.4	98.3	98.3	91.7						98.0				
Jan-15	99.7	99.9	99.8	100.0		100				99.85				
Jan-15	100	100.0	100	98		96.6				99.7				
Jan-15	100	97.5	100	98		96.6				99.3				
Jan-15	0	0	0	0	0	0	0			0	0			
Jan-15	0	0	0	0	0	0	0			0	0			
Jan-15	2	1	0	0	0	1	0			4	22			
Jan-15										10				
Jan-15										1				



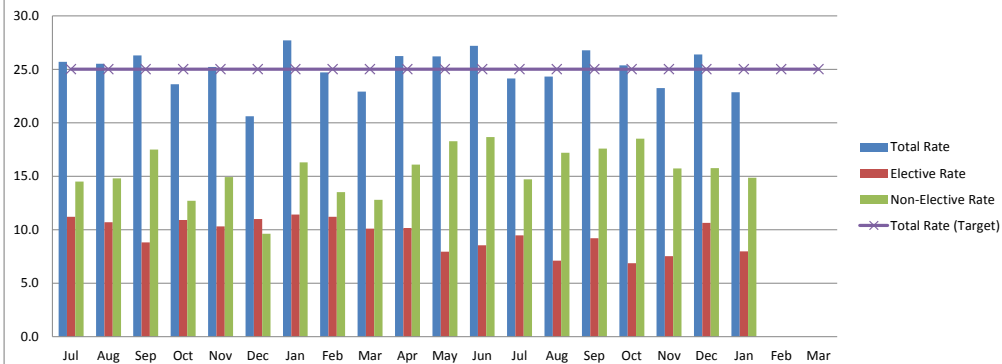
Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3			Caesarean Section Rate - Total	%	=<25.0	=<25.0
3			Caesarean Section Rate - Elective	%		
3			Caesarean Section Rate - Non Elective	%		
2			Maternal Deaths	No.	0	0
3			Post Partum Haemorrhage (>2000ml)	No.	48	4
3			Admissions to Neonatal Intensive Care	%	=<10.0	=<10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	Rate	<8.0	<8.0
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	=>90.0	=>90.0
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	%	=>90.0	=>90.0
2			Breast Feeding Initiation (Quarterly)	%	=>77.0	=>77.0
2			Puerperal Sepsis and other puerperal infections (variation 1) (%)	%		
2			Puerperal Sepsis and other puerperal infections (variation 2) (%)	%		
2			Puerperal Sepsis and other puerperal infections (variation 3) (%)	%		

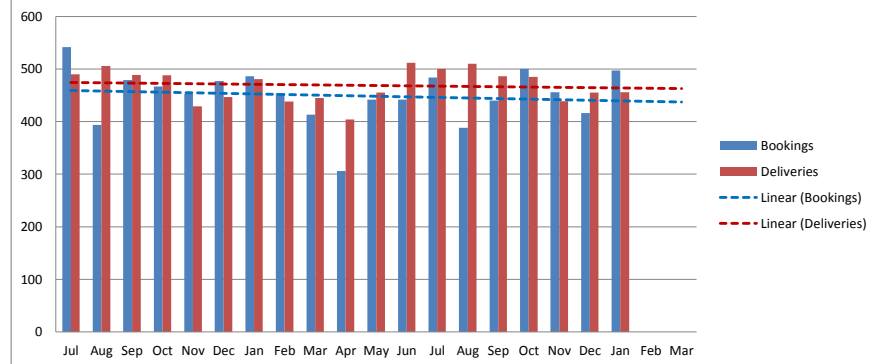
Previous Months Trend (since October 2013)																							
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M						
11	10	11	12	11	10	10	8	9	9	7	9	7	8	11	8								
13	15	10	16	14	13	16	18	19	15	17	18	19	16	16	15								
1.9	1.9	3.4	1.3	2.3	0.7	2.3	1.8	2.6	1.8	0.9	0.9	0.7	1.5	1.2	1.4								
1.0	0.5	1.4	0.2	1.6	0.5	1.5	1.8	1.6	1.6	0.7	0.3	0.7	1.3	0.8	0.3								
0.2	0.2	0.5	0.2	0.2	0.0	0.8	0.7	0.4	0.4	0.2	0.0	0.0	1.0	0.4	0.0								

Data Period	Month	Year To Date	Trend	Next Month	3 Months
Jan-15	22.8	25.3			
Jan-15	8.0	8.5			
Jan-15	14.9	16.8			
Jan-15	0	1			
Jan-15	3	6			
Jan-15	2.19	2.32			
Dec-14	10.9				
Jan-15	72.64				
Dec-14	156				
Dec-14	75.5	75.33			
Jan-15	1.4	1.7			
Jan-15	0.3	1.2			
Jan-15	0.0	0.4			

Caesarean Section Rate (%)



Bookings & Deliveries

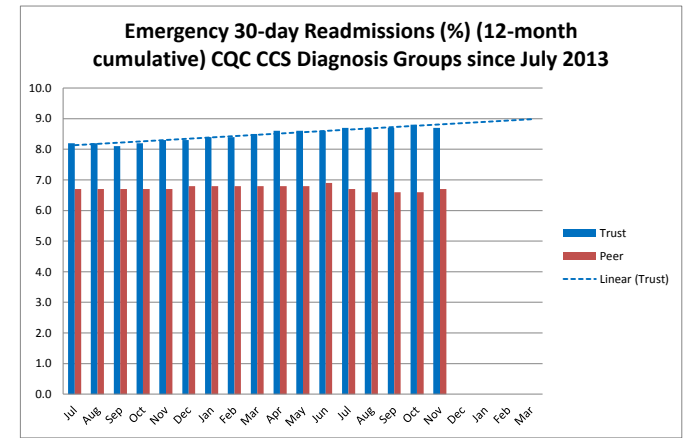
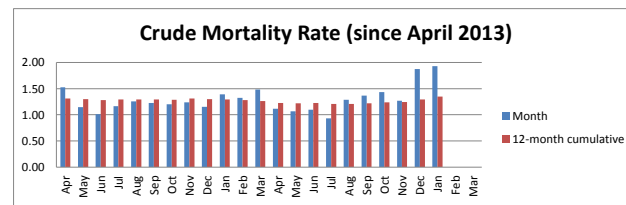
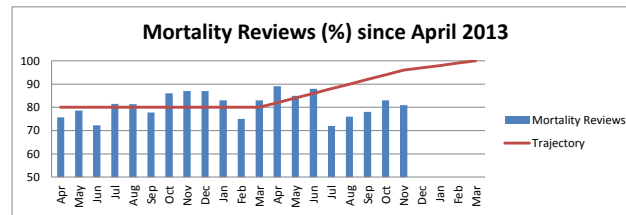
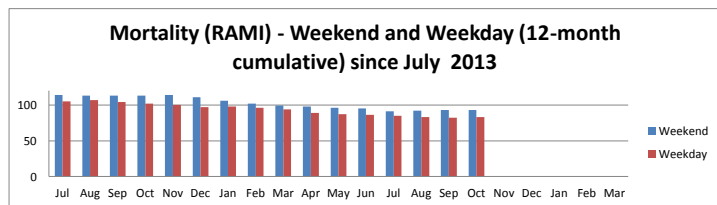
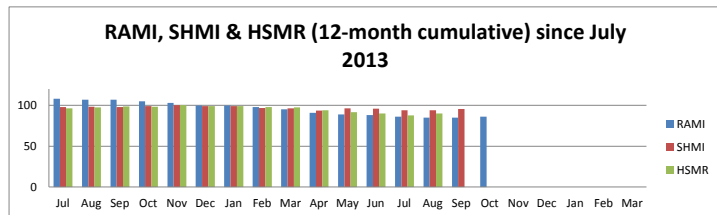


Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR		
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	%	100	=>96
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%		

Previous Months Trend (since October 2013)											
O	N	D	J	F	M	A	M	J	J	A	S
105	103	100	100	98	95	91	89	88	86	85	85
102	100	97	98	96	94	89	87	86	85	83	82
113	114	111	106	102	99	98	96	95	91	92	93
99	100	99	99	97	96	94	96	96	94	94	95
98	100	99	99	98	97	94	92	90	88	90	
73	67	104	78	73	106	66	75	47	51	71	89
1.2	1.2	1.2	1.4	1.3	1.5	1.1	1.1	1.1	0.9	1.3	1.4
1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.2	1.2	1.2	1.2	1.2
6.9	7.3	7.7	7.3	7.4	7.5	8.1	8.2	7.3	7.6	7.9	7.4
						8.1	8.2	7.9	7.8	7.7	7.7
8.2	8.3	8.3	8.4	8.4	8.5	8.6	8.6	8.6	8.7	8.7	8.8

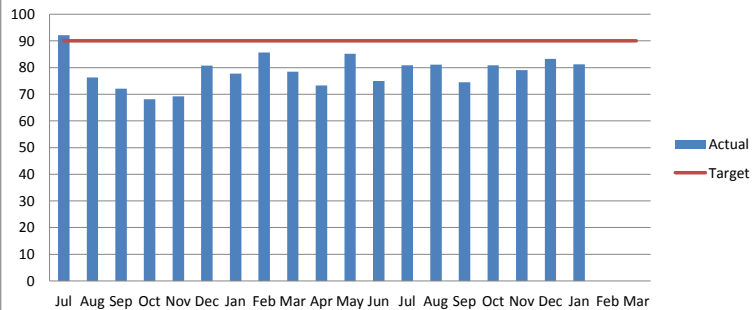
Data Period	Group							Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C					
Oct-14									86	●		
Oct-14									83	●		
Oct-14									93	●		
Sep-14									95.4	●		
Aug-14									89.9	●		
Oct-14								80		●		
Nov-14	87	92		0				81		●		
Jan-15								1.93				
Jan-15								1.35				
Dec-14								7.86				
Dec-14								7.69				
Nov-14								8.7				



Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since October 2013)																Data Period	Month	Year To Date	Trend	Next Month	3 Months			
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J							F	M	
3			Pts spending >90% stay on Acute Stroke Unit	%	=>90.0	=>90.0																			Jan-15	96.1	91.1				
3			Pts admitted to Acute Stroke Unit within 4 hrs	%	=>90.0	=>90.0																			Jan-15	81.3	79.2				
3			Pts receiving CT Scan within 1 hr of presentation	%	=>50.0	=>50.0																			Jan-15	75.0	71.5				
3			Pts receiving CT Scan within 24 hrs of presentation	%	100	100																				Jan-15	93.8	98.6			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	%	=>85.0	=>85.0																			Jan-15	100.0	79.4				
3			Stroke Admissions - Swallowing assessments (<24h)	%	=>98.0	=>98.0																			Jan-15	100.0	100.0				
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	%	=>70.0	=>70.0																			Jan-15	97.3	98.1				
3			TIA (Low Risk) Treatment <7 days from receipt of referral	%	=>75.0	=>75.0																			Jan-15	95.2	97.2				
9			Primary Angioplasty (Door To Balloon Time 90 mins)	%	=>80.0	=>80.0																			Jan-15	100.0	88.2				
9			Primary Angioplasty (Call To Balloon Time 150 mins)	%	=>80.0	=>80.0																			Jan-15	100.0	88.9				
9			Rapid Access Chest Pain - seen within 14 days	%	=>98.0	=>98.0																			Dec-14	97.9	97.4				

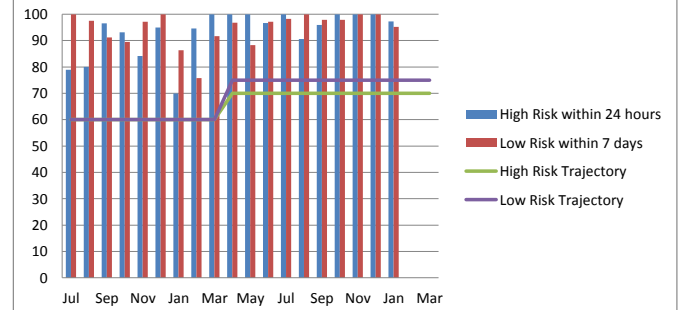
Admissions (%) to Acute Stroke Unit within 4 hours















CT Scan following presentation



TIA Treatment (%)

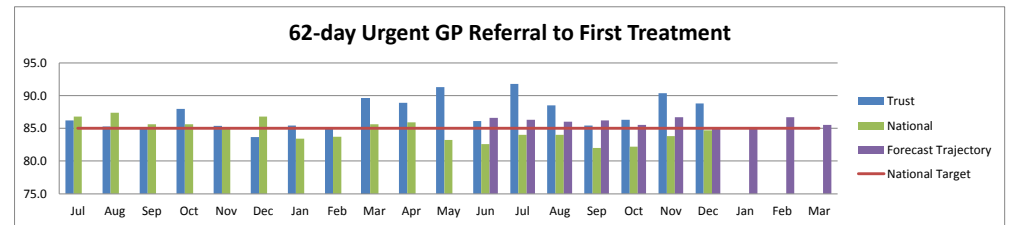
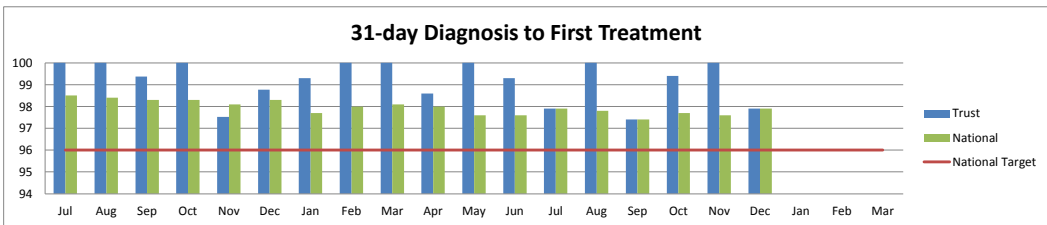
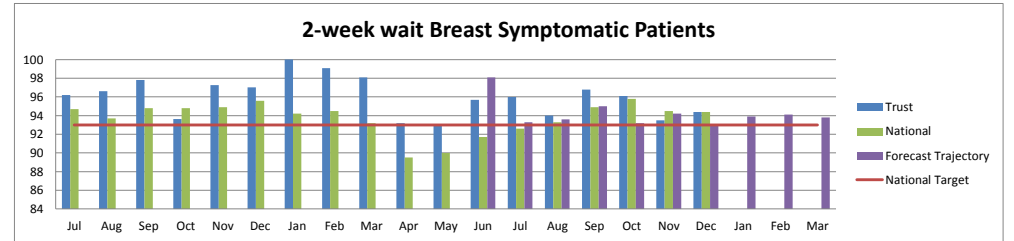
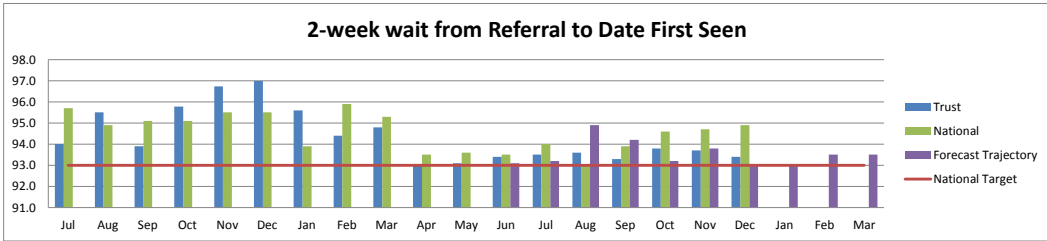


Clinical Effectiveness - Cancer Care

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

[illegible]

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	O					
Dec-14	89.5	94.8	94.2	95.6					93.4	93.4	●		
Dec-14		94.4							94.4	94.9	●		
Dec-14	100	98.6		82.0					97.9	98.9	●		
Dec-14									96.4	98.3	●		
Dec-14									100	100	●		
Dec-14									n/a	100	●		
Dec-14	92.0	92.4	40.0	82.6					88.8	88.6	●		
Dec-14		95.0		50.0					90.9	97.6	●		
Dec-14	100	100	100	0.0					90.0	93.9	●		

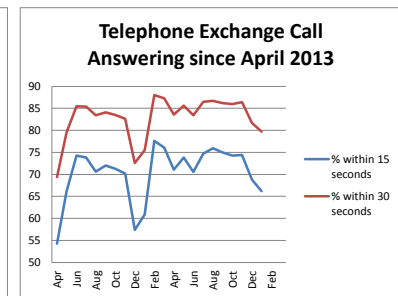
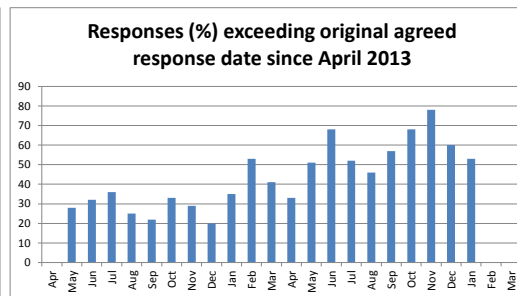
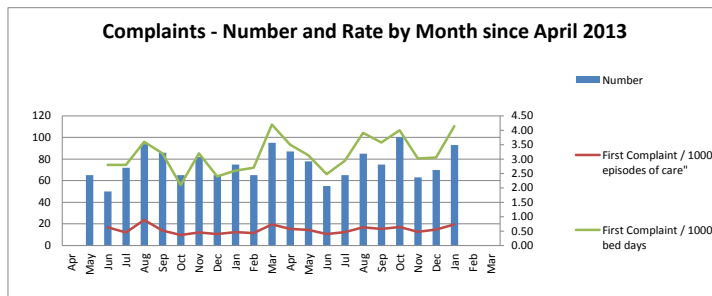
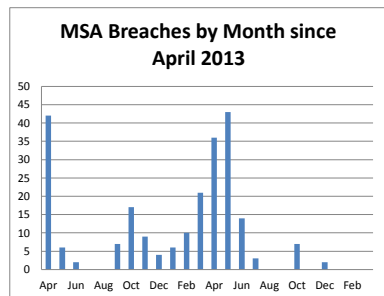


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			FFT Response Rate - Inpatients	%	=>30.0	=>30.0
8			FFT Score - Inpatients	No.	=>60.0	=>60.0
8			FFT Response Rate Emergency Department	%	=>20.0	=>20.0
8			FFT Score - Emergency Department	No.	=>46.0	=>46.0
13			Mixed Sex Accommodation Breaches	No.	0	0
9			No. of Complaints Received (formal and link)	No.		
9			No. of Active Complaints in the System (formal and link)	No.		
9			No. of First Formal Complaints received / 1000 bed days	Rate		
9			No. of First Formal Complaints received / 1000 episodes of care	Rate		
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0
9			No. of responses sent out	No.		
9			Oldest* complaint currently in system	Days		
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes

Previous Months Trend (since October 2013)																							
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M						
29	31	29	31	34	36	36	44	45	41	32	31	28	31	28	33								
71	70	73	71	75	73	74	74	70	73	76	74	73	73	69	70								
21	17	15	15	16	15	15	16	16	16	17	17	17	18	17	18								
46	47	44	47	48	48	47	49	48	47	49	47	48	49	50	50								
17	9	4	6	10	21	36	43	14	3	0	0	7	0	2	0								
65	52	65	75	65	95	87	78	55	65	85	75	100	63	70	93								
201	201	190	188	188	210	194	245	270	219	258	282	324	359	219	249								
2.1	3.2	2.4	2.6	2.7	4.2	3.5	3.1	2.5	2.9	3.9	3.6	4.0	3.0	3.1	4.1								
0.4	0.5	0.4	0.5	0.4	0.7	0.6	0.5	0.4	0.5	0.6	0.6	0.6	0.5	0.6	0.7								
97	99	98	97	95	99	100	100	100	99	99	100	99	100	99	99								
33	29	20	35	53	41	33	51	68	52	46	57	68	78	60	53								
109	59	79	81	58	67	117	30	4	138	66	42	35	26	198	59								
107	174	91	112	118	127	104	124	145	127	133	131	174	161	182	192								

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Jan-15									33.0				
Jan-15									70.0				
Jan-15	18								18.0				
Jan-15	50								50.0				
Jan-15	0	0	0	0		0	0		0	106			
Jan-15	30	15	14	11	3	3	2	15	93	771			
Jan-15	106	45	35	21	8	9	4	21	249				
Jan-15	2.4	2.8	24.4	2.7					4.14	3.53			
Jan-15	0.8	1.6	0.9	0.5			0.1		0.73	0.60			
Jan-15	100	100	100	100	100	100	100	97	99				
Jan-15	59	58	28	24	62	56	61	62	53				
Jan-15	24	18	8	3	0	1	0	5	59				
Jan-15	188	192	102	52	96	83	61	123	192				
Jan-15	Y	Y	Y	Y	Y	Y	Y	Y	Yes				

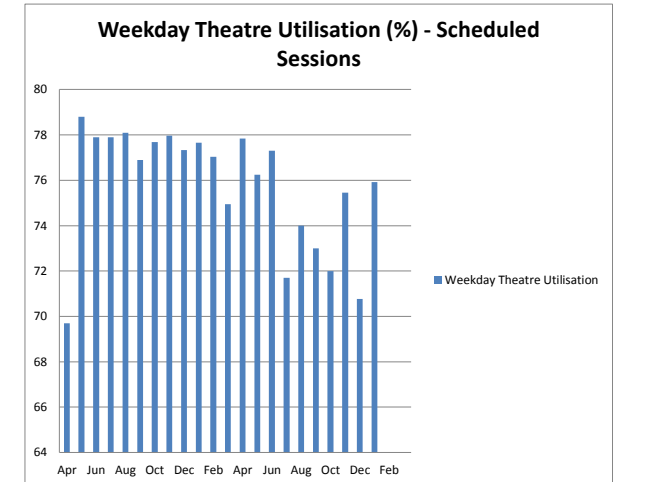
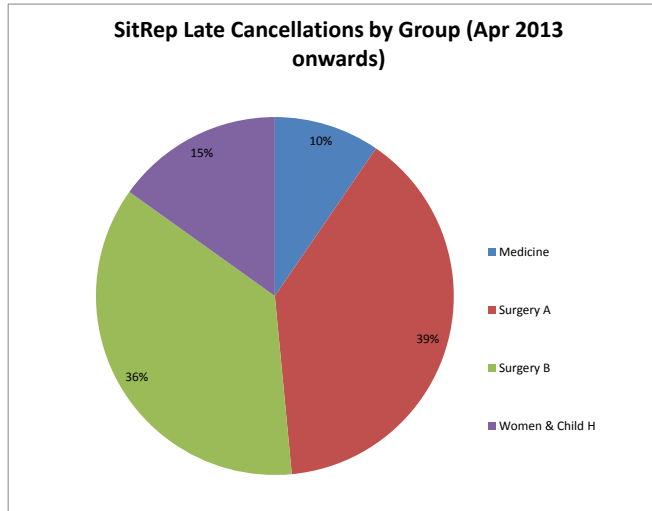
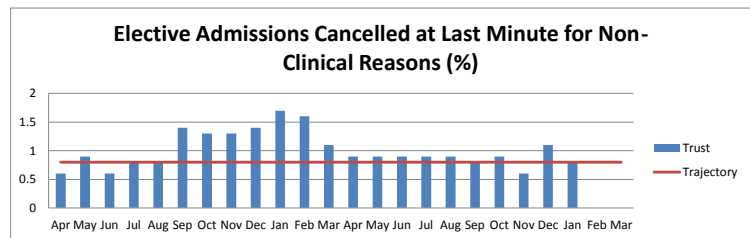
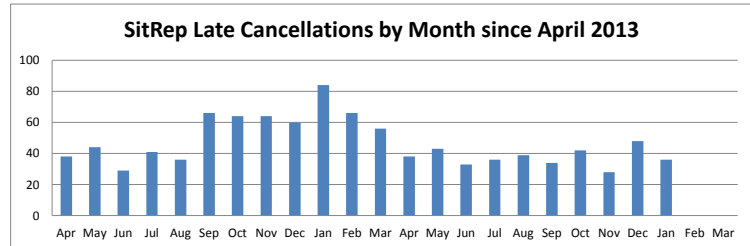


Patient Experience - Cancelled Operations

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

Previous Months Trend (since October 2013)																							
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M						
0	0	0	0	0	1	1	1	0	0	0	1	0	0	1	0	1	0						
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0						
64	64	60	84	66	56	38	43	33	36	39	34	42	28	48	36								
7	5	7	13	13	0	0	1	0	0	0	0	0	0	0	0								
12	13	13	13	13	11	12	7	10	12	11	13	11	14	10	11								
6	6	5	8	6	6	5	6	5	5	6	7	6	6	8	6								

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Jan-15	0.00	1.05	2.24	0.33					0.8	0.8	<div></div>		
Jan-15	0	0	0	0					0	4	<div></div>		
Jan-15	0	0	0	0					0	1	<div></div>		
Jan-15	0	11	24	1					36	377	<div></div>		
Jan-15	0	0	0	0					0	1	<div></div>		
Jan-15	8.5	17.0	7.2	12.2					10.94		<div></div>		
Jan-15	2.3	8.9	9.3	6.6					6.2		<div></div>		
Jan-15	61	78	73.6	77					76		<div></div>		

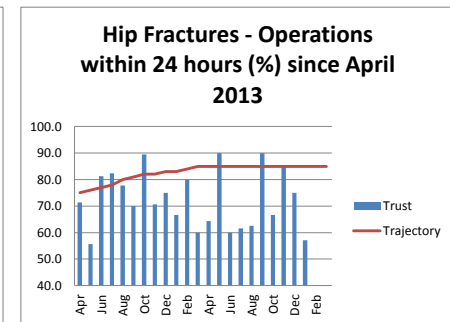
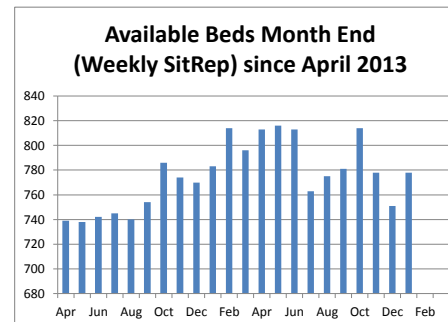
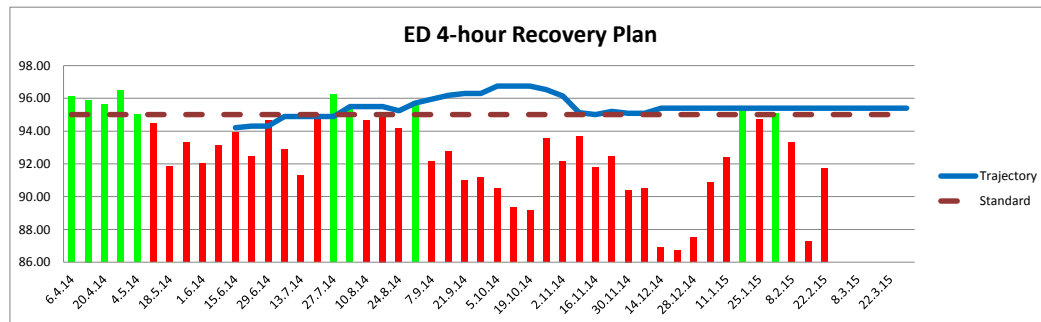


Access To Emergency Care & Patient Flow




















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

Previous Months Trend (since October 2013)																
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
						741	1210	1277	1122	876	1460	1636	1440	2234	1054	
						119	136	125	145	51	136	219	159	282	185	
						13	8	8	8	1	13	21	14	31	7	
3931	3927	4122	4009	3826	4271	4044	4227	4093	3994	4067	4193	4168	4470	4001		
						668	751	722	753	697	680	709	650	807	650	
						312	331	330	329	337	270	337	294	313	242	

Data Period	Unit			Month	Year To Date	Trend	Next Month	3 Months
	S	C	B					
Jan-15	92.7	91.2	99.7	93.77	92.8			
Jan-15	509	539	6	1054	13048			
Jan-15	0	0	0	0	0			
Jan-15	19	18	11	18	18			
Jan-15	46	49	17	42	51			
Jan-15	7.25	7.67	3.29	6.93	6.79			
Jan-15	2.14	3.81	1.65	2.84	4.1			
Jan-15	115	70		185	1557			
Jan-15	6	1		7	124			
Jan-15	0.34	0.04		0.17	0.3			
Jan-15	1777	2224		4001	41535			
Jan-15	2.9	4.6		3.6	3.7			
Jan-15	8	7		15				
Jan-15				650	7090			
Jan-15				242	3129			
Jan-15				54.6	70.5			

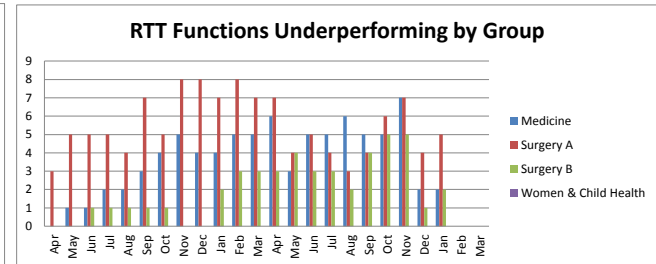
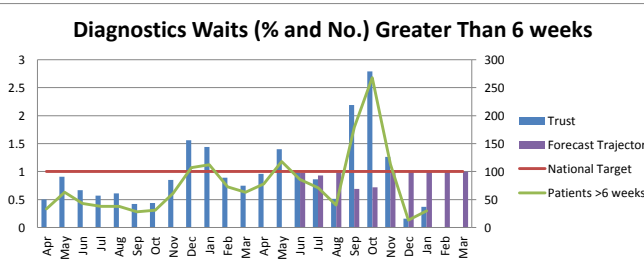
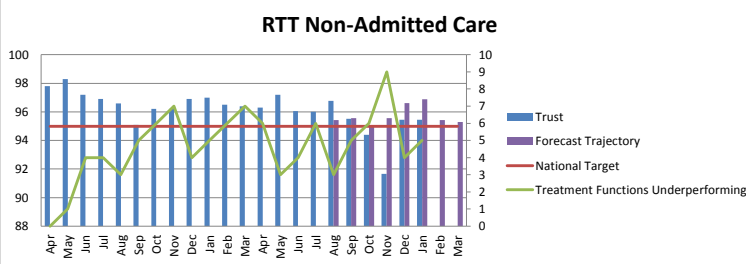
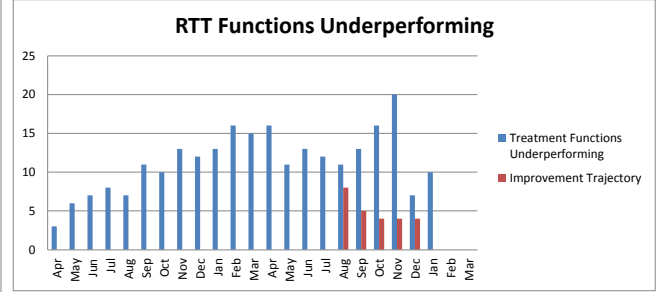
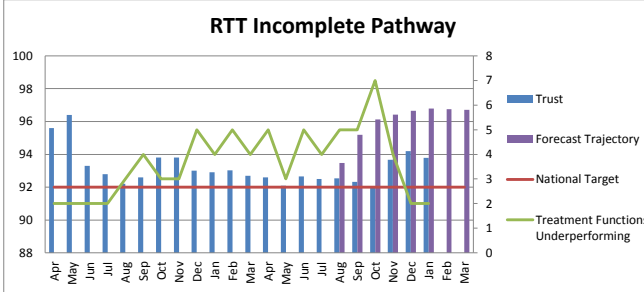
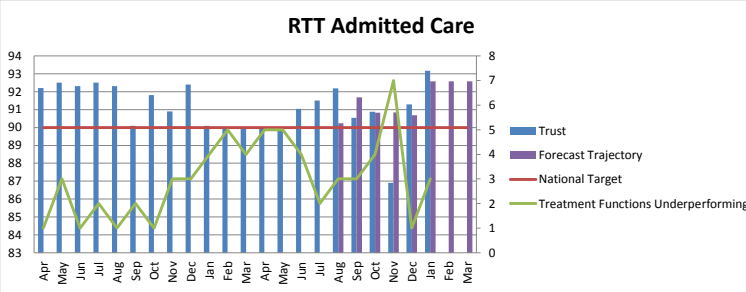


Referral To Treatment





















































































Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2		  	RTT - Admitted Care (18-weeks)	%	=>90.0	=>90.0
2		  	RTT - Non Admitted Care (18-weeks)	%	=>95.0	=>95.0
2		  	RTT - Incomplete Pathway (18-weeks)	%	=>92.0	=>92.0
2			Patients Waiting >52 weeks	No.	0	0
2			Treatment Functions Underperforming	No.	0	0
2		  	Acute Diagnostic Waits in Excess of 6-weeks	%	=<1.0	=<1.0

[illegible]


























Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Jan-15	96.3	87.9	92.3	95.3					93.17				
Jan-15	94.6	95.6	95.8	97.6					95.44				
Jan-15	95.4	92.6	92.6	98.5					93.78				
Jan-15	0	3	0	0					4				
Jan-15	2	5	2	0					10				
Jan-15	0.1	2.5	1.3	0.0		0.2			0.37				



Data Completeness

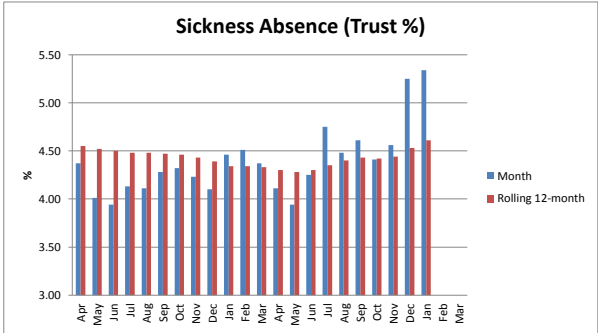
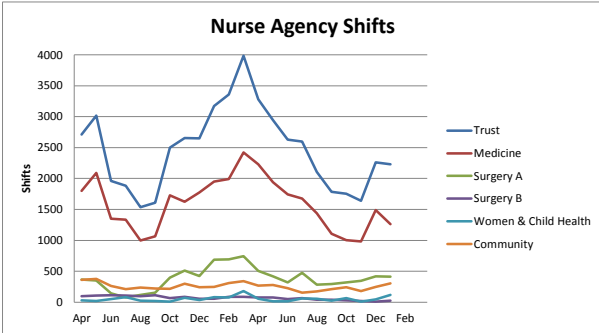
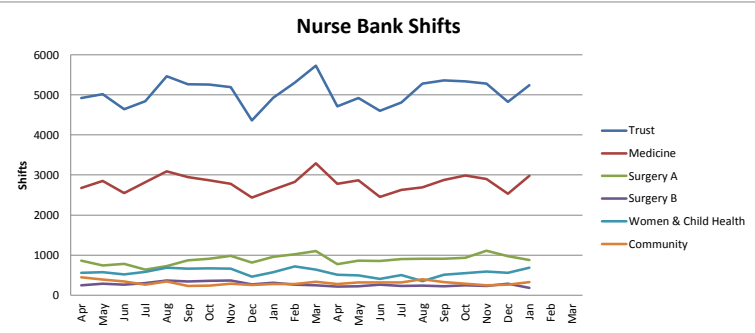
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since October 2013)																			Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months						
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	M		A	B	W	P	I	C	CO												
14			Data Completeness Community Services	%	=>50.0	=>50.0																										Jan-15									>50	>50			
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	%	=>99.0	=>99.0																										Dec-14									99.45	99.45			
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	%	=>99.0	=>99.0																										Dec-14									99.42	99.42			
2																																													

Staff

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
7			WTE - Actual versus Plan (FTE)	No.		
3			PDRs - 12 month rolling	%	=>95.0	=>95.0
7			Medical Appraisal and Revalidation	%	=>95.0	=>95.0
3			Sickness Absence	%	=<3.15	=<3.15
3			Mandatory Training	%	=>95.0	=>95.0
3			Mandatory Training - Health & Safety (% staff)	%	=>95.0	=>95.0
7			Staff Turnover (rolling 12 months)	%	=<10.0	=<10.0
7			New Investigations in Month	No.		
7			Vacancy Time to Fill	weeks		
7			Professional Registration Lapses	No.	0	0
7			Qualified Nursing Variance (FIMS) (FTE)	No.		
10			Nurse Bank Fill Rate	%		
10			Nurse Bank Use (shifts)	No.	46980	3915
10			Nurse Agency Use (shifts)	No.	0	0
10			Admin & Clerical Bank Use (shifts)	No.	0	0
10			Admin & Clerical Agency Use (shifts)	No.	0	0
15			Your Voice - Response Rate	%		
15			Your Voice - Overall Score	No.		

[illegible]

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Jan-15	242	62	32	67	24	22	76	175	700.9				
Jan-15	80	83	86	82	84	79	90	76		81	●		
Jan-15	95	83	88	83	76	97		100		87.8	●		
Jan-15	5.2	6.0	3.7	5.7	4.4	6.4	4.6	5.5	5.34	4.61	●		
Jan-15	84	89	86	86	94	89	93	89		87.3	●		
Jan-15	96	97	94	96	99	98	100	99		97.6	●		
Jan-15									12.23	12.15	●		
Jan-15	1	1	0	0	0	0	0	1	3				
Jan-15									20				
Jan-15	0	0	0	0	0	0	0	0	0	0	●		
Jan-15									237.8	190.2			
Jan-15									77.5	78.5			
Jan-15	2978	874	184	688	0	21	325	170	5242	48025	●		
Jan-15	1264	412	28	119	0	96	307	5	2231	19711	●		
Jan-15	649	211	147	73	513	131	193	3117	5034	55764	●		
Jan-15	40	21	42	15	0	0	0	6	124	1248	●		
Jan-15	6	9	14	8	12	19	28	15					
Jan-15	3.6	3.5	3.5	3.6	3.8	3.4	3.8	3.5					



CQUIN (I)

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend													Data Period	Group									Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	M		A	B	W	P	I	C	CO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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CQUIN (II) and summary

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

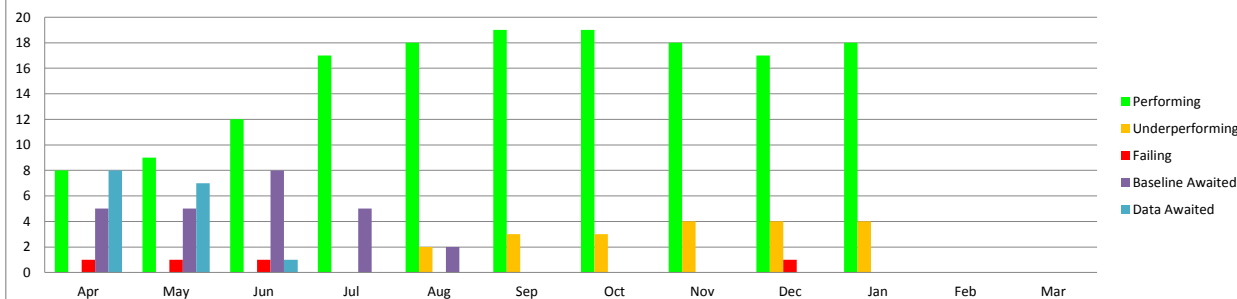
Previous Months Trend												
A	M	J	J	A	S	O	N	D	J	F	M	
•		•	•	•	•	•	•	•	•	•	•	
•		•			•	•	•	•	•	•	•	
Met (Q1)	Met (Q2)	Met (Q3)										
Met (Q1)	Met (Q2)	Met (Q3)										
Met (Q1)	Met (Q2)	Met (Q3)										
Met (Q1)	Met (Q2)	Met (Q3)										

Data Period
Jan-15
Jan-15
Dec-14
Dec-14
Dec-14
Dec-14

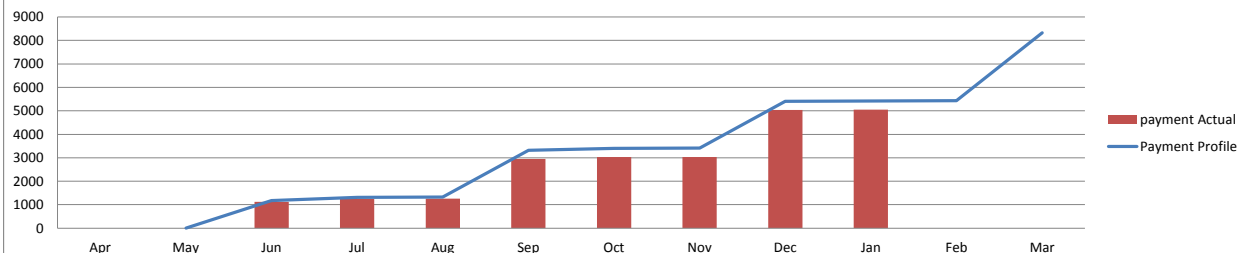
Group							
M	A	B	W	P	I	C	CO

Month	Year To Date	Trend	Next Month	3 Months
actions in place	actions in place	•	•	•
On Track	On Track	•	•	•
On Track	Met (Q3)	•	•	•
On Track	Met (Q3)	•	•	•
On Track	Met (Q3)	•	•	•
On Track	Met (Q3)	•	•	•

CQUIN - Scheme Summary



CQUIN Payment (£000s)



The Trust is contracted to deliver a total of 22 CQUIN schemes during 2014 / 2015. 9 schemes are nationally mandated, a further 9 have been agreed locally, with the remaining 4 identified by the West Midlands Specialised Commissioners. The collective financial value of the schemes is c.£8.3m.

In summary, 18 schemes are classified as performing, with the remaining 4 underperforming. No schemes are currently failing.

Underperforming schemes are; 1) A current FFT response rate of less than the Q1 base in inpatient areas; 2) Related to this is the requirement to deliver a response rate of 40% or more in inpatient areas during March 2015; 3) Medication and Falls - an e-BMS development is signed off, with a scheduled implementation during February, which will provide continuous audit data on the number of admissions at high risk of falling, should improve compliance. CCG agreement to a contract variation to reflect this has been obtained; 4) The Community Dietetics scheme is now back on track to an agreed revised implementation plan. Subject to delivery during Q4, the Trust will receive 75% of the original scheme value. Initial data (as at 17 February) for January indicates significant improvement against the Sepsis Care CQUIN, with 95% patients receiving the Sepsis Care Bundle within 1 hour, compared with a Q4 trajectory of 65%.

To date three confirm and challenge meetings have been held with scheme leads. Formal submission of CQUIN performance to commissioners has been made for the first 2 Quarters. Initial feed back from Commissioning (29th Dec) showed concern for 3 areas; FFT inpatients, Community Dietetics and Maternity. Maternity and FFT inpatients have subsequently been cleared for payment. Community Dietetics has been subject to more detailed discussion, with a revised implementation plan and payment profile having now been agreed. Confirmation has been received from Specialised Commissioners that all 4 schemes have been fully achieved for Q3, and payment criteria satisfied.

External Assessment Frameworks

TRUST DEVELOPMENT AUTHORITY (TDA) ACCOUNTABILITY FRAMEWORK - SUMMARY

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
QUALITY SCORE		5	3	3	3	3	2	2	2	2	3		
Domain													
	Responsiveness	Initial Score	5	4	4	4	4	4	3	5	5		
		Override Rules Applied	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
		Revised Score	5	3	3	3	2	2	2	2	3		
		Indicators Not Achieving TDA Standard	RTT >52weeks 28 day canc. Ops	RTT >52weeks 28 day canc. Ops Diagnostic Waits ED 4-hours	RTT >52weeks ED 4-hours DTC	RTT >52weeks ED 4-hours DTC	RTT >52weeks ED 4-hours DTC	28-day canc. Op. ED 4-hours Diagnostic Waits	ED 4-hours DTC Diagnostic Waits RTT >52weeks Non-Ad RTT	ED 4-hours DTC 28 day canc. Ops Urgent Op - canc x2	ED 4-hours DTC		
Effectiveness													
	Effectiveness	Initial Score	5	5	5	5	5	5	5	5	5		
		Override Rules Applied	No	No	No	No	No	No	No	No	No		
		Revised Score	5	5	5	5	5	5	5	5	5		
		Indicators Not Achieving TDA Standard											
Safe													
	Safe	Initial Score	4	5	4	5	5	5	5	5	5		
		Override Rules Applied	No	No	No	No	No	No	No	No	No		
		Revised Score	4	5	4	5	5	4	5	5	5		
		Indicators Not Achieving TDA Standard	Pt. Safety Incidents Open CAS Alerts Harm Free Care	Pt. Safety Incidents Open CAS Alerts	Pt. Safety Incidents Open CAS Alerts Harm Free Care	Pt. Safety Incidents Open CAS Alerts	Pt. Safety Incidents Harm Free Care	Harm Free Care MRSA Bact.	Harm Free Care	Harm Free Care Open CAS Alerts	Harm Free Care Maternal Death	Harm Free Care Open CAS Alerts	
Caring													
	Caring	Initial Score	5	5	5	5	5	5	5	5	5		
		Override Rules Applied	No	No	No	No	No	No	No	No	No		
		Revised Score	5	5	5	5	5	5	5	5	5		
		Indicators Not Achieving TDA Standard	MSA Breaches	MSA Breaches	MSA Breaches	MSA Breaches		MSA Breaches		MSA Breaches			
Well Led													
	Well Led	Initial Score	3	3	3	3	3	2	2	2	2		
		Override Rules Applied	No	No	No	No	No	No	No	No	No		
		Revised Score	3	3	3	3	3	2	2	2	2		
		Indicators Not Achieving TDA Standard	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	IP FFT Resp. Rate ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	IP FFT Resp. Rate ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs	ED FFT Resp. Rate DQ Returns to HSCIC Temp. Staff Costs		
FINANCE SCORE		AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		

Override Rules

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

MONITOR RISK ASSESSMENT FRAMEWORK - SUMMARY

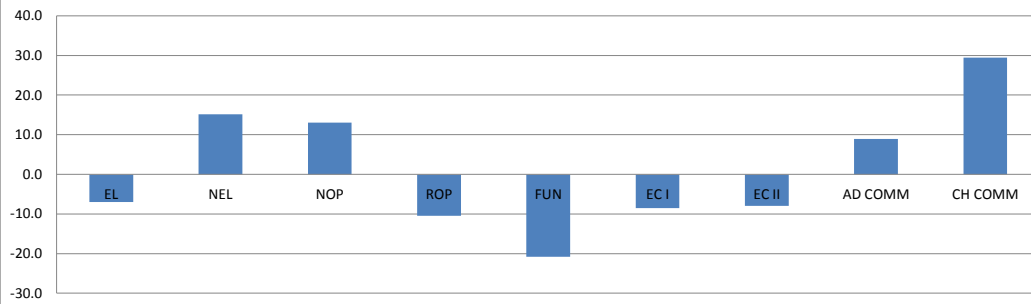
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Indicators Achieving Monitor Standard		15	14	14	14	14	14	13	12	14	14		
Indicators Not Achieving Monitor Standard		0	1	1	1	1	1	2	3	1	1		
			ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours RTT Non-Admitted	ED 4-hours RTT Admitted RTT Non-Admitted	ED 4-hours	ED 4-hours		
GOVERNANCE RATING		0.0	1.0	1.0	1.0	1.0	1.0	2.0	3.0	1.0	1.0		

PLEASE NOTE:

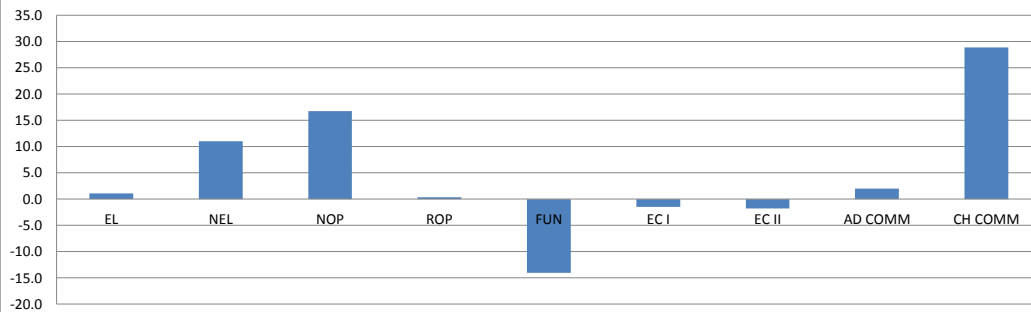
For both Frameworks - Performance is projected where data is not available for the period of assessment (e.g. RTT and Cancer)

Activity Summary

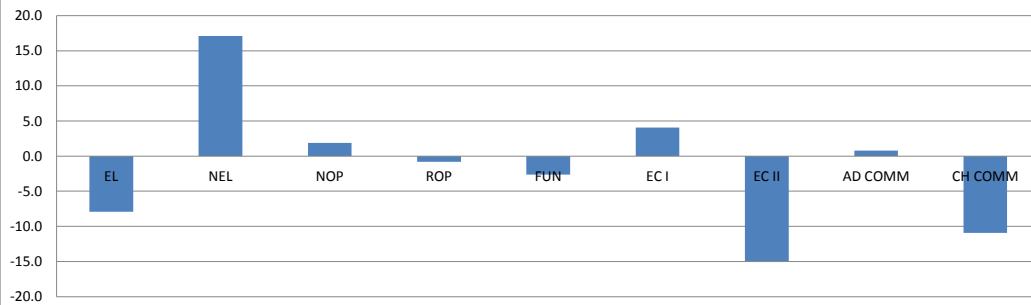
Month



Year To Date




















Year On Year



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

High level Elective activity is above plan for the month by 5.7% and remains ahead of plan for the year to date by 1.8%. Non-Elective activity during the month is 15.2% greater than plan, is 10.5% higher than plan for the year to date, and 6.6% higher than the corresponding period last year. New outpatient attendance numbers are ahead of plan by 16.9% for the year to date. With OP Review attendances just above plan (0.9%) for the year to date, the Follow-Up to New OP Ratio for the period to date is 2.17, compared with a plan derived from contracted activity of 2.52. Type I Emergency Care activity for the month is 11.9% behind plan, and is 17.6% less than plan for the year to date. this is below the activity delivered for the corresponding period last year. Type II activity is 5.7% above plan for the month, and 12.2% above plan for the year to date. Adult Community and Child Community activity exceeds plans for the year to date by 1.3% and 28.8% respectively, although the latter is 11.1% less than the corresponding period last year, due to the transfer of School Health Nursing to another provider.

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory	
				Year	Month
18			Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0	
18			Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0
18			Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0
18			Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0	
18			Forecast underlying surplus / deficit compared to plan	£0.0	
18			Forecast year end charge to capital resource limit	£22.8	
18			Is the Trust forecasting permanent PDC for liquidity purposes?	No	
18			Temporary costs and overtime as % total payroll	2.6%	2.6%
18			Continuity of Service Risk Rating - Year to Date	2.5	

[illegible]

Data Period	Group							
	M	A	B	W	P	I	C	CO
Jan-15								
Jan-15	-2.8	-2.6	-2.4	-1.3	0.1	-1.2	1.3	0.1
Jan-15	-0.9	-1.0	-1.0	-0.9	-0.8	-0.6	-0.5	-1.0
Jan-15	-0.9	-1.3	-1.2	-1.1	-1.0	-0.7	-0.7	-1.2
Jan-15								
Jan-15								
Jan-15								
Jan-15	9.2%	3.9%	1.6%	1.6%	0.0%	1.5%	2.0%	0.0%
Jan-15								

Month	Year To Date	Trend	Next Month	3 Months
£0.0		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
	£450.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
	-£6.7	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
	-£8.1	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
	£128.1	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
£19,331		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
No		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
3.6%	3.9%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
	3.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

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

[illegible]

Contractual Requirements - Local Quality Requirements	
1	Contractual Requirements - Local Quality Requirements

[illegible]

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

PAGE 22

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

Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)								QUARTER 2 (£000s)								QUARTER 3 (£000s)								QUARTER 4 (£000s)								YEAR TO DATE (£000s)																																																																																																																																																																																																																																																																																																																																																																																																																							
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL																																																																																																																																																																																																																																																																																																																																																																																																											
2		OT	ED Waits >4 hours (=>95.0% each Quarter)	400	=>95.0%	100.0		0.0						100.0	100.0		0.0							100.0		0.0							100.0		0.0												300.0		0.0							300.0																																																																																																																																																																																																																																																																																																																																																																																																					
2		OT	RTT Admitted Care (0 failing specialties after Q1)	200	0	na	na	na	na					0.0	8.3	25.0	33.3	0.0						66.6	0.0	33.3	33.3	0.0						66.6		0.0											8.3	58.3	66.6	0.0						133.2																																																																																																																																																																																																																																																																																																																																																																																																					
2		OT	RTT Non-Admitted Care (0 failing specialties after Q1)	200	0	na	na	na	na					0.0	42.9	14.3	9.5	0.0						66.7	22.2	22.2	22.2	0.0						66.6		0.0											65.1	36.5	31.7	0.0						133.3																																																																																																																																																																																																																																																																																																																																																																																																					
1		OT	Cancer Waits (2 weeks)	400	=>93.0%	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0						0.0									0.0																	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
19		OT	Urgent & Emergency Care - achieve quarterly milestones in SDIP	100	Yes / No									0.0										0.0									0.0																	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
19		OT	Lipid Management in OP Clinics - achieve quarterly milestones in SDIP	100	Yes / No									0.0										0.0									0.0																	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
2		OT	Community Nursing (Quality & Info Requirements) - achieve quarterly milestones in SDIP	100	Yes / No									0.0										0.0									0.0																	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
14		OT	Dev'tment of Advice & Guidance Service and Map of Medicine - achieve quarterly milestones in SDIP	100	Yes / No									0.0										0.0									0.0																	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
2		OT	Cardiology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.61	0.0								0.0	0.0								0.0	14.3									14.3															14.3																																																																																																																																																																																																																																																																																																																																																																																																													
2		OT	Paediatrics - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.64				0.0					0.0			14.3						14.3				14.3						14.3															0.0		28.6			28.6																																																																																																																																																																																																																																																																																																																																																																																																								
2		OT	Dermatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.48	14.3								14.3	14.3								14.3	14.3									14.3															42.9					42.9																																																																																																																																																																																																																																																																																																																																																																																																								
2		OT	Geriatric Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.76	0.0								0.0	14.3								14.3	14.3									14.3															28.6			28.6																																																																																																																																																																																																																																																																																																																																																																																																										
2		OT	Rheumatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<4.99	14.3								14.3	14.3								14.3	0.0									0.0															28.6			28.6																																																																																																																																																																																																																																																																																																																																																																																																										
2		OT	Gastroenterology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.45	14.3								14.3	0.0								0.0	0.0									0.0															14.3			14.3																																																																																																																																																																																																																																																																																																																																																																																																										
2		OT	General Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.38	0.0								0.0	0.0								0.0	0.0									0.0																0.0																																																																																																																																																																																																																																																																																																																																																																																																												
9		OT	Never Events (reduced incentive available (1 = 85% available, 2 (65), 3 (40), 4 (10), 5 (0)	-2000	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																																																																																																																																																																																																																																																																																																																																																																																																											
			ALL			142.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	142.8	194.1	39.3	42.8	14.3	0.0	0.0	0.0	0.0	0.0	290.5	165.1	55.5	55.5	14.3	0.0	0.0	0.0	0.0	290.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Contractual Requirements - Price Activity Matrix (PAM)

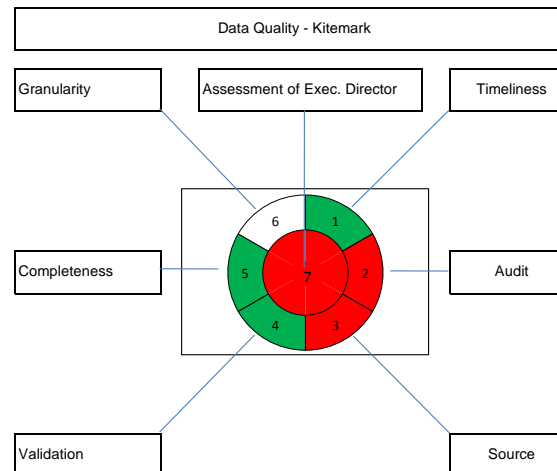
Data Source	Data Quality	Req	Indicator	Value (\$000s)	Threshold	QUARTER 1 (\$000s)										QUARTER 2 (\$000s)										OCTOBER (\$000s)										NOVEMBER (\$000s)										DECEMBER (\$000s)										YEAR TO DATE (\$000s)												
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL
2		PAM	Elective (IP and DC)	52721	Contract Plan	48	75	-62	-26	2	0			37	116	6	91	-83	10	-2			138	19	-40	-25	-4	4	7			-39	51	-66	-22	-32	6	-1			-64	-4	21	-42	-1	6	3			-17	230	-4	-60	-146	28	7					55							
2		PAM	Non-Elective	82299	Contract Plan	152	-21	-45	-2					84	185	112	-44	9					262	100	-38	-18	-46					-2	10	4	-39	-22					-47	95	-46	-5	33					77	542	11	-151	-28							374							
2		PAM	Excess Bed Days	20352	Contract Plan	74	25	-21	-60					18	112	-12	-18	-44					38	-21	8	-11	-7					-31	6	-9	-9	-20					-32	-15	-5	-10	-18					-48	156	7	-69	-149							-55							
2		PAM	Accident & Emergency	20352	Contract Plan	-11		-86						-97	37		-68						-31	2		-26						-24	33		-26						7	29		-33						-4	90		-239	0							-149							
2		PAM	Outpatient New	26337	Contract Plan	23	5	-20	-36	-3	0	0		-31	16	6	8	-38	-1	0	0		-9	10	6	-12	-17	-1	0	0		-14	29	0	-46	-24	-1	0	0		-42	27	8	-24	-16	-1	0	0		-6	105	25	-94	-131	-7	0	0					-102						
2		PAM	Outpatient Review	33208	Contract Plan	59	-34	-10	-27	-1	0	-1		-14	30	-25	102	-29	4	0	-2		80	-12	-13	34	-9	0	0	0		0	-24	-20	4	-17	-1	0	0		-58	12	-7	9	0	3	0	0		17	65	-99	139	-82	5	0	-3		25									
2		PAM	Outpatient with Procedure	7336	Contract Plan	-22	44	-138	12					-104	24	53	-155	22					-56	6	19	-48	11					-12	-6	6	-35	3					-32	6	13	-28	6					-3	8	135	-404	54							-207							
2		PAM	Outpatient Telephone Conversation	196	Contract Plan	3	0							3	3	0							3	0	0							0	1	0							1	1	0							1	8	0								8								
2		PAM	Maternity	14219	Contract Plan				72					72			300						300			90						90			146						146			155						155			763						763									
2		PAM	Occupied Cot Days	6000	Contract Plan				18					18				-117					-117			27						27			-5						-5			5					5			-72					-72											
2		PAM	Unbundled Activity	9520	Contract Plan	28	1	-8	6	0	0			27	185	-13	4	3	0	0			179	17	-10	2	0	0	0			9	37	-13	-3	2	0	0			23	76	-12	0	1	0	0			65	343	-47	-5	12	0	0				303								
2		PAM	Other Contract Lines	89552	Contract Plan	119	-6	331	11	-8	-78	0		369	419	7	172	-40	-13	-81	0		464	375	-2	3	-23	4	-19	0		338	184	11	-11	0	-17	-26	0		141	203	-2	14	-22	-26	-14	0		153	1300	8	509	-74	-60	-218	0		1465									
2		PAM	Community	36003	Contract Plan	0	0		-8		0	0		-8	0	0		-12		0	4		-8	1	0		-2		0	0		-1	0	0		-3		0	-1		-4	0	0		-2		0	2		0	1	0		-27		0	5		-21									
			ALL			473	89	-59	-40	-10	-78	-1	0	374	1127	134	92	-29	0	-83	2	0	1243	497	-70	-101	20	7	-12	0	0	341	321	-87	-187	28	-13	-27	-1	0	34	430	-30	-119	141	-18	-11	2	0	395	2848	36	-374	120	-34	-211	2	0	2387									

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



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

Red Insufficient

Green Sufficient

White Not Yet Assessed

The centre of the indicator is colour coded as follows:

Red / Green As assessed by Executive Director

White Awaiting assessment by Executive Director

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

Medicine Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months				
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC						SC			
C. Difficile	30	3	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>13</div>	<div></div>	<div></div>	<div></div>
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>1</div>	<div></div>	<div></div>	<div></div>
MRSA Screening - Elective (%)	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>48</div>	<div>79.5</div>	<div></div>	<div></div>	<div></div>	
MRSA Screening - Non Elective (%)	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>86</div>	<div>90.33</div>	<div></div>	<div></div>	<div></div>	
Falls	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>5</div>	<div>63</div>	<div>507</div>	<div></div>	<div></div>	<div></div>
Falls with a serious injury	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>0</div>	<div>17</div>	<div></div>	<div></div>	<div></div>	
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div></div>	<div></div>	<div>0</div>	<div>34</div>	<div></div>	<div></div>	<div></div>	
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>100</div>	<div>99.41</div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>99</div>	<div>99.7</div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>100</div>	<div>100</div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>100</div>	<div>100</div>	<div></div>	<div></div>	<div></div>	
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div>0</div>	<div>13</div>	<div></div>	<div></div>	<div></div>	
Mortality Reviews within 42 working days	100	=>96	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov-14	<div></div>	<div></div>	<div>94</div>	<div>87</div>	<div></div>	<div></div>	<div></div>	

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC					
Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>96.1</div><div></div></div>	96.1	91.1	<div><div></div><div></div><div></div></div>																				
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>81.3</div><div></div></div>	81.3	79.2	<div><div></div><div></div><div></div></div>																				
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>75.0</div><div></div></div>	75.0	71.5	<div><div></div><div></div><div></div></div>																				
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>93.8</div><div></div></div>	93.8	98.6	<div><div></div><div></div><div></div></div>																				
Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>100</div><div></div></div>	100.0	79.4	<div><div></div><div></div><div></div></div>																				
Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div><div></div><div></div></div>																				
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0	=>70.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>97.3</div><div></div></div>	97.3	98.1	<div><div></div><div></div><div></div></div>																				
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0	=>75.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>95.2</div><div></div></div>	95.2	97.2	<div><div></div><div></div><div></div></div>																				
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0	=>80.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>100</div><div></div></div>	100.0	88.2	<div><div></div><div></div><div></div></div>																				
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0	=>80.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>100</div><div></div></div>	100.0	88.9	<div><div></div><div></div><div></div></div>																				
Rapid Access Chest Pain - seen within 14 days (%)	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>97.9</div><div></div></div>	97.9	97.4	<div><div></div><div></div><div></div></div>																				
2 weeks	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div></div><div>90</div></div>	89.5		<div><div></div><div></div><div></div></div>																				
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div></div><div>100</div></div>	100.0		<div><div></div><div></div><div></div></div>																				
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div></div><div>92.0</div></div>	92.0		<div><div></div><div></div><div></div></div>																				
Mixed Sex Accommodation Breaches	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div>0</div><div>0</div><div>0</div></div>	0	100	<div><div></div><div></div><div></div></div>																				
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div></div>	30	289	<div><div></div><div></div><div></div></div>																				
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div></div>	106		<div><div></div><div></div><div></div></div>																				
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div></div>	188		<div><div></div><div></div><div></div></div>																				

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC						SC
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	0.00	0.00	0.00	0.00		<div></div>		
28 day breaches	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	1	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	0	0	0	0	1	<div></div>		
Sitrep Declared Late Cancellations	0	0	13	2	2	7	7	4	10	2	7	7	3	2	5	4	1	0			Jan-15	0	0	0	0	41	<div></div>		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											61	54	57	60	62	61			Jan-15			60.6	60.63	<div></div>			
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	92.7 (s)	93.3 (C)		93.0	92.0	<div></div>		
Emergency Care 4-hour breach (numbers)								570	1003	1016	907	736	1201	1390	1181	1913	940			Jan-15	916	0	24	940	10857				
Emergency Care Trolley Waits >12 hours	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	0 (s)	0 (c)		0	0	<div></div>		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	19 (s)	18 (c)		19	18	<div></div>		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	46 (s)	49 (c)		47	51	<div></div>		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	7.25 (s)	7.67 (c)		7.46	7.32	<div></div>		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	2.14 (s)	3.81 (c)		2.98	4.39	<div></div>		
WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	119	136	125	145	51	136	219	159	282	185			Jan-15	115	70		185	1557	<div></div>		
WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	13	8	8	8	1	13	21	14	31	7			Jan-15	6	1		7	124	<div></div>		
WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	=<0.02	=<0.02	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	0.34	0.04		0.17	0.3	<div></div>		
WMAS - Emergency Conveyances (total)			3991	3927	4122	4009	3826	4271	4044	4227	4093	4278	3994	4067	4193	4168	4470	4001			Jan-15	1777	2224		4001	41535			

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months					
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	EC	AC						SC				
RTT - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div>95.7</div>	<div>96.6</div>	<div>96.3</div>		<div></div>			
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div>91.9</div>	<div>96.5</div>	<div>94.8</div>		<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div>95.5</div>	<div>95.4</div>	<div>95.4</div>		<div></div>		
Patients Waiting >52 weeks	0	0	<div>17</div>	<div>6</div>	<div>4</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>				Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>		<div></div>			
Treatment Functions Underperforming	0	0	<div>4</div>	<div>5</div>	<div>4</div>	<div>4</div>	<div>5</div>	<div>5</div>	<div>6</div>	<div>3</div>	<div>5</div>	<div>5</div>	<div>6</div>	<div>5</div>	<div>5</div>	<div>7</div>	<div>2</div>	<div>2</div>	<div></div>	<div></div>				Jan-15	<div>0</div>	<div>1</div>	<div>1</div>	<div>2</div>		<div></div>			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>0.0</div>	<div>0.0</div>	<div>0.3</div>	<div>0.14</div>		<div></div>		
WTE - Actual versus Plan			<div>176</div>	<div>158</div>	<div>165</div>	<div>135</div>	<div>163</div>	<div>163</div>	<div>171</div>	<div>161</div>	<div>157</div>	<div>151</div>	<div>166</div>	<div>160</div>	<div>166</div>	<div>197</div>	<div>232</div>	<div>242</div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>242</div>		<div></div>			
PDRs - 12 month rolling (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>78</div>	<div>78</div>	<div>86</div>		<div></div>		<div>79.8</div>	
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>		<div></div>		<div>94.5</div>	
Sickness Absence (%)	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>4.34</div>	<div>6.40</div>	<div>3.85</div>	<div>5.15</div>	<div>4.58</div>	<div></div>		
Mandatory Training (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>83</div>	<div>84</div>	<div>84</div>		<div></div>		<div>83.7</div>	
New Investigations in Month			<div>2</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>1</div>		<div></div>			
Nurse Bank Use	34560	2880	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>2978</div>	<div>26899</div>	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>1264</div>	<div>12290</div>	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>649</div>	<div>6617</div>	<div></div>		
Admin & Clerical Agency Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div></div>	<div></div>	<div></div>	<div>40</div>	<div>373</div>	<div></div>		
Your Voice - Response Rate (%)			<div>11</div>		<div>8</div>		<div>7</div>		<div>9</div>		<div>9</div>		<div>9</div>		<div>6</div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>5</div>	<div>4</div>	<div>12</div>	<div>6</div>		<div></div>		
Your Voice - Overall Score			<div>3.73</div>		<div>3.68</div>		<div>3.58</div>		<div>3.76</div>		<div>3.76</div>		<div>3.57</div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>				Jan-15	<div>3.6</div>	<div>3.7</div>	<div>3.5</div>	<div>3.57</div>		<div></div>		

Surgery A Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	B	C						D	
C. Difficile	7	1	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>6</div>	<div></div>		
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>		
MRSA Screening - Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>98</div>	<div>100</div>	<div>98</div>	<div>29</div>	<div>98.2</div>	<div></div>			
MRSA Screening - Non Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>96</div>	<div>94</div>	<div>95</div>	<div>78</div>	<div>95.1</div>	<div></div>			
Falls	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>60</div>	<div></div>		
Falls with a serious injury	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>1</div>	<div></div>		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div></div>	<div></div>	<div></div>	<div></div>	<div>4</div>	<div>7</div>	<div></div>		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>97.4</div>	<div>98.8</div>	<div>99.1</div>	<div>100</div>	<div>98.3</div>	<div></div>			
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>100</div>	<div>99.8</div>	<div>100</div>	<div>100</div>	<div>99.9</div>	<div></div>			
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>100</div>	<div>100</div>	<div>100</div>	<div>100</div>	<div>100</div>	<div></div>			
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>96</div>	<div>96</div>	<div>100</div>	<div>98</div>	<div>97.5</div>	<div></div>			
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>		
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>		
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>1</div>	<div>3</div>	<div></div>		
Mortality Reviews within 42 working days	100	=>96	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov-14	<div>83</div>	<div>100</div>	<div></div>	<div>95</div>	<div>92</div>	<div></div>			

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months					
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	B	C						D				
2 weeks	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	96.0	<div></div>	91.0	<div></div>	94.8		<div></div>	<div></div>	<div></div>
2 weeks (Breast Symptomatic)	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	94.4	<div></div>	<div></div>	<div></div>	94.4		<div></div>	<div></div>	<div></div>
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	98.1	<div></div>	100	<div></div>	98.6		<div></div>	<div></div>	<div></div>
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	100	<div></div>	80.0	<div></div>	92.4		<div></div>	<div></div>	<div></div>
Mixed Sex Accommodation Breaches	0	0	12	5	2	3	3	0	0	0	0	3	0	0	0	0	2	0						Jan-15	0	0	0	0	0	5	<div></div>	<div></div>	<div></div>	
No. of Complaints Received (formal and link)										12	11	8	19	15	13	13	7	15						Jan-15					15	113				
No. of Active Complaints in the System (formal and link)										50	50	34	39	49	57	78	53	45						Jan-15					45					
Oldest' complaint currently in system (days)										124	131	118	99	109	133	143	171	192						Jan-15					192					
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	2.2	0.4	0.4	0.0	1.05		<div></div>	<div></div>	<div></div>
28 day breaches	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	1	0						Jan-15	0	0	0	0	0	3	<div></div>	<div></div>	<div></div>	
Sitrep Declared Late Cancellations	0	0	28	35	25	28	37	18	13	16	5	6	16	10	18	6	33	11						Jan-15	9	1	1	0	11	134	<div></div>	<div></div>	<div></div>	
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											76	78	75	77	71	78						Jan-15	79.2	78.6	72.7		77.5		<div></div>	<div></div>	<div></div>	
Emergency Care 4-hour breach (numbers)									81	100	100	119	52	103	118	94	121	43						Jan-15	24	13	3	3	43	931				
Hip Fractures - Operation < 24 hours of admission (%)	85	85	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	57.4	<div></div>	<div></div>	57.1	69.8	<div></div>	<div></div>	<div></div>

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	B	C						D
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	90.9	90.2	92.4		87.9	●			
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	96.6	95.2	94.6		95.6	●			
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	95.8	89.0	93.5		92.6	●			
Patients Waiting >52 weeks	0	0	28	13	3	3	0	0	1	1	0	2	4	2	1	2	0	3			Jan-15	0	2	1	0	3	●			
Treatment Functions Underperforming	0	0	5	8	8	7	8	7	7	5	5	4	3	4	6	7	4	5			Jan-15	2	2	1	0	5	●			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	1.7		3.84		2.45	●			
WTE - Actual versus Plan			70	71	72	88	76	76	64	71	77	78	71	71	71	76	66	62			Jan-15					62				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	86.1	74.7	86.4	84.9		83.0	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15						82.93	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	5.85	7.57	7.17	3.56	6.02	5.4	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15	83	82	94	90		88.9	●		
New Investigations in Month			0	0	2	1	1	1	0	0	0	0	0	2	0	1	0	1			Jan-15					1				
Nurse Bank Use	9908	826	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15					874	8814	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Jan-15					412	3441	●		
Admin & Clerical Bank Use (shifts)	0	0							●	●	●	●	●	●	●	●	●	●			Jan-15					211	2463	●		
Admin & Clerical Agency Use (shifts)	0	0							●	●	●	●	●	●	●	●	●	●			Jan-15					21	63	●		
Your Voice - Response Rate			16		13			12			11			11			9				Jan-15	8	9	6	13	9				
Your Voice - Overall Score			3.03		3.55			3.53			3.57			3.57			3.53				Jan-15	3.19	3.84	3.68	3.43	3.53				

Surgery B Group

Indicator	Trajectory		Previous Months Trend																			Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	O		E						
C. Difficile	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
MRSA Screening - Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>94</div>	<div>95</div>	<div>94.8</div>	<div></div>	<div></div>	<div></div>	<div></div>
MRSA Screening - Non Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>97</div>	<div>91</div>	<div>93.0</div>	<div></div>	<div></div>	<div></div>	<div></div>
Falls	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>1</div>	<div>0</div>	<div>1</div>	<div>5</div>	<div></div>	<div></div>	<div></div>
Falls with a serious injury	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>99.1</div>	<div>96.7</div>	<div>98.3</div>	<div></div>	<div></div>	<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>99.9</div>	<div>99.8</div>	<div>99.8</div>	<div></div>	<div></div>	<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>100</div>	<div>100</div>	<div>100</div>	<div></div>	<div></div>	<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>100</div>	<div>100</div>	<div>100</div>	<div></div>	<div></div>	<div></div>	<div></div>
Never Events	0	0	<div></div>	<div>1</div>	<div></div>	<div>1</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div></div>	<div></div>	<div></div>
Mortality Reviews within 42 working days	100	=>94	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov-14	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E								
2 weeks	=>93.0	=>93.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div></div>	94.2	94.2		<div></div>			
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div></div>				<div></div>			
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Dec-14	<div></div>	40.0	40.0		<div></div>			
Mixed Sex Accommodation Breaches	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	0	0	0	0			
No. of Complaints Received (formal and link)			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	9	3	10	11	8	12	11	14	14	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>		14	92	<div></div>			
No. of Active Complaints in the System (formal and link)			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	31	40	34	37	36	37	47	33	35	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>		35		<div></div>			
Oldest' complaint currently in system (days)			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	117	100	103	129	98	63	138	109	102	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>		102		<div></div>			
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	1.9	2.86	2.24		<div></div>			
28 day breaches	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	0	0	0	0			
Sitrep Declared Late Cancellations	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	13	11	24	142	<div></div>		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	74.41	71.08	73.6		<div></div>		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	99.7		99.7	98.96	<div></div>		
Emergency Care 4-hour breach (numbers)			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	7	14	72	6	25	29	5	25	21	8	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	2	6	8	212	<div></div>		
Emergency Care Trolley Waits >12 hours	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	0		0	0	<div></div>		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	11		11	14	<div></div>		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	17		17	20	<div></div>		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	3.29		3.29	3.29	<div></div>		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	<div></div>	1.64		1.64	1.73	<div></div>		

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E						
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	92.1	92.6	92.3		<div></div>		
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	95.9	95.5	95.8		<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	93.2	91.3	92.6		<div></div>		
Patients Waiting >52 weeks	0	0	<div>9</div>	<div>9</div>	<div>2</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>2</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	Jan-15	0	0	0		<div></div>		
Treatment Functions Underperforming	0	0	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>4</div>	<div>3</div>	<div>3</div>	<div>2</div>	<div>4</div>	<div>5</div>	<div>5</div>	<div>1</div>	<div>2</div>	<div></div>	<div></div>	<div></div>	Jan-15	0	2	2		<div></div>		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	0.0	1.3	1.28		<div></div>		
WTE - Actual versus Plan			<div>31</div>	<div>24</div>	<div>23</div>	<div>27</div>	<div>37</div>	<div>37</div>	<div>28</div>	<div>34</div>	<div>38</div>	<div>33</div>	<div>32</div>	<div>28</div>	<div>30</div>	<div>27</div>	<div>30</div>	<div>32</div>	<div></div>	<div></div>	<div></div>	Jan-15			32		<div></div>		
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	83.86	96.36		86.1	<div></div>		
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15				87.5	<div></div>		
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	3.59	3.51	3.71	3.47	<div></div>		
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	84	92		86.3	<div></div>		
New Investigations in Month			<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>	Jan-15			0		<div></div>		
Nurse Bank Use	2796	233	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15			184	2207	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15			28	458	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15			147	1899	<div></div>		
Admin & Clerical Agency Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15			42	324	<div></div>		
Your Voice - Response Rate			<div>17</div>	<div></div>	<div>18</div>	<div></div>	<div>19</div>	<div></div>	<div></div>	<div></div>	<div>17</div>	<div></div>	<div>17</div>	<div></div>	<div>17</div>	<div></div>	<div>14</div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	8	26	14		<div></div>		
Your Voice - Overall Score			<div>3.66</div>	<div></div>	<div>3.72</div>	<div></div>	<div>3.73</div>	<div></div>	<div></div>	<div></div>	<div>3.52</div>	<div></div>	<div>3.52</div>	<div></div>	<div>3.52</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	3.47	3.56	3.52		<div></div>		

Women & Child Health Group

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P	C					
C. Difficile	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
MRSA Screening - Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
MRSA Screening - Non Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Falls	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Falls with a serious injury	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M	P					
Caesarean Section Rate - Total (%)	=<25.0	=<25.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>22.8</div><div></div><div></div></div>	22.8	25.3	<div><div></div><div></div></div>																					
Caesarean Section Rate - Elective (%)			<div><div>11</div><div>10</div><div>11</div><div>12</div><div>11</div><div>10</div><div>10</div><div>8</div><div>9</div><div>9</div><div>7</div><div>9</div><div>7</div><div>8</div><div>11</div><div>8</div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>7.98</div><div></div><div></div></div>	8.0	8.5	<div><div></div><div></div></div>																					
Caesarean Section Rate - Non Elective (%)			<div><div>13</div><div>15</div><div>10</div><div>16</div><div>14</div><div>13</div><div>16</div><div>18</div><div>19</div><div>15</div><div>17</div><div>18</div><div>19</div><div>16</div><div>16</div><div>15</div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>14.9</div><div></div><div></div></div>	14.9	16.8	<div><div></div><div></div></div>																					
Maternal Deaths	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>0</div><div></div><div></div></div>	0	1	<div><div></div><div></div></div>																					
Post Partum Haemorrhage (>2000ml)	48	4	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>3</div><div></div><div></div></div>	3	6	<div><div></div><div></div></div>																					
Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>2.2</div><div></div><div></div></div>	2.19	2.32	<div><div></div><div></div></div>																					
Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>10.9</div><div></div><div></div></div>	10.9		<div><div></div><div></div></div>																					
Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div>72.6</div><div></div><div></div></div>	72.64		<div><div></div><div></div></div>																					
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>156</div><div></div><div></div></div>	156		<div><div></div><div></div></div>																					
Mortality Reviews within 42 working days	100	=>94	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov-14	<div><div></div><div>0</div><div></div><div></div></div>	0		<div><div></div><div></div></div>																					
2 weeks	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>95.6</div><div></div><div></div></div>	95.6		<div><div></div><div></div></div>																					
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>92.0</div><div></div><div></div></div>	92.0		<div><div></div><div></div></div>																					
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Dec-14	<div><div></div><div>82.6</div><div></div><div></div></div>	82.6		<div><div></div><div></div></div>																					
Mixed Sex Accommodation Breaches	0	0	<div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div>	Jan-15	<div><div></div><div>0</div><div></div><div></div></div>	0	0	<div><div></div><div></div></div>																					
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>4</div><div>6</div><div>11</div><div>8</div><div>8</div><div>8</div><div>12</div><div>7</div><div>11</div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div></div>	11	68	<div><div></div><div></div></div>																					
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>15</div><div>21</div><div>21</div><div>24</div><div>29</div><div>29</div><div>33</div><div>12</div><div>21</div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div></div>	21		<div><div></div><div></div></div>																					
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>61</div><div>82</div><div>52</div><div>66</div><div>87</div><div>104</div><div>123</div><div>151</div><div>52</div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div></div>	52		<div><div></div><div></div></div>																					

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M	P						C	
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Jan-15	0.3			0.0		0.33		●		
28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Jan-15	0				0	0	●			
Sitrep Declared Late Cancellations	0	0	4	13	14	13	7	12	12	3	4	7	6	6	7	7	7	7	1		Jan-15	1				1	60	●			
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											78	76	77	77	80	77		Dec-14	76.7	71.4			76.6		●				
Emergency Care 4-hour breach (numbers)								18	14	14	18	14	30	23	36	82	5			Jan-15	4	0	1	0	5	254					
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Jan-15	95.3				95.3		●			
RTT - Non Admitttd Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Jan-15	97.6				97.6		●			
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Jan-15	98.5				98.5		●			
Patients Waiting >52 weeks	0	0	4	4	2	0	0	0	0	0	1	1	0	0	0	0	0	0		Jan-15	0				0		●				
Treatment Functions Underperforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Jan-15	0				0		●				
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Jan-15	0.0				0.0		●			

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M	P						C
WTE - Actual versus Plan			64	39	42	41	34	34	48	58	60	67	81	61	60	59	66	67			Jan-15					67				
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	95.1	76.2	88	80.6		82.4	<div></div>		
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15						83.3	<div></div>		
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	3.76	7.03	4.08	6.81	5.71	5.01	<div></div>		
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15	90	85	88	87		85.8	<div></div>		
New Investigations in Month			1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0		Jan-15					0					
Nurse Bank Use	6852	571	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15					688	5077	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Jan-15					119	401	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0																		Jan-15					73	760	<div></div>			
Admin & Clerical Agency Use (shifts)	0	0																		Jan-15					15	26	<div></div>			
Your Voice - Response Rate			17		11			14			12			12			8			Jan-15	12	4	12	12	8					
Your Voice - Overall Score			3.74		3.79			3.74			3.65			3.65			3.61			Jan-15	3.4	3.97	3.48	3.59	3.61					

Pathology Group

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		HA	HI	B	M	I					
Never Events	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0																					
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>							0	1	0	1	1	3	0	2	3											
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>								1	2	1	2	3	6	5	5	8										
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>							91	112	27	46	68	92	111	90	96											
WTE - Actual versus Plan			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	31	32	30	37	33	33	30	32	31	32	29	27	25	27	27	24										
PDRs - 12 month rolling	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	68.8	97.6	79.8	83.6	100																					
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>																										
Sickness Absence	=<3.15	=<3.15	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	4.49	1.67	2.23	6.20	0.19																					
Mandatory Training	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	92	93	94	95	94																					
New Investigations in Month			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>							0	0	0	0	0	0	0	0	0											
Admin & Clerical Bank Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>																										
Admin & Clerical Agency Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>																										
Your Voice - Response Rate			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	18	24	15	27	36																					
Your Voice - Overall Score			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div><div></div></div>	3.29	3.77	3.74	3.85	3.98																					

Imaging Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	DR	IR						NM	BS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Never Events	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	<div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Community & Therapies Group

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC								
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15				100		●		
Falls	0	0							8	9	11	13	4	14	20	17	21	22						Jan-15	0	22	0	22	140	●		
Falls with a serious injury	0	0							0	2	0	0	1	0	0	0	0	0						Jan-15	0	0	0	0	3	●		
Grade 2,3 or 4 Pressure Ulcers (avoidable)	0	0							2	4	2	2	1	1	1	3	5						Nov-14		5		5	21	●			
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15	0	0	0	0	0	●		
Serious Incidents	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15	0	0	0	0	0	●		
FFT Response Rate - Wards	>25%	>25%							39	68	43	60	59	57	47	38	33	33						Jan-15				47.5		●		
FFT Score - Wards	=>68.0	=>68.0	94	100	93	85	83	82	81	95	87	83	91	82	88	73	87	100						Jan-15				100		●		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Jan-15	0	0	0	0	0	●		
No. of Complaints Received (formal and link)									3	0	0	5	2	5	1	1	2							Jan-15				2	19			
No. of Active Complaints in the System (formal and link)									10	8	3	8	8	10	12	3	4							Jan-15				4				
Oldest' complaint currently in system (days)									94	##	75	38	60	64	81	75	61							Jan-15				61				
WTE - Actual versus Plan			55	70	32	34	34	34	27	36	45	45	62	65	67	71	75	76						Jan-15				76				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15	95	89	89		90.2	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●						Jan-15	3.2	4.1	5.5	4.62	4.51	●		

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	AT	IB					
Mandatory Training	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15	95	93	91		92.7	<div><div></div></div>																		
New Investigations in Month			<div><div>0</div><div>0</div><div>1</div><div>0</div><div>1</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div></div><div></div><div></div><div></div></div>	Jan-15				0																				
Nurse Bank Use	5408	451	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15				325	3208	<div><div></div></div>																		
Nurse Agency Use	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15				307	2089	<div><div></div></div>																		
Admin & Clerical Bank Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15				193	2432	<div><div></div></div>																		
Admin & Clerical Agency Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15				0	0	<div><div></div></div>																		
Your Voice - Response Rate			<div><div>28</div><div>18</div><div>33</div><div>32</div><div>32</div><div>28</div><div></div></div>	Jan-15	21	36	26	28																				
Your Voice - Overall Score			<div><div>3.71</div><div>3.75</div><div>3.78</div><div>3.88</div><div>3.88</div><div>3.76</div><div></div></div>	Jan-15	3.7	3.7	3.8	3.76																				
DVT numbers	730	>61	<div><div></div><div></div><div>30</div><div>40</div><div>57</div><div>53</div><div>53</div><div>62</div><div>87</div><div>39</div><div>33</div><div>70</div><div>35</div><div>42</div><div>47</div><div>54</div><div></div><div></div><div></div><div></div></div>	Jan-15				54	522	<div><div></div></div>																		
Therapy DNA rate OP services (%)	=<9	=<9	<div><div></div><div></div><div></div><div></div><div>11</div><div>12</div><div>12</div><div>16</div><div>11</div><div>11</div><div>11</div><div>11</div><div>12</div><div>14</div><div>12</div><div>12</div><div></div><div></div><div></div><div></div></div>	Jan-15				12.3	12.0	<div><div></div></div>																		
FEES assessment	>100	>8.3	<div><div></div><div></div><div></div><div></div><div></div><div>1</div><div>7</div><div>10</div><div>3</div><div>4</div><div>4</div><div>5</div><div>5</div><div>3</div><div>2</div><div>14</div><div></div><div></div><div></div><div></div></div>	Jan-15				14	57	<div><div></div></div>																		
ESD Response time	<48 hrs	<48 hrs	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jan-15						<div><div></div></div>																		
STEIS	0	0	<div><div></div><div>2</div><div>0</div><div>0</div><div>1</div><div>0</div><div>2</div><div>1</div><div>0</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div></div><div></div><div></div><div></div></div>	Jan-15				0	5	<div><div></div></div>																		
Rapid response to AMU, RRTS	<60 mins	<60 mins	<div><div></div><div></div><div>77</div><div>75</div><div>75</div><div>75</div><div>75</div><div>71</div><div>72</div><div>73</div><div>68</div><div>81</div><div>79</div><div>82</div><div>86</div><div></div><div></div><div></div><div></div></div>	Dec-14				79	74.1	<div><div></div></div>																		
Avoidable weight loss	<20%	<20%	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>18</div><div>0</div><div>8</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>9</div><div></div><div></div><div></div><div></div></div>	Dec-14				9	3.8	<div><div></div></div>																		
Green Stream Community Rehab response time for treatment (days)	=<11	=<11	<div><div></div><div></div><div></div><div></div><div>15</div><div>11</div><div>12</div><div>7.9</div><div>11</div><div>16</div><div>16</div><div>17</div><div>14</div><div>12</div><div>13</div><div>9.5</div><div></div><div></div><div></div><div></div></div>	Jan-15				9.5	12.9	<div><div></div></div>																		

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC					
DNA/No Access Visits		%											3.3	0.9	0.7	0.9	0.9	0.9				Directorate	0.85						
Falls Assessments - DN service only		%											72	58	49	45	45	62					Jan-15	61.7					
Pressure Ulcer Assessment - DN service only		%											73	61	50	48	46	63					Jan-15	62.7					
Healthy Lifestyle Assessments - DN Service only		%											61	54	48	39	43	58					Jan-15	57.5					
At risk of Social Isolation Referrals to 3rd sector DN service only		%											46	75	67	57	65	95					Jan-15	95					
MUST Assessments - DN Service only		%											9.4	11	9.9	11	9.8	19					Jan-15	19.1					
Incident Rates		per 1000 charge											3.6	4.8	4.9	3.5	3.5	5.1					Jan-15	5.1					
Dementia Assessments - DN Service only		%											72	62	55	52	51	61					Jan-15	60.5					
48 hour inputting rate		%											91	83	81	85	86	89					Jan-15	89.1					

Corporate Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	CEO	F	W	M	E	N						O
No. of Complaints Received (formal and link)									8	4	5	6	5	7	6	6	15				Jan-15	1	1	0	1	0	8	4	15	62			
No. of Active Complaints in the System (formal and link)									16	13	12	13	21	21	25	12	21				Jan-15	2	1	0	2	0	12	4	21				
Oldest' complaint currently in system (days)									69	90	77	99	121	106	104	104	123				Jan-15	123	7	0	53	0	96	123	123				
WTE - Actual versus Plan			191	215	187	161	164	164	149	154	162	176	162	183	194	203	168	175				Jan-15								175			
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15	76	71	75	76	46	81	75		76.2	●	
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15			100						100	●	
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15	1.11	1.63	3.48	2.55	2.63	7.18	6.89	5.52	4.35	●	
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15	90	94	89	91	94	88	89		89.1	●	
New Investigations in Month			0	1	0	0	2	2	0	1	3	1	0	5	0	0	0	1				Jan-15								1			
Nurse Bank Use	1088	91	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15								170	1750	●	
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Jan-15								5	60	●	
Admin & Clerical Bank Use (shifts)	0	0							●	●	●	●	●	●	●	●	●	●				Jan-15	110	123	85	124	0	2234	441	3117	31861	●	
Admin & Clerical Agency Use (shifts)	0	0							●	●	●	●	●	●	●	●	●	●				Jan-15	0	0	6	0	0	0	0	6	461	●	
Your Voice - Response Rate					26			29			24			21			15				Jan-15	52	28	28	20	12	10	11	15				
Your Voice - Overall Score					3.56			3.57			3.6			3.49			3.48				Jan-15	3.81	2.77	3.85	3.49	3.24	3.52	3.37	3.48				

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – P10 January 2015
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Management
AUTHOR:	Chris Archer, Associate Director of Finance - Corporate
DATE OF MEETING:	5 March 2015

EXECUTIVE SUMMARY:**Key messages:**

- Forecast remains delivery of £3.4m plan surplus in line with LTFM commitment – plausible route to delivery established and reliant on significant non-recurrent measures and use of uncommitted reserves & contingency. Also requires mitigation of identified key risks and satisfactory resolution of SLA income position with NHS England.
- In month headline performance £1.1m surplus including benefit of non-recurrent measures. Underlying operational surplus for month £281k. Year to date £3.0m surplus.
- CIP delivery continues below plan – Phase 1 workforce review concluded with Phase 2 in planning with a view to addressing 2015/16 pay bill reduction requirements.
- Capex spend significantly below plan with CRL undershoot forecast. Reflects programme re-profiling & slippage notably IM&T and contingency.
- Cash above plan due to timing differences.

Key actions:

- Secure settlement of SLA income position with NHS England
- Secure residual non-recurrent & expedient measures
- Secure expenditure run rate reductions and in particular in premium rate temporary pay costs. Consistent with run-rate requirements for 2015.16
- Secure service delivery to operational and CQUIN standards to minimise avoidable income losses

Key numbers:

- Month £1,149k surplus being £880k favourable to budget; YTD surplus £3,033k being £136k adverse.
- CIP delivery to date £9,357k being £6.7m adverse to revised plan and £4.6m adverse to TDA plan
- Forecast surplus £3.4m in line with financial plan.
- Capex YTD £6,826k being £6,492k below plan.
- Cash 31 January £37.3m being £4.7m above plan due to capex & working capital timing differences.
- CoSRR 3 to date as plan; forecast 3 as plan.
- Capital Resource Limit (CRL) charge forecast at £19.3m being £2m undershoot of approved CRL and with declared downside risk to £5m undershoot. Resources & capex c/fwd to 2015.16.
- External Finance Limit (EFL) charge forecast at £16.6m being consistent with approved EFL.

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

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

Good use of Resources

PREVIOUS CONSIDERATION:

Considered by Performance Management Committee & CLE

Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – January 2014 (month 10)

EXECUTIVE SUMMARY

- For the **month** of January 2015 against the DoH target, the Trust delivered a **“bottom line” surplus of £1,149k** being £880k favourable to flex budget. The in month position reflects the year to date benefit of significant non-recurrent measures taken to secure delivery of the financial plan. For P10 this includes VAT refunds and the benefit of review of depreciation and profit on disposal of assets. **The underlying operational surplus for the month is £281k**, consistent with the underlying surplus reported for December.
- The **year to date surplus is £3,033k** being £136k adverse to flex budget to the end of January.
- Forecast remains that the position will be managed to achieve plan annual surplus target of £3.374m. This is dependent on the realisation of significant non-recurrent measures and use of uncommitted reserves as contingency. It also requires the mitigation of identified key risks and satisfactory resolution of an SLA income position with NHS England in respect of specialised services.
- Actual **savings delivery year to date is assessed at £9,357k being £6,695k adverse to trust phased plan** [£4.6m adverse vs TDA plan]. The full year effect of schemes in delivery is £18.5m compared to plan of £20.6m. Further schemes with a potential full year value of £10.6m are in development.
- At 31 January there were 6,868 whole time equivalent (WTE) staff in post (excluding use of agency), 192 below the currently planned level. After 251 WTE agency staff, total **WTE's were 58 above plan**. Total **pay expenditure for the month is £24.2m being in line with forecast**. Agency spend is unchanged at £861k in January.

Financial Performance Indicators - Variances					
Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	880	(136)	≥ Plan	≥ 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	470	(706)	≥ Plan	≥ 99% of plan	< 99% of plan
Pay Actual v Plan £000	(723)	(6,391)	≤ Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	198	(479)	≤ Plan	≤ Plan	> 1% above plan
WTEs Actual v Plan	(58)	(98)	≤ Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000		4,671	≥ Plan	≥ 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

- Cash balance at 31 January £37.3m being £4.7m ahead of cash plan.** Plan in place to meet EFL without material undershoot
- Year to date capex £6.8m being £6.5m behind plan. Further £8.8m capital orders placed. **Capital Resource Limit undershoot £2m forecast with downside risk to £5m declared to TDA.** Resources c/fwd to 2015.16

2014/15 Summary Income & Expenditure Performance at January 2015	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
Income from Activities	392,791	32,892	33,184	292	327,070	330,911	3,841
Other Income	40,167	3,450	4,152	702	33,431	35,753	2,322
Pay Expenses	(284,844)	(23,487)	(24,210)	(723)	(237,918)	(244,309)	(6,391)
Non-Pay Expenses	(123,714)	(10,835)	(10,637)	198	(101,892)	(102,371)	(479)
EBITDA	24,400	2,021	2,491	470	20,691	19,985	(706)
Depreciation & Impairment	(13,734)	(1,145)	(771)	374	(11,445)	(11,071)	374
PDC Dividend	(5,220)	(435)	(435)	0	(4,350)	(4,350)	0
Net Interest Receivable / Payable	(2,150)	(179)	(180)	(1)	(1,792)	(1,754)	38
Other Finance Costs / P&L on sale of assets	(150)	(13)	36	48	(125)	(77)	48
Net Surplus/(Deficit)	3,146	250	1,141	891	2,979	2,733	(246)
IFRIC12/Impairment/Donated Asset Related Adjustments	228	19	8	(11)	190	300	110
SURPLUS/(DEFICIT) FOR DOH TARGET	3,374	269	1,149	880	3,169	3,033	(136)

Surplus / (Deficit) against TDA plan	3,374	395	1,149	754	2,583	3,033	450
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In year Trust phasing of budgets reflects updated local plans

Financial Performance Report – January 2014

Overall Performance against DoH Plan

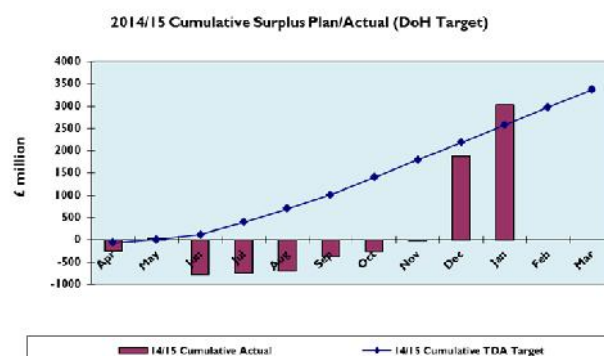
The Trust delivered an actual surplus of £1,149,000 against a planned surplus of £269,000 in January. It is anticipated that this will be further improved in order to achieve the year end surplus target of £3.374m surplus.

Performance of Clinical Groups

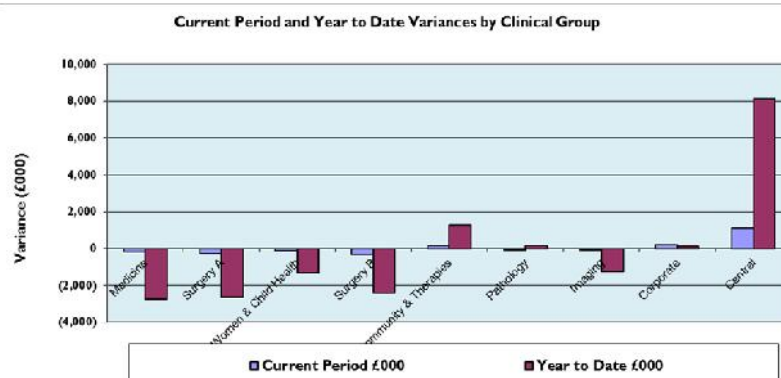
- Medicine pay overspend of £3.0m includes £1.3m on HCAs and £1.1m on medical staff. Part of the £1.8m drugs and cardiology non-pay over spends are offset by additional income.
- Surgery A overspend includes £0.9m medics including waiting list initiatives and £0.8m shortfall on savings target delivery.
- Women & Child overspend includes £1.3m to date on costs of antenatal pathways at other providers.
- Surgery B is over-performing on ophthalmology Lucentis although the capped SWB CCG contract results in a net pressure of £0.6m to date.
- Community & Therapies includes £0.8m additional SLA income and pay underspends of £0.5m.
- Imaging medical staff overspend of £0.5m , £0.8m savings shortfall. MRI is over-performing.

Corporate Areas

- Corporate reflects net pay underspends offsetting savings shortfall.
- Central includes year to date benefit of VAT and depreciation review as well as release of reserves and provisions .



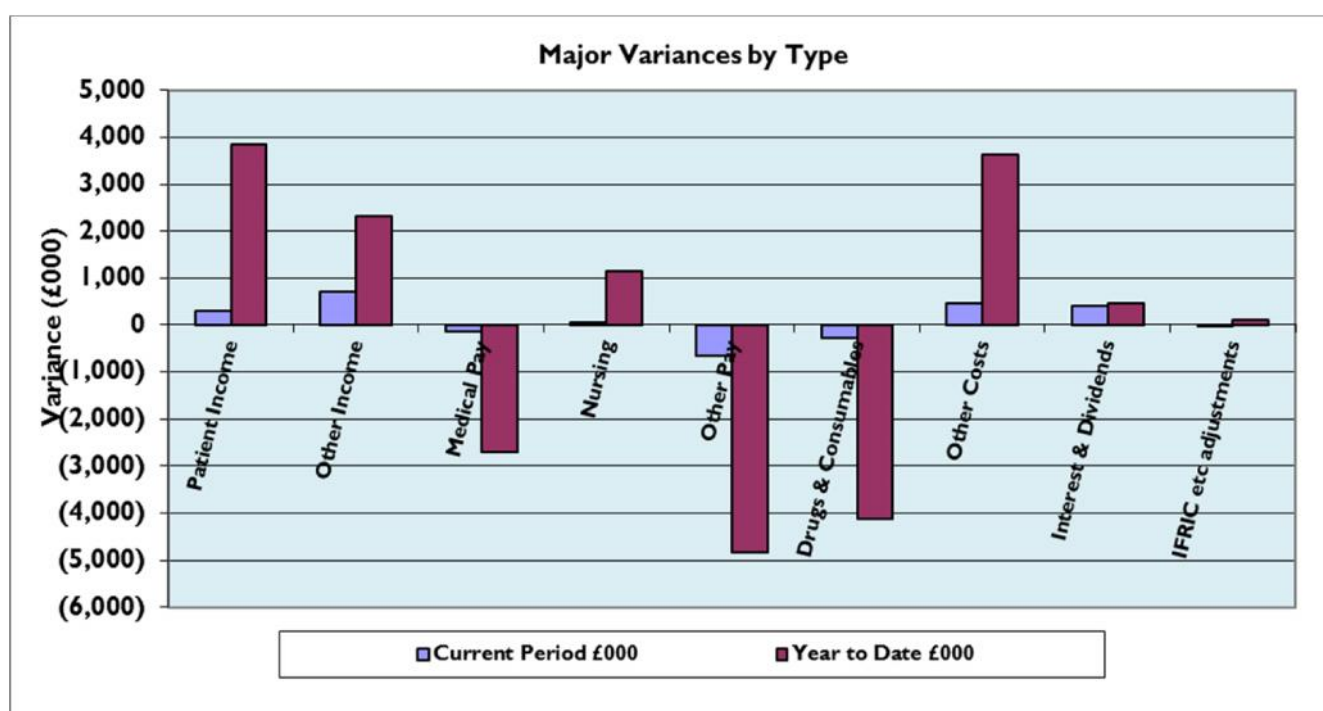
Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(146)	(2,760)
Surgery A	(292)	(2,649)
Women & Child Health	(111)	(1,323)
Surgery B	(329)	(2,391)
Community & Therapies	155	1,286
Pathology	(71)	143
Imaging	(75)	(1,237)
Corporate	208	102
Central	1,132	8,122



Financial Performance Report – January 2014

- Overall headline favourable variance to plan £880k in January, adverse £136 year to date.
- Patient income over performing due to pass through drugs and devices £1.4m, additional in year income £0.8m and emergency activity. Provision has been made for fines, contract penalties and income challenge.
- Medical staff pay overspend in Medicine £1.1m includes A&E agency , Surgery A £0.9m and Surgery B £0.7m includes premium rate working.
- Nursing underspends £0.7m to date in W&CH.
- £1.4m of drugs / consumables overspend to date is pass through recovered through income.
- Other costs includes maternity pathway payments overspend £1.3m to date and release of unallocated reserves of £6.7m.

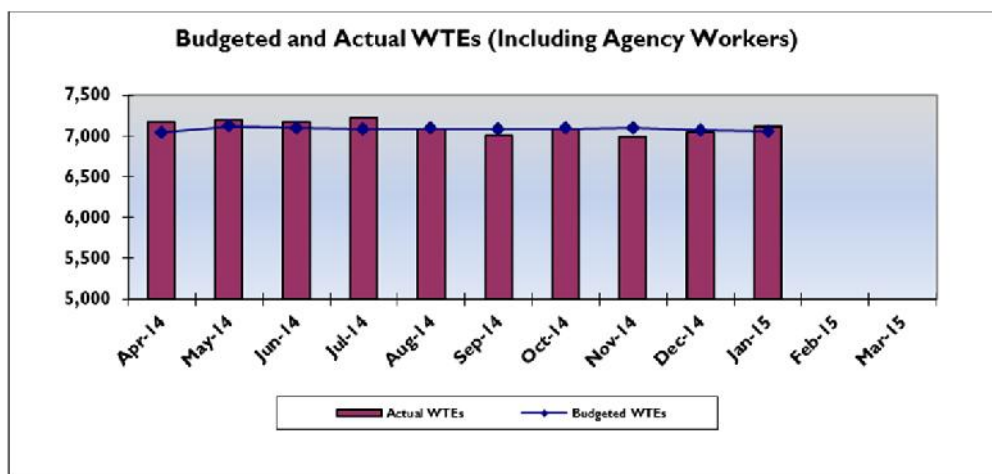
Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	292	3,841
Other Income	702	2,322
Medical Pay	(130)	(2,708)
Nursing	58	1,156
Other Pay	(651)	(4,838)
Drugs & Consumables	(270)	(4,122)
Other Costs	468	3,643
Interest & Dividends	421	460
IFRIC etc adjustments	(11)	110



Financial Performance Report – January 2014

Paybill & Workforce

- There were 6,868 WTE in post in January plus an estimated 251 WTE of agency staffing across the month. In total this is 158 WTE above planned establishments.
- Total pay costs (including agency workers) were £24.2m in January. Pay spend is slightly less than anticipated in the Q3 forecast outturn.
- In month pay spend is £723k higher than budgeted. The year to date variance for pay is £6.4m adverse to plan.
- Principal overspending is for medical staff premium rate working and for healthcare assistants providing enhanced care support to vulnerable patients, as well as savings targets on pay not being met. Spending on scientific and therapeutic staff and on management and admin is below plan.
- Within the overall pay spend above, **agency staff in month was £861k in month, £20k lower than November and December (see appendix – SWBTB (3/15) 040 (b))**



Total Pay Costs by Staff Group						
	Year to Date to January 2015					
	Budget £000	Actual				Variance £000
		Substantive £000	Bank £000	Agency £000	Total £000	
Medical Staffing	65,568	64,646	0	3,630	68,275	(2,708)
Management	12,181	10,990	0	0	10,990	1,191
Administration & Estates	25,975	23,148	1,872	727	25,747	228
Healthcare Assistants & Support Staff	26,805	24,183	3,415	766	28,364	(1,559)
Nursing and Midwifery	76,855	67,693	4,163	3,843	75,699	1,156
Scientific, Therapeutic & Technical	37,254	34,196	0	630	34,825	2,429
Other Pay / Technical Adjustment	(6,719)	409	0	0	409	(7,128)
Total Pay Costs	237,918	225,264	9,450	9,595	244,309	(6,391)

Financial Performance Report – January 2014

Balance Sheet

Cash at the end of January was £37.3m being £4.7m higher than plan. This reflects capital cash outflows being £12.1m lower than plan offset by timing differences on working capital balances.

STATEMENT OF FINANCIAL POSITION 2014/15

	Balance at 31st March 2014	Balance as at 31st December 2014	Balance as at 31st January 2015	TDA Planned Balance as at 31st January 2015	Variance to plan as at 31st January 2015	TDA Plan at 31st March 2015	Forecast 31st March 2015
	£000	£000	£000	£000	£000	£000	£000
Non Current Assets							
Property, Plant and Equipment	226,403	221,884	222,306	226,091	(3,785)	228,768	230,944
Intangible Assets	886	712	691	614	77	562	562
Trade and Other Receivables	1,011	1,011	1,296	700	596	700	700
Current Assets							
Inventories	3,272	3,050	3,417	3,600	(183)	3,600	3,600
Trade and Other Receivables	16,177	18,953	23,460	10,286	13,174	11,746	16,746
Cash and Cash Equivalents	41,808	42,480	37,313	32,642	4,671	24,252	24,252
Current Liabilities							
Trade and Other Payables	(53,867)	(58,547)	(57,989)	(43,433)	(14,556)	(43,546)	(47,319)
Provisions	(8,036)	(2,235)	(2,051)	(7,654)	5,603	(3,724)	(3,886)
Borrowings	(1,064)	(998)	(1,021)	(1,029)	8	(1,029)	(1,029)
DH Capital Loan	(2,000)	(2,000)	(2,000)	(2,000)	0	(1,000)	(1,000)
Non Current Liabilities							
Provisions	(2,562)	(2,431)	(2,487)	(3,262)	775	(2,522)	(2,360)
Borrowings	(27,915)	(27,173)	(27,089)	(27,884)	795	(27,884)	(27,884)
DH Capital Loan	(1,000)			0	0	0	0
	193,113	194,706	195,846	188,671	7,175	189,923	193,326
Financed By							
Taxpayers Equity							
Public Dividend Capital	161,640	161,640	161,640	161,712	(72)	162,211	163,707
Retained Earnings reserve	(19,484)	(17,891)	(16,751)	(11,008)	(5,743)	(10,255)	(21,338)
Revaluation Reserve	41,899	41,899	41,899	28,909	12,990	28,909	41,899
Other Reserves	9,058	9,058	9,058	9,058	0	9,058	9,058
	193,113	194,706	195,846	188,671	7,175	189,923	193,326

Financial Performance Report – January 2014

CASH FLOW													
12 MONTH ROLLING FORECAST AT January 2015													
ACTUAL/FORECAST	Jan-15 £000s	Feb-15 £000s	Mar-15 £000s	Apr-15 £000s	May-15 £000s	Jun-15 £000s	Jul-15 £000s	Aug-15 £000s	Sep-15 £000s	Oct-15 £000s	Nov-15 £000s	Dec-15 £000s	
Receipts													
SLAs: SWB CCG	21,089	21,084	21,084	21,168	21,168	21,168	21,168	21,168	21,168	21,168	21,168	21,168	
Associates	6,458	6,417	6,417	4,689	4,689	4,689	4,689	4,689	4,689	4,689	4,689	4,689	
Other NHS Income	598	850	850	2,371	2,371	2,371	2,371	2,371	2,371	2,371	2,371	2,371	
Specialised Service (LAT)	4,280	4,150	4,150	4,338	4,338	4,338	4,338	4,338	4,338	4,338	4,338	4,338	
Over(Under) Performance Payments													
Education & Training	266			5,041									
Public Dividend Capital													
Loans			571										
Other Receipts	1,592	1,755	1,755	1,795	1,795	1,795	1,795	1,795	1,795	1,795	1,795	1,795	
Total Receipts	34,284	34,256	34,827	39,402	34,362	34,362	39,402	34,362	34,362	39,402	34,362	34,362	
Payments													
Payroll	13,574	13,360	13,360	13,323	13,323	13,323	13,323	13,323	13,323	13,323	13,323	13,323	
Tax, NI and Pensions	8,634	9,218	9,218	8,882	8,882	8,882	8,882	8,882	8,882	8,882	8,882	8,882	
Non Pay - NHS	2,173	1,321	1,160	1,397	1,397	1,397	1,397	1,397	1,397	1,397	1,397	1,397	
Non Pay - Trade	12,473	10,665	8,462	9,350	9,350	9,350	9,350	9,350	9,350	9,350	9,350	9,350	
Non Pay - Capital	1,171	3,156	6,689	1,781	990	990	990	990	990	990	990	990	
PDC Dividend			2,610						3,267				
Repayment of Loans			1,000						1,009				
Interest			8	183	183	183	183	183	183	183	183	183	
BTC Unitary Charge	421	439	878	278	278	278	278	278	278	278	278	278	
NHS Litigation Authority	705	0	0	559	559	559	559	559	559	559	559	559	
Other Payments	300	300	300										
Total Payments	39,451	38,459	43,685	35,753	34,961	34,961	34,961	34,961	39,237	34,961	34,961	34,961	
Cash Brought Forward	42,480	37,313	33,110	24,252	27,901	27,301	26,702	31,143	30,543	25,668	30,109	29,509	
Net Receipts/(Payments)	(5,167)	(4,203)	(8,859)	3,649	(600)	(600)	4,441	(600)	(4,875)	4,441	(600)	(600)	
Cash Carried Forward	37,313	33,110	24,252	27,901	27,301	26,702	31,143	30,543	25,668	30,109	29,509	28,910	

Financial Performance Report – January 2014

Capital Expenditure & Capital Resource Limit

- Year to date capital expenditure is £6,826k being £6,492k below plan.
- Capital commitments through orders placed total £8.8m.
- The Capital Resource Limit (CRL) charge forecast is £19.331m which is a £2.0m undershoot. Downside risk assessed as potential undershoot of to £5m.
- The underlying cash resources related to this capex slippage will be carried forward to 2015.16 and included in the trust's financial plan for that year and consequent CRL & EFL.

Continuity of Service Risk Rating

- Year to date rating 3, forecast 2.5 which is in line with the Trust plan.

Memorandum		SIGN	Current Month Metrics			Forecast Outturn Metrics		
Continuity of Services Risk Ratings	Sub Code		Plan (mc 01) £000s	Actual / Forecast (mc 02) £000s	Variance (mc 03) £000s	Plan (mc 04) £000s	Actual / Forecast (mc 05) £000s	Variance (mc 06) £000s
Liquidity Ratio (days)								
Working Capital Balance	780	+/-	(11,188)	(2,288)	8,900	(13,301)	(10,832)	2,469
Annual Operating Expenses	790	+/-	337,758	346,769	9,011	405,044	416,617	11,573
Liquidity Ratio Days	800	+/-	(10)	(2)	8	(12)	(9)	2
Liquidity Ratio Metric	810	+/-	2.00	3.00	1.00	2.00	2.00	0.00
Capital Servicing Capacity (times)								
Revenue Available for Debt Service	820	+/-	20,473	20,050	(423)	24,842	24,139	(703)
Annual Debt Service	830	+/-	8,110	8,061	(49)	10,532	10,416	(116)
Capital Servicing Capacity (times)	840	+/-	2.5	2.5	(0.0)	2.4	2.3	(0.0)
Capital Servicing Capacity metric	850	+/-	4.00	3.00	(1.00)	3.00	3.00	0.00
Continuity of Services Rating for Trust	860	+/-	3.00	3.00	0.00	2.50	2.50	0.00

Service Level Agreements

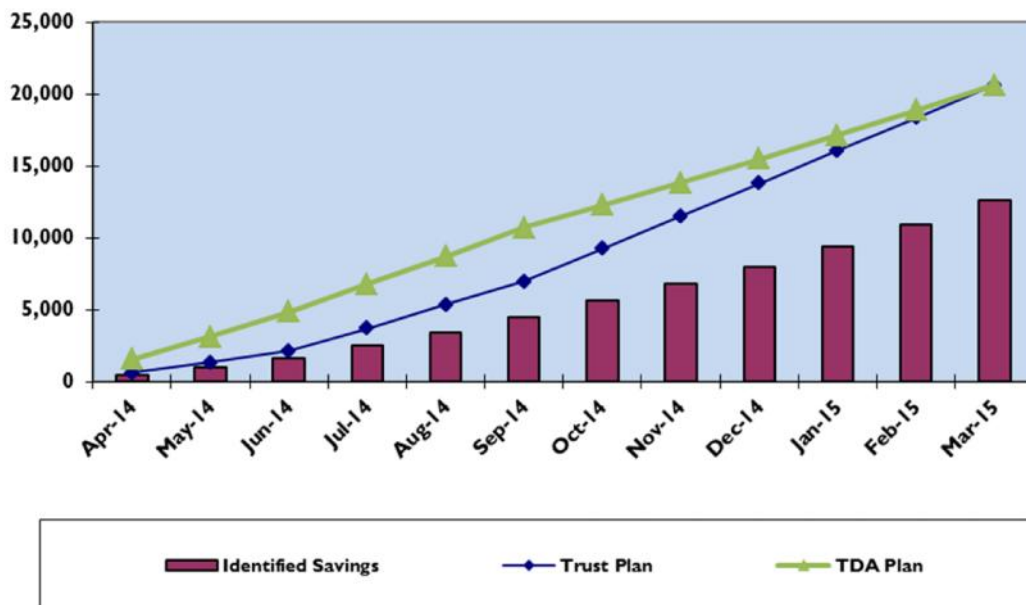
- NHS Commissioner activity and income data for the first eight months of the year indicates an activity based over-performance of £2,401k including pass through drugs and devices over-performance of £1.4m. The block arrangement with Sandwell CCG worsens the position by £1.4m year to date.
- Within the total the contract with NHS England for specialised services is over-performing by £3.0m.
- There is a risk the Trust may not secure all of the CQUIN funding allocated in the contract. Rectification actions and dialogue with commissioners is continuing..

Financial Performance Report – January 2014

Savings Programme

- **Delivery to date is £9,357k which is £6.7m adverse to trust phased plan** [£4.6m adverse vs TDA plan].
- Schemes in delivery are forecast to realise £12.6m during 2014/15 and with full year effect of £18.8m in 2015/16 against plan target of £20.6m. Further schemes with full year value of £10.6m are in development.
- A programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 is underway. This work is underpinned by robust arrangements to assess and assure the impact of any proposals on safety & quality.
- The forecast profile of savings delivery is shown below together with the original plan against which the TDA continues to monitor the Trust
- A current report from the Programme Management Office is attached as an appendix to this report.

Cumulative Savings Profile £000



Financial Performance Report – January 2014

Key risks

- **Identification and delivery of savings at necessary scale and pace;** the current forecast for savings indicates delivery of £12.6m in year compared with £20.7m required. The full year effect of these schemes is £18.8m with a further £10.6m schemes in development for benefit in 2015/16.
- **Over spending on pay costs, particularly premium rate staffing.** Pay spending has decreased slightly from December. Additional bed capacity beyond that planned for Winter continued in the first weeks of the month and is generally staffed at premium rates. Implementation of the first tranche of workforce review schemes is now underway. There remains a significant shortfall in the required pay cost reductions in order to meet the Trust's plan in 2015/16.
- The review of financing costs (VAT, depreciation and profit on disposal of assets) has generated an in-month benefit of £917k. The review of **balance sheet flexibility** and pressures is underway, including an assessment of the impact of staff restructuring; at this stage it is assumed there will be minimal further net impact on the I&E position at year end.
- **Demand risk in respect of SWB CCG contract.** The Trust carries demand risk which is giving rise to some cost pressures in areas of additional activity such as Lucentis; there remains limited opportunity to release costs beyond marginal costs in under-performing areas of service.
- **Operational standards not met giving rise to contract penalties and fines** beyond £2m in plan. Current run rate is putting pressure on the plan; in addition there are pressures on CQUIN delivery and incentive scheme elements.
- **Cost pressures which cannot be absorbed without risk to safety and quality.** Estimated maternity payments to other providers (pending receipt of invoices) which continues to be anticipated as giving rise to a financial pressure which stands at £1.3m for the first ten months of the year. Detailed arrangements with other providers are being scrutinised to minimise the pressure on the Trust this year and going forward.

Recommendations

The Finance & Performance Management Committee is asked to:

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

Tony Waite

Director of Finance & Performance Management

Sandwell & West Birmingham Hospitals NHS Trust																	
Nine month run rate of Agency Expenditure by Clinical Group / Corporate up to January 2015																	
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avg YTD prior to current	Current Period	Diff	Diff	
	1	2	3	4	5	6	7	8	9	10	2014/15	+ = more spend					
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000					+ is lower
													£000	£000	£000	%	
Medicine & Emergency Care	£683	£775	£769	£663	£591	£536	£476	£526	£615	£516	£6,150	£-108		£626	£516	£110	18%
Surgery A	£161	£139	£188	£194	£162	£187	£124	£203	£180	£145	£1,683	£-44		£171	£145	£26	15%
Womens & Child Health	£46	£45	£33	£65	£57	£49	£43	£62	£63		£507	£109		£49	£63	£-13	-27%
Surgery B	£42	£39	£28	£36	£19	£25	£20	£16	£17	£20	£262	£-9		£27	£20	£7	27%
Community & Therapies	£25	£70	£57	£25	£9	£18	£25	£34	£43	£36	£342	£-14		£34	£36	£-2	-7%
Pathology	£0	£0	£0	£0	£0	£1	£0	£0	£0	£0	£1	£0		£0	£0	£0	100%
Imaging	£10	£23	£39	£34	£22	£22	£10	£7	£4	£11	£183	£9		£19	£11	£8	40%
Sub-Total Clinical Groups	£967	£1,091	£1,114	£1,017	£860	£837	£699	£829	£921	£792	£9,128	£-56		£926	£792	£135	15%
Corporate Services	£38	£62	£45	£69	£58	£42	£59	£58	£-33	£70	£467	£-50		£44	£70	£-25	-58%
Central	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0		£0	£0	£0	0%
TOTAL	£1,005	£1,154	£1,159	£1,086	£918	£879	£758	£887	£888	£861	£9,595	£-106		£970	£861	£109	11%

Sandwell & West Birmingham Hospitals NHS Trust																
Nine month run rate of Agency Expenditure by Staff Group up to January 2015																
Expense Grouping	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avg YTD prior to current	Current Period	Diff	Diff
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000				
Medical Staffing	£386	£519	£489	£406	£402	£408	£267	£317	£223	£214	£3,630	-£13	£380	£214	£166	44%
Management	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Administration & Estates	£50	£78	£79	£98	£85	£66	£93	£78	-£8	£107	£727	-£14	£69	£107	-£38	-55%
Healthcare Assistants & Support Staff	£87	£69	£84	£72	£72	£42	£38	£79	£133	£90	£766	-£3	£75	£90	-£15	-20%
Nursing and Midwifery	£430	£372	£396	£414	£306	£330	£322	£367	£501	£406	£3,843	-£41	£382	£406	-£24	-6%
Scientific, Therapeutic & Technical	£51	£117	£111	£96	£54	£33	£37	£47	£39	£45	£630	-£36	£65	£45	£20	30%
Other Pay	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
TOTAL	£1,005	£1,154	£1,159	£1,086	£918	£879	£758	£887	£888	£861	£9,595	-£106	£970	£861	£109	11%

Sandwell & West Birmingham Hospitals NHS Trust Nine month run rate of Agency Expenditure by Corporate Directorate up to January 2015																		
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual		Year on Year Movement		Avg YTD prior to current	Current Period	Diff	Diff
	1	2	3	4	5	6	7	8	9	10	2014/15		+ = more spend				+ is lower	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000		£000		£000	£000	£000	%
	-9																	
Chief Executive	£9	£10	£4	£2	£0	£0	£0	£0	£0	£0	£25				£3	£0	£3	100%
Finance	£0	£3	£0	£24	£0	£0	£0	£0	£0	£43	£83				£4	£43	-£38	-858%
Medical Director	£0	£0	£0	£0	£0	£0	£0	£2	£16	£7	£7				£3	£7	-£4	-148%
Operations	£0	£0	£0	£0	£0	£0	£0	£0	£0	-£1	£0				£0	£0	£0	100%
Workforce	£4	£5	£8	£5	£10	£5	£10	£2	£5	-£1	£54				£6	-£1	£7	118%
Estates & New Hospital Project	£5	£23	£10	£25	£32	£14	£17	£21	-£93	£0	£54				£6	£0	£6	99%
Corporate Nursing & Facilities	£20	£22	£23	£14	£16	£23	£30	£18	£36	£21	£221				£22	£21	£1	6%
Sub-Total Corp Directorates	£38	£62	£45	£69	£58	£42	£59	£58	-£33	£70	£467			£0	£44	£70	-£25	-58%
TOTAL	£38	£62	£45	£69	£58	£42	£59	£58	-£33	£70	£467			£0	£44	£70	-£25	-58%

Sandwell & West Birmingham Hospitals NHS Trust																
Nine month run rate of locum pay Expenditure by Clinical Group / Corporate up to January 2015																
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avge YTD prior to current	Current Period	Diff	Diff
	1 £000	2 £000	3 £000	4 £000	5 £000	6 £000	7 £000	8 £000	9 £000	10 £000	2014/15 £000				+ is lower £000	%
Medicine & Emergency Care	£92	£121	£140	£68	£125	£148	£130	£150	£137	£194	£1,304	£103	£123	£194	-£71	-57%
Surgery A	£43	£46	£40	£39	£43	£50	£51	£53	£54	£115	£533	£66	£47	£115	-£68	-146%
Womens & Child Health	£15	£36	£25	£28	£34	£32	£31	£45	£61	£29	£336	-£4	£34	£29	£5	14%
Surgery B	£94	£75	£86	£91	£51	£113	£74	£83	£75	£126	£866	£56	£82	£126	-£43	-53%
Community & Therapies	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Pathology	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Imaging	£18	£30	£23	£18	£13	£47	£71	£50	£32	£34	£337	-£3	£34	£34	£0	0%
Sub-Total Clinical Groups	£261	£308	£313	£245	£266	£389	£357	£381	£359	£497	£3,376	£218	£320	£497	-£177	-55%
Corporate Services	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Central	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
TOTAL	£261	£308	£313	£245	£266	£389	£357	£381	£359	£497	£3,376	£218	£320	£497	-£177	-55%

Sandwell & West Birmingham Hospitals NHS Trust																
Nine month run rate of locum WTEs by Clinical Group / Corporate up to January 2015 (including agency WTE)																
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avge YTD prior to current	Current Period	Diff	Diff
	1 WTE	2 WTE	3 WTE	4 WTE	5 WTE	6 WTE	7 WTE	8 WTE	9 WTE	10 WTE	2014/15 WTE				+ is lower £000	%
Medicine & Emergency Care	5.0	5.0	5.5	5.0	6.5	7.0	8.0	7.0	6.0	6.7	61.6	1.7	6.1	6.7	-0.5	-9%
Surgery A	5.0	4.6	4.0	4.0	4.0	4.0	4.0	5.0	5.0	5.0	44.6	0.4	4.4	5.0	-0.6	-14%
Womens & Child Health	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.2	3.0	3.0	22.2	0.0	2.1	3.0	-0.9	-41%
Surgery B	4.0	4.0	4.0	4.0	4.0	4.0	5.3	5.0	5.0	5.0	44.3	1.4	4.4	5.0	-0.6	-15%
Community & Therapies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0%
Pathology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0%
Imaging	1.4	1.4	1.4	1.4	1.4	1.4	3.1	4.4	3.4	3.4	22.7	2.0	2.1	3.4	-1.3	-59%
Sub-Total Clinical Groups	17.4	17.0	16.9	16.4	17.9	18.4	22.4	23.6	22.4	23.1	195.4	5.5	19.1	23.1	-3.9	-20%
Corporate Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0%
Central	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0%
TOTAL	17.4	17.0	16.9	16.4	17.9	18.4	22.4	23.6	22.4	23.1	195.4	5.5	19.1	23.1	-3.9	-20%

Sandwell & West Birmingham Hospitals NHS Trust Nine month run rate of Bank Staff Expenditure by Clinical Group / Corporate up to January 2015																
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avge YTD prior to current	Current Period	Diff	Diff
	1	2	3	4	5	6	7	8	9	10	2014/15	+ = more spend			+ is lower	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	%
Medicine & Emergency Care	£396	£405	£287	£376	£389	£377	£379	£372	£357	£523	£3,861	£167	£371	£523	-£152	-41%
Surgery A	£114	£121	£129	£137	£133	£146	£140	£144	£164	£189	£1,417	£78	£136	£189	-£52	-38%
Womens & Child Health	£54	£69	£47	£65	£70	£88	£61	£84	£89	£94	£721	£18	£70	£94	-£24	-35%
Surgery B	£25	£31	£40	£38	£30	£29	£27	£42	£48	£29	£340	-£7	£35	£29	£5	16%
Community & Therapies	£33	£33	£32	£41	£36	£39	£37	£30	£44	£47	£372	£17	£36	£47	-£11	-29%
Pathology	£33	£37	£36	£40	£31	£40	£42	£39	£35	£37	£368	£5	£37	£37	£0	0%
Imaging	£6	£9	£7	£9	£9	£12	£13	£10	£9	£11	£96	£5	£10	£11	-£1	-10%
Sub-Total Clinical Groups	£660	£705	£579	£707	£698	£732	£699	£721	£746	£929	£7,176	£283	£694	£929	-£235	-34%
Corporate Services	£227	£236	£267	£254	£244	£210	£224	£208	£205	£199	£2,274	-£41	£231	£199	£32	14%
Central	£1	£0	£1	-£2	£0	£0	£0	£0	£0	£0	£0	-£1	£0	£0	£0	-2843%
TOTAL	£889	£941	£847	£959	£941	£942	£923	£929	£951	£1,128	£9,450	£241	£925	£1,128	-£203	-22%

Sandwell & West Birmingham Hospitals NHS Trust Nine month run rate of Bank Staff Expenditure by Staff Group up to January 2015																
Expense Grouping	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avge YTD prior to current	Current Period	Diff	Diff
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	%
Medical Staffing	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Management	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
Administration & Estates	£162	£193	£200	£245	£167	£188	£183	£175	£170	£189	£1,872	-£21	£187	£189	-£2	-1%
Healthcare Assistants & Support Staff	£361	£357	£346	£313	£388	£350	£325	£330	£279	£365	£3,415	£24	£339	£365	-£26	-8%
Nursing and Midwifery	£365	£391	£301	£401	£386	£403	£415	£424	£502	£573	£4,163	£238	£399	£573	-£174	-44%
Scientific, Therapeutic & Technical	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	100%
Other Pay	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	0%
TOTAL	£889	£941	£847	£959	£941	£942	£923	£929	£951	£1,128	£9,450	£241	£925	£1,128	-£203	-22%

Sandwell & West Birmingham Hospitals NHS Trust Nine month run rate of Bank Staff Expenditure by Corporate Directorate up to January 2015																
Group	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Year to Date Actual	Year on Year Movement	Avge YTD prior to current	Current Period	Diff	Diff
	1	2	3	4	5	6	7	8	9	10	2014/15	+ = more spend			+ is lower	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	%
Chief Executive	£10	£11	£9	£13	£11	£9	£10	£8	£8	£10	£100		£10	£10	-£1	-5%
Finance	£9	£6	£21	£1	£6	£0	£7	£4	£6	£10	£69		£7	£10	-£3	-52%
Medical Director	£11	£10	£10	£15	£7	£4	£7	£7	£5	£5	£80		£8	£5	£4	43%
Operations	£34	£34	£29	£41	£39	£37	£33	£33	£31	£26	£338		£35	£26	£8	24%
Workforce	£9	£15	£10	£9	£9	£11	£18	£15	£12	£8	£116		£12	£8	£4	31%
Estates & New Hospital Project	£6	£3	£5	£2	£5	£4	£4	£3	£3	£2	£35		£4	£2	£2	53%
Corporate Nursing & Facilities	£150	£156	£183	£173	£168	£145	£146	£138	£140	£137	£1,536		£155	£137	£18	12%
Sub-Total Corp Directorates	£227	£236	£267	£254	£244	£210	£224	£208	£205	£199	£2,274	£0	£231	£199	£32	14%
TOTAL	£227	£236	£267	£254	£244	£210	£224	£208	£205	£199	£2,274	£0	£231	£199	£32	14%

TRUST BOARD

DOCUMENT TITLE:	Engaging with the public on services at Rowley Regis Hospital				
SPONSOR (EXECUTIVE DIRECTOR):	Ruth Wilkin, Director of Communications				
AUTHOR:	Ruth Wilkin, Director of Communications				
DATE OF MEETING:	5 March 2015				
EXECUTIVE SUMMARY:					
<p>Services at Rowley Regis Hospital have been developing in order to fulfil our wish to provide more services in a range of community locations that would be closer to people's homes than a journey to our acute hospital sites.</p> <p>Since 6th February we have been engaging with the public within the Rowley Regis area over the future potential development of services on the site to seek people's views on what services they would like to have on offer from Rowley Regis hospital.</p>					
REPORT RECOMMENDATION:					
The Board is asked to receive the report.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
				X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	X	Environmental	X	Communications & Media	X
Business and market share	X	Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Accessible and responsive care, Care closer to home, 21 st century infrastructure					
PREVIOUS CONSIDERATION:					
None					

ENGAGING WITH THE PUBLIC ON SERVICES AT ROWLEY REGIS HOSPITAL

REPORT TO THE TRUST BOARD – 5 MARCH 2015



1 Background

Rowley Regis Hospital is an important health care facility for the Trust where we can offer a range of convenient health care services supporting our strategic objective of delivering care closer to people's homes. We want to continue improving and adding services to the site, to create Rowley Intermediate Care Centre (RICC) an even greater care hub and to this end have begun seeking views from the local community on the types of services that could be offered.

2 Services at Rowley Regis Hospital

Over the last two years we have opened a number of new services on the Rowley Regis Hospital site as well as invested in some refurbishment of the facility to improve the environment for patients and visitors, including:

Ward-based care

- Dementia-friendly environment
- Installation of conservatories to enable gardening programmes for patients to be brought inside
- Eliza Tinsley ward which opened in 2013 providing intermediate care for local residents following an acute stay.
- A further pilot ward that opened in early February 2015 funded by the local Council to offer extended social care services.

Developing specialist services on the site:

- More than 20 additional clinics have opened on the hospital over the last year. This includes additional cardiology, Ear, Nose and Throat (ENT), and general surgery. The intention is to provide long-term outpatients with a local option after diagnosis has taken place in more acute multi-specialty settings.
- The considerable expansion of Ophthalmology services on the site, new over the last four years, which is now in the process of being made permanent, through additional equipment and clinics being considered.

In addition, there are a range of more **routine therapy and diagnostic services** open at the hospital. These include:

- Children's therapy service
- Musculoskeletal service including physiotherapy
- Podiatry (foot health clinics)
- Diagnostics including X-ray and ultrasound services
- Phlebotomy (blood tests)
- Audiology
- Occupational therapy
- Speech and language service
- Gym facilities for patients who need physiotherapy and rehabilitation

The Primary Care Assessment and Treatment (PCAT) pilot service continues to help avoid hospital admissions through its monitoring of patients who do not need to be cared for in an acute hospital.

The provision of these clinics and services means that many local residents who would previously have had to travel to Sandwell General Hospital or City Hospital can access care closer to home and in a community rather than acute hospital setting.

3 Engaging with patients and the public


Between 6th February and 20th March 2015 we are engaging with the public over potential future services that could be provided from Rowley Regis Hospital. Engagement activity includes:

- Meeting with local councillors
- Engagement with the local MP
- A series of open days at the site
- Distribution of promotional material and surveys in local community centres, GP practices and other facilities within Rowley Regis
- Online survey and promotion through social media

Through the engagement activity we are asking patients, visitors and the Rowley Regis population whether they are in support of additional services at Rowley Regis Hospital, which of a range of potential services would they **most** like to see on the site, and whether there are any comments or concerns about this future development.

4. Sample promotional material

Please fill in the form, moisten gum strip and seal then send it back to us freepost.



Tell us what you think

- Come along to one of our open days (latest details at www.swbh.nhs.uk/rowley); or
- Complete the attached form, tear off and pop in the post (no need for a stamp) by 20th March
- Fill in our online form at www.swbh.nhs.uk/rowley

About you (optional) Name, Address, Email address

I do ☐ / do not ☐ want to be informed about news relating to Sandwell & West Birmingham Hospitals NHS Trust

1. Would you like to see more healthcare services at Rowley Regis Hospital?
Yes ☐ No ☐ (tick boxes)

2. Which of the potential services (see previous list) would you most like to see at Rowley Regis Hospital?

3. Do you have any other comments about developing services at Rowley Regis Hospital?


Thank you for your feedback.

Please fill in the form, moisten gum strip and seal then send it back to us freepost.

Please fill in the form, moisten gum strip and seal then send it back to us freepost.


Figure 1: Freepost survey

Sandwell and West Birmingham Hospitals **NHS**
NHS Trust



Developing services at Rowley Regis Hospital


Sandwell & West Birmingham Hospitals NHS Trust want to hear the views from local residents about services that could be provided at Rowley Regis Hospital.



Tell us your views

- Open days
- Online surveys
- Freepost survey

Find out more at www.swbh.nhs.uk/rowley



Whole
EVERYONE
Matters

Figure 2: Sample poster

5. Results of the public engagement activity

The responses to the public engagement activity will be shared with the Trust Board at a future meeting following the end of the listening exercise on 20th March 2015. Development proposals for the site will then be available for review.

Ruth Wilkin, Director of Communications

26 February 2015

TRUST BOARD

DOCUMENT TITLE:	Workforce Change: Safe & Sound 2014 - 16				
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis, Chief Executive				
AUTHOR:	Lesley Barnett, Deputy Director (Workforce)				
DATE OF MEETING:	5 March 2015				
EXECUTIVE SUMMARY:					
This paper reports on progress with the implementation of the workforce change: Safe and Sound 2014 – 2016 Phase 1a following the previous update to the Trust Board in December 2014.					
REPORT RECOMMENDATION:					
The Board is asked to approve the proposal to grant delegated authority to the Chief Executive to execute the plans related to individuals at his discretion up until the period ending 30 April 2015.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation		Discuss		
	X				
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	X	Environmental	X	Communications & Media	X
Business and market share	X	Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Engaged, effective organisation					
PREVIOUS CONSIDERATION:					
Previously discussed at the Trust Board					

WORKFORCE CHANGE: SAFE AND SOUND 2014 – 16

REPORT TO THE PUBLIC TRUST BOARD ON 5TH MARCH 2015

1 Purpose

This paper reports on progress with the implementation of the workforce change: Safe and Sound 2014 – 2016 Phase 1a following the previous update to the Trust Board in December 2014.

The Board is asked, through consideration of the report, that delegated authority be given to the Chief Executive to execute the plans related to individuals at his discretion up until the period ending 30 April 2015.

2 Introduction

A clear commitment was made in the report submitted in December 2014 for the Trust to minimise the risk of the 116 employees placed at risk as at 1st December 2014 of having their employment terminated on the grounds of redundancy. In anticipation of the phase 1a implementation vacancy controls were put in place and a recruitment process scheduled to take place during December 2014 was outlined. This paper is designed to confirm to the Trust Board the process that was followed and an update on the position as at 25th February 2015.

3 Current state and process followed

- a). **Final Appeals:** The Trust's Organisational Change process allows for employees to submit an appeal regarding the application of the organisational change process. In total 50 appeals were received of which 6 were later withdrawn. The appeal panels were chaired by an Executive Director supported by a HR Manager. The majority of appeals were heard by 8th December 2014 as planned with a small number being held on 18th December 2014 and 22nd January 2015. Of the appeals considered one was upheld due to poor application of the interview scoring process.

Appellants raised a number of factors some of which were specific to them personally as would be expected, but commonly concerns tended to centre around poor communication from their line manager, perceived management bias and unfairness of the application of the redundancy selection interview/scoring process.

- b). **Individual Support:** At risk employees were assigned a lead line manager responsible for supporting the individual with redeployment search and pastoral support. Employees were also provided with a named HR contact to support the co-ordination of the redeployment process.
- c). **Job Search:** At risk employees were registered on the NHS Jobs, recruitment website as 'restricted applicant's' to ensure they were afforded special consideration by other local NHS employers.

This process was supported by the HR and Recruitment Department through the provision of a series of job clinic's undertaken during December to enable at risk employees to meet with their named HR contact and for them to develop a comprehensive understanding of their job

search needs. The Recruitment Department also provided one to one support to assist employees with registering on the NHS Jobs recruitment system.

In addition to the above, the Learning and Development Department provided:

- A programme of interview skills workshops throughout October, November and December 2014. Feedback from the programme was positive and sessions were well attended.
- Specific individuals with numeracy and literacy and IT skills development.

Employees whose job search was by necessity going to be focused on external NHS employers, were also offered the opportunity of training and support from the national training provider Intraining. Note: This opportunity was limited to employees considering external job search due to the terms on which Intraining is nationally funded.

The managers of at risk employees with specialised skills e.g. Finance, Pharmacy and senior nursing, have been asked to support the external redeployment search by contacting their counterparts with NHS employers across the West Midlands to develop a comprehensive understanding of future as well as current vacancies that may prove to be opportunities for suitable alternative employment.

- d). **Vacancies:** All Trust vacancies with the exception of specific clinical posts and those ring-fenced to employees affected by organisational change proposals, were ring-fenced for at risk employees. To minimise the number of interviews employees were required to attend, generic posts were grouped together i.e.: band 2 and band 3 administrative posts, to enable one interview panel to undertake the process on the behalf of a number of recruiting departments.

Recruiting managers were required to conduct all interviews by 19th December 2014 to enable as many at risk employees as possible to receive offers of suitable alternative employment prior to the Christmas break.

- e). **Volunteers:** A number of employees from selection pools successful in retaining their post did nonetheless express an interest in applying for alternative posts with the Trust. These were considered during the redeployment interview phase described above where it would prevent an at risk employee from having to seek suitable alternative employment.
- f). **Natural Wastage:** Throughout the process the HR Department has continued to monitor continued natural wastage to reduce the number of employees remaining as 'at risk'.
- g). **Suitable Alternative Employment:** Managers were advised that in order to deliver a successful redeployment programme, they were expected to be flexible about the minimum skill set required of an employee prior to appointment. This has enabled a broad spectrum of vacancies to be considered for at risk employees, limited to the provision that any assessed training gap be reasonably addressed within a twelve month period. This has resulted in some employees accepting as suitable alternative employment posts in very different work areas.
- h). **Trial Periods:** Employees successful in securing a job offer have been offered a post with the provision of a four week trial period. At risk employees will be commencing in posts throughout January through to April 2015.
- i). **MUTUALLY AGREED RESIGNATION SCHEME (MARS):** Approval from the NHS TDA has been received to extend the current scheme until 31st March 2015. This will enable the Trust to use MARS to create suitable alternative employment opportunities for employees where alternative vacancies do not otherwise exist. Of the MARS applicants received two have been

assessed as having the potential of releasing posts to create suitable alternative employment for at risk employees that remain without a job offer of suitable alternative employment.

4 Position as at 25th February 2015:

- a). **Redeployment Status:** Of the 116 employees at risk at the beginning of December 2014, this has now reduced to 26 as a result of a combination of the redeployment process, natural wastage, volunteers from pools and minor changes to scheme proposals.

Whilst not fully completed as many employees are still undertaking trial periods, the redeployment process to date has proven to be largely successful and has been achieved through the prudent management of vacancies and flexible approach to redeployment, both by managers as described in section (g) above and by the willingness of employees to accept employment in different work areas.

The current position as at 25th February 2015 is summarised below (please note, due to the phasing of the process the figures below include some employees who were not included within the figure of 116 provided to the Trust Board in December 2014 and a small number of employees affected by organisational change proposals prior to phase 1 but remained as live cases during the implementation of Phase 1):

Table 1:

Status:	Number:
Number of employees offered suitable alternative employment – awaiting acceptance – subject to a trial period.	7
Number of employees offered and accepted suitable alternative employment – subject to a trial period.	65
Number of employees accepted alternative employment with an external NHS employer.	5
Number that have successfully completed a trial period and formally redeployed.	27
Total:	104
Number remaining at risk of redundancy.	28

- b). **Impact of Phase 1 (including employees affected by organisational change restructures):**

In addition to the employees requiring redeployment through the centralised redeployment process, there were a number affected by Directorate/Departmental organisational change restructuring schemes resulting in them moving to new roles. The table below describes the impact as of 25th February 2015 of:

- All Phase 1 schemes, including those ring-fenced for posts as part of the restructuring schemes.
- A small number of organisational change schemes live at the commencement of the Phase 1 process.
- Employees that have accepted external redeployment.

Table 2:

Status:	Number:
Number of employees accepting a post on the same pay band:	55
Number of employees accepting a post on a higher pay band:	25
Number of employees accepting a post on a lower pay band (with pay protection)	34
Total:	114

- c). **Pay Protection:** Pay protection is afforded to employees in accordance with the Trust's Organisational Change Policy. The maximum entitlement to long-term protection is two years for those employees with the necessary qualifying service (five years employment with SWBH). In order to retain pay protection employees are required to consider suitable alternative offers of employment at the protected band during the term of the protected pay. The associated costs to the Trust of pay protection in the event the current cohort remain in the protected post for the duration of the protected period is being calculated. Protected employees will however be included on a register held by the HR Department and every effort will be made during the period of protection to move the employee back to a post on their protected band in order to both minimise the costs to the organisation and to restore the employee to a post of similar band and skills which they used to occupy.

5 Recommendation

The Board is recommended to grant delegated authority to the Chief Executive to execute the plans related to individuals at his discretion up until the period ending 30 April 2015.

Lesley Barnett
Head of Workforce (Deputy Director)

TRUST BOARD

DOCUMENT TITLE:	The Fit and Proper Person Test
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	5 March 2015

EXECUTIVE SUMMARY:

This report gives an overview of the requirements of the Fit and Proper Person Test for directors which have recently come into force. This demonstrates the requirements placed upon the Trust to give assurances that we have taken the required steps to ensure compliance.

As the requirements are relatively new we have no cases to provide as examples of how the CQC will respond on an individual basis to their role within these requirements and how this can be applied within UK employment legislation. Further information will be provided to the Board as case law progressed with regard to this regulation.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- a. Agree that the fit and proper person test requirement should apply to all Board members, as well as Director members of the Executive Team;
- b. Agree that appropriate checks be undertaken on a prospective basis for all Directors, and that a self-declaration be undertaken by all current Directors to confirm that they meet the fit and proper person requirement as set out in the regulations; and
- c. Consider and agree the approach outlined at Appendix 1, or determine if any further assurance is required

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:

Requirement to meet statutory regulations.

PREVIOUS CONSIDERATION

New Fundamental Standards considered by the Trust Board in January 2015

Sandwell and West Birmingham Hospitals

NHS Trust

Report to the Trust Board on 5 March 2015

The Fit and Proper Person Test

1. Introduction

- 1.1 Against the backdrop of the Francis Inquiry report, the Government has legislated (via the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) and made important changes to the health and social care standards which are regulated by the Care Quality Commission (CQC), through the introduction of “fundamental standards”. A report to the Trust Board on 8 January 2015 summarised the key changes and identified immediate actions to be taken in response.
- 1.2 This report provides an update on the requirements placed on NHS provider organisations to ensure Director level appointments meet the “fit and proper person test” which have been integrated into the CQC’s registration requirements.
- 1.3 The Trust has responsibility to ensure that all Directors meet the fitness test requirement and do not meet any of the “unfit” criteria.

2. The fit and proper person test requirements (Regulation 5)

- 2.1 Health Service providers currently have a general obligation to ensure that they only employ individuals who are fit for their role and Sandwell and West Birmingham NHS Trust (SWBH) undertakes this through following NHS Employers Good Practice Guidance in relation to employment checks.
- 2.2 The introduction of the fit and proper person requirement for Directors imposes an additional requirement. The purpose is to require providers to take proper steps to ensure that their Directors (or equivalent) are fit and proper for the role.
- 2.3 The fit and proper persons test applies to Directors (both Executive Directors and Non-Executive Directors) and individuals “*performing the functions of, or functions equivalent or similar to the functions of, such a Director*”. The test therefore applies to senior managers who exercise functions similar to the Directors of the organisation.

2.4 The Regulations provide that health service bodies must not appoint or have in place an individual as a Director or equivalent unless:

- the individual is of good character;
- the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
- the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
- can supply information to the CQC as set out in Schedule 3 of the Regulations:

2.5 The Regulations also list categories of persons who are prevented from holding office and for whom there is no discretion:

- The person has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;
- The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986 (40);
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it; and
- The person is included in the children's barred list or the adults' barred list maintained under Section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

2.6 The regulations require the Chair of the Trust to:

- Confirm to the CQC that the fitness of all new Directors has been assessed in line with the regulations; and
- Declare to the CQC in writing that they are satisfied that they are fit and proper individuals for that role.

The CQC will cross-check notifications about new Directors against other information that they hold or have access to, to decide whether we want to look further into the individual's fitness. They will also have regard to any other information that they hold or obtain about Directors in line with current legislation on when convictions, bankruptcies or similar matters are to be considered 'spent'.

2.7 The CQC has the right to require the provision of information set out in Schedule 3 of the Regulations.

3. SWBH process

3.1 In order to comply with Regulation 5, attached at [Appendix 1](#) are the specific requirements of the fit and proper person test (for 2.4 and 2.5 above) and sets alongside those requirements how the Trust intends to assure itself about the suitability of individuals. In addition, [Appendix 2](#) outlines the annual checks which will be required.

3.2 The introduction of the Fit and Proper Person Test will require new/amended documentation for employees meeting the definition as follows:

- i. Pre-Employment and Annual Declaration Form ([Appendix 2](#))
- ii. Revised insert into the Reference Request Form ([Appendix 3](#))
- iii. Revised insert into the Contract of Employment ([Appendix 4](#))

4. Points for consideration

4.1 As the Regulation explicitly indicates that they apply equally to individuals *"performing the functions equivalent or similar to the functions of a Director"* the Trust should determine whether this should apply to any individuals beyond Board members. It is proposed that this should be applied to Director members of the Trust's Executive Team.

4.2 To meet this requirement, the Trust must carry out all necessary checks to confirm that persons who are appointed to the role comply with the requirements. The Board should therefore discuss and agree whether any retrospective action needs to be taken to ensure that appropriate documentary evidence is held.

- 4.3 It is proposed that the Board consider and adopt the approach outlined in Appendix 1 to ensure that it meets the requirements set out in the new Regulation in relation to the fit and proper person test.

5. Recommendations

5.1 The Trust Board is asked to:

- a. Agree that the fit and proper person test requirement should apply to all Board members, as well as Director members of the Executive Team;
- b. Agree that appropriate checks be undertaken on a prospective basis for all Directors, and that a self-declaration be undertaken by all current Directors to confirm that they meet the fit and proper person requirement as set out in the regulations; and
- c. Consider and agree the approach outlined at Appendix 1, and determine if any further assurance is required

Kam Dhami
Director of Governance

26 February 2015

Appendix 1

Sandwell and West Birmingham Hospitals NHS Trust
Compliance with Regulation 5: Fit and proper persons test

(*) indicates newly-introduced requirements to address the regulations

Standards		Assurance	Evidence
1. The individual is of good character			
1.1	<p>Providers should make every effort to ensure that all available information is sought to confirm that the individual is of good character as defined in Schedule 4, Part 2 of the regulations.</p> <p><i>(Sch.4, Part 2: Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence. Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.)</i></p>	<p>Employment checks are undertaken in accordance with NHS Employers pre-employment check standards and include:</p> <ul style="list-style-type: none"> • Two references, one of which must be most recent employer • qualification and professional registration checks • right to work checks • identity checks • occupational health clearance • DBS checks (where appropriate) <p>In addition, we also carry out:</p> <ul style="list-style-type: none"> • Declarations of fitness by candidates • Search of insolvency and bankruptcy register (*) • Search of disqualified directors register (*) 	<p>References</p> <p>Other pre-employment checks</p> <p>DBS checks where appropriate</p> <p>Signed declarations from applicants</p> <p>Register search results</p>
1.2	<p>If a provider discovers information that suggests an individual is not of good character after they have been appointed to a role, the provider must take appropriate</p>	<p>Disciplinary policy provides for such investigations.</p> <p>Revised contracts allow for termination in the event</p>	<p>Contracts of employment (for EDs and director-equivalents)</p>

Standards		Assurance	Evidence
	and timely action to investigate and rectify the matter.	of non-compliance with regulations and other requirements.	Terms and conditions of service agreements (for NEDs) Disciplinary Policy
1.3	Where a provider deems the individual suitable despite not meeting the characteristics outlined in Schedule 4, Part 2 of these regulations, the reasons should be recorded and information about the decision should be made available to those that need to be aware.	This would be the subject of debate at the Appointments Committee and subsequently at the Remuneration Committee. The minutes would record such decisions. The Chair would take advice from internal and external advisors as appropriate.	Appointment Committee notes / minutes of Remuneration Committee meetings.
2. The individual has the qualifications, competence, skills and experience			
2.1	Where specific qualifications are deemed by the provider as necessary for a role, the provider must make this clear and should only employ those individuals that meet the required specification, including any requirements to be registered with a professional regulator.	This requirement is included within the job description for relevant posts and is checked as part of the pre-employment checks.	Person specification Appointment Committee notes
2.2	The provider should have appropriate processes for assessing and checking that the individual holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leaderships skills and a caring and compassionate nature), to undertake the role; these	Employment checks include a candidate's qualifications and employment references. The recruitment process also includes qualitative assessment and values-based questions.	Recruitment policy and procedure Values-based questions

Standards		Assurance	Evidence
	should be followed in all cases and relevant records kept.		
2.3	The provider may consider that an individual can be appointed to a role based on their qualifications, skills and experience with the expectation that they will develop specific competence to undertake the role within a specified timeframe.	Any such decision would be discussed by the Appointments Committee and should be minuted. Actions would be subject to follow-up as part of ongoing review and appraisal.	Appointment Committee notes. Appraisal paperwork.
3. Health			
3.1	When appointing relevant individuals the provider has processes for considering a person's physical and mental health in line with the requirements of the role.	All post-holders are subject to clearance by occupational health as part of the pre-employment process.	Occupational health clearance as part of recruitment pre-employment checks.
3.2	Wherever possible, reasonable adjustments are made in order that an individual can carry out the role.	Pre-employment health screening would take place and process re-adjustments is already included in the Trust's Sickness Absence Policy.	Appropriate Occupational Health Report and Sickness Absence Policy
4. Check of persons prevented from holding office			
4.1	The provider has processes in place to assure itself that the individual has not been at any time responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified,	This has been incorporated as a specific declaration as part of the pre-employment process. It is also incorporated into a revised reference request template for all director and director-equivalent posts.	Pre-employment declaration Reference Request for ED/NED

Standards		Assurance	Evidence
	<p>it may include fitness to practise proceedings and professional disciplinary cases.</p> <p>("Responsible for, contributed to or facilitated" means that there is evidence that a person has intentionally or through neglect behaved in a manner which would be considered to be or would have led to serious misconduct or mismanagement.</p> <p>"Privy to" means that there is evidence that a person was aware of serious misconduct or mismanagement but did not take the appropriate action to ensure it was addressed. "Serious misconduct or mismanagement" means behaviour that would constitute a breach of any legislation/enactment CQC deems relevant to meeting these regulations or their component parts.")</p>		
4.2	<p>The provider must not appoint any individual who has been responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified, it may include fitness to practise proceedings and professional disciplinary cases.</p>	<p>This has been incorporated as a specific declaration as part of the pre-employment process.</p> <p>It is also incorporated into a revised reference request template for all director and director-equivalent posts.</p>	Reference Request for ED/NED
4.3	<p>Only individuals who will be acting in a role that falls within the definition of a "regulated activity" as defined by the</p>	<p>DBS checks are undertaken only for those posts which fall within the definition of a "regulated</p>	Criminal Record and Barring Check Policy

Standards		Assurance	Evidence
	<p>Safeguarding Vulnerable Groups Act 2006 will be eligible for a check by the Disclosure and Barring Service (DBS).</p> <p><i>(CQC recognises that it may not always be possible for providers to access a DBS check as an individual may not be eligible.)</i></p>	activity” or which are otherwise eligible for such a check to be undertaken.	DBS checks for eligible post-holders
4.4	As part of the recruitment/appointment process, providers should establish whether the individual is on a relevant barring list.	Eligibility for DBS checks will be assessed for each vacancy arising.	Criminal Record and Barring Check Policy
5. On-going checks			
5.1	The fitness of directors is regularly reviewed by the provider to ensure that they remain fit for the role they are in; the provider should determine how often fitness must be reviewed based on the assessed risk to business delivery and/or the service users posed by the individual and/or role.	<p>Post-holders undertake annual declarations of fitness to continue in post.</p> <p>Checks of insolvency and bankruptcy register and register of disqualified directors to be undertaken each year as part of the appraisal process. (*)</p>	Annual declaration (*)
5.2	The provider has arrangements in place to respond to concerns about a person’s fitness after they are appointed to a role, identified by itself or others, and these are adhered to.	The disciplinary policy provides these arrangements, and revised contracts (for EDs and director-equivalents) and the Annual Declaration incorporates maintenance of fitness as a requirement (*).	<p>Disciplinary policy</p> <p>Revised contract of employment</p>

Standards		Assurance	Evidence
5.3	The provider investigates, in a timely manner, any concerns about a person's fitness or ability to carry out their duties, and where concerns are substantiated, proportionate, timely action is taken; the provider must demonstrate due diligence in all actions.	This will be undertaken if concerns are identified and revised contracts provide for termination if individuals fail to meet necessary standards.	Disciplinary Policy and revised employment contracts
5.4	Where a person's fitness to carry out their role is being investigated, appropriate interim measures may be required to minimise any risk to service users.	This would be reviewed when concerns are identified.	Disciplinary policy.
5.5	The provider informs others as appropriate about concerns/findings relating to a person's fitness; for example, professional regulators, CQC and other relevant bodies, and supports any related enquiries/investigations carried out by others.	This would be completed if any concerns were identified.	Referrals made to other agencies.

In the table above, unless the contrary is stated or the context otherwise requires, "ED" means executive directors and director-equivalents

Pre-employment and annual declaration for director and director-equivalent posts

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST (“the Trust”)

“FIT AND PROPER PERSON” DECLARATION

1. It is a condition of employment that those holding director and director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Your post has been designated as being such a post. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust’s provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 (“the Regulated Activities Regulations”) and the Trust’s constitution.
2. By signing the declaration below, you are confirming that you do not fall within the definition of an “unfit person” or any other criteria set out below, and that you are not aware of any pending proceedings or matters which may call such a declaration into question.

Fit and proper persons Regulation 5 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

3. The registration conditions of the Care Quality Commission require that the Trust shall not appoint as a director any person who is an unfit person.
4. An “unfit person” is defined as:
 - (a) an individual:
 - (i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or
 - (ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or
 - (iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or
 - (iv) who is subject to an unexpired disqualification order made under the Company Directors’ Disqualification Act 1986; or
 - (b) a body corporate, or a body corporate with a parent body corporate:
 - (i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub-paragraph (a) of this paragraph, or
 - (ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or

- (iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or
- (iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or
- (v) which passes any resolution for winding up, or
- (vi) which becomes subject to an order of a Court for winding up.

Regulated Activities Regulations

5. Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.
6. The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:
 - (a) the individual is of good character;
 - (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
 - (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
 - (d) the individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
 - (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.
7. The grounds of unfitness specified in Part 1 of Schedule 4 to the Regulated Activities Regulations are:
 - (a) the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
 - (b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
 - (c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
 - (d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
 - (e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

- (f) the person is prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment.

Trust's constitution

8. The Trust's constitution places a number of restrictions on an individual's ability to become or continue as a director. A person may not become or continue as a director of the Trust if:

- a) they are a member of the council of governors, or a governor or director of an NHS body or another NHS foundation trust;
- (b) they are a member of the patients' forum of an NHS organisation;
- (c) they are the spouse, partner, parent or child of a member of the board of directors of the Trust;
- (d) they are a member of a local authority's scrutiny committee covering health matters;
- (e) they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
- (f) they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
- (g) they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed;
- (h) they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- (i) in the case of a non-executive director, they are no longer a member of the public constituency;
- (j) they are a person whose tenure of office as a Chair or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- (k) they have had their name removed, other than by reason of resignation, from any list prepared under sections 91, 106, 123 and 146 of the 2006 Act and have not subsequently had their name included on such a list;
- (l) they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- (m) in the case of a non-executive director they have refused to fulfil any training requirement established by the Board of Directors; or
- (n) they have refused to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for directors.

I acknowledge the extracts from the provider licence, Regulated Activities Regulations and the Trust's constitution above. I confirm that I do not fit within the definition of an "unfit person" as listed above and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a "fit and proper person" or other grounds under which I would be ineligible to continue in post come to my attention.

Name: **[Name]** Signed: _____

Position: **[Position]** Date: _____

Insert into reference request for director and director-equivalent posts

For fit and proper person post only:

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 state that the Trust must not appoint or have in place an individual as a director, or who performs the functions of or equivalent or similar functions of a director if they do not fulfil the following requirements:

- (a) the individual is of good character;
- (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
- (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
- (d) the individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
- (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The grounds of unfitness specified in Part 1 of Schedule 4 to the Regulated Activities Regulations are:

- (a) the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
- (b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- (c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- (d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- (e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- (f) the person is prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment.

Considering these requirements, and based on your knowledge of the individual, would you have any concerns as to their suitability for appointment? Yes: ☐ No: ☐

If you have answered "yes", please expand below:

Insert into contracts of employment for director and director-equivalent posts

Terms and conditions of service

- (1) It is a condition of your employment that you agree to the public disclosure of information by the Trust in relation to your employment in accordance with the National Health Service Act 2006, and/or any other legal or regulatory requirements that may be imposed on the Trust from time to time. If information is requested to be withheld this should be discussed with the Chief Executive and Director of Governance.
- (2) You are required to confirm in writing in such form as may be prescribed by the Trust, on appointment and thereafter on demand, that:
 - (2.1) you are not subject to any restrictions which would prevent you from holding the office of director of the Trust;
 - (2.2) you do not fall within the definition of an “unfit person” as specified in the Trust’s Provider Licence;
 - (2.3) you satisfy the requirements of Regulation 5(3) of the Regulated Activities Regulations; and
 - (2.4) you do not meet any of the criteria for disqualification as a director outlined within the Trust’s constitution.
- (3) You shall notify the Trust as soon as practicable (and in any event within 7 days) of any change in circumstances that means the written confirmation that you have provided in accordance with clause 5.6 above is no longer accurate.
- (4) You warrant that you are entitled to work in the United Kingdom without any additional approvals and you will notify the Trust immediately if you cease to be so entitled during your employment.
- (5) Failure to provide the confirmation or notification described in clauses 5.6 to 5.8 (inclusive) above without good reason within 14 days of such confirmation or notification being demanded or required shall be referred to the ARTE committee and is likely to be considered a disciplinary matter.

TRUST BOARD

DOCUMENT TITLE:	Year of Outpatients
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow – Chief Operating Officer
AUTHOR:	Jayne Dunn – Deputy Chief Operating Officer Change Team
DATE OF MEETING:	5 March 2015

EXECUTIVE SUMMARY:

We are redesigning out patients to improve experience for patients, staff and carers. We are forming a patient stakeholder group to inform the roll out of some of our initiatives and to work collaboratively on monitoring our outpatient standards and continuing work programme.

We now acknowledge receipt of patient referrals as they are received into the Trust, giving patients confidence we have received their referral and looking to book their appointment.

Our baseline patient experience feedback is good but we want to provide an even better experience and service.

Our waiting times for a first outpatient appointment within 6 weeks have held static at Trust level over the period. There have been impressive improvements in some specialties including cardiology, respiratory, urology and neurology services. This has been achieved through demand and capacity planning, virtual clinics and pathway redesign bringing diagnostics earlier into the patient pathways. The deterioration in ophthalmology and dermatology waits measured at 6 weeks have an adverse impact on the Trust level standards and are both subject of similar improvement activity .

All specialties will complete demand and capacity modelling for next year by the end of February. This will take into account repatriation opportunities.

Our roll out of electronic outcome coding in outpatients will be completed in April; removing paper from this administration system and proving better accuracy of outcome coding and patient pathway tracking.

Our first electronic check in kiosks are due for delivery and installation in March. Alongside the technology, we are working on new roles for our reception staff and a volunteer's strategy to have improved visibility of staff to welcome and help patients navigate our buildings and their pathways more easily.

In April we will start the roll out of electronic referral management – again removing a lot of paper administration and giving opportunity to standardise clinical triage of incoming referrals.

Some of our specialties provide excellent advice and guidance services, but our offer is variable. A test period in Dermatology of a standard approach to providing advice and guidance to primary care clinicians is in train, with speciality roll out in Q1 and 2.

Speech recognition has been delayed as we work through some system issues. The Board will be updated of this next week.

There is a communications plan of our improvements and intended developments for this programme in place.

REPORT RECOMMENDATION:

To note the progress and forward plan for OP improvement .

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	x	Legal & Policy		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, safe and high quality care

PREVIOUS CONSIDERATION:

Previous updates have been presented to the Trust Board

Year of Outpatients Programme

Progress in 2014/15

Priorities for 2015/16 Outpatient Improvement Programme



Our Year of Outpatients

A programme of designing better experience for patients, staff and carers

We are trying to create an expectation from our patients of what to expect

WELCOME

- We will inform patients that we have received their referral and we thank them for choosing our care

HOSPITAL APPOINTMENT

- We will triage referrals and agree dates with the patients
- Waiting times will be shorter than currently
- The appointment letter and the information to access the services will be easy to understand
- By partial booking we will rarely need to cancel or reschedule any appointment

TESTS / INVESTIGATIONS

- On some pathways tests will happen before clinic
- The reports for the tests / investigations will be available to the doctor to discuss with the patient quickly
- Not all test explanation will be done in clinic

CONSULTATION & TREATMENT

- Patients will be assisted to understand the discussion in clinic and to ensure informed consent
- We will follow up consultations to make sure that follow on questions are answered

CLINICAL CORRESPONDENCE

- Our patient and their GP will get a letter within 5 days, and in most cases within 2 days

There will be an SWBH way of undertaking outpatient care, the eight outpatient quality standards need to be met and patients satisfied

It will not be optional by March 2015

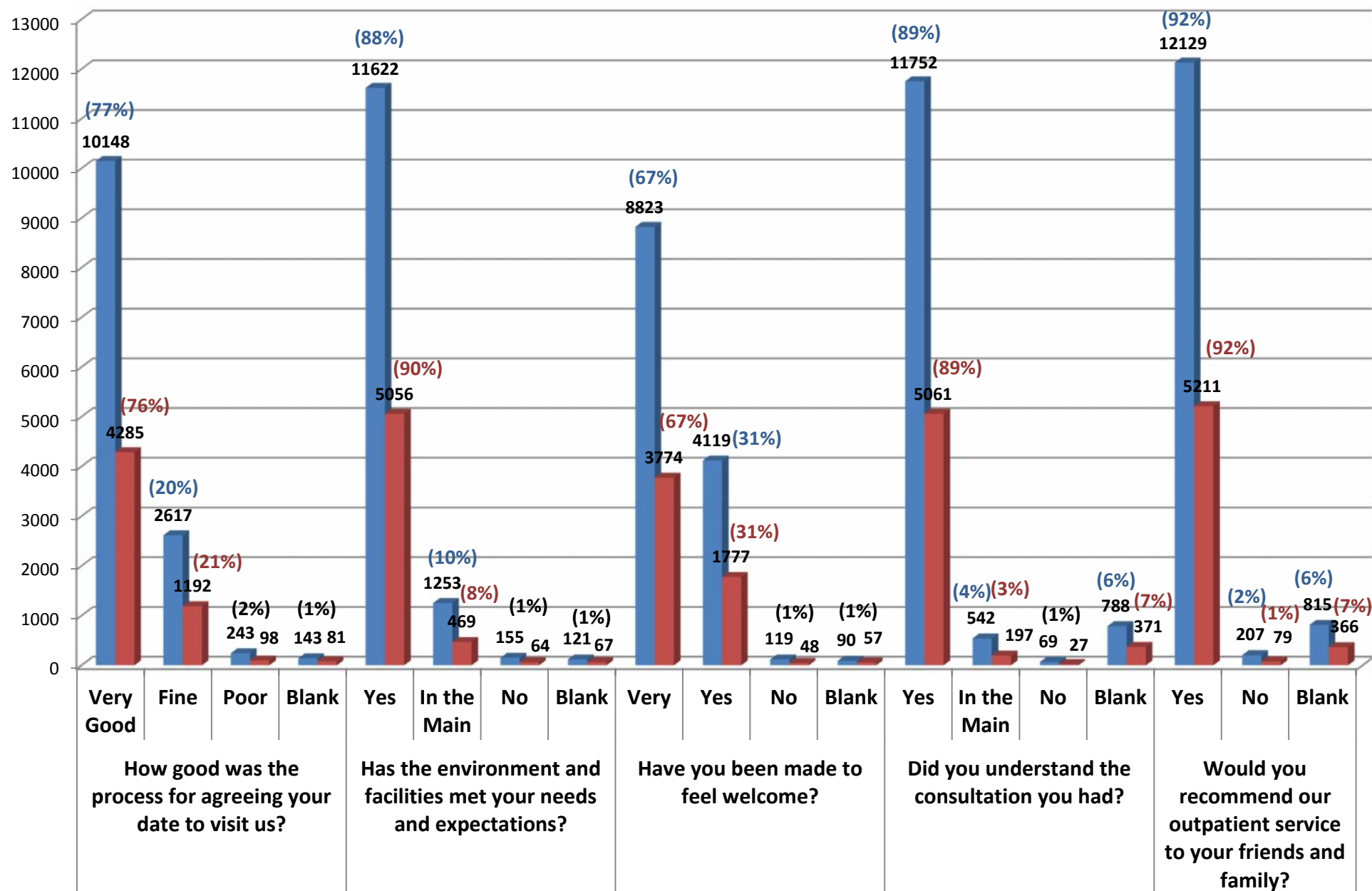


Patient Experience Survey

Outpatient Care – ‘How did we do today?’

April 2014 – n=13,151 (23% Response Rate)

July 2014 – n=5,656 (9% Response Rate)



The 8 Outpatient Quality Standards

1. All patients will be seen within 6 weeks of the hospital receiving their referral. All referral letters will be scanned into CDA within 24hrs of receipt
2. The patient's first visit will always be to the correct clinic
3. No patient will wait more than 20 minutes later than their appointment time to be seen
4. By March 2015, no patient will have their clinic appointment cancelled by the hospital
5. All patients will have their first appointment for diagnostics within locally agreed targets
6. All patients will be investigate and treated according to the Directorate's agreed clinical pathways
7. A documented outcome of an outpatient visit will be available to the GP electronically within 2 working days. All communications will be easily accessible within the Electronic Patient Record. All patients will receive a copy letter within 5 working days
8. All patients will be given an opportunity to comment on the outpatient service that they have received



How well are we achieving our Quality Standards?

Quality Standard	Q1	Q3	2015/16 target	Comments
All patients will be seen within 6 weeks of the hospital receiving their referral. All referral letters will be scanned into CDA within 24hrs of receipt	69.75% n/a	65.18% n/a	75% By end Q2 100% end Q2	Fairly static in year at Trust level but with significant improvement in some specialties (see future slide) To start Q1 2015/16
The patient's first visit will always be to the correct clinic	n/a	n/a	80% by Q3	Measure to be developed in 2015/16 in line with specialty focus in line with e-triage
No patient will wait more than 20 minutes later than their appointment time to be seen (% seen within 20 mins – not routinely collected)	74.97%	73.92%	90% end Q2	The ability to track this electronically is linked to the installation of calling screens. Clinic template changes will linked to demand and capacity work will help us achieve this standard.
By March 2015, no patient will have their clinic appointment cancelled by the hospital	4.82%	4.26%	End Q2	Enabled through Partial Booking roll out Q2 2015/16
A documented outcome of an outpatient visit will be available to the GP electronically within 2 working days. All communications will be easily accessible within the Electronic Patient Record. All patients will receive a copy letter within 5 working days	10.54%	11.72%	tbc as part of Voice recognition plan	Voice recognition and electronic document transfer will contribute to achieving this standard. There have been delays in this programme as strategic technical strategy implications are considered.
All patients will be given an opportunity to comment on the outpatient service that they have received (response rate*)	23%*	9%*	100% end Q2	Paper audit to be repeated in March 2015. Electronic feedback programme via text message and kiosk capability to be implemented offering a variety of mechanisms.

How well are we achieving our Quality Standards?

Quality Standard

All patients will have their first appointment for diagnostics within locally agreed targets

All patients will be investigate and treated according to the Directorate's agreed clinical pathways

Throughout the year there has been improvement work across all specialties in elective care. Service improvement has been focussed on:

- Introduction of virtual clinics – review of normal test results and discharge by phone consultation
- Review of diagnostic pathways – scheduling tests before 1st OPA
- Direct access diagnostics – avoiding hospital OPA appointments for normal test results and introducing primary care pathways
- Pathway redesign
- Demand and capacity planning and improved clinic utilisation

Below are some examples of service level pathways improvements:

Cardiology

- New OP appointment waits have reduced from 12 to 6 weeks.
- Increased productivity of clinics
- Direct Access echo service commence

Respiratory

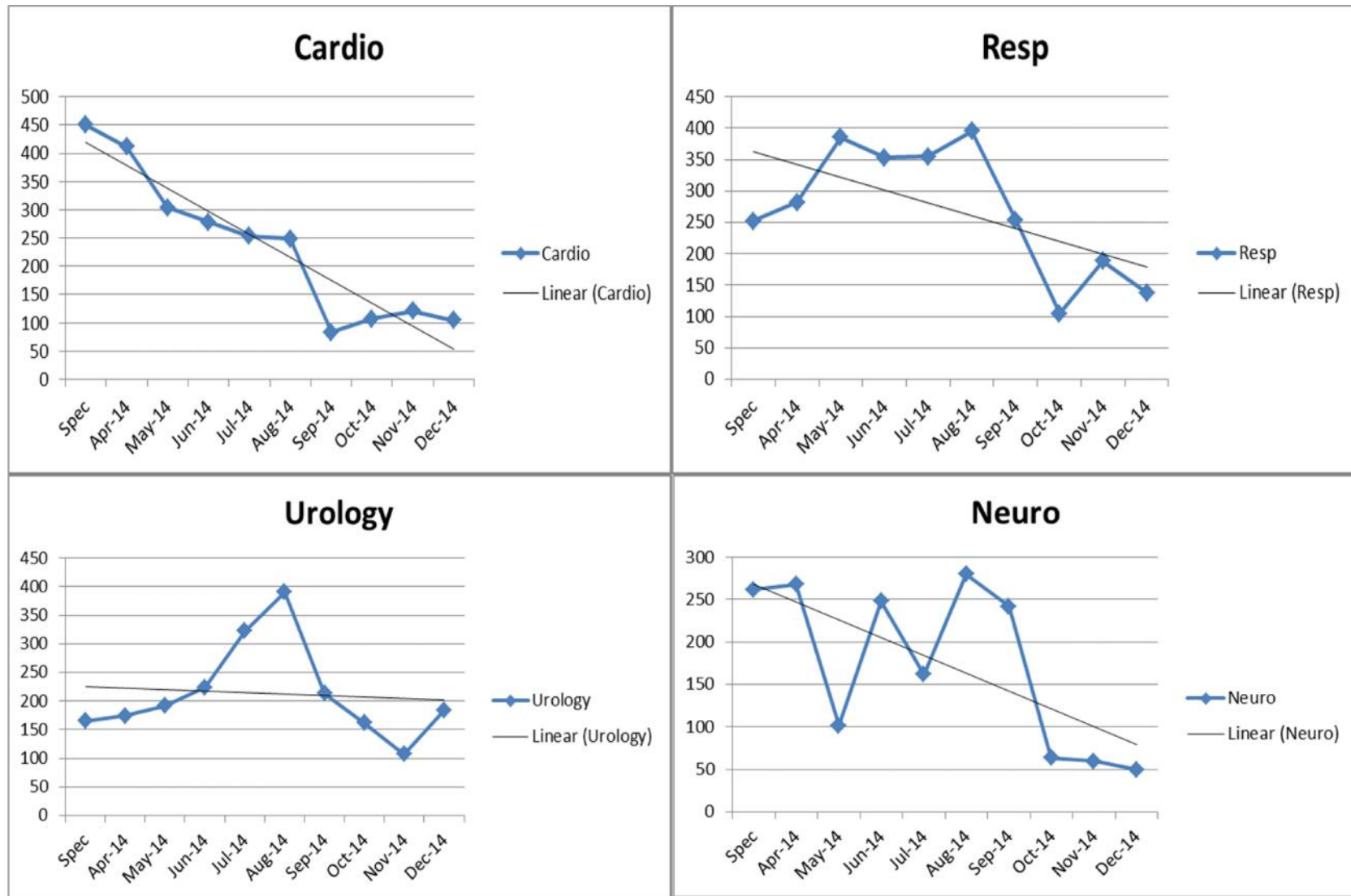
- Sleep pathway – revised diagnostic pathway reduces pathway by 4-6 weeks
- Virtual clinics are being implemented to improve productivity of clinics where patients have normal test results

Urology

- Virtual clinics and review of diagnostic pathways. Local agreed standards for pathways across the entire clinical team. Waits for new OP reduced from 12 weeks to 6 weeks.

Dermatology – workforce redesign expanding nursing competencies will decrease waits for some pathways eg simple biopsies and patch testing

These are some of the specialties that have made good progress decreasing the number of patients waiting over 6 weeks



Existing YoOP Work Streams: Implementation Dates

- **eOutcome / eDTA** - roll out completed by end of April 2015
- **Partial Booking** – June 2015
- **eRMS (Electronic referral management system)**
 - **Phase 1:** Acknowledgment Letter to patients of initial referral – completed
 - **Phase 2:** Scanning of referral to facilitate electronic triage and tracking – Q1 2015/16
 - **Phase 3:** electronic triage – test in T&O Q1 and roll out by end Q2
- **Self Check-in Kiosks** - April 2015
- **Speech Recognition** - September 2015 (TBC)
- **Workforce Review Implementation** Admin & reception staff profile and ways of working will change with introduction of kiosks which will enable staff to work more visibly to welcome and help patients navigate our building. Outpatient nursing skill mix changes have enabled us to meet our new chaperone policy standards and will increase making 'every contact count '
- **Consultant Advice & Triage Service** – consultant reviews referral and appropriately provides advise for continuing management in primary care preventing unnecessary hospital attendance . This exists in some specialities but will be standardised this year
 - 4 week test period started in Dermatology
 - schedule of other specialities to go live over Q1 and 2



Priorities for 2015/16 Outpatient Improvement Programme

Complete implementation of existing e- workstreams :

- Partial Booking - June 2015
- eRMS - End of Q2
- Self Check-in Kiosks – end April 2015
- Speech Recognition - September 2015
- HIS team to review further e-project ideas & identify those that will be part of EPR or infrastructure development & then feedback likely timescales

Patient Experience - ? An Outpatient Service to be Proud of? Taking Pride in Outpatients?:

- Customer relations at reception & in clinic – Q2
- Implement workforce review – end Q1
- Stakeholder Group set up to capture patient & front line staff experience

Specialty Focus on top 6 high volume outpatient specialties :

Ophthalmology, ENT, T&O, Gastroenterology Dermatology

- Redesigned clinical pathways
- Sustainable capacity
- Preparation of a sound basis for EPR (e.g. templates, naming conventions etc)
- Elimination of PRW & late bookings, reduce DNAs
- Contribute to delivery of LTFM activity changes



Specialty Focus projects

Develop a programme/series of projects for each specialty that might include:

- Work with stakeholder group to identify key issues
- Clinical triage, alternative pathways for new referrals including advice and guidance, update directory of service (link to ongoing consultant advise & triage work stream)
- Review templates, booking rules , DNA rules etc
- Work with primary care to agree pre-referral diagnostic work up & process for returning referrals that don't meet the pathway
- Promote use of choose and book
- Review process for feeding back diagnostic results to patients & GPs without relying on review appointments
- Redesign pathways e.g. work with primary care to develop primary care based pathways for LTC, alternatives to face to face appointments, alternatives to routine review appointments
- Develop plan to deliver LTFM activity changes
- Clear KPIs & transparent tracking (to all of team as well as corporately)

In developing the speciality projects involve wider teams (medical, nursing, therapy, booking, admin, primary care, where possible patients etc) to ensure team engagement and ownership.



Sandwell and West Birmingham Hospitals



NHS Trust

Quality and Safety Committee – Version 0.1**Venue** D29 Meeting Room, City Hospital**Date** 30 January 2015; 1030h – 1230h**Present**

Ms O Dutton

Mr R Samuda

Mrs G Hunjan

Mr C Ovington

Miss K Dhami

Miss R Barlow

Dr R Stedman

In Attendance

Mrs D Talbot

Mr G Smith

Ms A Binns

Ms R Challis

Secretariat

Mr S Grainger-Lloyd

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies for absence were received from Dr Sarindar Sahota and Mr Tony Waite.	
2 Minutes of the previous meeting	SWBQS (12/14) 109
The minutes of the Quality and Safety Committee meeting held on 19 December 2014 were approved as a true and accurate reflection of discussions held.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	SWBQS (12/14) 100 (a)
The updated actions list was received and noted by the Committee.	
MATTERS FOR DISCUSSION	
4 Update following the visit by the Care Quality Commission	Verbal
Miss Dhami reported that much activity had been directed to responding to the CQCs draft report following the inspection in October. The factual accuracy check was reported to have been sent to the CQC to consider. It was noted that the quality summit may need to be delayed from being held in early February to later in the month. Miss Dhami reported that a weekly summary would be issued to	

the Board to outline the progress with addressing some of the areas for improvement that had been highlighted.	
5 Radiology CQC Improvement Notice and action plan	SWBQS (1/15) 002 SWBQS (1/15) 002 (a) SWBQS (1/15) 002 (b)
<p>The Committee received and noted the update. It was noted that the action plan to address the concerns raised by the CQC was adequate. Mr Samuda asked whether this was the only area where documentation of training might be poor in the Trust. Miss Barlow acknowledged that there was a possibility that other areas may be as unsatisfactory. Ms Dutton noted that the work was not specifically related to the CQC inspection visit. It was reported that the deadline for addressing the issues was June although it was expected that the matter would be concluded some months earlier than this. It was noted that the IRMER training was not within the suite of mandatory training. Ms Binns suggested that in terms of checking training records any further, the training that is to be provided by statute should be considered first. Dr Stedman reported that the training provided by statute was the Mandatory Training suite and although the current system could distinguish between clinical and non-clinical staff, this separation was not true of speciality areas. Ms Dutton asked whether in the Midland Met, additional training requirements would be required. She was advised that working practices would need to change although some of the kit would be that used currently.</p>	
6 Intelligent monitoring: update on current risks	
6.1 In hospital mortality: genito-urinary conditions	SWBQS (1/15) 003 SWBQS (1/15) 003 (a)
<p>Dr Stedman reported that a CQC outlier status had been received in respect of genito-urinary medicine mortality for 2013/14. It was highlighted that the 77 cases had been reviewed, the majority of which had been considered already through the mortality review process. Of these, there were 24 Urinary Tract Infections (UTIs) however none were shown to be unexpected deaths. It was noted that the recommendations include better assigning the sources of sepsis where it could be identified.</p> <p>Miss Dhami asked whether this alert was expected to be received again. Dr Stedman reported that it was possible for the next year, as actions to mitigate the position were only recently being delivered.</p> <p>Ms Dutton asked whether the mortality reviews would reach 100%. Dr Stedman reported that all deaths were reviewed with the target performance being within 42 days of death. Much effort was reported to be directed into improving the position against the target, with currently 82% of cases were being reviewed within this timeframe.</p> <p>It was noted that this work was not related specifically to the CQC inspection.</p>	
6.2 Knee-related PROMs indicators	SWBQS (1/15) 004

	SWBQS (1/15) 004 (a)
Dr Stedman reported that the Trust had been reported as an outlier for knee related PROMs in terms of overall health gain. It was highlighted that a plan had been developed to address the position however. Mr Samuda asked whether this issue related to leadership issues and was advised that this was not the case and was specific to a particular type of surgery. It was suggested that a comparison should be made with other organisations where performance was good.	
ACTION: Dr Stedman to seek any best practice from organisations where knee-related PROMs were reported as good	
7 Integrated Performance Report	SWBQS (1/15) 005 SWBQS (1/15) 005 (a)
<p>Mr Smith presented a summary of the key performance metrics. It was noted that infection control performance had been pleasing, however MRSA bacteraemia cases as a result of contamination had now been recorded into performance. Dr Stedman reported that a big training campaign around blood culture handling had been undertaken with junior doctors to prevent further contamination incidents.</p> <p>It was noted that falls had increased. Mr Ovington reported that there was an increase in particular in Medicine, which appeared to correlate with the number of additional beds open and reflected the higher level of elderly patients being treated over the winter. It was agreed that this would be presented at the next meeting. It was agreed that this update would show the linkage between age and the number of falls. Overall it was highlighted however, that the rate of falls remained beneath the national average.</p> <p>It was noted that there had been three grade 3 pressure ulcers. Mr Ovington advised that there had been an overall reduction in the numbers of 2, 3 and 4 pressure sores over the past year overall however.</p> <p>It was reported that there had been a maternal death during the period. Dr Stedman gave an overview of the case. It was agreed that an overview would be presented at the next meeting, including the post mortem outcome.</p> <p>The mortality performance was reported to be within expected parameters, although the crude mortality rate was shown to have increased which reflected the 'flu outbreak.</p> <p>Performance against the thrombolysis target was reported to be poorer than required at 57%. Miss Barlow offered to determine the reasons for this.</p> <p>All cancer trust-level targets were reported to have been met however at a speciality-level there was some variability. Miss Barlow reported that performance was measured over a quarter.</p> <p>It was reported that there had been two mixed sex accommodation breaches over the period, which it was advised affected two patients and had been planned at the height of the operational pressure.</p>	

<p>Miss Dhama reported that the complaints handling performance reflected the planned clearance of some of the oldest complaints.</p> <p>Dr Stedman reported that a plan to address CQUIN performance for sepsis was in place.</p> <p>Miss Barlow reported that in terms of RTT performance there had been a downward trend in under performance which was pleasing, however at a national level there had been several demands to clear backlogs with financial incentives.</p> <p>It was noted that there was a good focus on reducing sickness absence at present, given that the position was currently unacceptable. Mrs Hunjan noted the potential for the workforce review to have impacted on the sickness position and was advised that this was not necessarily the case.</p> <p>Ms Dutton noted that in some instances, the data quality indicators and finance information had not been completed.</p> <p>It was noted that the Finance & Investment Committee would consider the penalties incurred through failure to achieve national targets and CQUINs.</p>	
<p>ACTION: Dr Stedman to provide an update on the maternal death at the next meeting</p> <p>ACTION: Miss Barlow to provide an update on thrombolysis performance at the next meeting</p>	
<p>8 Emergency Care performance and recovery plan</p>	<p>Verbal</p>
<p>Miss Barlow reported that performance against the emergency care target was 93.7% year to date, with two weeks above 95%. The handling of operational pressures was reported to have been well received by the Trust's stakeholders.</p> <p>Looking forward, it was reported that consultant recruitment into the Emergency Care would be given focus. The Committee noted that this was a particular challenge for the area and overseas recruitment was also being considered. Ms Dutton asked whether staff who were on a career break were contacted for possible re-employment. She was advised that this was the case.</p> <p>It was reported that an emergency care development programme was in place which included input from the Hay Group.</p> <p>Miss Barlow reported that a social care ward was to be opened using pilot money, which should assist with addressing any delayed transfers of care. It was suggested that consideration about provision of this service at City Hospital needed to be considered in future.</p>	
<p>9 Cardiology update</p>	<p>SWBQS (1/15) 006 SWBQS (1/15) 006 (a) SWBQS (1/15) 006 (b)</p>

<p>Miss Barlow provided an overview of the inspection of the Cardiology speciality externally. It was noted that the review was designed to provide assurance upwards on the effectiveness of the service and the feasibility of the way issues could be resolved. It was reported that the report presented an encouraging position.</p> <p>It was noted that the reconfiguration plans were out to engagement and the current risks around the service were being well managed.</p> <p>The Committee supported the removal of the Cardiology service from special measures and that the recommendation of the paper was supported. It was agreed that the speciality should be invited to join the committee at the April meeting or to present to the Board at a future meeting.</p>	
<p>ACTION: Mr Grainger-Lloyd to arrange for the cardiology speciality to join the April meeting of the Committee</p>	
<p>10 Equality & diversity annual report</p>	<p>SWBQS (1/15) 007 SWBQS (1/15) 007 (a)</p>
<p>Mr Ovington presented the equality & diversity annual report for approval as delegated by the Trust Board at its last meeting. It was noted that the report needed to be published on 30 January.</p> <p>It was agreed that a summary version of the report needed to be produced for public access.</p> <p>Ms Dutton reported that further effort should be directed to ensuring that any key decisions and policies needed to be considered in the light of equality and diversity requirements. Mr Ovington reported that this would be picked up as part of the action plan that would be developed in response to the review of the EDS2 progress by the Local Involvement Group.</p>	
<p>ACTION: Mr Ovington to arrange for a summary version of the E & D annual report to be prepared for public access</p>	
<p>11 Complaints devolution: first year evaluation</p>	<p>SWBQS (1/15) 008 SWBQS (1/15) 008 (a)</p>
<p>Ms Binns reminded the Committee that complaints devolution had commenced in early 2014. It was reported that a survey was issued to gauge the success of the devolution process and the feedback from complaints was also taken into account.</p> <p>It was highlighted that the devolution process was only recently starting to show improvements in complaints handling due to the lag in embedding the revised process. It was noted that commitment and focus by Groups was increasing and the new process was well received.</p> <p>The Committee was advised that some further training and the format of letters needed to be given further consideration. The use of apologies was noted to be</p>	

<p>more successful than previously.</p> <p>It was agreed that overall, the revised process appeared to have been successful and there was anticipation that effectiveness would further increase in the coming year.</p> <p>Mr Samuda asked whether any complainants were approached to show them that the complaints had generated change. It was reported that there was a plan to circulate a follow up letter when this was the case and that some meetings were already arranged for follow up appointments. A 'Listening into Action' approach was reported to be planned to supplement these plans.</p>	
<p>12 Complaints report: Quarter 3</p>	<p>SWBQS (1/15) 009 SWBQS (1/15) 009 (a)</p>
<p>Miss Dhami asked the Committee to receive and note the update and drew attention to the key areas of focus. It was noted that there were some areas and specialities were exemplars at complaints handling and that these would be used to generate peer improvement.</p>	
<p>13 Patient story</p>	<p>SWBQS (1/15) 010</p>
<p>The patient story was presented for information.</p>	
<p>14 Nurse staffing position statement</p>	<p>Hard copy</p>
<p>The Committee received the tabled summary of nurse staffing position. The historical position against the current situation was reviewed. It was noted that a 60-70 registered nurse ratio should be sought. The Committee was also appraised of the workforce adjustments in advance of the Midland Met plans.</p> <p>In surgery, it was noted that the pattern of care changed during the night and that the establishments had been set with cognisance of this and would be kept under review. It was noted that supervisory staff were not built into the establishments.</p> <p>The medical wards were noted to contain a high number of elderly patients and therefore the establishments had been set to reflect the demands of these patients at night.</p> <p>It was noted that the acuity of patients on AMUs was higher than other wards and the establishments reflected this.</p> <p>Midwife establishments were reported to be set differently.</p> <p>The community and therapies position was discussed, including the impact of changing the services in this area.</p> <p>Mrs Hunjan noted that on a recent ward walkabouts, the staff were reported to welcome the rotation between wards.</p> <p>Additional registered nurses were reported to have been supplied to Leasowes</p>	

<p>Intermediate Care facility.</p> <p>It was highlighted that minimum national standards were being met. In addition, the focussed care plans would be applied where necessary. Spend on temporary staffing was reported to be above the desired position but the overall trend was downwards.</p> <p>It was reported that the position would be presented to the Trust Board at its next meeting to provide assurance that the nursing levels were adequate.</p> <p>Mr Ovington was thanked for his clear articulation of the position.</p>	
MATTERS FOR RECEIVING AND ACCEPTANCE	
15 Serious incident report	SWBQS (1/15) 012 SWBQS (1/15) 012 (a)
The report was received and noted.	
16 Clinical audit forward plan: monitoring report	SWBQS (1/15) 013 SWBQS (1/15) 013 (a)
The report was received and noted.	
17 Forward plan for the Committee	SWBQS (1/15) 014 SWBQS (1/15) 014 (a)
The report was received and noted.	
OTHER MATTERS	
18 Matters of topical or national media interest	Verbal
<p>Mr Samuda asked whether texting patients needed to be considered. He was advised that this was already in hand in some areas.</p> <p>The reduction in doctor training recently discussed in the media was highlighted.</p>	
19 Meeting effectiveness	Verbal
It was noted that the meeting had been productive and had concluded on time.	
20 Matters to raise to the Board and Audit & Risk Management Committee	Verbal
It was noted that there were several matters to raise to the Board.	
21 Any other business	Verbal
There was none.	
22 Details of the next meeting	Verbal
The date of the next meeting of the Quality and Safety Committee was reported to	

be 27 February 2015 at 1030h in the D29 Meeting Room, City Hospital.	
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Signed

Print

Date



Finance & Investment Committee – Version 0.1

Venue D29 Meeting Room, City Hospital

Date 30 January 2015; 0800 – 1000h

Present

Mr Richard Samuda

Mr Tony Waite

Miss Rachel Barlow

Mr Harjinder Kang

In attendance

Mr Chris Archer

Secretariat

Mr Simon Grainger-Lloyd

Minutes	Paper Reference
1 Apologies for Absence	Verbal
Apologies were received from Clare Robinson and Toby Lewis.	
2 Minutes from the previous meeting	SWBFI (11/14) 076
The minutes of the meeting held on 28 November 2014 were accepted as a true and accurate record of discussions held.	
AGREEMENT: The minutes of the previous meeting were accepted as a true and accurate reflection of the discussions held	
3 Matters arising from the previous meetings	SWBFI (11/15) 076 (a)
<p>It was noted that there was some slippage on actions to develop the procurement strategy and that this reflected the need to appoint to a Head of Procurement and the development of the future procurement plans. It was suggested that a partnering arrangement might also be appropriate to consider, as would the back office functions. Mr Samuda suggested that a temporary arrangement might be necessary in the meantime. Mr Kang suggested that a risk assessment needed to be undertaken to evaluate whether the workforce changes would prevent the delivery of plans, such as those related to procurement. Mr Waite drew attention to the separateness of the plans in the finance and procurement functions. He agreed however to consider further a solution to the procurement strategy development.</p> <p>In terms of the plans for the Change Team, Miss Barlow reported that this had been considered at a recent Executive Group ‘time out’ session and further</p>	

<p>consideration would be given to how external advisory agencies would be used in future and how this related to the capacity and capability of the internal resources. The current arrangements and responsibilities of the Change Team were outlined. Miss Barlow shared her experience of visiting Jaguar Land Rover and the programme management and business intelligence environment seen. It was agreed that a further update would be given at the next meeting.</p> <p>It was agreed that the revised financial reporting arrangements worked through with Baker-Tilly should be reviewed by a subset of the Finance & Investment Committee.</p>	
<p>ACTION: Miss Barlow to present a further update on the development of the Change Team at the next meeting</p> <p>ACTION: Mr Waite to organise for the revised financial reporting arrangements to be reviewed by a subset of the Finance & Investment Committee</p>	
<p>3.1 Efficiency plans in Ophthalmology, endoscopy and coding</p>	<p>Verbal</p>
<p>Miss Barlow reported that discussions had been held around Ophthalmology, Endoscopy and Coding in terms of support and future approach. It was reported that the new Director of Operations for Medicine would take forward efficiency plans for endoscopy. It was noted that work was also underway to consider the strategic position of Ophthalmology and improve the efficiency of the speciality. Miss Barlow highlighted that Capita had been involved in reviewing the speciality and had taken a view of ways of driving productivity and improving throughput.</p> <p>Coding was also noted to be a significant opportunity for improvement and specialist external resources would be used to assist with this.</p>	
<p>4 2014/15 Month 9 financial update</p>	<p>SWBFI (1/15) 002 SWBFI (1/15) 002 (a) SWBFI (1/15) 002 (b)</p>
<p>The Committee received and noted the update. Mr Waite reported that in Period 9, a small deficit had been delivered which reflected to some degree the significant operational pressures seen in December, where additional beds open had needed to be supported by agency staff. The national position was discussed.</p>	
<p>4.1 Forecast outturn</p>	<p>SWBFI (1/15) 003 SWBFI (1/15) 003 (a)</p>
<p>Mr Waite reminded the Committee that it had been reported that as at Month 6 Groups and Directorates were forecast to deliver a £1.9m deficit, mitigated by net reserves £0.7m and that the remaining £5.0m required to achieve the planned surplus of £3.4m would be met by specific non recurrent measures.</p> <p>It was highlighted that the surplus in November reflected the revenue to capital charges made during this period. Mr Kang reported that the matter had been considered at the Audit & Risk Management Committee. It was also reported that the Trust Development Authority had been made aware and was content</p>	

<p>with this approach.</p> <p>It was reported that the end of year forecast assumed that in January, February and March the income and costs remain on level with that in December although the income mix would be more biased towards a greater amount of elective work.</p> <p>In terms of any changes from the previous view, Mr Waite reported that there was some risk around income associated with specialist service income from NHS England and also on CQUIN delivery. The D47, intermediate care ward was reported to have opened which had not previously been included in the financial forecasting. Further risks were noted to include the outcome of a compliance visit from Customs & Excise, which was reported to have highlighted a risk of financial treatment of some contractor arrangements working in the organisation. Additionally, a provision for restructuring was now included in the position, in addition to a couple of non-specific non-recurrent benefits.</p> <p>The route to delivery of the end of year plan were outlined, including the margin on resilience funding; revenue to capital transfers as previous described; and avoidance of antenatal recharges.</p> <p>The mitigations for achievement of the plan and treatment of the risks were reported to be associated with the mitigation of income risks and benefit from balance sheet review.</p> <p>Mr Waite highlighted that the route to delivery remained relatively sound, however there was more risk than previously outlined, particularly associated with a hardening of position on income by NHS England. It was noted that the fine cap remained at £2m. The risk associated with not achieving CQUINs was reported to be higher with community dietetics target now looking to be potentially fully unachievable by the year end.</p> <p>In terms of capital spend, it was reported that spend was loaded towards the end of the year, with an anticipation that £19m out of the £21m plan was expected to be delivered. A major element of the plan included IT schemes. It was suggested that further work was needed to review the spend at regular periods throughout the year.</p> <p>Mr Samuda noted that dependent on the judgments made in the CQC report due in February, there might be an impact on the 2015/16 position and plans.</p>	
<p>5 Financial plan 2015/16</p>	<p>SWBFI (1/15) 004 SWBFI (1/15) 004 (a)</p>
<p>The Committee was asked to receive and note the initial plan that had been sent to the Trust Development Authority.</p> <p>It was reported that the submission reflected the Trust's LTFM prepared as part of its Integrated Business Plan submission in June 2014, subject to the following changes:</p> <ul style="list-style-type: none"> ○ addition of general contingency reserve of £3m ○ a savings programme requirement of £24.5m vs. headline LTFM CIP of £21.8m. 	

<ul style="list-style-type: none"> ○ £2m of capital expenditure slipped from 2014/15 into 2015/16 ○ Right Care, Right Here reserve £3m to be used non-recurrently is as per the LTFM <p>Mr Waite reported that the headline surplus of £3.4m underpinned by SLA income of £390.8m as per the LTFM.</p> <p>Mr Kang noted that the level of risk associated with the delivery of the Cost Improvement Programme was high.</p> <p>The key issues and risks were outlined in summary, including conclusion of contract negotiations, demand and capacity planning, pay & workforce, CIP and cost pressures. In terms of contract negotiations, it was reported that good progress had been made with reaching common ground with commissioners. Miss Barlow reported that some additional money might be made available to handle winter pressures from 1 April which would be welcome.</p>	
6 Financial risks and BAF	SWBFI (1/15) 006 SWBFI (1/15) 006 (a)
<p>It was noted that the Quarter 2 position needed to be updated to reflect the underdevelopment of the CIPs for 2015/16 should revise the scoring upwards. It was noted that the risk associated with the FT application which would be reviewed to reflect the potential outcome of the CQC visit.</p> <p>It was suggested that the IT risk needed to be reviewed particularly associated with the resources available to deliver the EPR plans.</p>	
7 Terms of Reference – routine review	SWBFI (1/15) 007 SWBFI (1/15) 007 (a)
<p>It was noted that the terms of reference needed to be amended to reflect that a Director of Strategy & OD was not a Board member.</p> <p>Mr Samuda questioned where business intelligence should be monitored. It was agreed that this need to be included within the brief of the Finance & Investment Committee.</p>	
ACTION: Mr Grainger-Lloyd to amend the terms of reference in line with suggestions made	
8 Integrated performance report	SWBFI (1/15) 008 SWBFI (1/15) 008 (a)
<p>The Committee received and noted the report.</p>	
9 Matters to highlight to the Board and Audit & Risk Management Committee	Verbal
<p>It was agreed that the 2015/16 position and the 2014/15 outturn should be raised to the Board. The risks associated with the next year plan were suggested to be matters to be raised to the Audit & Risk Management Committee. The impact of the CQC inspection outcome was also noted to be a matter needing to be raised.</p>	

10	Meeting effectiveness feedback	Verbal
	There were no particular comments made.	
11	Any Other Business	Verbal
	There was none.	
12	Details of the next meeting	
	The next meeting of the Finance and Investment Committee was noted to be scheduled for 27 March 2015 at 0800h at City Hospital.	

Signed:

Name:

Date: