

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital

Date 8 January 2015; 1330h

Members attending

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

In attendance

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

Guests

Patients' relatives for patient story
 Dr B Thomson (BT) [Consultant Physicist]
 Ms P Marsh (PM) [Clinical Lead Children's Therapy Service]

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 |
| | 3 | Minutes of the previous meeting <i>To approve the minutes of the meeting held on 4 December 2014 a true and accurate records of discussions</i> | SWBTB (12/14) 216 | Chair |
| | 4 | Update on actions arising from previous meetings | SWBTB (12/14) 216 (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 (1/15) 002 | RSM/ TL |
| MATTERS FOR DISCUSSION AND APPROVAL | | | | |
| 1425h | 8 | Corporate integrated performance dashboard including an update on Emergency Care performance | SWBTB (1/15) 003 SWBTB (1/15) 003 (a) | TW/ RB |
| 1440h | 9 | Financial performance – Month 8 | SWBTB (1/15) 004 SWBTB (1/15) 004 (a) | TW |
| 1455h | 10 | Trust Risk Register update | | |
| | 10.1 | Update on actions agreed at previous meetings | SWBTB (1/15) 005 SWBTB (1/15) 005 (a) | KD |
| | 10.2 | New considerations | | |

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| 1505h | 11 | Trust's response to introduction of duty of candour and Fit & Proper Persons Test regulations | SWBTB (1/15) 006 SWBTB (1/15) 006 (a) | KD |
| 1520h | 12 | Equality and diversity update | SWBTB (1/15) 007 | CO |
| 1530h | 13 | Annual radiation safety report | SWBTB (1/15) 018 SWBTB (1/15) 018 (a) | RB |
| 1545h | 14 | Engagement plans for Cardiology and surgical assessment reconfiguration | To follow | RW |
| PRESENTATION | | | | |
| 1600h | 15 | Service presentation | Presentation | RST |
| UPDATES FROM THE COMMITTEES | | | | |
| 1615h | 16 | Update from the meeting of the <u>Quality & Safety Committee</u> on 19 December 2014 and minutes of the meeting held on 28 November 2014 | SWBQS (11/14) 100 | OD/ CO |
| | 17 | Update from the meeting of the <u>Workforce & OD Committee</u> held on 19 December and minutes of the meeting held on 26 September 2014 | SWBWO (9/14) 059 | HK/ TL |
| | 18 | Update from the meeting of the <u>Charitable Funds Committee</u> held on 4 December 2014 and 12 December 2014 – Charitable Funds bids for approval | SWBCF (9/14) 018 SWBTB (1/15) 008 SWBTB (1/15) 008 (a) | SS/ RW |
| | 19 | Any other business | Verbal | All |
| MATTERS FOR INFORMATION | | | | |
| 1625h | 20 | Nurse staffing levels | SWBTB (1/15) 010 SWBTB (1/15) 010 (a) | |
| | 21 | Details of next meeting <i>The next public Trust Board will be held on 5 February 2015 at 1330h in the Churchvale/Hollyoak Rooms, Sandwell Hospital</i> | | |

MINUTES

Trust Board (Public Session) – Version 0.1

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital

Date 4 December 2014

Present

Mr Richard Samuda [Chair]
Ms Clare Robinson
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

Miss Kam Dhami
Mrs Chris Rickards

Secretariat

Mr Simon Grainger-Lloyd

Guests

Matron Carmel Madden
Mr Martin Townsend
Ms Claire Obiakor
Mr Jim Pollitt
Ms Lauren Weigh

| Minutes | Paper Reference |
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| 1 Apologies for absence | Verbal |
| Apologies for absence were received from Dr Gill and Mr Hoare. | |
| 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 (11/14) 199 |
| The minutes of the Trust Board meeting held on 6 th November 2014 were presented for consideration and approval. | |
| 4 Update on Actions arising from Previous Meetings | SWBTB (11/14) 199 (a) |

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| <p>The Board received the updated actions log.</p> <p>It was noted that there were no actions outstanding or requiring escalation to the Board for resolution.</p> <p>Dr Stedman reported that an audit of consent was being undertaken on a routine quarterly basis. It was agreed that data should be available in advance of a January 2015 CQC Quality Summit.</p> <p>It was noted that some work had been undertaken by the Executive on how the story of organisational change was told, which was a matter which would be discussed further at a future Board informal session.</p> | |
| <p>ACTION: Dr Stedman to gather information from the recent audits of consent in readiness for the CQC quality summit in early 2015</p> | |
| <p>5 Questions from members of the public</p> | <p>Verbal</p> |
| <p>There were no members of the public present.</p> | |
| <p>6 Patient story</p> | <p>Presentation</p> |
| <p>The Board was joined by Matron Carmel Madden, Martin Townsend and Claire Obiakor who described the care and treatment of a patient that had arrived without a name or identity.</p> <p>The Chairman asked what the key learning points had been from the experience. It was noted that a case review or table top review had not yet been undertaken. Mr Townsend advised that he had discussed the situation as part of directorate team meetings, however to undertake a case review social services would need to be involved. Mr Lewis advised that he had been involved to some degree with the care of the patient and that when it was suggested that he might be an immigrant the local authority had expressed reluctance in participating in the investigations further. Additionally, it was reported that there had been a concern that there was a lack of ownership of the patient and a champion for the investigation and identifying his origin. Mrs Hunjan asked whether there were any organisational obligations to identify whether the individual was illegally in the country within a certain timeframe. She was advised that this was not evident from the time taken to conclude the investigations. Mr Townsend advised that the quality of care given by the Trust was exceptional and that individuals and teams went 'the extra mile'. Dr Stedman advised that the accident and emergency department had a duty not to turn patients away, even in this case where there was no medical issues associated with the patient. Mr Lewis reported that a view on ethical grounds had been taken not to evict the individual, which he highlighted was an issue which the Trust was facing on a routine basis. Ms Dutton reported that an asylum and refugees partnership was in place which could be used as a resource to assist with such cases in future. Mr Lewis expressed a concern that the national missing persons processes had not been invoked. Ms Wilkin noted that there had not been any reconciliation between the communications leads and the Police.</p> | |

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| The guests were thanked for their presentation. | |
| 7 Chair's opening comments and Chief Executive's report | SWBTB (12/14) 202 |
| <p>The Chairman reported that himself and other members of the Board had attended the Foundation Trust Network meeting and he summarised the discussions that had been held around commissioning and funding.</p> <p>Mr Lewis congratulated the flu vaccination team success and reported that the recent strike had been managed well.</p> <p>It was reported that the national tariff arrangements had been published and a report on the implications would be prepared, including marginal tariff considerations and incentivisation for the financial reimbursement.</p> <p>It was reported that the CQC had issued a report on safeguarding, however no further contact had been made by the CQC since the general inspection. In terms of acute oncology, it was reported that negotiations continued with UHB FT, however progress was being made. Mr Lewis expressed optimism that the matter would be concluded by the next meeting.</p> <p>Ms Dutton asked in respect of the recent media attention on child abuse, whether the Trust was planning any response to this national matter. Mr Lewis reported that the new chaperoning policy was to be presented for approval at the next Patient Safety Committee and that the safeguarding arrangements had been tested by the CQC recently. The relationship with the MASH in Sandwell was reported to be particularly robust. It was reported that the Trust was well placed to respond to safeguarding matters.</p> <p>Mr Lewis suggested that there was appetite for all members of the Trust to make an annual declaration which highlighted any investigations in which individuals had been involved.</p> <p>Ms Dhimi reported that the CQC's intelligent monitoring report had been received recently and although the Trust had been inspected, the Trust would have retained its Band 6 rating. Three areas of risk were highlighted in terms of open safety alerts, which had now been completed, a further risk concerned in hospital mortality for GUM conditions, which reflected a higher than expected level of mortality in these diagnoses. It was reported that a review of these 74 deaths was underway to determine any underlying issues. Ms Dutton noted that one of the readmission rates concern expressed earlier by the Board had included a number of Urinary Tract Infections. Dr Stedman highlighted the broadness of this category of diagnoses which made it difficult to identify the individual cases and link to readmission concerns. Miss Dhimi reported that the final area of concern related to Patient Related Outcome Measures (PROMS), particularly in respect of knee replacements where the average health gain after the procedure was not particularly pleasing. It was reported that further work with the Hip and Knee club was underway. It was agreed that this was a matter that the Quality & Safety Committee should consider. Dr Sahota asked whether any linked</p> | |

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| <p>orthopaedic infections had been handled. He was advised that there had been no repeat of the infections reported in 2013.</p> <p>It was reported that the Clinical Research Network discussions prompted the need to submit sound bids for research funding.</p> <p>Mr Lewis confirmed that the Managed Equipment Service business case for the Midland Met had been approved by the TDA.</p> | |
| <p>ACTION: Mr Lewis to provide a further update on acute oncology plans at the next meeting</p> | |
| <p>8 Never Events controls assurance</p> | <p>SWBTB (12/14) 203 SWBTB (12/14) 203 (a)</p> |
| <p>Miss Dhami presented an update on the recent work to evaluate the assurances in place to control and prevent any Never Events occurring. It was noted that Surgery B had introduced a wide range of measures to address the position, which was pleasing and their work had been shared with other areas. The Board's attention was drawn to the controls in place to prevent any of the Never Events that had not occurred happening, including audits and checks which had identified some gaps. In terms of local monitoring it was reported that a Never Events assurance committee had been established and a CQUIN was in place to penalise the Trust should a Never Event occur. It was highlighted that there remained a concern around consent processes at present.</p> <p>Mr Ovington commended the work to identify the measures to control Never Events that had not occurred and suggested that there was a rolling process to make these checks. Mr Lewis noted the need to make specific articulation of the measures that would be applied to prevent a Never Event. It was agreed that this information would be presented at the February meeting.</p> <p>Ms Dutton suggested that specific checks needed to be presented to prevent patient misidentification.</p> <p>Mr Lewis highlighted that of some of the 17 Never Events that had not occurred in the Trust might be more likely to happen in general areas and therefore there was some difficulty in identifying quickly when these had occurred.</p> <p>Ms Robinson suggested that the learning from other organisations and communication of all possible Never Events was necessary. Miss Dhami reported that a Learning Alert process was in place and targeted ways of communicating the learning points was underway. It was highlighted that these needed to be part of the routine governance structure of the organisation. In terms of the learning from other organisations, it was reported that a CAS alert would be issued centrally from the NRLS and a timescale by which action was needed to respond to these was applied. Dr Stedman reported that a national process was underway to review the Never Events list. Mr Lewis reported that induction communication was being reviewed to ensure that the messages delivered included matters around Never Events. It was also reported that the consideration of the use of the governance half days across the Trust would be considered in this respect.</p> | |

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| It was agreed that this would be discussed again by the Board in March. | |
| <p>ACTION: Miss Dhami to 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</p> <p>ACTION: Miss Dhami to consider further measures to communicate matters of patient safety and report back to the Board in March 2015</p> | |
| <p>9 Corporate integrated dashboard</p> | <p>SWBTB (12/14) 204 SWBTB (12/14) 204 (a)</p> |
| <p>Mr Waite presented the key points of the corporate integrated dashboard. He advised that the escalation levels of the TDA had been increased as a result of EC performance. It was noted that the Trust's mortality rate had reduced. The performance against falls and pressure ulcers was noted to have deteriorated however and was the subject to a focussed review. The Board was advised that seven instances of mixed sex accommodation breaches had been discussed, all of which occurred in specific areas, which had the potential to attract a financial penalty levied by the CCG. Likewise, there was a risk to the achievement of the medication and falls CQUIN which would generate a financial impact.</p> <p>Mr Lewis expressed a concern over deterioration in access to rapid access chest pain treatment. Miss Barlow reported that this position reflected a small number of patients. In terms of cancelled operations, it was highlighted that the position had not improved as expected. Miss Barlow reported that the occurrences related to a single operating list with the underlying position being more robust. Miss Barlow reported that there had been considerable trauma work being handled which had affected performance against targets in this area. It was agreed that emergency surgery should be considered at the February meeting.</p> <p>Mr Kang asked whether any of the potential fines were subject to a cap. Mr Waite reported that an overall £2m cap was in place as agreed with the CCG. He advised that CQUINs fell outside this arrangement, with the falls and medication targets attracting £1.2m of funding. Mr Ovington reported that the falls position was being addressed in an innovative way and work was underway to establish the counting mechanisms for these instances.</p> <p>Ms Robinson asked for a view of the diagnostic waits position. Miss Barlow reported that underperformance attracted external scrutiny. She advised that the echocardiograph position was the main contributory factor to the position and much work was being done to address the position.</p> <p>Dr Sahota asked for an explanation of the in house mortality position. Dr Stedman reported that crude mortality attracted a seasonal variation, with a higher level in winter. It was reported that the adjustments for HSMR took into account this seasonal variation and risk adjustment. The Board was advised that this position would be rebased nationally shortly. Mrs Hunjan noted that there had been a dip in mortality reviews and she was advised that when the position would be</p> | |

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| reported next, there was an expectation that this position would be adjusted and the reviews were up to date. | |
| ACTION: Miss Barlow to present an update on plans for emergency surgery at the February meeting | |
| 10 Emergency Care recovery | SWBTB (12/14) 205 SWBTB (12/14) 205 (a) |
| <p>Miss Barlow presented an overview of the Trust's position against Emergency Care target. She reported that the long waits posed a risk to quality and safety. It was reported that the Sandwell position reflected the DTOC issues and the flow problems. It was highlighted that the position in the Sandwell unit was more resilient than that at City Hospital. At City Hospital it was reported that the bed base was healthier, however there remained gross underperformance which reflected a lack of sustained change and a variance in the way staff worked. The plan was reported to focus on addressing the position in the City Hospital accident & emergency department, including the minimums standards in ways of working, how patients are referred internally and handed over, with the climate and behaviours also contributing to the position. It was reported that much team building was underway, including how individuals behave under stress facilitated by external support on coaching.</p> <p>It was reported that the current performance against the emergency care target was 91.8% against a target of 95%.</p> <p>Dr Stedman reported that work was being undertaken to triage patients at the 'front door' with a view to deterring admission.</p> <p>Ms Dutton suggested that the Trust's partners needed to understand the position with a view to offering assistance. She suggested that a firmer line needed to be taken to releasing beds from those patients that were medically fit. Ms Robinson expressed her concern at planning for Delayed Transfers of Care instances and suggested that a low tolerance should be applied. Miss Barlow reported that a tolerance limit had been set which was a level much less than experienced at present or previously. She added that a special multi-disciplinary team was also in place to review how the relationships with Social Care were working. Additional bed stock was reported to be being opened which would alleviate the position to some degree. The Board was also advised that the current way of selecting nursing home provision was also hindering improvements. Patient choice was reported to be causing delays where there was a refusal in some cases to take suitable offers of community care, which might generate some evictions ultimately. It was reported that legal advice was being taken as to how best to manage this issue. Ms Robinson asked whether the Christmas communication with GPs was in place and was advised that this was the case.</p> <p>Dr Sahota noted that the breach patterns differed between the two sites and asked how health and social need funding were being harmonised. He was advised that this was not a major issue.</p> <p>Mrs Hunjan noted the programme to improve team working in the emergency</p> | |

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| <p>departments and asked what other work was being trialled to support this, including moving individuals and chaperoning. Mr Ovington reported that a new matron had been brought over to City Hospital from Sandwell Hospital, however there was a need to keep the team together while it was fixed as an entire entity. Mrs Hunjan noted that there had been previous discussions around cultural issues and asked whether changing the personnel on the different shifts had been considered. Mr Ovington reported that this had been and an audit was being undertaken to correlate teams with performance. Mrs Hunjan reported that recent patient safety walkabouts to the emergency departments had been positive.</p> <p>Mr Lewis noted that there was considerable external scrutiny in respect of the emergency care issues and therefore over the next three weeks there would be further significant internal measures to focus on addressing the position. The gravity of the position was underlined. The Board was advised that Delayed Transfers of Care was a significant problem, however Sandwell Council was attempting to assist robustly. It was reiterated that it was likely that some patients would be evicted over the next few weeks in order to expedite the release of beds. Mr Lewis drew the Board's attention to the sustained failure of the City Hospital accident and emergency to achieve the targets. It was highlighted that the decision to admit position was idiosyncratic in that these were taken after several hours rather than within the first hour of arrival. Mr Lewis reported that the previously articulated actions in the recovery plan needed to be delivered as planned. It was noted that it was critical that the issues at City Hospital needed to be addressed as a priority and focus on first hour decision making.</p> <p>Ms Dutton noted that it was pleasing to have clarity that the issues related to the delayed decision to admit. Mr Lewis highlighted that the position was to some degree related to the lack of senior clinical decision makers and therefore the most modern system to make decisions more timely needed to be adopted as it had been in acute medicine.</p> <p>Mr Kang suggested that it would be useful to see some of the communications that was being issued to staff in response to the position.</p> <p>Ms Robinson noted that there were some positive actions that had been identified and delivered in previous years and asked whether these had been reviewed. Miss Barlow reported that these measures were embedded. Mr Lewis advised that the focus given to the position last winter needed to be reintroduced however he underlined the seriousness of lack of senior decision makers.</p> | |
| <p>ACTION: Miss Barlow to present a further update on the handling of Emergency Care pressures at the next meeting</p> <p>ACTION: Miss Barlow to circulate the communications issued to staff in respect of the emergency care position</p> | |
| <p>11 Financial performance – Month 7</p> | <p>SWBTB (12/14) 206 SWBTB (12/14) 206 (a)</p> |

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| <p>Mr Waite reported that a route to the delivery of the end of year financial position had been identified, which included a reduction in the pay costs which it was looked like was achievable.</p> <p>It was reported that the risks to the route to securing the income were outlined.</p> <p>Delivery of the TSP was reported to be below plan although was within trajectory. Measurement and reporting of the plan was reported to need improvement, however the magnitude of the TSPs covered the target requirement.</p> <p>Capital spend was noted to be behind plan.</p> <p>Ms Robinson presented the overview of key discussions at the recent meeting of the Finance & Investment Committee. She advised that the trajectory for non-pay was to be given focus and the TSP impact for 2015/16 would be reviewed. It was noted that the risks in the Board Assurance Framework had been discussed.</p> <p>Mrs Hunjan asked whether the detailed forecast outturn forecast was available. Mr Waite reported that detailed forecast for 2014/15 was available, however the development of the non-pay cost improvement was behind plan at present. Mr Lewis reported that there was not a significant reliance on non-pay to achieve the 2014/15 position, however this would be the case for 2015/16.</p> <p>Mrs Hunjan asked what plans had been put into place to manage the Capital expenditure position. She was advised that the matter would be discussed with the TDA in future, however there was a risk that the 2014/15 target would not be met. It was reported that there was not an expected issue with capital expenditure in future due to new profiling considerations.</p> | |
| <p>12 Trust risk register update</p> | <p>SWBTB (12/14) 207 SWBTB (12/14) 207 (a)</p> |
| <p>12.1 Update on actions agreed at the last meeting</p> | |
| <p>It was reported that the risk register had been considered at the recent meeting of the Clinical Leadership Executive.</p> | |
| <p>12.2 New considerations</p> | |
| <p>It was reported that there were no new risks to add. In terms of the Sandwell Hospital privacy and dignity risk, it was reported that the matter would be resolved for the next meeting.</p> <p>Ms Robinson noted that where progress was delayed, the scoring remained the same and it was suggested that this needed to be reconsidered.</p> | |
| <p>ACTION: Miss Dhami to consider revising the residual risk scores to those where progress with mitigating actions was not delivered to time</p> | |
| <p>13 Workforce update</p> | <p>Hard copy paper</p> |
| <p>Mr Lewis presented an overview of the workforce consultation process. He asked that the Board support the proposal to close the collective consultation process.</p> | |

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| <p>It was reported that the Staff Side had been engaged with the consultation process robustly. It was noted that a quarter of all schemes had been amended as a result of the consultation process. The Board was noted that all schemes had been quality and equality impact assessed.</p> <p>It was reported that the changes as a result of the process had been identified.</p> <p>The Board was advised that implementing changes was expected to be difficult, however Phase 1 needed to close formally to ensure that the risk of making changes that affected staff were handled appropriately.</p> <p>Mrs Rickards highlighted that there had been difficulty in the relationships between the management and staff side, with there being some doubt that the consultation had been meaningful. It was reported that the way in which the process had been managed between directorates was variable. A specific concern around the use of homeless individuals and apprentices to undertake roles being vacated by substantive staff was raised, including the recent publicity that this had attracted. The Chairman acknowledged the concerns and agreed that there was a need to learn lessons. Mr Lewis reported that in terms of the matters concerning the fairness of the process, the Trust had followed its organisational change policy, to which additional measures had been introduced. It was agreed that middle management communication in some cases had been very poor and where there was clear evidence of this, then alternative arrangements would need to be made. Mr Lewis reported that there was an active process to deploy people into vacancies that had been identified. It was reported that 116 WTE were currently at risk against a vacancy rate of in excess of 400. Interviews for the vacancy roles were reported to commence during week commencing 8 December, with the cadre of individuals who had not applied for roles being contacted by workforce shortly. Key risks around redeployment were highlighted to concern night staff, some part time staff and some staff with specialist skills.</p> | |
| <p>14 Apprentice work update</p> | <p>Presentation</p> |
| <p>Mr Pollitt joined the Board and provided an overview of the apprenticeship programme.</p> <p>Ms Weigh provided an overview of her involvement in the apprenticeship work, including the recent award for apprenticeship champion. The Chairman asked what help was given to integrating herself into a new team. Ms Weigh advised that she had received good support when she joined the Learning & Development team and had been offered help with pursuing qualifications. Mr Pollitt advised that there was an opportunity to transfer individuals between areas should they wish to pursue a different career.</p> <p>Mr Ovington asked whether there was an opportunity to use apprentices as ambassadors for the Trust. Mr Pollitt advised that the Trust was assisting with the recruitment of health and health-sciences young people into the university Technical College. He also reported that there was work to arrange placements and support recruitment into medical school.</p> | |

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| <p>Dr Sahota suggested that it was important to communicate that hospitals employed professions other than doctors and nurses.</p> <p>Mr Lewis asked what else could be done to support apprentices. Ms Weigh suggested that there was a need to make them feel valued and supported by including them in the day to day running of the Trust.</p> | |
| <p>15 Update from the meeting of Finance & Investment Committee held on 28 November 2014 and minutes from the meeting held on 26 September 2014</p> | <p>SWBFI (9/14) 062</p> |
| <p>It was noted that this update had been provided as part of the consideration of the financial performance report.</p> | |
| <p>16 Update from the meeting the Quality & Safety Committee held on 28 November 2014 and minutes from the meeting held on 31 October 2014</p> | <p>SWBQS (10/14) 086</p> |
| <p>Ms Dutton presented an overview of the key discussions from the Quality & Safety Committee held on 28 November 2014.</p> | |
| <p>17 Update from the meeting of the Public Health, Community Development and Equalities Committee held on 27 November 2014 and minutes from the meeting held on 29 September 2014</p> | <p>SWBPH (9/14) 019</p> |
| <p>The Chairman presented an overview of the key discussions from the Public Health, Community Development and Equalities Committee held on 27 November 2014.</p> | |
| <p>18 Update from the meeting the Charitable Funds Committee held on 6 December 2014 and minutes from the meeting held on 4 September 2014</p> | <p>SWBCF (9/14) 018</p> |
| <p>Dr Sahota presented an overview of the key discussions from the Charitable Funds Committee held on 6 December 2014. He advised that the meeting earlier in the day had considered a number of proposals from individuals submitting large grants. The small grants submitted were reported to have been approved. The Board was advised that a discussion had been held around a social bond investment opportunity which the Committee sought further information in connection with shortly.</p> | |
| <p>19 Any Other Business</p> | <p>Verbal</p> |
| <p>Mr Lewis asked whether the nurse staffing report showed a downward trend and whether this represented a concern. Mr Ovington reported that the position showed a return nearer to 100% fill rate. It was noted that the position related to the current nurse establishment, rather than the new establishments.</p> | |
| <p>Matters for Information</p> | |

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| <p>The Board received the following for information:</p> <ul style="list-style-type: none"> • Midland Metropolitan Hospital Project: Monitoring Report • Nurse staffing levels | <p>SWBTB (11/14) 193 SWBTB (11/14) 195 SWBTB (11/14) 195 (a)</p> |
| Details of the next meeting | Verbal |
| <p>The next public session of the Trust Board meeting was noted to be scheduled to start at 1330h on 8 January 2015 and would be held in the Anne Gibson Boardroom, City Hospital.</p> | |

Signed:

Name:

Date:

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

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

6 November 2014, Tower Hill Medical Practice, Perry Barr







Members present: Mr R Samuda (RSM), Ms C Robinson (CRO), Mrs G Hunjan (GH), Mr H Kang (HK), Dr S Sahota (SS), 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: Miss K Dhami (KD), Ms R Wilkin (RW), Mrs C Rickards


Apologies: Dr P Gill, Mr M Hoare

Secretariat: Mr Simon Grainger-Lloyd (SGL)






Last Updated: 31 December 2014

| | Item | Paper Ref | Date | Action | Assigned To | Completion Date | Response Submitted | Status |
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| 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 meeting |  |
| SWBTBACT.326 | Corporate integrated dashboard | SWBTB (9/14) 143 SWBTB (9/14) 143 (a) | 04-Sep-14 | Arrange for a crude mortality rate to be included in future versions of the integrated performance report | TW | 31/12/2014 | Included as requested |  |
| 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 | 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.335 | Trust's equality plan | SWBTB (10/14) 169 SWBTB (10/14) 169 (a) - SWBTB (10/14) 169 (d) | 02-Oct-14 | Work with Mr Lewis to update the Board paper front sheet & template to better capture any equality and diversity impacts associated with proposals that the Board was asked to consider | SG-L | 31/01/2015 | Draft prepared ready for launch in January 2015 |  |
| SWBTBACT.337 | Progress with strengthening consent process | Verbal | 06-Nov-14 | Provide an update on the reaudit of consent at a future meeting | RST | 05/02/2015 | ACTION NOT YET DUE |  |

| | | | | | | | | |
|--------------|---|--|-----------|---|------|------------|--|---|
| SWBTBACT.339 | Trust risk register update | SWBTB (11/14) 190 SWBTB (11/14) 190 (a) | 06-Nov-14 | Consider the means of better publicising the Trust's maternity services | RW | 05/02/2015 | ACTION NOT YET DUE |  |
| SWBTBACT.340 | Quarter 2 annual plan delivery update | SWBTB (11/14) 186 SWBTB (11/14) 186 (a) | 06-Nov-14 | Add items around increasing notice periods and time to hire by professional group to the agenda of the next Workforce & OD Committee | SG-L | 19/12/2014 | Added as requested. Included as part of the feedback from HK on the Workforce & OD Committee |  |
| 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 | ACTION NOT YET DUE |  |
| 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 | To be mentioned as part of CEO report |  |
| 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 | 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 | ACTION NOT YET DUE |  |
| 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 | ACTION NOT YET DUE |  |
| SWBTBACT.346 | Emergency Care recovery | SWBTB (12/14) 205 SWBTB (12/14) 205 (a) | 04-Dec-14 | Present a further update on the handling of Emergency Care pressures at the next meeting | RB | 08/01/2015 | Included on the agenda of the January meeting |  |
| SWBTBACT.347 | Emergency Care recovery | SWBTB (12/14) 205 SWBTB (12/14) 205 (a) | 04-Dec-14 | Circulate the communications issued to staff in respect of the emergency care position | RB | 08/01/2015 | To be circulated |  |

| | | | | | | | | |
|--------------|----------------------------|--|-----------|--|----|------------|-----------------------------------|---|
| SWBTBACT.348 | Trust risk register update | SWBTB (12/14) 207 SWBTB (12/14) 207 (a) | 04-Dec-14 | Consider revising the residual risk scores to those where progress with mitigating actions was not delivered to time | KD | 05/02/2015 | Amendments to be made accordingly |  |
|--------------|----------------------------|--|-----------|--|----|------------|-----------------------------------|---|

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 – January 2015

January's Board meeting considers our latest operational and financial results. We now suspect that we will receive our CQC report in draft during the coming month, leading to a Quality Summit in February. At the same time, we have received largely encouraging reports on child protection for both geographies, and have seen an improvement notice for our imaging service, on the narrow subject of training records, to be addressed by summer 2015. Based on recent visits, educational accreditation is retained in emergency care and in hand surgery, which marks an improvement from prior visits. *Overall, there is much to do in 2015*, albeit service quality is being sustained ahead of peers in Birmingham and the Black Country in 2014 – at a time of real difficulty within the NHS.

1. Our patients

November, and December, continues to see sustained acute emergency pressure – and our Trust is not in a different position from many other hospitals. The Board considered at its last meeting the medium term and short term actions required to sustain good quality care. We are seeing pressure at City arising from difficulties in other units, notably Heartlands, whilst Sandwell is seeing above expected rates of ambulance arrivals. Over the Christmas period admission rates were significantly above expectation, reflecting acuity among our patients, compounded by flu, about half of which is amenable to the vaccine (our staff coverage is our best ever). However, the largest single issue we face is low rates of discharge, discharges late in the day, and delayed discharge of patients arising from choices about long term care or delays in offering options for long term care. Projects such as the opening of D47 (our flexibed) in the second week of December have helped, and we have adopted now a policy of regarding Sandwell/Rowley Regis as one unit for purposes of choice, but the reality for January must be that we maximise the morning discharge of those well enough to be best cared for outside acute beds. Since October we have been operating a 'home for lunch' project with mixed success, and the operational effort needs to focus on succeeding with this work in the weeks ahead. This is a major change in clinical practice, with a need for emergency physicians and their teams to focus first on those going home, not on those just arrived. This is not uncommon in UK medicine, but is a departure from practice in many places, now recommended by ECIST.

Elective care continues to experience pressure because of pressure on acute services. Cancellation rates have risen, although we have protected elective surgery for less complex work. Pressure on critical care has led to a number of major surgery cancellations in the fortnight before Christmas. In the new year our critical care board, under the leadership of Colin Ovington starts work, to ensure that investments in critical care outreach and the prospect of creating a surgical post operative unit on Priory or Lyndon 2, give us benefit during 2015. We need to create a distributed model of critical care able to support patients outside ICU, but moving increasingly away from complex care being kept in AMU as the only alternative. AMU beds must be reserved for patients in their first two days with us, where presently 10% of such beds are used beyond 48 hours – a material deviation from our bed plan.

More encouragingly, the sustained pressure experienced by childrens' services in early December has begun to abate. We should be, I would suggest, very encouraged by the cooperation of teams across many hospitals during this period, and we have work to do to make sure that units in our Trust, Dudley and Walsall build on that co-operation in coming months. Sub-specialisation in children's care is a key component in our work to maximise the benefits of potential federation, under David Dalton's proposals. At the same time, as the local CCG consults on its forward thoughts on urgent care, we need to make sure that we are able to offer 24/7 modern acute children's services, where presently we operate ED until 22.00 and locate PAU at the back of the City site.

I am pleased to be able to confirm two projects do start in 2015 that are expected to improve the experience of care of our inpatients and day visitors:

- Our new WiFi service starts at City Hospital. This went live, perhaps bravely, in the few days before Christmas. Negotiations to resolve the contractual issues at Sandwell continue.
- So-called "open" visiting kicks off on a three-month trial in January. Originating with the Staff and Patient Experience Committee this is a major change which removes restricted visiting hours from most wards on our sites. This is central to our partnership approach to relatives on our wards. The initial 12 week period will see evolution in how to make this work well. But it is timely as we consider the implications for visitors of inter-site transfers (cardiology and surgery) that we examine how to make daylight visiting easier on all four 'bedded' sites.

2. Our workforce

Recent staff survey results, through Your Voice, suggest that the impact of our staff consultation has been felt in morale. Data shows a return to levels of engagement seen in mid 2013. We have work to do to improve the position, especially as we engage in a second round of changes in February and March. This is a long way from the cited 'morale has never been so bad' charge routinely seen. That said we will see in the coming eight weeks two strikes reflecting national issues – for significantly more hours than the two disputes of this autumn. During January we would hope to place individuals displaced from our initial workforce changes, as well as the conclude discussions with staffside about the lessons to be learned from the first phase. Our national staff survey results may well reflect these pressures, having been undertaken in autumn, with a response rate of 23%, which may well be the lowest in the sector. That said, your voice gives us a larger dataset on staff morale and engagement than any other comparable organisation. Climate data from our leadership development programme also provides important baseline information about our organisation at a team level.

The Workforce and OD committee, as well as the Clinical Leadership Executive, have supported changes to our appraisal system, piloted in two parts of the Trust. These build on our appraisal success in 13-14 to build a quality system Trustwide. By the end of 2016-17 all appraisal outcomes will be centrally coordinated on a four point scale, which can then be linked not only to our training plans but also our talent management system. We cannot under-estimate the magnitude of change involved in this transition, which is dependent on improved calibre management/staff relations in teams, informed by 360-degree appraisal. The recent workforce changes illustrate the mixed nature of the status quo in terms of these relationships.

A focus on cutting our sickness rates lies at the core of plans for 2015-16. Over a very long period the Trust has had high sickness rates, based on seventy or so teams, alongside a larger number with very low sickness rates. Trimming our bank spend, and eliminating our agency spend, depends on tackling these issues. A simple checklist of what to do is in place, and managers will be held to account for these inputs, as well as outcomes. Managers report the need to make sure that repeat instances of single day and short term sickness can be tackled rapidly, and it is welcome that JCNC is determined to help to overcome these issues. This is a change in cultural norms in some areas, and can be expected to take some time to succeed. A key result area for Raffaella Goodby, who joins us as Executive Director of Organisational Development in February, will be working alongside operational managers to see improvement.

As ever the Christmas period has seen extensive celebrations. In addition to the inaugural Chairman's Festive party, we held the traditional annual decorations competition. This year's four winners were Newton 4, our stroke rehab ward, as well as Lyndon 1 and City A&E. Our transport unit at Church Lane won for the most over the top decorations. At the same time we had another Long Service Awards ceremony, with medals awarded for 20, 30 and 40 years service. A quarterly ceremony will follow again in March 2015. Both are ways of saying thank you within our organisation for the hard work and success of individuals and teams – a habit on which we need to keep building.

3. Our partners

2015 will see organisational changes in the surrounding NHS, as well as increasingly Local Authority collaboration. Changes at HEFT are as yet unclear. Meanwhile, Birmingham Community Healthcare press ahead with their foundation application, and UHB will see a CQC inspection for the first time. The good news is that a distinct Better Care fund will be put in place for West Birmingham. This is important in addressing the key issues faced by local people. Discussions with CCG and Local Authority partners continue to assess how the BCF can be aligned with prior commitments within Right Care, Right Here. The new governance arrangements for RCRH are beginning to embed. This should become the main organising vehicle for joint work, including Five Year Forward View projects on matters such as multi-specialty community providers and primary and acute joint working. Sandwell and West Birmingham CCG have confirmed that they have no expectation of agreeing new provider structures locally, independent of existing providers, given the pressures faced by those organisations.

Since the Board last met, the Kerslake Review has been issued about the City Council, whilst the leader has also published the budget plan for 2015-16. Both foresee huge change. The latter sees increasing retrenchment to statutory minimum services, albeit with some ringfencing for children's services. The former does not break up the Council, but does propose major change, both in officers' working arrangements, decision-making structures, and how elections take place. It is too early to assess the impact of these proposed changes on the Trust.

University relationships continue to diversify. Aston presses ahead with their medical school, at the same time as Wolverhampton is developing a postgraduate research institute. Our focus with Birmingham is on haemoglobinopathy – a major service for us, but one traditionally lacking academic development. Board members will note the announcement recently of the genomics development, led by UHB, but with our Trust as a key partner. Karim Raza is leading our work in this project, which is AHSN sponsored. Our ability to found partnership on different places for different purposes is a

key capability for us in coming years, whether that is with general practice, peer acute providers, or tertiary research specialists.

Our charity is an increasingly important partner for us in that journey of innovation. We noted at our last meeting a series of small grants. This month we consider our large grants programme, designed to create significant social value across our sites and communities in the next two years. Of course, this will work well if it is accompanied by improved fundraising in coming months, especially in the corporate sector.

4. Our regulators

As noted at the outset of this report, we are seeing increasingly activity with bodies set up to track and assess our performance. The CQC, who visited us in early October, are due to provide us with a draft report in January. Indications are that this report will reflect our own view that our organisation combines outstanding success in some services, with significant improvement needs in other areas. None of that improvement should be because of the CQC, but it provides a useful focus to extant work. Educational regulation continues distinctly. Further to successful visits to ophthalmology and paediatrics, visits to plastic surgery and the allocation process for A&E suggest we are making progress with changes recommended by the Deanery.

At our next Board meeting we will discuss progress with child protection. We now have two CQC reports, as well as the work undertaken under Norman Warner in Birmingham, and a slightly disappointing external review of multi-agency work in Sandwell. It is imperative that we establish our own ambitions for 2015-16 for child protection, defining what we consider to be success. A scorecard to support that ambition will be proposed. That support will in turn reinforce work to ensure that children's service in our Trust are as strong when provided outside paediatrics, as when delivered through our core team.

The Board examines formally today a report on both the Duty of Candour and accreditation processes for senior staff appointments. Key to both is that this is envisaged as an ongoing attitude of working and process. Inevitably both will see bodies such as the TDA introduce their own arrangements for monitoring. Our task is to ensure that we take on the spirit and intent of important changes, as well as implementing the tasks now required.

Toby Lewis,
Chief Executive

31 December 2014

TRUST BOARD

| | | | | | |
|--|---|-----------------------------------|---|------------------------|---|
| DOCUMENT TITLE: | Integrated Quality, Performance and Finance Report | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Tony Waite, Director of Finance and Performance Mgt | | | | |
| AUTHOR: | Mike Harding/Gary Smith | | | | |
| DATE OF MEETING: | 8 January 2015 (Report finalised 12 December 2014) | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| The report is intended to inform the Trust Board of the summary performance of the Trust for the period April – November 2014. | | | | | |
| 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: | | | | | |
| 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 good value for money. | | | | | |
| PREVIOUS CONSIDERATION: | | | | | |
| Operational Management Committee and Clinical Leadership Executive. JV4 | | | | | |

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality and Performance Report

November 2014

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At A Glance

| Infection Control | Harm Free Care | Obstetrics | Mortality & Readmissions | Stroke Care & Cardiology |
|---|---|---|--|---|
| <p>There was 1 case of C Diff reported during the month, at Sandwell. The number of cases for the month, and numbers for the year to date, remain within the trajectories for the respective periods.</p> | <p>Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 93.7%, the same as the previous month.</p> | <p>The overall Caesarean Section rate for November reduced to 23.2%, with Elective and Non-Elective rates of 7.5% and 15.7% respectively. The overall rate for year to date is 25.4% compared with an operational threshold of 25.0%.</p> | <p>The Trust's HSMR for the most recent 12-month cumulative period is 88.4, which remains beneath that of the SHA Peer. Both City and Sandwell site HSMRs are within statistical confidence limits at 73.1 and 103.7 respectively. This follows an annual HSMR rebase by Dr Foster</p> | <p>Patients spending >90% of their time on a stroke ward remains above the 90% operational threshold. Admittance to a stroke unit within 4 hours remains relatively stable at 81.0% (90% target). All (100%) eligible patients received thrombolysis within 60 minutes of admission.</p> |
| <p>There were no cases of post-48 hour MRSA Bacteraemia reported during the month.</p> | <p>There were 73 falls reported in November, an improvement from the previous month (96), although above the 67 per month target. Of these 50 were in Medicine (including 2 falls with a serious injury), 6 in Surgery A and 17 in Community.</p> | <p>Data for Puerperal Sepsis and other puerperal infections is included in the report, aligned to CQC definitions.</p> | <p>Mortality rates for weekday and weekend, low risk diagnoses and CQC diagnosis groups remain within statistical confidence limits.</p> | |
| <p>The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of November increased, although the incidence for the year to date remains well within the operational threshold.</p> | <p>A total of 6 hospital acquired, avoidable, pressure ulcers (all Grade 2) were reported for the month of October.</p> | | <p>During the most recent month for which complete data is available (September) the overall Trust performance for review of deaths within 42 days improved slightly to 78.0%, from 76.0% during August, but remains beneath the trajectory for the month of 92.0%.</p> | <p>Primary Angioplasty (Door to balloon time <90 minutes %) was 100% at both sites for October against an 90% target. Primary Angioplasty (Call to balloon time <150 minutes %) was 80% at Sandwell and 100% at City against an 80% target. RACP percentage fell to 96.7% below the 98% target.</p> |
| <p>Both MRSA elective and non-elective screening remain above the 80% target at 95.5% and 94.8% respectively.</p> | <p>There were 15 Open CAS Alerts reported at the end of November, 4 were overdue at the end of the reporting period, all Estates related, all of which have since been closed.</p> | | <p>The Crude Mortality Rate expressed as a % (Deaths / Spells) by month and 12-month cumulative period is now included in the report. The 12-month cumulative rate remains stable at 1.2%.</p> | |

| Cancer Care | Patient Experience - MSA & Complaints | Patient Experience - Cancelled Operations | Emergency Care | Referral To Treatment |
|---|---|---|--|---|
| <p>The Trust continues to meet all, in month (September) and year to date high level Cancer Treatment targets, and continues to compare well against national benchmark data.</p> | <p>There were no mixed sex accommodation breaches reported during the month of November.</p> | <p>Cancelled Operations improved to 0.6% during the month, and are at 0.8% for the year to date, both values within the operational threshold. There were a total of 28 SitRep declared late cancellations reported during the period, a significant reduction from 48 during the previous month. Of the 28 cancellations, 11 were in Surgery B and 7 were in Women and Child Health.</p> | <p>The Trust did not meet the 4-hour ED wait target during November with performance of 91.97% for the month. Performance for December is 88.14%, Quarter 3 is 90.33% and Year to Date is 92.69% (all as of 30 December 2014).</p> | <p>Trust level Admitted and Non Admitted RTT targets were not met for the month of November with performance of 86.91% (target 90.0%) and 91.67% (target 95.00%) respectively. There was an increase in the number of treatment functions failing from 16 in October to 20 during November.</p> |
| <p>2 Groups, Medicine and Women &Child Health failed to meet 93.0% operational threshold for the 2-week maximum cancer wait with performance for the month of 91.4% and 87.1% respectively.</p> | <p>The FFT Response Rate within ED has improved slightly to c.18%, but remains beneath the operational threshold of 20.0%.</p> | | <p>Delayed Transfers of Care remained at 3.9% for the month (City 5.0%, Sandwell 3.2%).</p> | <p>3 Patients waited more than 52 weeks for commencement of treatment, 1 on each of the treatment pathways; Admitted (Ophthalmology), Non Admitted (T&O) and Incomplete (T&O).</p> |
| <p>Women & Child Health (Gynaecology) narrowly missed the 62-day urgent GP referral to treatment target with performance during October of 84.8% (14.0 of 16.5 patients).</p> | <p>The percentage of complaints exceeding the response date has risen over the last few months to 78% in November. Further work is being undertaken to ascertain specifically where in the system delays are occurring.</p> | <p>There were no breaches of the 28-day late cancelled operation guarantee reported during the month of November.</p> | <p>The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during November improved to 84.6% (11 of 13 patients).</p> | <p>Diagnostic waits beyond 6 weeks improved to 1.26%, compared with an upper operational threshold of 1.00%. Of the 113 patients waiting in excess of 6 weeks, 49 relate to Cardiology (a reduction from 215 in October) and 61 in Imaging (CT and MRI).</p> |
| <p>Both Medicine and Women & Child Heath met the 62-day referral to treatment from hospital specialist target in 83.3% (2.5 of 3.0) of cases, compared with the operational threshold of 90.0%.</p> | <p>The oldest complaint currently in the system is in Medicine at 61 days</p> | | | |

| Data Completeness | Staff | CQUIN | External Assessment Frameworks |
|---|--|--|--|
| <p>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.</p> | <p>PDR overall compliance as at the end of November reduced marginally to 80.9%. The range by Group is 74 - 88%. The Medical Appraisal and Revalidation Rate improved slightly to 86.4%.</p> | <p>In summary, no schemes are currently classified as failing, 18 are performing and 4 are classified as underperforming.</p> | <p>TDA Accountability Framework - Quality Scores for each of the 5 domains which comprise the framework are indicated in the main body of this report, with the areas of 'adverse' performance against each domain identified. The sum of the domain scores are used to derive the overall quality score which for the most recent period remains 2 (1 is highest risk rating and 5 is lowest risk rating). The overall score is also influenced by the application of any override rules which may be applied, which during November related to ED 4-hour performance of less than 92.0% and RTT (Admitted) performance of less than 90.0%.</p> |
| <p>The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold, with actual performance (completeness) during November reported as 95.7%.</p> | <p>Mandatory Training at the end of November reduced to 83.4% overall. The range by Group is 79 - 91%.</p> | <p>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) The proportion of patients receiving the Sepsis Care Bundle within the 'Golden Hour', and 4) Medication and Falls. Further detail is contained within the CQUIN section of this report.</p> | |
| <p>The Trust's internal assessment of the percentage of invalid fields completed in the SUS submission for Maternity records remains in excess of the operational threshold of <15.0%, with a value for November of 39.48%.</p> | <p>Medical Appraisal and Revalidation has fallen to 86.4% against a 95% target</p> | <p>Formal submission of CQUIN performance to commissioners has been made for the first 2 Quarters. Initial feed back from Commissioning (29th Dec) shows concern for 3 areas; FFT inpatients, Community Dietetics and Maternity. All 3 areas are being investigated for clarification.</p> | <p>Monitor Risk Assessment Framework - compliance against this framework is also indicated. For the month of November performance (actual and projected) attracts a Governance Rating of 3.0 (Amber / Red), again influenced adversely by ED 4-hour wait performance, as well as RTT Admitted and Non Admitted performance.</p> |

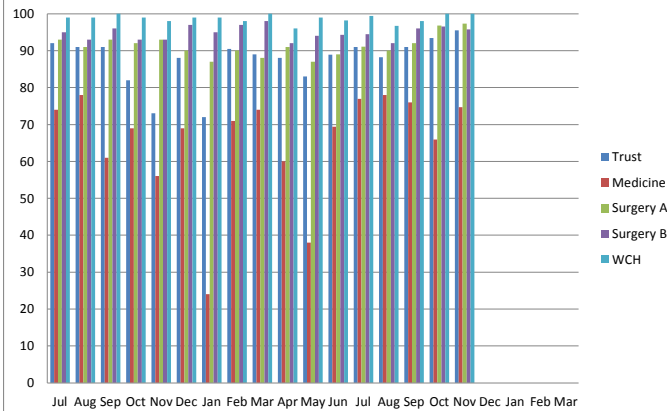
Patient Safety - Infection Control

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

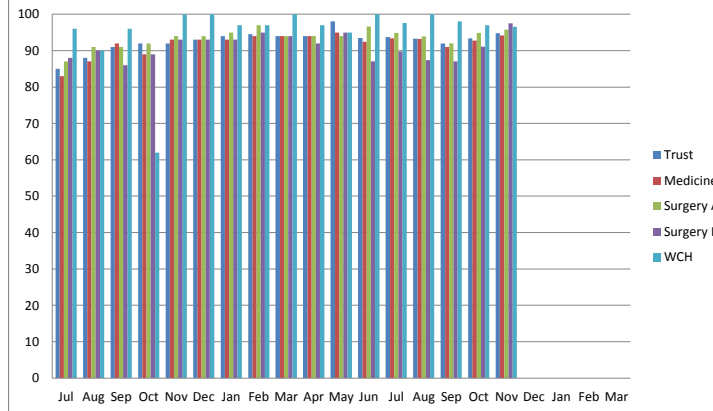
| Previous Months Trend (since July 2013) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| J | A | S | O | N | D | J | F | M | A | M | J |
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| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|---|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Nov-14 | 1 | 0 | 0 | 0 | | | | | 1 | 20 | | | |
| Nov-14 | 0 | 0 | 0 | 0 | | | | | 0 | 1 | | | |
| Nov-14 | | | | | | | | | 14.4 | 5.8 | | | |
| Nov-14 | | | | | | | | | 19.19 | 18.5 | | | |
| Nov-14 | 74.7 | 97.3 | 95.8 | 100 | | | | | 95.5 | | | | |
| Nov-14 | 94.1 | 95.8 | 97.5 | 96.6 | | | | | 94.8 | | | | |

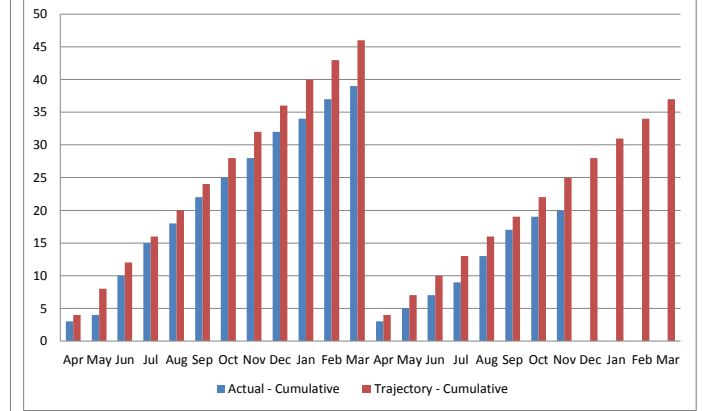
MRSA Screening - Elective



MRSA Screening - Non Elective

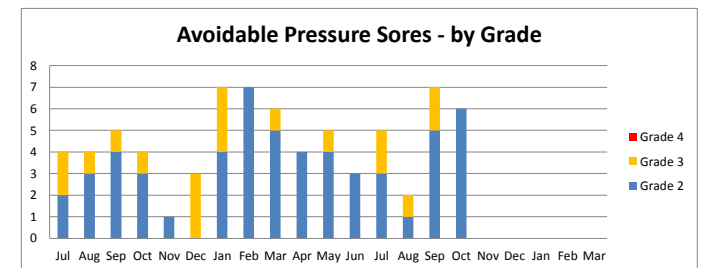
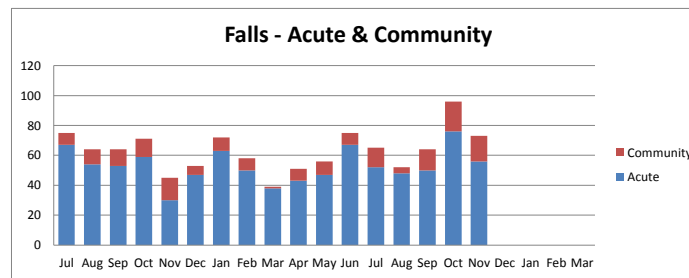
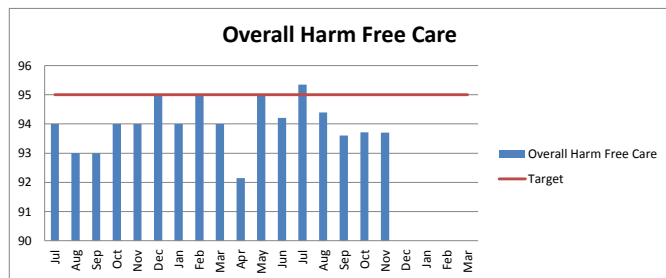


C Diff Infection since April 2013



Patient Safety - Harm Free Care

| Data Source | Data Quality | PAF | Indicator | Trajectory | | Previous Months Trend (since July 2013) | Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|--------------|-----|--|------------|-------|--|-------------|-------|------|------|------|---|------|----|----|-------|--------------|-------|------------|----------|
| | | | | Year | Month | | | M | A | B | W | P | I | C | CO | | | | | |
| 8 | | •d | Patient Safety Thermometer - Overall Harm Free Care (%) | =>95 | =>95 | •••••••••••••••••••• | Nov-14 | | | | | | | | | 93.7 | | • | | |
| 8 | | •d | Patient Safety Thermometer - Catheters & UTIs (%) | | | 0.34 0.44 0.68 0.17 0.72 0.52 0.69 0.43 0.43 0.53 0.48 0.51 0.49 0.42 0.41 0.40 0.25 | Nov-14 | | | | | | | | | 0.25 | | | | |
| 8 | | | Falls | 804 | 67 | •••••••••••••••••••• | Nov-14 | 50 | 6 | 0 | 0 | 0 | 0 | 17 | | 73 | 532 | • | | |
| 9 | | | Falls with a serious injury | 0 | 0 | •••••••••••••••••••• | Nov-14 | 2 | 0 | 0 | 0 | | 0 | 0 | | 2 | 20 | • | | |
| 8 | | | Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable) | 0 | 0 | 4 4 5 4 1 2 7 8 7 4 5 3 5 2 7 6 | Oct-14 | 3 | 0 | 0 | 2 | | | 1 | | 6 | 32 | • | | |
| 3 | | •d | Venous Thromboembolism (VTE) Assessments | 95 | 95 | •••••••••••••••••••• | Nov-14 | 99.3 | 98.8 | 98.1 | 91.3 | | | | | 98.0 | | • | | |
| 3 | | | WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete) | 98 | 98 | ••••••••••~•••••••••• | Nov-14 | 99.9 | 99.7 | 99.9 | 99.5 | | 100 | | | 99.82 | | • | | |
| 3 | | | WHO Safer Surgery - 3 sections and brief (% lists where complete) | 95 | 95 | ••••••••••••••~•••••• | Nov-14 | 100 | 98.7 | 100 | 100 | | 92.3 | | | 99.7 | | • | | |
| 3 | | | WHO Safer Surgery - Audit - 3 sections, brief and debrief (% lists where complete) | 85 | 85 | ••••••••••~•••••••••• | Nov-14 | 100 | 98.7 | 100 | 100 | | 92.3 | | | 99.7 | | • | | |
| 9 | | •d | Never Events | 0 | 0 | ••1••••2•••2•••••••• | Nov-14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | • | | |
| 9 | | •d | Medication Errors causing serious harm | 0 | 0 | ••••••••~••••••••~••• | Nov-14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | • | | |
| 9 | | •d | Serious Incidents | 0 | 0 | 10 7 5 1 4 0 2 0 1 3 2 2 2 1 1 2 | Nov-14 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | 2 | 15 | • | | |
| 9 | | | Open Central Alert System (CAS) Alerts | | | 6 6 8 7 6 9 9 8 11 9 5 7 5 6 5 5 15 | Nov-14 | | | | | | | | | 15 | | • | | |
| 9 | | •d | Open Central Alert System (CAS) Alerts beyond deadline date | 0 | 0 | ••••••••~••••••••~•••• | Nov-14 | | | | | | | | | 4 | | • | | |

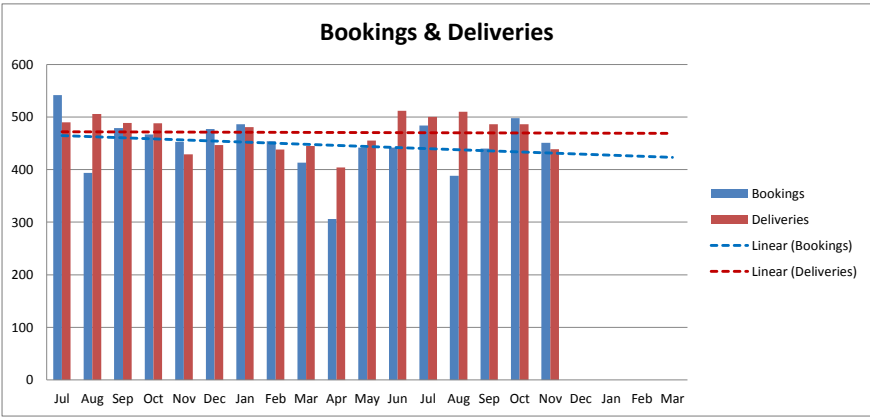
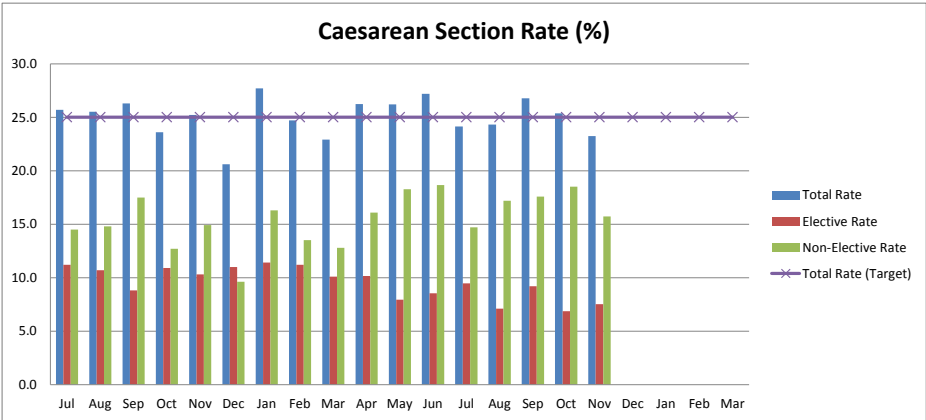


Patient Safety - Obstetrics

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

[illegible]

| Data Period | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|--------------|---------------------------------------|------------|----------|
| Nov-14 | 23.2 | 25.4 | ● | | |
| Nov-14 | 7.5 | 8.3 | | | |
| Nov-14 | 15.7 | 17.1 | | | |
| Nov-14 | 0 | 0 | ● | | |
| Nov-14 | 0 | 3 | ● | | |
| Nov-14 | 1.13 | 2.45 | ● | | |
| Nov-14 | 4.0 | | ● | | |
| Nov-14 | 76.89 | | ● | | |
| Nov-14 | 142 | | ● | | |
| Sep-14 | 74.5 | 75.25 | ● | | |
| Nov-14 | 1.5 | 1.6 | | | |
| Nov-14 | 1.3 | 1.3 | | | |
| Nov-14 | 1.0 | 0.5 | | | |

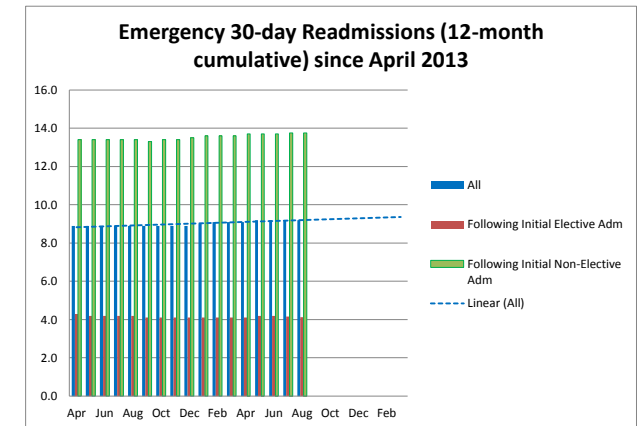
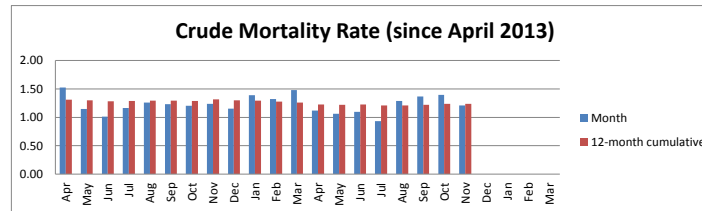
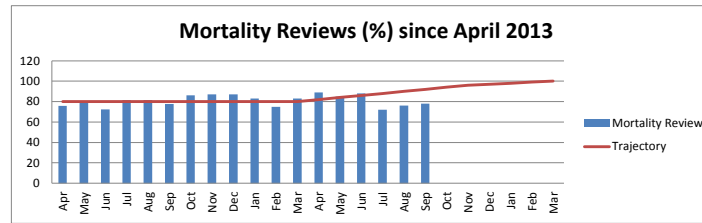
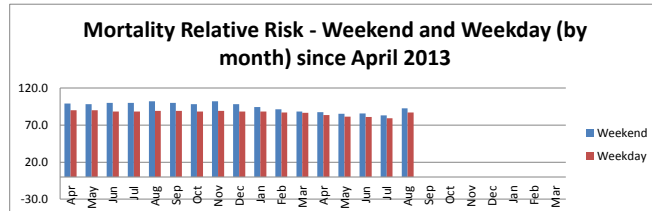
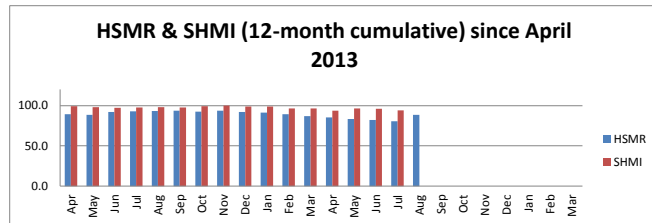


Clinical Effectiveness - Mortality & Readmissions



| Data Source | Data Quality | PAF | Indicator | Trajectory | |
|-------------|--------------|-----|--|----------------|----------------|
| | | | | Year | Month |
| 5 | | | Hospital Standardised Mortality Rate - Overall (12-month cumulative) | Below Upper CI | Below Upper CI |
| 5 | | | Hospital Standardised Mortality Rate - Weekday (12-month cumulative) | Below Upper CI | Below Upper CI |
| 5 | | | Hospital Standardised Mortality Rate - Weekend (12-month cumulative) | Below Upper CI | Below Upper CI |
| 6 | | | Summary Hospital-Level Mortality Index (12-month cumulative) | Below Upper CI | Below Upper CI |
| 5 | | | Deaths in Low Risk Diagnosis Groups | Below Upper CI | Below Upper CI |
| 3 | | | Mortality Reviews within 42 working days | 100 | =>92.0 |
| 3 | | | Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (by Month) | | |
| 3 | | | Crude In-Hospital Mortality Rate (%) (Deaths / Spells) (12-month cumulative) | | |
| 5 | | | Emergency Readmissions (within 30 days) - Overall (%) (12-month cumulative) | | |
| 5 | | | Emergency Readmissions (within 30 days) - Following Initial Elective Admission (%) (12-month cumulative) | | |
| 5 | | | Emergency Readmissions (within 30 days) - Following Initial Non Elective Admission (%) (12-month cumul.) | | |

| Previous Months Trend (since July 2013) | | | | | | | | | | | |
|---|-----|-----|----|-----|----|----|----|----|----|----|----|
| J | A | S | O | N | D | J | F | M | A | M | J |
| 93 | 93 | 94 | 93 | 94 | 92 | 91 | 89 | 87 | 85 | 84 | 82 |
| 88 | 89 | 89 | 88 | 89 | 88 | 88 | 87 | 86 | 83 | 81 | 81 |
| 100 | 102 | 100 | 98 | 102 | 98 | 94 | 91 | 88 | 87 | 85 | 85 |
| 98 | 98 | 98 | 99 | 100 | 99 | 99 | 97 | 96 | 94 | 96 | 96 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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






| Data Period | Group | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|-----|-----|---|---|---|---|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | | | | | |
| Aug-14 | | | | | | | | | 88.4 | | | |
| Aug-14 | | | | | | | | | 86.9 | | | |
| Aug-14 | | | | | | | | | 92.3 | | | |
| Jul-14 | | | | | | | | | 94.0 | | | |
| Aug-14 | | | | | | | | 0.0 | | | | |
| Sep-14 | 79 | 100 | 100 | | | | | 78 | | | | |
| Nov-14 | | | | | | | | 1.21 | | | | |
| Nov-14 | | | | | | | | 1.23 | | | | |
| Aug-14 | | | | | | | | 9.19 | | | | |
| Aug-14 | | | | | | | | 4.12 | | | | |
| Aug-14 | | | | | | | | 13.75 | | | | |

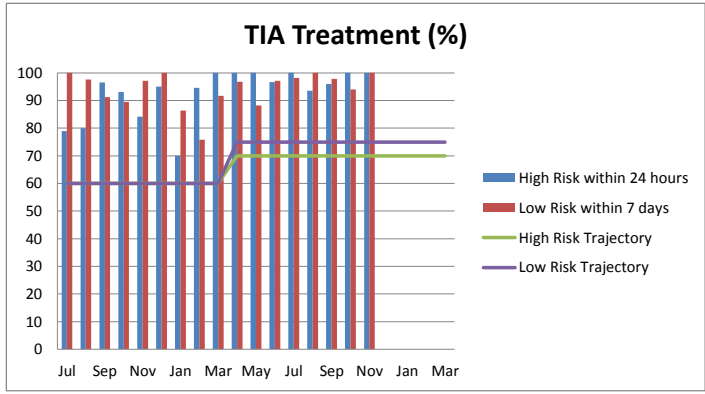
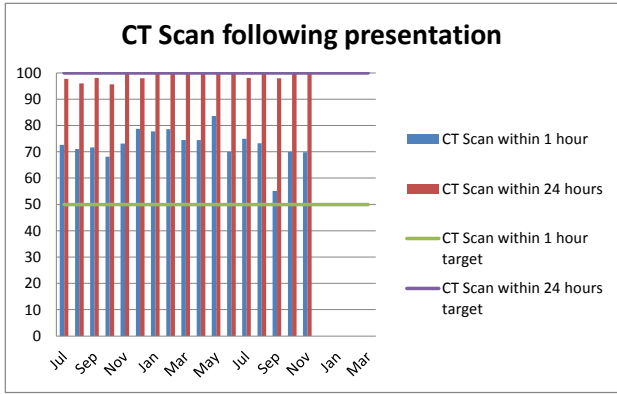
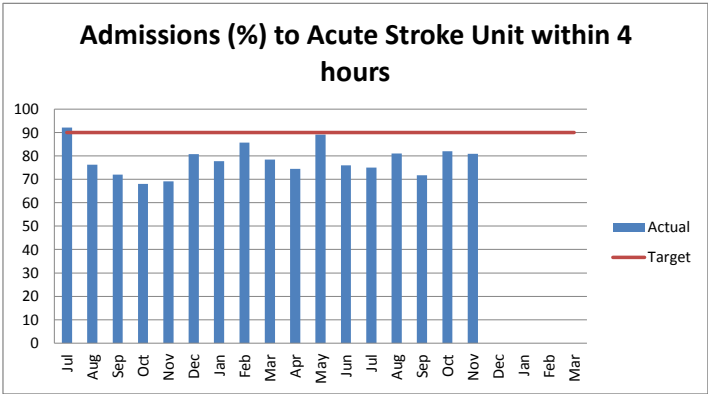


Clinical Effectiveness - Stroke Care & Cardiology


















| Data Source | Data Quality | PAF | Indicator | Trajectory | |
|-------------|--|---|--|------------|--------|
| | | | | Year | Month |
| 3 |  | | Pts spending >90% stay on Acute Stroke Unit (%) | =>90.0 | =>90.0 |
| 3 |  | | Pts admitted to Acute Stroke Unit within 4 hrs (%) | =>90.0 | =>90.0 |
| 3 |  |  | Pts receiving CT Scan within 1 hr of presentation (%) | =>50.0 | =>50.0 |
| 3 |  | | Pts receiving CT Scan within 24 hrs of presentation (%) | 100 | 100 |
| 3 |  | | Stroke Admission to Thrombolysis Time (% within 60 mins) | =>85.0 | =>85.0 |
| 3 |  | | Stroke Admissions - Swallowing assessments (<24h) (%) | =>98.0 | =>98.0 |
| 3 |  | | TIA (High Risk) Treatment <24 Hours from receipt of referral (%) | =>70.0 | =>70.0 |
| 3 |  | | TIA (Low Risk) Treatment <7 days from receipt of referral (%) | =>75.0 | =>75.0 |
| 9 |  | | Primary Angioplasty (Door To Balloon Time 90 mins) (%) | =>80.0 | =>80.0 |
| 9 |  | | Primary Angioplasty (Call To Balloon Time 150 mins) (%) | =>80.0 | =>80.0 |
| 9 |  | | Rapid Access Chest Pain - seen within 14 days (%) | =>98.0 | =>98.0 |

[illegible]

| Data Period | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------------------|--------------|---|------------|----------|
| Nov-14 | 93.9 | 89.9 |  | | |
| Nov-14 | 81.0 | 79.2 |  | | |
| Nov-14 | 69.8 | 71.1 |  | | |
| Nov-14 | 100.0 | 99.8 |  | | |
| Nov-14 | 100.0 | 83.7 |  | | |
| Nov-14 | 100.0 | 100.0 |  | | |
| Nov-14 | 100.0 | 97.9 |  | | |
| Nov-14 | 100.0 | 97.5 |  | | |
| Oct-14 | 100.0 | 87.3 |  | | |
| Oct-14 | 80 (S) 100 (C) | 88.2 |  | | |
| Oct-14 | 96.7 | 98.5 |  | | |

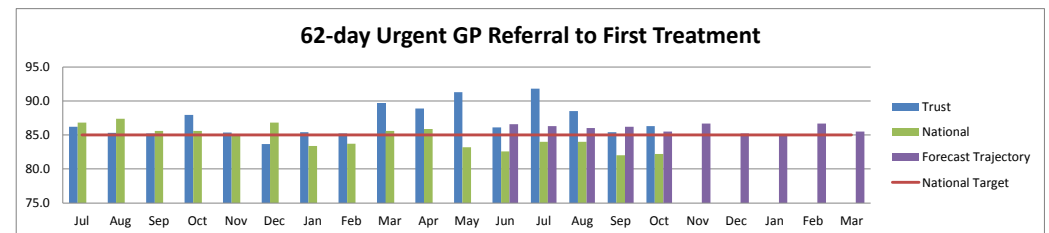
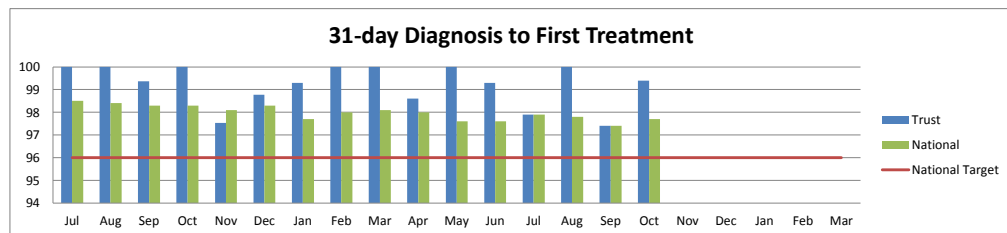
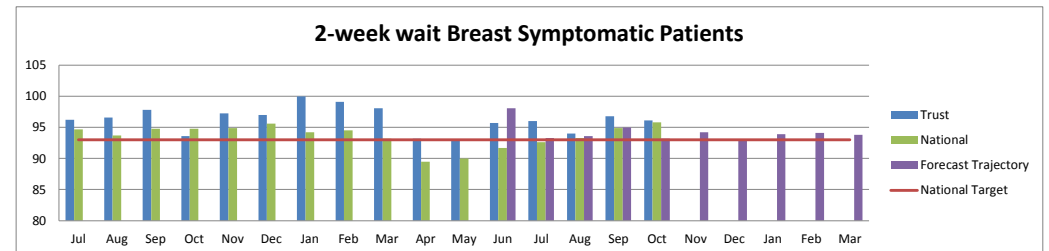
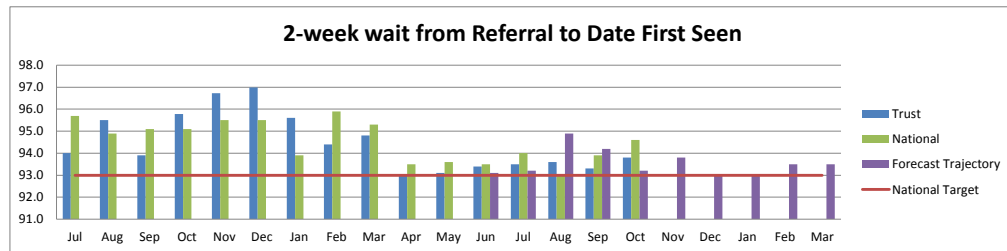


Clinical Effectiveness - Cancer Care

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

[illegible]

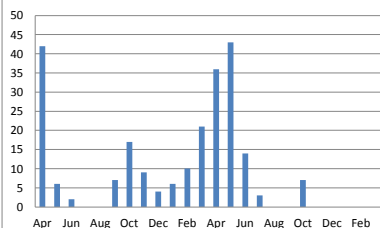
| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|---|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Oct-14 | 91.4 | 95.6 | 97.8 | 87.1 | | | | | 93.8 | 93.4 | ● | | |
| Oct-14 | | 96.1 | | | | | | | 96.1 | 95.2 | ● | | |
| Oct-14 | 100 | 100 | 100 | 97.4 | | | | | 99.4 | 98.9 | ● | | |
| Oct-14 | | | | | | | | | 99.0 | 98.3 | ● | | |
| Oct-14 | | | | | | | | | 100 | 100 | ● | | |
| Oct-14 | | | | | | | | | 100 | 100 | ● | | |
| Oct-14 | 85.3 | 86.7 | 100 | 84.8 | | | | | 86.1 | 88.2 | ● | | |
| Oct-14 | | 97.7 | | 100 | | | | | 97.8 | 98.2 | ● | | |
| Oct-14 | 83.3 | 100 | | 83.3 | | | | | 91.7 | 95.2 | ● | | |



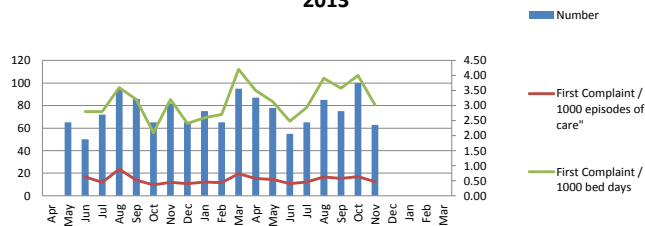
Patient Experience - FFT, Mixed Sex Accommodation & Complaints

| Data Source | Data Quality | PAF | Indicator | Trajectory | | Previous Months Trend (since July 2013) | | | | | | | | | | | | | | | | Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months | | |
|-------------|--------------|-----|---|------------|--------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-------|--------|-----|-----|------|-----|-----|-----|-------|--------------|-------|------------|----------|---|----|
| | | | | Year | Month | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | | N | D | M | A | B | W | P | I | | | | | | C | CO |
| 8 | | •b• | FFT Response Rate - Inpatients | =>30.0 | =>30.0 | 35 | 31 | 19 | 29 | 31 | 29 | 31 | 34 | 36 | 36 | 44 | 45 | 41 | 32 | 31 | 28 | 31 | | Nov-14 | | | | | | | | | 31.0 | | ● | | |
| 8 | | •a• | FFT Score - Inpatients | =>60.0 | =>60.0 | 68 | 37 | 72 | 71 | 70 | 73 | 71 | 75 | 73 | 74 | 74 | 70 | 73 | 76 | 74 | 73 | 73 | | Nov-14 | | | | | | | | | 73.0 | | ● | | |
| 8 | | •b• | FFT Response Rate Emergency Department | =>20.0 | =>20.0 | 5 | 5.3 | 12 | 21 | 17 | 15 | 15 | 16 | 15 | 15 | 16 | 16 | 16 | 17 | 17 | 17 | 18 | | Nov-14 | 18 | | | | | | | | 18.0 | | ● | | |
| 8 | | •a• | FFT Score - Emergency Department | =>46.0 | =>46.0 | 49 | 50 | 51 | 46 | 47 | 44 | 47 | 48 | 48 | 47 | 49 | 48 | 47 | 49 | 47 | 48 | 49 | | Nov-14 | 49 | | | | | | | | 49.0 | | ● | | |
| 13 | | •a | Mixed Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 7 | 17 | 9 | 4 | 6 | 10 | 21 | 36 | 43 | 14 | 3 | 0 | 0 | 7 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 103 | ● | | |
| 9 | | ● | No. of Complaints Received (formal and link) | | | 72 | 94 | 56 | 65 | 52 | 65 | 75 | 65 | 95 | 87 | 78 | 55 | 65 | 85 | 75 | 100 | 63 | | Nov-14 | 18 | 13 | 11 | 12 | 0 | 2 | 1 | 6 | 63 | 608 | | | |
| 9 | | | No. of Active Complaints in the System (formal and link) | | | 272 | 254 | 238 | 201 | 201 | 190 | 188 | 188 | 210 | 194 | 245 | 270 | 219 | 258 | 282 | 324 | 359 | | Nov-14 | 149 | 78 | 47 | 33 | 5 | 10 | 12 | 25 | 324 | | | | |
| 9 | | •a | No. of First Formal Complaints received / 1000 bed days | | | 2.8 | 3.6 | 3.2 | 2.1 | 3.2 | 2.4 | 2.6 | 2.7 | 4.2 | 3.5 | 3.1 | 2.5 | 2.9 | 3.9 | 3.6 | 4.0 | 3.0 | | Nov-14 | 1.6 | 2.6 | 21.4 | 3.1 | | | | | 4.00 | 3.30 | | | |
| 9 | | | No. of First Formal Complaints received / 1000 episodes of care | | | 0.5 | 0.9 | 0.5 | 0.4 | 0.5 | 0.4 | 0.5 | 0.4 | 0.7 | 0.6 | 0.5 | 0.4 | 0.5 | 0.6 | 0.6 | 0.6 | 0.5 | | Nov-14 | 0.5 | 1.5 | 0.7 | 0.5 | | | 0 | | 0.47 | 0.59 | | | |
| 9 | | | No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt) | 100 | 100 | 94 | 97 | 75 | 97 | 99 | 98 | 97 | 95 | 99 | 100 | 100 | 100 | 99 | 99 | 100 | 99 | 100 | | Nov-14 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 99 | | ● | | |
| 9 | | | No. of responses which have exceeded their original agreed response date (% of total active complaints) | 0 | 0 | 36 | 25 | 22 | 33 | 29 | 20 | 35 | 53 | 41 | 33 | 51 | 68 | 52 | 46 | 57 | 68 | 78 | | Nov-14 | 76 | 74 | 76 | 62 | 80 | 78 | 50 | 85 | 68 | | ● | | |
| 9 | | | No. of responses sent out | | | 128 | 73 | 78 | 109 | 59 | 79 | 81 | 58 | 67 | 117 | 30 | 4 | 138 | 66 | 42 | 35 | 26 | | Nov-14 | 9 | 1 | 1 | 7 | 0 | 0 | 0 | 1 | 26 | | | | |
| 9 | | | Oldest complaint currently in system (days) | | | 165 | 147 | 150 | 107 | 174 | 91 | 112 | 118 | 127 | 104 | 124 | 145 | 127 | 133 | 131 | 174 | 161 | | Nov-14 | 161 | 143 | 138 | 123 | 111 | 72 | 81 | 104 | 161 | | | | |
| 14 | | •e• | Access to healthcare for people with Learning Disability (full compliance) | Yes | Yes | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | Nov-14 | Y | Y | Y | Y | Y | Y | Y | Y | Yes | | ● | | |

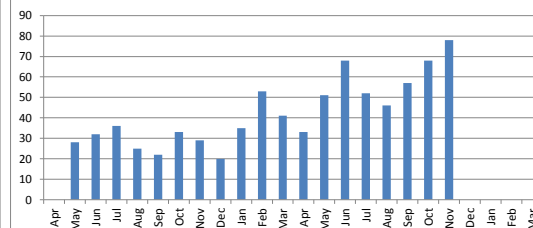
MSA Breaches by Month since April 2013



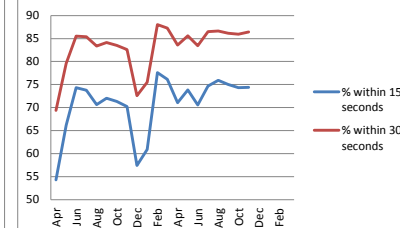
Complaints - Number and Rate by Month since April 2013



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



Telephone Exchange Call Answering since April 2013



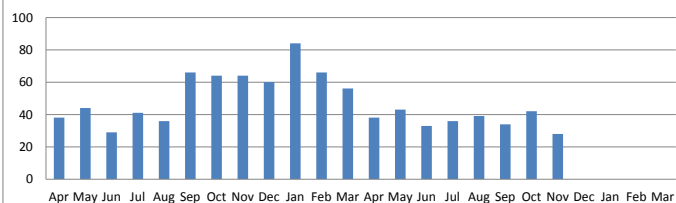
Patient Experience - Cancelled Operations

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

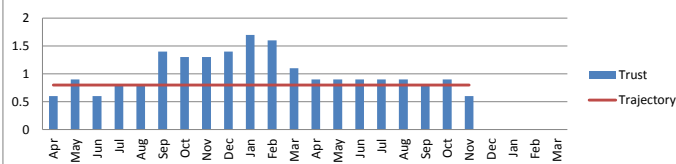
| Previous Months Trend (since July 2013) | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
| J | A | S | O | N | D | J | F | M | A | M | J | J | A |
| | | | | | | | | | | | | | |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| | | | | | |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

| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|---|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Nov-14 | 0.21 | 0.56 | 0.99 | 2.08 | | | | | 0.6 | 0.8 | | | |
| Nov-14 | 0 | 0 | 0 | 0 | | | | | 0 | 3 | | | |
| Nov-14 | 0 | 0 | 0 | 0 | | | | | 0 | 0 | | | |
| Nov-14 | 4 | 6 | 11 | 7 | | | | | 28 | 291 | | | |
| Nov-14 | 0 | 0 | 0 | 0 | | | | | 0 | 1 | | | |
| Nov-14 | 10.2 | 16.1 | 14.8 | 10.8 | | | | | 13.98 | | | | |
| Nov-14 | 2.2 | 10.1 | 8.5 | 7.1 | | | | | 6.2 | | | | |
| Nov-14 | 60 | 77 | 73 | 77 | | | | | 75 | | | | |

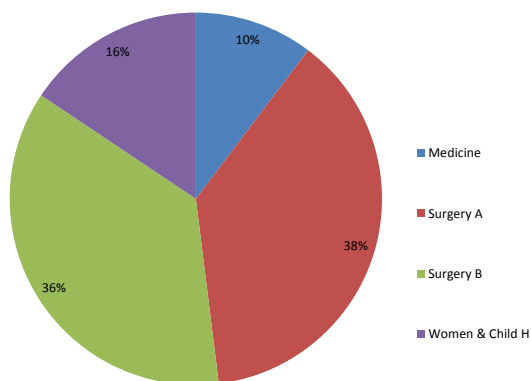
SitRep Late Cancellations by Month since April 2013



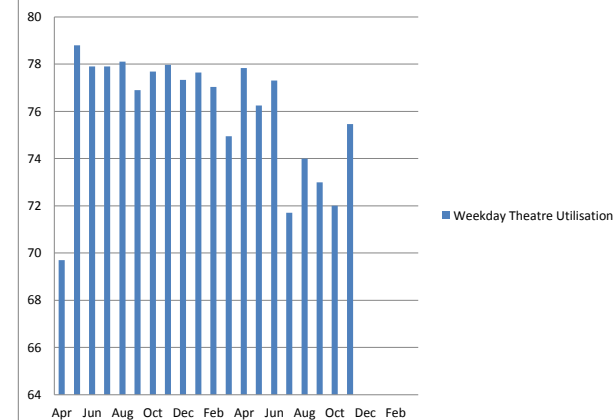
Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)



SitRep Late Cancellations by Group (Apr 2013 onwards)



Weekday Theatre Utilisation (%) - Scheduled Sessions



Access To Emergency Care & Patient Flow

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

| Previous Months Trend (since July 2013) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J | A | S | O | N | D | J | F | M | A | M | J | J | A |
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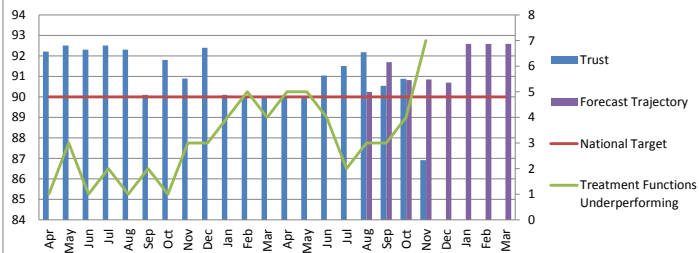
Referral To Treatment

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

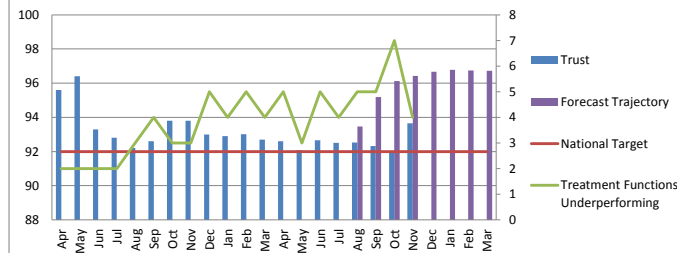
| Previous Months Trend (since July 2013) | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 57 | 29 | 20 | 66 | 36 | 12 | 3 | 1 | 1 | 1 | 2 | 2 | 3 | 4 | 4 | 3 | 3 | |
| 8 | 7 | 11 | 10 | 13 | 12 | 13 | 16 | 15 | 16 | 11 | 13 | 12 | 11 | 13 | 17 | 20 | |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|-----|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Nov-14 | 96.0 | 73.1 | 88.3 | 94.8 | | | | | 86.91 | | ● | | |
| Nov-14 | 86.1 | 91.4 | 95.3 | 97.0 | | | | | 91.67 | | ● | | |
| Nov-14 | 93.7 | 92.8 | 93.8 | 98.6 | | | | | 93.66 | | ● | | |
| Nov-14 | 0 | 2 | 1 | 0 | | | | | 3 | | ● | | |
| Nov-14 | 7 | 7 | 5 | 0 | | | | | 20 | | ● | | |
| Nov-14 | 3.3 | 0.3 | 0.3 | 0.0 | | 9.6 | | | 1.26 | | ● | | |

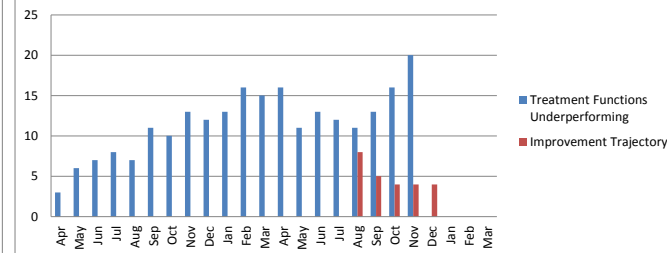
RTT Admitted Care



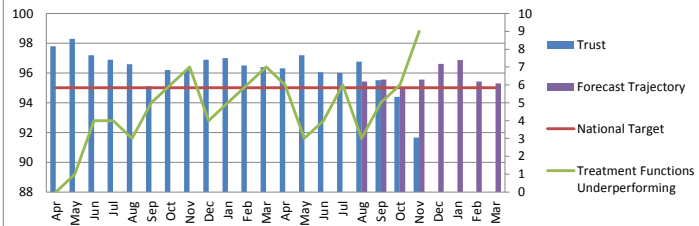
RTT Incomplete Pathway



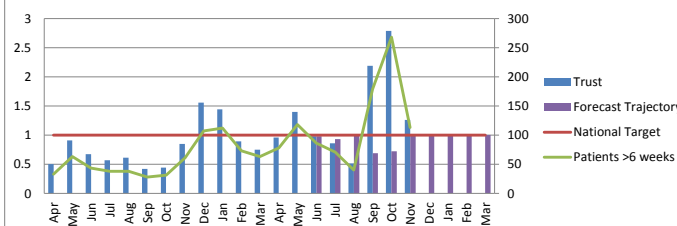
RTT Functions Underperforming



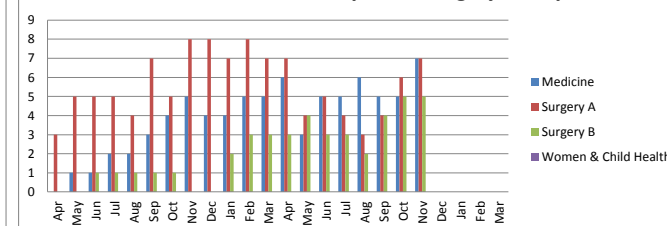
RTT Non-Admitted Care



Diagnostics Waits (% and No.) Greater Than 6 weeks





RTT Functions Underperforming by Group



Data Completeness

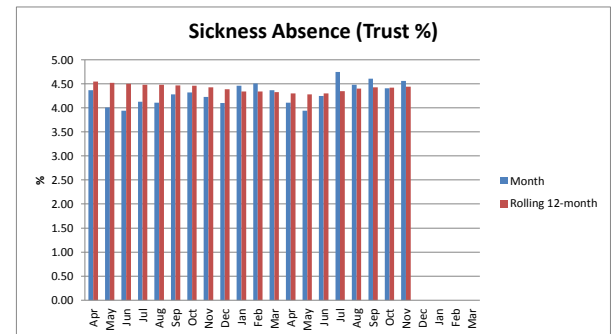
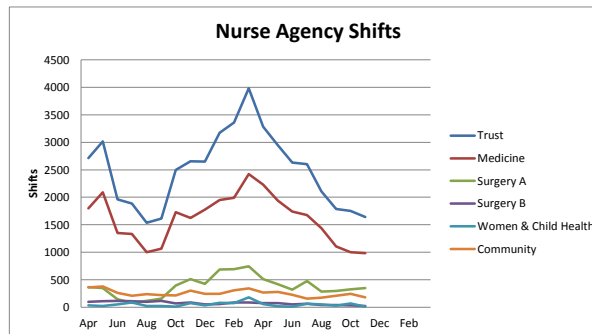
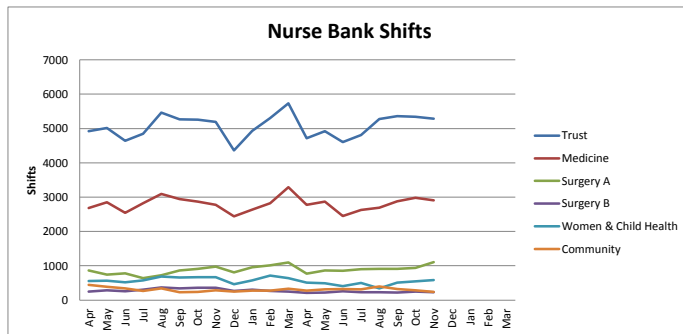
| Data Source | Data Quality | PAF | Indicator | Trajectory | | Previous Months Trend (since July 2013) | | | | | | | | | | | | | | | | Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | Year | Month | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | | N | D | M | A | B | W | P | I | | | | | | C | CO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | Data Completeness Community Services | =>50.0 | =>50.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | < |

Staff

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

| Previous Months' trend (since July 2013) | | | | | | | | | | | | | | | | | |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D |
| 458 | 511 | 610 | 643 | 626 | 572 | 541 | 567 | 567 | 531 | 558 | 580 | 584 | 626 | 608 | 628 | 674 | |
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| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|-----|-----|-----|-----|-----|------|-------|--------------|-------------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Nov-14 | 197 | 76 | 27 | 59 | 27 | 15 | 71 | 203 | 674 | | | | |
| Nov-14 | 83 | 80 | 88 | 85 | 82 | 77 | 88 | 74 | | 80.92 | <div></div> | | |
| Nov-14 | 90 | 81 | 90 | 81 | 88 | 94 | | 100 | | 86.4 | <div></div> | | |
| Nov-14 | 4.5 | 4.6 | 3.1 | 5.4 | 3.9 | 5.0 | 4.5 | 4.5 | 4.56 | 4.44 | <div></div> | | |
| Nov-14 | 79 | 85 | 82 | 82 | 91 | 85 | 85 | 87 | | 83.4 | <div></div> | | |
| Nov-14 | 91 | 92 | 92 | 94 | 98 | 97 | 99 | 98 | | 94.7 | <div></div> | | |
| Nov-14 | | | | | | | | | 12.34 | 12.10 | <div></div> | | |
| Nov-14 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | |
| Nov-14 | | | | | | | | | 21 | | | | |
| Nov-14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <div></div> | | |
| Nov-14 | | | | | | | | | 187.7 | 187.7 | | | |
| Nov-14 | | | | | | | | | 81.5 | 79.2 | | | |
| Nov-14 | 2093 | 1107 | 233 | 588 | 0 | 23 | 244 | 186 | 5284 | 38075 | <div></div> | | |
| Nov-14 | 981 | 346 | 21 | 12 | 0 | 97 | 182 | 0 | 1639 | 16164 | <div></div> | | |
| Nov-14 | 568 | 228 | 156 | 109 | 474 | 105 | 275 | 2959 | 4865 | 45351 | <div></div> | | |
| Nov-14 | 24 | 20 | 40 | 0 | 0 | 0 | 0 | 37 | 121 | 995 | <div></div> | | |
| Oct-14 | 9 | 11 | 17 | 12 | 31 | 33 | 32 | 21 | | | | | |
| Oct-14 | 3.8 | 3.6 | 3.5 | 3.5 | 3.7 | 3.7 | 3.9 | 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 | | | | | | |
| 8 | | | FFT - Implementation of Staff FFT | Implement by end July | | | | | | | | | | | | | | | | | | | | | | | | In Place | In Place | | | |
| 8 | | | FFT - Early Implementation of Patient FFT in OP / DC Departments | Implement by end Oct | | | | | | | | | | | | | | | | | | | | | | | | In Place | In Place | | | |
| 8 | | | FFT - Increase and / or Maintain Response Rate in ED areas | >Q1 rate | | 15 | 16 | 16 | 16 | 17 | 17 | 17 | 18 | | | | | | | | | | | | | | | On Track | On Track | | | |
| 8 | | | FFT - Increase and / or Maintain Response Rate in IP areas | >Q1 rate | | 36 | 44 | 45 | 41 | 32 | 31 | 28 | 31 | | | | | | | | | | | | | | | Not On Track | Not On Track | | | |
| 8 | | | FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses | 40 | | | | | | 32 | 31 | 28 | 31 | | | | | | | | | | | | | | | Not On Track | Not On Track | | | |
| 8 | | | NHS Safety Thermometer - Reduction in Prevalance of Pressure Ulcers (community avoidable) | 10% reduction | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 8 | | | Dementia - Find, Assess and Refer | =>90 | =>90 | | | | | | | | | | | | | | | | | | | | | | | 3 of 3 met | 3 of 3 met | | | |
| 8 | | | Dementia - Clinical Leadership and Staff Training | | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 8 | | | Dementia - Supporting Carers of People with Dementia | Monthly Audit | Monthly Audit | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 9 | | | Learning From Safeguarding Concerns | Quarterly report to Board | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 2 | | | Quality of Outpatient and Discharge Letters | Trust/CCG to agree assess. criteria | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 4 | | | Sepsis - Use of Sepsis Care Bundles | Informed by base data | | | | | | | | | | | | | | | | | | | | | | | | Not On Track | Not On Track | | | |
| 8 | | | Pain Relief - Use of Pain Care Bundles | Informed by base data | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 9 | | | Medication and Falls | Informed by base data | | | | | | | | | | | | | | | | | | | | | | | | actions in place | actions in place | | | |
| 9 | | | Serious Untoward Incidents (Never Events) | Informed by base data | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |
| 14 | | | Community Therapies - Effective Referral Management | Informed by base data | | | | | | | | | | | | | | | | | | | | | | | | On Track | On Track | | | |

CQUIN (II) and summary

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

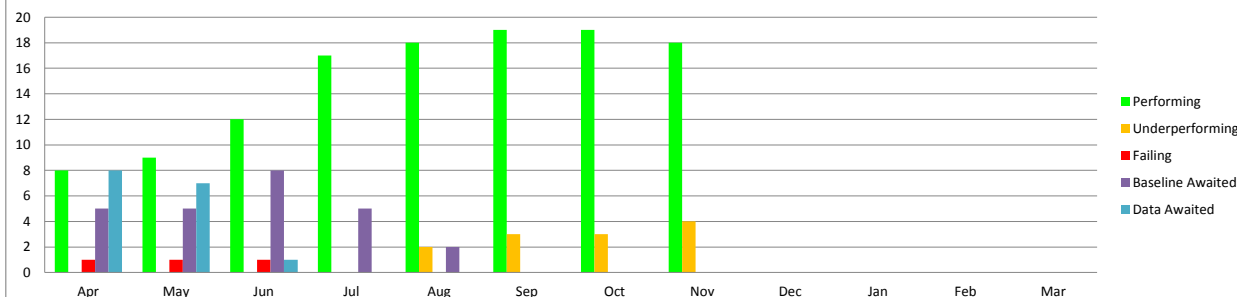
| Previous Months Trend | | | | | | | | | | | |
|-----------------------|----------|---|---|---|---|---|---|---|---|---|---|
| A | M | J | J | A | S | O | N | D | J | F | M |
| • | | • | • | • | • | • | | | | | |
| • | | | • | | • | • | | | | | |
| Met (Q1) | Met (Q2) | | • | • | | | | | | | |
| Met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

| Data Period |
|-------------|
| Nov-14 |
| Nov-14 |
| Nov-14 |
| Nov-14 |
| Nov-14 |
| Nov-14 |

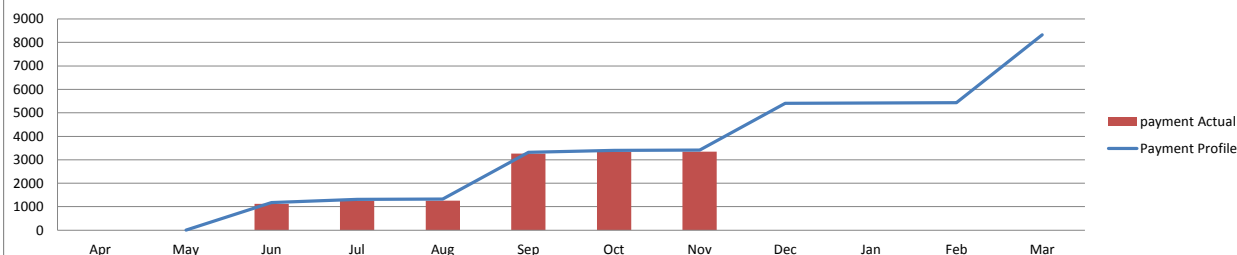
| Group | | | | | | | |
|-------|---|---|---|---|---|---|----|
| M | A | B | W | P | I | C | CO |
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| | | | | | | | |
| | | | | | | | |

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

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, no schemes are currently classified as failing, 18 are performing and 4 are classified as underperforming.

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) The proportion of patients receiving the Sepsis Care Bundle within the 'Golden Hour' is currently less than the Q1 baseline value of 44%. Performance during October has reduced to 37% upon inclusion of further audit data (73 audit forms completed), and although current performance for November indicates 80%, this is based upon a very small number of completed audit forms (9); 4) Medication and Falls - an e-BMS development is signed off, with a scheduled rapid implementation, 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.

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) shows concern for 3 areas; FFT inpatients, Community Dietetics and Maternity. All 3 areas are being investigated for clarification.

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 | | | | |
| Domain | | | | | | | | | | | | | |
| Responsiveness | Initial Score | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | | | | |
| | Override Rules Applied | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | |
| | Revised Score | 5 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | | | | |
| | | | | | | | | | | | | | |
| | 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 Diagnostic Waits RTT >52weeks Admitted RTT Non-Ad RTT | | | | |
| Effectiveness | Initial Score | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | |
| | Override Rules Applied | No | No | No | No | No | No | No | No | | | | |
| | Revised Score | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | |
| | | | | | | | | | | | | | |
| | Indicators Not Achieving TDA Standard | | | | | | | | | | | | |
| Safe | Initial Score | 4 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | | | | |
| | Override Rules Applied | No | No | No | No | No | No | No | No | | | | |
| | Revised Score | 4 | 5 | 4 | 5 | 5 | 4 | 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 | | | | |
| Caring | Initial Score | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | |
| | Override Rules Applied | No | No | No | No | No | No | No | No | | | | |
| | Revised Score | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | |
| | | | | | | | | | | | | | |
| | Indicators Not Achieving TDA Standard | MSA Breaches | MSA Breaches | MSA Breaches | MSA Breaches | | | MSA Breaches | | | | | |
| Well Led | Initial Score | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | | | | |
| | Override Rules Applied | No | No | No | No | No | No | No | No | | | | |
| | Revised Score | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | | | | |
| | | | | | | | | | | | | | |
| | 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 | 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 | | | | |

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

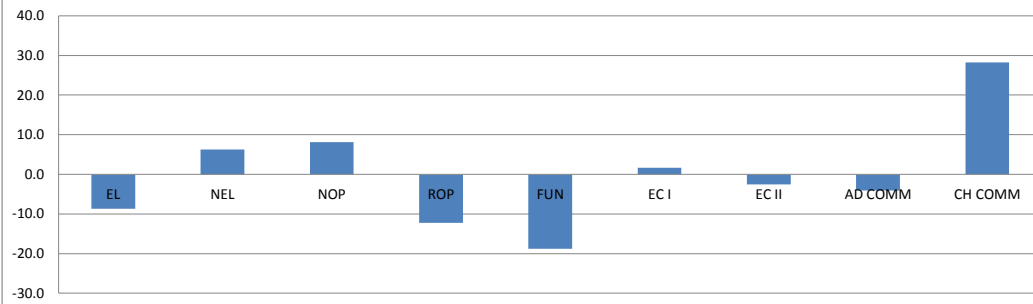
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|--|-----|------------|------------|------------|------------|------------|--------------------------------|--|-----|-----|-----|-----|
| Indicators Achieving Monitor Standard | | 15 | 14 | 14 | 14 | 14 | 14 | 13 | 12 |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

PLEASE NOTE:

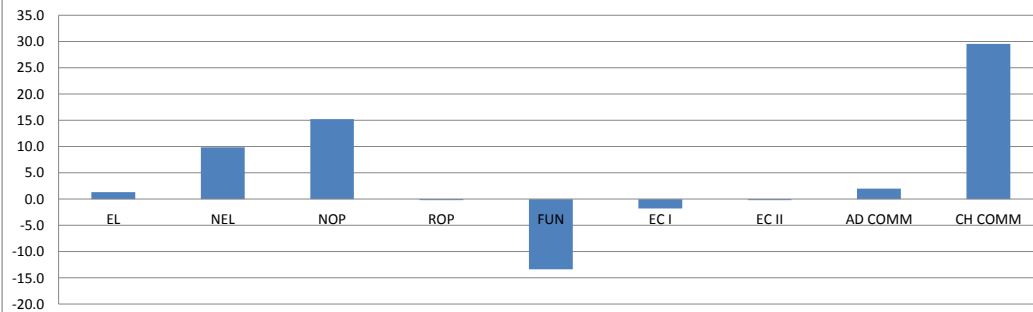
For both Frameworks - Performance is projected where data is not available for the period of assessment (e.g. RTT and Cancer)

Activity Summary

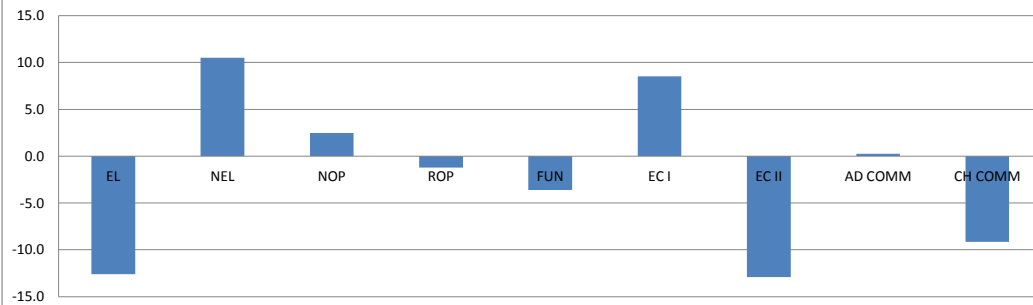
Month



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 below plan for the month by 8.7%, but remains ahead of plan for the year to date by 1.3%. Non-Elective activity during the month is 6.3% greater than plan, is 9.9% higher than plan for the year to date, and 10.5% higher than the corresponding period last year. New outpatient attendance numbers are ahead of plan by 15.2% for the year to date. With OP Review attendances just below plan (-0.2%) for the year to date, the Follow-Up to New OP Ratio for the period to date is 2.18, compared with a plan derived from contracted activity of 2.52. Type I Emergency Care activity for the month is 1.6% ahead of plan, and is 1.8% less than plan for the year to date, although remains in excess of activity delivered for the corresponding period last year, due to the inclusion within plan of GP Triage Activity. Type II activity is 2.6% below plan for the month, and essentially on plan for the year to date. Adult Community and Child Community activity exceeds plans for the year to date by 2.0% and 29.5% respectively, although the latter is 9.2% less than the corresponding period last year, due to the transfer of School Health Nursing to another provider.

Finance Summary

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

[illegible]

| Data Period | Group | | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|------|------|------|------|--|-------|--------------|------------------------|------------------------|------------------------|
| | M | A | B | W | P | I | C | CO | | | | | | |
| Nov-14 | | | | | | | | | | £0.0 | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | -2.3 | -1.9 | -1.7 | -1.0 | 0.3 | -1.0 | 0.4 | -0.2 | | | -£1.8 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | -0.9 | -0.7 | -0.7 | -0.6 | -0.5 | -0.5 | -0.5 | -0.4 | | | -£4.7 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | -1.1 | -1.3 | -1.2 | -1.1 | -0.9 | -0.6 | -0.8 | -0.8 | | | -£7.8 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | | | | | | | | | | | -£0.1 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | | | | | | | | | | £22.8 | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | | | | | | | | | | No | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | 9.4% | 4.0% | 1.7% | 1.5% | 0.0% | 1.7% | 1.9% | 0.0% | | 3.6% | 4.0% | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Nov-14 | | | | | | | | | | | 3.0 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |

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

| Data Source | Data Quality | OS / NQR | Indicator | Threshold | QUARTER 1 (£000s) | | | | | | | | | | QUARTER 2 (£000s) | | | | | | | | | | OCTOBER (£000s) | | | | | | | | | | NOVEMBER (£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 | | OS | RTT Admitted Care (£400 per breach by specialty) | =>90.0% | 0.0 | 94.8 | 10.4 | 0.0 | | | | | | 105.2 | 1.6 | 72.4 | 9.2 | 0.0 | | | | | | | 83.2 | 6.0 | 23.6 | 6.8 | 0.0 | | | | | | 30.4 | 0.0 | 50.4 | 6.4 | 0.0 | | | | | | 56.8 | 1.6 | 241.2 | 32.8 | 0.0 | | | | | | | 275.6 | |
| 2 | | OS | RTT Non-Admitted Care (£100 per breach by specialty) | =>95.0% | 12.9 | 6.4 | 0.0 | 0.0 | | | | | | 19.3 | 19.8 | 2.0 | 0.9 | 0.0 | | | | | | | 22.7 | 7.9 | 7.7 | 3.0 | 0.0 | | | | | | 18.6 | 18.2 | 8.0 | 2.2 | 0.0 | | | | | | 34.3 | 58.8 | 24.1 | 6.1 | 0.0 | | | | | | 89.0 | | |
| 2 | | OS | RTT Incomplete Pathway (£100 per breach by specialty) | =>92.0% | 38.5 | 76.4 | 22.0 | 0.0 | | | | | | 136.9 | 53.0 | 75.1 | 25.5 | 0.0 | | | | | | | 153.6 | 18.5 | 22.8 | 3.8 | 0.0 | | | | | | 52.5 | 6.9 | 8.5 | 1.8 | 0.0 | | | | | | 11.2 | 110.9 | 182.8 | 53.1 | 0.0 | | | | | | | 346.8 | |
| 2 | | OS | Diagnostic Waits (£200 per breach) | =>99.0% | 0.0 | 5.4 | 0.0 | 0.0 | | | 1.4 | | | 6.8 | 16.8 | 2.6 | 0.0 | 0.0 | | | 0.0 | | | | 19.4 | 27.8 | 1.2 | 0.0 | 0.0 | | 5.4 | | | 34.4 | 10.0 | 0.0 | 0.0 | 0.0 | | 12.6 | | | 22.6 | 54.6 | 9.2 | 0.0 | 0.0 | | 19.4 | | | | 83.2 | | | | |
| 2 | | OS | ED Waits >4 hours (£200 per breach between 92.0% and 95.0%) | =>95.0% | 123.2 | | 0.0 | | | | | | | 123.2 | 145.8 | | 0.0 | | | | | | | 145.8 | 108.6 | | 0.0 | | | | | | 108.6 | 107.4 | | 0.0 | | | | | | 107.4 | 485.0 | 0.0 | 0.0 | | | | | | | | 485.0 | | | | |
| 1 | | OS | Cancer Waits (2 weeks, 31 days and 62 days - £200, £1000 and £1000 per breach respectively) | Various | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | Assessed Quarterly | | | | | | | | | | Assessed Quarterly | | | | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | |
| 13 | | OS | Mixed Sex Accommodation Breaches (£250 per day per Service User affected) | 0 | 32.8 | 0.0 | 0.0 | 0.0 | | | | | | 32.8 | 0.0 | 1.3 | 0.0 | 0.0 | | | | | | | 1.3 | 2.3 | 0.0 | 0.0 | 0.0 | | | | | | 2.3 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 35.1 | 1.3 | 0.0 | 0.0 | | | | | | | 36.4 | |
| 2 | | OS | Cancelled Operations 28-day (non-payment of rescheduled episode of care) | 0 | 1.8 | 1.3 | 0.0 | 0.0 | | | | | | 3.1 | 0.0 | 1.3 | 0.0 | 0.0 | | | | | | | 1.3 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 4.4 | 1.8 | 2.6 | 0.0 | 0.0 | | | | | | | 4.4 |
| 4 | | NQR | MRSA Bacteremia (£10,000 per incidence) | 0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | 0.0 | 10.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | 10.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | | 10.0 | 10.0 | 0.0 | 0.0 | | | | | | | 10.0 | | | |
| 4 | | NQR | C Diff (differential impact if annual target exceeded) | 37 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | 0.0 | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | | | |
| 2 | | NQR | RTT Waits >52 weeks Incomplete Pathway (£5,000 per breach) | 0 | 0.0 | 5.0 | 5.0 | 5.0 | | | | | | 15.0 | 0.0 | 20.0 | 0.0 | 0.0 | | | | | | 20.0 | 0.0 | 5.0 | 10.0 | 0.0 | | | | | | 15.0 | 0.0 | 5.0 | 0.0 | 0.0 | | | | | | 5.0 | 0.0 | 35.0 | 15.0 | 5.0 | | | | | | | 55.0 | | |
| 11 | | NQR | WIMAS Handovers to ED (£200 per breach 30 - 60 minutes) | 0 | 76.0 | | | | | | | | | 76.0 | 66.4 | | | | | | | | | 66.4 | 43.8 | | | | | | | | | 43.8 | 31.8 | | | | | | | | 31.8 | 218.0 | | | | | | | | | | 218.0 | | | |
| 11 | | NQR | WIMAS Handovers to ED (£1000 per breach >60 minutes) | 0 | 29.0 | | | | | | | | | 29.0 | 22.0 | | | | | | | | | 22.0 | 21.0 | | | | | | | | | 21.0 | 14.0 | | | | | | | | 14.0 | 86.0 | | | | | | | | | | 86.0 | | | |
| 2 | | NQR | ED Trolley Waits >12 hours (£1,000 per breach) | 0 | 0.0 | | | | | | | | | 0.0 | 0.0 | | | | | | | | | 0.0 | 0.0 | | | | | | | | | 0.0 | 0.0 | | | | | | | | 0.0 | 0.0 | | | | | | | | 0.0 | | | | | |
| 2 | | NQR | Cancelled Operations - no urgent operation cancelled for second time (£5,000 per breach) | 0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | | | |
| 3 | | NQR | VTE Risk Assessment (£200 per breach) | =>95.0% | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | | | |
| 13 | | NQR | Publication Of Formulary (withholding of 1% of actual monthly contract value for non publication) | 0 | | | | | | | | | | 0.0 | 0.0 | | | | | | | | | 0.0 | 0.0 | | | | | | | | | 0.0 | 0.0 | | | | | | | 0.0 | 0.0 | | | | | 0.0 | 0.0 | | | | 0.0 | | | | |
| 9 | | NQR | Duty Of Candour (Non-payment for cost of care or £10,000 if cost of care unknown / indeterminate) | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | |
| 2 | | NQR | Completion of valid NHS Number in Acute Commissioning Data Set (£10 per breach) | =>99.0% | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | | | |
| 2 | | NQR | Completion of valid NHS Number in A&E Commissioning Data Set (£10 per breach) | =>95.0% | 0.0 | | 0.0 | | | | | | | 0.0 | 0.0 | | 0.0 | | | | | | | 0.0 | 0.0 | | 0.0 | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | 0.0 | | | | |
| | | | ALL | | 314.2 | 189.3 | 37.4 | 5.0 | 0.0 | 1.4 | 0.0 | 0.0 | 0.0 | 547.3 | 335.4 | 174.7 | 35.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 545.7 | 229.9 | 60.3 | 23.6 | 0.0 | 0.0 | 5.4 | 0.0 | 0.0 | 326.6 | 182.3 | 71.9 | 10.4 | 0.0 | 0.0 | 12.6 | 0.0 | 0.0 | 277.2 | 1061.8 | 496.2 | 107.0 | 5.0 | 0.0 | 19.4 | 0.0 | 0.0 | 1689.4 | | | | | | |

[illegible][illegible]

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

[illegible]

| Contractual Requirements - Outcome Thermometer (OT) Incentive Scheme | |
|--|--|
| 1. The contractor shall ensure that the project is completed within the agreed timeline and budget. | |
| 2. The contractor shall ensure that the project is completed to the required quality standards. | |
| 3. The contractor shall ensure that the project is completed with minimal disruption to the client's operations. | |
| 4. The contractor shall ensure that the project is completed with minimal risk to the client's data and systems. | |
| 5. The contractor shall ensure that the project is completed with minimal risk to the client's reputation. | |
| 6. The contractor shall ensure that the project is completed with minimal risk to the client's financial position. | |
| 7. The contractor shall ensure that the project is completed with minimal risk to the client's legal position. | |
| 8. The contractor shall ensure that the project is completed with minimal risk to the client's environmental position. | |
| 9. The contractor shall ensure that the project is completed with minimal risk to the client's social position. | |
| 10. The contractor shall ensure that the project is completed with minimal risk to the client's overall position. | |

[illegible]

Contractual Requirements - Price Activity Matrix (PAM)

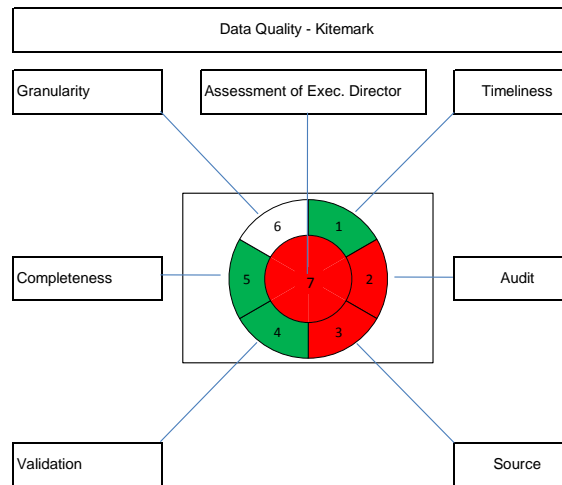
| Data Source | Data Quality | Req | Indicator | Value (£000s) | Threshold | QUARTER 1 (£000s) | | | | | | | | | | QUARTER 2 (£000s) | | | | | | | | | | OCTOBER (£000s) | | | | | | | | | | NOVEMBER (£000s) | | | | | | | | | | YEAR TO DATE (£000s) | | | | | | | | | | | | |
|-------------|--------------|-----|-----------------------------------|---------------|---------------|-------------------|-----|------|-----|-----|-----|----|----|------|------|-------------------|------|------|-----|-----|----|----|------|-----|-----|-----------------|-----|----|-----|---|----|-----|---|---|---|------------------|---|---|---|-----|-----|------|------|------|------|----------------------|---|-----|------|------|-----|-----|----|------|---|---|--|------|
| | | | | | | 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 | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | 183 | 41 | 4 | -113 | 16 | 5 | | | | 136 | | | | | | | | |
| 2 | | PAM | Non-Elective | 82299 | Contract Plan | 152 | -21 | -45 | -2 | | | | | 84 | 185 | 112 | -44 | 9 | | | | | 262 | 100 | -38 | -18 | -46 | | | | | -2 | | | | | | | | | | 437 | 53 | -107 | -39 | | | | | | 344 | | | | | | | |
| 2 | | PAM | Excess Bed Days | 20352 | Contract Plan | 74 | 25 | -21 | -60 | | | | | 18 | 112 | -12 | -18 | -44 | | | | | 38 | -21 | 8 | -11 | -7 | | | | | -31 | | | | | | | | | | 165 | 21 | -50 | -111 | | | | | | 25 | | | | | | | |
| 2 | | PAM | Accident & Emergency | 20352 | Contract Plan | -11 | | -86 | | | | | | -97 | 37 | | -68 | | | | | | -31 | 2 | | -26 | | | | | | -24 | | | | | | | | | 28 | | -180 | | | | | | | -152 | | | | | | | | |
| 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 | | | | | | | | | 49 | 17 | -24 | -91 | -5 | 0 | 0 | | | -54 | | | | | | | | |
| 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 | | | | | | | | 77 | -72 | 126 | -65 | 3 | 0 | -3 | | | 66 | | | | | | | | | |
| 2 | | PAM | Outpatient with Procedure | 7336 | Contract Plan | -22 | 44 | -138 | 12 | | | | | -104 | 24 | 53 | -155 | 22 | | | | | -56 | 6 | 19 | -48 | 11 | | | | | -12 | | | | | | | | 8 | 116 | -341 | 45 | | | | | | -172 | | | | | | | | | |
| 2 | | PAM | Outpatient Telephone Conversation | 196 | Contract Plan | 3 | 0 | | | | | | | 3 | 3 | 0 | | | | | | 3 | 0 | 0 | | | | | | | 0 | | | | | | | | 6 | 0 | | | | | | | | 6 | | | | | | | | | | |
| 2 | | PAM | Maternity | 14219 | Contract Plan | | | | 72 | | | | | 72 | | | | 300 | | | | | 300 | | | | 90 | | | | | 90 | | | | | | | 0 | | | 462 | | | | | | 462 | | | | | | | | | | |
| 2 | | PAM | Occupied Cot Days | 6000 | Contract Plan | | | | 18 | | | | | 18 | | | | -117 | | | | | -117 | | | | 27 | | | | | 27 | | | | | | | 0 | | | -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 | | | | | | | | 230 | -22 | -2 | 9 | 0 | 0 | | | | 215 | | | | | | | | | |
| 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 | | | | | | | | 913 | -1 | 506 | -52 | -17 | -178 | 0 | | | 1171 | | | | | | | | | |
| 2 | | PAM | Community | 36003 | Contract Plan | 0 | 0 | | -8 | | 0 | 0 | | -8 | 0 | 0 | | -12 | | 0 | 4 | | -8 | 1 | 0 | | -2 | | 0 | 4 | | 3 | | | | | | | 1 | 0 | | -22 | | 0 | 8 | | | -13 | | | | | | | | | | |
| | | | 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 | 4 | 0 | 345 | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2097 | 153 | -68 | -49 | -3 | -173 | 5 | 0 | | 1962 |

Legend

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

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

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



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

Red Insufficient

Green Sufficient

White Not Yet Assessed

The centre of the indicator is colour coded as follows:

Red / Green As assessed by Executive Director

White Awaiting assessment by Executive Director

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

Medicine Group

| Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months | | | | |
|---|------------|--------|-----------------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|--------|----------------|-----------------|----------------|------------------|----------------|-------------|-------------|-------------|-------------|
| | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | | F | M | EC | | | | | | 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div>1</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> | Nov-14 | <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> | Nov-14 | <div>78</div> | <div>90</div> | <div>44</div> | <div>74.7</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> | Nov-14 | <div>95</div> | <div>95</div> | <div>84</div> | <div>94.13</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>33</div> | <div>40</div> | <div>61</div> | <div>42</div> | <div>44</div> | <div>41</div> | <div>67</div> | <div>50</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div>5</div> | <div>36</div> | <div>9</div> | <div>50</div> | <div>378</div> | <div></div> | <div></div> | <div></div> | |
| Falls with a serious injury | 0 | 0 | <div>5</div> | <div>2</div> | <div>5</div> | <div>1</div> | <div>1</div> | <div>1</div> | <div>1</div> | <div>3</div> | <div>3</div> | <div>1</div> | <div>4</div> | <div>1</div> | <div>1</div> | <div>2</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div>0</div> | <div>2</div> | <div>0</div> | <div>2</div> | <div>16</div> | <div></div> | <div></div> | <div></div> | |
| Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | 0 | 0 | <div>3</div> | <div>0</div> | <div>0</div> | <div>2</div> | <div>3</div> | <div>3</div> | <div>2</div> | <div>3</div> | <div>3</div> | <div>3</div> | <div>0</div> | <div>6</div> | <div>4</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Oct-14 | <div>0</div> | <div>3</div> | <div>0</div> | <div>3</div> | <div>20</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> | Nov-14 | <div>99</div> | <div>98.4</div> | <div>99</div> | <div>99.3</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> | Nov-14 | <div>100</div> | <div>99.7</div> | <div>100</div> | <div>99.9</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> | Nov-14 | <div>100</div> | <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> | Nov-14 | <div>100</div> | <div>100</div> | <div>100</div> | <div>100</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> | Nov-14 | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</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> | Nov-14 | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</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> | Nov-14 | <div>0</div> | <div>0</div> | <div>0</div> | <div>2</div> | <div>9</div> | <div></div> | <div></div> | <div></div> | <div></div> |
| Mortality Reviews within 42 working days | 100 | =>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> | Sep-14 | <div>82</div> | <div>77</div> | <div>82</div> | <div>79</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 | 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> | Nov-14 | <div><div></div><div>93.9</div><div></div></div> | 93.9 | 89.9 | <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> | Nov-14 | <div><div></div><div>81.0</div><div></div></div> | 81.0 | 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> | Nov-14 | <div><div></div><div>69.8</div><div></div></div> | 69.8 | 71.1 | <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> | Nov-14 | <div><div></div><div>100</div><div></div></div> | 100.0 | 99.8 | <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> | Nov-14 | <div><div></div><div>100</div><div></div></div> | 100.0 | 83.7 | <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> | Nov-14 | <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> | Nov-14 | <div><div></div><div>100</div><div></div></div> | 100.0 | 97.9 | <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> | Nov-14 | <div><div></div><div>94.0</div><div></div></div> | 100.0 | 97.5 | <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> | Oct-14 | <div><div></div><div>###</div><div></div></div> | 100.0 | | <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> | Oct-14 | <div><div></div><div>100 (S)</div><div></div></div> | 80 (S) 100 city | | <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> | Oct-14 | <div><div></div><div>96.7</div><div></div></div> | 96.7 | 97.5 | <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> | Oct-14 | <div><div></div><div></div><div>91</div></div> | 91.4 | | <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> | Oct-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> | Oct-14 | <div><div></div><div></div><div>85</div></div> | 85.3 | | <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> | Nov-14 | <div><div></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> | Nov-14 | <div><div></div><div></div><div></div></div> | 18 | 228 | <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> | Nov-14 | <div><div></div><div></div><div></div></div> | 149 | | <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> | Nov-14 | <div><div></div><div></div><div></div></div> | 161 | | <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> | Nov-14 | 0.00 | 2.19 | 0.00 | 0.21 | | <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> | Nov-14 | 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 | | | | | Nov-14 | 0 | 4 | 0 | 4 | 40 | <div></div> | | |
| Weekday Theatre Utilisation (as % of scheduled) | =>85.0 | =>85.0 | | | | | | | | | | | 61 | 54 | 57 | 60 | | | | | Nov-14 | | | 59.5 | 59.5 | | <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> | Nov-14 | 909 7 (s) | 91.3 (c) | | 92.0 | 93.3 | <div></div> | | |
| Emergency Care 4-hour breach (numbers) | | | | | | | | 570 | 1003 | 1016 | 907 | 736 | 1201 | 1390 | 1181 | | | | | Nov-14 | ### | 0 | 34 | 1181 | 8004 | | | | |
| 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> | Nov-14 | 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> | Nov-14 | 17 (s) | 17 (c) | | 17 | 17 | <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> | Nov-14 | 56 (s) | 68 (c) | | 55 | 52 | <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> | Nov-14 | 7.56 (s) | 7.43 (c) | | 7.5 | 6.75 | <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> | Nov-14 | 3.28 (s) | 5.01 (c) | | 4.2 | 4.1 | <div></div> | | |
| WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number) | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 119 | 136 | 125 | 145 | 51 | 136 | 219 | 159 | | | | | Nov-14 | 66 (s) | 93 (c) | | 159 | 1090 | <div></div> | | | |
| WMAS -Finable Handovers (emergency conveyances) >60 mins (number) | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 13 | 8 | 8 | 8 | 1 | 13 | 21 | 14 | | | | | Nov-14 | 9 (s) | 5 (c) | | 14 | 86 | <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> | Nov-14 | 0.50 (s) | 0.21 (c) | | 0.34 | 0.26 | <div></div> | | |
| WMAS - Emergency Conveyances (total) | | | 3991 | 3927 | 4122 | 4009 | 3826 | 4271 | 4044 | 4227 | 4093 | 4278 | 3994 | 4067 | 4193 | 4168 | | | | Nov-14 | 178 6 (s) | 238 2 (c) | | 4168 | 33064 | | | | |

| 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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>97.2</div></div> | <div><div>95.2</div></div> | <div><div>96.0</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>86.0</div></div> | <div><div>86.1</div></div> | <div><div>86.1</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>92.7</div></div> | <div><div>94.2</div></div> | <div><div>93.7</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | |
| Patients Waiting >52 weeks | 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></div></div> | <div><div></div></div> | <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>0</div></div> | <div><div>0</div></div> | <div><div>0</div></div> | <div><div>0</div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | |
| Treatment Functions Underperforming | 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></div></div> | <div><div></div></div> | <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>0</div></div> | <div><div>5</div></div> | <div><div>2</div></div> | <div><div>7</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>0.0</div></div> | <div><div>6.0</div></div> | <div><div>0.0</div></div> | <div><div>3.2</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| 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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>197</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>84</div></div> | <div><div>81</div></div> | <div><div>87</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div>83.4</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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>96</div></div> | <div><div>94</div></div> | <div><div>85</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div>86.0</div></div> | |
| Sickness Absence (%) | =<3.15 | =<3.15 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>4.95</div></div> | <div><div>4.70</div></div> | <div><div>3.54</div></div> | <div><div>4.53</div></div> | <div><div>4.43</div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| Mandatory Training (%) | =>95.0 | =>95.0 | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>79</div></div> | <div><div>80</div></div> | <div><div>78</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div>79.3</div></div> | |
| 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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>0</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>2903</div></div> | <div><div>21496</div></div> | <div><div></div></div> | <div><div></div></div> | <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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>981</div></div> | <div><div>10204</div></div> | <div><div></div></div> | <div><div></div></div> | <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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>568</div></div> | <div><div>5359</div></div> | <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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <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>24</div></div> | <div><div>280</div></div> | <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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | Oct-14 | <div><div></div></div> | <div><div>7</div></div> | <div><div>8</div></div> | <div><div>14</div></div> | <div><div>9</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> |
| 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> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | Oct-14 | <div><div></div></div> | <div><div>3.7</div></div> | <div><div>3.8</div></div> | <div><div>3.8</div></div> | <div><div>3.76</div></div> | | <div><div></div></div> | <div><div></div></div> | <div><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></div><div></div><div></div><div></div></div> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 99 | 100 | 94 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 97 | 96 | 95 | 85 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <div><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></div><div></div></div> | Oct-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 98.9 | 99 | 98 | 99 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 99.6 | 99.8 | 99.3 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 97.6 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 97.6 | 100 | 100 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | <div><div></div><div></div><div></div></div> | | | |
| Mortality Reviews within 42 working days | 100 | =>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></div><div></div><div></div><div></div></div> | Sep-14 | <div><div></div><div></div><div></div><div></div></div> | 100 | 100 | | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <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 | A | B | | | | | | C | D | | | |
| 2 weeks | =>93.0 | =>93.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 94.5 | | 99.1 | | 95.6 | | ● | | |
| 2 weeks (Breast Symptomatic) | =>93.0 | =>93.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 96.1 | | | | 96.1 | | ● | | |
| 31 Day (diagnosis to treatment) | =>96.0 | =>96.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 100 | | 100 | | 100.0 | | ● | | |
| 62 Day (urgent GP referral to treatment) | =>85.0 | =>85.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 95.5 | | 74.2 | | 86.7 | | ● | | |
| Mixed Sex Accommodation Breaches | 0 | 0 | 12 | 5 | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | | | | | | | | 0 | 0 | 0 | 0 | 0 | 3 | ● | | | |
| No. of Complaints Received (formal and link) | | | | | | | | | 12 | 11 | 8 | 19 | 15 | 13 | 13 | | | | | | | | | | | | | | 13 | 91 | | | |
| No. of Active Complaints in the System (formal and link) | | | | | | | | | 50 | 50 | 34 | 39 | 49 | 57 | 78 | | | | | | | | | | | | | | 78 | | | | |
| Oldest* complaint currently in system (days) | | | | | | | | | 124 | 131 | 118 | 99 | 109 | 133 | 143 | | | | | | | | | | | | | | 143 | | | | |
| Elective Admissions Cancelled at last minute for non-clinical reasons | =<0.8 | =<0.8 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 0.8 | 0.3 | 0.9 | 0.0 | 0.56 | ● | | | |
| 28 day breaches | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 2 | ● | | |
| Sitrep Declared Late Cancellations | 0 | 0 | 28 | 35 | 25 | 28 | 37 | 18 | 13 | 16 | 5 | 6 | 16 | 10 | 18 | 6 | | | | | | | | | 3 | 1 | 2 | 0 | 6 | 90 | ● | | |
| Weekday Theatre Utilisation (as % of scheduled) | =>85.0 | =>85.0 | | | | | | | | | | | 76 | 78 | 75 | 77 | | | | | | | | | 78 | 78.6 | 71 | | 76.7 | ● | | | |
| Emergency Care 4-hour breach (numbers) | | | | | | | | 81 | 100 | 100 | 119 | 52 | 103 | 118 | 94 | | | | | | | | | 49 | 40 | 4 | 1 | 94 | 767 | | | | |
| Hip Fractures - Operation < 24 hours of admission (%) | 85 | 85 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | 84.6 | | | 84.6 | 70.0 | ● | | |

| 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 | A | B | | | | | | C | D | |
| RTT - Admitted Care (18-weeks) (%) | =>90.0 | =>90.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 87.6 | 55.4 | 77.1 | | 73.1 | | ● | | | |
| RTT - Non Admitted Care (18-weeks) (%) | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 97.8 | 90.4 | 79.6 | | 91.4 | | ● | | | |
| RTT - Incomplete Pathway (18-weeks) (%) | =>92.0 | =>92.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 96.3 | 89.1 | 94.5 | | 92.8 | | ● | | | |
| Patients Waiting >52 weeks | 0 | 0 | 28 | 13 | 3 | 3 | 0 | 0 | 1 | 1 | 0 | 2 | 4 | 2 | 1 | 2 | | | | | Nov-14 | 0 | 2 | 0 | 0 | 2 | | ● | | | |
| Treatment Functions Underperforming | 0 | 0 | 5 | 8 | 8 | 7 | 8 | 7 | 7 | 5 | 5 | 4 | 3 | 4 | 6 | 7 | | | | | Nov-14 | 2 | 3 | 2 | 0 | 7 | | ● | | | |
| Acute Diagnostic Waits in Excess of 6-weeks (%) | =<1.0 | =<1.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0.0 | 0.0 | 0.7 | 0.0 | 0.25 | | ● | | | |
| WTE - Actual versus Plan | | | 70 | 71 | 72 | 88 | 76 | 76 | 64 | 71 | 77 | 78 | 71 | 71 | 71 | 76 | | | | | Nov-14 | | | | | 76 | | | | | |
| PDRs - 12 month rolling | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 82.3 | 74.7 | 81.8 | 81.6 | | 79.9 | | ● | | |
| Medical Appraisal and Revalidation | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 63.2 | 92.3 | 87.5 | 83.3 | | 80.5 | | ● | | |
| Sickness Absence | =<3.15 | =<3.15 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 4.18 | 4.36 | 5.83 | 3.48 | 4.62 | 5.32 | | ● | | |
| Mandatory Training | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 79 | 77 | 90 | 88 | | 85.2 | | ● | | |
| New Investigations in Month | | | 0 | 0 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | | | | | Nov-14 | | | | | 1 | | | | | |
| Nurse Bank Use | 9908 | 826 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | | | 1107 | 6993 | | ● | | |
| Nurse Agency Use | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | | | 346 | 2803 | | ● | | |
| Admin & Clerical Bank Use (shifts) | 0 | 0 | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | | | 228 | 2009 | | ● | | |
| Admin & Clerical Agency Use (shifts) | 0 | 0 | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | | | 20 | 25 | | ● | | |
| Your Voice - Response Rate | | | 16 | | 13 | | | 12 | | | 11 | | | 11 | | | | | | | Oct-14 | 7 | 9 | 10 | 13 | 11 | | | | | |
| Your Voice - Overall Score | | | 3.03 | | 3.55 | | | 3.53 | | | 3.57 | | | 3.57 | | | | | | | Oct-14 | 3.51 | 3.61 | 3.45 | 3.7 | 3.57 | | | | | |

Surgery B Group

| Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | Data Period | Directorate | | Month | Year To Date | Trend | Next Month | 3 Months | |
|---|------------|--------|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|-------------|------|-------|--------------|-------|------------|----------|---|
| | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | M | O | | | | | | E |
| C. Difficile | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0 | 0 | 0 | 0 | ● | | |
| MRSA Bacteraemia | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0 | 0 | 0 | 0 | ● | | |
| MRSA Screening - Elective | 80 | 80 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 94 | 97 | 95.8 | | ● | | |
| MRSA Screening - Non Elective | 80 | 80 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 100 | 96 | 97.5 | | ● | | |
| Falls | 0 | 0 | | | | | | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | | | | | Nov-14 | 0 | 0 | 0 | 3 | ● | | |
| Falls with a serious injury | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | Nov-14 | 0 | 0 | 0 | 0 | ● | | |
| Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | Oct-14 | 0 | 0 | 0 | 0 | ● | | |
| Venous Thromboembolism (VTE) Assessments | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 98.3 | 97.9 | 98.1 | | ● | | |
| WHO Safer Surgery Checklist - Audit 3 sections | =>98.0 | =>98.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 100 | 99.8 | 99.8 | | ● | | |
| WHO Safer Surgery Checklist - Audit 3 sections and brief | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 100 | 100 | 100 | | ● | | |
| WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | =>85.0 | =>85.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 100 | 100 | 100 | | ● | | |
| Never Events | 0 | 0 | ● | 1 | ● | 1 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0 | 0 | 0 | 0 | ● | | |
| Medication Errors | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0 | 0 | 0 | 0 | ● | | |
| Serious Incidents | 0 | 0 | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 0 | 0 | 0 | 2 | ● | | |
| Mortality Reviews within 42 working days | 100 | =>90.0 | ● | ● | ● | ● | ● | ● | ● | ● | | | | ● | | | | | | | Sep-14 | | 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 | 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> | Oct-14 | <div></div> | 97.8 | 97.8 | | <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> | Oct-14 | <div></div> | 100 | 100.0 | | <div></div> | | |
| 62 Day (urgent GP referral to treatment) | =>85.0 | =>85.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Oct-14 | <div></div> | 100 | 100.0 | | <div></div> | | |
| Mixed Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | Nov-14 | 0 | 0 | 0 | 0 | <div></div> | | | |
| No. of Complaints Received (formal and link) | | | | | | | | | 9 | 3 | 10 | 11 | 8 | 12 | 11 | | | | | | | Nov-14 | | | 11 | 64 | | | | |
| No. of Active Complaints in the System (formal and link) | | | | | | | | | 31 | 40 | 34 | 37 | 36 | 37 | 47 | | | | | | | Nov-14 | | | 47 | | | | | |
| Oldest' complaint currently in system (days) | | | | | | | | | 117 | 100 | 103 | 129 | 98 | 63 | 138 | | | | | | | Nov-14 | | | 138 | | | | | |
| 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> | Nov-14 | 0.5 | 1.78 | 0.99 | | <div></div> | | |
| 28 day breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | Nov-14 | 0 | 0 | 0 | 0 | <div></div> | | | |
| Sitrep Declared Late Cancellations | 0 | 0 | 19 | 14 | 19 | 36 | 15 | 22 | 3 | 22 | 17 | 16 | 14 | 16 | 12 | 11 | | | | | | Nov-14 | 3 | 8 | 11 | 111 | <div></div> | | | |
| Weekday Theatre Utilisation (as % of scheduled) | =>85.0 | =>85.0 | | | | | | | | | | 72 | 74 | 72 | 73 | | | | | | | Nov-14 | 73.4 | 73.5 | 73.4 | | <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> | Nov-14 | 98.7 | | 98.7 | 98.9 | <div></div> | | |
| Emergency Care 4-hour breach (numbers) | | | | | | | | 10 | 15 | 80 | 13 | 26 | 29 | 5 | 2 | | | | | | | Nov-14 | 1 | 1 | 2 | 180 | | | | |
| 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> | Nov-14 | 0 | | 0 | 0 | <div></div> | | |
| Emergency Care Timeliness - Time to Initial Assessment (95th centile) | =<15 mins | =<15 mins | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | 15 | | 15 | 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> | Nov-14 | 20 | | 20 | 21 | <div></div> | | |
| Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | =<5.0 | =<5.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | 2.67 | | 2.67 | 3.4 | <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> | Nov-14 | 1.69 | | 1.69 | 1.75 | <div></div> | | |

| Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | Month | Year To Date | Trend | Next Month | 3 Months | |
|---|------------|--------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|
| | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | | O | E | | | | | | |
| RTT - Admitted Care (18-weeks) (%) | =>90.0 | =>90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | | <div></div> | <div></div> | <div></div> |
| RTT - Non Admitted Care (18-weeks) (%) | =>95.0 | =>95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> |
| 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| Patients Waiting >52 weeks | 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| Treatment Functions Underperforming | 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| Medical Appraisal and Revalidation | =>95.0 | =>95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> |
| 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| Mandatory Training | =>95.0 | =>95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> |
| 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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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> | Nov-14 | <div></div> | <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> | Nov-14 | <div></div> | <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> | Oct-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| 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> | Oct-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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 | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 100 | | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | | 96.6 | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Oct-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 2 | 0 | 0 | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 98.2 | 85 | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 99.8 | 98.6 | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 100 | 100 | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 100 | 100 | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | |
| Medication Errors | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | |
| Serious Incidents | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | <div><div></div><div></div><div></div><div></div></div> | 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 | | | | | |
| 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></div></div> | Nov-14 | <div><div></div><div>24.6</div><div></div><div></div></div> | 24.6 | 26.3 | <div><div></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>5</div><div>4</div><div>4</div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | <div><div></div><div>4.4</div><div></div><div></div></div> | 4.4 | 6.5 | <div><div></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>24</div><div>23</div><div>20</div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | <div><div></div><div>20.2</div><div></div><div></div></div> | 20.2 | 19.8 | <div><div></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></div></div> | Nov-14 | <div><div></div><div>0</div><div></div><div></div></div> | 0 | 0 | <div><div></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></div></div> | Nov-14 | <div><div></div><div>0</div><div></div><div></div></div> | 0 | 3 | <div><div></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></div></div> | Nov-14 | <div><div></div><div>1.1</div><div></div><div></div></div> | 1.13 | 2.45 | <div><div></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></div></div> | Nov-14 | <div><div></div><div>4</div><div></div><div></div></div> | 4 | | <div><div></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></div></div> | Nov-14 | <div><div></div><div>77</div><div></div><div></div></div> | 76.89 | | <div><div></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></div></div> | Nov-14 | <div><div></div><div>142</div><div></div><div></div></div> | 142 | | <div><div></div><div></div><div></div></div> | | | | | | | | | | | | | | | | | | | | | |
| Mortality Reviews within 42 working days | 100 | =>90.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Sep-14 | <div><div>100</div><div></div><div></div><div></div></div> | 100 | | <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> | Oct-14 | <div><div>87.1</div><div></div><div></div><div></div></div> | 87.1 | | <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> | Oct-14 | <div><div>97</div><div></div><div></div><div></div></div> | 97.4 | | <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> | Oct-14 | <div><div>84.8</div><div></div><div></div><div></div></div> | 84.8 | | <div><div></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></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | <div><div>0</div><div></div><div></div><div></div></div> | 0 | 0 | <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>4</div><div>6</div><div>11</div><div>8</div><div>8</div><div>8</div><div>12</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> | 12 | 57 | <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>15</div><div>21</div><div>21</div><div>24</div><div>29</div><div>29</div><div>33</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> | 29 | | <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>61</div><div>82</div><div>52</div><div>66</div><div>87</div><div>104</div><div>123</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> | 104 | | <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 | | | | | | C |
| Elective Admissions Cancelled at last minute for non-clinical reasons | =<0.8 | =<0.8 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 2.7 | | 0.0 | | 2.08 | | ● | | |
| 28 day breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | Nov-14 | 0 | | | | 0 | 0 | ● | | |
| Sitrep Declared Late Cancellations | 0 | 0 | 4 | 13 | 14 | 13 | 7 | 12 | 12 | 3 | 4 | 7 | 6 | 6 | 7 | 7 | | | | | Nov-14 | 7 | | | | 7 | 52 | ● | | |
| Weekday Theatre Utilisation (as % of scheduled) | =>85.0 | =>85.0 | | | | | | | | | | | 78 | 76 | 77 | 77 | | | | | Nov-14 | 77.0 | | | | 77.0 | | ● | | |
| Emergency Care 4-hour breach (numbers) | | | | | | | | 18 | 14 | 14 | 18 | 14 | 30 | 23 | 36 | | | | | Nov-14 | 3 | 0 | 33 | 0 | 36 | 167 | | | | |
| RTT - Admitted Care (18-weeks) (%) | =>90.0 | =>90.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 94.8 | | | | 94.8 | | ● | | |
| RTT - Non Admitttd Care (18-weeks) (%) | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 97.0 | | | | 97.0 | | ● | | |
| RTT - Incomplete Pathway (18-weeks) (%) | =>92.0 | =>92.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 98.6 | | | | 98.6 | | ● | | |
| Patients Waiting >52 weeks | 0 | 0 | 4 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | | | | | Nov-14 | 0 | | | | 0 | | ● | | |
| Treatment Functions Underperforming | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | Nov-14 | 0 | | | | 0 | | ● | | |
| Acute Diagnostic Waits in Excess of 6-weeks (%) | =<1.0 | =<1.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 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 | | | | | Nov-14 | | | | | 59 | | | | | |
| 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> | | | | | Nov-14 | 90.9 | 80.8 | 88.4 | 89.1 | | 85.4 | <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> | | | | | Nov-14 | 88.9 | 66.7 | 88.7 | | | 81 | <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> | | | | | Nov-14 | 3.81 | 5.33 | 5.90 | 7.27 | 5.37 | 4.75 | <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> | | | | | Nov-14 | 87 | 83 | 84 | 82 | | 82.3 | <div></div> | | |
| New Investigations in Month | | | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | | | | | Nov-14 | | | | | 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> | | | | | Nov-14 | | | | | 588 | 3854 | <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> | | | | | Nov-14 | | | | | 12 | 241 | <div></div> | | |
| Admin & Clerical Bank Use (shifts) | 0 | 0 | | | | | | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | | | | Nov-14 | | | | | 109 | 571 | <div></div> | | | |
| Admin & Clerical Agency Use (shifts) | 0 | 0 | | | | | | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | | | | Nov-14 | | | | | 0 | 11 | <div></div> | | | |
| Your Voice - Response Rate | | | 17 | | 11 | | 14 | | 12 | | 12 | | | | | | | | | | Oct-14 | 17 | 7 | 16 | 16 | 12 | | | | | |
| Your Voice - Overall Score | | | 3.74 | | 3.79 | | 3.74 | | 3.65 | | 3.65 | | | | | | | | | | Oct-14 | 3.8 | 3.54 | 3.42 | 3.85 | 3.65 | | | | | |

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> | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| No. of Complaints Received (formal and link) | | | | | | | | | | 0 | 1 | 0 | 1 | 1 | 3 | 0 | | | | | | | | | | | 0 | 6 | | | |
| No. of Active Complaints in the System (formal and link) | | | | | | | | | | 1 | 2 | 1 | 2 | 3 | 6 | 5 | | | | | | | | | | | 5 | | | | |
| Oldest' complaint currently in system (days) | | | | | | | | | 91 | 112 | 27 | 46 | 68 | 92 | 111 | | | | | | | | | | | | 92 | | | | |
| WTE - Actual versus Plan | | | 31 | 32 | 30 | 37 | 33 | 33 | 30 | 32 | 31 | 32 | 29 | 27 | 25 | 27 | | | | | | | | | | | 27 | | | | |
| 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> | | | | | | 72.7 | 92.5 | 77.8 | 84.8 | 86.7 | | 82.0 | <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> | | | | | 60 | 85.7 | 100 | 100 | 100 | | 85.7 | <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> | | | | | 9.09 | 1.29 | 1.15 | 4.09 | 3.68 | 3.91 | 3.59 | <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> | | | | | 88 | 92 | 92 | 93 | 85 | | 90.7 | <div></div> | | |
| New Investigations in Month | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | 0 | | | | |
| Admin & Clerical Bank Use (shifts) | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | 474 | 4228 | <div></div> | | |
| Admin & Clerical Agency Use (shifts) | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | <div></div> | | |
| Your Voice - Response Rate | | | 17 | 36 | 30 | 31 | 31 | | | | | | | | | | | | | | 27 | 31 | 25 | 52 | 40 | 31 | | | | | |
| Your Voice - Overall Score | | | 3.31 | 3.6 | 3.43 | 3.74 | 3.74 | | | | | | | | | | | | | | 3.61 | 3.69 | 3.84 | 3.69 | 4.13 | 3.74 | | | | | |

Imaging Group

| Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | | |
|--|------------|--------|-----------------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|---------------|---------------|-------------|-------------|-------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|------------------|-----------------|-------------|-------------|-------------|
| | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | | F | M | DR | IR | | | | | | NM | BS |
| Never Events | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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>0</div> | <div>0</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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div>0</div> | <div></div> | <div></div> | |
| Unreported Tests / Scans | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | <div></div> | <div></div> | <div></div> | <div></div> | | | | | |
| Outsourced Reporting | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | <div></div> | <div></div> | <div></div> | <div></div> | | | | | |
| IRMA Instances | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | <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> | Nov-14 | <div></div> | <div></div> | <div>69.8</div> | <div></div> | <div>69.8</div> | <div>71.1</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> | Nov-14 | <div></div> | <div></div> | <div>100</div> | <div></div> | <div>100.0</div> | <div>99.8</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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div>0</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>4</div> | <div>2</div> | <div>3</div> | <div>3</div> | <div>0</div> | <div>4</div> | <div>2</div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>2</div> | <div>18</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>5</div> | <div>7</div> | <div>8</div> | <div>5</div> | <div>5</div> | <div>8</div> | <div>10</div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>8</div> | <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>19</div> | <div>40</div> | <div>59</div> | <div>30</div> | <div>52</div> | <div>76</div> | <div>72</div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>76</div> | <div></div> | <div></div> | <div></div> | <div></div> | |
| Emergency Care 4-hour breach (numbers) | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div>30</div> | <div>39</div> | <div>41</div> | <div>32</div> | <div>34</div> | <div>49</div> | <div>50</div> | <div>52</div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div>52</div> | <div></div> | <div></div> | <div></div> | <div>52</div> | <div>327</div> | <div></div> | <div></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> | Nov-14 | <div>9.6</div> | <div></div> | <div></div> | <div></div> | <div>9.59</div> | <div></div> | <div></div> | <div></div> | <div></div> | |
| WTE - Actual versus Plan | | | <div>26</div> | <div>20</div> | <div>21</div> | <div>18</div> | <div>28</div> | <div>28</div> | <div>15</div> | <div>13</div> | <div>11</div> | <div>13</div> | <div>22</div> | <div>14</div> | <div>16</div> | <div>15</div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>15</div> | <div></div> | <div></div> | <div></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> | Nov-14 | <div>79</div> | <div>92</div> | <div>69</div> | <div>88</div> | <div></div> | <div>76.7</div> | <div></div> | <div></div> | <div></div> | |
| Medical Appraisal and Revalidation | =>95.0 | =>95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div>94</div> | <div></div> | <div>100</div> | <div></div> | <div></div> | <div>93.9</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> | Nov-14 | <div>4.6</div> | <div>12</div> | <div>2.57</div> | <div>2.5</div> | <div>5.00</div> | <div>4.51</div> | <div></div> | <div></div> | <div></div> | |
| Mandatory Training | =>95.0 | =>95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div>83</div> | <div>85</div> | <div>89</div> | <div>88</div> | <div></div> | <div>84.8</div> | <div></div> | <div></div> | <div></div> | |
| New Investigations in Month | | | <div>0</div> | <div>0</div> | <div>1</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>2</div> | <div>2</div> | <div>0</div> | <div>0</div> | <div>6</div> | <div>0</div> | <div>0</div> | <div></div> | <div></div> | <div></div> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div></div> | <div></div> | <div></div> | <div></div> | | |
| Nurse Bank Use | 288 | 24 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <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>0</div> | <div>88</div> | <div></div> | <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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div>925</div> | <div></div> | <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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>105</div> | <div>899</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> | Nov-14 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div>0</div> | <div></div> | <div></div> | <div></div> | |
| Your Voice - Response Rate | | | <div>30</div> | <div></div> | <div>19</div> | <div></div> | <div>30</div> | <div></div> | <div>33</div> | <div></div> | <div>33</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Oct-14 | <div>29</div> | <div>18</div> | <div>43</div> | <div>45</div> | <div>33</div> | <div></div> | <div></div> | <div></div> | <div></div> | | |
| Your Voice - Overall Score | | | <div>3.73</div> | <div></div> | <div>3.72</div> | <div></div> | <div>3.73</div> | <div></div> | <div>3.73</div> | <div></div> | <div>3.73</div> | <div></div> | <div>3.73</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Oct-14 | <div>3.6</div> | <div>4.6</div> | <div>4.2</div> | <div>3.8</div> | <div>3.73</div> | <div></div> | <div></div> | <div></div> | <div></div> | | |

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 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | Nov-14 | | | | 100 | | ● | | | |
| Falls | 0 | 0 | | | | | | | 8 | 9 | 11 | 13 | 4 | 14 | 20 | 17 | | | | | | 0 | 17 | 0 | | Nov-14 | 0 | 17 | 0 | 17 | 96 | ● | | |
| Falls with a serious injury | 0 | 0 | | | | | | | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 0 | 0 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | 3 | ● | | |
| Grade 3 or 4 Pressure Ulcers (avoidable) | 0 | 0 | | | | | | | 1 | 2 | 0 | 2 | 1 | 0 | 1 | | | | | | | | | | Oct-14 | | 1 | | 1 | 7 | ● | | | |
| Never Events | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | 0 | 0 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | 0 | ● | | |
| Medication Errors | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | 0 | 0 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | 0 | ● | | |
| Serious Incidents | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | 0 | 0 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | 0 | ● | | |
| FFT Response Rate - Wards | >25% | >25% | | | | | | | 39 | 68 | 43 | 60 | 59 | 57 | 47 | 38 | | | | | | | | | Nov-14 | | | | 37.5 | | ● | | | |
| FFT Score - Wards | =>68.0 | =>68.0 | 94 | 100 | 93 | 85 | 83 | 82 | 81 | 95 | 87 | 83 | 91 | 82 | 88 | 73 | | | | | | | | | Nov-14 | | | | 73 | | ● | | | |
| Mixed Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 0 | 0 | | Nov-14 | 0 | 0 | 0 | 0 | 0 | ● | | |
| No. of Complaints Received (formal and link) | | | | | | | | | 3 | 0 | 0 | 5 | 2 | 5 | 1 | | | | | | | | | | Nov-14 | | | | 1 | 16 | | | | |
| No. of Active Complaints in the System (formal and link) | | | | | | | | | 10 | 8 | 3 | 8 | 8 | 10 | 12 | | | | | | | | | | Nov-14 | | | | 12 | | | | | |
| Oldest' complaint currently in system (days) | | | | | | | | | 94 | ## | 75 | 38 | 60 | 64 | 81 | | | | | | | | | | Nov-14 | | | | 81 | | | | | |
| WTE - Actual versus Plan | | | 55 | 70 | 32 | 34 | 34 | 34 | 27 | 36 | 45 | 45 | 62 | 65 | 67 | 71 | | | | | | | | | Nov-14 | | | | 67 | | | | | |
| PDRs - 12 month rolling | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | 92 | 93 | 82 | | Nov-14 | 92 | 93 | 82 | | 87.6 | ● | | |
| Sickness Absence | =<3.15 | =<3.15 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | 5.0 | 3.7 | 4.8 | | Nov-14 | 5.0 | 3.7 | 4.8 | 4.46 | 4.36 | ● | | |

| Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months | |
|---|------------|----------|--|--------|-----|----|-----|---|---|---|---|---|---|---|---|---|---|---|---|-------------|-------------|----|----|-------|--------------|--|--|----------|----|
| | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | M | AT | IB | | | | | | IC |
| Mandatory Training | =>95.0 | =>95.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | 88 | 87 | 83 | | | | | | | | | | | | | | | | | | 85.3 | <div><div></div><div></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></div></div> | Nov-14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 244 | 2356 | <div><div></div><div></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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 182 | 1629 | <div><div></div><div></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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 275 | 1950 | <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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 0 | 0 | <div><div></div><div></div><div></div></div> | | |
| Your Voice - Response Rate | | | <div><div>28</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Oct-14 | 44 | 31 | 28 | | | | | | | | | | | | | | | | | | 32 | | | | |
| Your Voice - Overall Score | | | <div><div>3.71</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Oct-14 | 3.8 | 4 | 3.9 | | | | | | | | | | | | | | | | | | 3.88 | | | | |
| DVT numbers | 730 | >61 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 | | | | | | | | | | | | | | | | | | | | | 35 | 379 | <div><div></div><div></div><div></div></div> | | |
| Therapy DNA rate OP services (%) | =<9 | =<9 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 | | | | | | | | | | | | | | | | | | | | | 13.6 | 12.1 | <div><div></div><div></div><div></div></div> | | |
| FEES assessment | >100 | >8.3 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 3 | 41 | <div><div></div><div></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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEIS | 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> | Nov-14 | | | | | | | | | | | | | | | | | | | | | 0 | 4 | <div><div></div><div></div><div></div></div> | | |
| Rapid response to AMU, RRTS | <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></div><div></div></div> | Oct-14 | | | | | | | | | | | | | | | | | | | | | 79 | 74.1 | <div><div></div><div></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></div><div></div><div></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 | | | | | | | | | | | | | | | | | | | | | 0 | 3.3 | <div><div></div><div></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></div><div></div><div></div><div></div><div></div><div></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 | | | | | | | | | | | | | | | | | | | | | 12.3 | 13.3 | <div><div></div><div></div><div></div></div> | | |

[illegible]

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 | | | | | | Nov-14 | 0 | 0 | 0 | 2 | 0 | 4 | 0 | 6 | 41 | | | |
| No. of Active Complaints in the System (formal and link) | | | | | | | | | 16 | 13 | 12 | 13 | 21 | 21 | 25 | | | | | | Nov-14 | 2 | 0 | 0 | 4 | 2 | 13 | 4 | 21 | | | | |
| Oldest' complaint currently in system (days) | | | | | | | | | 69 | 90 | 77 | 99 | 121 | 106 | 104 | | | | | | Nov-14 | 0 | 0 | 0 | 46 | 42 | 104 | 103 | 106 | | | | |
| WTE - Actual versus Plan | | | 191 | 215 | 187 | 161 | 164 | 164 | 149 | 154 | 162 | 176 | 162 | 183 | 194 | 203 | | | | | Nov-14 | | | | | | | | 203 | | | | |
| PDRs - 12 month rolling | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 68 | 69 | 71 | 91 | 53 | 76 | 71 | | 74.1 | ● | | |
| Medical Appraisal and Revalidation | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | 100 | | | | | | 100 | ● | | |
| Sickness Absence | =<3.15 | =<3.15 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 3.65 | 0.95 | 4.30 | 2.94 | 1.71 | 6.02 | 4.11 | 4.53 | 4.16 | ● | | |
| Mandatory Training | =>95.0 | =>95.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | Nov-14 | 93 | 92 | 91 | 84 | 96 | 85 | 88 | | 87.0 | ● | | |
| New Investigations in Month | | | 0 | 1 | 0 | 0 | 2 | 2 | 0 | 1 | 3 | 1 | 0 | 5 | 0 | 0 | | | | | Nov-14 | | | | | | | | 0 | | | | |
| Nurse Bank Use | 1088 | 91 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | | | | | | | | 186 | 1395 | ● | | |
| Nurse Agency Use | 0 | 0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | Nov-14 | | | | | | | | 0 | 55 | ● | | |
| Admin & Clerical Bank Use (shifts) | 0 | 0 | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 88 | 79 | 108 | 95 | 0 | ### | 405 | 2950 | 28744 | ● | | |
| Admin & Clerical Agency Use (shifts) | 0 | 0 | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | | | | | Nov-14 | 20 | 0 | 17 | 0 | 0 | 0 | 0 | 37 | 418 | ● | | |
| Your Voice - Response Rate | | | | | 26 | | | 29 | | | 24 | | 21 | | | | | | | | Oct-14 | 51 | 41 | 34 | 32 | 19 | 15 | 15 | 21 | | | | |
| Your Voice - Overall Score | | | | | 3.56 | | | 3.57 | | | 3.6 | | 3.49 | | | | | | | | Oct-14 | 3.81 | 3.31 | 3.49 | 3.44 | 3.40 | 3.52 | 3.41 | 3.49 | | | | |

TRUST BOARD

| | |
|--------------------------------------|--|
| DOCUMENT TITLE: | Financial Performance Report – P08 November 2014 |
| SPONSOR (EXECUTIVE DIRECTOR): | Tony Waite, Director of Finance and Performance Management |
| AUTHOR: | Chris Archer, Associate Director of Finance - Corporate |
| DATE OF MEETING: | 8 January 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 delivery of pay run rate reduction, cost effective utilisation of resilience funding and expedient measures including application of contingency and challenge of provider to provider charges. Key risks to be mitigated include cost effective delivery of workforce change and delivery of services to operational & CQUIN standards to secure income base.
- In month headline performance £0.3m surplus being consistent with break-even position reported in each of last three months. Year to date off plan by £2.5m. Reported position moderated by benefit of £4.7m reserves as contingency and £3.2m balance sheet flexibility as plan. There is no further planned benefit of the latter.
- CIP delivery continues below plan – workforce review phase 1 concluded and in implementation; phase 1a & phase 2 planning in train with a view to addressing 2015/16 requirements.
- Capex continues to be modest with risk of CRL under-shoot and which required to be reflected in 2015.16 plan; routine review of programme under way to reflect emergent in year schemes and re-phasing of flexible IM&T spend.
- Cash above plan which reflects timing differences on capex & working capital.

Key actions:

- Secure expenditure run rate reductions and in particular in premium rate temporary pay costs.
- Confirm cost effective arrangements for use resilience funding & secure expedient measures.
- Conclude & progress workforce change to secure pay bill consistent with the safe delivery in full of necessary cost reduction for 2014-16.
- Secure service delivery to operational and CQUIN standards to minimise avoidable income losses
- Complete work to confirm capital programme with forward look to 2015/16.

Key numbers:

- Month £259k surplus being £122k adverse to budget; YTD surplus £13k being £2,546k adverse.
- CIP delivery to date £6,798k being £4.7m adverse to revised plan and £3.9m adverse to TDA plan
- Forecast surplus £3.4m in line with financial plan.
- Capex YTD £3,684k being £5,111k below plan.
- Cash at 30 November £39.9m being £5.5m above plan due to timing differences.
- CoSRR 3 to date as plan; forecast 3 as plan.
- Capital Resource Limit (CRL) charge forecast at £21.3m being in line with approved CRL of £21.3m (after amendment for £1.5m project funding not now capex).
- 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 Finance & Investment Committee members & CLE

Sandwell and West Birmingham Hospitals



NHS Trust

Financial Performance Report – November 2014 (month 8)

EXECUTIVE SUMMARY

- For the **month** of November 2014 against the DoH target, the Trust delivered a “**bottom line**” surplus of **£259k being £122k adverse** to a flex budget surplus of £381k. The **year to date surplus of £13k is £2,546k adverse** to flex budget to the end of November.
- Forecast continues to anticipate that the position will be recovered and the annual surplus target of £3.374m will be met through CIP development and delivery with uncommitted reserves as contingency.
- Actual **savings delivery year to date is assessed at £6,798k being £4,703k adverse to trust phased plan** [£3.9m adverse vs TDA plan].
- At month end there were 6,762 whole time equivalent (WTE) staff in post (excluding use of agency), 335 below the currently planned level. After 232 WTE agency staff, total **WTE's were 103 below plan plan**. Total **pay expenditure for the month at £24.4m is on line with year to date average** and is £975k higher than plan for the month. Within that, **agency spend in month has increased £129k to £887k in November**.
- Key risks include scale & pace of savings delivery, management of cost pressures and income recovery compromise by shortfall in delivery of operational standards. Work is ongoing locally to secure resilience funding for Winter pressures and to achieve referral to treatment time standards.

| Measure | Current Period | Year to Date | Thresholds | | |
|--|----------------|--------------|------------|-----------------|-----------------|
| | | | Green | Amber | Red |
| I&E Surplus Actual v Plan £000 | (122) | (2,546) | >= Plan | >= 99% of plan | < 99% of plan |
| EBITDA Actual v Plan £000 | (131) | (2,572) | >= Plan | >= 99% of plan | < 99% of plan |
| Pay Actual v Plan £000 | (975) | (4,903) | <= Plan | < 1% above plan | > 1% above plan |
| Non Pay Actual v Plan £000 | 428 | (493) | <= Plan | <= Plan | > 1% above plan |
| WTEs Actual v Plan | 103 | (98) | <= Plan | < 1% above plan | > 1% above plan |
| Cash (incl Investments) Actual v Plan £000 | | 5,519 | >= Plan | >= 95% of plan | < 95% of plan |

Note: positive variances are favourable, negative variances unfavourable

- 30th November cash balance £39.9m is £5.5m ahead of cash plan.**
- Year to date spend on capital is £3.7m being £5.1m behind plan. A further £1.2m of capital orders have been placed.
- On-going review of capex priorities.

| 2014/15 Summary Income & Expenditure Performance at November 2014 | Annual Plan | CP Plan | CP Actual | CP Variance | YTD Plan | YTD Actual | YTD Variance |
|--|---------------|--------------|--------------|--------------|---------------|---------------|----------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's |
| Income from Activities | 392,697 | 32,869 | 33,289 | 420 | 261,264 | 263,982 | 2,718 |
| Other Income | 42,602 | 3,570 | 3,566 | (4) | 27,835 | 27,940 | 105 |
| Pay Expenses | (285,767) | (23,436) | (24,411) | (975) | (191,556) | (196,458) | (4,903) |
| Non-Pay Expenses | (125,132) | (10,870) | (10,442) | 428 | (80,967) | (81,460) | (493) |
| EBITDA | 24,400 | 2,133 | 2,002 | (131) | 16,576 | 14,004 | (2,572) |
| Depreciation & Impairment | (13,734) | (1,145) | (1,145) | 0 | (9,156) | (9,156) | 0 |
| PDC Dividend | (5,220) | (435) | (435) | 0 | (3,480) | (3,480) | 0 |
| Net Interest Receivable / Payable | (2,150) | (179) | (171) | 8 | (1,433) | (1,407) | 26 |
| Other Finance Costs / P&L on sale of assets | (150) | (13) | (13) | 0 | (100) | (100) | 0 |
| Net Surplus/(Deficit) | 3,146 | 362 | 240 | (122) | 2,407 | (139) | (2,546) |
| IFRIC12/Impairment/Donated Asset Related Adjustments | 228 | 19 | 19 | 0 | 152 | 152 | 0 |
| SURPLUS/(DEFICIT) FOR DOH TARGET | 3,374 | 381 | 259 | (122) | 2,559 | 13 | (2,546) |
| Surplus / (Deficit) against TDA plan | 3,374 | 391 | 259 | (132) | 1,797 | 13 | (1,784) |

In year Trust phasing of budgets reflects updated local plans

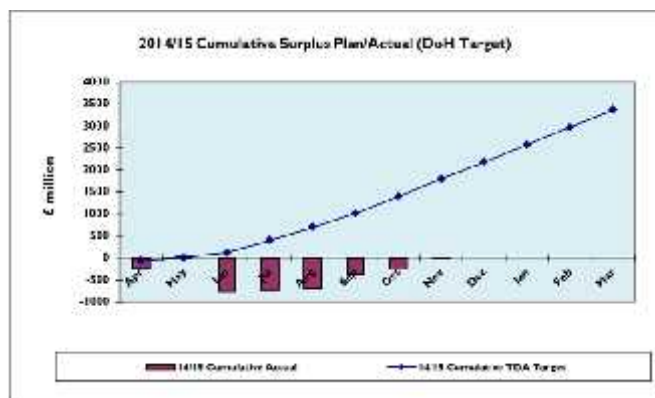
Financial Performance Report – November 2014

Overall Performance against DoH Plan

The Trust delivered an actual surplus of £259,000 against a planned surplus of £381,000 in November. It is anticipated that this will be recovered in order to achieve the year end surplus target of £3.374m surplus.

Performance of Clinical Groups / Corporate Areas

- Medicine pay overspend of £2.6m includes £1,023k on HCAs and £956k on medical staff. Part of the drugs and cardiology non-pay over spends are offset by additional income.
- Surgery A overspend includes waiting list initiatives and shortfall on savings target delivery.
- Women & Child overspend includes £945k 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 £567k to date. Premium rate working continues-
- Imaging premium rate working, saving shortfall and hire of MRI for additional activity.
- Corporate adverse income for parking, catering and occupational health contracts.

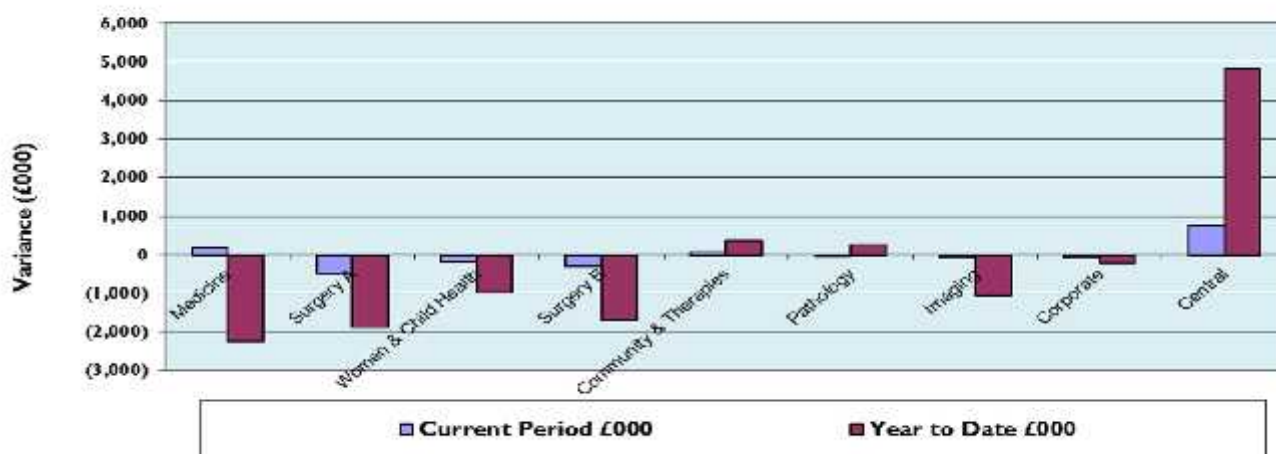


Group Variances from Plan

(Operating income and expenditure)

| | Current Period £000 | Year to Date £000 |
|-----------------------|---------------------|-------------------|
| Medicine | 201 | (2,257) |
| Surgery A | (492) | (1,871) |
| Women & Child Health | (182) | (966) |
| Surgery B | (300) | (1,688) |
| Community & Therapies | 77 | 363 |
| Pathology | (4) | 265 |
| Imaging | (93) | (1,044) |
| Corporate | (90) | (218) |
| Central | 752 | 4,843 |

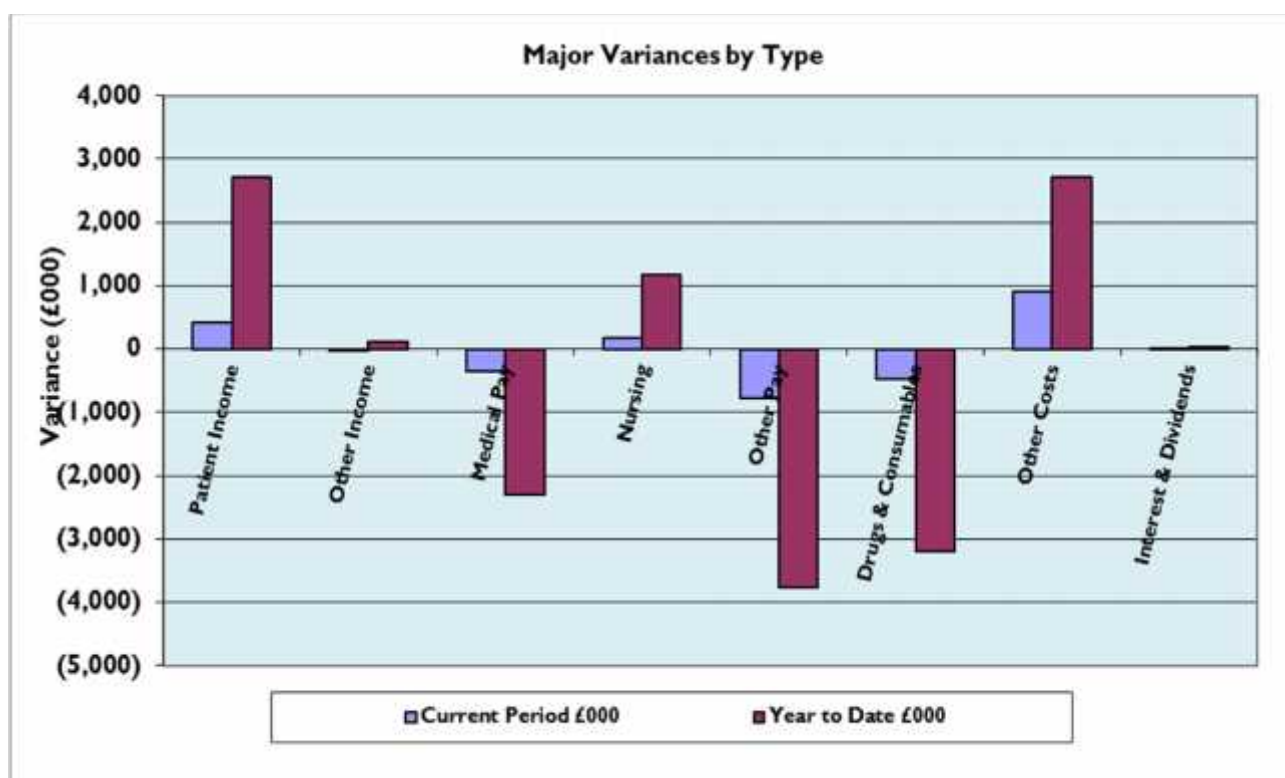
Current Period and Year to Date Variances by Clinical Group



Financial Performance Report – November 2014

- Overall headline adverse variance to plan £122k in November, £2,546k year to date.
- Patient income over performing due to pass through drugs and devices.
- Medical staff pay in month overspend in Medicine junior doctor agency and premium rate working in Surgery A and B
- Nursing underspends £651k to date in W&CH.
- £1.0m of drugs / consumables overspend to date is pass through recovered through income-
- Other costs includes maternity pathway payments overspend £945k to date and release of unallocated reserves of £4.7m-

| Variance From Plan by Expenditure Type | Current Period £000 | Year to Date £000 |
|--|---------------------|-------------------|
| | (Adv) / Fav | (Adv) / Fav |
| Patient Income | 420 | 2,718 |
| Other Income | (4) | 105 |
| Medical Pay | (362) | (2,300) |
| Nursing | 171 | 1,160 |
| Other Pay | (784) | (3,763) |
| Drugs & Consumables | (468) | (3,198) |
| Other Costs | 896 | 2,706 |
| Interest & Dividends | 8 | 26 |

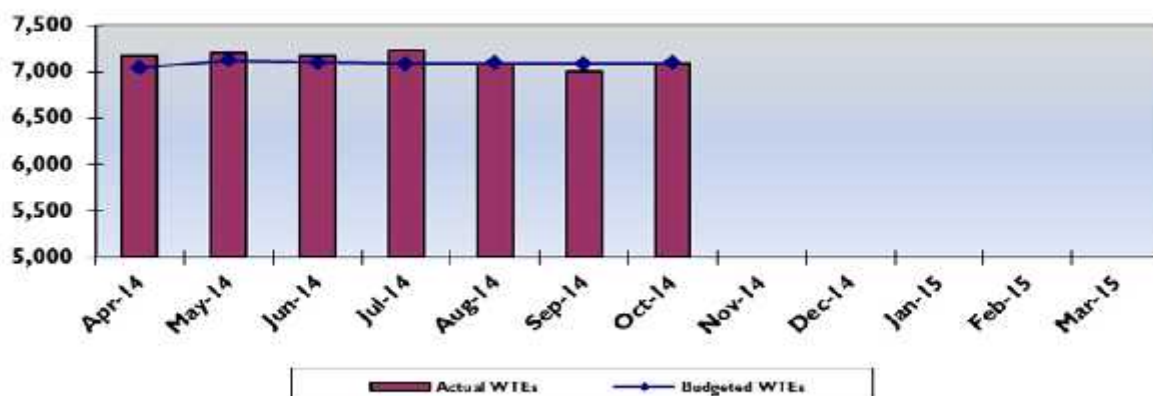


Financial Performance Report – November 2014

Paybill & Workforce

- There were 6,762 WTE in post in November plus an estimated 232 WTE of agency staffing across the month. In total this is **103 WTE below planned establishments**.
- Total pay costs (including agency workers) were £24.4m in November which is in line with the average pay bill for the year to date. This is **£975k adverse to budget for November, £4.9m year to date**.
- Principal overspending is for medical staff premium rate working and for healthcare assistants providing enhanced care support to vulnerable patients, as well as savings targets on pay not being met.
- Gross expenditure for **agency staff in month was £887k in month**, which is £129k higher than October.

Budgeted and Actual WTEs (Including Agency Workers)



Analysis of Total Pay Costs by Staff Group

| | Year to Date to November 2014 | | | | | |
|---------------------------------------|-------------------------------|---------------------|--------------|----------------|----------------|------------------|
| | Budget £000 | Actual | | | | Variance £000 |
| | | Substantive £000 | Bank £000 | Agency £000 | Total £000 | |
| Medical Staffing | 52,496 | 51,602 | 0 | 3,193 | 54,795 | (2,300) |
| Management | 10,277 | 9,375 | 0 | 0 | 9,375 | 902 |
| Administration & Estates | 20,989 | 18,667 | 1,513 | 628 | 20,808 | 181 |
| Healthcare Assistants & Support Staff | 21,489 | 19,433 | 2,771 | 542 | 22,746 | (1,257) |
| Nursing and Midwifery | 61,393 | 54,209 | 3,087 | 2,937 | 60,233 | 1,160 |
| Scientific, Therapeutic & Technical | 29,762 | 27,414 | 0 | 546 | 27,959 | 1,803 |
| Other Pay / Technical Adjustment | (4,851) | 541 | 0 | 0 | 541 | (5,392) |
| Total Pay Costs | 191,556 | 181,241 | 7,371 | 7,846 | 196,458 | (4,903) |

Financial Performance Report – November 2014

Balance Sheet

Cash at 30th November was £39.9m, an increase of £6.2m over the month and leaving cash balances £5.5m higher than plan which includes capital cash outflows being £7.7m lower than plan.

STATEMENT OF FINANCIAL POSITION 2014/15

| | Balance at 31st March 2014 | Balance as at 30th November 2014 | TDA Planned Balance as at 30th November 2014 | Variance to plan as at 30th November 2014 | TDA Plan at 31st March 2015 | Forecast 31st March 2015 |
|--------------------------------|----------------------------------|---|---|---|-----------------------------------|-----------------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Non Current Assets | | | | | | |
| Property, Plant and Equipment | 226,403 | 220,931 | 223,534 | (2,603) | 228,768 | 230,944 |
| Intangible Assets | 886 | 886 | 666 | 220 | 562 | 562 |
| Trade and Other Receivables | 1,011 | 1,296 | 700 | 596 | 700 | 700 |
| Current Assets | | | | | | |
| Inventories | 3,272 | 2,995 | 3,600 | (605) | 3,600 | 3,600 |
| Trade and Other Receivables | 16,177 | 14,856 | 10,286 | 4,570 | 11,746 | 16,746 |
| Cash and Cash Equivalents | 41,808 | 39,930 | 34,411 | 5,519 | 24,252 | 24,252 |
| Current Liabilities | | | | | | |
| Trade and Other Payables | (53,867) | (52,622) | (43,445) | (9,177) | (43,546) | (47,319) |
| Provisions | (8,036) | (2,491) | (7,654) | 5,163 | (3,724) | (3,886) |
| Borrowings | (1,064) | (1,059) | (1,029) | (30) | (1,029) | (1,029) |
| DH Capital Loan | (2,000) | (2,000) | (2,000) | 0 | (1,000) | (1,000) |
| Non Current Liabilities | | | | | | |
| Provisions | (2,562) | (2,487) | (3,262) | 775 | (2,522) | (2,360) |
| Borrowings | (27,915) | (27,263) | (27,884) | 621 | (27,884) | (27,884) |
| DH Capital Loan | (1,000) | | 0 | 0 | 0 | 0 |
| | 193,113 | 192,972 | 187,923 | 5,049 | 189,923 | 193,326 |
| Financed By | | | | | | |
| Taxpayers Equity | | | | | | |
| Public Dividend Capital | 161,640 | 161,640 | 161,712 | (72) | 162,211 | 163,707 |
| Retained Earnings reserve | (19,484) | (19,625) | (11,756) | (7,869) | (10,255) | (21,338) |
| Revaluation Reserve | 41,899 | 41,899 | 28,909 | 12,990 | 28,909 | 41,899 |
| Other Reserves | 9,058 | 9,058 | 9,058 | 0 | 9,058 | 9,058 |
| | 193,113 | 192,972 | 187,923 | 5,049 | 189,923 | 193,326 |

Financial Performance Report – November 2014

| CASH FLOW | | | | | | | | | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 12 MONTH ROLLING FORECAST AT November 2014 | | | | | | | | | | | | | |
| ACTUAL/FORECAST | Nov-14 £000s | Dec-14 £000s | Jan-15 £000s | Feb-15 £000s | Mar-15 £000s | Apr-15 £000s | May-15 £000s | Jun-15 £000s | Jul-15 £000s | Aug-15 £000s | Sep-15 £000s | Oct-15 £000s | Nov-15 £000s |
| Receipts | | | | | | | | | | | | | |
| SLAs: SWB CCG Associates | 21,128 | 21,084 | 21,084 | 21,084 | 21,084 | 21,165 | 21,165 | 21,165 | 21,165 | 21,165 | 21,165 | 21,165 | 21,165 |
| Other NHS income | 7,003 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 | 6,417 |
| Specialised Service (LAT) | 820 | 850 | 850 | 850 | 850 | 1,461 | 1,461 | 1,461 | 1,461 | 1,461 | 1,461 | 1,461 | 1,461 |
| Over/(Under) Performance Payments | 6,072 | 4,150 | 4,150 | 4,150 | 4,150 | 3,260 | 3,260 | 3,260 | 3,260 | 3,260 | 3,260 | 3,260 | 3,260 |
| Education & Training | 4,513 | | 4,608 | | | 4,608 | | | 4,608 | | | 4,608 | 4,608 |
| Public Dividend Capital | | | | | 571 | | | | | | | | |
| Loans | | | | | | | | | | | | | |
| Other Receipts | 5,250 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 | 1,755 |
| Total Receipts | 44,786 | 34,256 | 38,864 | 34,256 | 34,827 | 38,666 | 34,058 | 34,058 | 38,666 | 34,058 | 34,058 | 38,666 | 38,666 |
| Payments | | | | | | | | | | | | | |
| Payroll | 13,603 | 13,360 | 13,360 | 13,360 | 13,360 | 13,360 | 13,613 | 13,613 | 13,613 | 13,613 | 13,613 | 13,613 | 13,613 |
| Tax, NI and Pensions | 9,215 | 9,218 | 9,218 | 9,218 | 9,218 | 9,218 | 9,076 | 9,076 | 9,076 | 9,076 | 9,076 | 9,076 | 9,076 |
| Non Pay - NHS | 2,434 | 1,160 | 1,227 | 1,321 | 1,160 | 1,160 | 2,148 | 2,148 | 2,148 | 2,148 | 2,148 | 2,148 | 2,148 |
| Non Pay - Trade | 11,286 | 9,403 | 10,491 | 10,665 | 14,442 | 14,442 | 8,282 | 8,282 | 8,282 | 8,282 | 8,282 | 8,282 | 8,282 |
| Non Pay - Capital | 620 | 1,086 | 2,180 | 1,956 | 3,689 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 |
| PDC Dividend | | | | | 2,610 | | | | | | 2,610 | | |
| Repayment of Loans | | | | | 1,000 | | | | | | 1,000 | | |
| Interest | | | | | 8 | | | | | | | | |
| BTC Unitary Charge | 406 | 439 | 878 | 439 | 878 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 |
| NHS Litigation Authority | 778 | 668 | 668 | 0 | 0 | 375 | 375 | 375 | 375 | 375 | 375 | 375 | 375 |
| Other Payments | 259 | 300 | 300 | 300 | 300 | 668 | 668 | 668 | 668 | 668 | 668 | 668 | 668 |
| Total Payments | 38,601 | 35,634 | 38,322 | 37,259 | 46,665 | 42,176 | 37,114 | 37,114 | 37,114 | 37,114 | 40,724 | 37,114 | 37,114 |
| Cash Brought Forward | 33,745 | 39,930 | 38,552 | 39,094 | 36,090 | 24,252 | 20,742 | 17,685 | 14,629 | 16,180 | 13,124 | 6,457 | 8,009 |
| Net Receipts/(Payments) | 6,185 | (1,378) | 542 | (3,003) | (11,838) | (3,510) | (3,057) | (3,057) | 1,552 | (3,057) | (6,667) | 1,552 | 1,552 |
| Cash Carried Forward | 39,930 | 38,552 | 39,094 | 36,090 | 24,252 | 20,742 | 17,685 | 14,629 | 16,180 | 13,124 | 6,457 | 8,009 | 9,560 |

Financial Performance Report – November 2014

Capital Expenditure & Capital Resource Limit

- Year to date capital expenditure is £3,684k being £5,111k below plan.
- Capital commitments through orders placed £1.2m.
- Capital Resource Limit (CRL) charge forecast at £21.33m which assumes the currently approved CRL is reduced by £1.5m relating to the Central Care Record Project which will not be hosted by the Trust as previously planned. Risk of CRL undershoot estimated c£2m

Continuity of Service Risk Rating

- Year to date rating 3 being in line with planned forecast outturn.

| 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 | +/- | (9,431) | (3,386) | 6,045 | (13,301) | (12,237) | 1,064 |
| Annual Operating Expenses | 790 | +/- | 270,468 | 277,918 | 7,450 | 405,044 | 409,616 | 4,572 |
| Liquidity Ratio Days | 800 | +/- | (8) | (3) | 5 | (12) | (11) | 1 |
| 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 | +/- | 16,109 | 14,018 | (2,091) | 24,842 | 24,416 | (426) |
| Annual Debt Service | 830 | +/- | 6,688 | 6,621 | (67) | 10,532 | 10,466 | (66) |
| Capital Servicing Capacity (times) | 840 | +/- | 2.4 | 2.1 | (0.3) | 2.4 | 2.3 | (0.0) |
| Capital Servicing Capacity metric | 850 | +/- | 3.00 | 3.00 | 0.00 | 3.00 | 3.00 | 0.00 |
| Continuity of Services Rating for Trust | 860 | +/- | 2.50 | 3.00 | 0.50 | 2.50 | 2.50 | 0.00 |

Service Level Agreements

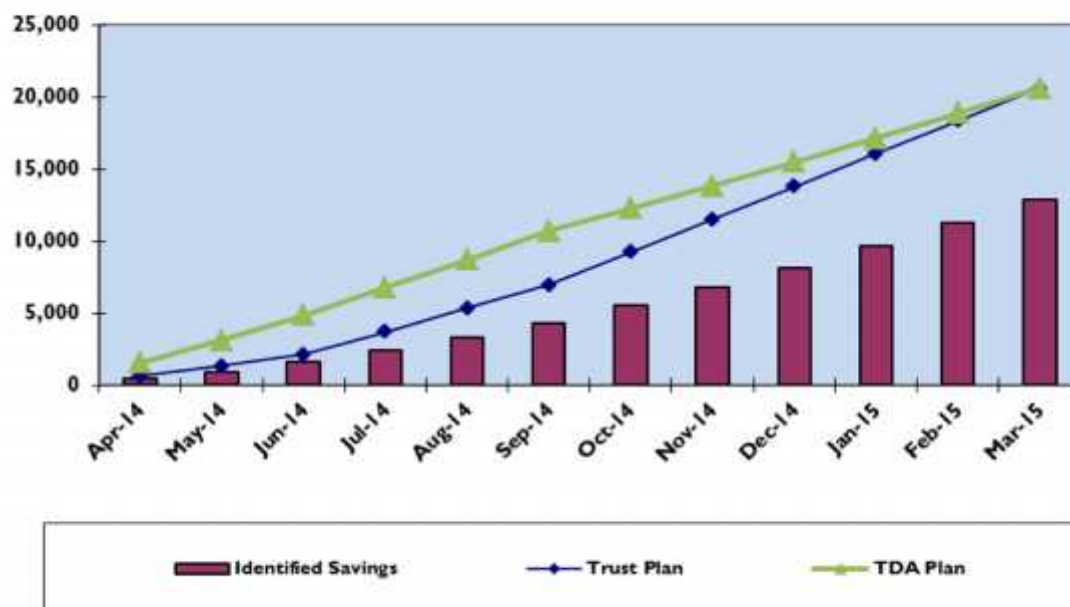
- NHS Commissioner activity and income data for the first seven months of the year indicates an activity based over-performance of £1,994k including pass through drugs and devices over-performance of £1,028k. The block arrangement with Sandwell CCG worsens the position by £1,304k year to date.
- Should fines notices continue at the year to date average they would exceed the planned sum of £2.0m at £2.4m.

Financial Performance Report – November 2014

Savings Programme

- **Delivery to date is £6,798k which is £4.7m adverse to trust phased plan** [£3.9m adverse vs TDA plan].
- £13.9m of in-year savings have been identified against the annual target of £20.6m. These have a full year effect of £23.4m, excluding schemes that start to deliver savings in 2015/16.
- A programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 is underway. This work is underpinned by robust arrangements to assess and assure the impact of any proposals on safety & quality.
- The forecast profile of savings delivery is shown below together with the original plan against which the TDA continues to monitor the Trust

Cumulative Savings Profile £000



Financial Performance Report – November 2014

Key risks

- **Identification and delivery of savings at necessary scale and pace;** The plan required level of savings ran at £1.6m per month for quarter two; actual savings were only just over half of that. Monthly savings targets for the remainder of the year rise to £2.3m
- **Over spending on pay costs, particularly premium rate staffing.** Pay spending stood still in November with increased agency compared with the previous two months. The detailed programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 continues at pace. This may give rise to restructuring costs which exceed sums provided and available.
- **Demand risk in respect of SWB CCG contract.** The Trust carries demand risk which is giving rise to some cost pressures in areas of additional activity such as Lucentis; there remains limited opportunity to release costs beyond marginal costs in under-performing areas of service.
- **Operational standards not met giving rise to contract penalties and fines** beyond £2m in plan. Current run rate is putting pressure on the plan; in addition there are pressures on CQUIN delivery and incentive scheme elements.
- **Cost pressures which cannot be absorbed without risk to safety and quality.** Includes estimated maternity payments to other providers (pending receipt of invoices) continues to be anticipated as giving rise to a financial pressure which stands at £0.8m for the first seven months of the year.

Recommendations

The Trust Board is asked to:

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

Tony Waite

Director of Finance & Performance Management

TRUST BOARD

| | | | | | |
|--|---|------------------------|---|------------------------|---|
| DOCUMENT TITLE: | Risk Register Update | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Kam Dhami, Director of Governance | | | | |
| AUTHOR: | Mariola Smallman, Head of Risk Management | | | | |
| DATE OF MEETING: | 8 January 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 are no additional risks for Trust Board to review.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| <ul style="list-style-type: none"> REVIEW the Trust Risk Register and updates provided by Executive Directors | | | | | |
| 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. | | | | | |

Trust Risk Register

Report to the Trust Board on 8 January 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 are no proposed additional risks for Trust Board to review.
- 1.2 The RMC reviews and reports on high (red) risks to CLE on a monthly basis, including highlighting new risks or changes to existing risks. The CLE will update the Board on existing risks and escalate 'new' risks.
- 1.3 As a reminder, the options available for handling risks are:

| | |
|------------------|--|
| 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 now published internally on Connect in pdf version:
<http://connect.swbh.nhs.uk/Corporate-Directorates/Chief%20Executive/Governance/Risk%20Management/Pages/RISK-ASSESSMENT-and-RISK-REGISTERS.aspx>

3. ELECTRONIC RISK REGISTER

- 3.1 The Risk Team are planning to implement an additional Safeguard risk register module during quarter 4. 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 established during quarter 1, 2015-16.
- 3.2 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.

- 3.3 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.

Kam Dhami, Director of Governance
8 January 2015

Appendix A: Trust Risk Register (version as at 23 December)

| 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; SWBH Stroke Action Team continues to monitor stroke activity and performance on a monthly basis and to develop actions plans for service improvement; Implement action plans to improve data capture and accuracy. Previous updates: Standard operating procedure agreed and in place for data collection and validation. KPI improving new pathways, e.g., thrombolysis pathways direct from ambulance to CT scanner and strengthened capacity planning to ensure availability of gender specific beds to support timely admission. Feedback received from Stroke Review Advisory panel to be considered to strengthen position as preferred provider. 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. | Chief Operating Officer | TBC - Commissioner led review | Oct-14 | Monthly | 4 | 3 | 12 | = |

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|------------------|-------------------|------------------------------------|-------------------------|---------------|---|------------|----------|-------------------|---|-------------------------|-----------------------------|-----------------------|------------------|------------|----------|----------------------|-----------------------|
| TRR1401COO01 | Management review | Corporate Operations | | Operational | Lack of assurance of standard process and data quality approach to 18 weeks. | 4 | 4 | 16 | Task and Finish Group established to oversee rapid improvement programme; SOP to be agreed and implemented in March for new processes; Elective access team structure to be reviewed; Central booking process to be strengthened to ensure real time data quality management; IST visit will inform work programme content. Previous update: New Waiting List Manager recruited and starting in July. Year of Out Patients programme will deliver automation to strengthen real time data. Plans to centralise elective access team in Q2. Data Validation Team still required - funding until end Q2. Perceived knowledge deficit in some services regarding 18 weeks - New Elective Access Manager to assess competency of teams and provide re-training in Q2. 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 | = |
| TRR1401COO02 | Management review | Corporate Operations | | Operational | Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity. | 4 | 4 | 16 | Joint working through joint discharge teams on both acute sites established; 7 day working pilot; Weekly urgent care call with Chief Executives and Chief accountable officers from LAT, CCG, NTDA, acute Trust and social services includes DTOC review, strategic and operational work; Commissioning plans for 7 day working in 2014 in train. Previous update: Additional capacity closed end July although DTOC remains high. Plan will remain in place to re-open additional beds if required and triggers are agreed and activated through Operations Centre and authorised by COO or on call Executive Directors. Resilience System Plan (winter) submissions includes additional beds in community and social care – outcome of funding decision to be agreed in July. This will impact on DTOC reduction. Work to establish a Joint Health Social Care assessment and discharge team continues – now in training phase for go live at Sandwell in August and then at City. Progress: DTOC numbers remain high. The System Resilience plan awaits clarification from Birmingham City Council on aspects of plan workforce and the re-ablement bed plan for the locality. New joint team with Sandwell is in implementation phase with good engagement. | Chief Operating Officer | Jun-14 | Sep-14 | Jul-14 | 2 | 4 | 8 | = |

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|------------------|---------------------------|------------------------------------|-------------------------|---------------|---|------------|----------|-------------------|--|-------------------------|-----------------------------|-----------------------|------------------|------------|----------|----------------------|-----------------------|
| 0907SOP15 | Inspections: H&S and PEAT | Surgery B | Ophthalmology | Clinical | Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. | 5 | 4 | 20 | Trust Solution fitting in with RCRH required; Compliance with Medical Device and ICOC standards; Service Improvement application to Sandwell OPD; Greater use of Rowley facilities. 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. Update: SGH outpatients privacy and dignity risk treatment plan stalled as dependant on Oral Surgery being relocated, which is still to be resolved | Chief Operating Officer | 31/12/2015 | Nov-14 | GBM | 3 | 3 | 9 | = |
| 1103PAE02 | Risk Assessment | Women's and Child Health | Paediatrics | Clinical | Children that require but may not receive HDU 1:1 care - due to unpredictable demand, inadequate funding, poor staffing levels. Quality of care compromised for these and non HDU children due to inadequate staffing levels. | 4 | 4 | 16 | IAP submitted for HDU funds secured 12-13 to staff areas. Additional IAP submitted 13-14 for Paediatric Outreach team. Awaiting outcome from November IAP submission. 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. | Chief Operating Officer | TBC | Oct-14 | 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: pilot to commence re: rescheduling of chemotherapy in BTC end Jan / beg. Feb 2015</p> | Chief Operating Officer | TBC | Dec-14 | 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> | Chief Operating Officer | TBC | Oct-14 | Monthly | 1 | 5 | 5 | = |
| 201109DEL30 | Risk Assessment | Womens and Child Health | Maternity | Clinical | The existing provision of a 2nd theatre team for an obstetric emergency. | 2 | 5 | 10 | <p>Process to request opening of a second theatre in and out of hours for obstetrics is in place. Ongoing monitoring of any second theatre team issues through the incident reporting process. (Risk initially RED, downgraded to AMBER due to reduced frequency).</p> <p>Previous Update: TB has previously reviewed the risk and agreed it is to be tolerated.</p> <p>Update: Continues 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 | = |

TRUST BOARD

| | |
|--------------------------------------|--|
| DOCUMENT TITLE: | The duty of candour, fundamental standards of care and fit and proper persons test |
| SPONSOR (EXECUTIVE DIRECTOR): | Kam Dhami, Director of Governance |
| AUTHOR: | Allison Binns, Assistant Director of Governance |
| DATE OF MEETING: | 8 January 2015 |

EXECUTIVE SUMMARY:

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 makes important changes to health and social care standards which are regulated by the Care Quality Commission. They represent one of the main ways in which the Government is responding to the Francis Inquiry, which recommended the enforcement of fundamental standards to prevent problems like those at Mid Staffordshire, Winterbourne View and elsewhere.

There are 12 fundamental standards. They replace the previous essential standards and apply to all health and social care providers (service providers) save for the new duty of candour which at present applies only to health service bodies (NHS trusts, NHS foundation trusts and Special Health Authorities). The other new requirement is the fit and proper persons test for all directors or those acting in an equivalent role within any service provider. The duty of candour and the fit and proper requirement regulations came into force on 27 November 2014. The other fundamental standards will come into force in April 2015.

The paper provides an overview of the fundamental standards and the steps taken / planned to ensure compliance with the two new statutory duties.

REPORT RECOMMENDATION:

The Trust Board is recommended to:

- a. receive and note this report;
- b. Agree that the Director of Governance will prepare and submit a report to the Trust Board on 5 March 2015 on how the Trust meets / will meet the specific requirements of the fit and proper persons test (section 3 of this report refers); and
- c. Agree that the Chief Nurse will prepare and submit a report to the Quality and Safety Committee on 27 February on how the Trust intends to meet the specific requirements of the statutory duty of candour (section 8 of this report refers).

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

Mentioned in December's CEO report

Sandwell and West Birmingham Hospitals NHS Trust

Report to the Trust Board on 8 January 2015

The duty of candour, fundamental standards of care and fit and proper persons test

1. Executive summary

- 1.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 makes important changes to health and social care standards which are regulated by the Care Quality Commission. They represent one of the main ways in which the Government is responding to the Francis Inquiry, which recommended the enforcement of fundamental standards to prevent problems like those at Mid Staffordshire, Winterbourne View and elsewhere.
- 1.2 There are 12 fundamental standards. They replace the previous essential standards and apply to all health and social care providers (service providers) save for the new duty of candour which at present applies only to health service bodies (NHS trusts, NHS foundation trusts and Special Health Authorities). The other new requirement is the fit and proper persons test for all directors or those acting in an equivalent role within any service provider.
- 1.3 The fundamental standards come with the force of criminal law behind them. Previously essential standards were generally less onerous and the CQC had to give prior notice of any breaches before initiating a criminal prosecution. Hitherto there have been relatively few CQC prosecutions.
- 1.4 Key changes are that breaches of some fundamental standards are strict liability offences and (where breaches of fundamental standards are criminal offences) the CQC can now prosecute without giving prior notice. The risk of prosecution and conviction is therefore significantly increased. Whilst fines can be imposed for breaches, the level is relatively modest and the real damage in the event of prosecution and conviction is likely to be reputational.
- 1.5 The enforcement dates for the Regulations are:
 - The **duty of candour** (applicable only to health service bodies) – from 27 November 2014
 - All other fundamental standards (applicable to all service providers) – from 1 April 2015
 - The **fit and proper persons test** (applicable only to NHS trusts and foundation trusts) – from 27 November 2014
 - The fit and proper persons test (applicable to all other service providers) – from 1 April 2015.
- 1.6 This report summarises the key changes and identifies immediate actions to be taken in response.
- 1.7 Further reports on the new standards will be submitted to the Trust Board in due course.

2. Fundamental standards of care

2.1 The 2014 Regulations introduce 12 new fundamental standards which replace the previous essential standards for quality and safety set out by the CQC.

2.2 The fundamental standards provide that:

| | |
|----|--|
| a. | care and treatment must be appropriate and reflect service users' needs and preferences; |
| b. | service users must be treated with dignity and respect; |
| c. | care and treatment must only be provided with consent; |
| d. | service users must be protected from abuse and improper treatment; |
| e. | service users' nutritional and hydration needs must be met; |
| f. | all premises and equipment must be clean, secure, suitable and used properly; |
| g. | complaints must be appropriately investigated and appropriate action taken; |
| h. | systems and processes must be established to ensure compliance with the fundamental standards; |
| i. | sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed; |
| j. | persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed; |
| k. | Health service bodies must be open and transparent with service users about their care and treatment; (<i>Regulation 20</i>) and |
| l. | fit and proper persons test for directors (<i>Regulation 5</i>) |

2.3 The new fundamental standards will come into force in April 2015 except two Regulations for NHS bodies that came into force on 27 November 2014; Regulation 5 fit and proper persons: Directors and Regulation 20 duty of candour.

3. Regulation 5: Fit and proper persons: Directors

3.1 Creating a fit and proper person test for healthcare leaders was one of the key recommendations of the Francis Report.

3.2 The test applies to all health service bodies, i.e. NHS trusts, NHS foundation trusts and Special Health Authorities.

3.3 Health service providers currently have a general obligation to ensure that they only employ individuals who are fit for their role.

3.4 The introduction of the fit and proper persons 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.

3.5 The fit and proper persons test will apply 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 will therefore apply to senior managers who exercise functions similar to the Directors of the organisation.

3.6 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;
- the individual has not 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; and
- None of the grounds of unfitness specified in the Regulations apply to the individual: bankruptcy; on a barred list; legal impediment.

3.7 To meet the requirements, a provider has to:

- provide evidence that appropriate systems and processes are in place to ensure that all new Directors and existing Directors, or equivalent, are and continue to be fit, and that no appointments meet any of the unfitness criteria set out in the Regulations;
- make every reasonable effort to assure itself about an individual by all means available;
- make specified information about Board directors available to the CQC;
- be aware of the various best practice guidelines available and to have implemented procedures in line with this best practice; and
- where a Board member no longer meets the fit and proper persons requirement, inform the regulator in question where the individual is registered with a healthcare or social care regulator, and take action to ensure the position is held by a person meeting the requirements;

3.8 It is important to note that it is for the Trust to ensure that the requirements of the fit and proper persons test are met. The CQC will not undertake a fit and proper persons test of a Director or determine what is serious mismanagement or misconduct but will examine how the Trust has discharged its responsibility under the new Regulation.

3.9 It is a breach of the Regulation to have in place someone who does not satisfy the test. Evidence of this could be if:

- a provider does not have a proper process in place to enable it to make the assessments required by the fit and proper persons test;
- a Director is unfit on a 'mandatory' ground, such as a relevant conviction or bankruptcy (to be determined by the provider); and
- on receipt of information about a Director's fitness, a decision is reached on the fitness of the Director that is not in a range of decisions that a reasonable person would make.

CQC approach to the fit and proper persons requirements for Directors

3.10 On 20 November 2014, the CQC published guidance for NHS bodies on the fit and proper persons requirements for Directors.

3.11 The guidance describes how the CQC will approach the fit and proper persons requirements during the registration process; during the inspection process; during a 'focused' inspection (i.e. where there is a serious systemic failure of a provider); and when information is received from a member of the public or the provider's staff about an existing Board member (here, the CQC will also have regard to its Whistleblowing and Safeguarding protocols, respectively, where relevant).

3.12 During the **registration process**, the CQC will require the Chair of the NHS provider to declare that appropriate checks have been undertaken in reaching a judgement that all Directors are deemed to be fit and none meet any of the unfit criteria. This will be a self-declaration.

3.13 During an **inspection process**, the CQC will use the following key line of enquiry (KLOE) and prompts under the 'well-led' key question, as follows:

- How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality of care?
- Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an on-going basis?
- Do leaders have the capacity, capability and experience to lead effectively?

3.14 The CQC will seek to confirm that the provider has undertaken appropriate checks and is satisfied that, on appointment and subsequently, all new and existing Directors are of good character and are not unfit. This may involve checking personnel files and Directors' appraisal records.

3.15 The CQC will report on the fit and proper persons test under 'well-led' in its inspection reports. If the CQC find that providers do not reflect the characteristics of 'good', it will assess whether they 'require improvement' or are 'inadequate'. The CQC will also consider whether a regulation has been breached, including Regulation 5.

- 3.16 Where a concern arises about the fitness of a Director following the CQC's receipt of information from a member of the public or the provider's staff, the CQC will convene a panel, led by the Chief Inspector of Hospitals (or a person designated by them), to determine whether the information is significant and should be considered by the provider.
- 3.17 Where the provider is asked by the CQC to respond, the response received will either satisfy the Chief Inspector that due process has been followed or lead to a request for further dialogue with the provider, a follow-up inspection, or regulatory action using the CQC's current enforcement policy.
- 3.18 Interestingly, in its guidance the CQC states that *"there are some core public information sources about providers that we believe are relevant for providers to use as part of their fit and proper persons requirement due diligence. For example, this includes, but is not limited to, information from public inquiry reports, serious case reviews and Ombudsman reports ..."*.
- 3.19 In circumstances where a provider is unable to demonstrate that it has undertaken the appropriate checks in respect of its Directors, and the CQC decides to take regulatory action, providers may appeal to the first-tier Tribunal. The Tribunal hears appeals against decisions of the Secretary of State to restrict or bar an individual from working with children or vulnerable adults and decisions to cancel, vary or refuse registration of certain health care, child care and social care provision.
- 3.20 Providers may also challenge by way of judicial review if they consider that a decision breaches public law principles such as being unreasonable, irrational and unfair.
- 3.21 The CQC states in its guidance that, as the fit and proper persons requirement is a new Regulation, it expects to learn from what they find. This learning will inform the development of the CQC's guidance on meeting **all** of the new fundamental standards which is to be issued before 1 April 2015.

Fit and proper persons: immediate actions to be taken

- 3.22 Having regard to the 2014 Regulations, the CQC guidance and advice from the NHS Trust Development Authority about the impact on NHS Trust Chairman and Non-Executive Director appointments, the Director of Governance will prepare and submit a report to the Trust Board on 5 March 2015.
- a. clarifying (for confirmation by the Board) the Trust 'Director equivalent' postholders to whom it is judged that the fit and proper person test applies;
 - b. identifying how the Trust meets/will meet the specific requirements of the fit and proper person test and assure itself of the suitability of individuals, both in post and to be appointed in the future;

- c. setting out recommendations relating to any necessary changes to the Trust's recruitment, performance management and disciplinary arrangements for Chief Executives, Directors and Director equivalents and also, specifically, in relation to:
 - I. contracts of employment for the Chief Executive, Executive Directors and Director equivalents;
 - II. reference requests for Directors and Director equivalents;
 - III. pre-employment checks for Directors and Director equivalents;
 - IV. annual fit and proper person declarations for Directors and Director equivalents; and
 - V. checklists for recruitment to Director and Director equivalent posts.

4. Regulation 20: Duty of candour

- 4.1 The introduction of Regulation 20 is a direct response to the Francis Inquiry's recommendation that a statutory duty of candour be imposed on healthcare providers. The aim of the Regulation is to ensure that providers are honest with patients (and/or their families) when things go wrong with their care and treatment.
- 4.2 Like most NHS bodies, the Trust has since 1 April 2014 been subject to a contractual duty of candour under the NHS Standard Contract with external monitoring by our Commissioners of incidents resulting in severe harm or death. Although no such non-compliance has occurred the penalty would be the cost of a case or up to £10,000 maximum. As at writing, changes to this contract have not been notified.
- 4.3 To meet the requirements of the new Regulation, an NHS body has to:
 - a. make sure it acts in an open and transparent way with relevant persons in relation to care and treatment provided to people who use services in carrying on a regulated activity;
 - b. tell the relevant person in person, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, and provide support to them in relation to the incident, including when giving the notification;
 - c. provide an account of the incident which, to the best of the health body's knowledge, is true of all the facts the body knows about the incident as at the date of the notification;
 - d. advise the relevant person what further enquiries the health service body believes are appropriate;
 - e. offer an apology;

- f. follow this up by giving the same information in writing, and providing an update on the enquiries; and
- g. keep a written record of all communication with the relevant person.

4.4 The Regulations provide definitions as follows:

- I. **Notifiable safety incident** means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in the death of the service user, where the death relates directly to the incident rather than the natural course of the service user's illness or underlying condition, or severe harm, moderate harm, or prolonged psychological harm to the service user;
- II. **Severe harm** means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is related directly to the incident and not related to the natural course of the service user's illness or underlying condition;
- III. **Moderate harm** means harm that requires a moderate increase in treatment, and significant, but not permanent harm;
- IV. **Moderate increase in treatment** means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);
- V. **Prolonged psychological harm** means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of a least 28 days;
- VI. **Apology** means an expression of sorrow or regret in respect of a notifiable safety incident.

CQC approach to the duty of candour

- 4.5 On 20 November 2014, the CQC published guidance for NHS bodies on the duty of candour.
- 4.6 The guidance describes how the CQC will approach the duty of candour requirement during the registration process; during the inspection process; and when information is received from a member of the public or the provider's staff relating to the statutory duty of candour (here, the CQC will also have regard to its Whistleblowing and Safeguarding protocols, respectively, where relevant)
- 4.7 During the **registration process**, the CQC will test with the provider that it understands the requirement of the Regulation and ask what systems are in place to ensure that they will be able to meet the requirements.
- 4.8 During the **inspection process**, the CQC will use the following two specific key lines of enquiry (KLOEs) to assess whether the provider is delivering good quality care:

- **Are lessons learned and improvements made when things go wrong?**
Prompt: Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?
- **Does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?**
Prompt: Does the culture encourage candour, openness and honest?

- 4.9 The CQC will report on the duty of candour under the safety key question in its inspection report at provider level. If the CQC finds care that does not reflect the characteristics of 'good' as they are described in the CQC provider handbook, the CQC will assess whether the service 'requires improvement' or is 'inadequate'. The CQC will also consider whether a Regulation has been breached.
- 4.10 As the statutory duty of candour is a new Regulation, the CQC states that it expects to learn from what they find. This learning will inform the development of the CQC's guidance on meeting **all** of the new fundamental standards which is to be issued before 1 April 2015.
- 4.11 It is worth noting that, in parallel, the General Medical Council and Nursing and Midwifery Council are consulting on a new Professional Duty of Candour which would mean that there would be an obligation on doctors, nurses and other health professionals to inform patients when something goes wrong.

Duty of candour: compliance with this Regulation

- 4.12 The current arrangements in place to capture compliance with duty of candour require local areas to record that the process has been completed. This is done through the Trust Incident Reporting System (Safeguard) for any patient incidents resulting in moderate or severe harm or death.
- 4.13 A recent Internal Audit review found that whilst the Safeguard incident reporting fields corresponded with the healthcare record in terms of confirmation that "being open" discussions took place, without the consistent use of the required documentation it was not possible to determine the quality and/or content of discussions.
- 4.14 It is recognised that further work is needed to strengthen the existing processes, in particular consistently recording the duty of candour conversations and involving patients and their families so that support and simple explanations can be given about what went wrong and what our investigations have confirmed.
- 4.15 The take this forward the following actions are underway / planned:
- Liaison with NHS England to ascertain more detailed guidance for psychological harm criterion.

- Revisions to the Duty of Candour Policy (currently Being Open Policy) to incorporate regulatory requirements, update of the template proforma and to include an audit tool.
- Development of a duty of candour audit tool to review compliance with both the process and the quality of discussions.
- Software developments to the Trust's Incident Reporting system to improve central recording.
- Implementation of policy changes and awareness raising through Patient Safety Committee representatives and through directorate governance links.
- Improving central recording of duty of candour discussions which are initiated as part of complaints, claims or mortality reviews. The Risk Team are looking into establishing a central recording system using the Trust's Safeguard modules.

4.16 Having regard to the 2014 Regulations and the CQC guidance, the Chief Nurse will prepare and submit a report to the Quality and Safety Committee meeting to be held on 27 February 2015 identifying how the Trust meets / will meet the specific requirements of the statutory duty of candour.

4.17 The report to be submitted to the February Quality and Safety Committee will:

- a. use as a checklist the 32 specific points of CQC guidance which providers must have regard to in meeting the requirements of the statutory duty of candour; and
- b. set out initial thoughts on how staff will be trained so that they are aware of their duties and understand how the duty of candour fits alongside their existing professional responsibilities; and to discharge the duty.

4.18 The Quality and Safety Committee will report to the Trust Board on 5 March 2015 the outcome of its consideration of the report identified above.

5. Recommendations

5.1 The Trust Board is recommended to:

- a. receive and note this report;
- b. Agree that the Director of Governance will prepare and submit a report to the Trust Board on 5 March 2015 on how the Trust meets / will meet the specific requirements of the fit and proper persons test (section 3 of this report refers); and
- c. Agree that the Chief Nurse will prepare and submit a report to the Quality and Safety Committee on 27 February on how the Trust intends to meet the specific requirements of the statutory duty of candour (section 8 of this report refers).

Kam Dhami
Director of Governance

31 December 2014

TRUST BOARD

| | |
|--------------------------------------|------------------------------|
| DOCUMENT TITLE: | Equality & Diversity |
| SPONSOR (EXECUTIVE DIRECTOR): | Colin Ovington – Chief Nurse |
| AUTHOR: | Colin Ovington – Chief Nurse |
| DATE OF MEETING: | 8 th January 2015 |

EXECUTIVE SUMMARY:

The Trust Board through the Public Health, Community Development and Equalities Committee, has received updates throughout the year on the equality & diversity self-assessment. This has progressed since the Board was last updated, with more returns having been received from directorates. Board members will recall that the next phase of work is for the Local Interest Group (LIG) to evaluate our self-assessments. The LIG has now met with the Trust and are receiving our self-assessments and evidence to inform its evaluation. The information from the evaluation will help us by informing our action planning for 2015 and annual report in relation to 2014.

The annual report is a calendar year report and is being written during the early part of January in order to meet the external requirement to publish on the 30th January. This time line falls out of line with the usual Board meeting cycle, which will prevent full board approval at the early January meeting. It is proposed that the report be circulated to Board members as soon as possible and members will be requested to add comment with a very tight time scale so that the deadline for publication can be achieved. As below, it is proposed that a Board Committee is given delegated authority to sign off the report at the end of the month.

REPORT RECOMMENDATION:

The Board is requested to delegate authority to the Quality & Safety Committee which meets on 30th January 2015, to ratify the annual report for publication.

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 | X | Patient Experience | X |
| Clinical | | Equality and Diversity | X | Workforce | X |

Comments:

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

Relates to our public health objectives and features within the BAF

PREVIOUS CONSIDERATION:

Routinely through the Public Health, Community Development and Equalities Committee.

TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Radiation Safety Report |
| SPONSOR (EXECUTIVE DIRECTOR): | Rachel Barlow, Chief Operating Officer |
| AUTHOR: | Bill Thomson, Consultant Physicist and Anita Jefferies |
| DATE OF MEETING: | 8th January 2015 |

EXECUTIVE SUMMARY:

To provide the Trust Board with an annual report summarising all aspects of radiation safety carried out within the Trust , including:

- Patient radiation safety
- Staff radiation safety
- Routine equipment monitoring
- Radiation incidents
- Radiation protection training
- Research

REPORT RECOMMENDATION:

Members of the Trust Board are asked to accept the report.

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|---------------|-----------------------------------|----------------|
| X | | |

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

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

Comments:

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

To note that the report summarises work done to ensure that the Trust satisfies the requirements of the Ionising Radiation regulations [IRR] as required by HSE and also the Ionising Radiations (Medical Exposure) regulations [IRMER] as required by CQC.

PREVIOUS CONSIDERATION:

Annual report

Radiation Safety Report 2014

Report to the Trust Board – 8 January 2015

The main issues in 2014 relate to continued routine monitoring of the radiation doses received by staff, particularly those staff designated as Classified workers. In particular the finger doses of the staff in Radiopharmacy have been kept under regular review since in 2013 they had been approaching the annual limit for such exposures.

Another area that has been a focus in 2014 is that of radiation incidents. Although these are relatively small in number, there have been distinct patterns, and processes have been put in place to try and reduce such incidents.

In addition two new gamma cameras were installed in 2013 in the nuclear medicine department, one a SPECT/CT system with a fully diagnostic 16 slice CT scanner. This system required significant planning and building work to design and incorporate the appropriate shielding and control room. In conjunction with this, nuclear medicine services were consolidated onto the City site, and the Sandwell gamma camera service was decommissioned.

In addition a new 16 slice CT system was installed and commissioned at the Sandwell site in 2013. New software has allowed significant optimisation of the CT doses to be put in place for both these systems.

Staff Doses

All staff doses (both whole body doses and also extremity doses) are reviewed centrally for any trends and for compliance with the Ionising Radiation Regulations.

Radiation monitoring is carried out routinely for staff working regularly with ionising radiation. Specialist dosimeters are also used to record the dose to the fingertips, mainly from handling procedures in Radiopharmacy, nuclear medicine and for the krypton generator service. In addition, the finger dose and eye dose is monitored of certain medical staff carrying out regular X-ray fluoroscopy work in theatres or for Interventional Radiology.

If doses exceed, or are likely to exceed, 3/10ths the annual dose limits then staff are designated as classified workers. They receive annual medical checks and working practices are reviewed to ensure working practices comply with the ALARP principle (As Low As Reasonably Practical).

There are 4 classified workers in Radiopharmacy. The Radiopharmacy staff receive higher finger doses due to the need for syringe and vial manipulations required in the preparation of radiopharmaceuticals. In 2013, the Radiopharmacy supplied the University Hospital Birmingham in addition to the other hospitals supplied. This was due to a closure of about one year of the UHB radiopharmacy for complete refurbishment. Unfortunately Radiopharmacy also lost a senior member of staff at this time. This combination of increased supply and reduced staffing led to higher finger doses for staff. This was kept under close review throughout the year, and practices and associated doses were reviewed to identify the high dose aspects of the working procedures. Refresher talks on dose reduction techniques were outlined and some further dose reduction techniques identified and implemented. The supply to UHB stopped in 2014 and this coupled with the full review of practices has led to a significant reduction in finger dose, as shown in fig 1 below.



Fig 1. Finger Doses for the main radiopharmacy operators (RP1 to RP4) in 2013 and 2014 (to date). Doses in 2014 are now at or below the level for classification. Note that operator RP4 started in Jan 2014.

The Krypton generator service involves high activities of high energy gamma emitting radionuclides. Although extensive shielding is incorporated into the dispensing area, whole body doses received by staff are close to the threshold level which requires classification. However a revision and extended shielding of the krypton generator loading rig has had a significant impact on reducing whole body doses with average values of 50% the lower limit for a classified worker.

Nearly all other recorded doses were for staff within nuclear medicine and at the threshold level for detection (0.2mSv). As a consequence, a review has been undertaken of all staff issued with radiation monitors. Currently 298 members of staff at City hospital wear whole-body radiation dose monitors, which are replaced at two-monthly intervals.

Risk assessments have been carried out and a number of staff have been identified who do not need to have radiation monitors. A phased programme is now in place to give full explanations to these staff and for the routine ordering of radiation monitors to stop.

Imaging Equipment

SWBH has one of the largest inventories of ionising imaging equipment in the region. These are all subject to a regular programme of quality assurance by Physics staff, as required by the Ionising Radiations Regulations. The following summarises some of the major equipment issues that were resolved in 2013/14.

There are two types of general x-ray equipment at SWBH:

- Computed Radiography, CR, is older digital X-ray technology using separate cassettes which have to be removed from the x-ray room and “read” in digital form in a separate reader.
- Digital Radiography, DR, uses integrated digital detectors to produce an immediate digital image. It is the latest technology and is associated with lower patient dose and improved image quality, and provides greater patient throughput.

Some of the major Xray equipment issues addressed were –

Three DR rooms were installed and commissioned; two at City and one at Sandwell. These replaced four old CR rooms.

A new DR mobile was purchased for the City site. This replaces the old x-ray system in A&E resus, and can also be used for mobile radiography. This will improve workflow, patient dose and image quality.

At City, the Xray fluoroscopy camera system (which produces the fluoroscopic image) failed and was replaced and commissioned.

A new x-ray tube was fitted in the Catheter Lab at Sandwell.

The x-ray tube failed on the SPECT-CT gamma camera system; this was replaced and commissioned.

There have been ongoing problems with the cardiac catheter laboratory at City, mostly due to the age of the equipment. Philips, who manufactured, supplied and maintain the equipment, have provided intensive support and have replaced several components; this has improved reliability in the short to medium term. A new cath. lab. system is currently being procured (through a Managed Equipment Service scheme). This is expected to be installed and commissioned by April 2015.

On-going CT dose optimisation for the SPECT/CT system in nuclear medicine and for the Sandwell CT system has been possible with new image reconstruction software.

IRMER

The main work of the IRMER committee relates to all aspects of patient radiation doses. Particular areas covered by the committee were –

- Extending the range of CT studies available for GPs within their referral software systems; this was previously limited to CT head, which had led to a wrong study incident.
- A focus on the principal causes of radiation incidents was also carried out with a detailed review of all the 2013 incidents. This identified one primary cause was referrers picking the wrong patient from the ICM list. (see fig.2 below)

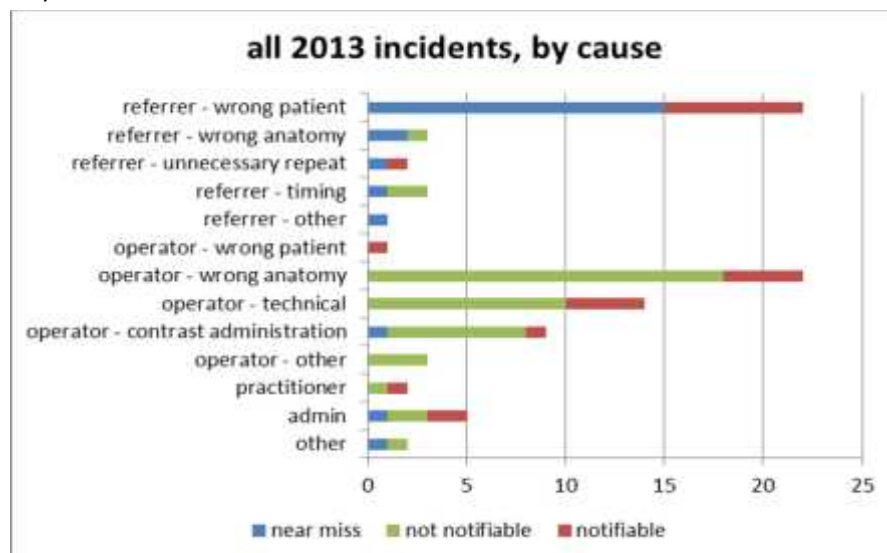


Fig 2 A breakdown by category of all radiation incidents in 2013. These are coded to 'near miss' (blue) i.e. the error was picked up by Imaging staff before any patient imaging, non-notifiable incidents (green) and notifiable to CQC (red).

- In addition there is an issue with clinical staff using computers already logged in by another member of staff. This was highlighted to Dr Stedman and to IT. All clinical staff were emailed regarding the importance of all staff logging out of computer systems, and not allowing others to use their login. Also, to stress the importance of ensuring that the correct patient was selected before sending the request. A slide summarising these points was added to the Trust's screensaver, visible to all staff. Such aspects of use will also be highlighted during the procurement of new software systems.

- The other main area identified (fig 2) was with observing the correct patient ID procedure, and also errors associated with X-raying the wrong part of anatomy (e.g. the right shoulder instead of left). A talk was given to all radiographers regarding these IRMER issues. As part of the review of incidents, the Imaging department also introduced a new 6 point id check system.
- So far this work seems to be having an impact. There were 21 reportable incidents in 2013, and (to date) 13 in 2014. This should be viewed in the context of over 250,000 Imaging investigations per year.
- The process of dealing with incidents was changed. There would now be a more direct involvement of the Clinical Director of the area responsible, to determine and collate the evidence needed for the CQC report.
- The process of electronic vetting was introduced, which should lead to a greater review of all patient referrals with electronic feedback for those which are not considered appropriate or require more clinical information.
- A recent CQC visit highlighted a deficiency in maintaining equipment training records for Imaging staff. This is being addressed, with a new procedure being implemented early in 2015 for a senior member of staff in each Imaging area to sign off other Imaging staff when competent to use each item of equipment. These records will then be stored centrally to be readily available for inspection.

Oraya IRay treatment system for Wet Age-Related Macular Degeneration (AMD)

A novel treatment for Wet AMD has been introduced to the Birmingham and Midlands Eye Centre (BMEC). The first patients will be treated in January 2015.

Wet AMD is the abnormal growth of blood vessels in the macula, the central part of the retina. It is usually treated by monthly injections of a drug to reduce vascular growth.

The new treatment uses three fine x-ray beams to deliver a high radiation dose to the macula, which has been shown in clinical trials to reduce or sometimes eliminate the need for these injections. The device is known as the IRay and was supplied by Oraya Therapeutics.

As this is the first time SWBH has been involved in radiotherapy – the use of x-rays for treatment rather than diagnosis – a lot of background work was needed before the equipment could be installed and used. The Health and Safety Executive was informed, and SWBH physicists worked closely with Oraya, the Care Quality Commission and other physicists from the UK and US to ensure that medical

justification and procedures as well as radiation protection measures were in place for both patients and staff.

Training

Several training courses were held covering the following areas –

- IRMER Training for Cardiologists (course offered nationally)
- IRMER Training for non-medical referrer staff
- Training in Myocardial Perfusion Studies (offered nationally)
- Training in Sentinel Lymph node studies (offered nationally)
- Driver Training for Radioactive Goods Transport.
- Laser Safety Training for new medical staff in BMEC.

Other Aspects to Note

Ms Anita Jefferies obtained her Radiation Protection Adviser (RPA) qualification in 2013.

Dr Thomson participates in the national ARSAC training course for Endocrinologists for I131 thyrotoxicosis therapy.

Dr Thomson carried out a national survey of radiation protection advice given by departments. This resulted in a comprehensive response from nearly 50 departments, and the analysis of the results of this survey were presented at national meetings (see below), and may help shape revised guidance in the Medical and Dental Guidance Notes.

The Nuclear Medicine department has been at the forefront of optimising the techniques for SPECT imaging of the lung using both Tc99m MAA for blood flow and Kr81m gas for ventilation. This new technique required optimisation of the flow of Kr81m gas as well as an analysis of the patient dosimetry. Both these aspects were presented at the BNMS conference in 2013.

“Use of a Delay Volume Insert for Optimisation of SPECT V/Q with Kr81m.” WH Thomson, A Neale and J O’Brien

“Radiation Dose Considerations for Patients and Staff for Kr81m V/Q SPECT”
WH Thomson

Research work on the use of a new software package has allowed us to cut both the administered activity (and therefore patient dose) and also the scan time for myocardial perfusion scan patients. This work was presented at three meetings -

“A Comparison of the performance of RR and OSEM reconstruction to determine their capability with increasing noise in analysing gated MPI studies”

WH Thomson, A Jennings, G James and J O’Brien. Presented at the European Nuclear Medicine Symposium, Austria.

“Investigation into Resolution Recovery Parameters for Myocardial Perfusion Imaging”

A Jennings, G James, J O’Brien and WH Thomson. Presented at the British Nuclear Medicine Society annual conference.

“Optimisation of reduced administered activity using Resolution Recovery for Myocardial Perfusion Imaging”

A Jennings, G James, J O’Brien and WH Thomson. Presented at the IPEM meeting on Myocardial Perfusion Imaging.

Analysis of the results of a national survey on radiation protection advice following I131 therapy for thyrotoxicosis was presented at the following meetings –

“Update on patient restrictions following I131 Therapy”

WH Thomson.

Invited paper at the IPEM meeting on radiation protection in nuclear medicine

“A Survey of Restrictions for I131 for Thyrotoxicosis”

WH Thomson

Paper presented at the national RPA Update meeting

“I131 thyrotoxicosis therapy patients and stress incontinence pads. A survey of disposal advice and mechanisms”

WH Thomson

Paper presented at the first national Radioactive Waste Advisors meeting.

Dr Thomson was presented with the Norman Veall medal at the British Nuclear Medicine Society conference, given to “a non-medical scientist who has made an outstanding contribution to the science and practice of nuclear medicine in the UK.”

Bill Thomson Consultant Physicist and RPA

Anita Jefferies Medical Physics Expert (Diagnostic Radiology) and RPA



Quality and Safety Committee – Version 0.1

Venue Meeting Room 1, Old Management Block, City Hospital **Date** 28 November 2014; 1030h – 1230h

Present

Ms O Dutton
Mr R Samuda
Mr C Ovington
Mr T Waite
Miss R Barlow
Dr Stedman

In Attendance

Mrs D Talbot
Mr G Smith
Ms A Binns

Secretariat

Mr S Grainger-Lloyd

| Minutes | Paper Reference |
|--|--|
| 1 Apologies for absence | Verbal |
| Apologies for absence were received from Mrs Hunjan, Dr Sahota and Miss Dhami. | |
| 2 Minutes of the previous meeting | SWBQS (10/14) 086 |
| The minutes of the Quality and Safety Committee meeting held on 31 October 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 (10/14) 086 (a) |
| The updated actions list was received and noted by the Committee. | |
| 3.1 Updated terms of reference | SWBQS (11/14) 088 SWBQS (11/14) 088 (a) |
| The Committee received and noted the updated terms of reference and agreed to adopt these. | |

MATTERS FOR DISCUSSION

| | | |
|----------|--|--|
| 4 | Update following the visit by the Care Quality Commission | SWBQS (11/14) 091 SWBQS (11/14) 091 (a) |
| | Mr Ovington reported that no further verbal feedback from the CQC had been received since the last meeting, although a number of follow up requests for information had been made and responded to. | |
| 5 | Integrated Performance Report | SWBQS (11/14) 089 SWBQS (11/14) 089 (a) |
| | <p>Ms Dutton asked whether there were any performance trends that the Committee needed to consider. It was noted that the mortality rates were declining, which was pleasing. Normalisation of the mortality rate was reported to be occurring imminently. Dr Stedman reported that the source of mortality information would change shortly. The number of mortality reviews was noted to have dipped, which was reported to be associated with an IT glitch, although this was now rectified. In terms of readmissions, it was noted that there was a good focus on reducing the position by clinicians and it was agreed that this would be given greater prominence in future versions of the report.</p> <p>It was noted that VTE assessments had dipped and work was being undertaken to improve the position.</p> <p>Falls in October were highlighted to have increased and pressure ulcers had also increased.</p> <p>The single sex accommodation breaches were discussed, which were highlighted to reflect a Cardiology Care Unit over a short timeframe. Miss Barlow reassured the Committee that this was not a systemic issue. Mr Waite drew attention to the potential significant financial implications of the breaches. It was suggested that staff needed to be made aware of the consequences of the breaches.</p> <p>Numbers of patients being treated for fractured neck of femur were noted to have increased.</p> <p>In terms of referral to treatment performance, Miss Barlow reported that the Trust was operating in a period of planned under performance to prioritise the older instances. Backlogs were reported to have grown in three specialities (Trauma & Orthopaedics, Cardiology and Respiratory), although this had reduced in other specialities.</p> <p>Mr Waite reported that in terms of CQUINs, that a second round of confirm and challenge events had been held, including a discussions around medication and falls. Dr Stedman reported that this was dependent on implementing an IT system. It was agreed that a detailed update should be considered at the next meeting.</p> | |
| | ACTION: Mr Ovington to provide a detailed update on performance against falls and medication CQUIN targets at the next meeting | |
| 6 | Emergency Care performance update | SWBQS (11/14) 099 |

| | SWBQS (11/14) 099 (a) |
|--|-----------------------|
| <p>Miss Barlow reported that performance against the emergency care target was difficult nationally. It was reported that the position remained poorer than the 95% target, although at Trust level the position was improving slightly.</p> <p>An increase in ambulance conveyancing was reported to have been seen recently, including a shift from Walsall down to Sandwell Hospital. It was noted that c. 45% of individuals were not brought into A & E as a result of 999 calls but were diverted into urgent care centres and elsewhere. A 5% increase in attendances was reported to have been seen at Sandwell Hospital. The ED here however was reported to be more resilient to cope under pressure. It was noted that there had been a high level of delayed transfers of care, however much work was being done to address this with rapid response therapists. An additional number of beds would be opened soon which it was anticipated would alleviate the position to some degree. It was highlighted that a number of patients offered suitable accommodation did not wish to leave hospital and work was being undertaken to address these issues in a robust way, such as payment for transport and working with the families of the patients. It was reported that during the last eight weeks, the commitment to join working with Social Care had been more positive, however there was further work to do. Ms Dutton asked for a briefing on the position.</p> <p>The Accident and Emergency Department at City Hospital was reported to be of concern, with 44% of the breaches being connected with those patients not requiring admission. It was reported that the flow issues affecting Sandwell Hospital did not apply at City Hospital, therefore work was underway with the team to improve competencies and roles in the team leadership and standards for each shift. Intensive programme management was reported to be occurring and robust performance management and behavioural change work was underway.</p> <p>Ms Dutton asked for detail on the cultural issues alluded to. Mr Ovington advised that there was some degree of personality clashes and Dr Stedman suggested that this related to interdisciplinary profession relationships. A discussion was held around the relationships between individuals and it was highlighted that a piece of work had been undertaken to correlate performance with the teams in place at the time. Mr Samuda suggested that the referral into ED needed to be considered. Dr Stedman noted that there was a high rate of admissions into the short stay acute medical assessment unit, which it was thought reflected the effort being made to meet the four hour target. Ms Dutton underlined the need to resolve the cultural issues.</p> <p>Miss Barlow mentioned Ian Gillespie who was leading the nursing work in A & E and was performing very well in post.</p> <p>Miss Barlow reported that there was further work to do to facilitate discussions with primary care.</p> <p>The Committee was advised that a mental health assessment unit would be</p> | |

| | |
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| opened in Sandwell Hospital. | |
| ACTION: Miss Barlow to provide Ms Dutton with an overview of the social care implications of the Emergency Care position | |
| 7 Patient story | SWBQS (11/14) 092 |
| The Committee was appraised of the patient story which would be presented to the Board on 4 December. | |
| 8 Quality & safety aspects of the Board Assurance Framework | SWBQS (11/14) 094 SWBQS (11/14) 094 (a) |
| <p>Mr Ovington asked the Committee to note the quality and safety entries within the Board Assurance Framework.</p> <p>It was suggested that the risk around ED needed to reflect the cultural issues recently discussed. Likewise the CQUIN risk needed to reflect the risks around falls and medications.</p> <p>It was suggested that the Board Assurance Framework needed to reflect the Duty of Candour that came into force on 27 November.</p> <p>Mr Ovington highlighted that the assurances around the temporary staffing risks needed to be revised to be made more appropriate. It was noted that a focussed care discussion was planned at the next meeting.</p> | |
| MATTERS FOR RECIVING AND ACCEPTANCE | |
| 9 Patient safety walkabouts actions plans | SWBQS (11/14) 095 SWBQS (11/14) 095 (a) SWBQS (11/14) 095 (b) |
| <p>The action plans from two recent walkabouts were reviewed. Mr Samuda highlighted that the pairing of non executives and executives pre CQC visit was useful.</p> <p>The Chairman noted that the recent Chairman's breakfast meetings worked well.</p> <p>It was noted that a planned discussion around patient safety walkabouts was planned for 12 December 2014.</p> | |
| 10 Serious incident report | SWBQS (11/14) 096 SWBQS (11/14) 096 (a) |
| <p>The Committee received and noted the report.</p> <p>It was suggested that the Atul lectures should be connected through the Trust's internet.</p> | |
| 11 Clinical audit forward plan: monitoring report | SWBQS (11/14) 097 SWBQS (11/14) 097 (a) |

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| The Committee received and noted the report. | |
| 12 Forward plan for the Committee | SWBQS (11/14) 098 SWBQS (11/14) 098 (a) |
| The Committee received and noted the report. It was agreed that the serious incidents report entries needed to be revised. | |
| OTHER MATTERS | |
| 13 Workforce matters | Verbal |
| <p>Mr Lewis joined the meeting to discuss the latest position concerning the workforce consultation work. He recapped the timelines involved with the work.</p> <p>It was reported that c. 150 individuals who will be formally placed at risk at the conclusion of the consultation.</p> <p>The number of individual schemes was reported to be 84, in addition to the ward establishment reviews.</p> <p>The key issues raised by staff during the process were discussed and it was highlighted that of the 84 workforce schemes, 19 had been materially amended as a result of feedback or had been withdrawn. Quality impact assessment and equality impact assessments was reported to be undertaken for the schemes. It was reported that as of the time of the meeting, there were 116 individuals at risk, although there was an expectation that this figure would drop further.</p> <p>Ms Dutton asked how the reskilling work would be handled. Mr Lewis reported that there was a plan to reskill individuals over a twelve month period and some person specifications would be adjusted.</p> <p>It was reported that there was optimism that most of the displaced individuals would be found positions within the organisation.</p> <p>The future steps planned to occur during Quarter 4 were outlined.</p> <p>Ms Dutton asked that the detail of the individual schemes and the collective impact needed to be available to the Board to ensure that any decisions were well informed.</p> | |
| 14 Matters of topical or national media interest | Verbal |
| There was none to raise. | |
| 15 Meeting effectiveness | Verbal |
| No particular comments were made. | |
| 16 Matters to raise to the Board and Audit & Risk Management Committee | Verbal |

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| It was noted that there were several matters to raise to the Board. | |
| 17 Any other business | Verbal |
| It was agreed that external representation at the meetings needed to be considered. Mr Samuda suggested that the performance report needed to capture the matters of good performance and highlights. It was suggested that consideration of integrated care was needed in particular. | |
| ACTION: Executive to consider external representation at future meetings | |
| 18 Details of the next meeting | Verbal |
| The date of the next meeting of the Quality and Safety Committee was reported to be 19 December 2014 at 1030h in Meeting Room 1, Old Management Block, City Hospital. | |

Signed

Print

Date

Workforce & Organisational Development Committee – Version 0.1

Venue Anne Gibson Board Room, City Hospital

Date 26th September 2014

Members Present

Mr H Kang [Chair]
Mr R Samuda
Mr T Lewis
Miss R Barlow

In attendance

Mrs L Barnett
Mr J Pollitt

Secretariat

Miss R Fuller

| Minutes | Paper Reference |
|--|-------------------------|
| 1 Apologies | Verbal |
| Apologies were received from Dr Paramjit Gill, Ms Gayna Deakin and Mr Colin Ovington. | |
| 2 Minutes of the previous meetings | SWBWO (6/14) 052 |
| The minutes of the meeting held on 27 th June 2014 were approved. | |
| AGREEMENT: The minutes of the previous meetings were approved | |
| 3 Matters arising from the previous meeting | SWBWO (6/14) 052 |
| <ul style="list-style-type: none"> DBS position station | |
| Mrs Barnett followed up on previous discussion regarding DBS checking. The Committee discussed and agreed to continue checking all new starters, suspend the currently 3 yearly checks and to provide a criminal conviction statement on the annual staff declaration. | |
| ACTION: Mrs. Barnett to ensure new starters are DBS checked and the 3 yearly check was suspended forthwith. Mr. Lewis would amend the annual staff declaration to include an insert on declaring criminal convictions. | |

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| 4 Sickness hot spots – trajectories for reduction | SWBWO (9/14) 054 SWBWO (9/14) 054 (a) |
| <p>Mrs. Barnett reported at the last quarter out of the 41 groups 12 groups were on target to achieve appropriate sickness levels however 29 were outside the Trust target.</p> <p>Mr. Kang queried what was required for these 29 groups to improve. Mrs. Barnett informed the Committee that she was aware of discussions at directorate level and various offers of help had been made by the Workforce team.</p> <p>Mr. Lewis queried the sickness rates in the corporate groups, Mrs Barnett responded that she was aware of some discussions but not all.</p> <p>The Committee discussed focusing on the top 50 hot spots once long term sickness had been removed. Mrs. Barnett noted that some managers still found it difficult to speak to staff about sickness and with competing priorities a number of managers had requested HR assist or lead at meetings, unfortunately HR are not in a position to provide that level of intensive support but will provide policies and generic assistance. Programmes are currently being run to help managers tackle sickness within their areas but there is resistance from some managers who expect HR to take the lead in managing sickness with groups.</p> <p>Ms Barlow was concerned that the majority of staff did come to work and had no sick days, and it would be nice to say thank you to those staff. Following discussion the group agreed to send out thank you letters from Mr. Kang informing staff that they are valued. It was however stated that not all staff would have a sick free record due to disability or a particular condition.</p> <p>Mr. Lewis asked if the sickness percentages could be converted into days as that language would be easier to understand. The group noted that ambulatory care and radiology group had a lot of short term sick.</p> <p>Mr. Kang thanked Mrs Barnett for her update and report.</p> | |
| <p>ACTION: Mrs. Barnett to rank top 50 hot spots after long term sickness for action.</p> <p> Mrs. Barnett to ascertain the highest levels of individual staff sickness for action.</p> <p> Mrs. Barnett to organise Thank You letter to be sent to staff who had not sickness recorded from April – September 2014.</p> | |
| 5 Mandatory training changes | SWBWO (9/14) 055 SWBWO (9/14) 055 (a) |
| <p>Mr. Pollitt informed the Workforce & OD Committee that the enclosure was part of the Leadership Development Programme and these proposals have also been discussed at Clinical Leadership Executive [CLE] and the Learning & Development</p> | |

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| <p>Committee.</p> <p>The proposal is to provide the majority of mandatory training on-line which would save time for staff and benefit financially to the Trust. A passport style folder would be provided that could be moved with you from Trust to Trust, this is currently being led by the West Midlands HR Directors Network Group.</p> | |
| <p>Conflict Resolution</p> <p>A paper went to the Learning & Development Committee proposing Junior Doctors did not undertake conflict resolution training with the Trust with the exception of Junior Doctors in our high risk areas, i.e. A&E. Junior Doctors currently have 2 days of induction training of which conflict resolution training comprises of 5.5hrs and there was no guarantee that all the Junior Doctors completed the training. Therefore all Junior Doctors undertake Conflict Resolution as part of their mandatory training by the Deanery, which is very similar to the Trust's. The proposal Mr. Pollitt recommended was to obtain assurance from the Deanery that all doctors had undertaken their training. Mr. Kang was concerned that the Trust could be exposed legally; however Mr. Pollitt assured the Committee that all doctors in our high risk areas would receive the Trust's full package.</p> <p>The Committee agreed for Mr. Pollitt to speak to the Deanery and update the Committee as its next meeting.</p> | |
| <p>ACTION: Mr Pollitt to undertake an assurance from West Midlands Deanery that all junior doctors undertake conflict resolution training and report back to the Committee in due course.</p> | |
| <p>6 JCNC Feedback</p> | <p>Verbal</p> |
| <p>Mr. Lewis reported on the top 4 risks facing workforce to ensure it was in a safe place to contribute to the savings of the Trust over the next 4 years. Mr. Lewis highlighted the following:</p> <p>Pay Protection – this still needed to be agreed with the Trade Unions, however Mr. Lewis informed the Committee that savings we make in this area will help the Trust delivery on its long term savings plan in Years 4 – 5.</p> <p>Workforce consultation – currently 400 posts are in consultation to be removed from the workforce which would be needed prior to the Trust moving the new hospital.</p> <p>Mr. Kang asked if the removed of posts was achievable. Mr. Lewis informed the Committee that there was some concern about service in the corporate areas and some external resources would be required to help achieve this; however unlike</p> | |

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| clinical areas there were very few benchmarks or staffing ratios available to ensure the reduction would be safely done, however everything would be done to achieve a safe reduction. | |
| 7 Workforce elements of the Board Assurance Framework | SWBWO (9/14) 056 SWBWO (9/14) 056 (a) |
| <p>The Workforce and OD Committee noted the framework presented.</p> <p>The Committee requested the attended of Jonathan McGee from Hay Group to discuss leadership development.</p> | |
| ACTION: Mr. Pollitt to invite Jonathan McGee to the next Workforce & OD Committee | |
| 8 Revised appraisal policy – plans for 360 degree feedback roll out | Verbal |
| Revised Appraisal Policy – this element was deferred until Miss Deakin was able to comment at the next meeting. | |
| <p>360° Feedback roll out. Mr. Pollitt reported that currently 12 nominations had been received from staff who wanted to be trained, from all disciplines of the Trust and including band 6 staff would who would be able to assess lower banded staff. The framework to train is expensive; however Mr. Pollitt suggested the Trust design a platform from the national framework. This would initially be expensive but would be cost effective in the long term and could even be rolled out amongst other Trusts in the future. A bid was being amassed from the Trusts Charities Bidding process for the initial investment.</p> | |
| ACTION: Revised Appraisal Policy to be placed on agenda for the next meeting | |
| 9 Update on workforce review programme | SWBWO (9/14) 057 SWBWO (9/14) 057 (a) |
| <p>Mr. Lewis updated the Workforce & OD Development Committee was updated on the following:</p> <ul style="list-style-type: none"> ➤ Meeting taking place on Monday to agree principles with Trade Unions on the consultation process. ➤ How to apply existing organisational change/redeployment ➤ Pay Protection – Trade Unions in favour of approach but only for two years. <p>The consultation document will be launched next week and the Trade Unions will have individual schemes available to them.</p> | |

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| <p>The timeline is now:</p> <ul style="list-style-type: none"> ❖ Pooling by 8th/9th October, at risk letters will be delivered by hand from managers ❖ Appeals during w/c 13th October ❖ End of October interviews to take place <p>Mr. Lewis reported that complete fairness and transparency would take place during the consultation process; Mrs Barnett stated job clinics for affected staff would take place in November.</p> <p>The Workforce & OD Committee discussed that any queries from staff would be answered in full and Mrs Barnett would lead. The Workforce & OD Committee was also informed that a grievance team would be on-call which would include up to and including non-exec level, they would hear staff grievances on a weekly basis. Mr. Lewis would pick up on the details of this with relevant managers outside of this meeting.</p> <p>The escalation of workforce queries would be as follows:</p> <p>Quality & Safety Committee – all matters relating to safety</p> <p>Workforce & Organisational Development Committee – all matters on workforce and progress with the JCNC and staff side.</p> <p>Mr Kang highlighted how the change programme would safeguard the Trust from haemorrhaging staff it wanted to retain. Mr. Lewis informed the Committee that posts to be removed from the Trust were surplus and not staff in key posts to the Trust, however a voluntary redundancy programme was opened and 27 people had requested VR; however for the majority of staff it was envisaged that they would be employed in other areas of the Trust, or provided with retraining to fill vacant posts. It was reported that there would be no expiry date for staff on redeployment as each individual would be treated on a case-by-case base.</p> <p>Mrs. Barnett remarked that the Trade Unions were very positive on the process so far. Mr Lewis also wanted to ensure that the timetable worked with the PPAC who met weekly on Wednesday's and Thursday's, it was envisaged that to delay the process the Trust would lose creditability.</p> | |
| <p>ACTION: Mr. Lewis to discuss the grievance process with relevant managers</p> | |
| <p>10 Integrated performance, quality and finance dashboard</p> | <p>SWBWO (9/14) 058 SWBWO (9/14) 058 (a)</p> |
| <p>Mrs. Barnett apologised for the missing turnout figures however she reported</p> | |

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| that compared to similar Trusts the practice at SWBH was deemed good. | |
| 11 Matters to raise to the Board | Verbal |
| The matters to be raised at the Trust Board are: | |
| <ul style="list-style-type: none"> ➤ DBS – continue to check all new starters. Suspend 3 year rolling check. Mr. Lewis to include a criminal conviction statement in the Annual Staff Declaration. ➤ Workforce would look at isolating the top 50-75 sickness hot spot areas who reported short term sickness and work with them to reduce the rate. ➤ Update on Workforce & Consultation Review Progress | |
| 12 Meeting effectiveness | Verbal |
| The Committee asked the meeting agenda and papers to be check for relevance and helpfulness. | |
| ACTION: Mr. Lewis to review the agenda and papers prior to issue | |
| 13 Any Other Business | Verbal |
| Ms Barlow was asked to feed back to the Quality and Safety Committee relevant workforce issues discussed today. | |
| ACTION: Ms Barlow to report to the Quality and Safety Committee workforce issues discussed at today's meeting | |
| 14 Details of the next meeting | Verbal |
| Date and time of next meeting: 19 th December 2014 at 1.30pm in the D29 Meeting Room, City Hospital. | |

Signed

Print

Date

Charitable Funds Committee – Version 0.1

Venue Anne Gibson Boardroom, City Hospital

Date 4 September 2014 at 1130h

Trustees Present

Dr S Sahota [Chair]

Mr R Samuda

Mr T Lewis

Mr T Waite

Mr C Ovington

In attendance

Mr T Wharram

Ms R Wilkin

Secretariat

Mr S Grainger-Lloyd

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

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

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

Signed

Print

Date

TRUST BOARD

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|--|---|-----------------------------------|----------|------------------------|----------|
| DOCUMENT TITLE: | Funding Recommendations from the Charitable Funds Committee | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Ruth Wilkin, Director of Communications | | | | |
| AUTHOR: | Ruth Wilkin, Director of Communications | | | | |
| DATE OF MEETING: | 8 January 2015 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| The paper sets out the process for awarding funds from the Sandwell & West Birmingham Hospitals NHS Trust Charitable Funds to small and large bids following submission of proposals for consideration during 2014. | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| The Trust Board is asked to approve the recommendations for large grant funding. | | | | | |
| 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 | | Legal & Policy | x | Patient Experience | x |
| Clinical | | Equality and Diversity | x | Workforce | x |
| Comments: | | | | | |
| ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS: | | | | | |
| Delivery of programmes seeking large grants will support all Trust objectives: Accessible and responsive care; Safe, high quality care; Care closer to home; Good use of resources; 21 st century infrastructure; An engaged and effective organisation | | | | | |
| PREVIOUS CONSIDERATION: | | | | | |
| Charitable Funds Committee | | | | | |

REPORT TO THE PUBLIC TRUST BOARD

Funding Recommendations from the Charitable Funds Committee

1 Overview

During 2014, Sandwell & West Birmingham Hospitals NHS Trust invited its employees to bid for charitable funding by 17th October 2014 with the aim of making a small number of large grants of around £250,000, and around 20 small grants of around £5,000. A series of bid clinics were held at sites across the Trust to support applicants through the new bidding process. Individual meetings also took place to help bidders understand the process and the core priorities for the charity.

Representatives from the Charitable Funds Committee met on 5th November 2014 to consider the bids that had been received and to undertake an initial short-listing exercise.

In total, 81 bids were received for consideration. 36 were for large grants and 45 were for small grants.

The review panel considered the bids against the charity's four strategy priorities:

- Innovation
- Infrastructure
- Community resilience
- Education

Consideration was also given to sustainability, value for money and importance of the projects.

2 Small Grant Applications

The Charitable Funds Committee has agreed funding for the following projects, subject to the necessary new equipment checks, involvement from IT and other impacted departments as applicable:

| Project | Department | Award (£) |
|--|---|-----------|
| Furniture for mental health room at City ED | Emergency Department | 1000 |
| Interactive portable lifestyle display aimed at stroke prevention | Early Support Stroke Discharge Team | 4301 |
| Faculty Development in Simulation | Anaesthetics | 4800 |
| Hoverjack for Moving & Handling Training | Workforce | 5000 |
| Training programme to improve communication within maternity | Obstetrics and Gynaecology | 5000 |
| Virtual rehabilitation – Stroke Unit SLT (Speech and Language Therapy) | Speech and Language Therapy / Stroke team | 5080 |
| SWBH Singing Programme | Strategic Planning & Business Development | 2000 |
| Hospital Preparation Pack for local primary | Paediatrics | 5000 |

| Project | Department | Award (£) |
|---|--|------------------|
| schools | | |
| Activity packs to support siblings on the neonatal unit | Neonates | 1500 |
| Targeting Diabetes HbA1c outcomes using the Libre flash sensor. | Diabetes Centre- City Hospital | 3730 |
| New equipment to support a High Risk Foot Biomechanics clinic | Foot Health | 11,000 |
| Patient programme for stroke patients (Bridges) | Early Support Stroke Discharge Team | 3954 |
| Soho/Victoria Friends & Neighbours community support | Occupational Health | 2700 |
| The Learning Works marketing programme | Workforce | 5000 |
| Asian X-PERT Diabetes Programme | Diabetes | 5000 |
| Sandwell Healthy Hearts Community Champions Project | Dept of Clinical Biochemistry and SMRU | 5000 |
| Blinds for Henderson reablement unit conservatory | Henderson Re-ablement Unit | 4000 |

3 Funding for equipment

Proposals were submitted for items of equipment. The review panel recommended that the charity funds the following equipment but to be used within an “equipment library” model managed by Imaging where appropriate. The individuals who submitted bids have been asked to discuss their proposals with Group Director of Imaging, Jonathan Benham and all new equipment needs to be approved by the new medical equipment committee.

| Project | Department | Cost (£k) |
|--|---|------------------|
| Invest to Save - portable bladder scan | Community Continence Service | 26,980 |
| Ultrasound equipment at The Lyng (note link to pain management proposals) | Pain Management | 43,500 |
| Purchase of a Hand Held Image Intensifier (Mini C-Arm Imaging) | Directorate B: Orthopaedics and Orthotics | 68,200 |
| Ultrasound at the Front Door | Acute Medicine | 51,440 |
| Equipment for ambulatory pleural service and mobile diagnostic equipment for suspected lung cancer | Respiratory Medicine | 100,000 |
| Portable fibroscan machine | Gastroenterology | 36,000 |

4 Large Grant Applications

The Charitable Funds Committee heard presentations from short-listed large grant applicants at meetings on 4th and 12th December 2014 and would like to recommend making grants as follows.

| Project | Department | Cost (£k) |
|--|-------------------------------------|-----------|
| Residential pain management programme – funding to pump-prime a Midlands centre | Pain management | 40,000 |
| Community pharmacy-led diabetes renal clinic | Medicine – Diabetes & Endocrinology | 45,000 |
| Sobriety Units for Acute Alcohol related problems – proportion of funding to be given to allow a pilot scheme | Acute Medicine, Medicine Group | 250,000 |
| ‘Meet and Greet’ service for patients and visitors - – proportion of funding to be given to allow a pilot scheme | Strategy | 243,000 |
| Integrated response to Domestic Abuse within EDs at Sandwell and City Hospitals | Safeguarding | 250,000 |
| Equipment to allow jaundiced babies to be held while having treatment | Neonatal/women and child health | 60,000 |
| TB screening for homeless people in Sandwell and West Birmingham | MXU | 30,000 |
| BMEC Development of Nurse Led Uveitis Clinic | BMEC | 25,000 |

5 Governance

All successful small grant schemes will be required to report back to the Charitable Funds Committee within one year to demonstrate how the funds were spent and the outcomes that were achieved. Large grant applicants are expected to deliver an annual report to the Charitable Funds Committee that covers: a financial report, an analysis of performance against outcomes, and a minimum of two case studies that can be used to promote the project and the work of the charity. Specific governance arrangements are to be set up for projects that will have their funds allocated in stages, dependent on the outcome of pilot schemes.

6 Recommendation

The Trust Board is requested to approve the recommendations of the Charitable Funds Committee in awarding funding from the Sandwell & West Birmingham Hospitals NHS Trust Charitable Funds to the listed programmes.

TRUST BOARD

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|--|-----------------------------------|------------------------|--|------------------------|---|
| DOCUMENT TITLE: | Safe Nurse Staffing | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Colin Ovington – Chief Nurse | | | | |
| AUTHOR: | Colin Ovington – Chief Nurse | | | | |
| DATE OF MEETING: | 8 th January 2015 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <p>This report is an update using the data collected during November 2014.</p> <p>The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position. The data return has been updated with data from critical care, paediatrics and maternity.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| <p>To publish patient to RN ratios on our public web site and on NHS Choices on a monthly basis as per national requirement.</p> <p>To receive an update at the February 2015 Trust Board meeting.</p> | | | | | |
| 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 | 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 at Trust Board. | | | | | |

SAFE NURSE STAFFING

Report to Trust Board on 8th January 2015

1 EXECUTIVE SUMMARY

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

1.2 The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position. The data return has been updated to include critical care, paediatrics and maternity.

2 NOVEMBER POSITION

2.1 Table one is the output data from the national data collection for November 2014 which demonstrates that we achieve higher fill rates against our rota's and much closer to 100% than in previous months. The primary reason for this is linked to the controls placed on the use of temporary staffing and the new assessments undertaken for the provision of focused care.

Table 1.

| Site Code | Site Name | Day | | Night | |
|-----------|--------------------------------------|--|------------------------------------|--|------------------------------------|
| | | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| Nov-14 | BIRMINGHAM MIDLAND EYE CENTRE (BMEC) | 101.9% | 103.7% | 101.9% | 0.0% |
| | CITY HOSPITAL | 102.9% | 99.3% | 108.4% | 117.3% |
| | ROWLEY REGIS HOSPITAL | 97.2% | 95.6% | 112.0% | 119.1% |
| | SANDWELL GENERAL HOSPITAL | 104.9% | 109.2% | 111.6% | 143.8% |

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

Table 2

| Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 |
|--------------|----------|----------|-----------------------------|--|---------------------------|--|--|-----------------------|----------------------------------|---------------------------|--|--|
| D7 | City | 13 | 4 | 4 | 3 | see D5 | see D5 | 1 | 1 | 1 | see D5 | see D5 |
| D5 | City | 19 | 6 | 6 | 5 | 98.8 | 86.7 | 1 | 1 | 0 | 115.7 | 198.1 |
| D11 | City | 21 | 3 | 3 | 2 | 101.9 | 100 | 3 | 3 | 2 | 107.1 | 114.6 |
| D12 | City | 10 | 2 | 2 | 2 | 98.6 | 116.7 | 1 | 1 | 1 | 94 | 88.9 |
| D15 | City | 24 | 4 | 4 | 3 | 100 | 119 | 3 | 3 | 2 | 94.2 | 162.3 |
| D17 | City | 25 | 4 | 4 | 3 | 121.4 | 125.1 | 3 | 3 | 2 | 132 | 168.6 |
| D26 | City | 21 | 3 | 3 | 2 | 88 | 94.5 | 3 | 3 | 2 | 86.8 | 112.1 |
| AMU 1 | City | 41 | 10 | 10 | 9 | 105.3 | 127.6 | 4 | 4 | 3 | 90.4 | 106.9 |
| AMU 2 | City | 19 | 5 | 5 | 4 | 118.4 | 136.5 | 1 | 1 | 1 | 101 | 105.1 |
| CCU Sandwell | Sandwell | 10 | 3 | 3 | 2 | 119.5 | 102.6 | 0 | 0 | 1 | 111.6 | 100 |
| PR4 | Sandwell | 25 | 8 | 8 | 5 | 110.7 | 105.3 | 2 | 2 | 1 | 110.2 | 147.6 |
| PR5 | Sandwell | 34 | 6 | 5 | 3 | 99.5 | 107 | 4 | 4 | 3 | 108.8 | 134 |
| NT4 | Sandwell | 28 | 5 | 4 | 3 | 151.6 | 161.8 | 3 | 3 | 3 | 191.3 | 272.4 |
| LY 4 | Sandwell | 34 | 6 | 4 | 3 | 120.8 | 170.8 | 4 | 4 | 3 | 102.8 | 121.6 |
| LY5 | Sandwell | 29 | 5 | 4 | 3 | 97.3 | 99 | 4 | 3 | 2 | 108.7 | 162.7 |
| N5 | Sandwell | 15 | 3 | 3 | 2 | 101.8 | 103.6 | 1 | 0 | 1 | 99.7 | 0 |
| AMU A | Sandwell | 32 | 8 | 8 | 8 | 108 | 116.8 | 4 | 4 | 3 | 111.2 | 159.3 |
| AMU B | Sandwell | 20 | 4 | 3 | 2 | 94.5 | 115.7 | 4 | 3 | 2 | 98.4 | 107.9 |

| Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 |
|------|------|----------|--|--|---------------------------|--|--|--|----------------------------------|---------------------------|--|--|
| D21 | City | 23 | 4 | 4 | 2 | 98.5 | 103.8 | 2 | 2 | 2 | 97.1 | 92.9 |
| D25 | City | 19 | 4 | 4 | 2 | 106.8 | 102.4 | 2 | 2 | 2 | 93.2 | 104.5 |
| SAU | City | 14 | 4 | 4 | 2 | 95.4 | 98.4 | 1 | 1 | 1 | 114.2 | 125 |
| N2 | SGH | 24 | 4 | 3 | 2 | 99.9 | 100.7 | 2 | 2 | 1 | 95.7 | 100 |
| L2 | SGH | 20 | 4 | 3 | 2 | 107.4 | 111.4 | 3 | 2 | 2 | 102.5 | 108.9 |
| P2 | SGH | 20 | 4 | 3 | 2 | 97.5 | 91.7 | 3 | 2 | 2 | 98 | 137.5 |
| N3 | SGH | 33 | 6 | 6 | 3 | 94 | 111 | 4 | 4 | 3 | 93.2 | 145.5 |
| L3 | SGH | 33 | 6 | 6 | 3 | 106.6 | 106.2 | 4 | 4 | 3 | 102.5 | 121.6 |
| CCS | City | | Staff flexed to the dependency/number of patients in the units | | | 108.9 | 97.7 | Staff flexed to the dependency/number of patients in the units | | | 96.5 | 0 |
| CCS | SGH | | | | | 89.4 | 97.6 | | | | 86.4 | 0 |

| 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 November 2014 | Percentage night time fill rate during November 2014 | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 |
|---------------|------|----------|-----------------------------|--|---------------------------|--|--|-----------------------|----------------------------------|---------------------------|--|--|
| Henderson | RH | 24 | 2 | 2 | 2 | 91.5 | 130.6 | 2 | 2 | 2 | 103.5 | 169.6 |
| Elisa Tinsley | RRH | 24 | 4 | 3 | 2 | 96.9 | 102 | 3 | 3 | 3 | 85.6 | 89.8 |
| D43 | City | 24 | 4 | 4 | 3 | 122.6 | 156.2 | 3 | 3 | 2 | 96.5 | 139 |
| Leasowes | RH | 20 | 2 | 2 | 1 | 106.4 | 107.4 | 4 | 3 | 2 | 97.5 | 116.2 |

| Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 |
|----------|------|----------|-----------------------------|--|---------------------------|--|--|-----------------------|----------------------------------|---------------------------|--|--|
| Eye ward | City | 10 | 2 | 2 | 2 | 101.9 | 101.9 | 1 | 1 | 0 | 103.7 | 0 |

| 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 November 2014 | Percentage night time fill rate during November 2014 | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during November 2014 | Percentage night time fill rate during November 2014 |
|-----------|------|----------|-----------------------------|--|---------------------------|--|--|-----------------------|----------------------------------|---------------------------|--|--|
| L G | SGH | 14 | 3 | 3 | 2 | 129 | 0 | 1 | 1 | 1 | 142.4 | 328 |
| L1 | SGH | 26 | 5 | 5 | 4 | 109.4 | 111.5 | 3 | 3 | 2 | 112.6 | 128.3 |
| D19 | City | 8 | 3 | 3 | 2 | 107.4 | 111.4 | 1 | 2 | 2 | 102.5 | 108.9 |
| D27 | City | 18 | 4 | 3 | 2 | 91.4 | 95.1 | 2 | 2 | 1 | 101.4 | 120.4 |
| Maternity | City | 42 | 6 | 5 | 4 | 92.1 | 97.6 | 4 | 4 | 2 | 94.6 | 91.1 |

3 RECOMMENDATION(S)

3.1 To publish patient to RN ratios 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 February Trust Board meeting

Colin Ovington

Chief Nurse

29th December 2014