Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 5 February 2015; 1330h

Members attending

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

In attendance

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

Guests

Patient and patient's relative for patient story [Item 6]
Ms M Long [Group Head of Nursing] [Item 18]

Secretariat

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

Time	Item	Title	Reference Number	Lead
1330h	**1**	**Apologies**	**Verbal**	**SG-L**
	2	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting*	**Verbal**	**SG-L**
	3	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 8 January 2015 a true and accurate records of discussions*	**SWBTB (1/15) 019**	**Chair**
	4	**Update on actions arising from previous meetings**	**SWBTB (1/15) 019 (a)**	**SG-L**
	4.1	Progress with acute oncology plans	Verbal	RST
	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 (2/15) 021**	**RSM/ TL**
	MATTERS FOR DISCUSSION AND APPROVAL			
1415h	**8**	**Reaudit of consent**	**SWBTB (2/15) 022** **SWBTB (2/15) 022 (a)**	**RST**
1425h	**9**	**Update on Never Event controls assurance**	**SWBTB (2/15) 023** **SWBTB (2/15) 023 (a)**	**KD**
1440h	**10**	**Corporate integrated performance dashboard including an update on Emergency Care performance**	**SWBTB (2/15) 024** **SWBTB (2/15) 024 (a)**	**TW/ RB**

1455h	**11**	**Financial performance – Month 9**	**SWBTB (2/15) 025** **SWBTB (2/15) 025 (a)**	**TW**
1505h	**12**	**Trust Risk Register**		
	12.1	Overview and any new considerations	SWBTB (2/15) 026 SWBTB (2/15) 026 (a)	KD
	12.2	Ophthalmology privacy and dignity risk	Verbal	TL
1515h	**13**	**Nurse staffing levels**	**SWBTB (2/15) 027** **SWBTB (2/15) 027 (a)**	**CO**
1525h	**14**	**Complaints update – Quarter 3**	**SWBTB (2/15) 028** **SWBTB (2/15) 028 (a)**	**KD**
1535h	**15**	**Annual planning update – Quarter 3**	**SWBTB (2/15) 029** **SWBTB (2/15) 029 (a)**	**TW**
1545h	**16**	**Staff opinion**	**Presentation**	**TL**
1555h	**17**	**Plans for emergency surgery**	**SWBTB (2/15) 030** **SWBTB (2/15) 030 (a)**	**RB**
	PRESENTATION			
1605h	**18**	**Service presentation**	**Presentation**	**RB**
	UPDATES FROM THE COMMITTEES			
1620h	**19**	**Update from the meeting of the Quality & Safety Committee on 30 January 2015 and minutes of the meeting held on 19 December 2014**	**SWBQS (12/14) 109**	**OD/ CO**
	20	**Update from the meeting of the Finance & Investment Committee held on 30 January 2015 and minutes of the meeting held on 28 November 2014**	**SWBFI (11/14) 076**	**RS/ TW**
	21	**Update from the meeting of the Audit & Risk Management Committee held on 29 January 2015 and 30 October 2014**	**SWBAC (10/14) 058**	**GH/ KD**
	22	**Any other business**	**Verbal**	**All**
	MATTERS FOR INFORMATION			
	23	**Details of next meeting** *The next public Trust Board will be held on 5 March 2015 at **1330h** in the Anne Gibson Boardroom, City Hospital*		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.1

Venue Anne Gibson Boardroom, City Hospital **Date** 8 January 2015

Present	In Attendance	Secretariat
Mr Richard Samuda [Chair]	Mr Mike Hoare	Mr Simon Grainger-Lloyd
Ms Clare Robinson	Miss Kam Dhami	
Dr Sarindar Sahota OBE	Mrs Chris Rickards	
Ms Olwen Dutton		
Mrs Gianjeet Hunjan	**Guests**	
Mr Harjinder Kang	Patient's relatives	
Mr Toby Lewis	Dr Bill Thomson	
Mr Colin Ovington	Ms Petrina Marsh	
Miss Rachel Barlow	Ms Kay Baker	
Dr Roger Stedman		
Mr Tony Waite		

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies for absence were received from Dr Paramjit Gill.	
2 Declaration of Interests	
Mr Grainger-Lloyd advised that there had been no further declarations made since the last meeting. Ms Dutton advised that she had joined the Labour Party.	
3 Minutes of the previous meeting	**SWBTB (12/14) 216**
The minutes of the previous meeting were presented for approval. Mr Lewis noted that there were a number of drafting corrections which needed to me made and it was agreed that a revised version of the minutes should be signed	

when these amendments had been made.	
4 Update on Actions arising from Previous Meetings	**SWBTB (12/14) 216 (a)**
The Board received the updated actions log. It was noted that there were no actions outstanding or requiring escalation to the Board for resolution. Mr Lewis highlighted that it had been agreed previously that the Ophthalmology inpatient privacy and dignity issues would be resolved by this meeting, however this had not yet been resolved fully. It was agreed that this would be reported back at the next meeting.	
ACTION: Mr Lewis to report back on progress with resolving the Ophthalmology privacy and dignity issue at the next meeting	
5 Questions from members of the public	**Verbal**
Mr John Cash, in attendance at the meeting, asked how the Trust was handling the recent accident and emergency operational issues. He acknowledged the Trust's hard work in handling the pressure and underlined the need to learn from the recent patient story. The Chairman acknowledged the media focus on the Trust in respect of the operational pressures and concurred that the Trust was handling the operational issues very well. He highlighted that the national position was difficult at present, however there was some good support from GPs and Social Services. Miss Barlow added that the situation was exceptional, with the acuity of patients arriving at Accident and Emergency having increased, requiring patients to be admitted to the Trust. It was reported that there had also been some small outbreaks of 'flu. The Board advised that there was some good working with partners and GPs had been brought in to release senior decision makers to treat the sickest patients. Additional ambulance activity was reported to be addressed by additional staff. The Board was advised that a number of additional beds had been opened across the Trust to assist the position. More staff were reported to have been used to promote discharges, particularly those before lunch and those into community beds. Miss Barlow reported that the environment had been kept safe despite the pressure. Dr Stedman highlighted the hard work of teams to discharge patients and support community services. It was reported that there was little sign of the pressures being alleviated at present and a forward look as to how the continued position would be handled was being prepared. Mr Ovington reported that staff had worked hard but also differently to cope with the pressures, including the alteration of protected breakfast times to promote the discharge procedure.	

Mr Lewis highlighted that the very long waits seen previously during periods of pressure had not materialised. It was noted that there was still a long way to go to improve the position further, regardless of the national picture. Ms Robinson asked whether staff would be formally thanked for their efforts. She added that one of concerns raised during a patient safety walkabout was the imbalance between focus on discharges and the care of patients staying with the Trust. Mr Lewis acknowledged that this message needed to be considered by the Executive. He reported that ward round now started with the patients who would be discharged and ended with those staying with the Trust. Mr Cash asked how the staffing position was across the Trust. Mr Lewis reported that there continued to be medical staff vacancies, although these were less than previously meaning that there was less reliance on agency staff. It was reported that some nurse staffing model changes had been implemented, however there remained a number of Band 5 nurse vacancies and staff sickness due to the recent 'flu outbreak had required the use of bank and agency staff. Despite this, it was reported that there was optimism that there would be a reduction in the use of bank and agency staffing and premium rate working. The Board was advised that the sickness absence would be given additional focus.	
6 Patient story	**Presentation**
The Board heard a story from the relatives of a patient who had died in the care of the Trust. The Chairman apologised for the poor experience outlined by the guests. Dr Stedman reported that some changes had been made since the patient had been treated, including the introduction of monitoring and detection of deteriorating patients using an electronic system, VitalPACS. He also advised that sepsis monitoring arrangements had also been strengthened since the episode of care. The relatives expressed a hope that the experience had generated some learning for the Trust. It was highlighted specifically that the 'Think Glucose' initiative had not been applied during the care. Ms Dutton thanked the relatives for attending and apologised for the complaints issues that had been outlined. She advised that complaints were now handled at a source level rather than centrally which had improved the handling of complaints in the Trust. The relatives emphasised the need to adhere to the timescales promised for the provision of a complaints response. They also suggested that there was no need to respond to a complaint speedily at the expense of a thorough investigation. Ms Dutton asked whether a more timely meeting with the clinical staff as part of the process would have assisted and was advised that this was the case. It was noted that there was a significant rotation of consultants during the care which made it difficult to secure medical input to the concerns to some degree. Miss Dhami offered a personal apology for the complaints experience. She	

advised that the complaints file had been reviewed and acknowledged that some basic errors had been made. She advised that good learning opportunities had been provided by the experience. Mr Lewis advised that there needed to be further consideration as to how complaints involving a death were approached, which at present was not the most appropriate. He highlighted that the family had not appeared to have been taken seriously or that their expertise in the knowledge of the patient had been harnessed. The relatives agreed with this perspective and outlined how the patient had been cared for at home prior to admission, which should have formed the basis of information on which the Trust should have acted. It was highlighted that this appeared to be a medic-specific issue. It was noted that there had been a delay in the patient being seen by a specialist consultant. The patients were thanked for their attendance and story. Mr Hodgetts underlined the need to learn from experiences and to keep people informed of the progress with the investigation and complaint.	
7 Chair's opening comments and Chief Executive's report	**SWBTB (1/15) 002**
Mr Lewis asked the Board to note his update. It was reported that the outline results of the national staff survey had been received which would be brought back alongside the 'Your Voice' information at a subsequent Board meeting. It was reported that there were a number of areas of deterioration which would need to be addressed. Mr Lewis reported that the deadline for the 'Better Care Fund' submission was planned for 9 January and in contrast to previous position, the positon agreed with commissioners was now consistent with the intentions and requirements of the Trust. It was noted that an Improvement Notice had been received from the CQC as expected in respect of Radiology, which needed to be resolved by June 2015, although there was an expectation that the corrective action plan would be delivered by April 2015. Dr Stedman reported that good progress had been made in respect of the acute oncology plans, including the dialogue with University Hospitals Birmingham NHSFT. It was reported that the plans included the expansion of outpatient oncology services. It was reported that a dashboard of quality standards was being built to assess and report performance against a set of KPIs for the care. Dr Sahota asked how long it took to start a chemotherapy session when a patient arrived. Dr Stedman reported that the administration of treatment would be separated from the appointment to see an oncologist which should resolve any long waits to start a course of treatment. It was reported that the Cancer Taskforce would oversee the redesign of the process by the beginning of 2015/16. Mr Lewis reported that because some of the parties involved with the work were not within the employ of the Trust, there was a degree of ambiguity with the	

plans overall at present.	
8 Corporate integrated dashboard	**SWBTB (1/15) 003** **SWBTB (1/15) 003 (a)**
Mr Waite reported that the emergency care performance for December was 88%, with a slight improvement in the first week of January. The Board was appraised of some of the key exceptions highlighted in the report, including the number of falls. Mortality reviews were reported to have improved. In December, 3 untoward incidents were reported, including a maternal death. The Board was informed of progress with addressing the CQUINs, although there was an expectation that these would be resolved largely in areas of poor performance at present. Mr Lewis noted that the Cardiology data was missing. Miss Barlow reported that the performance against the rapid access chest pain target was 91% and primary angioplasty call to balloon time performance had deteriorated. Mr Lewis asked how the positon against the harm free care ambitions compared with that against the previous year. Mr Ovington noted that falls with injury was much improved and there had been a significant fall in pressure ulcers, particularly in grades 2, 3 and 4. It was noted that these were key indicators that would signal a compromise of quality as a result of staffing model changes. Dr Sahota asked how the delayed transfers of care (DTOC) were being handled. He was advised that DTOC related to some degree to patient choice and the supply market for social services placements was a key determinant. It was noted that there might be an opportunity as part of the Better Care Fund to become a supplier of these placements. Ms Robinson noted that the positon against the PDRs target had deteriorated and encouraged this to be considered in the context of the workforce review. Mr Lewis reported that a trajectory for the completion of PDRs to 31 March had been developed and that much effort would be directed to improving the position. Mr Ovington reported that work had been done to relaunch the appraisal process. Mr Kang reported that the new system included a focus on professional leadership.	
9 Financial performance – Month 8	**SWBTB (1/15) 004** **SWBTB (1/15) 004 (a)**
Mr Waite reported that for Period 8, in month a small surplus had been recorded and the year to date positon was in balance. The forecast outturn was that the statutory financial targets would be delivered, with the route to this being plausible, albeit reliant on contingencies and reserves in some areas. The risk to the year-end positon was highlighted to include the need to reduce the cost base in Quarter 4.	

Year to date, the Cost Improvement Plan were reported to remain below expectation although the full year positon was above that anticipated. Capital expenditure was reported to be below plan and there was a risk of not meeting the Capital Resource Limit. It was highlighted that there had been some reprofiling of the programme but that did not reflect any intention to hold back some schemes. The cash position was reported to be healthy at present. Mr Kang asked whether any modelling had been undertaken to accommodate any crisis, such as a flu epidemic and its impact on the headroom in the financial position. Mr Waite advised that this had been done and was showing that the situation was unlikely to show a significant impairment of the position. He added that additional national funding had been received which the Trust would use to fund some of the additional beds that had been opened on a temporary basis. Mr Lewis added that the Trust was c. £1m ahead of the recovery plan at present. The risks amounted to c. £5m although there was anticipation that these risks could be managed to ensure that the statutory targets could be met. It was noted that the positon was very income-dependent. Ms Robinson asked for an outline of the 2015/16 financial plan submission plan. Mr Waite provided the key dates, with the Board being able to approve the plan to the usual timescales. It was suggested that the Board should see the plan prior to the external scrutiny. Mr Lewis highlighted that the submission was consistent with the LTFM that the Board had already approved. It was agreed that any deviation from this should be highlighted to the Finance & Investment Committee. Mrs Hunjan asked in terms of the fines notices, whether any learning had been gained from these to ensure that this was not repeated. Mr Waite reported that an upper limit for fines would be honoured by the CCG, being capped at £2m. It was suggested that there needed to be discipline in the delivery against the core operational standards. Mr Waite reported that there was good visibility at the directorate and group level of performance and these were picked up as part of the performance reviews. Mr Lewis reported that it was not clear that a fines cap would be agreed for 2015/16. It was noted that there needed to be a key focus on ambulance turnaround to minimise fines as a result of under performance against this target.	
10 Trust risk register update	**SWBTB (1/15) 005** **SWBTB (1/15) 005 (a)**
10.1 Update on actions agreed at the last meeting	
Miss Dhami presented the latest Trust Risk Register and asked the Board to receive and note it. The plans to strengthen the risk assessment and management process were highlighted. Ms Dutton suggested that the likelihood of the DTOC risks should be raised from	

2. In terms of Oral Surgery relocation, the Chairman asked whether the scores reflected that this would be resolved. Mr Lewis advised that this was the case and work was underway with Birmingham Community NHSFT to this effect. It was highlighted that the overall risk was over severely scored and this should be less than 20. The plans to address the Mental Health risk were discussed. Mr Lewis reported that there was risk of some liability to make the new arrangements for mental health services work, however an agreed positon for adults would be received; for young people, the position remained to be resolved.	
10.2 New considerations	
There were no new risks to add to the risk register.	
11 Trust's response to the introduction of the Duty of candour and Fit & Proper Persons Test regulations	**SWBTB (1/15) 006** **SWBTB (1/15) 006 (a)**
Miss Dhami presented the key implications of the new fundamental standards that had been introduced, namely Duty of Candour and Fit and Proper Persons Test. The overlap with the CQC essential standards of care was highlighted, as was the force of criminal law associated with adherence of the standards. It was reported that the Fit and Proper Persons Test regulations applied to Executive, Non Executive and any other individuals not formally Board members, but was in a senior management position. It was noted that the regulations did not extended to the Council of Governors. The regulations were reported to be the responsibility of the Trust and particularly the Chair of the Trust to discharge. The Board was advised that where information was received from members of the public then a panel would be convened to decide if there was sufficient evidence to approach the chair. Mr Lewis reported that further consideration was needed as to the support needed to be provided to individuals that would be investigated by the CQC as part of this process. The immediate actions were outlined, with a promise to bring back a further update and more detail at a subsequent meeting. Mr Lewis reported that there was a challenge in handling the regulations on an annual basis, although on appointment this was simpler to envisage. Mr Hoare asked whether there was a holding position for an individual that was being investigated. It was reported that this would be at the discretion of the Chairman. Dr Stedman asked how these regulations tied in with professional regulations. Miss Dhami reported that the GMC and NMC had been engaged with the process and had made a statement. Miss Dhami offered to circulate the joint statement in this respect. Mrs Hunjan noted that there were additional professional bodies, such as accountancy that needed to be borne in mind.	

In terms of Duty of Candour, it was reported that a contractual positon was already in place and a regular report was received by the Patient Safety Committee. The level of incidents and matters covered by this were outlined by Miss Dhami. It was reported that in November, 54 incidents would have needed to be handled under the terms of the Duty of Candour. The quality of the conversations with relatives and the subsequent documentation completion was highlighted to need further improvement, therefore more work was planned to better the position and involving the patients where needed. It was suggested that the Chief Nurse would bring a further plan to the Patient Safety Committee and Quality & Safety Committee at subsequent meetings. It was noted that TDA guidance on adoption of the regulations was to be issued shortly.	
ACTION: Miss Dhami to circulate the joint statement (GMC/MNC) concerning the introduction of the fundamental standards	
12 Equality and diversity update	**SWBTB (1/15) 007**
Mr Ovington advised that much work was underway on equality and diversity and in particular the assessment against the EDS2 framework. The annual report was reported to need publishing on 30th January. The Board was asked to provide delegated authority to the Quality & safety Committee to approve the annual report at its meeting planned for 30th January. This approval was given. Mr Cash provided an update on the scrutiny of the assessment by the Local Interest Group.	
ACTION: Mr Ovington to present the equality & diversity annual report to the Quality & Safety Committee on 30 January 2015	
13 Annual radiation safety report	**SWBTB (1/15) 018** **SWBTB (1/15) 018 (a)**
Dr Thomson, Consultant Radiologist joined the meeting and presented the key highlights from the annual radiation safety report. It was reported that staff doses was an area of considerable interest, which applied mostly to classified workers in radiopharmacy. Routine monitoring of whole body doses was reported to be being considered, based on risk assessment. The IRMER Committee was reported to have had a busy year, focussing significantly on the incidents, including wrong patient identification (prior to exposure) or wrong anatomy, however the checking process had now been made more robust and the method of dealing with incidents was reported to have improved. It was noted that the CQC as part of its visit in October 2014 had identified that there was not centralised training records for IRMER training in place, therefore a programme of work was being undertaken to address this. Mr Lewis advised that the compliance notice received from the CQC was a serious	

matter and asked whether there was confidence that training for all relevant staff could be evidenced by the end of March 2015. Dr Thomson confirmed that the training record issue was to be resolved by the end of March at the latest. Dr Stedman clarified that this was a training issue for radiology staff only and particularly operators of equipment. It was reported that a small number of Cardiologists might be affected by this remedial action. It was agreed that a report to Quality & Safety Committee was needed. Further training and research was outlined. Mr Lewis asked whether there was confidence that the level of staff exposure to radiation was within acceptable levels. Dr Thomson advised that this was the case across all staff groups and was well within the limit permitted. Mr Lewis asked whether in Interventional Radiology, given the higher than planned cases being handled by this area, there remained confidence that there was not a risk of over exposure. He was advised that this was the case. Dr Thomson gave assurances that the monitoring processes were robust and a detailed review at the end of each year was produced. The Board congratulated Anita Jeffries on attaining her accreditation as Radiation Protection Advisor.	
ACTION: **Miss Barlow to arrange for a report on plans to address the CQC compliance notice for Radiology at the next meeting of the Quality & Safety Committee**	
14 Engagement plans for Cardiology and Surgical Assessment reconfiguration	**Hard copy paper**
Ms Wilkin presented the engagement plans for the reconfiguration of the Cardiology and Surgical assessment services. It was reported that the engagement plans were being considered by the CCG and if they agreed with the proposal, this would initiate the engagement process, involving patients and public. Ms Robinson asked whether there was an opportunity to change any of the contents of plans for engagement. She was advised this was the case if needed. The distinction between consultation and engagement was outlined, with the latter being an awareness raising exercise. Mr Hodgetts expressed concern over the lack of engagement with the public sooner. Mr Lewis reiterated that the service was very specialist and proceeding on best clinical advice and that there was much work being done now to engage with key stakeholders.	
15 Service presentation – Child Therapy Services	**Presentation**
The Board welcomed Petrina Marsh and Kay Baker who outlined the key aspects of the Community Children's Therapy Service, including the offerings that worked	

well, key risks and future developments. Mrs Hunjan congratulated the team on achieving a status as a Beacon Service. She asked what actions were being taken to minimise the risks of loss of contracts and asked what monitoring mechanisms were in place to assess the success of the programmes. Ms Marsh advised that there were independent practitioners that competed for work, however in terms of the SLAs with schools, clinical outcomes are monitored and reported, emphasising the benefits of working with the NHS, such as clinical governance frameworks and accreditation. Ms Baker added that targets were set for each child, which were monitored. Mrs Hunjan noted that the newsletters were not visible in schools. She was advised that all schools and GPs were issued these electronically, however work would be done should this be a problem for particular schools. Ms Robinson asked if there was any further support the Trust could provide to make the service successful. Ms Marsh advised that additional support for negotiation with publishers and the contract process would be welcome.	
16 Update from the meeting of Quality & Safety Committee held on 19 December 2014 and minutes from the meeting held on 28 November 2014	**SWBQS (11/14) 100**
Ms Dutton presented an overview of the key discussions from the Quality & Safety Committee held on 19 December 2014. It was suggested that a more detailed report on nurse staffing levels could be considered at the next meeting of the Quality & Safety Committee.	
ACTION: Mr Ovington to present an update on nurse staffing at the meeting of the Quality & Safety Committee on 30 January 2015	
17 Update from the meeting the Workforce & OD Committee held on 19 December 2014 and minutes from the meeting held on 26 September 2014	**SWBWO (9/14) 059**
Mr Kang presented an overview of the key discussions from Workforce & OD Committee held on 19 December 2014. It was reported that there was a key focus on sickness absence levels at present, including the link between leadership and sickness absence levels. Ms Dutton suggested sickness absence was taken into account when putting individuals forward for training development opportunities. In terms of recruitment, it was noted that there was little likelihood that over recruitment in some key nurse staffing positions would occur. The revised appraisal principles were outlined.	

18 Update from the meeting of the Charitable Funds Committee held on 4 December 2014 and 12 December 2014 and minutes from the meeting held on 4 September 2014	**SWBCF (9/14) 018 SWBCF (1/15) 008 SWBCF (1/15) 008 (a)**
Dr Sahota presented an overview of the key discussions from the Charitable Funds Committee held on 4 December 2014 and 12 December 2014. Ms Wilkin guided the Board through the bidding process that had occurred and asked the Board to note the summary of decisions made which the Board was asked to ratify. It was reported that the bids had been assessed against a set of strategic aims for the charity, including innovation and sustainability. It was noted that the total spend commitment was higher than that in previous years. Dr Sahota advised that there was now good awareness of the Trust's charity internally, however there was further work to do to raise the awareness further and drive the fundraising activity. Ms Robinson suggested that additional communications needed to be developed to highlight the key successes of the work. It was noted that there would be good monitoring arrangements implemented to track the effectiveness of the projects. The Board approved the grants.	
19 Any Other Business	**Verbal**
There was none.	
Matters for Information	
The Board received a report on Nurse Staffing for information.	**SWBTB (1/15) 010 SWBTB (1/15) 010 (a)**
Details of the next meeting	**Verbal**
The next public session of the Trust Board meeting was noted to be scheduled to start at 1330h on 5 February 2015 and would be held in the Churchvale/Hollyoak Rooms, Sandwell Hospital.	

Signed: ……

Name: ……………………………………………………………….

Date: ………………………………………………………………

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

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

8 January 2015, Anne Gibson Boardroom, City Hospital

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

Apologies: Dr P Gill

Secretariat: Mr Simon Grainger-Lloyd (SGL)

Last Updated: 30 January 2015

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.333	Learning plan 2014-17	SWBTB (10/14) 164 SWBTB (10/14) 164 (a)	02-Oct-14	Schedule a discussion about the rolling slide pack showing organisational change for a future Board Informal session	SG-L	~~12/12/2014~~ 16/01/2015	Scheduled for the ~~December January~~ February meeting	A
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	G
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	G
SWBTBACT.337	Progress with strengthening consent process	Verbal	06-Nov-14	Provide an update on the reaudit of consent at a future meeting	RST	05/02/2015	Included on the agenda of the February 2015 meeting	G
SWBTBACT.339	Trust risk register update	SWBTB (11/14) 190 SWBTB (11/14) 190 (a)	06-Nov-14	Consider the means of better publicising the Trust's maternity services	RW	31/03/2015	ACTION NOT YET DUE	G
SWBTBACT.341	Update on actions arising from previous meetings	SWBTB (11/14) 199 (a)	04-Dec-14	Gather information from the recent audits of consent in readiness for the CQC quality summit in early 2015	RST	01/02/2015	Update included on the agenda of the February 2015 meeting	G

SWBTBACT.342	Chair's opening comments and Chief Executive's report	SWBTB (12/14) 202	04-Dec-14	Provide a further update on acute oncology plans at the next meeting	TL	08/01/2015	Included as a verbal update under matters arising on the agenda of the February 2015 meeting	G
SWBTBACT.343	Never Events controls assurance	SWBTB (12/14) 203 SWBTB (12/14) 203 (a)	04-Dec-14	Present a summary of the measures being taken to prevent all Never Events (including those that had not occurred at the Trust) at the February meeting of the Board	KD	05/02/2015	Update included on the agenda of the February 2015 meeting	G
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	G
SWBTBACT.345	Corporate integrated dashboard	SWBTB (12/14) 204 SWBTB (12/14) 204 (a)	04-Dec-14	Present an update on plans for emergency surgery at the February meeting	RB	05/02/2015	Update included on the agenda of the February 2015 meeting	G
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	New cover sheet launched	B
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	B
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	B
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	Action now obsolete	B
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	B

SWBTBACT.349	Update on actions arising from Previous Meetings	SWBTB (12/14) 216 (a)	08-Jan-15	Report back on progress with resolving the Ophthalmology privacy and dignity issue at the next meeting	TL	05/02/2015	Included as a verbal update under the risk register item on the agenda of the February 2015 meeting	B
SWBTBACT.350	Trust's response to the introduction of the Duty of candour and Fit & Proper Persons Test regulations	SWBTB (1/15) 006 SWBTB (1/15) 006 (a)	08-Jan-15	Circulate the joint statement (GMC/MNC) concerning the introduction of the fundamental standards	KD	05/02/2015	Circulated as requested	B
SWBTBACT.351	Equality and diversity update	SWBTB (1/15) 007	08-Jan-15	Present the equality & diversity annual report to the Quality & Safety Committee on 30 January 2015	CO	30/01/2015	Presented as requested and signed off	B
SWBTBACT.352	Annual radiation safety report	SWBTB (1/15) 018 SWBTB (1/15) 018 (a)	08-Jan-15	Arrange for a report on plans to address the CQC compliance notice for Radiology at the next meeting of the Quality & Safety Committee	RB	30/01/2015	Plan presented to Quality & Safety Committee as requested	B
SWBTBACT.353	meeting of Quality & Safety Committee held on 19 December 2014 and minutes from the meeting held on 28 November 2014	SWBQS (11/14) 100	08-Jan-15	Present an update on nurse staffing at the meeting of the Quality & Safety Committee on 30 January 2015	CO	30/01/2015	Plan presented to Quality & Safety Committee as requested	B

KEY:

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

REPORT TO THE PUBLIC TRUST BOARD

Chief Executive's Report – February 2015

It is eminently suitable that the heart of the Board's time is spent this month on nurse staffing and on Never Events: Safety and quality issues both for staff and patients. January 29th marked a full twelve months since the last Never Event in the Trust – marked by various celebrations of the efforts of staff, linked to a commitment to keep working on and learning from near-misses and errors. Since the Board last met I attended a learning event with over fifty staff in our eye hospital, which brought home very vividly how much change Ajai Tyagi, Velota Sung, Hilary Lemboye and their teams have brought about in the culture of the unit. Since January we have implemented revised nursing establishments, as well as changes in maternity, which tackle some long-standing issues. It remains the case that band 5 nursing role recruitment must improve, and whilst turnover has got better, we have further to go. This, as well as our skills audits, have due emphasis within our nursing leadership.

1. Our patients

The performance report shows marked progress in December, and I can report further improvement in January. Our diagnostic and elective waiting times have been returned to prior levels of compliance, which are increasingly distinctive as other units struggle. The Board discussed at its last meeting our Christmas emergency care position. Critically, we were safe. But we did have to open additional beds and on occasion those beds operating with more temporary staff than any of us would wish, and placed further burdens on substantive staff in adjacent teams. The risk assessment of those actions has to contrast that approach with one in which patients were turned away without clinical assessment. I think it will be appropriate as part of our year-end assessment of organisational performance and control to ask our Quality and Safety Committee to examine the risk assessment we use for these decisions, which often have to be made very quickly, to assure us all that full consideration is given each time to all of the factors that should be examined.

For the latter part of January, the Trust has seen compliance with the emergency standard on all three sites. This returns to the position last achieved in April, and our overall delivery of the standard is returned to August levels month to date. This is very encouraging. However, we need to remain focused on the Decision To Admit "in-first-hour" metric that we agreed was salient during our review in October, and continue to take steps to drive down delayed transfer of care, which have not improved materially. In that regard in coming days we open a social care unit at Rowley Regis, as part of beginning to prepare the SWB system for 2015-16. This is a pilot project with Sandwell Metropolitan Borough Council. Discussions with Birmingham City Council about trajectories for improvement remain less advanced, and social care related delays for Birmingham residents must remain a key risk to the future of service scale and re-design in the Trust.

We have now had sight of both CQC Safeguarding reports. Both provide room for improvement, which will be taken forward under Colin Ovington's leadership. We should consider in advance of our 14-15 annual report, the current state of safeguarding improvement that we have achieved over the last two years, and confirm our trajectory for 2015-16. At the same time, it would be worth

examining the Deprivation of Liberty position. The Trust was rightly criticised by the PHSO for our approach to a patient in 2011. And of course nationwide there has been a huge increase in DOL referrals since the landmark decision in Cambridge in 2014. I am satisfied presently by the arrangement we have in place as a Trust, but Board level scrutiny of that would be, in my view, an appropriate precursor to our annual governance statement and the quality account section of our annual report.

January has seen the big change that is our open visiting policy. As I described to the Board when we last met, this is a deliberate and significant cultural change. The Clinical Leadership Executive continues to scrutinise how it is operating and learn lessons from feedback about any strains or pressures placed on our system, for example, protected mealtimes. We have committed to a formal evaluation in March – and whilst the changes are "here to stay" there is plenty of room to adjust what we do. That commitment to encourage friends and family involvement in the care of inpatients is also something that has featured in the engagement events to date around cardiology and surgery changes. We recognise that, in a Midland Metropolitan scenario, journey times for visitors will increase, and so the current proposed changes provide an opportunity in the year ahead to test arrangements on which we might rely in a larger scale in three years time.

Looking into February, I am delighted to be able to confirm that additional funding has been sourced nationally for the treatment of long wait elective care patients. This is welcome, and whilst our waiting list is lower now than our planned projections, any wait reduction is clearly welcome. Later in the month, we will begin a new service – or rather 'localise' a service provided currently at UHB, Stoke and elsewhere – when our new cardiac MRI service starts work. This, along with the investment in cardiac equipment, and the changes in service configuration, re-affirm again the deep commitment of the Trust to cardiac care. Improvements in wait times and clinical administration within the department continue, and the invited review by the RCP has now been received.

2. Our workforce

We are not yet at the concluding position for phase 1 of our workforce changes, which means we are behind our timeline for the first time. There remain individuals at risk without job offers, albeit the figures reduce day by day and remain below 20. We will bring forward a handful of redundancy proposals over coming weeks, as well as seeking to make some changes under the agreed MARS provision. The scale of redeployment far outweighs the number affected in this way, and we will keep corporately a very close supporting brief with those staff involved in trials, and who are being given extended educational support to act into new roles. Jim Pollitt's team, which will fall within the remit of our new Organisational Development director's portfolio from mid-February, are working to ensure that a clear pathway for training access is in place, and that the remaining 20 HCA vacancies are available first to staff internally who want to be retrained into clinical roles.

We discuss the latest Your Voice results, and the small annual staff survey results, within the Board's time. It remains the case that the management of change poses risks to morale and engagement. The executive will reflect further on how these tensions are best addressed in 2015/16, when of course the pace and scale of change will be even higher. The leadership development programme is an important part of that picture, as is the introduction from April of protected Quality Improvement time for all staff groups. But we will consider whether there are some 'hot spots' within our workforce where additional support and intervention is needed.

3. Our partners

Discussions with commissioners about 2014/15 and the year ahead continue. The commitments in the Long Term Financial Model are recognised by partners. The incoming local NHS England team have been briefed on those obligations. Alongside that, work on the Midland Metropolitan Approval Business Case continues, now under the leadership of Alan Kenny. The so-called 'downside case', explaining how the Trust would weather significant deviation from its plans, will be examined by the Right Care, Right Here Executive in mid-March.

NHS England continue to issue guidance associated with the Five Year Forward View. In particular Vanguard bids for Accountable Care Organisations will be required by February 9th. I will provide an oral update to the Board on discussions being held with all interested parties. The RCRH partnership continues to oversee the balance locally between provider diversification and provider sustainability. Likewise, we continue to be active in submitting tenders for existing and new work that are consistent with our plans. The new structure of the finance team will, in time, enhance the commercial acumen of those approaches.

I can confirm that all Trust Development Authority planning documentation was submitted to time during January. Feedback is awaited but indications are the Trust remains well regarded in the work that we are doing to plan future scenarios. Of course our long term financial model may be affected by provider changes locally, by contracting approaches proposed in the operating guidance and by any issues arising from our awaited Care Quality Commission report.

4. Our regulators

In March, we will have an important regulatory inspection across our pathology services. Preparations for that at a local level continue, and corporate oversight of that will be stepped up later in February. Current evidence suggests good compliance, but inevitably we will need to discuss with inspectors the balance between input measures and outcomes. The scale of personnel, role and site change since the last inspection process in 2011 is significant.

The Trust has now been issued with educational commissions for doctor's training posts from August 2015. As has now happened annually this sees post reduction, as training regimes continue to change. The education committee will seek to assure itself that these changes are well managed and are an opportunity to develop multi-professional approaches, rather than solely a first step to creating non-training grade posts which prove often hard to fill.

The Care Quality Commission continues to publish guidance on its developing role. The latest consultation document covers how providers should display regulatory ratings, and this comes into force from April 2015.

Toby Lewis
Chief Executive

30 January 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Reaudit of Consent
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman, Medical Director
AUTHOR:	Dr Roger Stedman, Medical Director
DATE OF MEETING:	5th February 2015

EXECUTIVE SUMMARY:

A change in consent process for elective procedures was recommended following board discussion of the effectiveness of control measures in place to prevent never events in September 2014. This change was implemented in November 2014 and a letter sent to all members of staff that take consent for interventional procedures - previously shared with the Board.

Both anecdotal feedback and audit evidence has demonstrated that there has been a significant improvement in the way consent is taken. In particular the incidence of consent taken on the day of surgery has fallen significantly since the introduction of the change in November.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and consider the content of this report.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	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:

High quality care

PREVIOUS CONSIDERATION:

December 2014

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Update on Consent Issues – Update to the Trust Board

5 February 2015

Situation

A change in consent process for elective procedures was recommended following board discussion of the effectiveness of control measures in place to prevent never events in September 2014. This change was implemented in November 2014 and a letter sent to all members of staff that take consent for interventional procedures - previously shared with the board.

Both anecdotal feedback and audit evidence has demonstrated that there has been a significant improvement in the way consent is taken. In particular the incidence of consent taken on the day of surgery has fallen significantly since the introduction of the change in November.

Background

The failure to obtain proper consent in advance of carrying out an elective procedure was identified as being a contributing factor in one of the never events that was identified in 2013. Subsequent audit of control measures for the prevention of never events highlighted that the obtaining of consent on the day of surgery remained at an unacceptably high level (>25%).

In November additional control measures were introduced to reduce the likelihood of a patient arriving on the day of surgery without stage one of the consent process taking place. These included a check at pre-op assessment and on admission on the day of surgery. In addition an escalation process for non-compliance.

Assessment

	Count of elective patients audited	Count of elective patients consented on the day of surgery	Percentage of patients consented on day of surgery
Nov	112	37	33%
Dec	59	9	15%
Jan	34	4	12%

Audit carried out using the clinical systems audit tool has produced encouraging results since the implementation of the change. Whilst a proportion of the cases where consent was taken on the day of surgery were unavoidable (no opportunity to obtain consent prior to the day of surgery), there remains a low level of incidents of consent taken on the day of surgery where there was an opportunity to obtain consent prior to the day.

Recommendation

The board is asked to note these encouraging results. Further actions recommended:

1) Continue to audit the process, including collection of data on incidents reported where failure to obtain consent prior to the day is identified.
2) Reminder to clinicians in areas where low levels of non-compliance are occurring
3) Continued enforcement action for non-compliance

Dr Roger Stedman
Medical Director
January 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The Trust response to 'Never Events': An update
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Allison Binns, Assistant Director of Governance
DATE OF MEETING:	5 February 2015

EXECUTIVE SUMMARY:

Since the inception of the national "Never Events" policy in 2009, 18 such events have occurred in the Trust; these are listed in the attached report. Varying degrees of harm were experienced by patients as a result of the 'Never Events', ranging from low, minor to moderate. This paper highlights the concerted efforts made by staff to eradicate such incidents by changing their clinical practices.

This month the Trust reached its first anniversary without a 'Never Event'; testament that the changes made have had the required outcome.

REPORT RECOMMENDATION:

The Trust Board is recommended to:

a. Note that due to a responsive approach leading to effective changes in clinical practices, over a year has passed without the Trust experiencing a 'Never Event'. Work continues to strengthen existing controls to prevent future occurrences with changes made as required.

b. Receive the outcome of a review of the controls in place for the unrealised 'Never Events' at the March Trust Board.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

Safe, high quality care

PREVIOUS CONSIDERATION

December 2014

FOR DISCUSSION

SWBTB (2/15) 023 (a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report to the Trust Board on 5th February 2015

The Trust response to 'Never Events': An update

1. Introduction

Since the inception of the national "Never Events" policy in 2009, 18 such events have occurred in the Trust; these are listed below. Varying degrees of harm were experienced by patients as a result of the 'Never Events', ranging from low, minor to moderate. This paper highlights the concerted efforts made by staff to eradicate such incidents by changing their clinical practices. This month the Trust reached its first anniversary without a 'Never Event'; testament that the changes made have had the required outcome.

	Incident Date	Group	Specialty	Type of Never Event
1.	17/06/2009	W&CH	Gynaecology	Wrong site surgery
2.	27/07/2009	Surgery A	Colorectal	Retained foreign object post operation
3.	20/10/2010	Medicine	Stroke	Wrong route administration of oral / enteral treatment
4.	01/04/2011	Surgery A	Breast	Retained foreign object post operation
5.	21/06/2011	W&CH	Maternity	Retained foreign object post operation
6.	22/06/2011	W&CH	Gynaecology/Surgery	Retained foreign object post operation
7.	25/11/2011	Surgery B	Ophthalmology	Retained foreign object post operation
8.	23/01/2012	Surgery A + A&CC	Critical Care	Wrong route administration of oral / enteral treatment
9.	01/02/2012	W&CH	Gynaecology	Retained foreign object
10.	16/03/2012	Surgery B	Ophthalmology	Wrong implant
11.	13/07/2012	Surgery A + A&CC	Critical Care	Retained foreign object post
12.	11/09/2012	Surgery B	Oral Surgery	Wrong site
13.	17/06/2013	Surgery B	Ophthalmology	Wrong implant
14.	15/12/12*	Surgery A	Plastic Surgery	Wrong site surgery
15.	06/11/13	Surgery A	T&O	Wrong implant/prosthesis
16.	12/11/13	Surgery B	Ophthalmology	Wrong Site Surgery
17.	03/01/14	Surgery B	Ophthalmology	Wrong Site Surgery
18.	13/01/14**	Medicine	OPAT/Interventional Radiology/Medicine	Retained foreign object post operation

**Incident reported on 21/08/13*
***Incident reported on 20/06/14*

2. Lessons Learned

Each 'Never Event' was investigated to identify root causes and to ensure that services, systems and processes were amended to take account of this and to prevent recurrence. Below are some of the changes made as a result of the investigation findings.

Changes to working practices in response to 'Never Events'			
Mandatory use of the WHO surgical checklist in all theatres	Introduction of new Safer Surgery procedures	Rolling audit programme of WHO surgical checklist compliance	Task & Finish group set up to oversee implementation of the WHO surgical checklist
Relaunched protocol for implantation of Intra Ocular Lenses (IOLs)	Adaption of the WHO surgical checklist for some non-theatre interventions	One off audit of intra-operative missing equipment in Ophthalmology	Use of an x-ray from incorrect NG tube positioning for use in teaching
Clarity provided on the presence of Company representatives in theatres	Extra steps added to "Time Out" to check lens power against biometry and to check that the lens is placed on Phaco machine	Learning Alert video produced on handover processes	Mandatory for all doctors in training to complete NG on-line competency toolkit
Amended "Protocol for Selection and Management of Implantable Lenses" to make final check prior to insertion of lens mandatory and empower staff to stop the process until lens power is confirmed	Extra step added to "Sign Out" to confirm correct implant before leaving theatre	Empower staff to challenge seniors regarding failures in safe practice and instruct staff to stop the process if not correct	Notice placed in each ophthalmic theatre stating that lenses should only be taken out when required for the next patient and placed on top of Phaco machine
An adjusted maternity swab protocol to require documentation in all records	Reminded staff of relevant 'Never Events' list	Hip prosthetics range limited and improved storage	Lock down of theatre lists to avoid last minute changes
Current laser rules in eye clinic clarified and communicated	A programme of rolling audits of consent, swab counts and site marking	Storage of lenses and labelling of shelves improved	Re-informed clinicians of the availability of patient information leaflets on the intranet
Updated the 'Insertion, Management and Removal of Midline Catheters' policy to include aftercare and use of a Bio-nector	Ophthalmic out-patient procedures risk assessed, reviewed and audited to ensure positive patient identification is carried out	Learning Alert video produced on positive patient ID	A statement on the taking of consent prior to the day of surgery and the consequence of non-compliance was issued by the CEO/MD/CN
Swab count process amended to include guidance on how dropped swabs are dealt with in theatres	Patient IT system modifications to operating processes e.g. the organisation of drop down lists	Incorporation of WHO surgical checklist into theatre care plan	All NG lines placed in Critical Care patients are reviewed the following morning by a Radiologist
Video reflexivity introduced in BMEC theatres to analyse team briefings, initiate safety improvements and encourage/empower staff to make effective changes to practice	Patient consent completed in clinic when completing Decision to Admit form. Consent form copy provided to patient with an information leaflet to ensure that patient's fully understand the procedure to be carried out	Revised checklist includes the four prompts when confirming gastric position of nasogastric tubes, and responsibilities of radiographers	Stamps used to ensure documentation of guide wire removal in theatres is complete

3. Unrealised 'Never Events'

NHS England have put forward a consultation paper on changes to the 'Never Event' list from 1 April 2015 which will see some 'Never Events' merge and some be removed. Also, some that currently exist will have better definition for ease of reporting. This means that there are a further ten 'Never Event' descriptions which relate to the Trust that we have not experienced.

Some of these 'Never Events' have policies and audits in place which whilst guiding practice and monitoring compliance do not in themselves provide adequate assurance. A review is in progress of any processes and associated controls which may not directly prevent a 'Never Event' but may reduce the likelihood of them occurring. The list of the 'new' 'Never Events' is shown below. The findings and any action taken to strengthen controls will be reported to the March Trust Board.

1	Wrongly prepared high-risk injectable medication
2	Maladministration of potassium containing solution
3	Wrong route administration of chemotherapy
4	Intravenous administration of epidural medication
5	Maladministration of Insulin
6	Inappropriate administration of daily methotrexate
7	Falls from unrestricted windows
8	Entrapment in bedrails
9	Transfusion of ABO-incompatible blood components
10	Severe scalding of patients

4. Recommendations

4.1 The Board is asked to note that due to a responsive approach leading to effective changes in clinical practices, over a year has passed without the Trust experiencing a 'Never Event'. Work continues to strengthen existing controls to prevent future occurrences with changes made as required.

4.2 The outcome of a review of the controls in place for the unrealised 'Never Events' will be presented to the March Trust Board.

Kam Dhami
Director of Governance

5 February 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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:	5 February 2015 (Report finalised 23 January2015)

EXECUTIVE SUMMARY:

The report is intended to inform the Trust Board of the summary performance of the Trust for the period April – December 2014.

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Accessible and Responsive Care, high Quality care and Good Use of resources. National targets and infection control. Internal control and good value for money.

PREVIOUS CONSIDERATION:

Operational Management Committee and Clinical Leadership Executive.

Sandwell and West Birmingham Hospitals
NHS Trust

Integrated Quality and Performance Report

December 2014

Contents

Executive Overview

Patient Safety	*(Areas of sub-optimal performance)* *(What is driving current performance)* *(What actions are being taken / planned to rectify current performance)* *(When is an improvement in performance likely to be see, is there an improvement trajectory?)* *(Horizon scanning - internal / external - likely to impact?)*
Clinical Effectiveness	
Patient Experience	
Patient Access	

At A Glance

Infection Control

There were no cases of C. Diff reported during the month. The number of cases for the month, and numbers for the year to date, remain within the trajectories for the respective periods.

There were no cases of post-48 hour MRSA Bacteraemia reported during the month. The TDA have informed the trust that they have allocated 2 further instances to the trust after a post infection review due to contamination. (1 in May, 1 in June). The IPR has been updated accordingly.

The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of December decreased. The incidence for the year to date remains well within the operational threshold.

Both MRSA elective and non-elective screening remain above the 80% target at 97.84% and 92.9% respectively.

Harm Free Care

Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 94.8%, the fifth consecutive month failing to achieve the 95% target.

There were 94 falls reported in December, an increase from the previous month (73) Of these 66 were in Medicine, 6 in Surgery A, 1 in Surgery B and 21 in Community.

A total of 9 hospital acquired, avoidable, pressure ulcers (6 Grade 2, 3 grade 3) were reported for the month of November.

There were 17 Open CAS Alerts reported at the end of December, none were overdue at the end of the reporting period.

Obstetrics

The overall Caesarean Section rate for December increased to 26.4%, with Elective and Non-Elective rates of 10.64% and 15.74% respectively. The overall rate for year to date is 25.5% compared with an operational threshold of 25.0%.

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

There was one maternal death reported in December.

Mortality & Readmissions

Mortality Data is now extracted from the CHKS system which reports the Risk Adjusted Mortality Index (RAMI) as the principal measure of an organisations mortality. HSMR data is also available from CHKS, but currently only available at Trust level. SHMI data derived from HED, continues to be reported.

The Trust's RAMI for the most recent 12-month cumulative period is 85, which remains beneath that of the National Peer. Both City and Sandwell site RAMIs are within statistical confidence limits at 62 and 103 respectively.

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

During the most recent month for which complete data is available (October) the overall Trust performance for review of deaths within 42 days improved slightly to 83.0%, but remains beneath the trajectory for the month of 94.0%.

The Trust's Crude Mortality Rate for December is 1.9%. (184 deaths)

Stroke Care & Cardiology

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 83.3% (90% target). 57% of eligible patients received thrombolysis within 60 minutes of admission (target85%). patients receiving a CT scan within 24 hours of presentation fell slightly to 97.7% against a 100% target.

Primary Angioplasty (Door to balloon time <90 minutes %) was 88.2%. for December against an 80% target. Primary Angioplasty (Call to balloon time <150 minutes %) was 85.7% against an 80% target. RACP percentage for December was 97.9% below the 98% target.

Cancer Care

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

1 Group, Medicine, failed to meet 93.0% operational threshold for the 2-week maximum cancer wait with performance for the month of 91.7%.

Surgery B (ENT) missed the 62-day urgent GP referral to treatment target with performance during November of 66.7% (2 of 3 patients).

Both Medicine and Women & Child Heath failed to meet the 62-day referral to treatment from hospital specialist target.,88.2%(7.5 out of 8.5 patients) and 66.7% (1 out of 1.5 patients) compared with the operational threshold of 90.0%.

Patient Experience - MSA & Complaints

There were 2 mixed sex accommodation breaches reported during the month of December.

The FFT Response Rate within ED has fallen slightly to c.17%, but remains beneath the operational threshold of 20.0%.

The percentage of complaints exceeding the response date has fallen (improved) to 60% in December. Further work is being undertaken to ascertain specifically where in the system delays are occurring.

The oldest complaint currently in the system is in Medicine at 182 days

Patient Experience - Cancelled Operations

Cancelled Operations fell to 1.1% during the month, against a 0.8% target. There were a total of 48 SitRep declared late cancellations reported during the period, a significant rise from 28 during the previous month. Of the 48 cancellations, 33 were in Surgery A.

There was 1 second or subsequent urgent operation cancellation in December down to Women and Children's Group in Gynae

There was one 28 day breach of the late cancelled operation guarantee reported during the month of December in Surgery A (General Surgery)

Emergency Care

The Trust did not meet the 4-hour ED wait target during December with performance of 90.26% for the month. Performance for January is 93.69% and Year to Date is 92.77% (all as of 28th January 2015).

Delayed Transfers of Care dropped to 3.5% for the month (City 4.3%, Sandwell 2.9%).

The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during December dropped to 75% (9 of 12 patients)

Referral To Treatment

Trust level Admitted and Non Admitted RTT targets were both met for the month of December with performance of 91.3% (target 90.0%) and 95.44% (target 95.00%) respectively. There was an decrease in the number of treatment functions failing from 20 in November to 7 during December.

No Patients waited more than 52 weeks for commencement of treatment. Ist occurrence of zero patients waiting in over 18 months.

Diagnostic waits beyond 6 weeks improved to 0.22%, compared with an upper operational threshold of 1.00%. Of the 13 patients waiting in excess of 6 weeks all are in Imaging (CT and MRI).

Data Completeness

The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields. All three parameters are above target.

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 December reported as 96.0%.

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 December of 39.23%.

Staff

PDR overall compliance as at the end of December reduced marginally to 79.49%. The range by Group is 73 - 88%. The Medical Appraisal and Revalidation Rate improved slightly to 87.8%.

Mandatory Training at the end of December improved to 87.0% overall. The range by Group is 83 - 93%.

An update to your voice shows a decline in score from 3.65 to 3.57 (Lowest Finance 2.77 to highest Breast Screening 4.03). Response rate also declined from 17.4% to 12.6% (Lowest Admitted care and Maternity 4% to highest Nuclear medicine 47%)

Sickness Absence is reported as 5.25% for December, (This is the highest level shown on this 20 month chart) and 4.53% for the 12-month rolling period. (Range by Clinical Group during December is 3.6% to 6.0% and by Corporate Directorate 1.28% to 7.01%).

CQUIN

In summary, one scheme is classified as failing, 17 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) 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.

The CQUIN failing is the Dietetic one. Formal submission of CQUIN performance to commissioners has been made for the first 2 Quarters. Feed back from Commissioning (13th Jan) shows a great concern for Community Dietetics not achieving the required quarterly mile stones. £0.9M is at stake, with a remedial action plan required. (this may now bereduced to £0.6M)

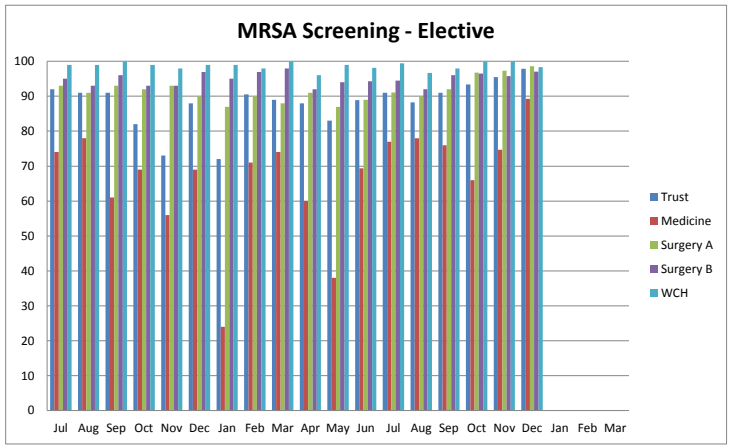
External Assessment Frameworks

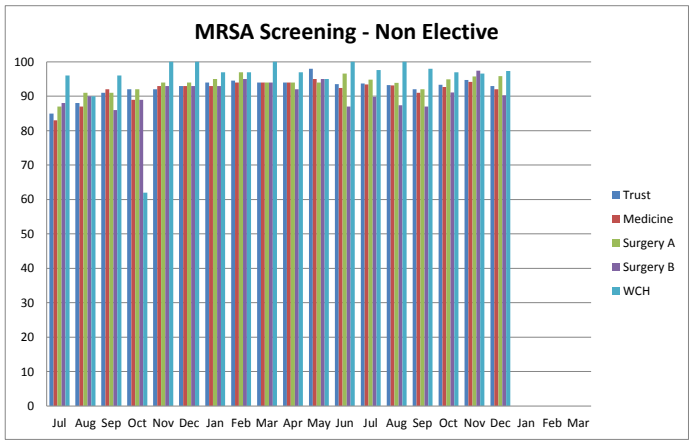
TDA Accountability Framework - Quality Scores for each of the 5 domains which comprise the framework are indicated in the main body of this report, with the areas of 'adverse' performance against each domain identified. The sum of the domain scores are used to derive the overall quality score which for 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 December related to ED 4-hour performance of less than 92.0%.

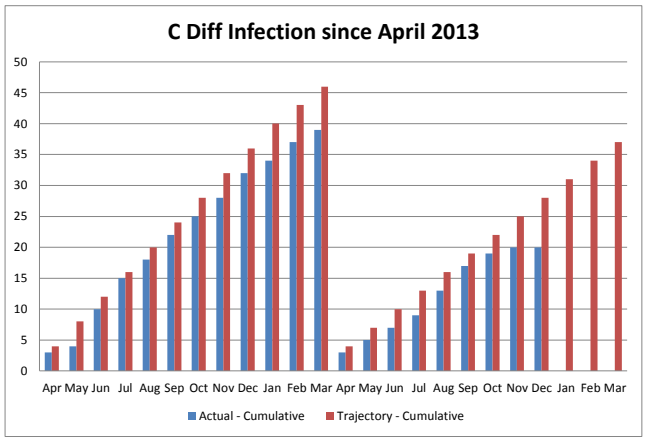
Monitor Risk Assessment Framework - compliance against this framework is also indicated. For the month of December performance (actual and projected) attracts a Governance Rating of 1.0 (Amber / Green), influenced adversely by ED 4-hour wait performance.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
4			C. Difficile	No.	37	3																			Dec-14	0	0	0	0					0	20			
4			MRSA Bacteraemia	No.	0	0																			Dec-14	0	0	0	0					0	3			
4			MSSA Bacteraemia (rate per 100,000 bed days)	Rate	<9.42	<9.42																			Dec-14									4.3	5.6			
4			E Coli Bacteraemia (rate per 100,000 bed days)	Rate	<94.9	<94.9																			Dec-14									8.69	17.3			
3			MRSA Screening - Elective	%	80	80																			Dec-14	89	99	97	98					97.8				
3			MRSA Screening - Non Elective	%	80	80																			Dec-14	92	96	90	97					92.9				

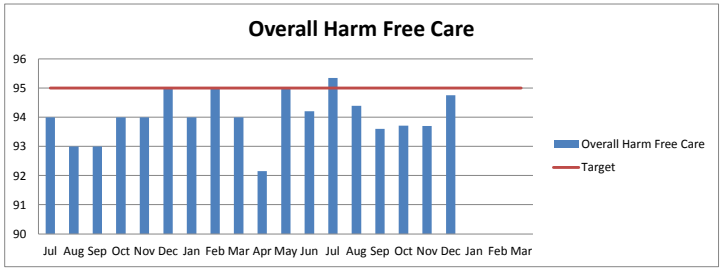


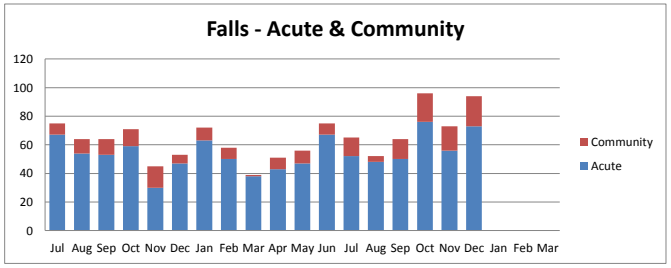


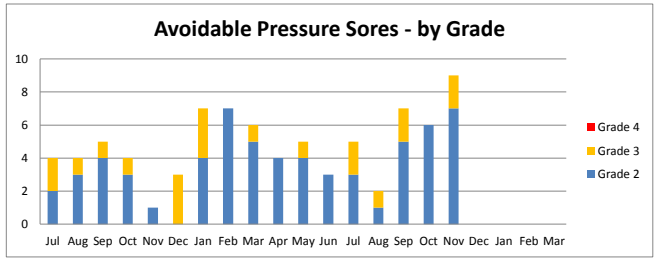


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		d	Patient Safety Thermometer - Overall Harm Free Care	%	=>95	=>95																			Dec-14									94.8				
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	0.32		Dec-14									0.25				
8			Falls	No.	804	67																			Dec-14	66	6	1	0	0	0	21		94	626			
9			Falls with a serious injury	No.	0	0		1	6	2	6	2	1	2	1	5	4	1	5	1	1	2	1		Dec-14	0	1	0	0		0	0		1	21			
8			Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	No.	0	0	4	4	5	4	1	2	7	8	7	4	5	3	5	2	7	6	9		Nov-14	6	0	0	0			3		9	41			
3		d	Venous Thromboembolism (VTE) Assessments	%	95	95																			Dec-14	98.8	95.1	96.5	90.4					96.6				
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	%	98	98																			Dec-14	99.6	100.0	99.8	99.8		100			100				
3			WHO Safer Surgery - 3 sections and brief (% lists where complete)	%	95	95																			Dec-14	100	100.0	100	100		100.0			99.7				
3			WHO Safer Surgery - Audit - 3 sections, brief and debrief (% lists where complete)	%	85	85																			Dec-14	100	100.0	100	100		100.0			99.7				
9		d	Never Events	No.	0	0		1			2		2												Dec-14	0	0	0	0	0	0	0		0	0			
9		d	Medication Errors causing serious harm	No.	0	0																			Dec-14	0	0	0	0	0	0	0		0	0			
9		d	Serious Incidents	No.	0	0	10	7	5	1	4	0	2	0	1	3	2	2	2	2	1	1	2	3	Dec-14	2	0	0	1	0	0	0		3	18			
9			Open Central Alert System (CAS) Alerts	No.			6	6	8	7	6	9	9	8	11	9	5	7	5	6	5	5	15	17	Dec-14									17				
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No.	0	0										1	1	1	0	0	0	4	0		Dec-14									0				

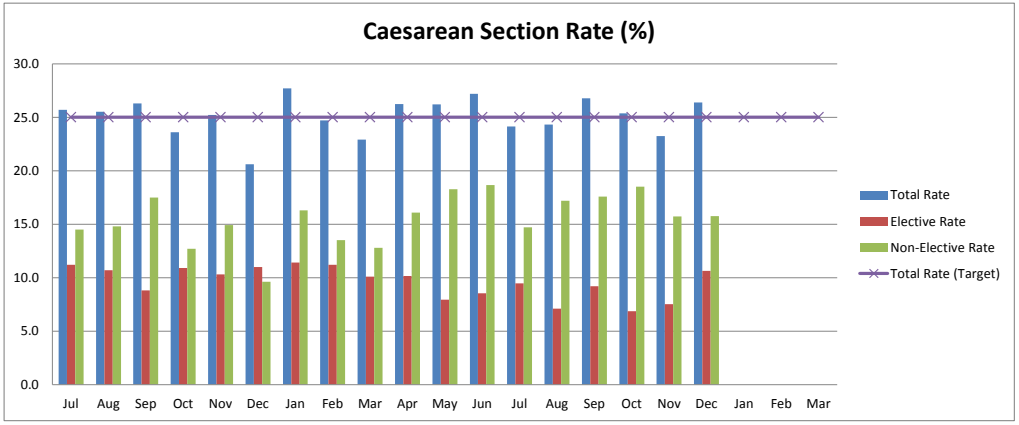


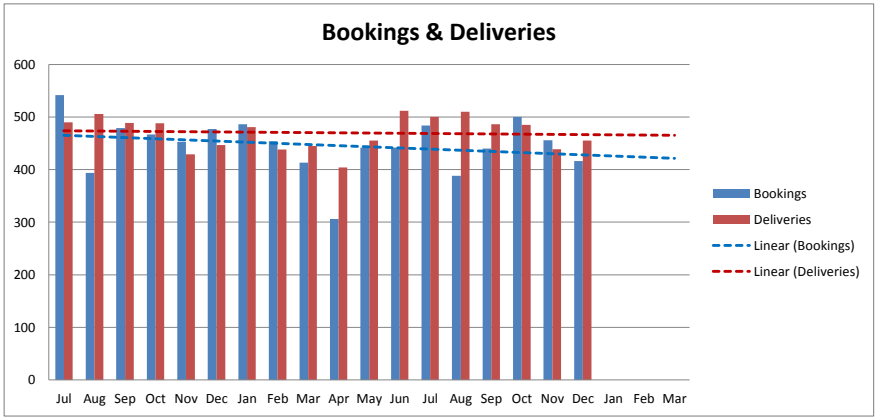




Patient Safety - Obstetrics

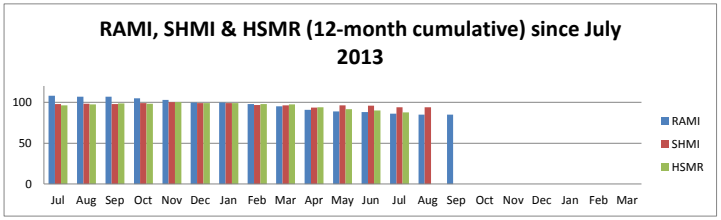
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Caesarean Section Rate - Total	%	=<25.0	=<25.0																			Dec-14	26.4	25.5			
3			Caesarean Section Rate - Elective	%			11	11	13	11	10	11	12	11	10	10	8	9	9	7	9	7	8	11	Dec-14	10.6	8.6			
3			Caesarean Section Rate - Non Elective	%			15	15	16	13	15	10	16	14	13	16	18	19	15	17	18	19	16	16	Dec-14	15.7	17.0			
2			Maternal Deaths	No.	0	0																		1	Dec-14	1	1			
3			Post Partum Haemorrhage (>2000ml)	No.	48	4																			Dec-14	0	3			
3			Admissions to Neonatal Intensive Care	%	=<10.0	=<10.0																			Dec-14	1.32	2.33			
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	Rate	<8.0	<8.0																			Dec-14	10.9				
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	=>90.0	=>90.0																			Dec-14	79				
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	%	=>90.0	=>90.0																			Dec-14	156				
2			Breast Feeding Initiation (Quarterly)	%	=>77.0	=>77.0																			Dec-14	75.5	75.33			
2			Puerperal Sepsis and other puerperal infections (variation 1) (%)	%			5.1	4.3	2.4	1.9	1.9	3.4	1.3	2.3	0.7	2.3	1.8	2.6	1.8	0.9	0.9	0.7	1.5	1.2	Dec-14	1.2	1.6			
2			Puerperal Sepsis and other puerperal infections (variation 2) (%)	%			1.7	1.4	1.3	1.0	0.5	1.4	0.2	1.6	0.5	1.5	1.8	1.6	1.6	0.7	0.3	0.7	1.3	0.8	Dec-14	0.8	1.2			
2			Puerperal Sepsis and other puerperal infections (variation 3) (%)	%			0.9	0.6	0.9	0.2	0.2	0.5	0.2	0.2	0.0	0.8	0.7	0.4	0.4	0.2	0.0	0.0	1.0	0.4	Dec-14	0.4	0.5			

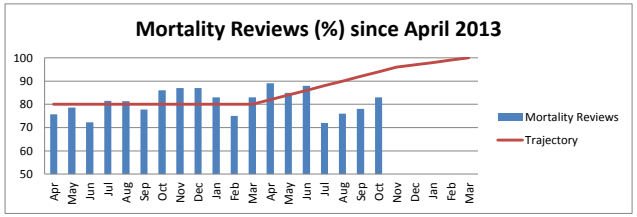


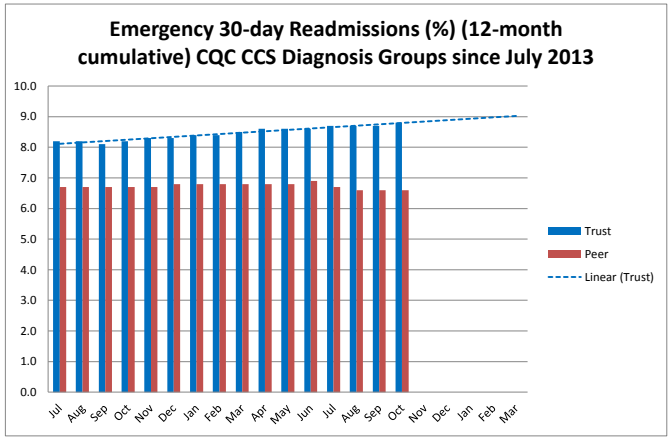


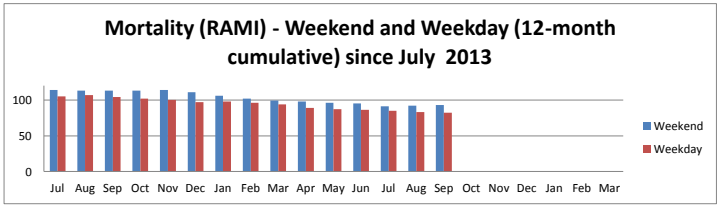
Clinical Effectiveness - Mortality & Readmissions

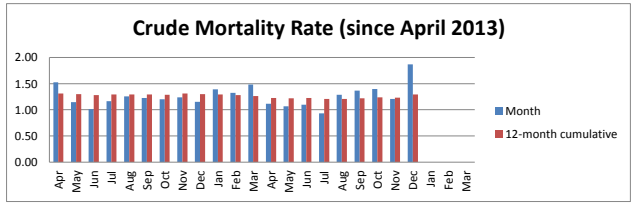
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	108	107	107	105	103	100	100	98	95	91	89	88	86	85	85				Sep-14										85	●		
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	105	107	104	102	100	97	98	96	94	89	87	86	85	83	82				Sep-14										82	●		
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	114	113	113	113	114	111	106	102	99	98	96	95	91	92	93				Sep-14										93	●		
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	98	98	98	99	100	99	99	97	96	94	96	96	94	94					Aug-14										94.0	●		
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			96	98	99	98	100	99	99	98	97	94	92	90	88						Jul-14										87.7	●		
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	93	64	73	73	67	104	78	73	106	66	75	47	51	71	89				Sep-14									89		●		
3			Mortality Reviews within 42 working days	%	100	=>94	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Oct-14	83	100		100					83		●		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.2	1.3	1.2	1.2	1.2	1.2	1.4	1.3	1.5	1.1	1.1	1.1	0.9	1.3	1.4	1.4	1.2	1.9	Dec-14									1.87				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.3	Dec-14										1.29			
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.2	7.2	7.3	6.9	7.3	7.7	7.3	7.4	7.5	8.1	8.2	7.3	7.6	7.9	7.4	7.8	7.1	7.9	Dec-14									7.86				
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%												8.1	8.2	7.9	7.8	7.8	7.7	7.7	7.7	7.7	Dec-14										7.69			
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.2	8.2	8.1	8.2	8.3	8.3	8.4	8.4	8.5	8.6	8.6	8.6	8.7	8.7	8.7	8.8			Oct-14										8.8			





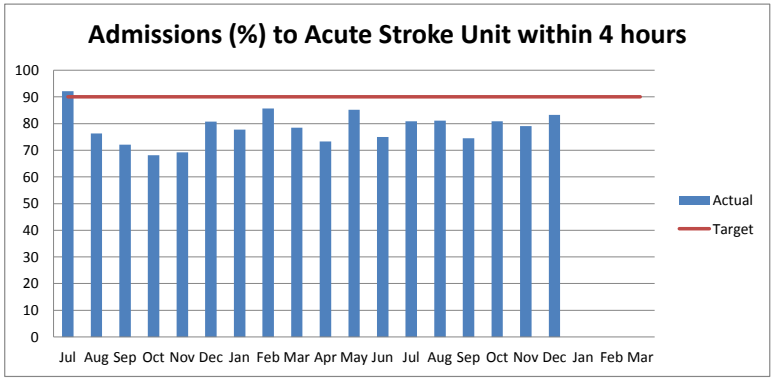


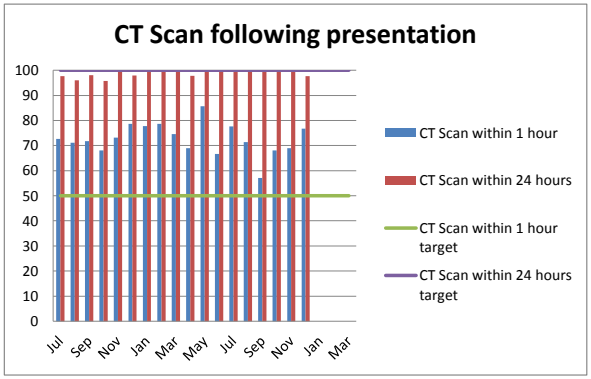


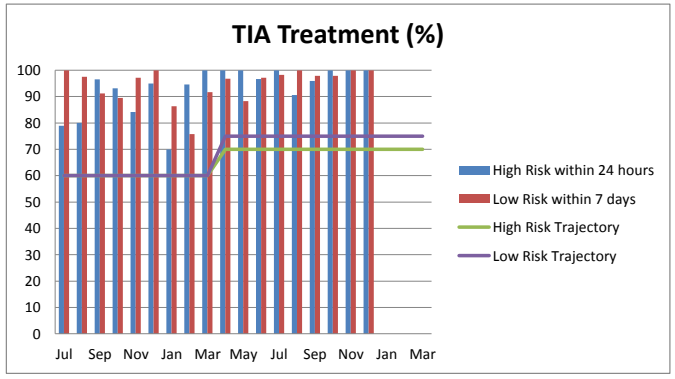


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J A S O N D J F M A M J J A S O N D	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Pts spending >90% stay on Acute Stroke Unit	%	=>90.0	=>90.0		Dec-14	96.0	90.5			
3			Pts admitted to Acute Stroke Unit within 4 hrs	%	=>90.0	=>90.0		Dec-14	83.3	79.3			
3			Pts receiving CT Scan within 1 hr of presentation	%	=>50.0	=>50.0		Dec-14	76.7	71.5			
3			Pts receiving CT Scan within 24 hrs of presentation	%	100	100		Dec-14	97.7	99.5			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	%	=>85.0	=>85.0		Dec-14	57.1	79.0			
3			Stroke Admissions - Swallowing assessments (<24h)	%	=>98.0	=>98.0		Dec-14	100.0	100.0			
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	%	=>70.0	=>70.0		Dec-14	100.0	98.2			
3			TIA (Low Risk) Treatment <7 days from receipt of referral	%	=>75.0	=>75.0		Dec-14	100.0	97.5			
9			Primary Angioplasty (Door To Balloon Time 90 mins)	%	=>80.0	=>80.0		Dec-14	88.2	86.8			
9			Primary Angioplasty (Call To Balloon Time 150 mins)	%	=>80.0	=>80.0		Dec-14	85.7	87.9			
9			Rapid Access Chest Pain - seen within 14 days	%	=>98.0	=>98.0		Dec-14	97.9	97.4			

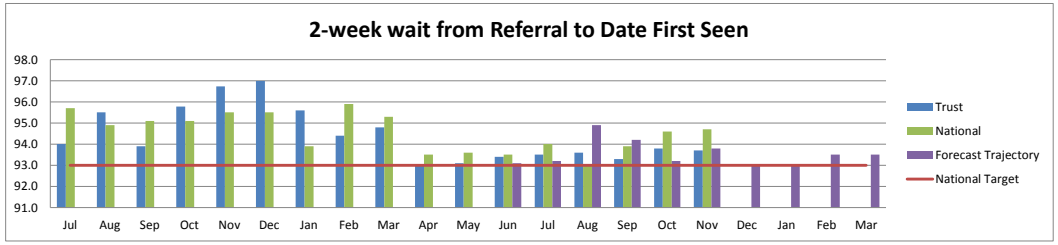


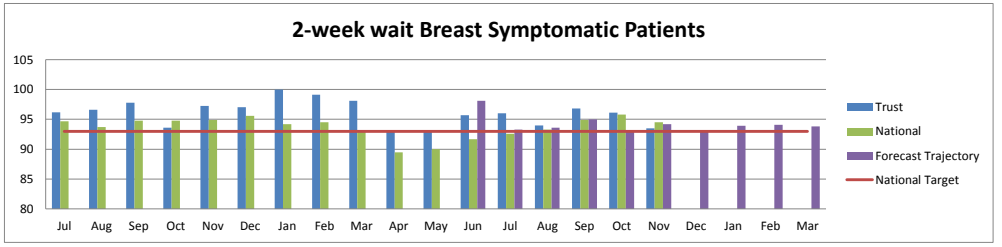


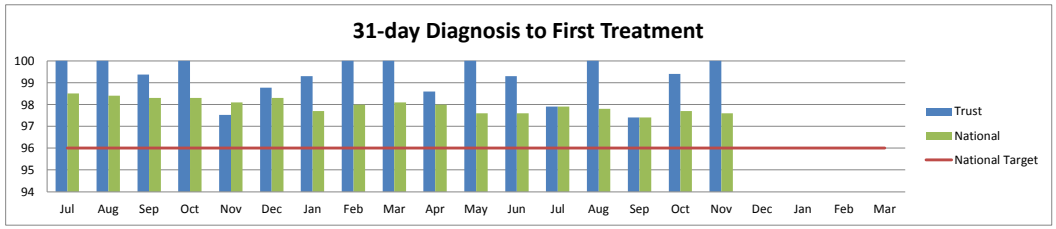


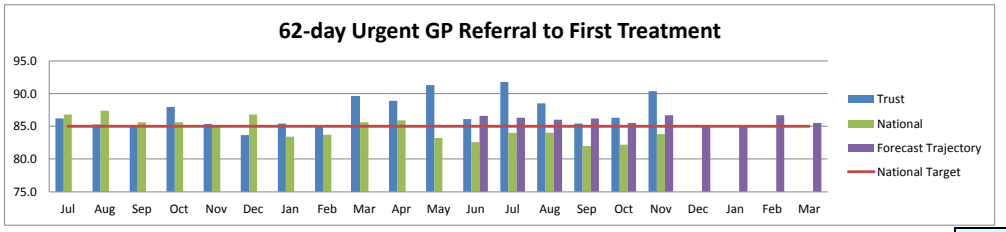
Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
1			2 weeks	%	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14	91.7	93.8	93.8	97.8					93.7	93.4	●		
1			2 weeks (Breast Symptomatic)	%	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14		93.5							93.5	94.9	●		
1			31 Day (diagnosis to treatment)	%	=>96.0	=>96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14	100	100	100	100					100.0	99.1	●		
1			31 Day (second/subsequent treatment - surgery)	%	=>94.0	=>94.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14									100.0	98.5	●		
1			31 Day (second/subsequent treatment - drug)	%	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14									100	100	●		
1			31 Day (second/subsequent treat - radiotherapy)	%	=>94.0	=>94.0	n/a	n/a	n/a	n/a	●	n/a	n/a	n/a	●	n/a	n/a	n/a	n/a	n/a	n/a	●	n/a		Nov-14									n/a	100	●		
1			62 Day (urgent GP referral to treatment)	%	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14	90.6	91.8	67	87.5					90.4	88.6	●		
1			62 Day (referral to treat from screening)	%	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14		100		100					100	98.5	●		
1			62 Day (referral to treat from hosp specialist)	%	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Nov-14	88.2	100		66.7					90.0	94.3	●		





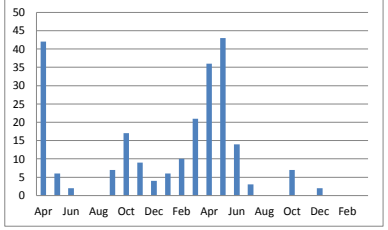




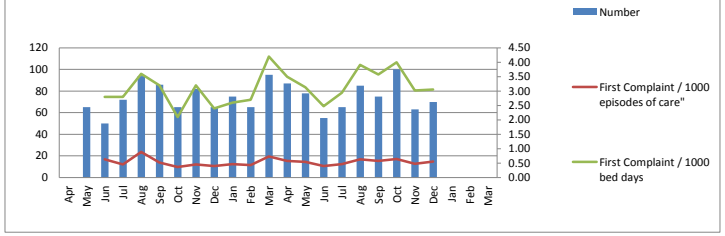
Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		b	FFT Response Rate - Inpatients	%	=>30.0	=>30.0	35	31	19	29	31	29	31	34	36	36	44	45	41	32	31	28	31	28	Dec-14									28.0				
8		a	FFT Score - Inpatients	No.	=>60.0	=>60.0	68	37	72	71	70	73	71	75	73	74	74	70	73	76	74	73	73	69	Dec-14									69.0				
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	17	Dec-14	17								17.0				
8		a	FFT Score - Emergency Department	No.	=>46.0	=>46.0	49	50	51	46	47	44	47	48	48	47	49	48	47	49	47	48	49	50	Dec-14	49								50.0				
13		a	Mixed Sex Accommodation Breaches	No.	0	0	0	0	7	17	9	4	6	10	21	36	43	14	3	0	0	7	0	2	Dec-14	0	2	0	0		0	0		2	106			
9			No. of Complaints Received (formal and link)	No.			72	94	56	65	52	65	75	65	95	87	78	55	65	85	75	100	63	70	Dec-14	31	7	14	7	2	2	1	6	70	678			
9			No. of Active Complaints in the System (formal and link)	No.			272	254	238	201	201	190	188	188	210	194	245	270	219	258	282	324	359	219	Dec-14	93	53	33	12	5	8	3	12	219				
9		a	No. of First Formal Complaints received / 1000 bed days	Rate			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	3.1	Dec-14	2.4	1.4	29.6	1.6					3.05	3.46			
9			No. of First Formal Complaints received / 1000 episodes of care	Rate			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	0.6	Dec-14	0.9	0.8	0.9	0.3			0		0.55	0.60			
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	99	Dec-14	100	100	100	100	100	100	100	100	99.6				
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	60	Dec-14	63	74	40	17	60	78	66	86	60				
9			No. of responses sent out	No.			128	73	78	109	59	79	81	58	67	117	30	4	138	66	42	35	26	198	Dec-14	80	34	28	25	2	3	8	18	198				
9			Oldest' complaint currently in system	Days			165	147	150	107	174	91	112	118	127	104	124	145	127	133	131	174	161	182	Dec-14	182	171	109	151	90	75	75	104	182				
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	Y	Y	Y	Y	Y	Y	Y	Y	Yes				

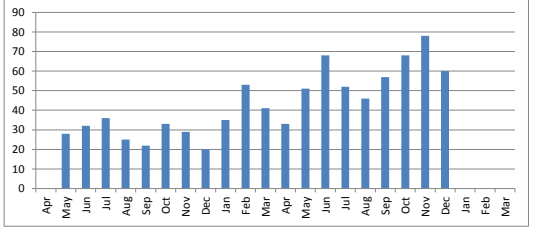
MSA Breaches by Month since April 2013



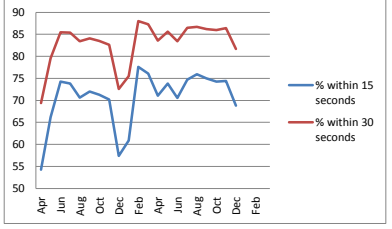
Complaints - Number and Rate by Month since April 2013



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

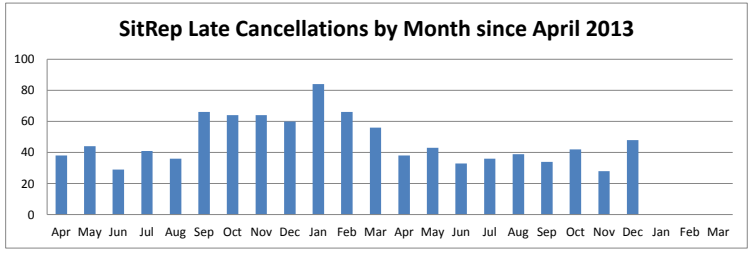


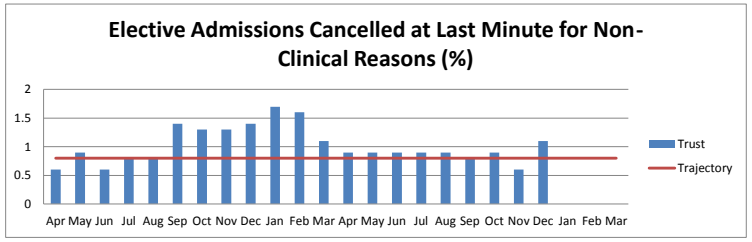
Telephone Exchange Call Answering since April 2013

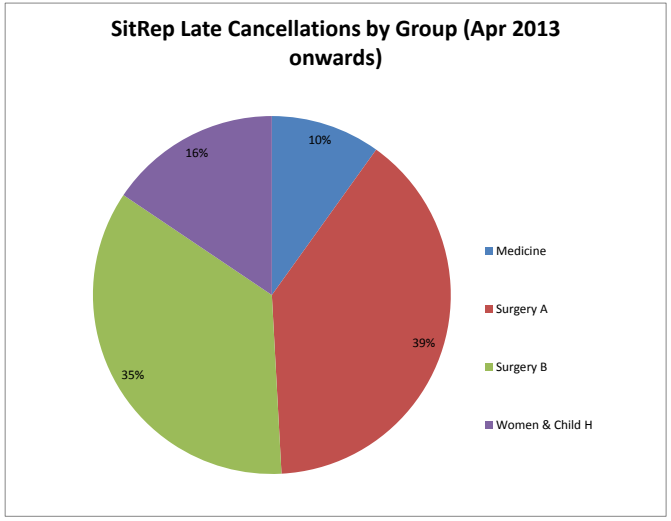


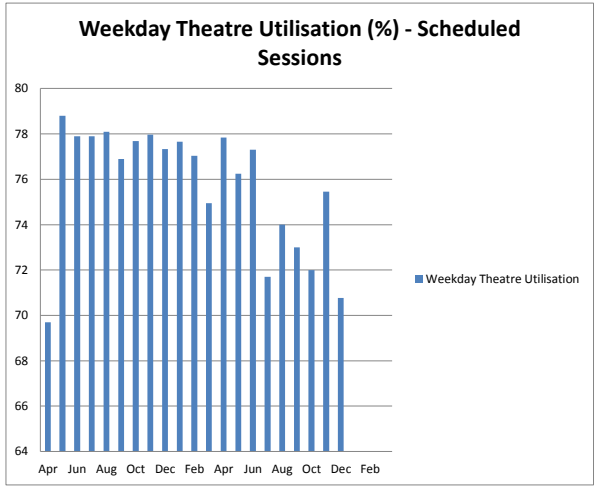
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2		●	Elective Admissions Cancelled at last minute for non-clinical reasons	%	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	0.06	2.90	0.73	2.38					1.1	0.8	●		
2		●e●	Number of 28 day breaches	No.	0	0	1	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	1	Dec-14	0	1	0	0					1	4	●		
2		●e	No. of second or subsequent urgent operations cancelled	No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Dec-14	0	0	0	1					1	1	●		
2			No. of Sitrep Declared Late Cancellations	No.	320	27	41	36	66	64	64	60	84	66	56	38	43	33	36	39	34	42	28	48	Dec-14	1	33	7	7					48	341	●		
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No.	0	0	2	9	10	7	5	7	13	13	0	0	1	0	0	0	0	0	0	0	Dec-14	0	0	0	0					0	1	●		
3			Multiple Cancellations experienced by same patient (all cancellations)	%	0	0	12	19	14	12	13	13	13	13	11	12	7	10	12	11	13	11	14	10	Dec-14	1.6	14.7	7.1	14.3					10.38		●		
3			All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	%	3.1	3.1	6	5	6	6	6	5	8	6	6	5	6	5	5	6	7	6	6	8	Dec-14	2.6	11.9	9.9	15					7.7		●		
3			Weekday Theatre Utilisation (as % of scheduled)	%	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	62	71	68.4	80					71		●		



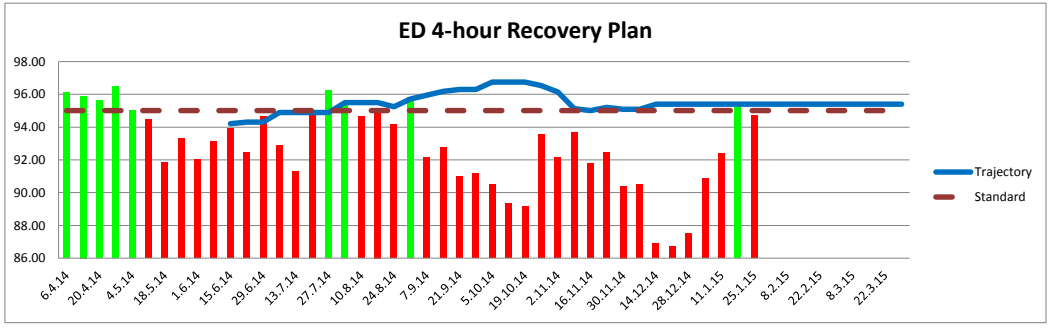


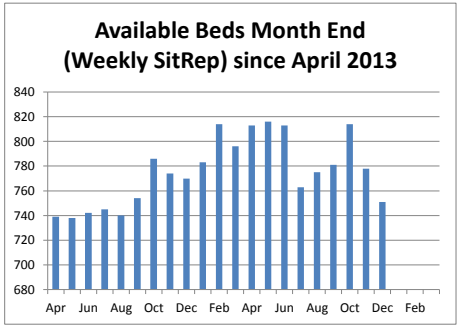


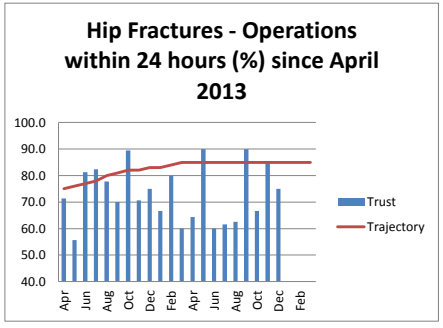


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend	Next Month	3 Months
2		e	Emergency Care 4-hour waits	%	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	88.1	86.4	98.9	90.26	92.67	●		
2			Emergency Care 4-hour breach (numbers)	No.												741	1210	1277	1122	876	1460	1636	1440	2234	Dec-14	950	1263	21	2234	11994			
2		e	Emergency Care Trolley Waits >12 hours	No.	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	0	0	0	0	0	●		
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	mins	=<15	=<15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	17	25	13	21	17	●		
3			Emergency Care Timeliness - Time to Treatment in Department (median)	mins	=<60	=<60	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	61	68	18	57	52	●		
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	7.54	7.43	3.30	7.02	6.77	●		
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	4.39	6.63	1.68	5.15	4.2	●		
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No.	0	0	●	●	●	●	●	●	●	●	●	119	136	125	145	51	136	219	159	282	Dec-14	109	173		282	1372	●		
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No.	0	0	●	●	●	●	●	●	●	●	●	13	8	8	8	1	13	21	14	31	Dec-14	9	22		31	117	●		
11		●	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	=<0.02	=<0.02	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	0.44	0.91		0.69	0.31	●		
11			WMAS - Emergency Conveyances (total)	No.			4031	3762	3658	3991	3927	4122	4009	3826	4271	4044	4227	4093	4278	3994	4067	4193	4168	4470	Dec-14	2047	2423		4470	37534			
2			Delayed Transfers of Care (Acute) (%)	%	=<3.5	=<3.5	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14	2.9	4.3		3.5	3.8	●		
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	No.	<10 per site	<10 per site										●	●	●	●	●	●	●	●	●	Dec-14	8	5		13		●		
2			Patient Bed Moves (10pm - 8am) (No.) -ALL	No.												668	751	722	753	697	680	709	650	807	Dec-14				807	6437			
2			Patient Bed Moves (10pm - 8am) (No.) - exc. Assessment Units	No.												312	331	330	329	337	270	337	294	313	Dec-14				313	2853			
3			Hip Fractures - Operation < 24 hours of admission (%)	%	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14				75.0	72.8	●		

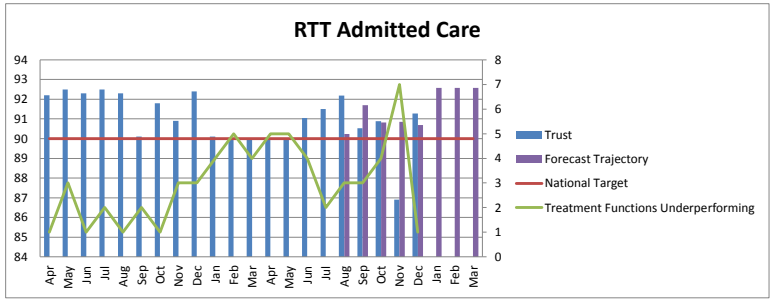


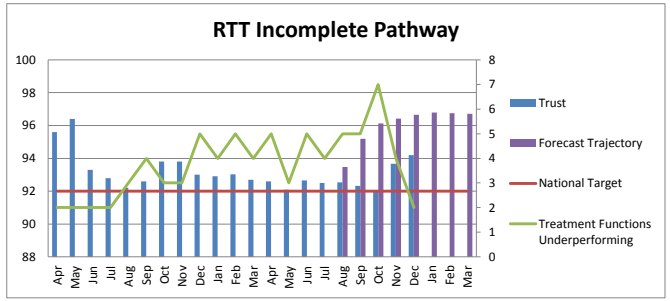


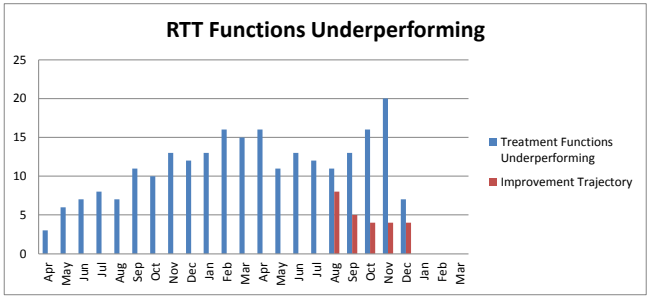


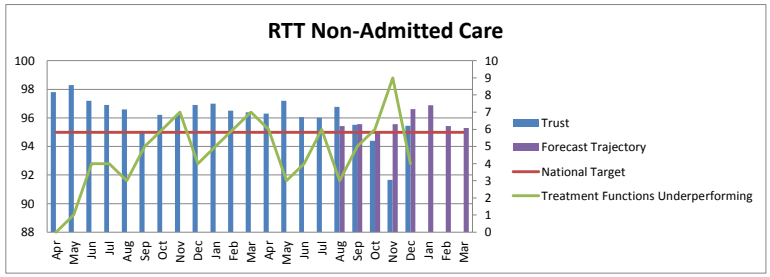
Referral To Treatment

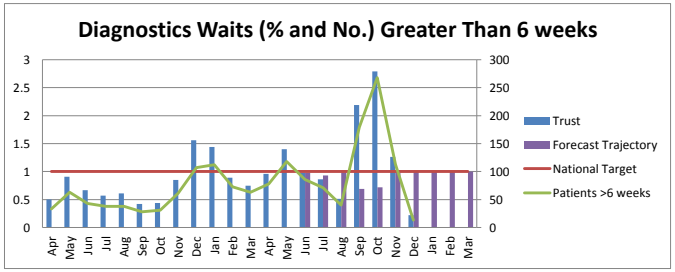
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2			RTT - Admittted Care (18-weeks)	%	=>90.0	=>90.0																			Dec-14	95.3	83.4	91.5	93.8					91.28				
2			RTT - Non Admittted Care (18-weeks)	%	=>95.0	=>95.0																			Dec-14	93.2	96.2	95.6	97.5					95.44				
2			RTT - Incomplete Pathway (18-weeks)	%	=>92.0	=>92.0																			Dec-14	94.8	93.5	93.8	99.1					94.20				
2			Patients Waiting >52 weeks	No.	0	0	57	29	20	66	36	12	3	1	1	1	2	2	3	4	4	3	3	0	Dec-14	0	0	0	0					0				
2			Treatment Functions Underperforming	No.	0	0	8	7	11	10	13	12	13	16	15	16	11	13	12	11	13	17	20	7	Dec-14	2	4	1	0					7				
2			Acute Diagnostic Waits in Excess of 6-weeks	%	=<1.0	=<1.0																			Dec-14	0.0	0.0	0.0	0.0		0.2			0.16				

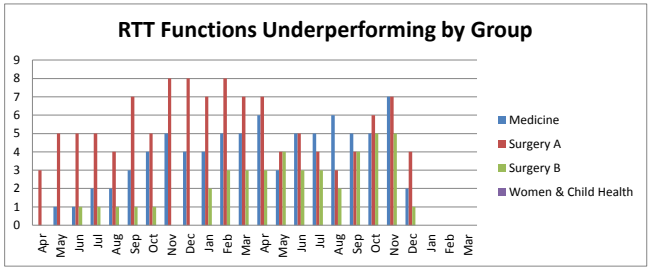










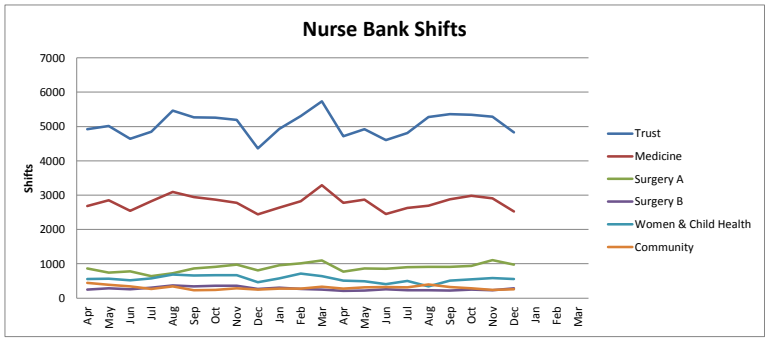


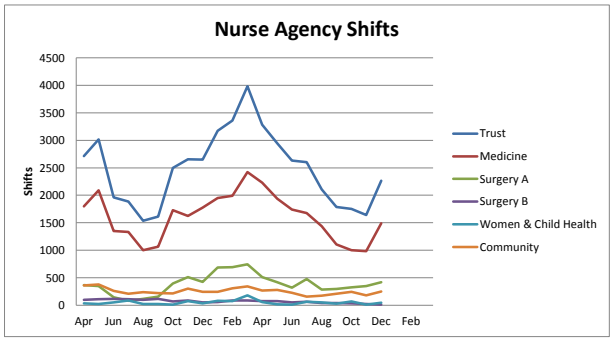
Data Completeness

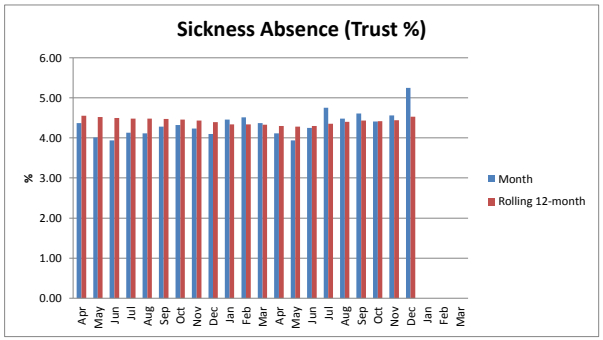
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
14			Data Completeness Community Services	%	=>50.0	=>50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14								>50	>50		●		
2		●	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	%	=>99.0	=>99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Oct-14									99.43		●		
2		●	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	%	=>99.0	=>99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Oct-14									99.42		●		
2		●	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	%	=>99.0	=>99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			Oct-14									99.53		●		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	%	=>99.0	=>99.0	99.2	99.1	99.1	99.1	98.9	99.2	98.9	98.9	98.7	98.7	97.0	95.6	95.4	95.2	95.7	95.3	95.7	96.0	Dec-14									96.0	96.2	●		
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	%	=>99.0	=>99.0	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.6	99.5	99.5	99.5	99.5	99.5	99.4	99.4	99.5	99.5	99.5	Dec-14									99.5	99.5	●		
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	%	=>95.0	=>95.0	97.2	97.4	97.3	97.5	97.2	97.1	97.6	96.8	95.9	96.3	95.8	96.3	96.1	96.1	96.2	96.4	96.6	96.2	Dec-14									96.2	96.5	●		
2			Ethnicity Coding - percentage of inpatients with recorded response	%	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14									91.29	92.18	●		
2		●	Data Quality of Trust Returns to the HSCIC (provided by TDA)	%	=>96.0	=>96.0							94.9	94.9	95.0	95.0	95.0	95.0	95.0	95.0	95.0				Sep-14									95.0		●		
2			Maternity - Percentage of invalid fields completed in SUS submission	%	=<15.0	=<15.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Dec-14									39.23	34.82	●		

Staff

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since July 2013) J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
7		b	WTE - Actual versus Plan (FTE)	No.			458	511	610	643	626	572	541	567	567	531	558	580	584	626	608	628	674	685	Dec-14	232	66	30	66	27	21	75	168	685				
3		b	PDRs - 12 month rolling	%	=>95.0	=>95.0																			Dec-14	82	79	88	80	80	76	88	73		79.49			
7		b	Medical Appraisal and Revalidation	%	=>95.0	=>95.0																			Dec-14	95	81	85	83	81	97		100		87.8			
3		b	Sickness Absence	%	=<3.15	=<3.15																			Dec-14	5.0	6.0	3.6	5.6	5.3	5.5	5.3	5.1	5.25	4.53			
3			Mandatory Training	%	=>95.0	=>95.0																			Dec-14	83	89	86	86	93	90	92	89		87.0			
3			Mandatory Training - Health & Safety (% staff)	%	=>95.0	=>95.0																			Dec-14	91	92	92	94	98	98	100	98		94.8			
7		b	Staff Turnover (rolling 12 months)	%	=<10.0	=<10.0																			Dec-14									12.34	12.13			
7			New Investigations in Month	No.			9	1	4	3	1	4	2	4	5	1	4	6	5	2	15	3	1	0	Dec-14	0	0	0	0	0	0	0	0	0				
7			Vacancy Time to Fill	weeks			18	18	18	18	17	18	20	18	19	19	20	19	18	19	19	20	21	20	Dec-14									20				
7			Professional Registration Lapses	No.	0	0	1	0	4	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Dec-14	0	0	0	0	0	0	0	0	0	0			
7			Qualified Nursing Variance (FIMS) (FTE)	No.			143	181	236	177	199	210	163	162	162	161	169	173	177	201	200	188	200	228	Dec-14									227.7	187.7			
10			Nurse Bank Fill Rate	%			77	78	76	75	76	71	73	75	76	76	82	82	80	77	78	78	82	73	Dec-14									72.9	78.7			
10			Nurse Bank Use (shifts)	No.	46980	3915																			Dec-14	2529	974	285	557	0	15	260	208	4828	42832			
10			Nurse Agency Use (shifts)	No.	0	0																			Dec-14	###	419	10	45	0	48	248	0	2262	18543			
10			Admin & Clerical Bank Use (shifts)	No.	0	0																			Dec-14	609	243	161	116	529	104	289	3316	5379	50730			
10			Admin & Clerical Agency Use (shifts)	No.	0	0																			Dec-14	53	17	21	0	0	0	0	37	129	1124			
15			Your Voice - Response Rate	%											19.8			18.2			17.4			12.6	Dec-14	6	9	14	8	12	19	28	15					
15			Your Voice - Overall Score	No.											3.63			3.68			3.65			3.57	Dec-14	3.6	3.5	3.5	3.6	3.8	3.4	3.8	3.5					





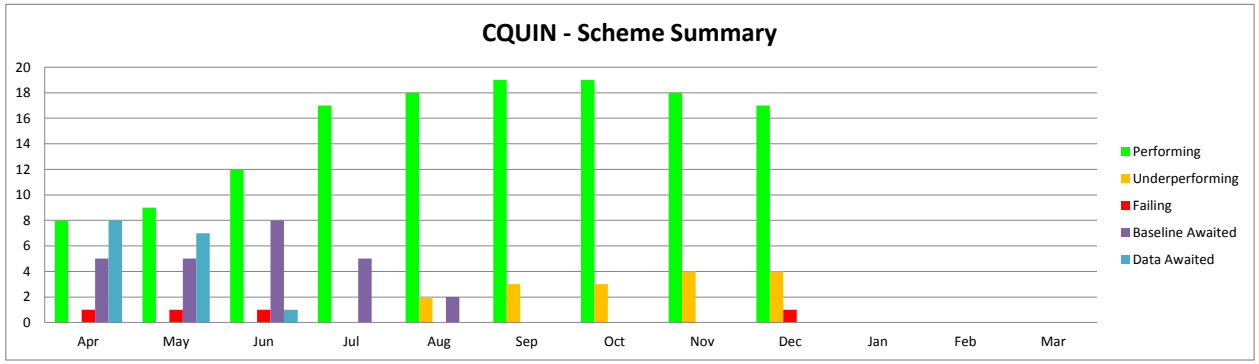


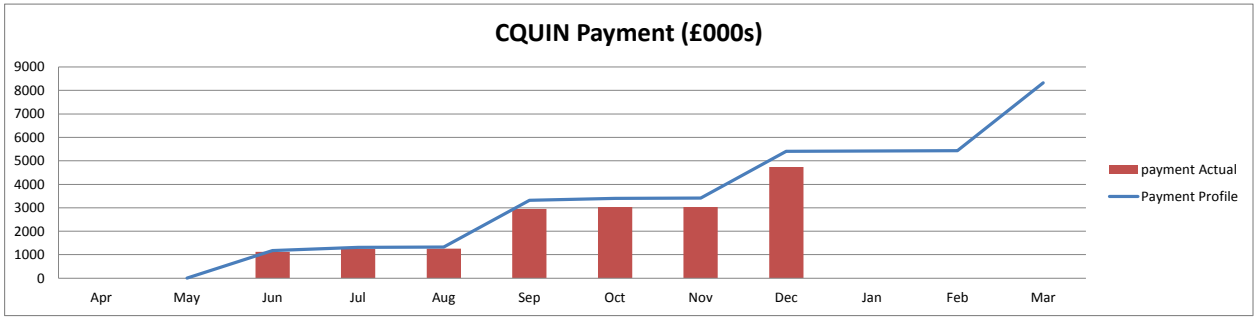
CQUIN (I)

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8			FFT - Implementation of Staff FFT	Implement by end July		●	●	●	●	●	●	●	●	●				Dec-14									In Place	In Place	●	●	●
8			FFT - Early Implementation of Patient FFT in OP / DC Departments	Implement by end Oct		●	●	●	●	●	●	●	●	●				Dec-14									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	17				Dec-14									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	28				Dec-14									Not On Track	Not On Track	●	●	●
8			FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses	40		●	●	●	●	32	31	28	31	28				Dec-14									Not On Track	Not On Track	●	●	●
8			NHS Safety Thermometer - Reduction in Prevalance of Pressure Ulcers (community avoidable)	10% reduction		●	●	●	●	●	●	●	●	●				Dec-14									On Track	On Track	●	●	●
8			Dementia - Find, Assess and Refer	=>90	=>90	●	●	●	●	●	●	●	●	●				Dec-14									3 of 3 met	3 of 3 met	●	●	●
8			Dementia - Clinical Leadership and Staff Training			●	●	●	●	●	●	●	●	●				Dec-14									On Track	On Track	●	●	●
8			Dementia - Supporting Carers of People with Dementia	Monthly Audit	Monthly Audit	●	●	●	●	●	●	●	●	●				Dec-14									On Track	On Track	●	●	●
9			Learning From Safeguarding Concerns	Quarterly report to Board			●			●			●					Dec-14									On Track	On Track	●	●	●
2			Quality of Outpatient and Discharge Letters	Trust/CCG to agree assess. criteria			●		●	●	●	●	●	●				Dec-14									On Track	On Track	●	●	●
4			Sepsis - Use of Sepsis Care Bundles	Informed by base data			●		●	●	●	●	●	●				Dec-14									Not On Track	Not On Track	●	●	●
8			Pain Relief - Use of Pain Care Bundles	Informed by base data			●		●	●	●	●	●	●				Dec-14									On Track	On Track	●	●	●
9			Medication and Falls	Informed by base data			●		●	●	●	●	●	●				Dec-14									actions in place	actions in place	●	●	●
9			Serious Untoward Incidents (Never Events)	Informed by base data			●			●			●					Dec-14									On Track	On Track	●	●	●
14			Community Therapies - Effective Referral Management	Informed by base data			●			●			●	●	●			Dec-14									On Track	On Track	●	●	●

CQUIN (II) and summary

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
14			Community Therapies - Community Dietetics	Informed by base data		●		●	●	●	●	●	●	●				Dec-14									Not On Track	Not On Track	●	●	●
12			Maternity - Low Risk Births	Quarterly audit / action plan		●		●			●	●	●					Dec-14									On Track	On Track	●	●	●
16			Bechet's Disease	Submit Quarterly return		Met (Q1)		Met (Q2)			Met (Q3)							Dec-14									On Track	Met (Q3)	●	●	●
17			HIV Home Delivery Medicines (% patients receiving)	70		Met (Q1)		Met (Q2)			Met (Q3)							Dec-14									On Track	Met (Q3)	●	●	●
17			Retinopathy of Prematurity Screening (%)	95		Met (Q1)		Met (Q2)			Met (Q3)							Dec-14									On Track	Met (Q3)	●	●	●
17			Timely Administration of TPN for preterm infants	95		Met (Q1)		Met (Q2)			Met (Q3) subject to approval							Dec-14									On Track	Met (Q3) subject to approval	●	●	●





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, one scheme is classed as failing the community dietetic one, 17 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 November has reduced to 38% upon inclusion of further audit data (96 audit forms completed), and although current performance for December indicates 70%, this is based upon a small number of completed audit forms (22); 4) Medication and Falls - an e-BMS development is signed off, with a scheduled implementation during February, which will provide continuous audit data on the number of admissions at high risk of falling, should improve compliance. CCG agreement to a contract variation to reflect this has been obtained.

To date three confirm and challenge meetings have been held with scheme leads. Formal submission of CQUIN performance to commissioners has been made for the first 2 Quarters. Initial feed back from Commissioning (29th Dec) showed concern for 3 areas; FFT inpatients, Community Dietetics and Maternity. maternity and FFT inpatients have now been cleared for Q2. Community Dietetics has been subject to a meeting with the CCG (13th Dec) where an action plan for partial recovery (although late) has been proposed. Discussion around payment continues with the CCG.

External Assessment Frameworks

TRUST DEVELOPMENT AUTHORITY (TDA) ACCOUNTABILITY FRAMEWORK - SUMMARY

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

Override Rules

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

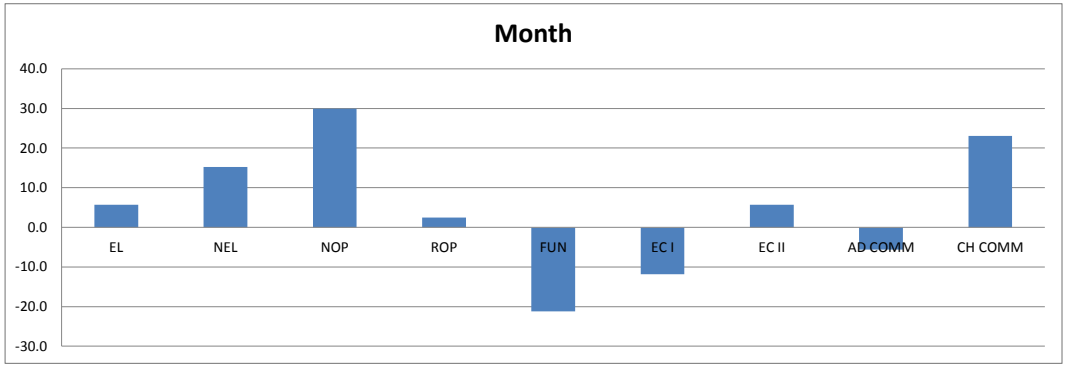
MONITOR RISK ASSESSMENT FRAMEWORK - SUMMARY

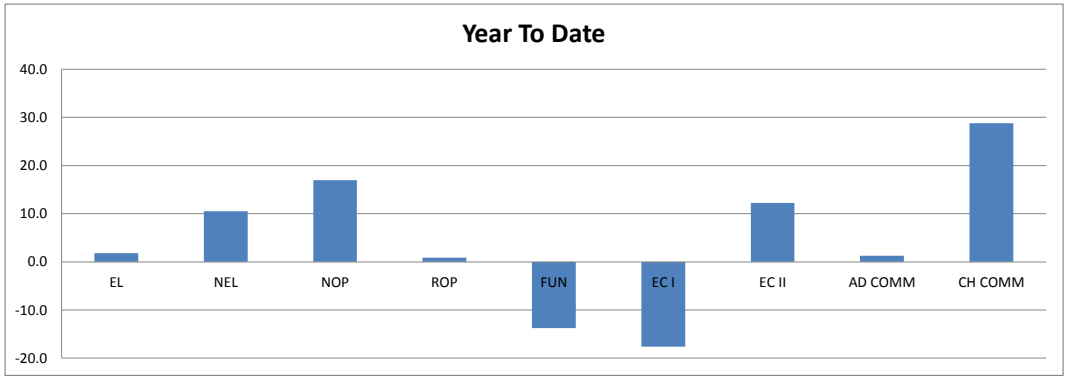
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Indicators Achieving Monitor Standard	15	14	14	14	14	14	13	12	14			
Indicators Not Achieving Monitor Standard	0	1	1	1	1	1	2	3	1			
		ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours	ED 4-hours RTT Non-Admitted	ED 4-hours RTT Admitted RTT Non-Admitted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

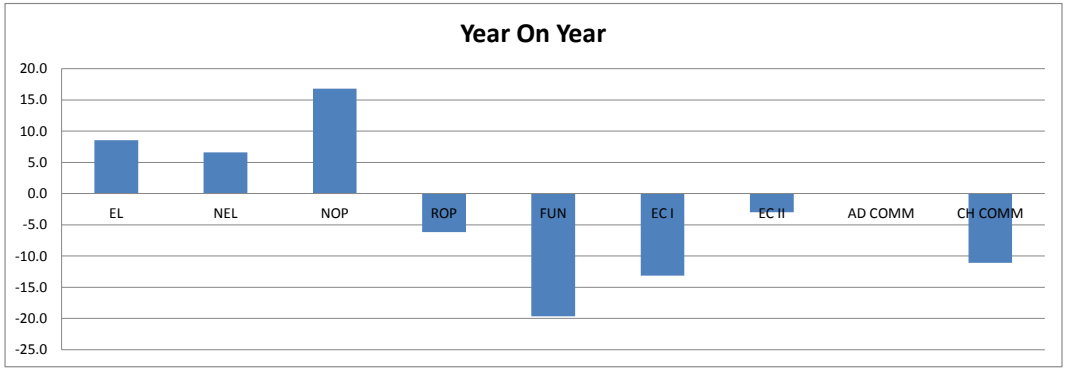
PLEASE NOTE:

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

Activity Summary







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

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

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
18		•f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Dec-14									£0.0		●	●	●
18		•f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0							●	●	●	●	●	●	●	●	●	●			Dec-14	-2.6	-2.4	-2.1	-1.2	0.2	-1.2	1.1	-0.1		-£0.3	●	●	●
18		•f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0								●	●	●	●	●	●	●	●	●			Dec-14	-0.6	-0.7	-0.6	-0.6	-0.5	-0.5	-0.4	-0.8		-£4.7	●	●	●
18		•f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0									●	●	●	●	●	●	●	●	●			Dec-14	-0.8	-1.3	-1.2	-1.1	-0.9	-0.7	-0.7	-1.2		-£7.9	●	●	●
18		•f	Forecast underlying surplus / deficit compared to plan	£0.0									●	●	●	●	●	●	●	●	●			Dec-14										-£0.1	●	●	●
18		•f	Forecast year end charge to capital resource limit	£22.8									●	●	●	●	●	●	●	●	●			Dec-14									£19.3		●	●	●
18		•f	Is the Trust forecasting permanent PDC for liquidity purposes?	No		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Dec-14									No		●	●	●
18		•b	Temporary costs and overtime as % total paybill	2.6%	2.6%	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		Dec-14	9.3%	4.0%	1.6%	1.5%	0.0%	1.6%	2.0%	0.0%	3.8%	4.0%	●	●	●
18			Continuity of Service Risk Rating - Year to Date	2.5									●	●	●	●	●	●	●	●	●			Dec-14										3.0	●	●	●

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

Data Source	Data Quality	OS / NQR	Indicator	Threshold	QUARTER 1 (£000s)									QUARTER 2 (£000s)								
					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
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
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
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
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
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
13		OS	Mixed Sex Accommodation Breaches (£250 per day per Service Uder affected)	0	32.8	0.0	0.0	0.0					32.8	0.0	1.3	0.0	0.0					1.3
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
4		NQR	MRSA Bacteraemia (£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
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
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
11		NQR	WMAS Handovers to ED (£200 per breach 30 - 60 minutes)	0	76.0								76.0	66.4								66.4
11		NQR	WMAS Handovers to ED (£1000 per breach >60 minutes)	0	29.0								29.0	22.0								22.0
2		NQR	ED Trolley Waits >12 hours (£1,000 per breach)	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
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
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
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
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
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
			ALL		314.2	189.3	37.4	5.0	0.0	1.4	0.0	0.0	547.3	335.4	174.7	35.6	0.0	0.0	0.0	0.0	0.0	545.7

Data Source	Data Quality	OS / NQR	Indicator	OCTOBER (£000s)									NOVEMBER (£000s)								
				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)	0.0	23.6	6.8	0.0					30.4	0.0	50.4	6.4	0.0					56.8
2		OS	RTT Non-Admitted Care (£100 per breach by specialty)	7.9	7.7	3.0	0.0					18.6	18.2	8.0	2.2	0.0					34.3
2		OS	RTT Incomplete Pathway (£100 per breach by specialty)	18.5	22.8	3.8	0.0					52.5	0.9	8.5	1.8	0.0					11.2
2		OS	Diagnostic Waits (£200 per breach)	27.8	1.2	0.0	0.0		5.4			29.0	10.0	0.0	0.0	0.0		12.6			22.6
2		OS	ED Waits >4 hours (£200 per breach between 92.0% and 95.0%)	108.6		0.0						108.6	107.4		0.0						107.4
1		OS	Cancer Waits (2 weeks, 31 days and 62 days - £200, £1000 and £1000 per breach respectively)	Assessed Quarterly										Assessed Quarterly								
13		OS	Mixed Sex Accommodation Breaches (£250 per day per Service Uder affected)	2.3	0.0	0.0	0.0					2.3	0.0	0.0	0.0	0.0					0.0
2		OS	Cancelled Operations 28-day (non-payment of rescheduled episode of care)	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
4		NQR	MRSA Bacteraemia (£10,000 per incidence)	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
4		NQR	C Diff (differential impact if annual target exceeded)	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	5.0	10.0	0.0					15.0	0.0	5.0	0.0	0.0					5.0
11		NQR	WMAS Handovers to ED (£200 per breach 30 - 60 minutes)	43.8								43.8	31.8								31.8
11		NQR	WMAS Handovers to ED (£1000 per breach >60 minutes)	21.0								21.0	14.0								14.0
2		NQR	ED Trolley Waits >12 hours (£1,000 per breach)	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
3		NQR	VTE Risk Assessment (£200 per breach)	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
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
2		NQR	Completion of valid NHS Number in Acute Commissioning Data Set (£10 per breach)	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)	0.0		0.0						0.0	0.0		0.0						0.0
			ALL	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

Data Source	Data Quality	OS / NQR	Indicator	DECEMBER (£000s)									YEAR TO DATE (£000s)								
				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)	0.0	24.4	0.0	0.0					24.4	1.6	265.6	32.8	0.0					300.0
2		OS	RTT Non-Admitted Care (£100 per breach by specialty)	4.0	0.2	0.0	0.0					4.5	63.1	24.3	6.1	0.0					93.5
2		OS	RTT Incomplete Pathway (£100 per breach by specialty)	0.0	4.2	1.8	0.0					6.0	110.9	187.0	54.9	0.0					352.8
2		OS	Diagnostic Waits (£200 per breach)	0.0	0.0	0.0	0.0		0.0			0.0	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%)	114.2		0.0						114.2	599.2		0.0						599.2
1		OS	Cancer Waits (2 weeks, 31 days and 62 days - £200, £1000 and £1000 per breach respectively)									0.0	0.0	0.0	0.0	0.0					0.0
13		OS	Mixed Sex Accommodation Breaches (£250 per day per Service Uder affected)	0.0	0.5	0.0	0.0					0.5	35.1	1.8	0.0	0.0					36.9
2		OS	Cancelled Operations 28-day (non-payment of rescheduled episode of care)	0.0	1.3	0.0	0.0					1.3	1.8	3.9	0.0	0.0					5.7
4		NQR	MRSA Bacteraemia (£10,000 per incidence)	0.0	0.0	0.0	0.0			0.0		0.0	10.0	0.0	0.0	0.0			0.0		10.0
4		NQR	C Diff (differential impact if annual target exceeded)	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	0.0	0.0	0.0					0.0	0.0	35.0	15.0	5.0					55.0
11		NQR	WMAS Handovers to ED (£200 per breach 30 - 60 minutes)	56.4								56.4	274.4								274.4
11		NQR	WMAS Handovers to ED (£1000 per breach >60 minutes)	31.0								31.0	117.0								117.0
2		NQR	ED Trolley Waits >12 hours (£1,000 per breach)	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	5.0					5.0	0.0	0.0	0.0	5.0					5.0
3		NQR	VTE Risk Assessment (£200 per breach)	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
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
2		NQR	Completion of valid NHS Number in Acute Commissioning Data Set (£10 per breach)	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)	0.0		0.0						0.0	0.0		0.0						0.0
			ALL	205.9	30.6	1.8	5.0	0.0	0.0	0.0	0.0	243.3	1267.7	526.8	168.8	10.0	0.0	19.4	0.0	0.0	1932.7

Contractual Requirements - Local Quality Requirements

Data Source	Data Quality	Req	Indicator	Threshold	QUARTER 1 (£000s)									QUARTER 2 (£000s)									OCTOBER (£000s)									NOVEMBER (£000s)									DECEMBER (£000s)									YEAR TO DATE (£000s)								
					M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL
3		LQR	Maternity - various (8)	Various									0.0									0.0									0.0									0.0									0.0								
3		LQR	Stroke - thrombolysis (non payment for any >30 hours if 3 consecutive months of failure)	=>50.0%	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0
3		LQR	Stroke - >90% stay on ASU (non payment for breach if 3 consecutive months of failure)	=>90.0%	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0
3		LQR	Stroke - CT Scan <1 hr presentation (non payment for any >2 hours if 3 consec. months failure)	=>50.0%	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0
3		LQR	Stroke - CT Scan <24 hr presentation (non pay't for any >30 hours if 3 consec. months failure)	100%	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0	0.0					0.0			0.0
3		LQR	ED - Time to Initial Assessment <15 mins (£50 per breach between 92.0% and 95.0%)	=>95.0%	44.0		0.0						44.0	34.9		0.0						34.9	13.9		0.0						13.9	13.1		0.0						13.1	20.6		0.0						20.6	126.4		0.0						126.4
3		LQR	ED - Unplanned Reattendance within 30 days (£50 per breach between 5.00% and 8.00%)	=<5.00%	29.5		0.0						29.5	49.9		0.0						49.9	11.4		0.0						11.4	13.9		0.0						13.9	15.7		0.0						15.7	120.4		0.0						120.4
3		LQR	ED - Left Without Being Seen (lower £23 pay't per pt., & £15 per breach between 5.00% and 8.00%)	=<5.00%	0.0		0.0						0.0	0.0		0.0						0.0	0.0		0.0						0.0	0.0		0.0						0.0	0.3		0.0						0.3	0.3		0.0						0.3
2		LQR	DTOC - Less than 10 (provider responsible) per site (non pay't XS bed days)	<10 per site	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
2		LQR	Letters for Evictions from Wards (non pay't XS bed days)	100%	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	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		LQR	Morning Discharges (< m'day) (no conseq. breach. traj Q1(23%),Q2(27%),Q3(31%),Q4(35%))	Q1 (23%) - Q4 (35%)	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
2		LQR	DTA (delay in unplanned admiss. to clinically appro. bed) (8 hr(£250),10hr(£500),12hr(£1000)	0	0.0	0.0	0.0	0.0					0.0	0.3	0.0	0.0	0.0					0.3	0.5	0.0	0.0	0.0					0.5	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.8	0.0	0.0	0.0					0.8
19		LQR	Pt's with small-cell lung cancer have t'ment initiated =<2w path. diagnosis (non pay't for breach)	=>80.0%	6.3								6.3	2.1								2.1	2.1								2.1	2.1								2.1										12.6								12.6
2		LQR	Paeds. have OP F/U appt <6 w discharge post meningoccal septicaemia (non pay't OP appt >6w)	100%				0.1					0.1				0.1					0.1				0.0					0.0				0.0					0.0										0.0			0.2					0.2
19		LQR	Pts. Admit. with MI presc. antiplatelet,statin or b. blocker(non pay for breach if 3 consec. m'ths fail.)	=>98.0%	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0	0.0								0.0
8		LQR	EOL Care (pt's (on SCP) achieving pref. place of death) (Consec. Fail triggers contract clause)	=>75.0%	0.0	0.0		0.0					0.0	0.0	0.0		0.0					0.0	0.0	0.0		0.0					0.0	0.0	0.0		0.0					0.0										0.0	0.0		0.0					0.0
3		LQR	WHO Safer Surgery Checklist Compliance (3 components) (Consec. Breaches £1000 / month)	98%, 95% and 85%	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
3		LQR	MRSA Screening (EL and NEL) (£1000 per month after 4 months consecutive breaches)	=>80.0% matched	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
4		LQR	Appro. Antimicrobial Stewardship (Q'ly Reporting (cc. CCG) (£1000 / Q'ter after 2 Q'ters breaches)	Submit Report					0.0				0.0					0.0				0.0	Assessed Quarterly									Assessed Quarterly									Assessed Quarterly													0.0					0.0
19		LQR	HbA1c (pt's achieved target <6 m after being set) (non pay't for breach after 3 m'ths fail)	=>75.0%	Assessed 6-monthly									0.0								0.0	Assessed 6-monthly									Assessed 6-monthly									Assessed 6-monthly									Assessed 6-monthly								
19		LQR	HbA1c (pt's receiving written care plan with agreed targets) (£50 per breach)	=>90.0%	Assessed 6-monthly									0.0								0.0	Assessed 6-monthly									Assessed 6-monthly									Assessed 6-monthly									Assessed 6-monthly								
2		LQR	Ethnicity Coding (£1000 per month after 2 months failure)	=>90.0%	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
			ALL		79.8	0.0	0.0	0.1	0.0	0.0	0.0	0.0	79.9	87.2	0.0	0.0	0.1	0.0	0.0	0.0	0.0	87.3	27.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	27.9	29.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	29.1	36.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	36.5	260.4	0.0	0.0	0.2	0.0	0.0	0.0	0.0	260.6

Contractual Requirements - CQUIN (CQ)

Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)									QUARTER 2 (£000s)									
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL
8		CQ	FFT - Implementation of Staff FFT	125	Implement by end July	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8		CQ	FFT - Early Implementation of Patient FFT in OP / DC Departments	67	Implement by end Oct	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
8		CQ	FFT - Increase and / or Maintain Response Rate in ED areas	33.5	>Q1 rate	0.0								0.0	0.0								0.0
8		CQ	FFT - Increase and / or Maintain Response Rate in IP areas	33.5	>Q1 rate	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses	167	0	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	NHS Safety Thermometer - Reduction in Prevalance of Pressure Ulcers	42	50% reduction	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	Dementia - Find, Assess and Refer	250	==90.0%	47.3	15.8	0.0	0.0					63.0	0.0	0.0	0.0	0.0					0.0
8		CQ	Dementia - Clinical Leadership and Staff Training	42	In Place	0.0	0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0				0.0	0.0
8		CQ	Dementia - Supporting Carers of People with Dementia	133	Monthly Audit								0.0	0.0								0.0	0.0
9		CQ	Learning From Safeguarding Concerns	1332	Q'ly Report to Board								0.0	0.0								0.0	0.0
2		CQ	Quality of Outpatient and Discharge Letters	489	Derived from base	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0
4		CQ	Sepsis - Use of Sepsis Care Bundles	1237	Derived from base	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
8		CQ	Pain Relief - Use of Pain Care Bundles	77	Derived from base	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0
9		CQ	Medication and Falls	1237	Derived from base	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
9		CQ	Serious Untoward Incidents (Never Events)	1237	Derived from base								0.0	0.0								0.0	0.0
14		CQ	Community Therapies - Effective Referral Management	83	Derived from base							0.0		0.0							0.0		0.0
14		CQ	Community Therapies - Community Dietetics	1237	Derived from base							0.0		0.0							309.0		309.0
12		CQ	Maternity - Low Risk Births	70	Q'ly Audit / Action Plan				0.0					0.0				0.0					0.0
16		CQ	Bechet's Disease	109	Quarterly Return			0.0						0.0			0.0						0.0
17		CQ	HIV Home Delivery Medicines (% patients receiving)	109	Derived from base				0.0					0.0				0.0					0.0
17		CQ	Retinopathy of Prematurity Screening (%)	109	Derived from base				0.0					0.0				0.0					0.0
17		CQ	Timely Administration of TPN for preterm infants	109	Derived from base				0.0					0.0				0.0					0.0
			ALL	8328		47.3	15.8	0.0	0.0	0.0	0.0	0.0	0.0	63.0	0.0	0.0	0.0	0.0	0.0	0.0	309.0	0.0	309.0

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

Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	DECEMBER (£000s)									YEAR TO DATE (£000s)									
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL
8		CQ	FFT - Implementation of Staff FFT	125	Implement by end July	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8		CQ	FFT - Early Implementation of Patient FFT in OP / DC Departments	67	Implement by end Oct	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
8		CQ	FFT - Increase and / or Maintain Response Rate in ED areas	33.5	>Q1 rate	0.0								0.0	0.0								0.0
8		CQ	FFT - Increase and / or Maintain Response Rate in IP areas	33.5	>Q1 rate	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	FFT - IP Response Rate (March 2015 target 40%) - replaces Reduce Negative Responses	167	0	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	NHS Safety Thermometer - Reduction in Prevalance of Pressure Ulcers	42	50% reduction	0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0	0.0			0.0		0.0
8		CQ	Dementia - Find, Assess and Refer	250	==90.0%	0.0	0.0	0.0	0.0					0.0	47.3	15.8	0.0	0.0					63.0
8		CQ	Dementia - Clinical Leadership and Staff Training	42	In Place	0.0	0.0	0.0	0.0				0.0	0.0	0.0	0.0	0.0	0.0				0.0	0.0
8		CQ	Dementia - Supporting Carers of People with Dementia	133	Monthly Audit								0.0	0.0								0.0	0.0
9		CQ	Learning From Safeguarding Concerns	1332	Q'ly Report to Board								0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		CQ	Quality of Outpatient and Discharge Letters	489	Derived from base										0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
4		CQ	Sepsis - Use of Sepsis Care Bundles	1237	Derived from base										0.0	0.0	0.0	0.0					0.0
8		CQ	Pain Relief - Use of Pain Care Bundles	77	Derived from base										0.0	0.0	0.0	0.0					0.0
9		CQ	Medication and Falls	1237	Derived from base										0.0	0.0	0.0	0.0			0.0		0.0
9		CQ	Serious Untoward Incidents (Never Events)	1237	Derived from base								0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14		CQ	Community Therapies - Effective Referral Management	83	Derived from base							0.0		0.0							0.0		0.0
14		CQ	Community Therapies - Community Dietetics	1237	Derived from base							309.0		309.0							618.0		618.0
12		CQ	Maternity - Low Risk Births	70	Q'ly Audit / Action Plan				0.0					0.0				0.0					0.0
16		CQ	Bechet's Disease	109	Quarterly Return								0.0	0.0			0.0						0.0
17		CQ	HIV Home Delivery Medicines (% patients receiving)	109	Derived from base								0.0	0.0				0.0					0.0
17		CQ	Retinopathy of Prematurity Screening (%)	109	Derived from base								0.0	0.0				0.0					0.0
17		CQ	Timely Administration of TPN for preterm infants	109	Derived from base								0.0	0.0				0.0					0.0
			ALL	8328		0.0	0.0	0.0	0.0	0.0	0.0	309.0	0.0	309.0	47.3	15.8	0.0	0.0	0.0	0.0	618.0	0.0	681.0

Contractual Requirements - Outcome Thermometer (OT) Incentive Scheme

Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	QUARTER 1 (£000s)									QUARTER 2 (£000s)									QUARTER 3 (£000s)									QUARTER 4 (£000s)									YEAR TO DATE (£000s)								
						M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL
2		OT	ED Waits >4 hours (=>95.0% each Quarter)	400	=>95.0%	100.0		0.0						100.0	100.0		0.0								100.0	100.0		0.0								0.0	300.0		0.0						300.0
2		OT	RTT Admitted Care (0 failing specialties after Q1)	200	0	na	na	na	na					0.0	8.3	25.0	33.3	0.0					66.6	0.0	33.3	33.3	0.0					66.6									0.0	8.3	58.3	66.6	0.0					133.2
2		OT	RTT Non-Admitted Care (0 failing specialties after Q1)	200	0	na	na	na	na					0.0	42.9	14.3	9.5	0.0					66.7	22.2	22.2	22.2	0.0					66.6									0.0	65.1	36.5	31.7	0.0					133.3
1		OT	Cancer Waits (2 weeks)	400	=>93.0%	0.0	0.0	0.0	0.0					0.0	0.0	0.0	0.0	0.0					0.0									0.0									0.0	0.0								0.0
19		OT	Urgent & Emergency Care - achieve quarterly milestones in SDIP	100	Yes / No									0.0									0.0									0.0									0.0	0.0								0.0
19		OT	Lipid Management in OP Clinics - achieve quarterly milestones in SDIP	100	Yes / No									0.0									0.0									0.0									0.0	0.0								0.0
2		OT	Community Nursing (Quality & Info Requirements) - achieve quarterly milestones in SDIP	100	Yes / No									0.0									0.0									0.0									0.0	0.0								0.0
14		OT	Dev'ment of Advice & Guidance Service and Map of Medicine - achieve quarterly milestones in SDIP	100	Yes / No									0.0									0.0									0.0									0.0	0.0								0.0
2		OT	Cardiology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.61	0.0								0.0	0.0								0.0	14.3								14.3									0.0	14.3								14.3
2		OT	Paediatrics - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.64				0.0					0.0				14.3					14.3				14.3					14.3									0.0	0.0			14.3					14.3
2		OT	Dermatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.48	14.3								14.3	14.3								14.3	14.3								14.3									0.0	42.9								42.9
2		OT	Geriatric Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.76	0.0								0.0	14.3								14.3	14.3								14.3									0.0	28.6								28.6
2		OT	Rheumatology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<4.99	14.3								14.3	14.3								14.3	0.0								0.0									0.0	28.6								28.6
2		OT	Gastroenterology - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<1.45	14.3								14.3	0.0								0.0	0.0								0.0									0.0	14.3								14.3
2		OT	General Medicine - Reduce OP FUN Ratio to West Mids average in Q4 or overall for the year.	57.1	=<2.38	0.0								0.0	0.0								0.0	0.0								0.0									0.0	0.0								0.0
9		OT	Never Events (reduced incentive available (1 = 85% available, 2 (65), 3 (40), 4 (10), 5 (0)	-2000	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0									0.0	0.0								0.0
			ALL			142.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	142.8	194.1	39.3	42.8	14.3	0.0	0.0	0.0	0.0	290.5	165.1	55.5	55.5	14.3	0.0	0.0	0.0	0.0	290.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	502.0	94.8	98.3	14.3	0.0	0.0	0.0	0.0	709.4

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	M	A	B	W	P	I	C	CO	ALL
2		PAM	Elective (IP and DC)	52721	Contract Plan	48	75	-62	-26	2	0			37	116	6	91	-83	10	-2			138	19	-40	-25	-4	4	7			-39	51	-66	-22	-32	6	-1			-64	234	-25	-18	-145	22	4			72
2		PAM	Non-Elective	82299	Contract Plan	152	-21	-45	-2					84	185	112	-44	9					262	100	-38	-18	-46					-2	10	4	-39	-22					-47	447	57	-146	-61					297
2		PAM	Excess Bed Days	20352	Contract Plan	74	25	-21	-60					18	112	-12	-18	-44					38	-21	8	-11	-7					-31	6	-9	-9	-20					-32	171	12	-59	-131					-7
2		PAM	Accident & Emergency	20352	Contract Plan	-11		-86						-97	37		-68						-31	2		-26						-24	33		-26						7	61		-206						-145
2		PAM	Outpatient New	26337	Contract Plan	23	5	-20	-36	-3	0	0		-31	16	6	8	-38	-1	0	0		-9	10	6	-12	-17	-1	0	0		-14	29	0	-46	-24	-1	0	0		-42	78	17	-70	-115	-6	0	0		-96
2		PAM	Outpatient Review	33208	Contract Plan	59	-34	-10	-27	-1	0	-1		-14	30	-25	102	-29	4	0	-2		80	-12	-13	34	-9	0	0	0		0	-24	-20	4	-17	-1	0	0		-58	53	-92	130	-82	2	0	-3		8
2		PAM	Outpatient with Procedure	7336	Contract Plan	-22	44	-138	12					-104	24	53	-155	22					-56	6	19	-48	11					-12	-6	6	-35	3					-32	2	122	-376	48					-204
2		PAM	Outpatient Telephone Conversation	196	Contract Plan	3	0							3	3	0							3	0	0							0	1	0							1	7	0							7
2		PAM	Maternity	14219	Contract Plan				72					72				300					300				90					90				146					146	0			608					608
2		PAM	Occupied Cot Days	6000	Contract Plan				18					18				-117					-117				27					27				-5					-5	0			-77					-77
2		PAM	Unbundled Activity	9520	Contract Plan	28	1	-8	6	0	0			27	185	-13	4	3	0	0			179	17	-10	2	0	0	0			9	37	-13	-3	2	0	0			23	267	-35	-5	11	0	0			238
2		PAM	Other Contract Lines	89552	Contract Plan	119	-6	331	11	-8	-78	0		369	419	7	172	-40	-13	-81	0		464	375	-2	3	-23	4	-19	0		338	184	11	-11	0	-17	-26	0		141	1097	10	495	-52	-34	-204	0		1312
2		PAM	Community	36003	Contract Plan	0	0		-8		0	0		-8	0	0		-12		0	4		-8	1	0		-2		0	0		-1	0	0		-3		0	-1		-4	1	0		-25		0	3		-21
			ALL			473	89	-59	-40	-10	-78	-1	0	374	1127	134	92	-29	0	-83	2	0	1243	497	-70	-101	20	7	-12	0	0	341	321	-87	-187	28	-13	-27	-1	0	34	2418	66	-255	-21	-16	-200	0	0	1992

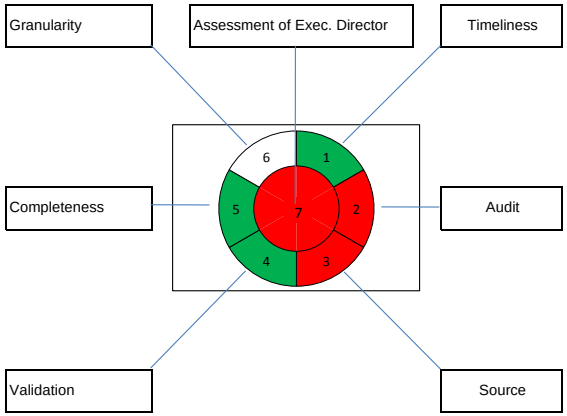
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Indicator	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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	13	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	1	●		
MRSA Screening - Elective (%)	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	89	94	73	89.3		●		
MRSA Screening - Non Elective (%)	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	92	93	93	91.99		●		
Falls	0	0							33	40	61	42	44	41	67	50	66				Dec-14	13	40	13	66	444	●		
Falls with a serious injury	0	0	5	2	5	1	1	1	1	3	3	1	4	1	1	2	0				Dec-14	0	0	0	0	16	●		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	3	0	0	2	3	3	2	3	3	3	0	6	4	6					Dec-14	1	4	1	6	26	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	99	99.0	99	98.83		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	98.8	99	99.6		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100	100		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	99	99	99.6		●		
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	●		
Serious Incidents	0	0					●	●	●	●	●	●	●	●	●	●	●				Dec-14	2	0	0	2	11	●		
Mortality Reviews within 42 working days	100	=>94	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	75	89	83	83		●		

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC					
Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		96.0		96.0	90.5	●		
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		83.3		83.3	79.3	●		
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		76.7		76.7	71.5	●		
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		98		97.7	99.5	●		
Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		57		57.1	79.0	●		
Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		100		100.0	100.0	●		
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0	=>70.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		100		100.0	98.2	●		
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0	=>75.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		###		100.0	97.5	●		
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0	=>80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		88.2		88.2	86.9	●		
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0	=>80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		85.7		85.7	87.9	●		
Rapid Access Chest Pain - seen within 14 days (%)	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		97.9		97.9	97.4	●		
2 weeks	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14			92	91.7		●		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14			100	100.0		●		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14			91	90.6		●		
Mixed Sex Accommodation Breaches	0	0	5	4	2	3	7	21	36	43	14	0	0	0	7	0	0				Dec-14	0	0	0	0	100	●		
No. of Complaints Received (formal and link)										38	28	28	32	36	48	18	31				Dec-14				31	259			
No. of Active Complaints in the System (formal and link)										117	129	106	130	131	156	149	93				Dec-14				93				
Oldest' complaint currently in system (days)										124	145	127	133	131	174	161	182				Dec-14				182				

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.00	0.70	0.00	0.06		●		
28 day breaches	0	0	●	●	●	●	●	●	●	1	●	●	●	●	●	●	●				Dec-14	0	0	0	0	1	●		
Sitrep Declared Late Cancellations	0	0	13	2	2	7	7	4	10	2	7	7	3	2	5	4	1				Dec-14	0	1	0	1	41	●		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											61	54	57	60	62				Dec-14	62			61.9		●		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	88.1 (s)	86.4 (C)		87.1	92.7	●		
Emergency Care 4-hour breach (numbers)									570	1003	1016	907	736	1201	1390	1181	1913				Dec-14	###	5	26	1913	9917			
Emergency Care Trolley Waits >12 hours	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0 (s)	0 (c)		0	0	●		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	17 (s)	25 (c)		21	17	●		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	61 (s)	68 (c)		65	52	●		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	7.54 (s)	7.44 (c)		7.49	6.8	●		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	4.39 (s)	6.63 (c)		5.58	4.3	●		
WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0	0	●	●	●	●	●	●	119	136	125	145	51	136	219	159	282				Dec-14	109	173		282	1372	●		
WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0	0	●	●	●	●	●	●	13	8	8	8	1	13	21	14	31				Dec-14	9	22		31	117	●		
WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	=<0.02	=<0.02	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.4	0.9		0.69	0.31	●		
WMAS - Emergency Conveyances (total)			3991	3927	4122	4009	3826	4271	4044	4227	4093	4278	3994	4067	4193	4168	4470				Dec-14	###	###		4470	37534			

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		94.0	95.9	95.3		●		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		89.2	95.2	93.2		●		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		94.7	94.8	94.8		●		
Patients Waiting >52 weeks	0	0	17	6	4	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0	0	0	0		●		
Treatment Functions Underperforming	0	0	4	5	4	4	5	5	6	3	5	5	6	5	5	7	2				Dec-14	0	1	1	7		●		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.0	0.0	0.0	0.0		●		
WTE - Actual versus Plan			176	158	165	135	163	163	171	161	157	151	166	160	166	197	232				Dec-14				232				
PDRs - 12 month rolling (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	84	81	87		83.4	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					94.6	●		
Sickness Absence (%)	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	5.07	5.48	3.99	5.01	4.50	●		
Mandatory Training (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	80	82	87		82.5	●		
New Investigations in Month			2	0	0	0	0	1	1	1	1	2	1	2	1	0	0				Dec-14				0				
Nurse Bank Use	34560	2880	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				2529	23995	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				1492	11815	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14				609	5968	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14				53	333	●		
Your Voice - Response Rate (%)			11		8		7		9		9		6								Dec-14	5	4	12	6				
Your Voice - Overall Score			3.73		3.68		3.58		3.76		3.76		3.57								Dec-14	3.6	3.7	3.5	3.57				

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	6	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	99	99	99	25	98.6		●		
MRSA Screening - Non Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	96	95	98	100	95.9		●		
Falls	0	0							9	7	4	8	3	9	9	6	6				Dec-14	4	2	0	0	6	60	●		
Falls with a serious injury	0	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	1				Dec-14	0	1	0	0	1	1	●		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	1	0	2	0	1	0	1	0	0	0	1	1	0	0					Nov-14	0	0	0	1	1	3	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	92.5	97.5	95.2	99.4	95.14		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100	100	100		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100	100	100		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100	100	100		●		
Never Events	0	0	●	1	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
Serious Incidents	0	0				●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	2	●		
Mortality Reviews within 42 working days	100	=>94	●	●	●	●	●	●	●	●	●	●	●	●	●						Oct-14	100	100		100	100		●		

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	94.7		90.4		93.8		●		
2 weeks (Breast Symptomatic)	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	93.5				93.5		●		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	100		100		100.0		●		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	88.3		100		86.7		●		
Mixed Sex Accommodation Breaches	0	0	12	5	2	3	3	0	0	0	0	3	0	0	0	0	2				Dec-14	0	0	0	2	2	5	●		
No. of Complaints Received (formal and link)										12	11	8	19	15	13	13	7				Dec-14					7	98			
No. of Active Complaints in the System (formal and link)										50	50	34	39	49	57	78	53				Dec-14					53				
Oldest' complaint currently in system (days)										124	131	118	99	109	133	143	171				Dec-14					171				
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	6.1	2.0	0.8	0.0	2.90		●		
28 day breaches	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1				Dec-14	1	0	0	0	1	3	●		
Sitrep Declared Late Cancellations	0	0	28	35	25	28	37	18	13	16	5	6	16	10	18	6	33				Dec-14	24	7	2	0	33	123	●		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											76	78	75	77	71				Dec-14	69.9	71.9	72.3		71.1		●		
Emergency Care 4-hour breach (numbers)									81	100	100	119	52	103	118	94	121				Dec-14	57	54	7	3	121	888			
Hip Fractures - Operation < 24 hours of admission (%)	85	85	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		75.0			75.0	72.8	●		

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 - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	90.8	71.0	92.4		83.4		●		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97.3	95.3	95.9		96.2		●		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	96.2	90.4	94.5		93.5		●		
Patients Waiting >52 weeks	0	0	28	13	3	3	0	0	1	1	0	2	4	2	1	2	0				Dec-14	0	0	0	0	0		●		
Treatment Functions Underperforming	0	0	5	8	8	7	8	7	7	5	5	4	3	4	6	7	4				Dec-14	2	2	0	0	4		●		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.0	0.0	0.0	0.0	0.00		●		
WTE - Actual versus Plan			70	71	72	88	76	76	64	71	77	78	71	71	71	76	66				Dec-14					66				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	82.7	72.6	80.1	82.8		79.4	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14						80.5	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	7.12	6.35	6.48	4.24	6.02	5.38	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	83	81	94	91		88.6	●		
New Investigations in Month			0	0	2	1	1	1	0	0	0	0	0	2	0	1	0				Dec-14					0				
Nurse Bank Use	9908	826	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					974	7956	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					419	3214	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					243	2252	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					17	42	●		
Your Voice - Response Rate			16		13		12			11			11		9						Dec-14	8	9	6	13	9				
Your Voice - Overall Score			3.03		3.55		3.53			3.57			3.57		3.53						Dec-14	3.19	3.84	3.68	3.43	3.53				

Surgery B Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E				
C. Difficile	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	●		
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97	97	97.1		●		
MRSA Screening - Non Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	90	91	90.2		●		
Falls	0	0							1	0	0	2	0	0	0	0	1				Dec-14	1	0	1	4	●		
Falls with a serious injury	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-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	0					Nov-14	0	0	0	0	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97.49	94.97	96.51		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	99.6	99.8		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100	100		●		
Never Events	0	0	●	1	●	1	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	●		
Serious Incidents	0	0				●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	2	●		
Mortality Reviews within 42 working days	100	=>94	●	●	●	●	●	●	●	●				●							Oct-14					●		

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E					
2 weeks	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14		93.8	**93.8**		●		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	●	●			●	●	●	●	●	●	●	●	●	●					Nov-14		100	**100.0**		●		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0		●	●	●	●	●		●	●	●	●		●	●					Nov-14		66.7	**66.7**		●		
Mixed Sex Accommodation Breaches	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**				Dec-14	0	0	**0**	**0**	●		
No. of Complaints Received (formal and link)										9	3	10	11	8	12	11	14				Dec-14			**14**	**78**			
No. of Active Complaints in the System (formal and link)										31	40	34	37	36	37	47	33				Dec-14			**33**				
Oldest' complaint currently in system (days)										117	100	103	129	98	63	138	109				Dec-14			**109**				
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.5	1.03	**0.73**		●		
28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0	0	**0**	**0**	●		
Sitrep Declared Late Cancellations	0	0	**19**	**14**	**19**	**36**	**15**	**22**	**3**	**22**	**17**	**16**	**14**	**16**	**12**	**11**	**7**				Dec-14	3	4	**7**	**118**	●		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											**72**	**74**	**72**	**73**	**68**				Dec-14	67.73	70.28	**68.4**		●		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	98.85		**98.9**	**98.9**	●		
Emergency Care 4-hour breach (numbers)									10	15	80	13	26	29	5	2	4				Dec-14	0	4	**4**	**184**			
Emergency Care Trolley Waits >12 hours	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0		**0**	**0**	●		
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	13		**13**	**14**	●		
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	18		**18**	**21**	●		
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	3.30		**3.30**	**3.4**	●		
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	1.68		**1.68**	**1.75**	●		

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 - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	91.6	91.4	91.5		●		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97.1	95.2	95.6		●		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	94.4	92.5	93.8		●		
Patients Waiting >52 weeks	0	0	9	9	2	0	1	1	0	1	1	0	0	2	2	1	0				Dec-14	0	0	0		●		
Treatment Functions Underperforming	0	0	1	0	0	2	3	3	3	4	3	3	2	4	5	5	1				Dec-14	0	1	1		●		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.0	0.0	0.00		●		
WTE - Actual versus Plan			31	24	23	27	37	37	28	34	38	33	32	28	30	27	30				Dec-14			30				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	87.06	95.54		88.4	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				84.8	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	3.86	3.12	3.36	3.64	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	84	92		86.2	●		
New Investigations in Month			0	0	0	1	0	0	0	0	0	0	0	0	0	0	0				Dec-14			0				
Nurse Bank Use	2796	233	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14			285	2027	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14			10	387	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14			161	1752	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14			21	282	●		
Your Voice - Response Rate			17			18			19			17			17			14			Dec-14	8	26	14				
Your Voice - Overall Score			3.66			3.72			3.73			3.52			3.52			3.52			Dec-14	3.47	3.56	3.52				

Women & Child Health Group

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P	C					
C. Difficile	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	1	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
MRSA Screening - Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	99.2				98.3		●		
MRSA Screening - Non Elective	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		97.4			97.4		●		
Falls	0	0							0	0	2	0	1	0	0	0	0				Dec-14	0	0	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	0				Dec-14	0	0	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	2	0					Nov-14	0	0	0	0	0	2	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97.9	84.3			90.43		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	99.4			99.8		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100			100		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	100	100			100		●		
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
Serious Incidents	0	0				●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	1	0	0	1	4	●		

Indicator	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P	C					
Caesarean Section Rate - Total (%)	=<25.0	=<25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		26.4			26.4	25.5	●		
Caesarean Section Rate - Elective (%)			11	10	11	12	11	10	10	8	9	9	7	9	7	8	11				Dec-14		10.6			10.6	8.6			
Caesarean Section Rate - Non Elective (%)			13	15	10	16	14	13	16	18	19	15	17	18	19	16	16				Dec-14		15.7			15.7	17.0			
Maternal Deaths	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		1			1	1	●		
Post Partum Haemorrhage (>2000ml)	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		0			**0**	**3**	●		
Admissions to Neonatal Intensive Care (%)	=<10.0	=<10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		1.3			**1.32**	**2.33**	●		
Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		10.9			**10.9**		●		
Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		79			77.01		●		
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14		156			**156**		●		
Mortality Reviews within 42 working days	100	=>94	●	●	●		●	●	●	●	●		●	●	●						Oct-14	100				**100**		●		
2 weeks	=>93.0	=>93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	97.8				97.8		●		
31 Day (diagnosis to treatment)	=>96.0	=>96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	100				**100.0**		●		
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Nov-14	87.5				**87.5**		●		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0				**0**	**0**	●		
No. of Complaints Received (formal and link)										4	6	11	8	8	8	12	7				Dec-14					**12**	**57**			
No. of Active Complaints in the System (formal and link)										15	21	21	24	29	29	33	12				Dec-14					**29**				
Oldest' complaint currently in system (days)										61	82	52	66	87	104	123	151				Dec-14					**151**				

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	2.9		0.0		2.38		●		
28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0				0	0	●		
Sitrep Declared Late Cancellations	0	0	4	13	14	13	7	12	12	3	4	7	6	6	7	7	7				Dec-14	7				7	59	●		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0											78	76	77	77	80				Dec-14	80.4	76.7			80.3		●		
Emergency Care 4-hour breach (numbers)									18	14	14	18	14	30	23	36	82				Dec-14	22	0	60	0	82	249			
RTT - Admittted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	93.8				93.8		●		
RTT - Non Admittted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	97.5				97.5		●		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	99.1				99.1		●		
Patients Waiting >52 weeks	0	0	4	4	2	0	0	0	0	0	1	1	0	0	0	0	0				Dec-14	0				0		●		
Treatment Functions Underperforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0				0		●		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-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	66				Dec-14					66				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	94.2	73.4	83.7	78.5		79.8	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14						83.3	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	4.46	5.16	7.13	7.54	4.88	5.64	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	91	86	87	87		86.1	●		
New Investigations in Month			1	0	0	0	0	0	0	0	0	2	0	0	0	0	0				Dec-14					0				
Nurse Bank Use	6852	571	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					557	4387	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					45	283	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					116	687	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					0	11	●		
Your Voice - Response Rate			17			11			14			12			12			8			Dec-14	12	4	12	12	8				
Your Voice - Overall Score			3.74			3.79			3.74			3.65			3.65			3.61			Dec-14	3.4	3.97	3.48	3.59	3.61				

Pathology Group

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		HA	HI	B	M	I					
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	**0**	**0**	●		
No. of Complaints Received (formal and link)										0	1	0	1	1	3	0	2				Dec-14						**2**	**8**			
No. of Active Complaints in the System (formal and link)										1	2	1	2	3	6	5	5				Dec-14						**5**				
Oldest' complaint currently in system (days)										91	112	27	46	68	92	111	90				Dec-14						**92**				
WTE - Actual versus Plan			31	32	30	37	33	33	30	32	31	32	29	27	25	27	27				Dec-14						**27**				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	60	100	74.5	86.7	100		**79.8**	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●					Dec-14							**81**	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	6.08	1.42	4.43	8.26	1.08	**5.27**	**3.86**	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	91	93	93	94	88		**92.6**	●		
New Investigations in Month			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14						**0**				
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14						**529**	**4757**	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14						**0**	**0**	●		
Your Voice - Response Rate			17			36			30			31			31			12			Dec-14	18	24	15	27	36	**12**				
Your Voice - Overall Score			3.31			3.6			3.43			3.74			3.74			3.76			Dec-14	3.29	3.77	3.74	3.85	3.98	**3.76**				

Imaging Group

Indicator	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend	Next Month	3 Months
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	0	●		
Unreported Tests / Scans																														
Outsourced Reporting																														
IRMA Instances																														
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14			76.7		76.7	71.5	●		
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14			98		97.7	99.5	●		
Mixed Sex Accommodation Breaches	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**				Dec-14	0	0	0	0	0	0	●		
No. of Complaints Received (formal and link)										4	2	3	3	0	4	2	2				Dec-14					2	20			
No. of Active Complaints in the System (formal and link)										5	7	8	5	5	8	10	8				Dec-14					8				
Oldest' complaint currently in system (days)										19	40	59	30	52	76	72	75				Dec-14					76				
Emergency Care 4-hour breach (numbers)									30	39	41	32	34	49	50	52	45				Dec-14	45				45	372			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0.2				0.20		●		
WTE - Actual versus Plan			26	20	21	18	28	28	15	13	11	13	22	14	16	15	21	21			Dec-14					21				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	77	82	72	86		76.2	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14						96.9	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	3.6	12	7.19	5.2	5.51	4.44	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	89	88	93	91		89.8	●		
New Investigations in Month			0	0	1	0	0	0	0	2	2	0	0	6	0	0	0				Dec-14					0				
Nurse Bank Use	288	24	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					15	120	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14					48	883	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					104	1003	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14					0	0	●		
Your Voice - Response Rate			30		19		30		33		33		19								Dec-14	16		47	19	19				
Your Voice - Overall Score			3.73		3.72		3.73		3.73		3.73		3.37								Dec-14	3.1		3.6	4	3.37				

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				100		●		
Falls	0	0							8	9	11	13	4	14	20	17	21				Dec-14	0	21	0	21	117	●		
Falls with a serious injury	0	0							0	2	0	0	1	0	0	0	0				Dec-14	0	0	0	0	3	●		
Grade 3 or 4 Pressure Ulcers (avoidable)	0	0							1	2	0	2	1	0	1	0					Nov-14		1		1	7	●		
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	●		
Serious Incidents	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	0	0	0	0	0	●		
FFT Response Rate - Wards	>25%	>25%							39	68	43	60	59	57	47	38	33				Dec-14				37.5		●		
FFT Score - Wards	=>68.0	=>68.0	94	100	93	85	83	82	81	95	87	83	91	82	88	73	87				Dec-14				73		●		
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Dec-14	0	0	0	0	0	●		
No. of Complaints Received (formal and link)										3	0	0	5	2	5	1	1				Dec-14				1	17			
No. of Active Complaints in the System (formal and link)										10	8	3	8	8	10	12	3				Dec-14				3				
Oldest' complaint currently in system (days)										94	##	75	38	60	64	81	75				Dec-14				75				
WTE - Actual versus Plan			55	70	32	34	34	34	27	36	45	45	62	65	67	71	75				Dec-14				75				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	94	91	84		88.1	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	3.7	4.7	6.2	5.26	4.46	●		

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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	94	93	91		92.3	●		
New Investigations in Month			0	0	1	0	1	1	0	0	0	0	0	0	0	0	0				Dec-14				0				
Nurse Bank Use	5408	451	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				260	2661	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14				248	1906	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14				289	2239	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14				0	0	●		
Your Voice - Response Rate			28		18			33			32			32			28				Dec-14	21	36	26	28				
Your Voice - Overall Score			3.71		3.75			3.78			3.88			3.88			3.76				Dec-14	3.7	3.7	3.8	3.76				
DVT numbers	730	>61			30	40	57	53	53	62	87	39	33	70	35	42	47				Dec-14				47	468	●		
Therapy DNA rate OP services (%)	=<9	=<9					11	12	12	16	11	11	11	11	12	14	13				Dec-14				13.1	12.2	●		
FEES assessment	>100	>8.3						1	7	10	3	4	4	5	5	3	2				Dec-14				2	43	●		
ESD Response time	<48 hrs	<48 hrs				●	●	●	●	●	●	●	●	●	●	●	●				Dec-14						●		
STEIS	0	0			2	0	0	1	0	2	1	0	1	0	0	0	1				Dec-14				0	4	●		
Rapid response to AMU, RRTS	<60 mins	<60 mins			77	75	75	75	75	71	72	73	68	81	79	82	86				Dec-14				79	74.1	●		
Avoidable weight loss	<20%	<20%		●	●	●	●	●	18	0	8	0	0	0	0	0	9				Dec-14				9	3.8	●		
Green Stream Community Rehab response time for treatment (days)	=<11	=<11					15	11	12	8	11	16	16	17	14	12	13				Dec-14				13.1	13.3	●		

Indicator	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC					
DNA/No Access Visits		%											3	1	0.7	1	1				Dec-14				0.93				
Falls Assessments - DN service only		%											72	58	49	45	45				Dec-14				45.3				
Pressure Ulcer Assessment - DN service only		%											73	61	50	48	46				Dec-14				45.7				
Healthy Lifestyle Assessments - DN Service only		%											61	54	48	39	43				Dec-14				42.6				
At risk of Social Isolation Referrals to 3rd sector DN service only		%											46	75	67	57	65				Dec-14				64.5				
MUST Assessments - DN Service only		%											9	11	9.9	11	10				Dec-14				9.8				
Incident Rates		per 1000 charge											4	5	4.9	4	4				Dec-14				3.5				
Dementia Assessments - DN Service only		%											72	62	55	52	51				Dec-14				51.3				
48 hour inputting rate		%											91	83	81	85	86				Dec-14				85.7				

Corporate Group

Indicator	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		CEO	F	W	M	E	N	O					
No. of Complaints Received (formal and link)										8	4	5	6	5	7	6	6				Dec-14	0	0	0	1	2	1	2	6	47			
No. of Active Complaints in the System (formal and link)										16	13	12	13	21	21	25	12				Dec-14	0	0	0	0	0	7	5	12				
Oldest' complaint currently in system (days)										69	90	77	99	121	106	104	104				Dec-14	82	0	0	0	9	104	102	104				
WTE - Actual versus Plan			191	215	187	161	164	164	149	154	162	176	162	183	194	203	168				Dec-14								168				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	75	65	68	91	41	75	72		73.0	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14			100						100	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	1.60	1.28	4.39	1.86	2.11	7.01	5.54	5.10	4.27	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14	94	93	91	88	93	88	90		89.3	●		
New Investigations in Month			0	1	0	0	2	2	0	1	3	1	0	5	0	0	0				Dec-14								0				
Nurse Bank Use	1088	91	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14								208	1598	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				Dec-14								0	55	●		
Admin & Clerical Bank Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14	139	114	96	100	0	2395	472	2950	28744	●		
Admin & Clerical Agency Use (shifts)	0	0								●	●	●	●	●	●	●	●				Dec-14	0	0	18	0	0	19	0	37	455	●		
Your Voice - Response Rate					26			29			24			21			15				Dec-14	52	28	28	20	12	10	11	15				
Your Voice - Overall Score					3.56			3.57			3.6			3.49			3.48				Dec-14	3.81	2.77	3.85	3.49	3.24	3.52	3.37	3.48				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – P09 December 2014
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Management
AUTHOR:	Chris Archer, Associate Director of Finance - Corporate
DATE OF MEETING:	5 February 2015

EXECUTIVE SUMMARY:

KEY MESSAGES:

- For the **month** of December 2014 against the DoH target, the Trust delivered a **"bottom line" surplus of £1,894k being £1,552k favourable** to a flex budget surplus of £342k. The in month position reflects the year to date capitalisation of the Midland Metropolitan Hospital project costs and also now confirmed certainty of receipt of income for Primary Care Access Team. **The underlying deficit for the month is assessed at £190k.**

- The **year to date surplus of £1,884k is £1,016k adverse** to flex budget to the end of December.

- 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 £7,961k being £5,813k adverse to trust phased plan** [£4.3m adverse vs TDA plan]. The full year effect of schemes in delivery is £18.9m compared to plan of £20.6m. Further schemes with a full year value of £4.1m are in development.

- At month end there were 6,801 whole time equivalent (WTE) staff in post (excluding use of agency), 274 below the currently planned level. After 250 WTE agency staff, total **WTE's were 24 below plan**. Total **pay expenditure for the month at £23.6m** which after adjustments for Midland Met Project costs **is £0.1m lower than the year to date average** and is £765k higher than plan for the month. Within that, **agency spend has remained flat at £888k in December.**

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 CLE

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – December 2014 (month 9)

EXECUTIVE SUMMARY

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Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	1,552	(1,016)	>= Plan	>=99% of plan	<99% of plan
EBITDA Actual v Plan £000	1,419	(1,176)	>= Plan	>=99% of plan	<99% of plan
Pay Actual v Plan £000	(765)	(5,668)	<=Plan	<1% above plan	>1% above plan
Non Pay Actual v Plan £000	(185)	(677)	<= Plan	<= Plan	>1% above plan
WTEs Actual v Plan	24	(98)	<= Plan	<1% above plan	>1% above plan
Cash (incl Investments) Actual v Plan £000		8,986	>= Plan	>=95% of plan	<95% of plan
Note: positive variances are favourable, negative variances unfavourable					

- **End of December cash balance £42.5m is £9.0m ahead of cash plan**.
- Year to date spend on capital is £5.6m being £5.6m behind plan. A further £5.6m of capital orders have been placed. **The current forecast is for £2m capex slippage into 2015/16. There is risk this slippage may increase.**

2014/15 Summary Income & Expenditure Performance at December 2014	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
Income from Activities	392,761	32,914	33,745	831	294,178	297,727	3,549
Other Income	40,027	2,146	3,684	1,538	29,981	31,601	1,620
Pay Expenses	(284,730)	(22,876)	(23,641)	(765)	(214,432)	(220,099)	(5,668)
Non-Pay Expenses	(123,658)	(10,090)	(10,275)	(185)	(91,057)	(91,735)	(677)
EBITDA	**24,400**	**2,094**	**3,513**	**1,419**	**18,670**	**17,494**	**(1,176)**
Depreciation & Impairment	(13,734)	(1,145)	(1,145)	0	(10,300)	(10,300)	0
PDC Dividend	(5,220)	(435)	(435)	0	(3,915)	(3,915)	0
Net Interest Receivable / Payable	(2,150)	(179)	(167)	12	(1,612)	(1,574)	38
Other Finance Costs / P&L on sale of assets	(150)	(13)	(13)	0	(113)	(113)	0
Net Surplus/(Deficit)	**3,146**	**323**	**1,754**	**1,431**	**2,729**	**1,592**	**(1,137)**
IFRIC12/Impairment/Donated Asset Related Adjustments	228	19	140	121	171	292	121
SURPLUS/(DEFICIT) FOR DOH TARGET	**3,374**	**342**	**1,894**	**1,552**	**2,900**	**1,884**	**(1,016)**
Surplus / (Deficit) against TDA plan	3,374	391	1,894	1,503	2,188	1,884	(304)

In year Trust phasing of budgets reflects updated local plans

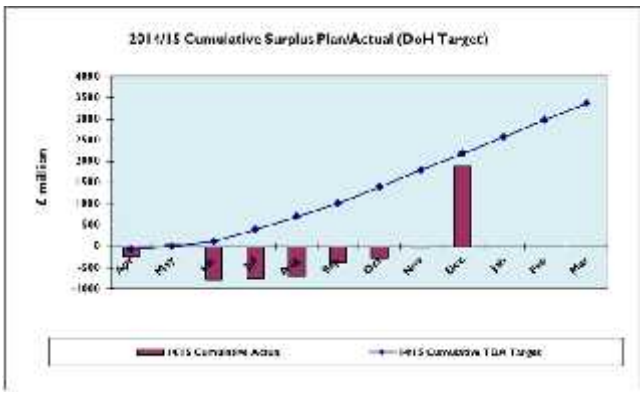
Sandwell and West Birmingham Hospitals NHS

NHS Trust

Financial Performance Report – December 2014

Overall Performance against DoH Plan

The Trust delivered an actual surplus of £1,894,000 against a planned surplus of £342,000 in December. It is anticipated that this will be improved in order to achieve the year end surplus target of £3.374m surplus.



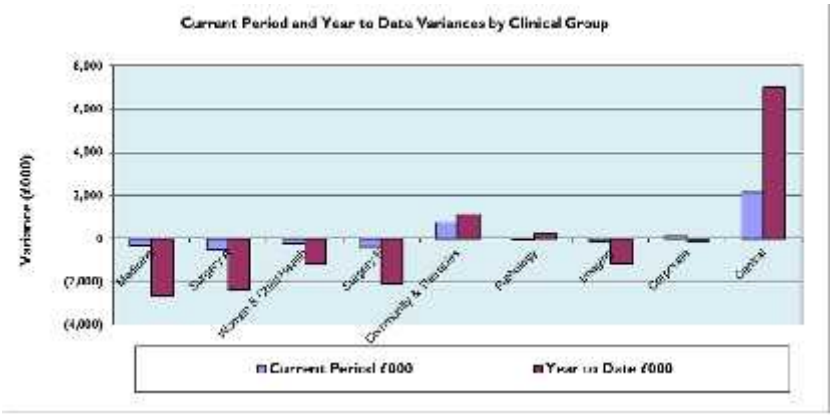
Performance of Clinical Groups

- Medicine pay overspend of £2.7m includes £1.1m on HCAs and £1.1m 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 £1066k 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 £568k to date. Premium rate working continues.
- Community & Therapies includes £680k of YTD income now recognised.
- Imaging premium rate working, saving shortfall and hire of MRI for additional activity.

Group Variances from Plan (Operating income and expenditure)	**Current Period £000**	**Year to Date £000**
Medicine	(356)	(2,614)
Surgery A	(485)	(2,357)
Women & Child Health	(246)	(1,211)
Surgery B	(374)	(2,061)
Community & Therapies	767	1,131
Pathology	(28)	215
Imaging	(118)	(1,162)
Corporate	113	(106)
Central	2,147	6,990

Corporate Areas

- Corporate includes £1479k YTD benefit of capitalisation of the Midland Met Hospital project.
- Central includes release of reserves and benefit of provisions into the position.



Sandwell and West Birmingham Hospitals NHS
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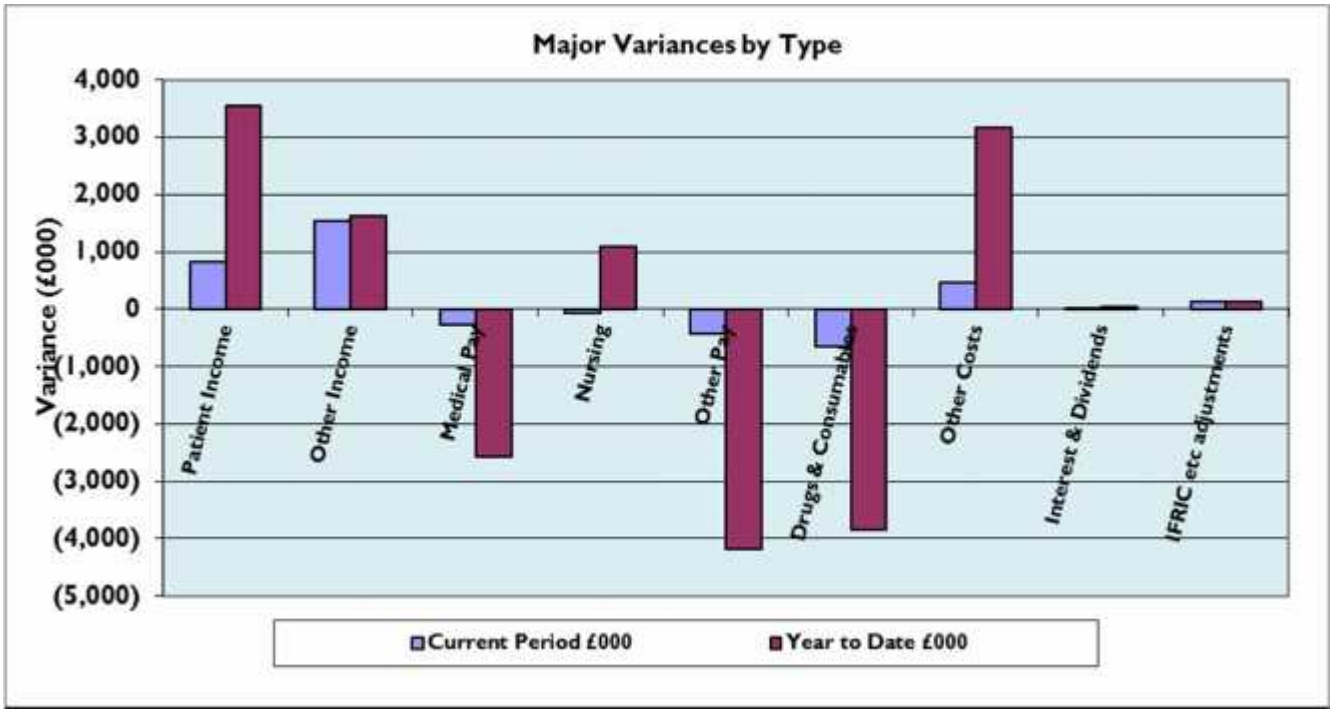
Financial Performance Report – December 2014

- Overall headline favourable variance to plan £1,552k in December, adverse £1,016k year to date.
- Patient income over performing due to pass through drugs and devices and emergency activity. Provision has been made for fines and contract penalties.
- Medical staff pay in month overspend in Medicine junior doctor agency and premium rate working in Surgery A and B.
- Nursing underspends £710k to date in W&CH.
- £1.1m of drugs / consumables overspend to date is pass through recovered through income.
- Other costs includes maternity pathway payments overspend £1066k to date and release of unallocated reserves of £5.3m.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	831	3,549
Other Income	1,538	1,620
Medical Pay	(279)	(2,578)
Nursing	(63)	1,098
Other Pay	(424)	(4,187)
Drugs & Consumables	(653)	(3,852)
Other Costs	469	3,174
Interest & Dividends	12	38
IFRIC etc adjustments	121	121

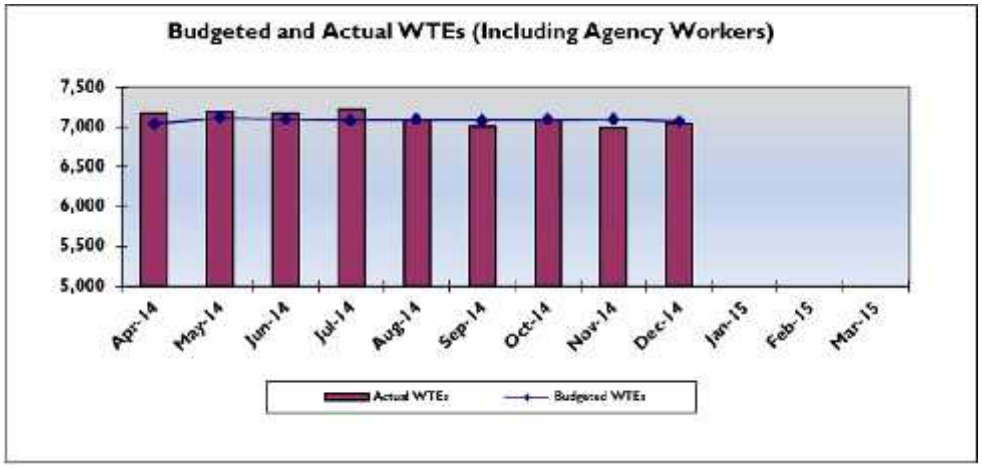


Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – December 2014

Paybill & Workforce

- There were 6,801 WTE in post in December plus an estimated 250 WTE of agency staffing across the month. In total this is 124 **WTE below planned establishments.**
- Total pay costs (including agency workers) were £23.6m in December after having capitalised £804k of year to date pay costs for the Midland Metropolitan Hospital project. Excluding this adjustment, pay spend is in line with November and is £100k lower than the previous average for the year to date.
- In month pay spend is £765k higher than budgeted. The year to date variance for pay is £5.7m adverse to plan.
- Principal overspending is for medical staff premium rate working and for healthcare assistants providing enhanced care support to vulnerable patients, as well as savings targets on pay not being met. Spending on scientific and therapeutic staff and on management and admin is below plan.
- Within the overall pay spend above, **agency staff in month was £888k in month, the same as November.**



Total Pay Costs by Staff Group

	Year to Date to December 2014					
		Actual				
	Budget	Substantive	Bank	Agency	Total	Variance
	£000	£000	£000	£000	£000	£000
Medical Staffing	59,037	58,199	0	3,416	61,615	(2,578)
Management	10,969	9,929	0	0	9,929	1,040
Administration & Estates	23,404	20,878	1,683	620	23,181	224
Healthcare Assistants & Support Staff	24,194	21,841	3,050	676	25,566	(1,372)
Nursing and Midwifery	69,113	60,988	3,589	3,438	68,015	1,098
Scientific, Therapeutic & Technical	33,490	30,813	0	584	31,397	2,093
Other Pay / Technical Adjustment	(5,775)	396	0	0	396	(6,171)
Total Pay Costs	214,432	203,044	8,322	8,734	220,099	(5,668)

Sandwell and West Birmingham Hospitals NHS
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Financial Performance Report – December 2014

Balance Sheet

Cash at the end of December was £42.5m, an increase of £2.5m over the month and leaving cash balances £9.0m higher than plan which includes capital cash outflows being £10.5m lower than plan.

STATEMENT OF FINANCIAL POSITION 2014/15

	Balance at 31st March 2014	Balance as at 30th November 2014	Balance as at 31st December 2014	TDA Planned Balance as at 31st December 2014	Variance to plan as at 31st December 2014	TDA Plan at 31st March 2015	Forecast 31st March 2015
	£000	£000	£000	£000	£000	£000	£000
Non Current Assets							
Property, Plant and Equipment	226,403	220,931	221,884	224,843	(2,959)	228,768	230,944
Intangible Assets	886	886	712	640	72	562	562
Trade and Other Receivables	1,011	1,296	1,011	700	311	700	700
Current Assets							
Inventories	3,272	2,995	3,050	3,600	(550)	3,600	3,600
Trade and Other Receivables	16,177	14,856	18,953	10,286	8,667	11,746	16,746
Cash and Cash Equivalents	41,808	39,930	42,480	33,494	8,986	24,252	24,252
Current Liabilities							
Trade and Other Payables	(53,867)	(52,622)	(58,547)	(43,439)	(15,108)	(43,546)	(47,319)
Provisions	(8,036)	(2,491)	(2,235)	(7,654)	5,419	(3,724)	(3,886)
Borrowings	(1,064)	(1,059)	(998)	(1,029)	31	(1,029)	(1,029)
DH Capital Loan	(2,000)	(2,000)	(2,000)	(2,000)	0	(1,000)	(1,000)
Non Current Liabilities							
Provisions	(2,562)	(2,487)	(2,431)	(3,262)	831	(2,522)	(2,360)
Borrowings	(27,915)	(27,263)	(27,173)	(27,884)	711	(27,884)	(27,884)
DH Capital Loan	(1,000)			0	0	0	0
	193,113	**192,972**	**194,706**	**188,295**	**6,411**	**189,923**	**193,326**
Financed By							
Taxpayers Equity							
Public Dividend Capital	161,640	161,640	161,640	161,712	(72)	162,211	163,707
Retained Earnings reserve	(19,484)	(19,625)	(17,891)	(11,384)	(6,507)	(10,255)	(21,338)
Revaluation Reserve	41,899	41,899	41,899	28,909	12,990	28,909	41,899
Other Reserves	9,058	9,058	9,058	9,058	0	9,058	9,058
	193,113	**192,972**	**194,706**	**188,295**	**6,411**	**189,923**	**193,326**

Financial Performance Report – December 2014

CASH FLOW

12 MONTH ROLLING FORECAST AT December 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	21,128	22,075	21,084	21,084	21,084	21,165	21,165	21,165	21,165	21,165	21,165	21,165	21,165
Associates	7,003	7,488	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417	6,417
Other NHS income	820	752	850	850	850	1,461	1,461	1,461	1,461	1,461	1,461	1,461	1,461
Specialised Service (LAT)	6,072	4,217	4,150	4,150	4,150	3,260	3,260	3,260	3,260	3,260	3,260	3,260	3,260
Over/(Under) Performance Payments													
Education & Training	4,513		4,608			4,608			4,608			4,608	4,608
Public Dividend Capital					571								
Loans													
Other Receipts	5,250	1,552	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	36,084	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	13,594	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	10,156	8,572	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	2,191	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	5,812	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	30	2,826	1,956	7,618	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	178	178	178	178	178	178	178	178
BTC Unitary Charge	406	421	878	439	878	375	375	375	375	375	375	375	375
NHS Litigation Authority	778	705	668	0	0	668	668	668	668	668	668	668	668
Other Payments	259	625	300	300	300								
Total Payments	38,601	33,534	38,322	37,259	50,594	42,176	37,114	37,114	37,114	37,114	40,724	37,114	37,114
Cash Brought Forward	33,745	39,930	42,480	43,022	40,019	24,252	20,741	17,685	14,628	16,180	13,123	6,457	8,008
Net Receipts/(Payments)	6,185	2,550	542	(3,003)	(15,767)	(3,510)	(3,057)	(3,057)	1,552	(3,057)	(6,667)	1,552	1,552
Cash Carried Forward	39,930	42,480	43,022	40,019	24,252	20,741	17,685	14,628	16,180	13,123	6,457	8,008	9,560

Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – December 2014

Capital Expenditure & Capital Resource Limit

- Year to date capital expenditure is £5,607k being £5,633k below plan.
- Capital commitments through orders placed £5.6m.
- Capital Resource Limit (CRL) charge forecast at £19.415m which is a £2.0m undershoot. The Trust has indicated in its submissions to the TDA that this represents slippage on the programme which will be reflected in the Capital Programme and the EFL for 2015/16.

Continuity of Service Risk Rating

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

Memorandum		SIGN	Current Month Metrics			Forecast Outturn Metrics		
Continuity of Services Risk Ratings	Sub Code		Plan	Actual / Forecast	Variance	Plan	Actual / Forecast	Variance
			(mc 01)	(mc 02)	(mc 03)	(mc 04)	(mc 05)	(mc 06)
			£000s	£000s	£000s	£000s	£000s	£000s
Liquidity Ratio (days)								
Working Capital Balance	780	+/-	(10,342)	(2,347)	7,995	(13,301)	(10,832)	2,469
Annual Operating Expenses	790	+/-	304,115	311,794	7,679	405,044	416,291	11,247
Liquidity Ratio Days	800	+/-	(9)	(2)	7	(12)	(9)	2
Liquidity Ratio Metric	810	+/-	**2.00**	**3.00**	**1.00**	**2.00**	**2.00**	**0.00**
Capital Servicing Capacity (times)								
Revenue Available for Debt Service	820	+/-	18,289	17,482	(807)	24,842	24,289	(553)
Annual Debt Service	830	+/-	7,399	7,397	(2)	10,532	10,485	(47)
Capital Servicing Capacity (times)	840	+/-	2.5	2.4	(0.1)	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

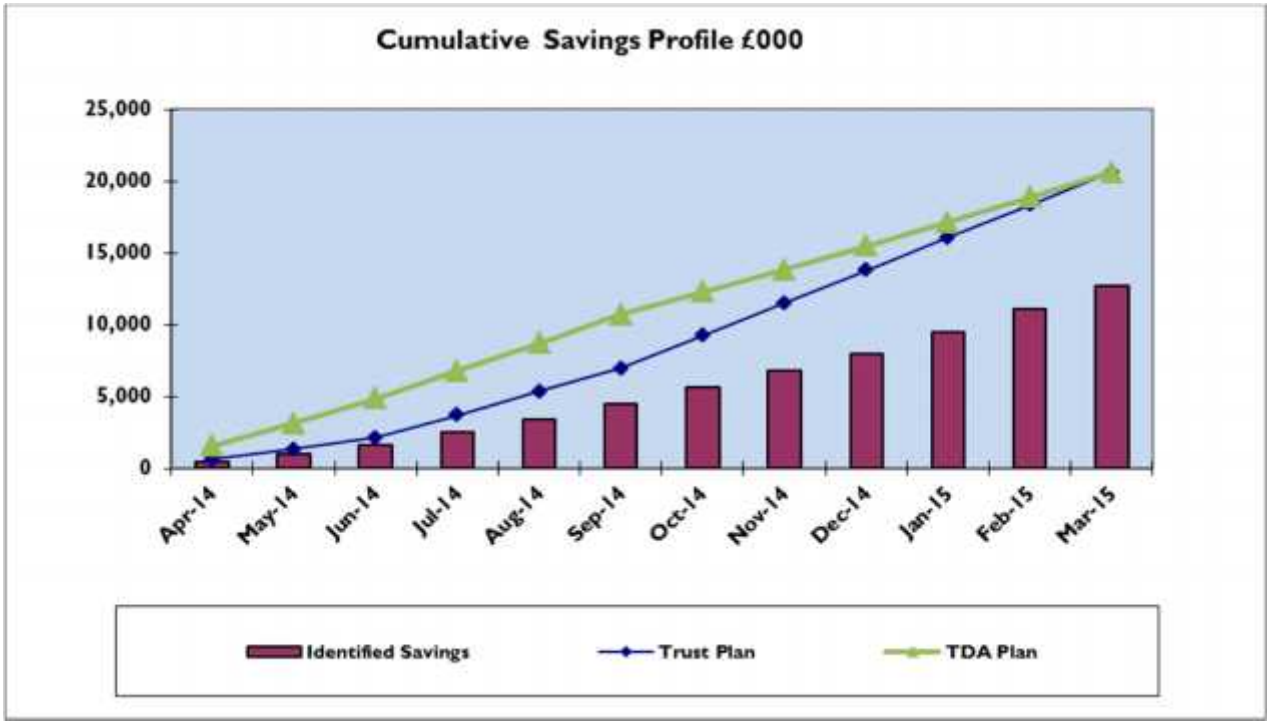
- NHS Commissioner activity and income data for the first eight months of the year indicates an activity based over-performance of £1,981k including pass through drugs and devices over-performance of £1,204k. The block arrangement with Sandwell CCG worsens the position by £329k year to date.
- Should fines notices continue at the year to date average they would exceed the planned sum of £2.0m at £2.4m.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – December 2014

Savings Programme

- **Delivery to date is £7,961k which is £5.8m adverse to trust phased plan** [£4.3m adverse vs TDA plan].
- Schemes in delivery forecast to realise £12.7m during 2014.15 and with full year effect £18.9m in 2015/16 against plan target of £20.6m. Further schemes with full year value of £4.1m in development.
- A programme of work to identify and progress further pay and workforce change consistent with the delivery in full of necessary cost reduction for 2014-16 is underway. This work is underpinned by robust arrangements to assess and assure the impact of any proposals on safety & quality.
- The forecast profile of savings delivery is shown below together with the original plan against which the TDA continues to monitor the Trust



Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – December 2014

Key risks

- **Identification and delivery of savings at necessary scale and pace**; The plan required level of savings ran at £2.3m per month for quarter three; actual savings were £1.2m. Monthly savings targets for the remainder of the year rise to £1.6m.
- **Over spending on pay costs, particularly premium rate staffing**. Pay spending (after adjusting for the capitalisation of the Midland Met project) decreased slightly compared to previous months. Additional bed capacity beyond that planned for Winter has been put in place and is generally staffed at premium rates. Implementation of the first tranche of workforce review schemes is now underway. There remain significant shortfall in the required pay cost reductions in order to meet the Trust's plan in 2015/16.
- A review of **balance sheet flexibility** and pressures is underway, including an assessment of the impact of staff restructuring; at this stage it assume that there will be minimal impact on the I&E position at year end.
- **Demand risk in respect of SWB CCG contract**. The Trust carries demand risk which is giving rise to some cost pressures in areas of additional activity such as Lucentis; there remains limited opportunity to release costs beyond marginal costs in under-performing areas of service.
- **Operational standards not met giving rise to contract penalties and fines** beyond £2m in plan. Current run rate is putting pressure on the plan; in addition there are pressures on CQUIN delivery and incentive scheme elements.
- **Cost pressures which cannot be absorbed without risk to safety and quality**. Includes estimated maternity payments to other providers (pending receipt of invoices) which continues to be anticipated as giving rise to a financial pressure which stands at £1.1m for the first nine months of the year. Detailed arrangements with other providers are being scrutinised to minimise the pressure on the Trust this year and going forward.

Recommendations

The Trust Board is asked to:

i. RECEIVE the contents of the report; and

ii. REQUIRE & ENDORSE those actions necessary to ensure that the Trust achieves key financial targets.

Tony Waite

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	5 February 2015

EXECUTIVE SUMMARY:

The Trust Risk Register compromises high (red) risks that have been through the validation processes at directorate / group and Executive Committee levels. The Clinical Leadership Executive is responsible for reviewing and approving high (red) risks validated by Risk Management Committee, which are proposed for inclusion on the Trust Risk Register reported to Trust Board.

Director updates are highlighted where these were provided for the Board meeting.

REPORT RECOMMENDATION:

- **RECEIVE** monthly updates on progress with treatment plans from risk owners for high (red) risks on the Trust Risk Register.

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

Accept	Approve the recommendation	Discuss
✓		✓

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

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

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

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

PREVIOUS CONSIDERATION:

Routinely by Ris Management Committee, CLE and Trust Board

Sandwell and West Birmingham Hospitals NHS
NHS Trust

RISK MANAGEMENT COMMITTEE REPORT TO CLINICAL LEADERSHIP EXECUTIVE

Report on Trust Risk Register

1 INTRODUCTION

The Trust Risk Register compromises high (red) risks that have been through the validation processes at directorate / group and Executive Committee levels. The Risk Management Committee (RMC) is responsible for overseeing the development of risk registers across the Trust utilising a consistent methodology and standardised format. Review of high (red) and medium (amber) risks by RMC provides the initial Trust-wide validation stage ("confirm and challenge") to ensure consistency and identify duplicates, etc.

The Clinical Leadership Executive is responsible for reviewing and approving high (red) risks validated by Risk Management Committee, which are proposed for inclusion on the Trust Risk Register reported to Trust Board.

Management of individual risks continues at each level of risk register they feature; escalation of risks through management reporting structures does not transfer all ownership of the risk.

2 TRUST RISK REGISTER

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

3 RISK TREATMENT PLAN UPDATES

Clinical Group and Corporate Directorate risk register updates:

3.1 Surgery A – No further update provided at RMC re. incorrect theatre operating lists risk interim actions taken locally and corporate group, chaired by Deputy COO, established to address broader issues. Bbraun decontamination incidents are under investigation internally and by the MHRA. An update on the BBraun investigation will be provided in due course.

3.2 Surgery B – Additional risk of Business and Clinical risk due to lack of capacity within EAT for Ophthalmology. Additional support being offered by Surgery B staff temporarily. The risk re ECLO vacancy is anticipated to have a temporary risk treatment plan as a Charity has agreed to provide a liaison officer for 12 months. SGH outpatients privacy and dignity risk treatment plan still to be progressed and the Surgery B representative confirmed that the residual risk score should be the same as the initial risk score as the risk treatment plan is not yet in place.

3.3 Imaging – An action plan to address the IRMER related CQC enforcement notice is being progressed. The tender for non-obstetrics ultrasound may be a risk to Imaging and the Trust. Group to look at Interventional Radiology Services as another Radiologist is leaving.

3.4 Pathology – additional risk added in relation to the Option Appraisal for Phase II move to Sandwell. The other concern is the considerable impact on reporting turnaround times for Histopathology samples due to the resignation of 8PAs wte Consultant Histopathologist time since July 2014. Recruitment of 1.0 wte Consultant Histopathologist was agreed but no-one applied for the post. In the meantime, funding of additional 7PAs to existing Consultants and been agreed until a new consultant is appointed; reporting turnaround times should now

improve.

3.5 Medicine and Emergency Care – additional risks have been added to the Risk Register. A meeting outside of RMC is arranged to include risks that cross over with Imaging.

3.6 Nursing and Facilities – Priority to recruit to specialised paediatric safeguarding vacancies. End of Life Care Bid in progress but risk of losing the contract remains. Blood culture training is in place and blood contaminates figures are reducing slightly.

4 ELECTRONIC RISK REGISTER

The Risk Team are working on the implementation of 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.

Population of the electronic risk registers will be based on risk assessment data field entries. This means that, in line with Trust Policy, risk register entries will only feature on RRs where a risk assessment has been completed on the system.

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.

5 RECOMMENDATION

Trust Board is asked to:

- **RECEIVE** monthly updates on progress with treatment plans from risk owners for high (red) risks on the Trust Risk Register.

Mariola Smallman
Head of Risk Management

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
1414MARWK03		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

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
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

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
0907SOP15	Inspections: H&S and PEAT	Surgery B	Ophthalmology	Clinical	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without 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	5	4	20
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; due to report to Clinical Directorate Governance Group	Chief Operating Officer	TBC	Nov-14	Monthly	3	4	12

Appendix A: Trust Risk Register (as at Jan 2015)

CLE 1501

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
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	Nov-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

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
	Oncology Peer Review	Medicine	Scheduled Care	Operational	Trust non-compliant with Oncology Standards.	5	4	20	**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. 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. Update: pilot to commence re: rescheduling of chemotherapy in BTC end Jan / beg. Feb 2015	Chief Operating Officer	TBC	Oct-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	**Previous update:** Trust has extended discussions with UHB and executive led cancer futures workshop now scheduled for early September. Update: Workshop has taken place and proposal for oncology clinic model has been submitted to UHBFT.	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	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). Previous Update: TB has previously reviewed the risk and agreed it is to be tolerated. Update: Continues monitoring	COO	TBC	Nov 14	Monthly	2	5	10

CLE 1501

Reference Number	Source of Risk	Clin Grp / Corp Dir / Corp project	Specialty / Ward / Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead Director	Expected date of completion	Date of Latest Review	Review frequency	Likelihood	Severity	Residual risk rating
TBC	Risk assessment	Women and Child Health	Maternity	Financial	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4	4	16	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. Update: Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance	Chief Operating Officer	Ongoing	Oct-14	Monthly	3	4	12

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

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

EXECUTIVE SUMMARY:

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

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

This paper describes the process involved in reviewing the nursing and midwifery workforce establishments during 2014/15 and the changes on nurse staffing compared to February 2014 are given as a comparator to the nursing workforce establishments for 2015 onwards.

REPORT RECOMMENDATION:

- To publish patient to RN ratios on our public web site and on NHS Choices on a monthly basis as per national requirement.
- Keep the ward nursing establishments under review on a six month basis.
- To implement the Association of UK University Hospitals tool on a six month basis, this tool is the one which is likely to be validated by NICE, having already been validated by the Nuffield Institute.
- Compare the BRAD and AUKUH safer staffing tool to assess whether it is logical and useful to continue with a daily view.
- To keep up to date with new NICE guidance expected during 2015 on specific areas of nurse staffing
- To agree to receive an update at the March Trust Board meeting

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

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Relates to our safety objectives and BAF

PREVIOUS CONSIDERATION:

Monthly at Trust Board. Latest report considered by Quality & Safety Committee.

FOR INFORMATION

SWBTB (2/15) 027 (a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING

Report to Trust Board on 5th February 2015

1 EXECUTIVE SUMMARY

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

1.2 I have also given a look back over three months on the safer staffing data.

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

1.4 The position changes on nurse staffing compared to February 2014 are given as a comparator and insight about changes to the nursing workforce.

1.5 This paper describes the process involved in reviewing the nursing and midwifery workforce establishments during 2014/15.

2 DECEMBER POSITION

2.1 Table 1. is the output data from the national data collection for December 2014 which demonstrates that we achieve higher fill rates against our rota's 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. The table also gives the same data as previously presented over the last three months for comparison purposes.

Table 1.

			Day				Night				Day		Night	
Safe Staffing data return - Summary (Dec14)			Registered		Care Staff		Registered		Care Staff					
	Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Oct-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE	2199	2139.917	546.75	548.5	434.75	519	0	28	97.3%	100.3%	119.4%	0.0%
	RXK02	CITY HOSPITAL	25273	27384.5	14779.5	15814.42	14038.5	16711.07	6797	8913.5	108.4%	107.0%	119.0%	131.1%
	RXK10	ROWLEY REGIS HOSPITAL	3308	3480.067	3886.5	4283.25	1230	1876.5	1590	2006	105.2%	110.2%	152.6%	126.2%
	RXK01	SANDWELL GENERAL HOSPITAL	31768.25	33296.75	19265.22	21818.3	16182.5	19034.25	8175	11998.83	104.8%	113.3%	117.6%	146.8%
	Total		62548	66301	38478	42464	31886	38141	16562	22946	106.0%	110.4%	119.6%	138.5%
Nov-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE	2082.5	2122.167	569.75	590.9167	490.25	499.75	0	55.75	101.9%	103.7%	101.9%	0.0%
	RXK02	CITY HOSPITAL	26188.75	26959.63	15119	15017.5	14937	16194.5	6939	8142	102.9%	99.3%	108.4%	117.3%
	RXK10	ROWLEY REGIS HOSPITAL	3040.5	2955.25	3894	3722.75	1306.5	1463	1511.5	1800	97.2%	95.6%	112.0%	119.1%
	RXK01	SANDWELL GENERAL HOSPITAL	29371	30796.57	18168.5	19839.58	15566	17377.82	7733	11116.5	104.9%	109.2%	111.6%	143.8%
	Total		60683	62834	37751	39171	32300	35535	16184	21114	103.5%	103.8%	110.0%	130.5%
Dec-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE	1963.75	1844.167	554	471.5	518	465.5	0	139.25	93.9%	85.1%	89.9%	0.0%
	RXK02	CITY HOSPITAL	26367.75	26839.52	15860.5	15872.08	15638.5	16717.67	7044	7930	101.8%	100.1%	106.9%	112.6%
	RXK10	ROWLEY REGIS HOSPITAL	3280	3003	3634.5	3553.5	1262.5	1255.5	1501.5	1622.5	91.6%	97.8%	99.4%	108.1%
	RXK01	SANDWELL GENERAL HOSPITAL	30676	30848.75	17822	19391.08	16710.5	17467	8177.017	10390.08	100.6%	108.8%	104.5%	127.1%
	Total		62288	62535	37871	39288	34130	35906	16723	20082	100.4%	103.7%	105.2%	120.1%
3-month Avges	*RXK03*	*BIRMINGHAM MIDLAND EYE CENTRE*	*2081.75*	*2035.417*	*556.8333*	*536.9722*	*481*	*494.75*	*0*	*74.33333*	*97.7%*	*96.4%*	*103.7%*	*0.0%*
	RXK02	*CITY HOSPITAL*	*25943.17*	*27061.22*	*15253*	*15568*	*14871.33*	*16541.08*	*6926.667*	*8328.5*	*104.4%*	*102.1%*	*111.5%*	*120.4%*
	RXK10	*ROWLEY REGIS HOSPITAL*	*3209.5*	*3146.106*	*3805*	*3853.167*	*1266.333*	*1531.667*	*1534.333*	*1809.5*	*98.0%*	*101.2%*	*121.3%*	*117.8%*
	RXK01	*SANDWELL GENERAL HOSPITAL*	*30605.08*	*31647.36*	*18418.57*	*20349.65*	*16153*	*17959.69*	*8028.339*	*11168.47*	*103.4%*	*110.4%*	*111.3%*	*139.2%*
	Total	*Latest 3 month average====>*	*61840*	*63890*	*38033*	*40308*	*32772*	*36527*	*16489*	*21381*	*103.3%*	*106.0%*	*111.6%*	*129.7%*

Table 2. demonstrates the expected numbers of registered Nurses and Health Care Support staff we plan to be on our rosters over the 24 hour day. 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 December 2014	Percentage night time fill rate during December 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during December 2014	Percentage night time fill rate during December 2014
D7	City	13	4	4	3	see	D5	1	1	1	see	D5
D5	City	19	6	6	5	95.9	94	1	1	0	86.1	72.2
D11	City	21	3	3	2	102.9	99.1	3	3	2	116.6	122.3
D12	City	10	2	2	2	89.9	76.8	1	1	1	89.1	94.1
D15	City	24	4	4	3	109.9	110.7	3	3	2	115.8	145.9
D17	City	25	4	4	3	89.7	121.5	3	3	2	121.7	147.8
D26	City	21	3	3	2	93.3	94.7	3	3	2	87.9	93.6
AMU 1	City	41	10	10	9	102.9	126.3	4	4	3	97	103.1
AMU 2	City	19	5	5	4	104.4	114.8	1	1	1	104.1	116
CCU Sandwell	Sandwell	10	3	3	2	98.9	104.9	0	0	1	75.4	100
PR4	Sandwell	25	8	8	5	103.9	94.2	2	2	1	101.1	104.7
PR5	Sandwell	34	6	5	3	98.8	121.3	4	4	3	103	118.5
NT4	Sandwell	28	5	4	3	129	157.4	3	3	3	213.4	221.8
LY 4	Sandwell	34	6	4	3	116.6	146.5	4	4	3	98.5	136.6
LY5	Sandwell	29	5	4	3	87.7	90.1	4	3	2	105.6	138.9
N5	Sandwell	15	3	3	2	101.5	98.4	1	0	1	91	0
AMU A	Sandwell	32	8	8	8	103.2	109.6	4	4	3	118.4	127.1
AMU B	Sandwell	20	4	3	2	98.6	103.6	4	3	2	101.5	105

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 December 2014	Percentage night time fill rate during December 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during December 2014	Percentage night time fill rate during December 2014
D21	City	23	4	4	2	107.6	101	2	2	2	104.4	89.4
D25	City	19	4	4	2	105	108.7	2	2	2	100.9	112.2
SAU	City	14	4	4	2	95.6	99.7	1	1	1	96.1	108.7
N2	SGH	24	4	3	2	86.3	103.2	2	2	1	82.5	80.2
L2	SGH	20	4	3	2	101	106.4	3	2	2	105.1	101.6
P2	SGH	20	4	3	2	90.6	93.4	3	2	2	114.8	118.8
N3	SGH	33	6	6	3	95	97.4	4	4	3	123.5	110.7
L3	SGH	33	6	6	3	91	98.9	4	4	3	88.1	91.5
CCS	City		Staff flexed to the dependency/number of patients in the units			107.9	105.1	Staff flexed to the dependency/number of patients in the units			92.4	0
CCS	SGH					90.9	89				90.5	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 December 2014	Percentage night time fill rate during December 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during December 2014	Percentage night time fill rate during December 2014
Henderson	RH	24	2	2	2	86.9	93.1	2	2	2	98.6	121.1
Elisa Tinsley	RRH	24	4	3	2	82.3	97.7	3	3	3	95.7	93.3
D43	City	24	4	4	3	119.7	157	3	3	2	96.7	114.9
Leasowes	RH	20	2	2	1	112.9	111.5	4	3	2	98.9	112.2

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 December 2014	Percentage night time fill rate during December 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during December 2014	Percentage night time fill rate during December 2014
Eye ward	City	10	2	2	2	93.9	89.9	1	1	0	85.1	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 December 2014	Percentage night time fill rate during December 2014	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during December 2014	Percentage night time fill rate during December 2014
L G	SGH	14	3	3	2	134.8	139.9	1	1	1	167.6	0
L1	SGH	26	5	5	4	116.5	98.1	3	3	2	101.5	117.7
D19	City	8	3	3	2	110.9	102	1	2	2	130.6	0
D27	City	18	4	3	2	94.5	103.3	2	2	1	110.1	115.2
Maternity	City	42	6	5	4	99.4	94.7	4	4	2	92.2	101.6

2. Position of nursing establishments prior to 2014 review

2.1 The nursing establishments on the inpatient acute hospital wards have a historical context

2.2 The BRAD assessment is undertaken every day on the wards and is analysed on a monthly basis but has no inter-rater reliability testing

2.3 The establishments allow for planned good day time numbers of staff available for patient care, fewer than 8 patients per registered nurse; but with a greater number of patients at night time, on average 10 to 12 patients per registered nurse.

2.4 22% additional staffing was calculated against some but not all nursing establishments to accommodate annual leave and other absences.

2.4 Additional staff are utilised 70% via our internal bank and 30% via external agencies to support gaps in rosters on a daily basis.

3. Planned nursing establishments

3.1 To establish working parameters for calculating establishments using the NICE guidance as a baseline of no more than 8 patients per registered nurse, with acuity variance added to some clinical areas e.g. AMU and Coronary care.

3.2 To recalculate applying a consistent percentage for absences against all ward nursing establishments.

3.3 To provide supervisory Band 7 Ward Sister/Charge nurse five days a week to provide leadership and supervision

3.4 Establishments are generally calculated on average statistics and in hours of care

3.5 Should be based on patient need (acuity and dependency)

3.6Turnover of patients should also be considered as this has an impact on the intensity of work (e.g. AMU will have a higher turnover of patients than general wards)

3.7 Layout and size of the ward are factors that affect the ability to observe patients

3.8 The particular care requirements may require specific skills in the staff e.g. intravenous drugs.

3.9 It is recommended that the average nursing hours required per patient is calculated twice a year and be specific to the time of day

3.10 An additional allowance is made for annual leave, sickness and other absences, study leave (21 to 23%)

3.11 As a rule of thumb 5.5 wte nurses will allow for one to be on duty on a three shift rota and allow for routine absences

4. STANDARDS

4.1 Normal balance between registered nurses and non-registered HCA's should be 60 to 70% registered and 30 to 40% non-registered

4.2 A registered nurse should have no more than eight patients in their care as a maximum

4.3 A ward should have one ward sister (band 7) supported by two deputy ward sisters (Band 6) – this will vary on specialised units like CCU

4.4 No acute ward should have any less than two registered nurses – this includes small wards which have a minimum staffing requirement despite the number of patients e.g. ophthalmic ward requires two registered nurses at all times even with only two patients

4.5 There should be a registered nurse to co-ordinate shift activities and indirect care activities, the planned duty roster should accommodate this above the level required for direct patient care provision

4.6 Small hospital wards lose an economy of scale – in the majority of hospitals wards would average approximately 24 – 32 beds

4.7 Nursing metrics are an important measure about the output from care provided – and is dependent upon the number and skill of the staff, we do see deterioration in the quality when higher numbers of agency staff are used to supplement gaps in staffing rota's

Table 3. Surgery A Planned Nursing Establishments

Ward	No of Beds	Total Staff RN +HCSW	Total Staff RN+HCSW Night	Ratio Pt /RN	Ratio Pt/RN	Ratio Pt/RN	WTE Required with Band 7 supervisory
		LD (total staff)	Night	Early	Late	Night	
N 2	24	4+2	2+1	6	6	8 (ward 16 beds at night	**16.63**
L 2/SSAU	28	6+3	4+2	5	5	7	**40.07**
P 2	20	4+3	2+2	5	5	10	**29.59**
N 3	33	6+4	3+3	5.5	5.5	11	**40**
L 3	33	6+4 (WE 5+4)	3+3	5.5	5.5	11	**40**
*SAU	12	4+1	3+1	4	4	4	**23.88**
D21	23	4+2	2+2	5.75	5.75	11.5	**26.65**
D25	19	3+2 early, late 4+2 (late 4th nurse weekdays)	2+2	6.3	4.8	9.5	**26.52**

Table 4. Medicine & Emergency Care Nursing Establishments

Ward	Proposed Shift Patterns plus supervisory ward manager 5 days per week				Patients per RN			Total
	Beds	Early	Late	Nights	Early	Late	Nights	
D5	17	5+1	5+1	5+0	3.4	3.4	3.4	57.44
D7	10	3+1	3+1	3+0	3.3	3.3	3.3	
CCU Sandwell	10	3+0	3+0	3+0	3.3	3.3	3.3	16.71
D11	21	3+2	3+2	3+1	7.0	7.0	7.0	26.02
D12	10	2+1	2+1	2+1	5.0	5.0	5.0	16.63
D15	24	3.5+2	3.5+2	3+1	6.9	6.9	8.0	27.33
D17	25	3.5+2	3.5+2	3+1	7.1	7.1	8.0	27.33
D26	21	3+2	3+2	3+1	7.0	7.0	7.0	31.44
LY5 (ARU)	28	4+4	4+4	4+2	7.0	7.0	7.0	36.41
PR4 - HASU	6	3+1 + SAN Nurse	3+1 + SAN Nurse	3+1 + SAN Nurse	2.0	2.0	2.0	94.49
PR 4 - GENERAL / NEURO	19	3+2	3+2	3+2	6.3	6.3	6.3	
NT4	28	4+3	4+3	4+3	7.0	7.0	7.0	
LY4	33	5+3	5+3	4+2	6.6	6.6	6.6	39.03
PR5	34	5+3	5+3	4+2	6.8	6.8	6.8	39.03
NT5	15	2+1 + daycase chemo x 3 band 6	2+1 + daycase chemo x 3 band 6	2+1	7.5	7.5	7.5	20.26
AMU 1 - Monitored beds - ratio 1:3	8	3+0	3+0	3+0	4.0	4.0	4.0	66.44
AMU 1 - AMU beds - ratio 1:6	20	4+3+ coordinator	4+3+ coordinator	4+3+ coordinator	INCLUDED ABOVE			
AMAA City	4 T + 9 CH	2+1	2+1	1+1				
AMU 2 - Monitored beds - ratio 1:3	4	2+0	2+0	2+0	4.8	4.8	4.8	32.39
AMU 2 - AMU beds - ratio 1:6	15	2+1+ coordinator	2+1+ coordinator	2+1+ coordinator	INCLUDED ABOVE			
AMU A - Monitored beds - ratio 1:3	6	2+0	2+0	2+0	4.9	4.9	4.9	69.16
AMU A - AMU beds - ratio 1:6	28	5+3+ coordinator	5+3+ coordinator	5+3+ coordinator	INCLUDED ABOVE			
AMAA	4 T + GP area	1Q + AMMPs						
AMU B	20	3.5+1	3.5+1	3+1	5.7	5.7	6.7	31.48
								631.59

Table 5. Womens & Children's

Ward	No of Beds	Total Staff RN +HCSW	Total Staff RN+HCSW Night	Ratio Pt /RN	Ratio Pt/RN	Ratio Pt/RN	WTE Required with Band 7 supervisory
		LD (total staff)	Night	Early	Late	Night	
Lyndon ground	14	3+1	2+1	4.7	4.7	7	20.4
Lyndon 1	26	5+3	4+2	5.2	5.2	6.5	30.6
D19	8	3+1	2	2.7	2.7	4	13.1
Priory Ground		day case and outpatients					15.55
D27	18	4+2	2+1	4.5	6	9	25.02

D 27 is our gynae-oncology ward. The shift patterns are not reflected on this table as staff work twilight shifts between the late and night time period to accommodate patient dependency post-surgery.

Maternity services don't operate a midwife to bed ratio in the same way as acute wards, a national tool 'Birthrate Plus' is used and data submitted to the Local supervising Authority which is hosted by NHS West Midlands. The outputs from this assessment, along with the professional judgment of the Head of Midwifery and Chief Nurse has led to an increase in qualified midwives for the maternity wards by 6.96 wte. Midwives rotate around and support all areas of the service when required.

Table 6. Midwifery Establishments

Ward	Budgeted WTE MW	Required WTE MW **(prof judgement)**
Del Suite	65.68	=
M2/M1	30.29	37.25
MLU	17.22	=
ADU	4.4	=
ANC	5.6	=
Comm MW	103.21	=

Table 7. Community & Therapies

Funded Shift Patterns					Patients per RN			
Ward	Beds	Early	Late	Nights	Early	Late	Nights	TOTAL
D43 & D47**	47	6+5	6+5	4+2	8.0/20	6.75/20	6.75/20	37.56
Eliza tinsley & Henderson	48	6+7	6+7	4+5	8.0	8.0	12.0	30.32
Leasowes	20	3+3	3+3	2+2	6.7	6.7	**10.0**	29.14
	115				**8.0**	**8.0**	**8.0**	**122.54**

5. Review process

5.1 The revised establishments have been through a number of challenges to test out the operational reality and to ensure affordability.

5.2 The Chief Nurse and Chief Executive examined all the data for each ward and proffered changes which were subject to challenge by the Group Directors. This counter challenge proposed a model of staffing which was not affordable.

5.3 Further work was undertaken to apply a balance between the views. The result is that on some wards the number of Registered Nurses has had to be increased and the number of Health Care Assistant posts decreased, and vice-versa.

5.4 Some concerns were raised by some matrons about the number of beds available and the staffing plan. This was then tested out with group Directors to ensure that the correct planning assumptions were being used. This proved to be the case, although it is acknowledged that additional bed stock is opened at times of operational pressure, these variances are difficult to plan in advance when they occur during the working week. We do, however appreciate that 'winter planning' for additional bed stock is more predictable and this needs to feature more strongly in our plans for successive years.

5.4 The other area of change is that some areas have amended shift patterns to achieve best use of the staffing resource.

6. Seeking feedback

6.1 The ward nursing establishments were published on our intranet site and staff requested to highlight any concerns about managing variation in the delivery of care because of gaps in nurse staffing should be raised with the Ward Sister/Charge Nurse,

Matron, Group Director of Nursing or Chief Nurse, and asked to report concerns on our incident reporting system (Safeguard)so they can be monitored.

7. Implementation

7.1 The programme of implementation will be over November and December 2014, where possible reductions will be managed by natural turnover. In some areas there may be a necessity to actively manage the move of staff into vacancies which will be held to ensure that staff are supported in keeping a job at the trust.

8 RECOMMENDATION(S)

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

8.2 Keep the ward nursing establishments under review on a six month basis.

8.3 To implement the Association of UK University Hospitals tool on a six month basis, this tool is the one which is likely to be validated by NICE, having already been validated by the Nuffield Institute.

8.4 Compare the BRAD and AUKUH safer staffing tool to assess whether it is logical and useful to continue with a daily view.

8.5 to keep up to date with new NICE guidance expected during 2015 on specific areas of nurse staffing

8.6 To receive an update at the March Trust Board meeting

Colin Ovington

Chief Nurse

27th January 2015

Appendix 1 – Historical nursing establishments

Ward	site	No. Beds	budget establishment includes 22% uplift	RN WTE	HCSW WTE	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Ratio of patients per RNs early shift	Ratio of patients per RN's afternoon / evening	Ratio of patients per RN's night shift	percentage of RN's early shift	percentage afternoon/ evening shift	percentage of RN's night shift	Percentage RN's on the funded establishment	RN's per bed funded establishment
ng Cath Lab & Medical day	City	17	31.55	28.97	2.58	6	6	5	1	1	0	3	3	3	86	86	100	91.8	1.70
D7 (Cardiology)	City	10	18.56	15.98	2.58	3	3	2	1	1	0	3	3	5	75	75	100	86.1	1.60
D11 (moved from D18)	City	21	26.18	15.87	10.30	4	3	2	2	2	2	5	7	11	67	60	50	60.6	0.76
D12	City	10	16.53	11.38	5.15	2	2	2	1	1	1	5	5	5	67	67	67	68.8	1.14
D15	City	24	26.88	16.58	10.30	3	3	2	2	2	2	8	8	12	60	60	50	61.7	0.69
D16	City	23	27.87	17.57	10.30	4	4	2	2	2	2	6	6	12	67	67	50	63.0	0.76
D17	City	25	29.56	18.47	11.09	5	4	2	2	2	2	5	6	13	71	57	50	62.5	0.74
D26 (moved from D7)	City	21	26.18	15.87	10.30	4	3	2	2	2	2	5	7	11	67	60	50	60.6	0.76
AMU1	City	41	73.71	52.95	20.76	11	11	10	4	4	4	4	4	4	73	73	71	71.8	1.29
AMU 2 (D41)	City	19	29.69	24.38	5.31	6	6	4	1	1	1	3	3	5	86	86	80	82.1	1.28
D43 (MFFD)	City	24	29.64	15.08	14.56	4	3	2	4	3	2	6	8	12	50	50	50	50.9	0.63
CCU Sandwell	Sandwell	10	18.33	15.76	2.58	3	3	2	0	0	1	3	3	5	100	100	67	86.0	1.58
P3 (ARU)	Sandwell	29	30.45	18.47	11.98	5	4	2	2	3	2	6	7	15	71	57	50	60.6	0.64
PR4	Sandwell	25	48.68	40.17	8.51	8	8	5	2	2	1	3	3	5	80	80	83	82.5	1.61
PR5	Sandwell	34	32.25	18.92	13.33	4	4	3	3	3	2	9	9	11	57	57	60	58.7	0.56
NT4	Sandwell	28	35.15	21.49	13.66	5	4	3	3	3	2	6	7	9	62.5	57	60	61.1	0.77
LY5	Sandwell	34	37.31	21.07	16.24	5	4	3	3	3	3	7	9	11	62.5	57	50.0	56.5	0.62
N5 (inc day unit)	Sandwell	15	21.03	16.78	4.26	4	4	2	1	0	1	4	4	8	80	100	66.7	79.8	1.12
AMU A	Sandwell	40	71.61	50.56	21.05	10	10	8	5	5	3	4	4	5	67	67	72.7	70.6	1.26
AMU B (NT1)	Sandwell	20	30.36	19.78	10.58	5	4	2	2	3	2	4	5	10	71	57	50.0	65.2	0.99
TOTAL		**470**	**661.52**	**456.08**	**205.4315**	**101**	**93**	**65**	**43**	**44**	**35**	**5**	**5**	**7**	**70**	**68**	**65.0**	**68.9**	**0.97**

Ward	site	No. Beds	budget establishment includes 0% uplift	RN WTE	HCSW WTE	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Ratio of patients per RNs early shift	Ratio of patients per RN's afternoon / evening	Ratio of patients per RN's night shift	percentage of RN's early shift	percentage afternoon/ evening shift	percentage of RN's night shift	Percentage RN's on the funded establishment	RN's per bed funded establishment
Henderson	RH	24	26.83	11.90	14.93	2	2	2	2	2	2	2	12	12	50	50	50	44.4	0.50
Leasowes	RH	20	23.03	8.03	15.00	2	2	1	4	3	2	10	10	20	33	40	33	34.9	0.40
Eliza Tinsley	RH	24	29.80	14.90	14.90	4	4	3	4	4	2	6	6	8	50	50	60	50.0	0.62
TOTAL		**68**	**79.66**	**34.83**	**44.83**	**8**	**8**	**6**	**10**	**9**	**6**	**9**	**9**	**11**	**44**	**47**	**50.0**	**43.7**	**0.51**

Ward	site	No. Beds	budget establishment includes 0% uplift	RN WTE	HCSW WTE	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Ratio of patients per RNs early shift	Ratio of patients per RN's afternoon / evening	Ratio of patients per RN's night shift	percentage of RN's early shift	percentage afternoon/ evening shift	percentage of RN's night shift	Percentage RN's on the funded establishment	RN's per bed funded establishment
Eye ward	City	10	14.22	10.86	3.36	2	2	2	1	1	1	5	5	5	67	67	100	76.4	1.09
TOTAL		**10**	**14.22**	**10.86**	**3.36**	**2**	**2**	**2**	**1**	**1**	**0**	**5**	**5**	**5**	**67**	**67**	**100.0**	**76.4**	**1.09**

Ward	site	No. Beds	budget establishment includes 22% uplift	RN WTE	HCSW WTE	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Ratio of patients per RNs early shift	Ratio of patients per RN's afternoon / evening	Ratio of patients per RN's night shift	percentage of RN's early shift	percentage afternoon/ evening shift	percentage of RN's night shift	Percentage RN's on the funded establishment	RN's per bed funded establishment
D21		23	28.49	16.38	12.11	4	4	2	2	2	2	6	6	12	67	67	50	57.5	0.71
D25		19	28.28	16.98	11.30	4	4	2	2	2	2	5	5	10	67	67	50	60.0	0.89
SAU D42		14	22.98	16.98	6.00	3	3	0	1	1	0	5	5	0	75	75	0	73.9	1.21
SDU		12	0.00			4.5	2	0	1	1	0	3	6	0	82	67	0	#DIV/0!	0.00
N2		24	17.73	11.23	6.50	4	3	2	2	2	1	6	8	12	67	60	67	63.3	0.47
L2		20	30.73	17.20	13.53	3	3	2	3	2	2	7	7	10	50	60	50	56.0	0.86
P2		20	26.87	16.42	10.45	4	3	2	3	2	2	5	7	10	57	60	50	61.1	0.82
N3		33	40.65	23.93	16.72	6	6	3	4	4	3	6	6	11	60	60	50	58.9	0.73
L3		33	39.17	23.19	15.98	6	6	3	4	4	3	6	6	11	60	60	50	59.2	0.70
TOTAL		**198**	**234.90**	**142.31**	**92.59**	**38.5**	**34**	**16**	**22**	**20**	**15**	**5**	**6**	**12**	**64**	**63**	**51.6**	**60.6**	**0.72**

				644.08	346.21	149.50	137.00	89.00	76.00	74.00	56.00	23.30	24.38	35.94	244.89	244.57	266.61	249.62 #	3.29

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Complaints & PALS report: 2014/15 quarter 3
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Karen Beechey, Head of PALS & Complaints
DATE OF MEETING:	5 February2015

EXECUTIVE SUMMARY:

This report sets out details of Complaints and PALS enquiries received between October and December 2014 (Quarter 3).

The report provides high level data on PALS and Complaints, demographics of the subject of the complaint if a patient and the reasons those complaints were made.

The report also details some of the lessons learned and the changes which have been made in wards/departments as a result of the enquiry or complaint.

REPORT RECOMMENDATION:

The Board is recommended to DISCUSS and NOTE the contents of 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
✓		✓

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:

Improve and heighten awareness of the need to report and learn from complaints.

PREVIOUS CONSIDERATION:

Quality & Safety Committee on 30 January 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Complaints and PALS Report

2014/15: Quarter 3

COMPLAINTS MAKING A DIFFERENCE

Complaints provide a learning opportunity for individuals as well as changes in practices or procedures which may not have been evident without the patient or their representative raising the issue. Below are some improvements made as a direct result of this feedback.

What we were told	Our response	The difference
The patient was referred by their GP to the medical assessment unit because of the results of a blood test. The patient waited from 6pm until 10pm but was not seen and returned home because their spouse needed 24 hour care. The patient attended the medical assessment unit again the next day and waited a number of hours until seen.	We acknowledged the long delay and relayed our apologies for this experience. Our investigation uncovered an error in the triage process; this patient was not added to the system straightaway resulting in a delay in being seen.	Processes for booking patients onto the system have been reviewed and are changing to electronic which will enable staff to triage more appropriately. It will also make it easier for staff to identify what assessments a patient is awaiting.
The patient was seen at Russell's Hall, Sandwell and Queen Elizabeth Hospitals over the course of a few days. There were a number of concerns about the care at Sandwell, one of which was that there was a long wait at the Queen Elizabeth for the CT scan and results to be sent over from Sandwell.	Many aspects of the care provided were appropriate but it was accepted that there was little communication with the patient or her family about the delays in getting the CT scan and results to the Queen Elizabeth (they were sent but failed to get through).	We are standardising image transfers throughout the Trust, ensuring all attempts of transfer are officially recorded and that patients are kept informed.
There was a delay in transferring a patient brought into City Hospital A&E to the Birmingham and Midland Eye Centre (BMEC); it was not until the following day that the eye injury was considered in need of a specialist opinion from BMEC. Upon transfer, it was found that there was permanent damage to the eye with loss of sight and surgery was required.	We acknowledged that there were shortcomings in the care received and in particular the time taken to identify the seriousness of the eye injury.	Teaching has taken place for all A&E staff regarding the treatment, review and referral of patients who present to the A&E Department with severe eye injuries.
The parents of a patient being assessed educationally were concerned that appropriate consent was not sought to film this educational assessment.	We acknowledged that more could have been done to better communicate the assessment process and the consenting of any filming, even though in this case it was for internal purposes only.	We have developed a general symbol supported consent form that has been devised to gain permission from parents and guardians for photographs and videos to be taken. This form will detail the purpose of the recording, who will have access to it and how long it will be kept for.

What we were told	Our response	The difference
A complaint was received about a letter received from the Continence service that informed the patient that the supply of continence pads was to be reduced.	An explanation was given about why the service had reduced the number of continence pads but reassured the complainant of the improved absorbency. An assessment of the patients' needs was also offered in order to reconsider the decision.	The patient will continue to receive the same number of pads as they did prior to the policy changing until their needs can be re-assessed.
The GP referred the patient to a skin specialist in 2012, who was seen by a consultant. Since 2012 the patient had not had any further communication from the dermatology team. They then received a call in August 2014 asking them to go for a biopsy. Results showed they had a cancerous growth on their nose.	Our investigation showed that following the referral to a skin specialist, the referral form for the procedure was not submitted and this resulted in no appointment being booked. It wasn't until the patient was seen as an inpatient for an unrelated issue that this was came to light.	We now book to cancer breach dates and all patients are treated as if they have cancer unless clearly stated otherwise. There is now a generic sentence in the letter sent to GPs stating whether the patient is on a 2ww/62 day cancer pathway or if they have been taken off the pathway. The decision to admit forms now have all patient communication added to them as well as being added to the theatre booking system, ensuring that all healthcare professionals can see this information. We started using this new system in November 2014 and it will be reviewed and amended accordingly.
A complaint was received about the site at City Hospital not being wheelchair friendly and that it is difficult to find your way from A&E to the BMEC.	An apology was offered for the patients' experience of uneven surfaces and lack of signage.	Additional signage has been posted between A&E and BMEC.
A family member came to visit their father from the north of England and arrived at 1.30pm to be told that he could not see him until 2.30pm. He complained about the attitude of the nurse when he explained how far he had travelled and had to wait a further hour for visiting times to start.	An apology was offered for the way that the patient's son was spoken to and that the visiting hours were rigid.	New visiting hours have been introduced across the Trust so that instances like this will not occur again.

COMPLAINTS AND PALS: 2014/15

Quarter 3 highlights

1.	The total number of PALS concerns registered was 638, up by 97 which was largely due to the support the team gave the Continence service in providing a central point of contact for patients with queries. (page 6)
2.	The total number of Complaints logged was 235, a decrease of 4 across the quarter. 24 of these were withdrawn by the complainant at some point during the quarter leaving 211 to manage. There were 23 more complaints made in October 2014 compared to October 2013, but 20 less complaints made in November 2014 compared to November 2013, with no appreciable difference between December 2014 and 2013. (page 6)
3.	The total number of compliments collected for Q3 2014 was 397 compared to 504 in the previous quarter. It is not clear whether this is a genuine drop in compliments or the reporting and collection method itself as some of the wards and other clinical areas that reported compliments in the last quarter returned none this quarter. (Appendix 9 page 30)
4.	The average number of days taken to resolve complaints saw a further increase of 13 days from 62 to 75. This continued increase can be attributed to the resolution of some of the oldest complaints in the system, thus impacting on the average days to resolve these complaints. (page 9)
5.	Complaints per 1000 bed days have increased when compared to the previous quarter, with an increase in the rate in October particularly. This increase has seen an incline in what was a steady trend line. (page 7)
6.	'Not Upheld' complaints made up 20% of closed complaints against 33% last quarter, but with no emerging trends in terms of Groups or themes. (page 13)
7.	When looking at the complaints rate per 1000 FCE it is still Surgery B that has the highest complaints rate, and Woman and Child with the lowest. (page 8)
8.	The three themes that emerged out of complaints this quarter are Attitude of Staff, Clinical Care and Appointments, the same as the previous quarter. Surgery B has again had the highest number of complaints about their management of appointments than any other Clinical Group, and PALS enquiries about the same theme featured Surgery B as contributing to 47% of the PALS enquiries made about appointment issues. (page 11)
9.	Reopened cases totalled 23 and 5 of those re opened were due to not all the issues being answered in our first response. This compares to 34 reopened, 9 with outstanding issues from Q2 2014. (page 13)
10.	There was 1 new PHSO enquiry of the Trust in this quarter, and 6 previous enquiries were closed off. Of those closed, 3 were not upheld and the other 3 were partially upheld (2 with financial penalty and one with action to be taken). (pages 15)
11.	Complaints satisfaction survey return rate was improved at 20% for Q3 2014 against 14% for Q2 2014 but with a fall in the satisfaction rate over all from 60% in Q2 2014 to 33% in Q3. (page 10)
12.	There is still disproportionality of the ethnicity of the subjects of complaints verses the general populous of our patients, particularly in Pakistani's and Black Caribbean's with work planned to investigate this now that this trend has occurred again for a second quarter running. (page 11)

COMPLAINTS AND PALS: 2014/15

Index

INTRODUCTION

Concerns and complaints raised by patients and visitors must be viewed positively as an unsolicited form of feedback. These are opportunities to improve our services and the care we provide based on user experience.

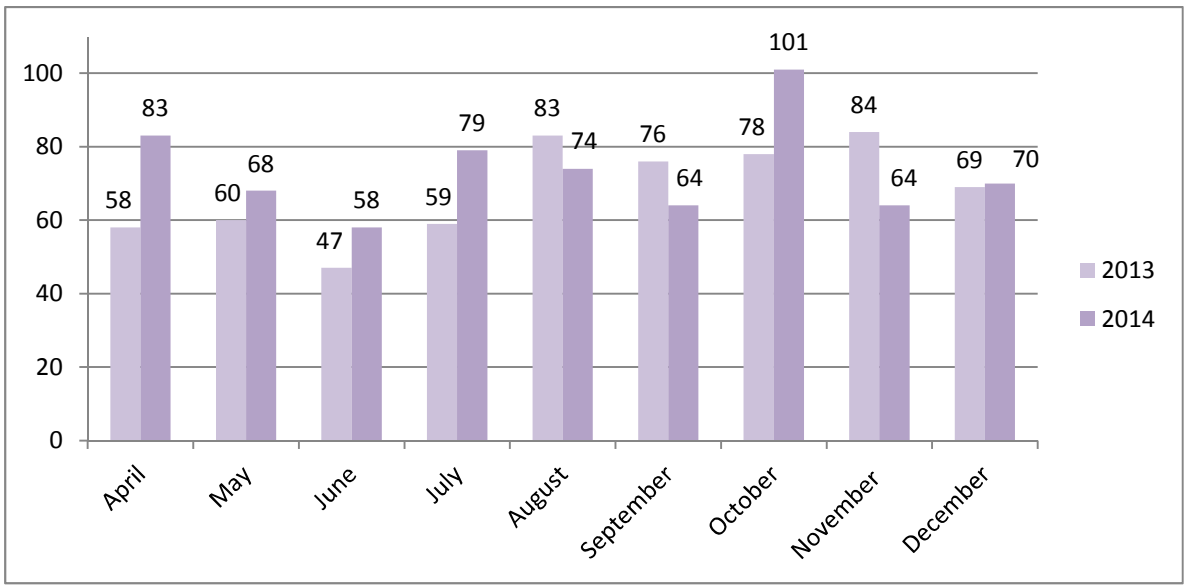
This report sets out and provides commentary on the complaints, PALS enquiries, local departmentally resolved concerns and compliments, the way they were managed, who they were made against and what about. The important learning opportunities are evidenced and the subjects of the complaints are also profiled.

COMPLAINTS

1. Complaints Management

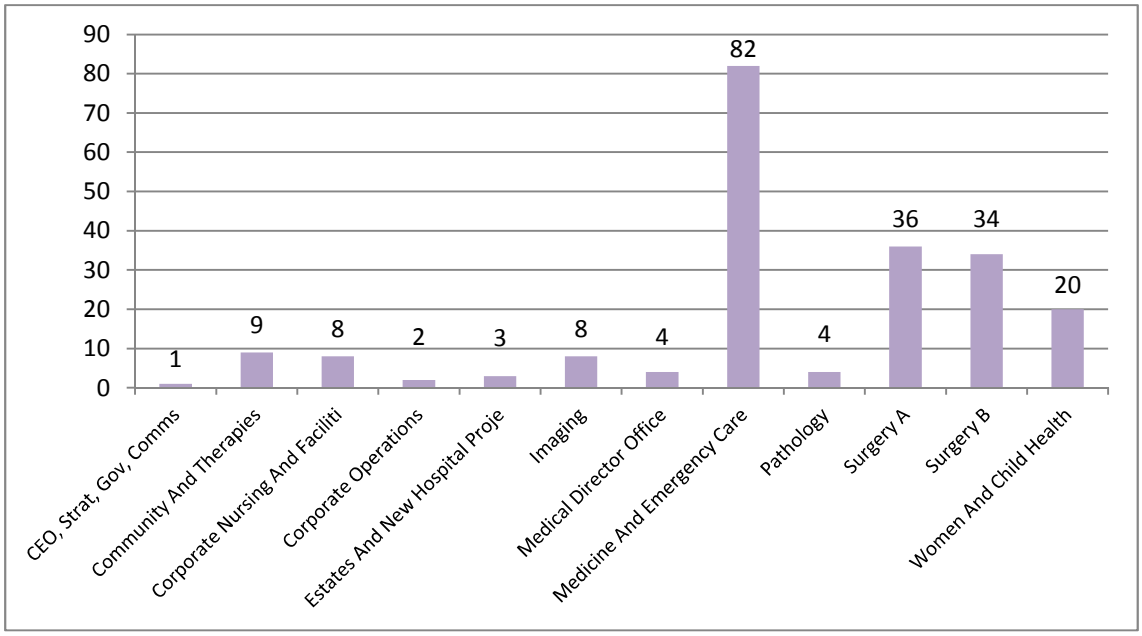
1.1 Total received

The total number of complaints received in Q3 was 235 compared to 239 in the last quarter and 231 for the same period the previous year. When broken down by month, year on year, there were 23 more complaints made in October 2014 compared to October 2013, but 20 less complaints made in November 2014 compared to November 2013. It should also be noted that 24 complaints were withdrawn in this quarter and this is consistent with previous quarters, leaving 211 actively managed this quarter.



1.2 Complaints by Group

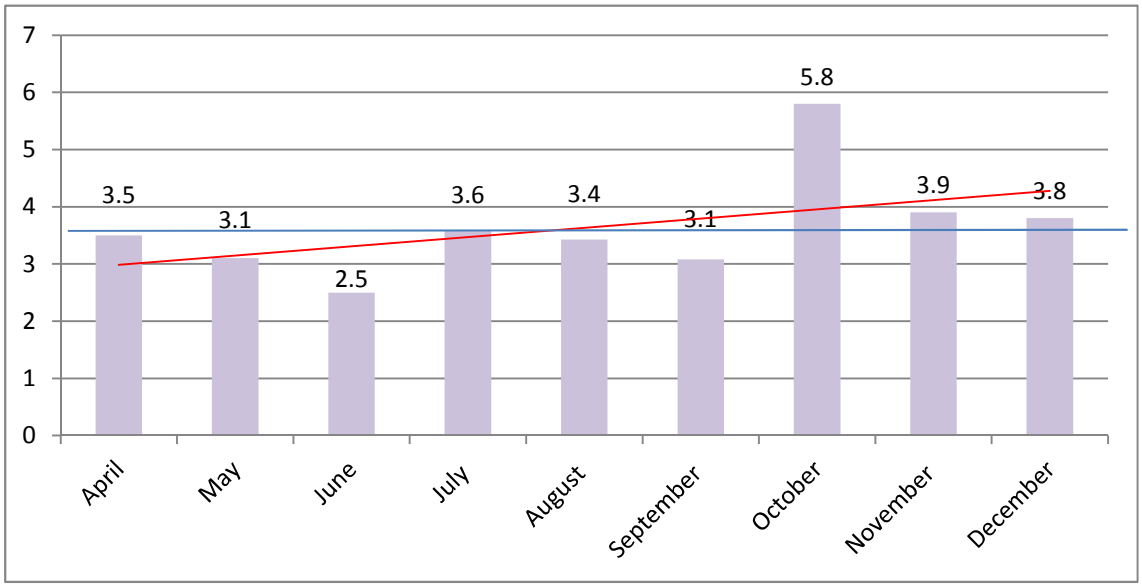
When analysing the complaints received in Q3 2014, by Clinical Group and Corporate Directorate, Medicine continue to receive the most complaints. **Appendix 1** shows how these figures compare with the last 3 quarters.



1.3 Complaints by 1000 bed days

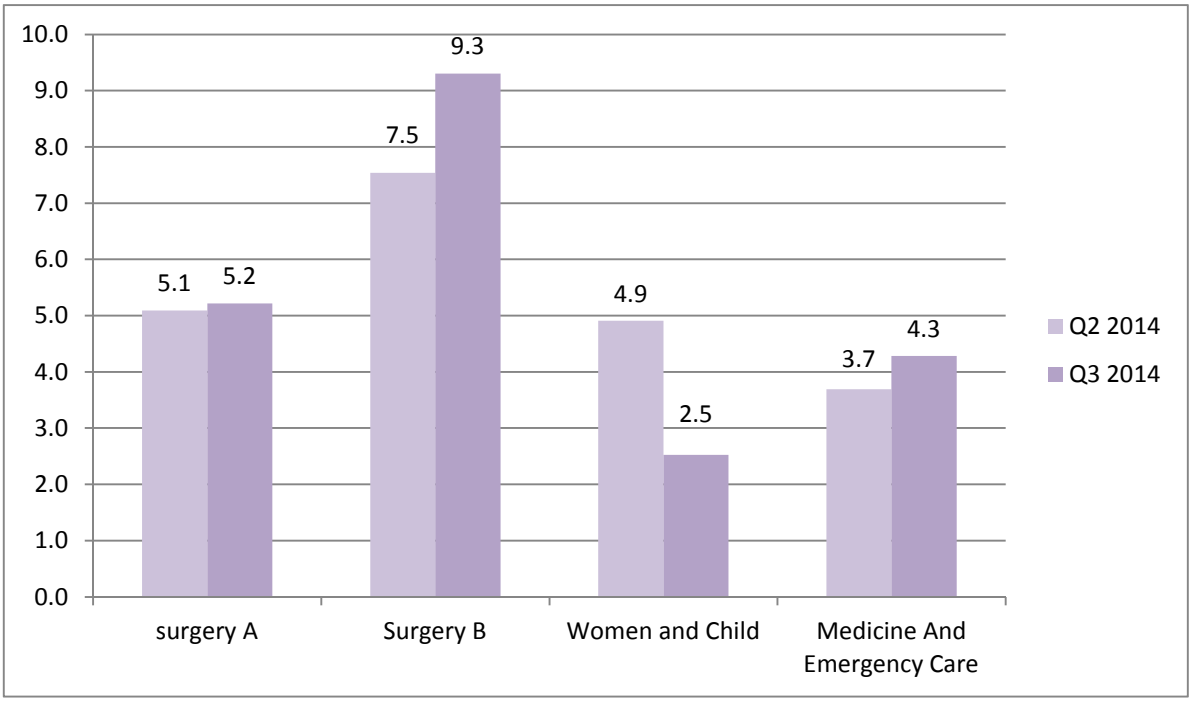
The complaints rate as calculated as complaints per 1000 bed days is higher in Q3 than Q2. As is shown by the trend line on the graph below, there is an overall increase in complaints when measured this way. This trend line was flat when plotted against the first 6 months of the financial year, but this continued increase in complaints per bed days now sees it showing a slight incline The Blue line shows the average rate per 1000

bed days.



1.4 Complaints received per 1000 FCE (Finished Consultant Episodes)

To more accurately compare which Clinical Group is receiving the most complaints, it is important to represent these not just as numbers of complaints, but as a proportion of the patients that have received care in these areas. This then puts these numbers into context. By comparing the numbers of complaints with FCE we can gauge better whether one service or another is attracting more dissatisfaction and once understood, drill down further into what aspect of that service needs to improve. This analysis was only applied to the largest of the Clinical Groups, as they contribute to 81% of the complaints. Whilst this is a small decrease from the 86% of last quarter, this is still the majority of complaints.

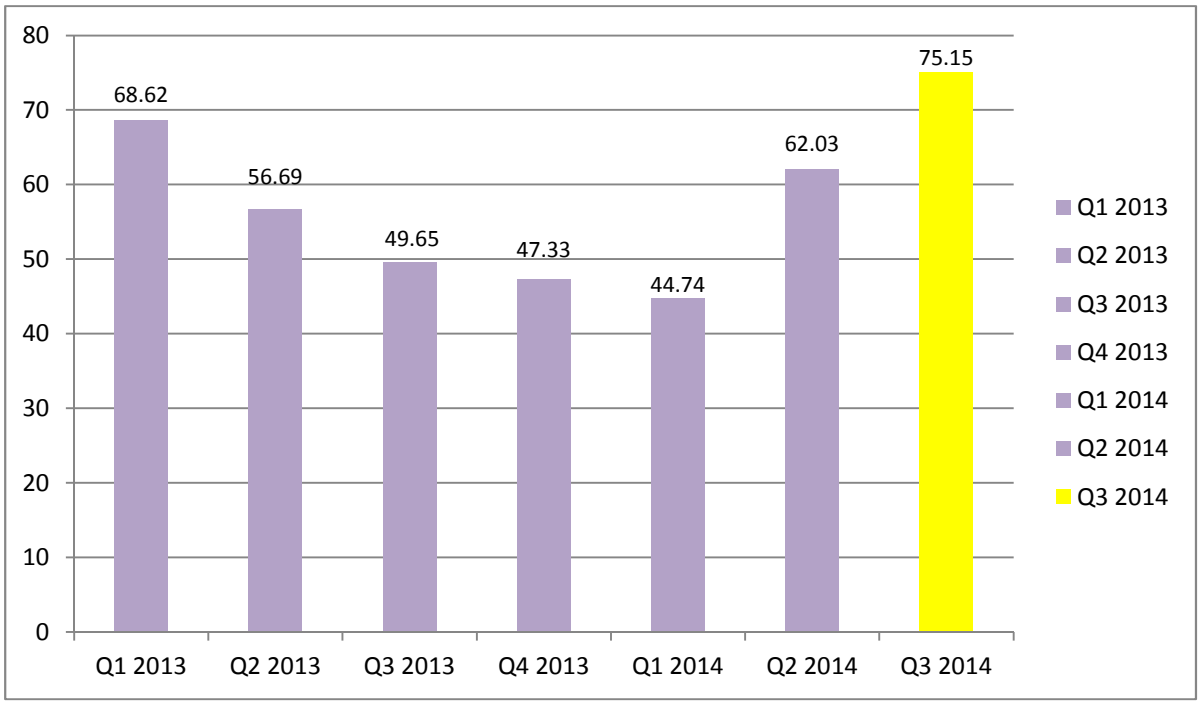


Although a large majority of the complaints received are still made about Medicine, it is again Surgery B that have the highest number of complaints per 1000 FCE (so the highest complaints rate).

1.5 Timeliness of Responses

As reported in the Q2 2014 report, there had been an increase on the average days it takes to respond, and this was largely due to the volume of older cases that had been finalised. This work continued into the third quarter, (aiming to have the majority of complaints over 60 days concluded by the end of the year) resulting in an even larger number of older complaints being finalised. This in turn has had the same negative effect on the average days to respond result. With a large majority of the older complaints cleared and continued focus on keeping complaints in date, this average should reduce next quarter.

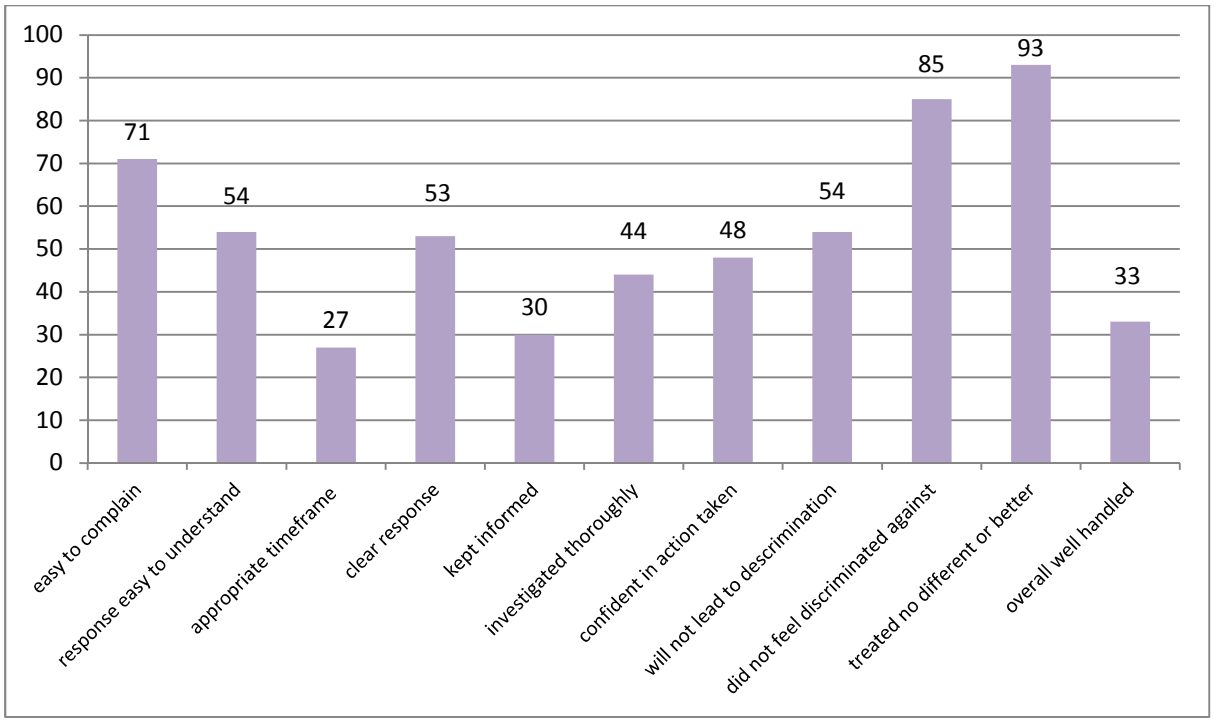
During Q3 there was a continued increase to the time taken to respond to complaints. However, this has occurred due to the drive to ensure all complaints over 60 days old were responded to by 31 December 2014. This also meant that a large number of complaints were finalised within the quarter. With the continued focus on further reducing the response time to no more than 30 working days by the end of the financial year, the timeliness of responses should decrease during Q4 whilst the numbers finalised should remain high.



Appendix 2 shows a further breakdown of this data by Clinical Group in order to understand where complaints take the longest to answer. It should be noted that this is the total time that the complaint took to respond to and includes all stages of the process. Future reports (starting with Q1 2015/16) will be able to break down each stage of the process so that feedback can be targeted. Once the data is broken down in this way, it will also be easier to direct attention to the specific stages of concern.

1.6 Complaint satisfaction survey

Everyone who makes a complaint is given the opportunity to provide feedback on how they found their experience via completion of a questionnaire that is sent with the final response. **Appendix 3a** covers all results in detail, and shows that there is still work to be done to improve how satisfied complainants are with many aspects of the process, particularly when compared with the results reported in Q2 2014. There was an overall increase in returns (46 responses, representing a response rate of 20.2% compared to the 14% for Q2 2014). However the results were not as positive when it came to how respondents felt about how clear the response was, how confident they were in us implementing remedies and how well they felt the complaint was handled overall. There was an increase in how positive respondents felt about how well they were treated after making their complaint and there was an increase in how many thought they had been kept up to date with delays to their response (albeit that this level of satisfaction was still not at the level that we are aiming for.) The following table shows the results of this quarter's satisfaction survey.



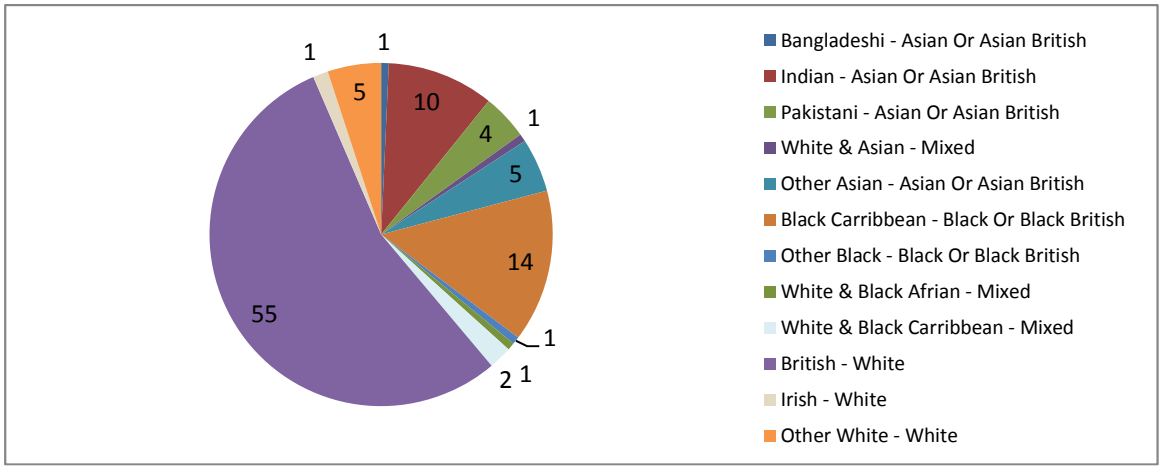
Appendix 3b shows a profile of the respondents in terms of their gender, age and ethnicity where this information is given.

2. Complaints in detail

2.1 Profile of the subject of complaints

In order to check that our complaints process is accessible to all, it is important to understand the profile of complainants by certain protected characteristics. Gender, age and ethnicity are recorded and then compared to our hospital population and also the population of the geographic area that we serve in **Appendix 4**.

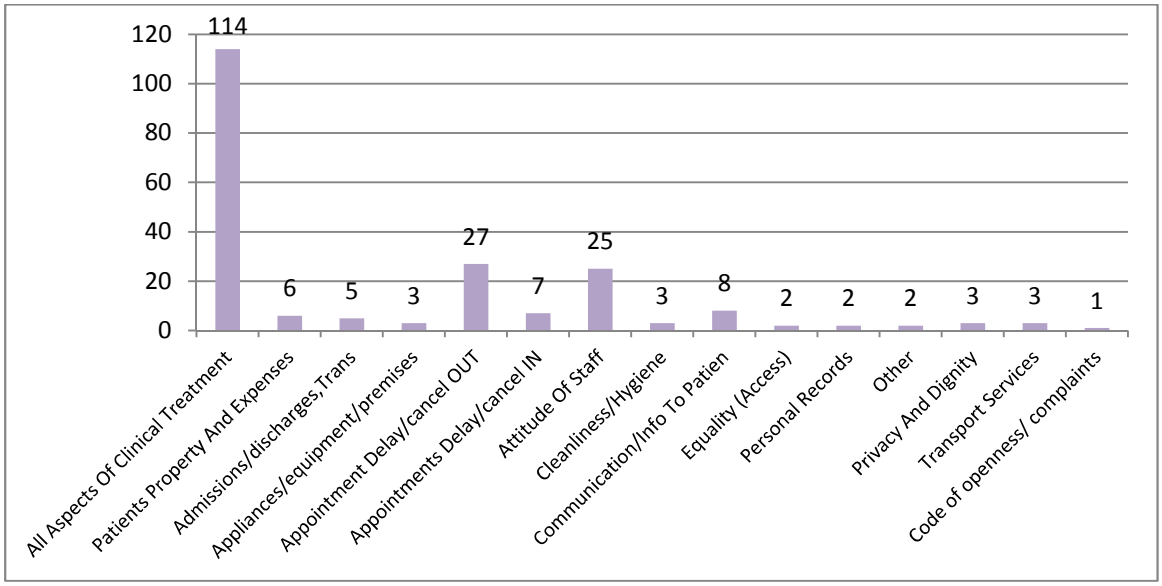
Ethnicity



In Q2 2014 it was reported that there was disproportionality in the ethnic mix of complainant's versus our patient population. This trend has continued into Q3 2014 with a lower rate of complaints from Asian complainants (mainly Pakistani with 10% patient population and a 4% complaints rate) and a higher rate for Black Caribbean with a 4% patient population and a 14% complaints rate. Work will commence during Q4 2014 to investigate what can be done with local community groups to improve accessibility.

2.2 Formal complaints by theme

This table shows the broad themes that our complaints fell into in Q3 2014.



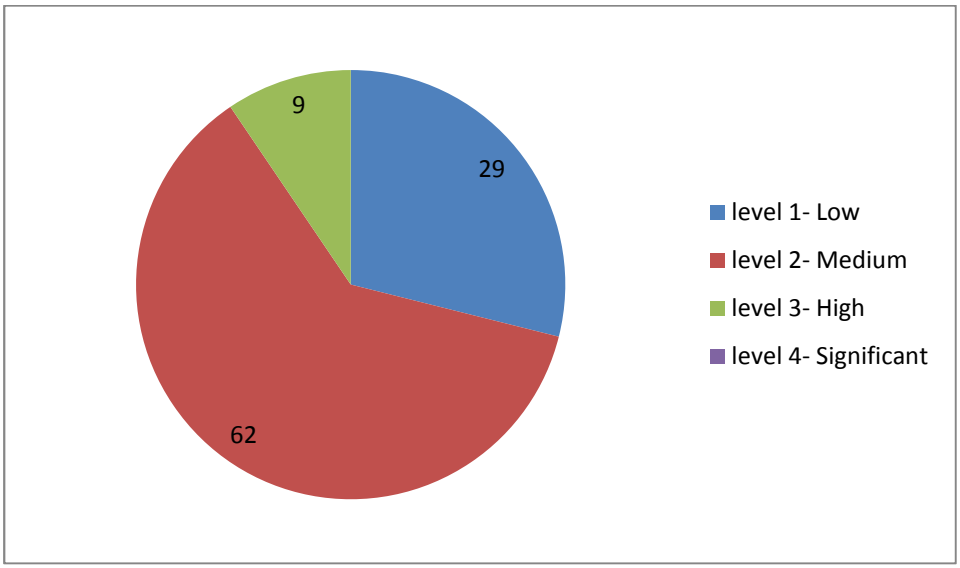
When analysing the top three themes that were complained about, these remain 'all aspects of clinical treatment', 'appointment delays', and 'staff attitude'. **Appendix 5** breaks down the themes of complaints by Group, profession and department for the most complained about themes.

In Q2 2014 it was reported that Surgery B had a disproportionately higher rate of complaints about their management of appointments which continued into Q3.

2.3 Formal complaints by severity

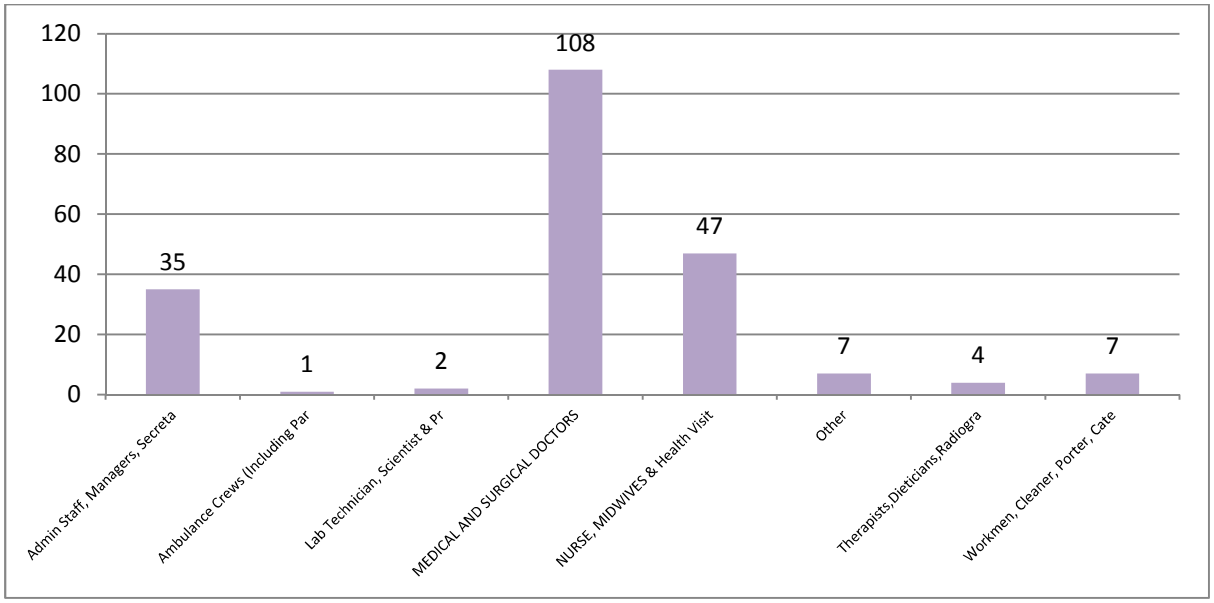
The following is break down of 211 complaints by severity and shows that once again complaints considered high or significant (Levels 3 and 4) remain in the minority. This quarter, Level 1 and 2 complaints made up 91% (191) those received which was exactly the same proportion as in Q2 2014 and compares to 84% (161) Q1 2014. There were also no level 4 complaints again for this quarter.

Tabel that breaks down the severity grade of complaint



2.4 Formal complaints by profession

When looking at the professions that form the basis of the complaints themselves these again remain fairly consistent with Q2 2014. Much work went into data accuracy this quarter and there are some professions which have seen an increase purely based on the fact that we are now recording this information more accurately. This is evidenced by the decrease in the use of the category 'other' which has resulted in an increase in the numbers of other professions reported. Despite this accuracy, the trend for the medical staff to feature as the highest profession complained about is consistent with the previous two quarters.



3. Formal complaints outcomes

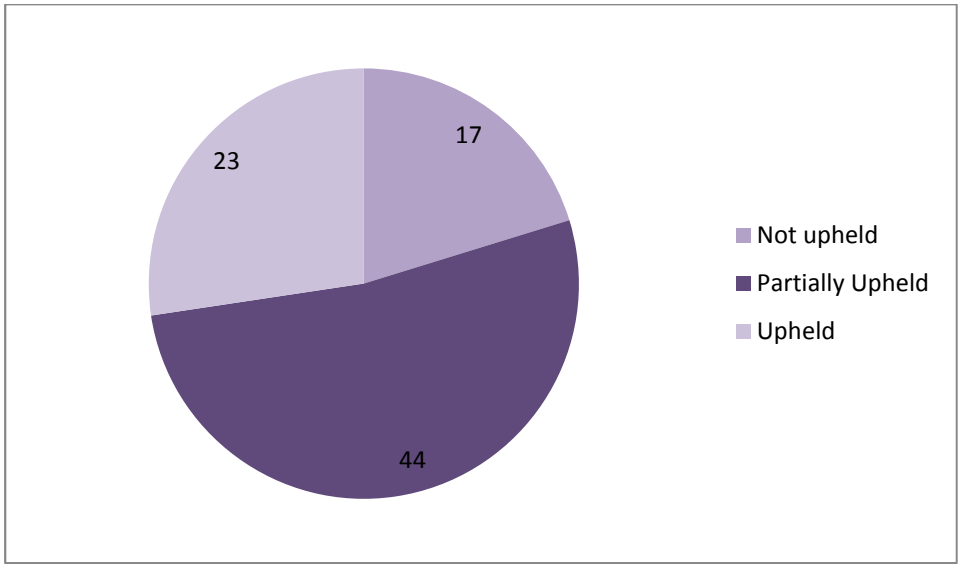
3.1 Resolved complaints

In Q3 2014 when reviewing the complaint outcomes, it should be noted that there was a significant focus on ensuring that complaints that had been in the system for over 60 days be resolved by the end of the year. Whilst this goal was not quite reached, a significant amount of older complaints were resolved and signed off by this deadline. To assist in achieving this, the complaints team developed a new reporting tool for Clinical Groups showing the trajectory of how their complaints aged. Feedback was provided regularly to Investigation Leads about the quality of the complaint responses with the complaints team collaborating on re writes. Over 202 complaint responses were sent out in December 2014. This work, the education of quality responses and the regular new style reporting is set to continue into the new year in order to ensure that complaints stay on track and do not breach their target date, or the 30 day limit set for the majority of complaints from 1 April 2015.

3.2 Formal complaints upheld.

The Trust responses remain heavily weighted toward upheld and partially upheld complaints, with this making up 80% of the overall responses for this quarter. This compares to 75% in Q1 2014 and 67% in Q2 2014. Similar to previous quarters there were no particular trends in the data that might explain the increase. A continued high percentage for these outcomes does demonstrate a commitment to 'Being Open' and integrity in general in complaints management. There was however no significant work group, or complaint trends in those that were not upheld.

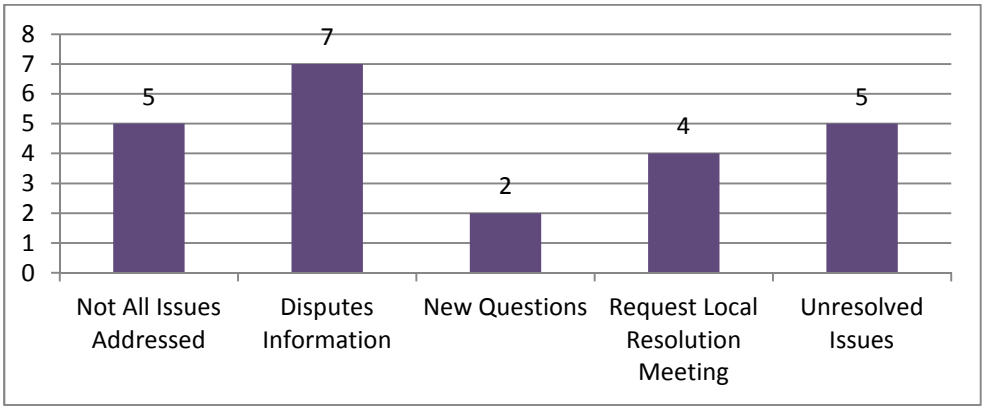
Q3 2014 complaint outcomes



3.2 Reopened cases

Reopened cases totalled 23 and 5 (22%) of these were because not all the issues were addressed in our first response. This compares to 51% from Q1 2014 and 26% Q2 2014.

Total number of cases reopened and why



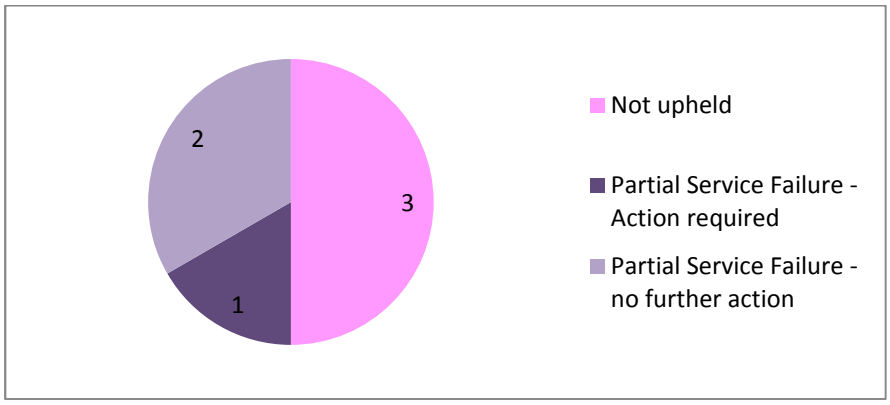
Of those complaints that were reopened because we had not addressed issues first time, there continues to be no particular Group that has contributed to this level of dissatisfaction. Even when the two quarters (the last 6 months) data are added together, nothing disproportionate is apparent. **Appendix 6** shows all reopened complaints by Group and Grade, and does also conclude that it is the medium grade (Level 2) complaints that are most likely to be reopened.

3.3 Parliamentary and Health Services Ombudsman enquiries.

When the local complaints process is exhausted, any complainant who remains dissatisfied can have their complaint reviewed independently by the Parliamentary and Health Services Ombudsman (PHSO).

One new PHSO complaint was logged in the three months of this quarter, and six enquiries completed during this same period. These are shown below.

The outcome of the 6 cases closed in Q3 2014



The following is a summary of the action that was taken as a result of the complaint where the PSHO investigation concluded that there had been partial service failures.

The patient had complained about a number of issues that related to his care, and this complaint had been responded to, reopened, and we had met with the complainant also. As the complaint had not been managed to his satisfaction, the complainant contacted the PHSO in order that they review the complaint and the way it was managed. The PHSO were satisfied with some aspects of the way the patient's care had been managed but did find failings in three areas.

1. That we did not allow the patient to leave the ward when he wanted to, detaining him unnecessarily.
2. That when we did discharge him we failed to implement the plan that was in place ensuring that he had somewhere to stay.
3. The management of the complaint was poor, both in terms of the initial response failing to address all issues and the time it took to respond to.

Appendix 7 details what was done to remedy the above concerns, and confirms that all of these actions have been completed.

New PHSO case

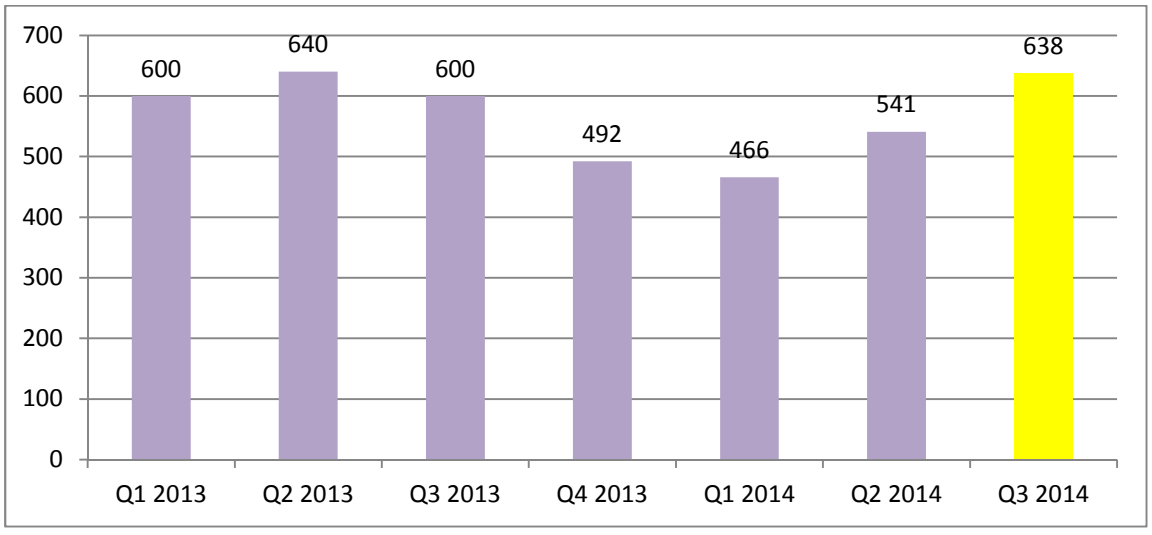
The main issues that were raised by the complainant originally were around the length of time the patient waited in ED, an unexplained cut on her leg during her admission and our failure to communicate effectively with the patient's family. Local attempts to answer these questions, which included a complaints resolution meeting, were not satisfactory and the complaint was referred to the PHSO in October 2014. All relevant documentation, and a recording of the meeting were forwarded to the investigating officer and we are still awaiting the outcome of their investigation.

PALS

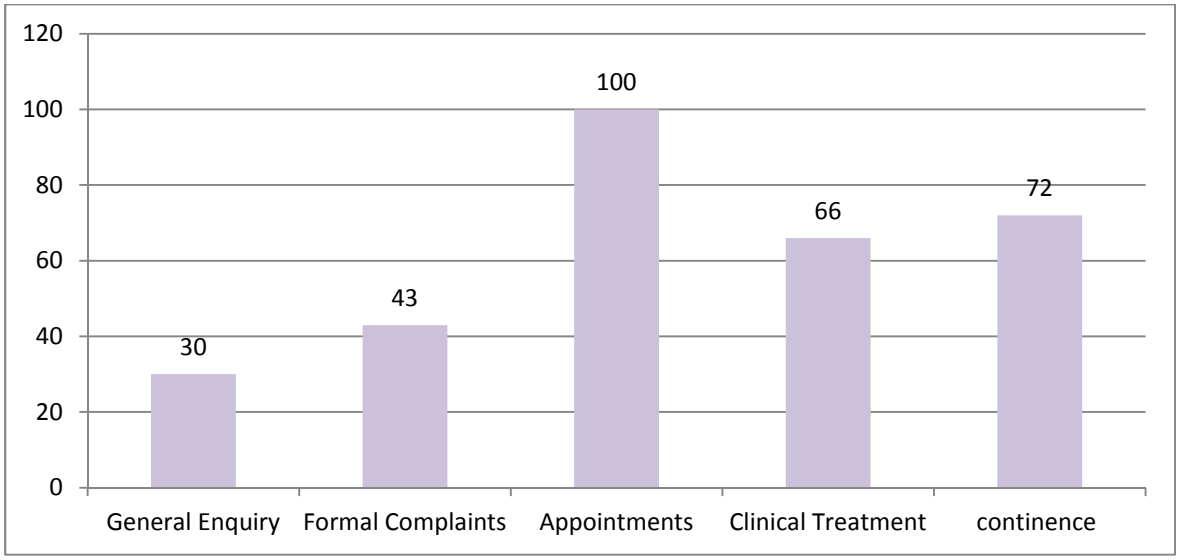
PALS continue to play a vital role in providing patients with a local advocate who can investigate concerns. As well as reporting the standard enquiries, work has continued in the collection of compliments and for this quarter; Clinical Groups also reported how many concerns were addressed at departmental level (those that were resolved by the Trust without the need to escalate to PALS or Complaints). These concerns are often well managed with effective and caring solutions. These have not been recorded in the past, and this quarter saw PALS capture this data for the first time, using the same method as that used to collect compliments.

The total number of PALS enquiries made for Q3 2014 was 638 compared to 541 in Q2 2014 and the following graph shows the number of enquiries of PALS by quarter over the past 18 months. Of note is the increase in enquiries (a difference of 97) on the previous quarter with 70 of these additional enquiries being about the changes made to the continence service. Patients were given the PALS contact telephone number to call if they had concerns about the limiting of the number of continence pads that were to be supplied. This is shown on the second table.

It is also important to note that much work has also gone into the recording of enquiries on the Safeguard system and some of the differences noted may be down to data capture rather than a real increase or decrease in enquiries, particularly when broken down by Clinical Group. Q4 2014 will report a more accurate comparison across Q3 2014 and Q4 2014.



The following are the top five enquiries taken by PALS in Q3 2014



Appendix 8 reports these enquiries by Group and how the top five issues resolved by PALS compare to the previous quarter.

Appendix 9 shows the compliments collected this quarter Collecting this data is very new and it is likely as Wards become accustomed to reporting this information, these reported numbers will increase over time. The number of locally resolved concerns is also shown broken down into clinical departments. This was the first time this information has been collected, and there were very few returns. During Q4, more work will be undertaken to encourage greater reporting of these complaints and to also categorise the subject of the complaint.

Summary

The total number of complaints logged during Q3 2014 was **235**, with 24 being withdrawn to date, and includes one new case has been referred to the PHSO by a complainant. This number compares to 239 complaints received for Q2 2014 (with 217 managed once 22 were withdrawn.) **397** compliments were recorded alongside 25 departmentally resolved concerns. PALS received **638**, and increase of 97 for the same period last quarter.

The average days to complete a complaint has not yet decreased, however Q4 2014 should start to see this turn around as complaints received by the Trust now are more likely to be managed within their target response dates. It is apparent from the satisfaction survey that complainants feel they were kept better informed than those giving feedback in Q2 2014 but this is still an area in need of focus.

Of the Clinical Groups, Medicine continues to attract the highest number of complaints, and Women and Child Health the lowest (of the four Clinical Groups that make up the majority of complaints). Surgery B still has the highest complaints rate with many of these concerns attributed to appointment issues.

PALS enquiries have increased but they have been supporting the Continence Service in providing a point of enquiry for patients with concerns service changes.

Key areas for focus in Quarters 4 and Quarter 1 2015/16

- Development of a systematic way to monitor how many complainants are offered resolution meetings, to assess the impact on rate of reopened cases. This will be reported in Q1 of 2015/16.

- A new process for of the triaging of complaints is to be established in Q1 2015 to ensure they are categorised as one of the following types of complaints.

    1. Fast track complaints - telephone of face to face meetings where issues are resolved quickly (likely level 1 and some level 2 grade complaints.)
    2. Standard complaints in need of investigation and in need of a written response (letter or report.)
    3. Complaints involving the death of a patient, where a specific pathway for the management of the compliant will be developed.

- An 'Action Tracker' is in development to monitor achievement of actions resulting from complaints. This will be tested in Q4 2014 and fully introduced in Q1 2015/16.

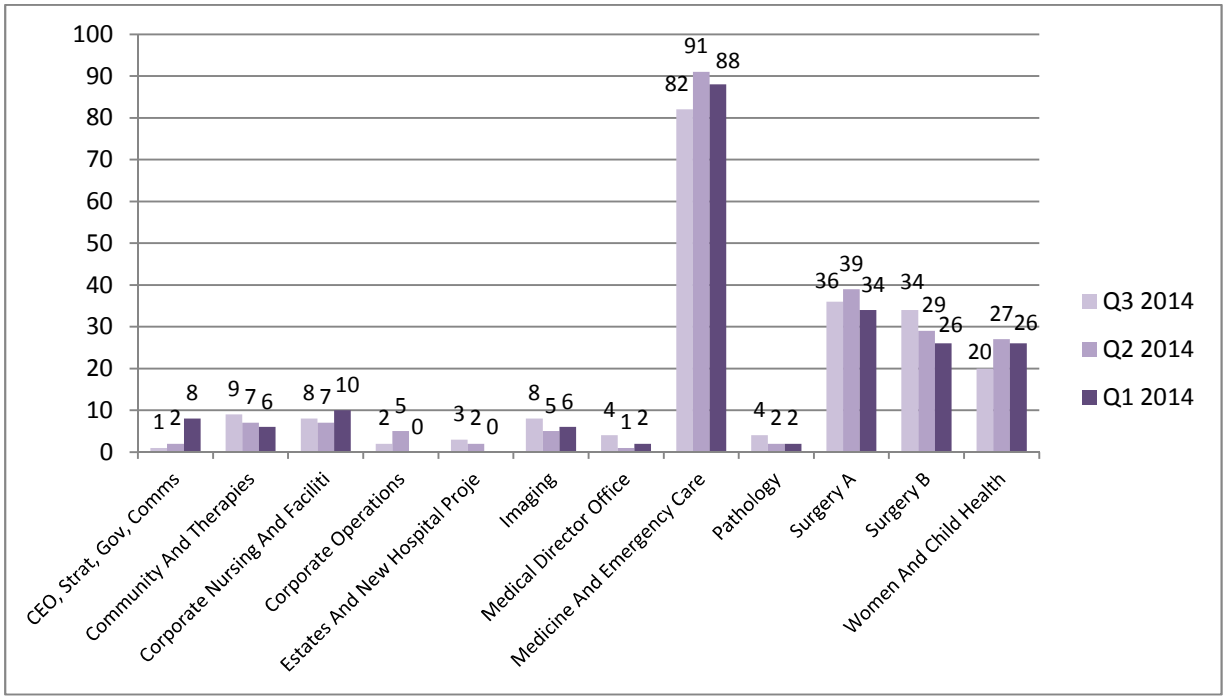
- A recent development in the Safeguard database will enable us to record how long each stage of a complaint takes rather than just reporting the time taken for the whole complaint. By understanding this more work and coaching can be concentrated on the right part of the process to further improve the time it takes to manage a complaint.

- Reaching out to certain ethnic communities to investigate how to redress complainant imbalance.

- Integrate across Governance in order to better understand the link between an incident that results in a complaint and in turn may result in a legal claim.

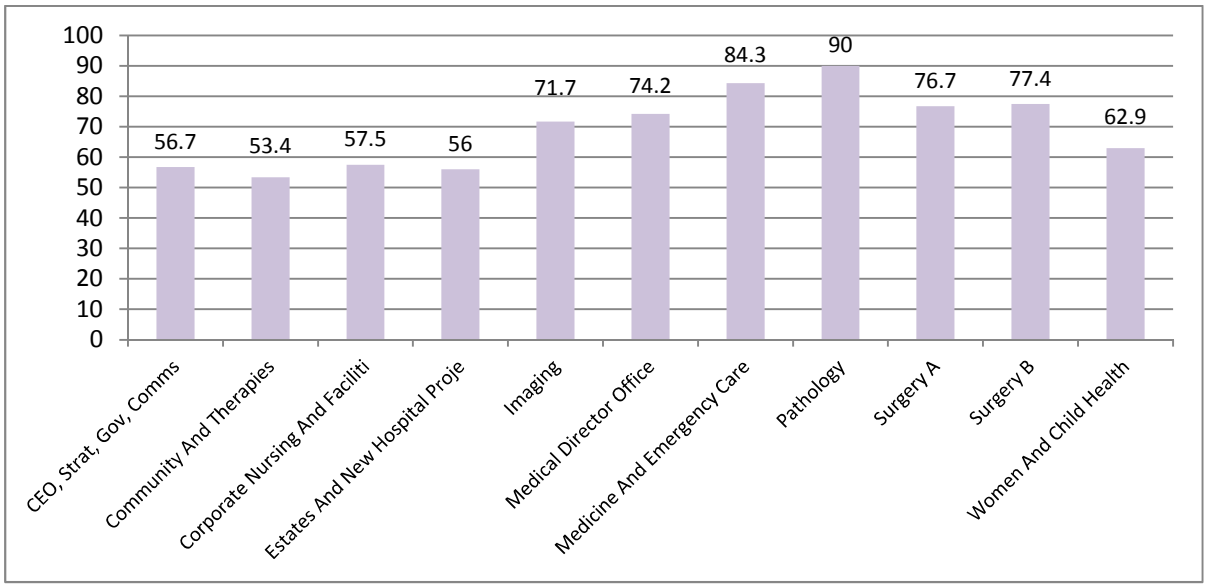
Appendix 1

Complaints received by Clinical Group and Corporate Directorate for Q3 2014, compared to Q2 2014, Q1 2014



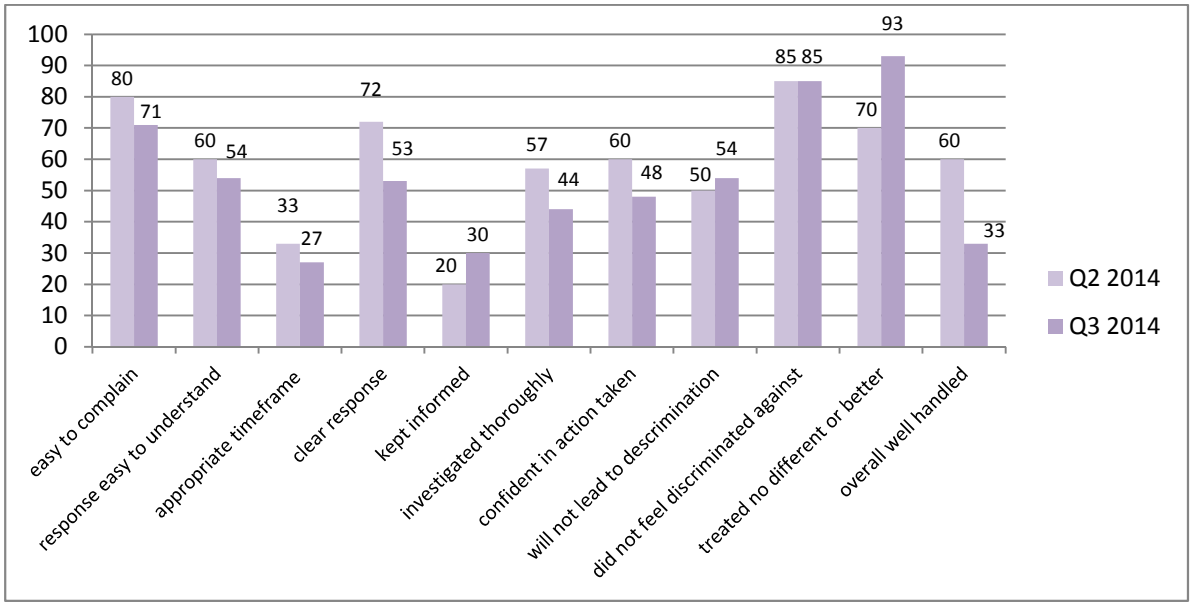
Appendix 2

Complaints turn around by Clinical Group for Q3 2014, showing the number of days that each new, or reopened complaint took to close from the time it was received by the Complaints team to the time that it was signed off.



Appendix 3a

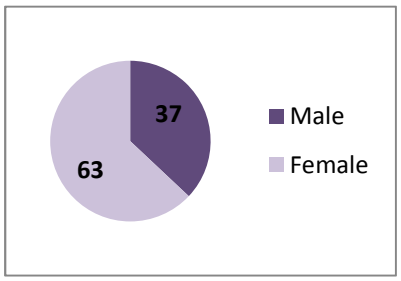
The Complaints satisfaction survey questions for Q3 2014 compared to Q2 2014 (and the % of respondents that answered in the positive to each question.)



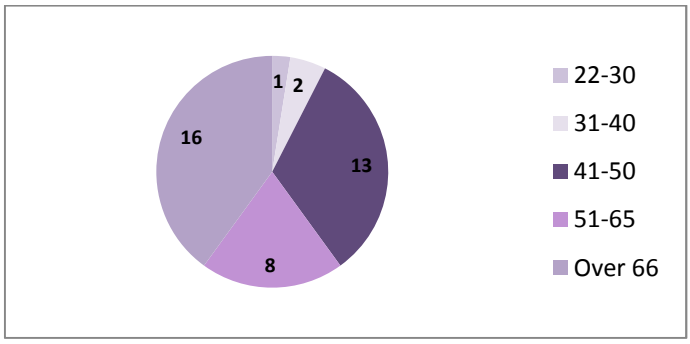
Appendix 3b

The profile of respondents to the Complaints satisfaction survey for Q3 2014

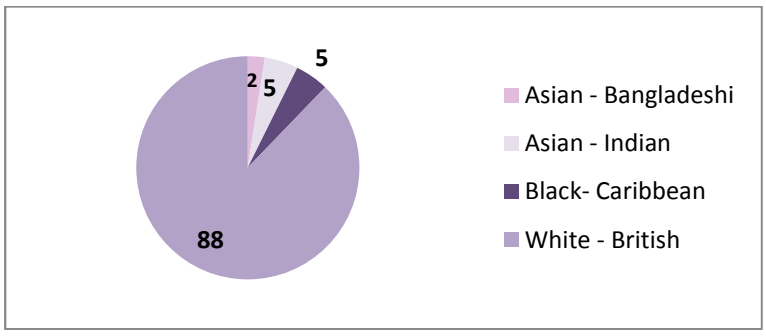
Gender (%)



Age (%)

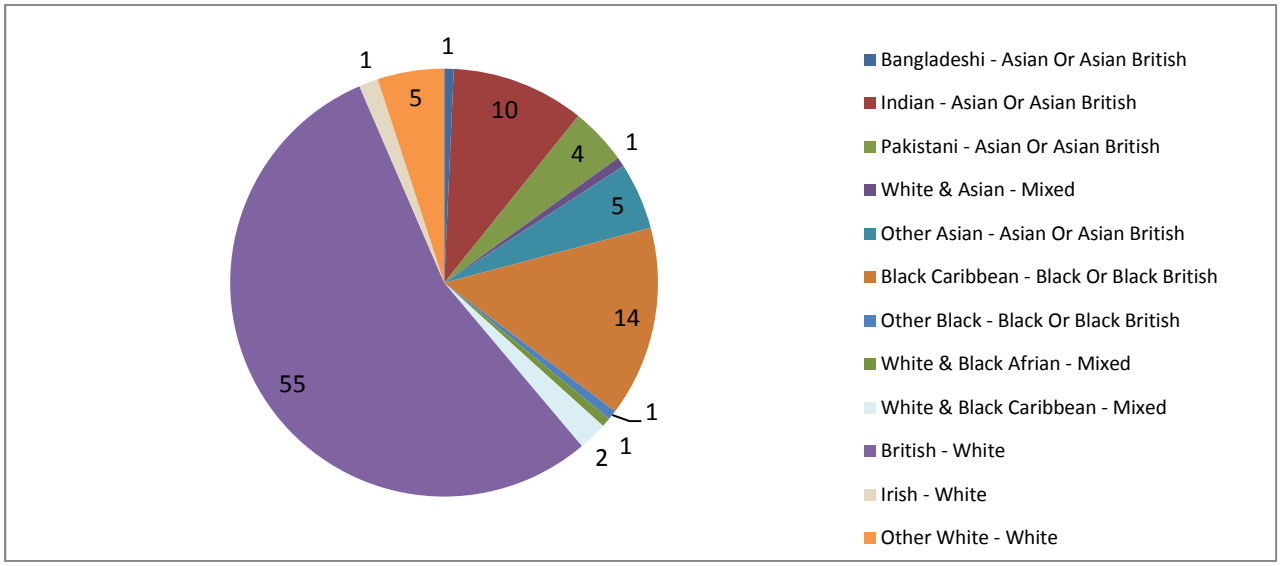


Ethnicity (%)

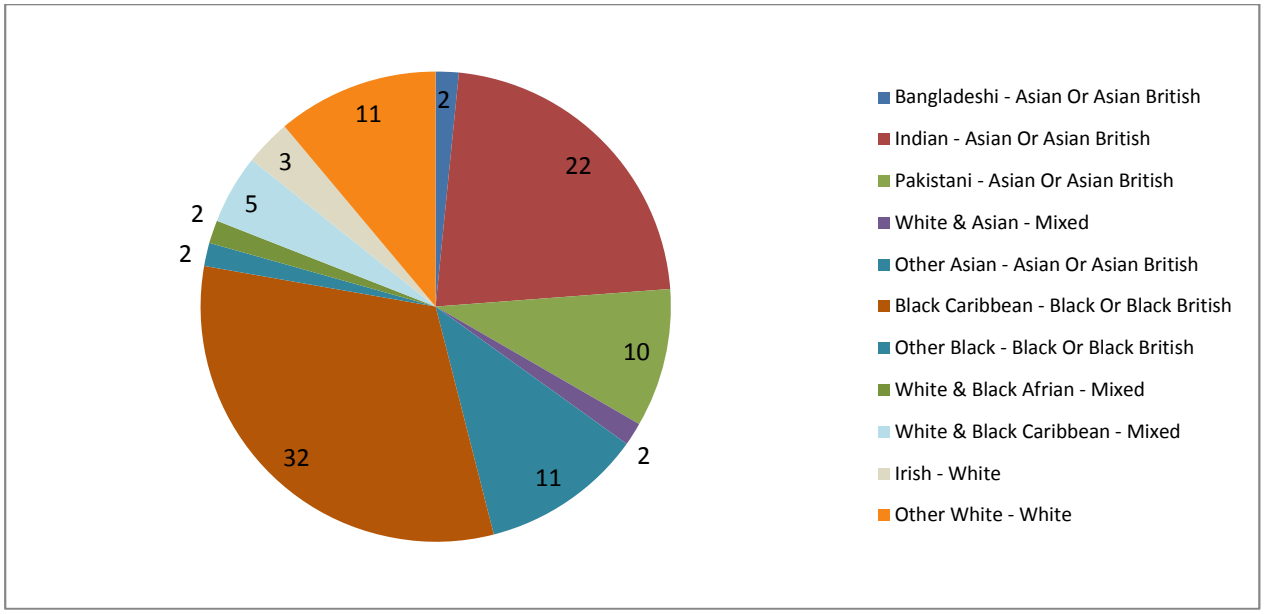


Appendix 4

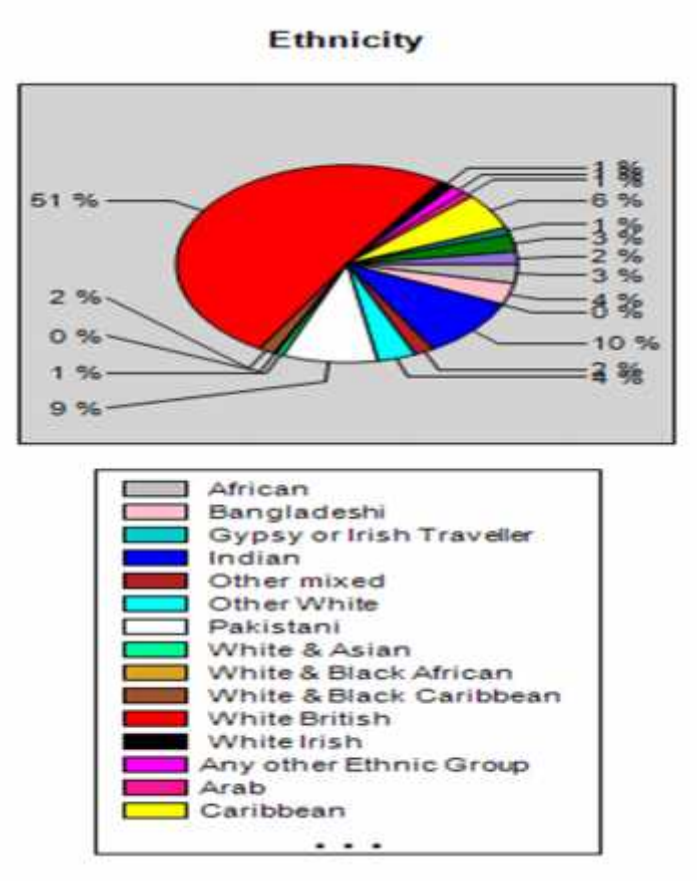
A breakdown of all complainants by % of those where ethnicity was recorded (139 complainants) for Q3 2014



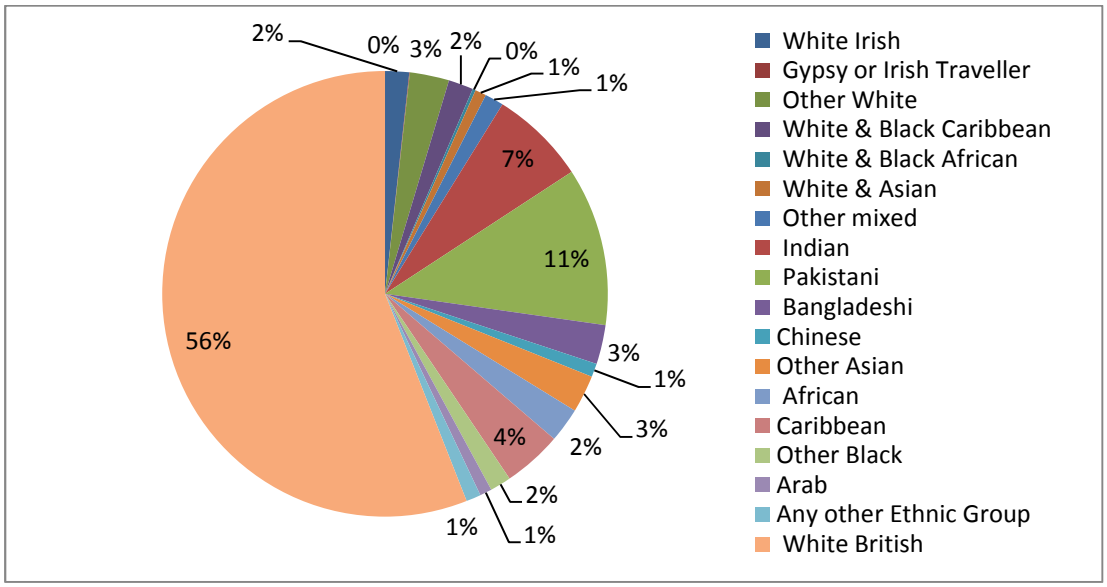
A breakdown of all complainants by % of those where ethnicity was recorded (139 complainants) taking out those White British for Q3 2014



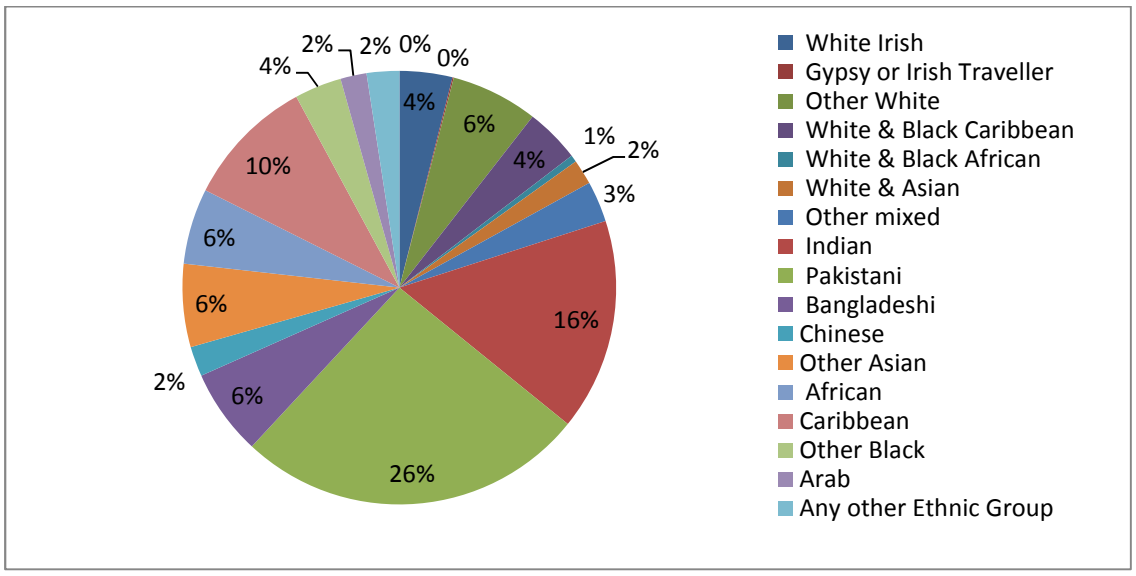
Ethnicity split of patient population



Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by the Trusts Equality and Diversity team in 2013.



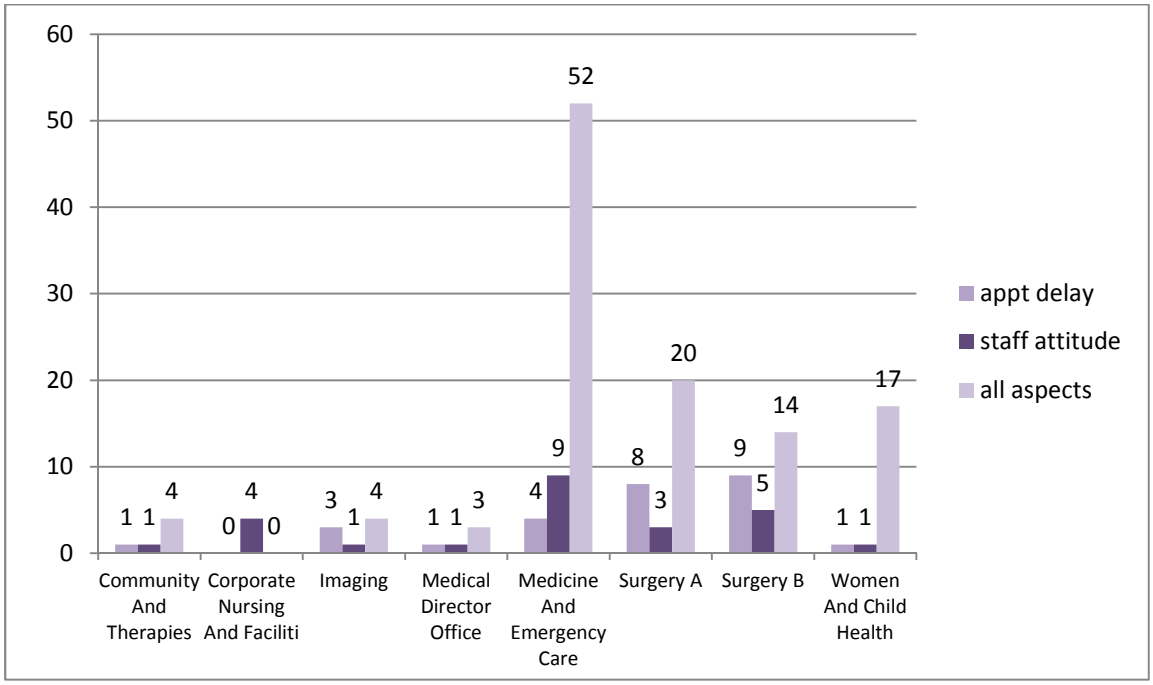
Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by Equality and Diversity in 2013, without White British.



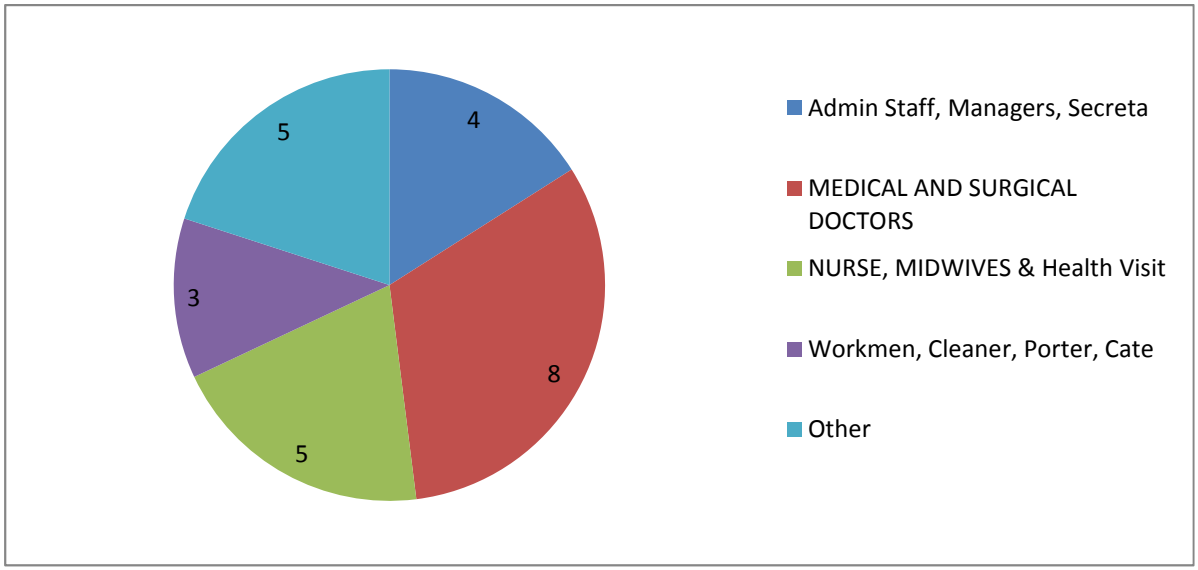
Appendix 5

A breakdown of the top three themes complained about, broken down by Clinical Group or Corporate Directorate for Q3 2014. Where there were no complaints for this theme for a Clinical Group or Corporate Directorate, then they are not featured in this breakdown.

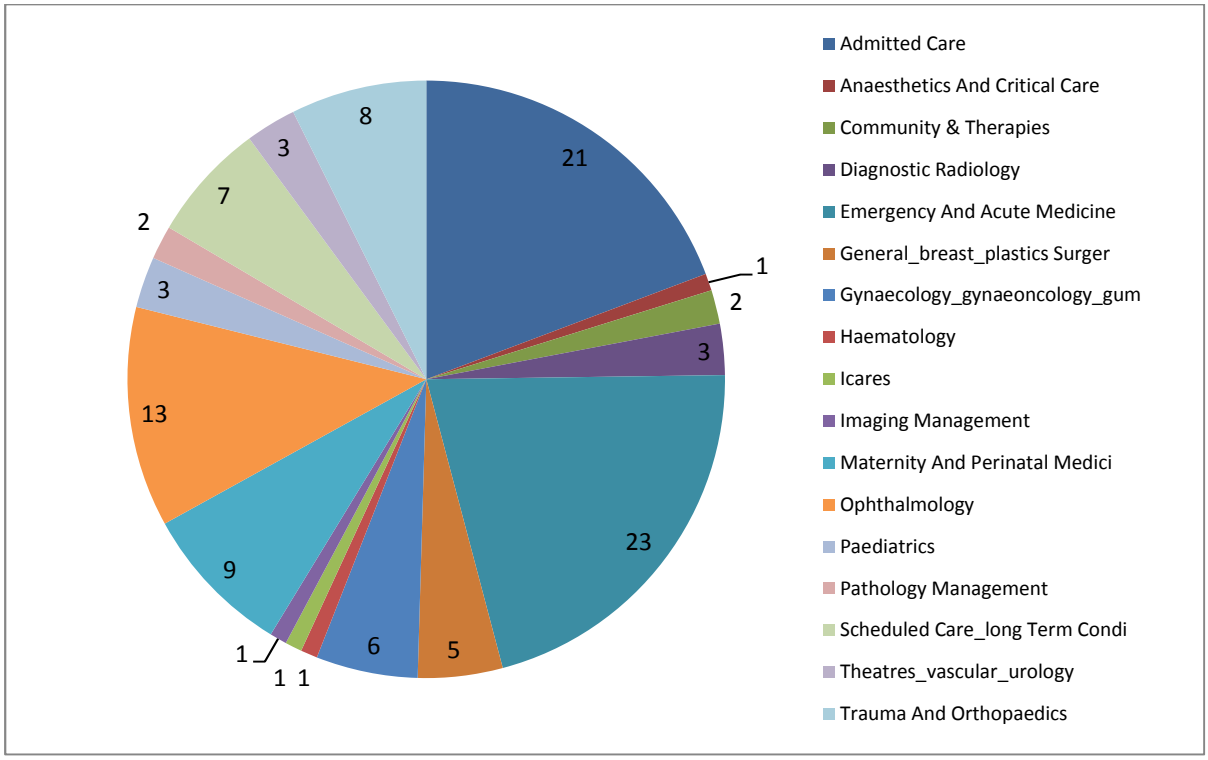
A breakdown of the top three themes by groups for Q3 2014



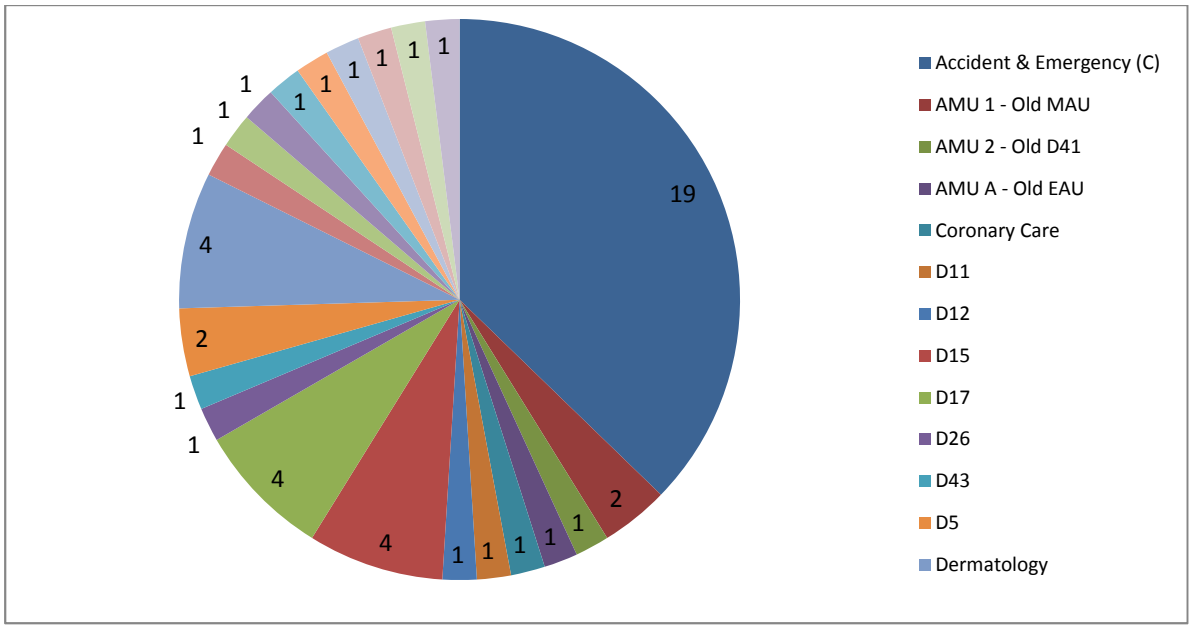
A breakdown of the 'attitude of staff' theme by staff groups for Q3 2014



A breakdown of the 'all aspects of clinical treatment' theme by Trust wide clinical directorate Q3 2014

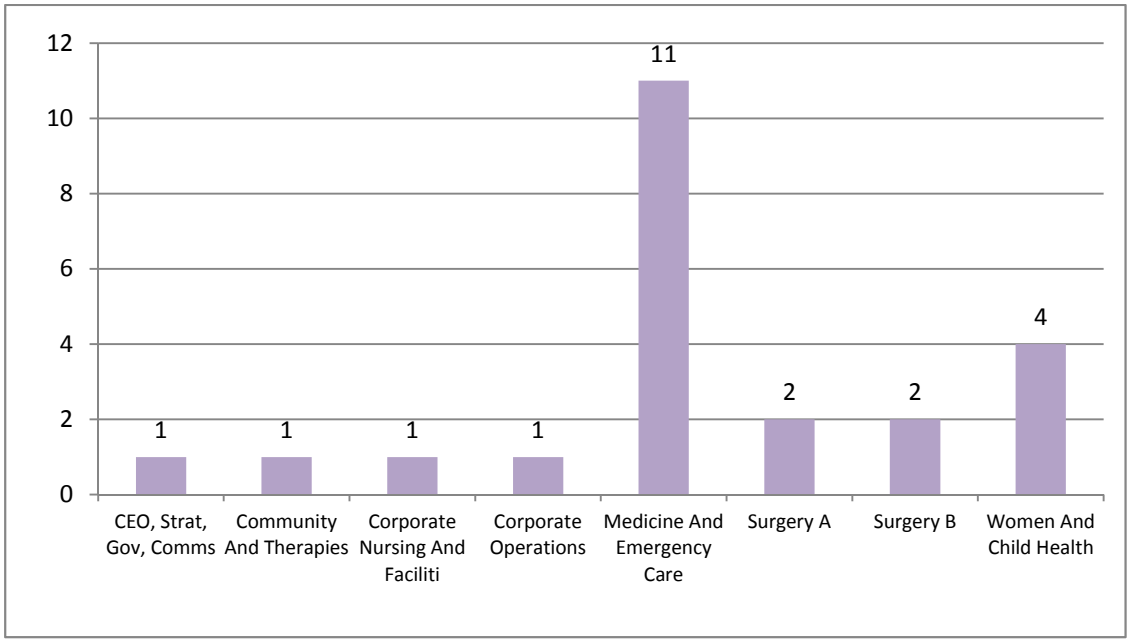


A breakdown of the 'all aspects of clinical treatment' theme by clinical department within Medicine and Emergency Care Q3 2014

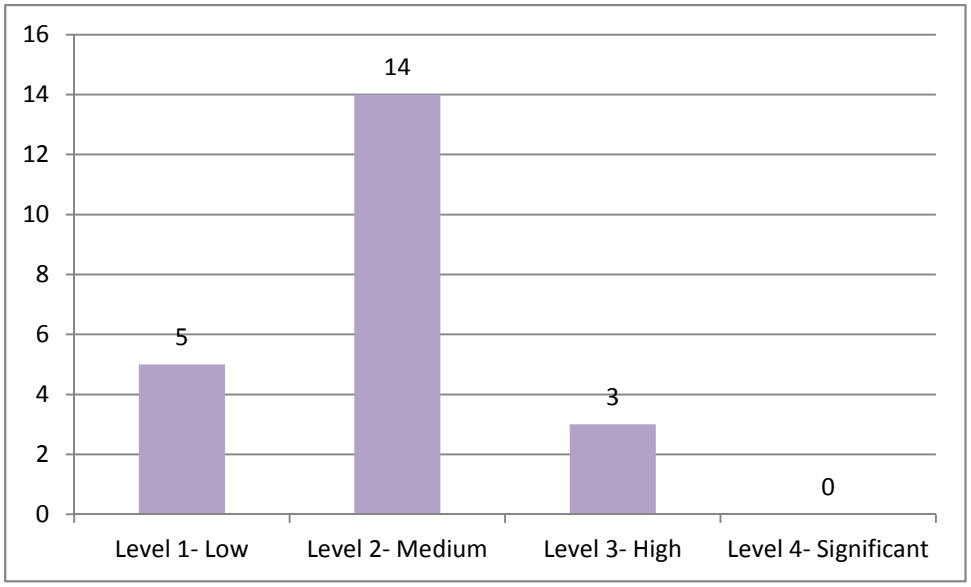


Appendix 6

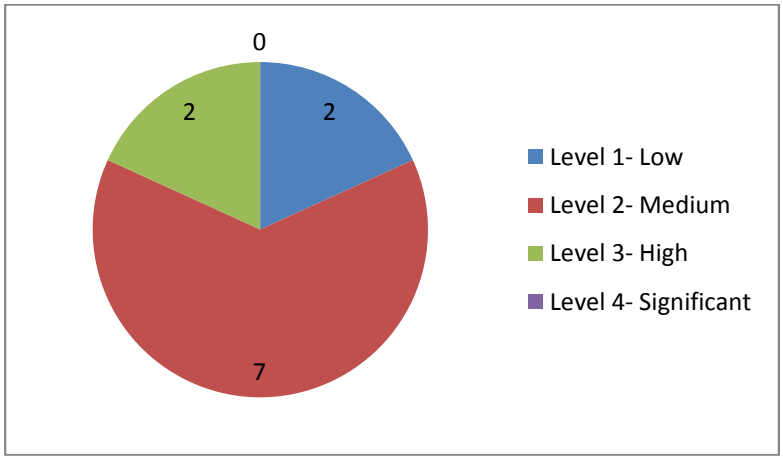
Complaints that have been reopened in Q3 2014 by Clinical Group and Corporate Directorate



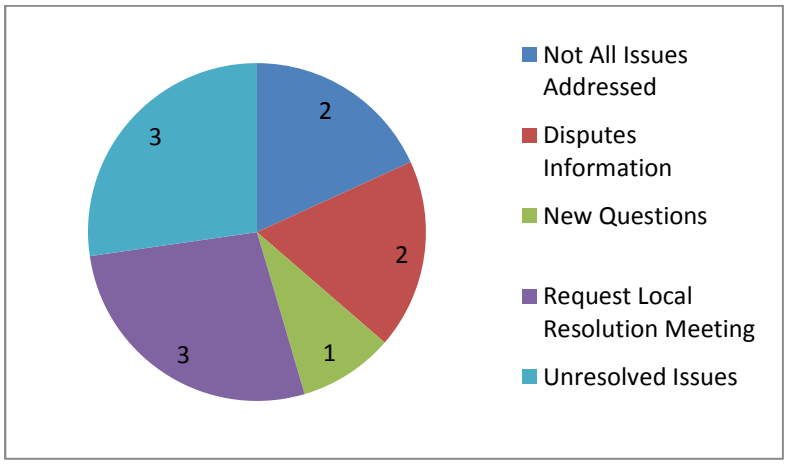
Complaints that have been reopened in Q3 2014 by Grade



Reopened complaints for Medicine and Emergency Care by grade



Reopened complaints for Medicine and Emergency Care by reason



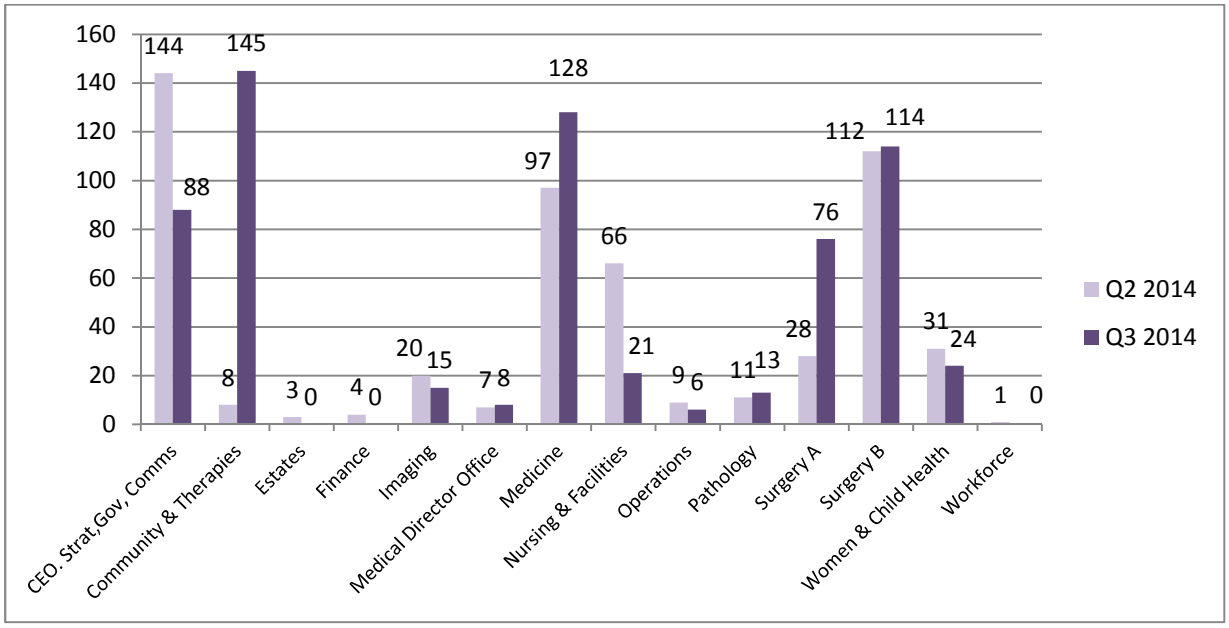
Appendix 7

Improvement actions required as a result of a PHSO investigation that found partial service failure. All actions have been completed.

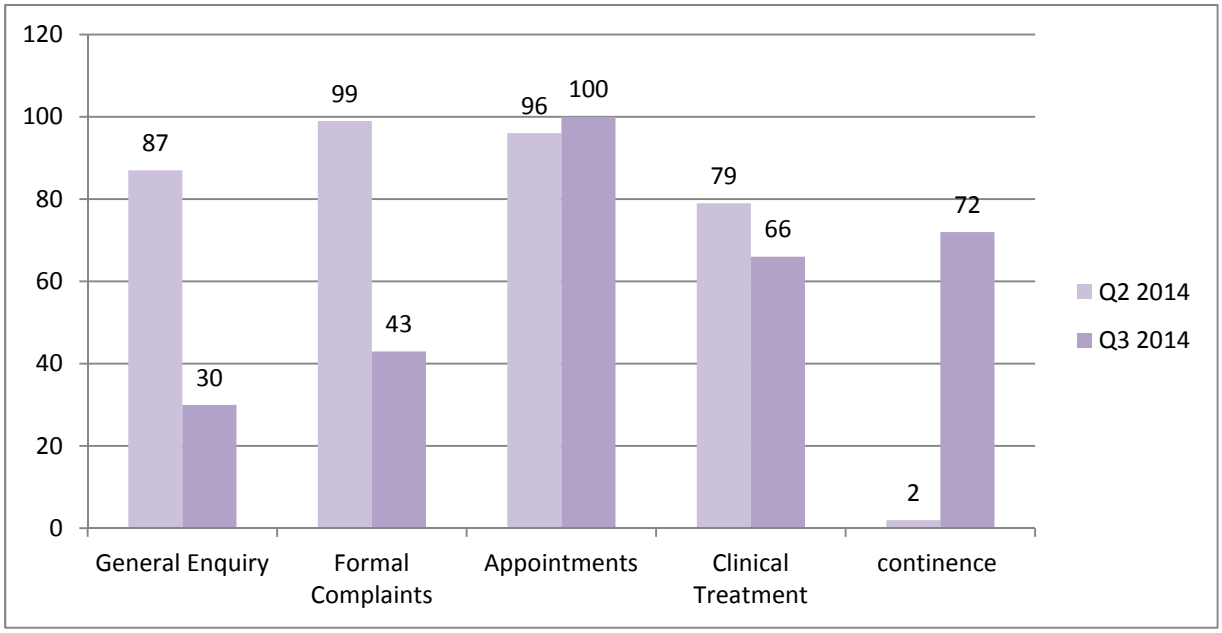
Improvement actions
▸ Deprivation of Liberty (DOL) training now in mandatory training and level 2 training for all Band 7 nurses. *Implementation completed with training programme on-going.* ▸ DOL leaflets disseminated across the Trust. ▸ Mental Capacity Act (MCA) code of conduct webpage on Trust intranet covering the 5 key principles ▸ MCA information leaflets, posters and advice about IMCAs available in all wards. ▸ DOL reporting to Patient Safety Committee. ▸ Protection of Vulnerable Adults (POVA) policy implemented ▸ Restraint Policy 2012 now includes sections on the appropriate management of patients with mental health issues. ▸ Discharge planning for patients with no home to return to - in 2013 the Trust introduced the Homeless Patient Project . This involves a specialist team of staff with the expertise and knowledge to facilitate safe housing for our patients that may be roofless following discharge from hospital. ▸ Individuals are identified through the Trusts electronic board system. This automatically flags the referral to the HPP team. Thus enabling the discharge process to be planned prior to actual discharge date. ▸ Devolution of complaints managed within the Clinical Groups to promote accountability and encourage lessons learnt. ▸ The introduction of a KPI that tracks the number of complaints that are reopened because not all issues were addressed first time round. ▸ Re training of the complaints team to use the 'Safeguard' complaints data base system to ensure that actions are monitored and complaint timeframes achieved. This includes a renewed focus on contacting complainants to keep them updated as to progress of their complaint. *Training completed in August 2014 but on-going coaching continues.*

Appendix 8

PALS enquiries broken down by group

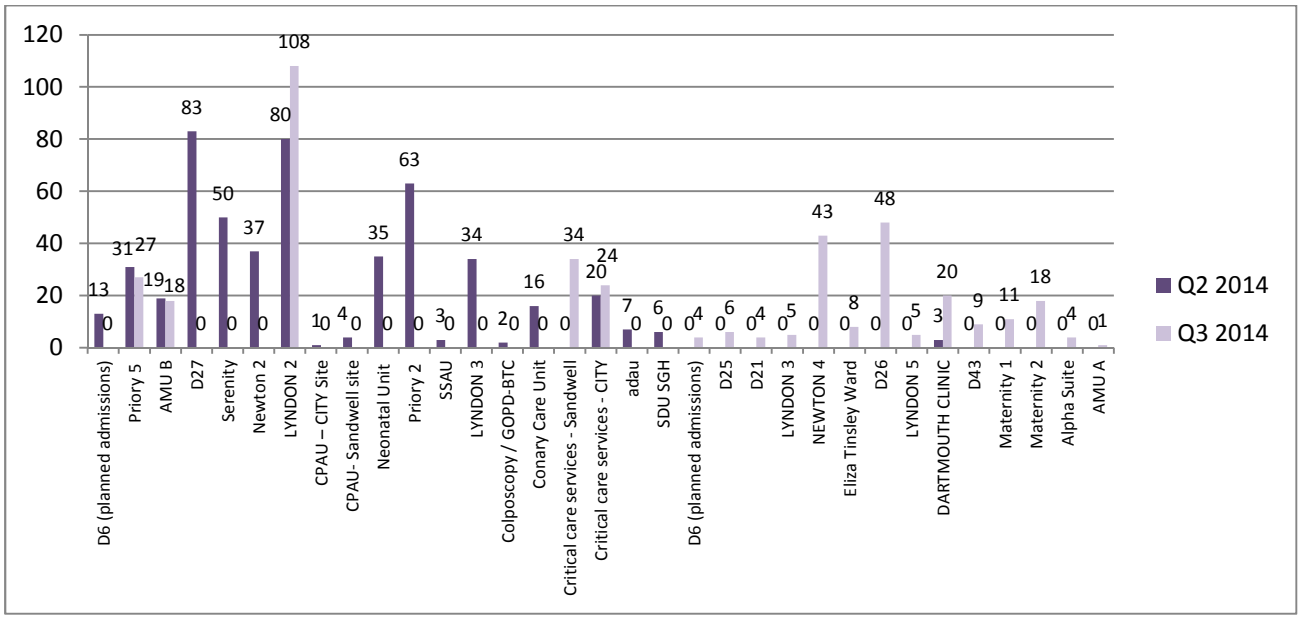


The Top 4 PALS enquiries are shown below. Of note, these top four themes made up 2/3 of all enquiries and of the 96 appointment enquiries, over 50% of them were about Surgery B.



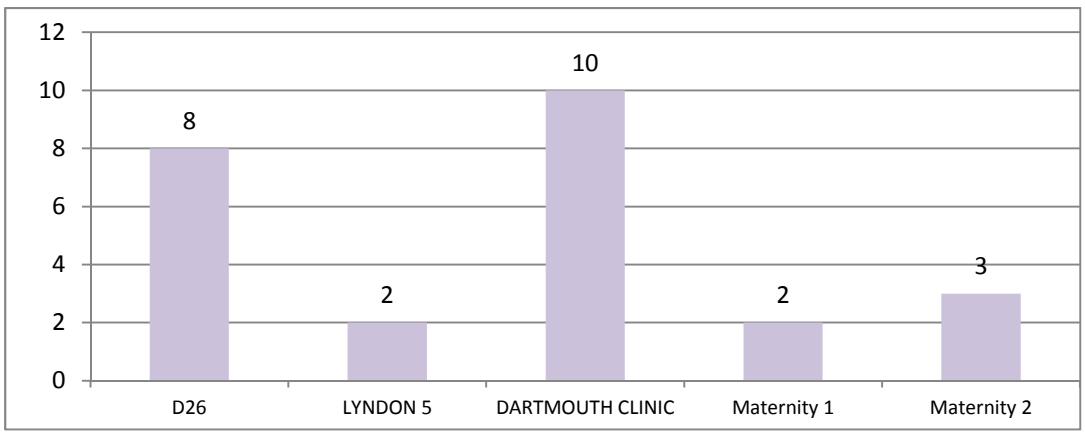
Appendix 9

Compliments



This shows the breakdown of compliments collated by the wards that responded for Q2 2014. It was reported in Q2 2014 that during Q3, Wards within Clinical Groups will be more consistently collecting all compliments to report more comprehensively in the Q3 report. However this does not appear to be the case as there have been far less compliments reported in the quarter than that of the previous quarter. Disappointing as this is, it is important to firstly understand whether this is a genuine drop in compliments or whether this is a flaw in the reporting system itself.

Departmentally resolved concerns



The same can be said for the reporting of the departmentally managed. Until the method of collection is more consistent, it is not possible to comment on whether those wards with the most compliments are reported as such because they are good at collating and reporting them, or that they genuinely get more praise than other areas.

Karen Beechey
Head of PALS & Complaints

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Annual Plan Delivery Report 2014/15 – Q3 Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Director of Finance & Performance Management**
AUTHOR:	**Neetu Sharma – Head of Strategic Planning**
DATE OF MEETING:	**5 February 2015**

EXECUTIVE SUMMARY:

The document provides an update on progress of delivery for the key activities and objectives included in the Trust Annual Plan for Q3. Each action is reported via a Trust Board or Executive Committee on a monthly/bi-monthly basis and this provides more regular monitoring of the various projects/schemes that sit beneath each objective.

This report is split into 4 sections:

1. Completed objectives
2. Objectives on track to be met by year end
3. Objectives that have made good progress, but will extend into Q1 2015-16
4. Objectives that will not be met and require significant further work

REPORT RECOMMENDATION:

To discuss progress against achievement of the key objectives outlined in the Trust Annual Plan for Q3 and discuss those objectives that are currently behind schedule, and will not be achieved by the end of this year.

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

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Aligned to Trust strategic objectives

PREVIOUS CONSIDERATION:

November 2014 (Q2 update)

Annual Plan (2014/15) – Our Objectives

Key: **Complete** | **Part achievement – will extend to Q1 15/16** | **On track** | **Significant delay –will not meet year-end deadline**

Q3 Update

Complete: *These objectives have been completed. Any ongoing work is over and above the original objective (as a result of successful delivery).*

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	Ongoing actions
Safe, High Quality Care						
S2	**Implement year one of our Public Health plan**, making every contact count	TL	• New traffic light system for food introduced in October 2014 with accompanying 'Choose Green' campaign • Huge improvement in number of midwives carrying out carbon monoxide monitoring & smoking cessation advice • Nicotine Replacement Therapy programme implemented • Use of landfill ended		✓ - 14/15 deliverables (most objectives due to complete in 15/16 or 16/17)	• MECC training dates confirmed for inpatient smoking cessation delivery (April 15). MECC promotional leaflet attached to payslips (end Feb 15). MECC roadshow promotional material produced and roadshows taking place March 15. • Mapping alcohol pathways (Alcohol Steering Group) – making links with external partners.
Care Closer to Home						
C1	**Develop further our model of intermediate care at Leasowes, Rowley Regis and in Sheldon**	RB	• PCAT based at Rowley Day Hospital continues ahead of formal evaluation • 20 flexible level 2 intermediate care beds opened on D47 in Sheldon on schedule following significant investment from the Trust		✓ - Successful establishment of additional intermediate care beds in Sheldon and increased presence at Rowley	• Continue to improve the assessment and transition process from acute to intermediate care beds • Pilot of social care ward at Rowley in Q4 • Communication / public engagement re Rowley Hospital services in February

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	Ongoing actions
C2	**Implement our pacesetting project to change the shape of district nursing delivery,** making our services part of the primary health care team	RB	• Mapping community nursing services around multi professional teams to further enhance primary care and district nursing model. • District Nursing Teams have been divided into 25 alignments with GP Practices, therefore all GP's have a named team with nurses they know and communicate with. • MDT meetings have now started on average a 2 monthly basis, records of these are collected by the CCG to monitor any teams/GP Practices that are not adhering to the agreement. • Quarterly Operational Group meetings are held with CCG, SWBH and BCHC providers, information from this is passed on to Pace Setting Board. • KPI's have been agreed and signed off with CCG and SWBH. • Each team/GP Practice have now met and agreed their own personalised Standard Operating Procedure, this is for review March'15.		✓ - improved relations between GP practices/DN team	• Progress integration of all community services within the directorate (iCARES) as per vision and project plan to deliver scheduled/unscheduled care more effectively and respond in a more timely manner to patient needs. • Continue to Monitor KPI to measure benefits realisation and identify if any amendments are required to the pilot community nursing service specification by end March 2015 • Develop services specification to reflect the integrated services strategy above. • Re-profile staff competencies to deliver the integrated services and unscheduled care/hospital avoidance priorities • Recruitment to vacancies once revised staffing model agreed • Complete leadership development of top team.
Good Use of Resources						
G1	**Investing in occupational health services counselling teams**	TL	• £20k investment in counselling service provision		✓ - Complete	N/A

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	Ongoing actions
G2	**Introducing an in-house medical bank**	RS	• In house medical bank launched and rolled out across all areas		✓ - Complete	• Managing any issues as they arise to ensure ongoing success
21st Century Infrastructure						
I3	**Resolve issues with the Birmingham Treatment Centre** to ensure **better staff and patient experience**	GS	• Deed of Settlement and Variation to Project Agreement has been finalised and engrossed following Trust Board approval. • The Trust is currently awaiting payment of the Deduction Lump Sum Payment		✓ - Complete	• Confirm receipt of Lump Sum Deduction payment

On track to meet by end of Q4 2014/15: *These objectives have made significant progress and are on track to be delivered by year end.*

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
Safe, High Quality Care						
S2	**Implement year one of our Public Health plan**, making every contact count	TL	• New traffic light system for food introduced in October 2014 with accompanying 'Choose Green' campaign • Huge improvement in number of midwives carrying out carbon monoxide monitoring & smoking cessation advice • Nicotine Replacement Therapy programme implemented • Use of landfill ended		✓ - 14/15 deliverables (most objectives due to complete in 15/16 or 16/17)	• MECC training dates confirmed for inpatient smoking cessation delivery (April 15). MECC promotional leaflet attached to payslips (end Feb 15). MECC roadshow promotional material produced and roadshows taking place March 15. • Mapping alcohol pathways (Alcohol Steering Group) – making links with external partners.
S5	**Reduce readmissions** by 1%, through integrating care and better managing risk	RB	• Trust readmission rate: 7.68% (YTD) • Sandwell readmission rate: 9.69% (YTD) • City readmission rate: 6.43% Readmission rates seen marked improvement since we started actively implementing specialty based targets with clinical groups and other aspects of the readmission improvement project in April 2014. 1% reduction anticipated for year end.			Q4 priorities to ensure we achieve target: • Roll out of LACE predictor tool and supporting work to 3 key areas • Delivery of plans to enable specialties to reach end of year target • Development and roll out of new discharge summary to assist with care plans in the community

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
Accessible & Responsive Care						
A1	**Deliver national cancer wait times,** even where other Trusts deliver part of the care	RB	<u>Trust YTD performance:</u> • 2 week: 93.4% (93%) • 31 day: 99.1% (96%) • 62 day: 88.6% (85%) <u>In November 2014:</u> • 1 group narrowly failed to meet 93.0% threshold for 2WW: Medicine (91.7%). • 1 group failed to meet the 85% threshold for the 62 day GP RTT treatment: Surgery B (67%) • 2 groups failed to meet the 90% threshold for the 62 Day (referral to treat from hospital specialist) – Medicine (88.2%) and W&CH (66.7%)		✓ - meeting national cancer targets consistently	• Ensure that there are no variations in monthly performance both at Trust and specialty level • Reduce diagnostic waiting times further • Cancer Taskforce in place chaired by Medical Director to deliver common standard of excellence in providing information & support to patients with cancer.
A2	**Comply with both the letter and the spirit of the Safe Staffing promise** made after the Francis Inquiry	CO	• All daily requests for additional staffing are reviewed by Group Directors of Nursing to ensure productive use of existing workforce. • Review of NICE guidance has taken place. Applied guidance to revised nursing establishments and made amendments to ensure compliance. • Monthly board reports produced on nurse safe staffing compliance.		✓ - following current NICE guidance with monthly reporting at Board level	• Chief Nurse has discussed with Group Directors of Nursing & Deputies the option of moving to the Association of UK University Hospitals safer staffing tool as our assessment method. • We will test out the method in the coming months and begin using the tool to do our six month reviews from early 2015. • Further NICE guidance expected in 2015

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
A4	**Achieve the emergency care standard,** and **meeting our own ambitions around mental health care** in an acute setting	RB	• Mental Health assessment suites outside of ED established in December; pathway mapping to be completed to inform a new standard operating procedure and shared care protocols to decrease waits within pathways.		✓ - Follow up work to be completed in Q4	• Evaluate new model end Q4
Good Use of Resources						
G3	**Cut our reliance on agency, overtime and bank staffing,** on which last year we spent over £25m	RB	• Our expenditure this financial year to December 2014 is: Bank- £8.32m (compared to £7.9m Apr-Dec 2013) and Agency - £8.73m (compared to £7.8m Apr-Dec 2013). • Chief Nurse implemented new controls from 1st July 14 to 1st December 14 – ensuring agency used in the most appropriate way and to control expenditure. • Agency expenditure has reduced from £1.2m in June 2014 to £889k in Dec 2014. Bed changes between June and Dec ranged from between 50-70 additional beds compared to June 2014. • Implementation of new establishments on wards. • Implementation of new focussed care model.			• Complete implementation of workforce review • Reduce reliance on WLI – demand and capacity plan to be completed by end February. • Recruit further to ED – plan to include overseas, head hunter and workforce model review (alternative roles)

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
G4	**Standardise our consumables & equipment,** especially in theatres to reduce the costs and safety risks of variation	TW	• Extant Product Rationalisation Group [PRG]. • Non-pay review on-going with target of specific improvement proposals by end Q3		✓ - majority of work due to take place in Q4 (see right).	• Invigorate PRG to include senior clinical leadership and focussed work plan to provide sharper route to standardisation for safety and cost efficiency improvement. To include revised arrangements for working with groups/ directorates & decision assurance; identify clinical champions including evaluation of peer models of clinical expertise embedded within procurement function. Re-launch Q4. • Conclude non-pay improvement process.
G5	**Make sure that the way we work is productive and efficient,** across the week and in every month of the year, **making smarter use of technology**	RB	• Extant projects include Year of Outpatients, 7/7 working, EPR. TSP programme includes schemes to improve productivity through more effective production planning, workforce re-design and improved discipline in leave & sickness management. • Report to Trust Board in November 2014 outlining progress against clinical standards for 7 day. Good progress made with those directly attributed to Trust • Some of the supporting schemes such as Speech Recognition will not be deployed		✓ - supporting programmes on track.	• Follow through on extant projects. • Embed capability to assess, plan & manage demand & capacity across the year consistent with sustained delivery of key operational standards and cost effective working. • Create fit for purpose contracting / business development function to better align corporate and devolved activity & capacity plans. • Establish fit for purpose business

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
			this financial year • EPR OBC presented to January Trust Board.			intelligence function to be designed by end of year with implementation started.
G6	**Reduce overheads** in our system, so that **more of every pound is spent on patient care**	TW	• MMH retained estate plans in development. Capital programme provides for progression in line with future model. • Middle & back office functions cost effectiveness improvement being transacted initially through TSP & workforce change programmes.		✓ - awaiting plan for retained estate. Phase 1 of workforce change programme complete.	• Target to identify & remove 18000m2 of occupied space by March 2016. • Implement workforce change programme • To realise further necessary service & cost effectiveness in middle & back office establish specific improvement programme with expert support as necessary. Project scoping & way forward tbc.
G8	**Providing extra support to high-turnover departments** and those with long-term vacancies	TL	• Focused work on medical and surgical staff nurses (Band 5) – 20% reduction in staff leaving within 2 years of commencement • Improved exit questionnaires – specific group management feedback sought through Your Voice and exit questionnaires • Enhanced management structure in Medicine		✓ - proactive approach to gaining feedback as to high level of turnover and significant reduction already seen	• Plan to develop rotational schemes (different specialties and into community)

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
G9	Ensure that our **training expenditure supports career and skill development**	TL	• Group training plans will be submitted via the business planning process in Feb 2015 and quality assured by L&D department and Workforce planning.		✓ **-** The Trust's Learning Beyond Registration (LBR) return will be submitted to Health Education West Midlands (HEWM).	• Expenditure against plans to be monitored by E,L&D committee. • Groups to be held accountable for any underspend against training plans (to explain why the development has not taken place and the impact it will have on the individual, service delivery or transformation) as it has been identified it as a priority.
21st Century Infrastructure						
I1	**Proceed with MMH**	GS	• OJEU process commenced with issue of PQQ. Process of Competitive Dialogue has now commenced with only one bidder. • Competitive Dialogue, CD Stage 3 completed in December 2104 as per programme. Evaluation of Carillion bid was completed and bid deemed to be acceptable. Bid evaluation process and scoring reviewed by moderation panel and recommendation made to Trust Board • Competitive Dialogue CD Stage 4 has commenced with Carillion, January 2015, as per programme.		✓ - progressing according to current programme	• Continue with one bidder until March 2015 • Continue dialogue with Department of Health and HM Treasury regarding proceeding with a single bidder

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
I2	**Invest in estate that we are keeping for the long-term** including Sandwell General Hospital, Rowley Regis and Sheldon	GS	• Almost £1m invested in intermediate care beds at Sheldon D47 now complete and fully operational • Refresh & update of Development Control Plans for Community Estates, Sandwell, City & Rowley has commenced. • Consultation/Communication about to commence regarding proposed changes to Rowley. (February 2105)		✓ - approval of schemes expected Q4	• The Development Control Plans for community locations are in the process of being updated. • Agree final proposals for Rowley • Submit IAP bids for capital funding from 2015/2016 capital programme
An Engaged & Effective Organisation						
E1	**Improve employee wellbeing** by implementing our Public Health plan	TL	• Implemented staff nicotine replacement programme– 29% quit rate over 12 weeks. • Phase 1 of mental health support for managers launched from 7th August. • From Sept 2014, all new inductees complete assessment for lifestyle behaviours. • Vending machines have undergone change with regards to sugary drinks being removed and the lunch time service for patient meals has also changed. • Food traffic light system introduced with promotional campaign early Q3. • Night-workers have been surveyed to get feedback on provision of food at night		✓ - number of new schemes introduced in 2014-15 successfully	• Nicotine Replacement Programme will be evaluated, in its entirety, at the end of January 2015. • Mental health training to be rolled out following initial pilot (received positive feedback) • Developing gym at Sandwell delayed into 15/16 – waiting on capital projects

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
E2	**Invest in our leaders**, through partnership with Hay Group and others	TL	• Several cohorts of the first top leader programme have commenced - 150+ leaders on programme. • Consultant leadership development programme up and running. • Top leaders cadre continue with 1:1 coaching and peer support		✓ **-** phased programme on track. 360 on track for roll out in April 2015.	• Next cohort will begin leadership programme early 2015 • 360 degree appraisal to be rolled out for all leaders on a 3 year cycle • Develop our leadership brand • Broaden the scope of the coaching provision/ network

Partly achieved objectives – likely to continue into Q1 15/16: *good progress has been made in 2014-15 however the objective will not be completed by year end, and work will continue into Q1 of 2015/16.*

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
Safe, High Quality Care						
S1	**Improve our Friends and Family results**, towards being the best in the region	CO	Q3 2014/15 FFT data: • **Inpatients FFT score: 72** (Q3 Avg-2014) This was -2 points below our Q2 2014 score. Over the last few months, the Trust's score has more or less remained at par with the national average. • **Emergency Department FFT score: 49** (Q3 Avg-2014) This was +1 point above our Q2 2014 score. However, this score was several points below the national average. Ongoing programmes: • 'Hear all about it', a ward to board programme of patient stories. Unrepresented areas/teams encouraged to bring their stories to the Trust Board • 'Patient Knows Best' – Staff and Patient Engagement Strategy implementation • Edna's Army – A partnership programme to involve volunteers and local charities to engage with patient during and beyond hospital stay		Dependent on performance of all involved staff groups	• Clinical Groups/teams taking responsibility and ownership of their FFT score and making improvements. • Expansion of FFT programme to Outpatients and Day cases – To be completed by April 2015 • Patient Experience/Customer Care training for frontline staff. • Increase access to FFT for all groups of patients to reflect the broad and diverse population we serve (comply with new DoH guidelines) - To be completed by April 2015 • Invest in up-to-date survey feedback and reporting platform

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
S3	**Deliver our Year of Outpatient programme**, to reach 98% patient satisfaction	RB	• 12 specialities are using electronic outcomes and cold appointing 6 weeks in advance to reduce hospital cancellations • Piloting patients cancelling their appointment via email • Self-check-in Kiosk contract awarded and site survey taken place regarding where they are going and what needs to be put in place • Electronic referral management system procurement submitted • Directory of Services (DoS) reviewed and A&G set up in most services. The DoS has a green dashboard on national reporting. • Consultant advice and triage service model – 4 week test period commenced in Dermatology end of January 2015 • Speech recognition – number of licences being confirmed and reviewing options in business case		Some supporting programmes will continue into 2015/16. Prioritise year ahead in 15/16 for continuing improvements in OP care.	• Complete scheduled roll out of electronic outcomes (February 2015) • Align demand and capacity to commence negotiating an appointment 6 weeks in advance (Partial Booking) • Further develop patient cancellation online following review of email cancellation box • NHS Mail will no longer provide SMS appointment reminder service from April 2015, need to switch to a new supplier • Electronic referral management system technology to go live March 2015 and the workflow to be developed to support triage in Q1 2015/16 • Set up A&G service for the remaining specialities • Self-check-in kiosks (including patient calling screens) introduced across the Trust by March 2015 • Implement speech recognition
S4	**Reduce preventable deaths**, in particular by focusing on the Sepsis Six Care Bundle	RS	• The Trust's RAMI for the most recent 12-month cumulative period is 85, which remains beneath that of the National Peer. Both City and Sandwell site RAMIs		Further work to address sepsis six data collection.	• A review of the current method of data collection has taken place. Following the review inadequacies in the current

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
			are within statistical confidence limits at 62 and 103 respectively. • Sepsis pathway. At the end of Q2 37% of patients received the Sepsis 6 bundle within the golden hour. The % for Oct and Nov showed a significant improvement (67 and 75 respectively) however significantly fewer records were audited during these months • Target met for mortality reviews carried out in within 42 days. For Oct 81% was achieved. The current position for November is 79% with a prediction that the target will be achieved			audit tool/method were identified. To address this and to improve outcomes, facilitate training a revised method is to be introduced. • The plan is to audit compliance of Sepsis management using information provided by Vital Pac. Audits will be carried out randomly by the resuscitation team on patients who have triggered a SIRS score from the early warning score.
S6	**Reduce the number of complaints**, especially repeat complaints	KD	• The total number of Complaints logged in Q3 was 235, a decrease of 4 across the quarter. • 24 of these were withdrawn by the complainant at some point during the quarter leaving 211 to manage. • There were 23 more complaints made in October 2014 compared to October 2013, but 20 fewer complaints made in November 2014 compared to November 2013, with no appreciable difference between December 2014 and 2013. • 2013 - 614		Devolution process has been successful – see right for new processes being launched in Q1 2015/16.	• Development of a systematic way to monitor how many complainants are offered resolution meetings, to assess the impact on rate of reopened cases. This will be reported in Q1 of 2015/16. • A new process for of the triaging of complaints is to be established in Q1 2015 to ensure they are categorised as one of the following types of complaints. 1. Fast track complaints - telephone of face to face meetings where issues are

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
						resolved quickly (likely level 1 and some level 2 grade complaints.) 2. Standard complaints in need of investigation and in need of a written response (letter or report.) 3. Complaints involving the death of a patient, where a specific pathway for the management of the compliant will be developed. • An 'Action Tracker' is in development to monitor achievement of actions resulting from complaints. This will be tested in Q4 2014 and fully introduced in Q1 2015/16.
Accessible & Responsive Care						
A3	**No mixed sex breaches of our privacy and dignity standard,** now reported from eBMS	RB	• Mixed sex breaches: Q1 = 93 / Q2 = 3 / Q3 = 9 • August, September & November 2014 - 0 breaches • December 2014 - 2 breaches (ITU)		Significant improvement made from Q1 to Q2/Q3 – will continue into Q1 2015/16.	• Declaration to go to Trust Board Q4. Actions taken in 2014/15 to address systemic issues in stroke, cardiology and critical care as evidenced by Q3/Q4 performance vs Q1/Q2.
A5	By October 2014, **specialty delivery of 18 week wait standards,** and introducing these	RB	• Trust consistently meeting 18wk target • Trust level Admitted and Non Admitted RTT targets were both met for the month of December with performance		(See right) **NB**: October & November	• National requirements to reduce national backlog has required several revisions to the in-year profile, the latest of which

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	standards into therapy services		of 91.3% (target 90.0%) and 95.44% (target 95.00%) respectively. There was an decrease in the number of treatment functions failing from 20 in November to 7 during December. <u>Treatment functions underperforming in 2014-15 by month:</u> • April (16), May (11), June (13) July (12), August (11), Sept (13), October (17), November (20), December (7)		underperformanc e was undertaken following a request by the centre to increase the number of breaches and reduce any backlogs	identities Trust-level compliance from December 2014 to March 2015. Current forecast Trust level compliance and specialty underperformance reducing to 5 then 2 specialties in Q4.
A6	**Cut cancelled operations numbers,** and eliminating repeat cancellations	RB	• Cancelled ops: 341 SITREP declared late cancellations in 2014-15 YTD which exceeds trajectory for the year (320). • 10.38% of cancellations are multiple cancellations experienced by the same patient (target = 0%)		Performance improving from Q4 2013/14 but still above monthly trajectory	• Ensure better coordination between the capacity team and the Clinical Groups to identify predicted bed capacity within Surgery and take actions earlier to prevent late cancellations • Focus on Surgery B where a majority of cancellations exist. Trajectory and delivery plan to be agreed with team • Forecast expected to meet monthly targeted reduction at Group level in Q4.
Care Closer to Home						
C3	**Complete the transfer of 27 clinics into Rowley Regis,** as agreed by the Clinical Leadership Executive	RB	• Two new GUM clinics are being delivered as well as clinics delivered by Surgical Care Practitioners. • Pelvic Floor clinics are also now being		Not all clinics identified at CLE in 2014 will transfer to RRH by end of March	• Estates plans finalised at Rowley Regis to allow for further clinics to be transferred (infection control risk due to carpet)

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
			delivered at Rowley. • T&O clinics commence from 27.01.15 with potential for plaster technicians to hold sessions there two days a week • Modifications required at Rowley to allow for additional clinics to be transferred (including Respiratory Oxygen Assessment & General Surgery)		15.	
C5	Ensure that our **plans for winter 2014 are supported by consistent models of our of hospital care in nursing homes** and the other settings of risk	RB	• To support our frail elderly service model, we have recruited an additional two consultant geriatricians and are continuing to expand on the level of support we provide to nursing homes. • Additional intermediate care beds opened on D47 (Sheldon).			• As part of 15/16 contracting process, we are looking to secure funding to support nursing home outreach on the back of successful recruitment.
Good Use of Resources						
G7	**Eliminate the costs of poor quality care,** where patients need more expensive treatment because of errors or omissions that we have contributed to	RB/ CO	• 10/10 programme implementation • MRSA screening – consistently meeting target (December 2014: 97.8%) • 0 cases of C Diff reported in Dec 14 • VTE assessment – Dec 14 – 96.6% • 0 Never Events in 2014/15		Ongoing objective, improved through achievement of key programmes	• Investing in ward managers to support 10/10 programme intended for Q1 2015-16. • Work towards 100% compliance for MRSA screening & VTE
G10	**Improving our 'time to hire'** from vacancy to recruitment	TL	• Reduced pre-employment check part of process • Improved reporting mechanism to identify the delays • Current 'time to hire' (Dec 2014)= 20 weeks. YTD average is 20 weeks		Affected by workforce change programme (all vacancies held until redeployment	• Improved dialogue with groups – groups to take ownership over the delays in recruitment

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			(compared with 13/14 average of 19.4 weeks) • Time to hire has been affected by the workforce review and the need to hold vacancies. • Trust understanding of vacancies has been strengthened and aligned with funded establishments through Phase 1 process		started)	
An Engaged & Effective Organisation						
E3	**Achieve 100% PDR and mandatory training compliance** by March 2015	TL	• PDR compliance: YTD Overall compliance: 79.49%. Escalated to groups. System may show under-reporting. • Mandatory training compliance: YTD Overall compliance: 87%		PDR and MT remain key focus however 100% compliance may not be reached by end of Q4	• Focused campaign with managers in Q4 to achieve compliance
E5	**Introduce 360-degree appraisal into all leadership roles**	TL	• 150 leaders have had 360 degree appraisal introduced into their role • Charitable fund bid submitted to develop in house function / internal feedback facilitators. A number have already been trained.		This will be launched with 700/1000 leaders identified across Trust in Q4– however 360 appraisal will not be rolled out until 2015-16	• Launch of 360 degree appraisal in Q4 including corporate communications process, training sessions and pre-rollout testing in Governance & Workforce

Objectives we will not meet by end of Q4: *these objectives require significant further work and will remain a focus throughout 15/16*

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Safe, High Quality Care						
S7	**Meet the emergency care waiting time standard**, as we did in April 2014	RB	• The Trust did not meet the 4-hour ED wait target during December with performance of 90.26% for the month. Performance for January is 92.93% and Year to Date is 92.71% (all as of 22 January 2015).		X - 95% target not met since April 2014	Recovery approach includes: • ED development programme • Establishing WMAS boundaries • Increasing morning discharges • Reducing DTOC through new ways of working • Reducing health delays agreeing a system wide choice policy • Reducing mental health delays through new assessment suites • Recruitment of ED consultants Learning from current pressures and those components of system resilience plans which are intended to be sustained as business as usual across 2015/16
Care Closer to Home						
C4	**Resolve the long term configuration of midwifery services for 2015-16,** with our CCG partners, local families and the Local Authorities	RB	• Short term actions agreed & completed. • CEO/ AO and teams meeting held in Q2. Awaiting workshop to be set up by CCG to take forward review. • Initial planning meeting arranged for 31.10.14 to discuss long term configuration of community care was postponed – awaiting new date from CCG		X – numerous meetings have been cancelled by CCG.	• Agree programme governance with CCG, building on success of pace setting board.

Ref	What we said we would do	Exec Lead	Current status	Current RAG	Will we achieve this by the end of 2014/15?	What we still need to do
C6	**Reform another long term conditions specialty into general practice,** year two of what we have achieved with Diabetes		• Plan for Respiratory service to be reformed into General Practice • Working with CCG through readmissions work to design Long Term Condition Pathway to general practice • Use best practice from Diabetes/DICE model		X – This will extend further into 2015-16 before specialty fully reformed into general practice	• Mapping exercise underway and plan for process of engagement • Plan to be developed by Change Team with support from Business Development
An Engaged & Effective Organisation						
E4	**Cut sickness rates from their current 4.5%** by focusing on our fifty hot spots	TL	• Sickness Absence is reported as 5.25% for December (highest level shown on this 20 month chart) and 4.53% for the 12-month rolling period. (Range by clinical group during December is 3.6% to 6.0% and by Corporate Directorate 1.28% to 7.01%). • It is acknowledged that reducing sickness absence at the same time as implementing large scale workforce changes across the organisation is challenging. Phase 1 is now complete and it is hoped that this will result in greater stability.		X – Discussions held at Workforce & OD and Workforce Delivery Committee where it has been agreed to make sickness priority for 15/16	• Continuing to focus on 50 fifty hot spots • Priority will be given to those departments within the top 50 and long-term absence. • Clear expectation that routine sickness absence management is undertaken independently by line managers and HR intervention is reserved for more complex cases.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Surgical Configuration update**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Barlow – Chief Operating Officer**
AUTHOR:	**Jayne Dunne – Deputy Chief Operating Officer, Change Team**
DATE OF MEETING:	**5 February 2015**

EXECUTIVE SUMMARY:

The attached slide pack is a briefing to the Trust Board on the proposed future configuration Surgical Services.

Previously all inpatient services for surgery were located to the Sandwell site. This separated the Surgical Assessment Unit at City from the in-patient facilities at Sandwell.

The second phase of configuration brings the assessment unit alongside the inpatient services at Sandwell and aligns the clinical service model to that intended in the Midland Met Hospital due to open in 2018.

The benefits of colocation include:

- Consistent and more timely assessment to senior assessment and decision making
- Concentration of supporting imaging tests to enable faster access, leading to earlier diagnosis.
- Faster access to GP referrals
- Better opportunity to recruit, develop and sustain specialist clinical skills

The public engagement concludes on the 20th March.

A financial assessment is being completed and an update will be provided to the Trust Board meeting.

REPORT RECOMMENDATION:

To consider and discuss the proposal for surgical configuration

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		Patient Experience	x
Clinical	**x**	Equality and Diversity	x	Workforce	x

Comments:

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

Accessible and responsive care, safe and high quality care, good use of resources

PREVIOUS CONSIDERATION:

Engagement paper presented to the January Board.

SWBTB (2/15) 030 (a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Proposal for SAU Configuration pre Midland Met opening

Safety, Compassion and Pace in Emergency Surgical Assessment in Sandwell and West Birmingham

Current Service Model

- Both Sandwell and City Hospitals receive emergency and trauma patients via their Emergency Departments (EDs) – either by ambulance or self presenting/walk in
- Both City and Sandwell Hospitals have designated Trauma Unit status
- Both sites have a Surgical Assessment Unit (SAU) where they undertake initial assessment, diagnosis or treatment for patients referred from ED to General Surgery or Trauma and Orthopaedics
- Patients who after assessment require an emergency operation or longer stay in hospital are transferred by ambulance to the surgical inpatient wards at Sandwell Hospital
- Major trauma cases are taken directly by ambulance to the Major Trauma Centre at Queen Elizabeth Hospital or transferred there if they self present at City or Sandwell ED.
- Any critically ill patients who arrive at City or Sandwell ED are transferred to the Critical Care Unit on that site

However there are inconsistencies in the initial assessment patient pathways between both sites affecting:

  - Consultant cover & speed of senior clinical decision making
  - Nursing establishment and skills
  - Delivery of care pathways including length of stay on SAU prior to transfer to an inpatient bed

Rationale for Change

- Locating the assessment services at Sandwell Hospital alongside the inpatient wards will allow the clinical teams to focus their emergency care on one site which will deliver:
  - Consistent and more timely senior assessment and decision making, supporting earlier diagnosis and treatment pathways
  - Concentration of supporting imaging tests (e.g. ultrasound scans) to allow faster access leading to earlier diagnosis
  - Clinically appropriate timed slots for emergency/urgent GP referrals
  - Better opportunity to develop and maintain specialist skills making the service more attractive for recruitment and retention of specialist staff
- Implementing the next phase of the surgical reconfiguration that previously took place in line with a recommendation made by the Independent Reconfiguration Panel who undertook a review of those changes in 2007.
- Enabling the service to prepare for the move into the Midland Met with early delivery of some of the benefits for these patients ahead of 2018.

Proposal

- Single Site SAU located at Sandwell - 24/7 service
- Divert ambulance with patients who have abdominal pain, clearly require surgery and trauma injuries which make them immobile to Sandwell ED.
- Only Sandwell Hospital to have designated Trauma Unit status
- For patients with the above who self present at City ED have clear agreed pathways for assessment by the ED team and onward referral to the General Surgery or Orthopaedic team either with ambulance transfer to the SAU or a surgical ward at Sandwell or discharge home with an appointment for follow up with a specialist (e.g. fracture clinic).
- Emergency GP referrals to General Surgery or Trauma and Orthopaedics (T&O) to be via a phone call to the clinical team (as now) who will then give a time for the patient to attend SAU at Sandwell for assessment based on clinical need.
- Referrals from ED to Urology, ENT and Plastic Surgery to be assessed on the inpatient wards at City Hospital
- Gynaecology pathways to remain as now.
- This is estimated to require an average of 7-9 additional transfers a day from City ED to Sandwell Hospital (SAU or a ward)

Summary of Proposed Model

Sandwell	City
ED with trauma unit status- transfer Surgical patients to SAU	**ED- transfer surgical patients to SAU Sandwell**
SAU 24/7 chairs and trolleys 12hr LOS	**No SAU**
General surgery in-patient beds	
T&O in-patient beds	
Gynaecology, ENT, Urology, breast and plastic referrals transfer to City Hospital	ENT, Urology, Gynae, breast and plastic in-patient beds
Female patients with abdominal pain & Pregnancy and/or vaginal bleeding referred to Gynaecology at City in 1st instance	
Head injury patients: major trauma to MTC at QEH; others with bone injury or intracranial bleed to T&O at Sandwell; others without above but requiring observation to Acute Medicine/AMU at Sandwell	**Head injury patients: major trauma to MTC at QEH; others with bone injury or intracranial bleed transfer to T&O at Sandwell; others without above but requiring observation to Acute Medicine/AMU at City**
Surgical & Orthopaedic outpatients including fracture clinic	Surgical & Orthopaedic outpatients including fracture clinic
Surgical & Orthopaedic day case procedures including patch & plan lists	Surgical & Orthopaedic day case procedures including patch & plan lists
Critical Care	Critical Care

Surgical Cover for City Hospital

- The 24/7 surgical junior doctor rota (RSO) will still be in place at City Hospital to cover ENT, Urology, Plastic Surgery patients and support ED
- On call middle grade cover (but not resident out of hours) for ENT, Urology, Plastic Surgery patients (as now)
- On site T&O middle grade cover during normal working hours (exact hours to be confirmed) with out of hours on call cover
- On call consultant T&O cover out of hours with on site cover in hours from consultants undertaking fracture clinics and other activities
- General Surgery middle grade and consultant cover arrangements are still being explored and discussed with a range of other specialties.
- Gynaecology medical staffing arrangements to remain as now

Implications for Other Services

- Clear assessment and transfer protocols and care pathways for patients presenting at City ED
- Agreed transfer timescales which along with additional transfers will require increased transport capacity
- Safe staffing arrangement for the standalone Emergency Gynaecology Assessment Unit at City (currently located on the SAU with some shared staffing)
- Safe protocols for ward referrals from City wards
- Redesigned Imaging provision to ensure benefits of a consolidated service

Next Steps

- Complete public engagement exercise – 20th March
- Report of outcomes from public engagement exercise along with Business Case for preferred option and implementation plan to be presented to Joint Health Scrutiny Committee, Trust Board and CCG Governing Board in June
- CCG liaising with NHSE around assurance and approval process – likely to require a Gateway Review and Clinical Senate Review
- Develop next level of detail for clinical pathways which will then be approved by Clinical Effectiveness Committee
- Confirm medical staff cover for General Surgery
- Confirm costs and savings

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee – Version 0.1

Venue Anne Gibson Committee Room, City Hospital **Date** 19 December 2014; 1030h – 1230h

Present

Ms O Dutton
Mr R Samuda
Mrs G Hunjan
Dr S Sahota OBE
Mr C Ovington
Miss K Dhami
Mr T Waite
Miss R Barlow
Dr Stedman [Part]

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 Rachel Barlow.	
2 Minutes of the previous meeting	**SWBQS (11/14) 100**
The minutes of the Quality and Safety Committee meeting held on 28 November 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 (11/14) 100 (a)**
The updated actions list was received and noted by the Committee.	
MATTERS FOR DISCUSSION	
4 Update following the visit by the Care Quality Commission	**Verbal**
Miss Dhami reported that a telephone conference had been held with the Care Quality Commission. It was reported that the high level feedback received	

continued to be given focus to ensure that the progress with resolving the matters raised could be clear at the Quality Summit. It was reported that surgical sustainability was a concern and progress was being made to address this, particularly in the planned reconfiguration. Delays in reporting Imaging diagnostic results and some safeguarding issues were also reported. Incident reporting concerns were reported to have been addressed by the provision of some statistics to the CQC although the process had been further reinforced for junior doctors. It was highlighted that the draft report had been prepared and would be received early in the new year. The details of the Quality Summit were given and the high level expectations in terms of feedback were discussed, which appeared to concern compliance with IRMER regulations and surgery. The Chairman asked what the next steps were likely to be. Miss Dhami reported that a revisit would be undertaken at a period in line with the level of concerns provided in the report.	
5 Integrated Performance Report, including update against CQUIN schemes	**SWBQS (12/14) 102** **SWBQS (12/14) 102 (a)**
Mr Waite reported that the emergency care pressures continued, with the target unlikely to be met for Quarter 3 and the year. It was noted that a meeting had been held with the CCG which had been a supportive discussion to understand how mutual assistance would be provided, including reducing transfers of care and improved engagement with the ambulance service. The Committee was advised that cancer performance was good and there had been no mixed sex accommodation beaches. It was highlighted that the number of falls remained high, although the number absolute had reduced. It was noted that the position was impacted by the higher number of elderly patients being seen and treated by the Trust. Mr Ovington reported that the Trust's positon remained below the national average. The number of pressure sores was reported to be six (Grade 2), which was higher than desired. Mr Ovington reported that there had been a 50% reduction in Grade 3 sores. Performance against the referral to treatment time targets was reported to be unacceptable at present. Ms Dutton asked whether the Cardiology performance related to the wider performance of the speciality. She was advised that this did not relate to the configuration of the department. Mr Ovington reported that in terms of infection control, there were a number of patients suffering influenza which had created additional pressure in the system from a staff perspective and operational point of view. The number of staff appraisals was reported to have deteriorated.	

Dr Sahota suggested that a clear focus needed to be kept on crude mortality rates. Mrs Hunjan reported that as part of the patient walkabouts, staff had raised concerns over the quality of grievance investigations. She asked what the process was for these and what support was given to the investigating officers and to those reporting concerns. It was noted that there had been a specific issue concerning the appropriateness of the investigating officers appointed. It was agreed that this would be considered at the Workforce & OD Committee that was due to meet later that day.	
ACTION: Mr Grainger-Lloyd to raise the concerns over the quality of grievances at the Workforce & OD Committee	
6 CQUIN risks – falls and medication	**Verbal**
The Committee received and noted the exceptions report on progress towards the CQUIN targets. It was noted that the sepsis target was reliant on a small team that was heavily pressured and therefore performance had dipped slightly. The same was reported to be associated with falls and medication CQUIN targets. Mr Waite noted the complexity of data collection and asked how the impact on performance could be judged. Dr Stedman reported that some audits had been undertaken on patients at high risk of falls and medication needs. Mr Ovington reported that the audit was on a random basis set by the CCG. It was reported that the audit had identified some gaps in performance and practice which would need to be addressed, although some areas of good practice were highlighted. In terms of sepsis, Mr Waite asked whether there were sufficient measures in place to address performance, in addition to the measurement requirements. Dr Stedman advised that this was the case and provided an update on the measures. The financial impact was discussed.	
7 Readmissions	**SWBQS (12/14) 103** **SWBQS (12/14) 103 (a)**
Dr Stedman presented an update on progress with addressing the readmissions position and he highlighted that progress was being made in this respect with there being a distinct downward trend trajectory. The positon against individual speciality targets was highlighted, with many specialities performing well including Cardiology and General Surgery. Continuing challenges were reported to be being seen in elderly care and respiratory medicine. The pilot of the LACE tool was reported to be progressing well, which the Committee was advised focused efforts on the discharge checklist and process. Ms Dutton commented that the position was pleasing. Actions plans were reported to be in place for the individual areas and the consequential benefits to the wider health economy were noted including the ambulance service and GPs. The alignment to work in elderly care by the geriatricians was highlighted. Ms Dutton asked whether there were plans to secure further geriatricians and was advised that progress was being made and individuals with a wider skill base were being sought. Mrs Hunjan	

asked in terms of counting and allocations from the Deanery, whether the position had altered. Dr Stedman advised that the junior doctor or registrar allocations were not aligned to service need, however the Deanery was training in a different way to plan for future requirements and the doctors now being released were not expected to fulfil highly specialised roles with the exception of surgery medics. Dr Sahota noted that the performance was positive and noted the impact on Social Care. He asked how communication with the GPs was working. Dr Stedman reported that this was improving and related to one of the Trust's CQUINs. Ms Dutton asked whether an approach was taken similar to the 'troubled family' initiative. Dr Stedman reported that a table of 100 highest admissions was being collated and the interventions were not necessarily medical as there was a need for the individuals to self-help and come to terms with the symptoms they experienced. Ms Dutton asked whether there was any knock on impact of the improved position on mortality. Dr Stedman clarified that the change seen in the integrated performance report related to a rebasing exercise. He highlighted that the relationship between admissions and mortality was complex with there being more admissions towards the end of life. Miss Dhami reported that a further check on the appropriateness of the readmission needed to concern the incident reporting process, although at present this check was not a strong as it could be. Overall, the Committee agreed that the position was encouraging.	
8 Patient story	**SWBQS (11/14) 092**
Mr Ovington reported that the patient story was to be a negative experience and the complaint was around the care leading up to the patient's death and around the complaints process itself. It was suggested that a community patient story was needed shortly.	
9 Focussed care update	**Hard copy**
Mr Ovington presented the focussed care update, which related to the nursing time taken to care for patients on an individual basis. It was reported that should a patient need individual care, there was a proposal that this still be provided, although a different approach was to be introduced which altered the tool used to make an assessment as to whether this was needed. The Committee was asked to note the evaluation of the use of the new tool, which indicated that there was a drop in the number of patients needing such specialised care. It was reported that the individuals providing the care also needed to be considered in terms of cohorting and tag nursing and also the nature of the care needed to be considered, so that therapeutic care could be delivered. Ms Stewart expressed her support for the proposals. Mr Ovington reported that the impact of individual nursing of some patients, where there was little interaction was difficult for some members of staff. Mrs Hunjan asked whether nursing staff needed to provide this care or whether other staff groups could be used. Mr Ovington reported that some members of the nursing staff were employed through community services	

as reminiscence therapy staff which also contributed. It was suggested that volunteers could be used for this purpose to some degree. Ms Dutton asked for an update on volunteering plans. Mr Ovington reported that this was not being developed as fast as hoped at present, although there were some measures in place, such as Edna's Army. It was suggested that when the focussed care update was to be presented to the Board, the patient story needed to be aligned to the experience.	
MATTERS FOR RECIVING AND ACCEPTANCE	
10 Patient safety walkabouts actions plans	**SWBQS (12/14) 104** **SWBQS (12/14) 104 (a)**
The Committee received and noted the patient safety walkabouts action plan. Mrs Hunjan noted that the transfer of patients to the ward area when the Eye Hospital A & E was closed might represent a compromise of safety and quality. It was noted that the doctors on the wards were required to take on the care for these patients, although nursing staff were not available to support the care. It was noted that this needed to be raised with the Group Director. Ms Stewart advised that the treatment could be delivered if required by accessing A & E.	
11 Serious incident report	**SWBQS (12/14) 105** **SWBQS (12/14) 105 (a) -** **SWBQS (12/14) 105 (d)**
The Committee received and noted the serious incident report.	
12 Safety alerts update	**SWBQS (12/14) 106** **SWBQS (12/14) 106 (a)**
The Committee received and noted the report.	
13 Clinical audit forward plan: monitoring report	**SWBQS (12/14) 107** **SWBQS (12/14) 107 (a)**
The Committee received and noted the report.	
14 Forward plan for the Committee	**SWBQS (12/14) 108** **SWBQS (12/14) 108 (a)**
The Committee received and noted the report.	
OTHER MATTERS	
15 Matters of topical or national media interest	**Verbal**
It was highlighted that the national emergency care position was a matter of focus at present.	
16 Meeting effectiveness	**Verbal**

It was noted that the meeting was effective. Ms Stewart advised that she had enjoyed the meeting.	
17 Matters to raise to the Board and Audit & Risk Management Committee	**Verbal**
It was noted that there were several matters to raise to the Board. It was suggested that the focussed care work might benefit eventually from input from audit.	
18 Any other business	**Verbal**
Dr Sahota provided a concern around the use of an interpreter for a specific case. It was noted that there were clear rules around the use of interpreters and the use of family members in this capacity.	
19 Details of the next meeting	**Verbal**
The date of the next meeting of the Quality and Safety Committee was reported to be 30 January 2015 at 1030h in the D29 Meeting Room, City Hospital.	

Signed ……

Print ……

Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance & Investment Committee – Version 0.1

Venue Meeting Room 1, Old Management Block, City Hospital

Date 28 November 2014; 0800 – 1000h

Present	**In attendance**	**Secretariat**
Ms Clare Robinson	Mr Chris Archer	Mr Simon Grainger-Lloyd
Mr Richard Samuda	Mrs Jayne Dunn [Part]	
Mr Tony Waite		
Mr Toby Lewis		

Minutes	**Paper Reference**
1 Apologies for Absence	**Verbal**
Apologies were received from Mr H Kang and Miss R Barlow.	
2 Minutes from the previous meeting	**SWBFI (9/14) 062**
The minutes of the meeting held on 26 September 2014 were accepted as a true and accurate record of discussions held. In terms of non-pay, Mr Archer reported that work was underway with Facilities to understand the Hotel Services run rate. It was reported that the ordering activity was variable, which generated variability in the way in which expenses were incurred. Mr Waite added that a series of data packs was being developed to identify non-pay opportunities at a Group and Directorate level. Ms Robinson emphasised the need for a plan to the year end to demonstrate that all the activities to regulate the financial position were being developed, which also highlighted the resources necessary to deliver the work. It was suggested that a project management approach was necessary in this respect. Mr Archer reported that the workforce plan for change in the Finance directorate was underway which would assist and in terms of workplan for the area, this should be focussed on the 2015/16 financial plan. Mr Lewis acknowledged that there was difficulty in providing a report to the Committee, which was a frustration, however he suggested that a plan to close the accounts was necessary, a route to delivering the end of year position and a forward look for 2015/16 was also needed. Ms Robinson underlined the need to honour commitments made to present reports at the agreed time in future. Mr Waite reported that resourcing the work was a	

key challenge at the moment, although there was clarity as to the work required. It was agreed that the conference calls between meetings could be used to keep track of the non-pay work that was currently behind plan. In terms of the assurance to the Board, it was suggested that it needed to be clear that the challenge in 2015/16 was visible, the pay challenge was also visible, however the non-pay work was behind plan. It was agreed that a discussion would be held between Mr Lewis and Mr Waite as to what reports were necessary to provide this comfort to committee members.	
AGREEMENT: The minutes of the previous meeting were accepted as a true and accurate reflection of the discussions held	
3 Matters arising from the previous meetings	**SWBFI (9/14) 062 (a)**
The Committee noted the action log.	
3.1 Efficiency plans in Ophthalmology	**SWBFI (11/14) 064** **SWBFI (11/14) 064 (a)**
The Committee considered the potential efficiency plan arising from recent work undertaken by consultants, Capita. Ms Robinson asked whether the forecast achievement against the 2014/15 TSP target reported was consistent with the positon reported elsewhere. She was advised that this was the case. Mr Lewis reported that the work and the outcomes were supported by the Clinical Group. It was reported that coding teams would receive data back on a monthly basis. It was noted that the Group had previously been reliant on over recovery against Lucentis work, however this had not been taken into account as part of the more recent work and therefore a more commercial view to inform the future operation of the Birmingham and Midland Eye Centre needed to be taken at a later date. Mr Lewis reported that work was underway to identify efficiencies in the Imaging Clinical Group to revise pay run rates in particular. It was agreed that a further update on the Ophthalmology work would be taken at the January meeting of the Committee.	
4 2014/15 Month 7 financial update	**SWBFI (11/14) 065** **SWBFI (11/14) 065 (a)** **SWBFI (11/14) 065 (b)**
Mr Waite reported that a small surplus had been generated in month and no balance sheet support had been added in October. It was reported that the position was more in line with the plan to achieve the end of year position. The use of agency staffing was reported to have reduced significantly from July 2014. The cash position was reported to be acceptable, however capital spend was significantly behind plan. Mr Samuda asked for the reason behind this. Mr Waite reported that this was to some degree reflective of profiling IT schemes, however	

this had facilitated some investment to support Year of Outpatient work. It was agreed that a further update on the forecast capital plan should be considered in January. Mr Samuda asked whether premium rate working was being monitored. He was advised that this was closely controlled by the Chief Operating Officer. It was agreed that the position should be considered further at the CLE meeting in February and the Finance & Investment Committee in March. It was reported that two week reporting target for Imaging diagnostics would be achieved shortly. Ms Robinson noted that the receipts from the LAT seemed to have reduced in respect of specialist services. It was agreed that this would be investigated prior to the Board meeting on 4th December.	
ACTION: **Mr Waite to present an update of spend against the capital plan at the next meeting** **ACTION:** **Mr Waite to investigate the reasons behind the dip in receipts for specialist services from the LAT**	
4.1 Patient income forecast and recovery	**Hard copy**
Mr Waite reported that the current forecast was £4.0m over plan in terms of income recovery, within which there is the main contract with commissioners and then then other elements of patient income. As of Month 7, it was reported that over performance was £2.3m. It was noted that there were some elements of activity-related income which were currently being challenged. It was reported that performance against CQUINs was assumed to be good as part of the forecast. Key risks were highlighted to include NHS England specialised services, which was noted to be driven by volume, a matter that was under challenge. It was noted that the position would be finalised prior to Christmas. Other risks were highlighted to include the exception notice on mixed sex accommodation and the penalties imposed by the CCG in connection with never events. It was reported that additional over recovery was associated with the cancer drugs fund and there were no risks associated with this. Mr Lewis asked that a check be made that the position outlined concurrent with the expectations of groups. Ms Robinson noted the significant risk of fines and asked what additional measures could be undertaken to avoid fines. The various fines were discussed and agreed that there was little else that could be done. It was noted that resilience funds were excluded from the forecast income. It was suggested that sign off and escalation with a particular commissioner was needed. Ms Robinson asked for an update of any changes at the January meeting.	
ACTION: **Mr Waite to provide an update of any changes to the expected**	

position in terms of income at the January 2015 meeting	
4.2 Non-pay trajectory (including hotel services spend)	**Hard copy paper**
A specific report was not considered. It was agreed that the position would be discussed at the next telephone conference. Mr Grainger-Lloyd was asked to circulate the date for a conference call.	
ACTION: Mr Grainger-Lloyd to circulate the date for a conference call	
4.3 CIP update, including best practice self-assessment	**SWBFI (11/14) 068** **SWBFI (11/14) 068 (a)** **SWBFI (11/14) 068 (b)**
Mrs Dunn reported that 2014/15 savings had been identified as £14.55m, with the full year effect being £24.08m. It was reported that the start date for some schemes still needed to be set and the Quality Impact Assessment and Equality Impact assessment process had been revised and the assessments were underway. Phase 2 was reported to include a non-pay review and further schemes for 2015/16 needed to be identified. Diagnostic work by Capita was reported to have been undertaken. It was reported that actual delivery of savings was not captured by TPRS as this was monitored by the financial management systems. Mr Waite reported that the methodology for reporting this needed to be clarified. Mr Samuda asked whether efficiencies in terms of headcount were clear. Mr Archer reported that the financial systems had a means of capturing this, however this was not visible. Mr Lewis underlined the need for a discipline to be in place to link the schemes to the expected and actual financial position, given that there should be a link to workforce plans. It was suggested that a clear weekly or monthly cycle was needed to triangulate the information, which should be in place for 2015/16 as a priority. Mrs Dunn agreed with this suggestion but proposed that this needed to be undertaken using a robust corporate approach. Mr Lewis noted that this needed to be put into place first for the corporate directorates. He noted that conversations were needed between PMO, manager and finance to agree their process. Mrs Dunn advised that this rigour was in place in some Clinical Groups, however there was inconsistency and more holding to account was needed for when schemes were not delivered. Mr Waite reported that additional resource as part of the new financial structure would assist with these conversations. It was noted that the establishments and WTE position could feed into this process. Mr Waite summarised that all changes were being captured but were not being harmonised. It was reported that the TPRS provided an indication of the outcome of the year but was not being solely to be relied to deliver the year end position in 2014/15. Mr Lewis reported that work was underway to ensure that there was greater rigour though Quarter 4 to ensure that this system could be better used in 2015/16.	
4.4 Route to delivery of financial plan surplus	**Hard copy paper**

The Committee received and noted a tabled update highlighting the profit and loss delivery to plan. It was noted that challenging the ante-natal pathway charges from other providers was included within this plan and Mr Waite advised that he had been in discussion with local providers concerning this already.	
5 Financial plan 2015/16 – initial look	**Hard copy paper**
It was agreed that this would be considered substantively at the January meeting.	
6 Financial risks and BAF	**SWBFI (11/14) 073** **SWBFI (11/14) 073 (a)**
The Committee received and noted the financial elements of the Board Assurance Framework. Mr Samuda asked whether there was a view as to the volume of work that could be gained through tendering. It was agreed that a review of the team and function for responding to competitive tendering should be considered at the March meeting. Ms Robinson highlighted that the costs of the tendering work were difficult to assess, however work was underway to establish this for Palliative Care.	
ACTION: Mr Waite to present an outline of the function in place to respond to tenders at the March 2015 meeting	
7 Terms of Reference – routine review	**SWBFI (11/14) 074** **SWBFI (11/14) 074 (a)**
It was agreed that the terms of reference would be considered at the next meeting.	
ACTION: Mr Grainger-Lloyd to arrange for the terms of reference to be reviewed at the January meeting	
8 Integrated performance report	**SWBFI (11/14) 075** **SWBFI (11/14) 075 (a)**
The Committee received and noted the report.	
9 Matters to highlight to the Board and Audit & Risk Management Committee	**Verbal**
It was reported that income delivery, opportunities to further understanding of TSPs and join the work up better and the stocktake of the arrangements for ensuring delivery and effective reporting of TSPs should be raised to the Board. It was noted that there was further work on TSPs by Internal Audit planned. It was agreed that the proposal to consider the Ophthalmology strategic position would be raised. The risks were reviewed and 2015/16 was discussed in outline but would be considered at the next meeting.	
10 Meeting effectiveness feedback	**Verbal**

It was noted that the discussions had been candid and helpful. It was agreed that the work being undertaken by Baker-Tilly needed to be considered at the January Board informal session.	
ACTION: **Mr Grainger-Lloyd to arrange for Baker-Tilly to join the January 2015 meeting**	
11 Any Other Business	**Verbal**
There was none.	
12 Details of the next meeting	
The next meeting of the Finance and Investment Committee was noted to be scheduled for 30 January 2015 at 0800h at City Hospital.	

Signed: …….

Name: …….

Date: ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Audit and Risk Management Committee – Version 0.1

Venue Anne Gibson Boardroom, City Hospital **Date** 30 October 2014

Members Present		**In Attendance**
Mrs G Hunjan	[Chair]	Mr R Chidlow
Ms C Robinson		Mr G Palethorpe
Dr S Sahota		Mr G Ball
Ms O Dutton		Mr B Vaughan
		Mr A Hussain
		Miss K Dhami
		Mr T Waite
Secretariat		Mr C Ovington
Mr S Grainger-Lloyd		Mr T Wharram

Minutes	Paper Reference
1 Apologies for absence	**Verbal**
Apologies were received from Mr Harjinder Kang and Mr Andy Bostock. The Chair welcomed Mr Bradley Vaughan who would be replacing Gavin Ball as Local Counter Fraud Specialist.	
2 Minutes of the previous meeting	**SWBAR (7/14) 048**
The minutes of the meeting held on 31 July 2014 were considered and approved as a true and accurate reflection of discussions held. Ms Robinson suggested that the paragraph at 6.1 should be rephrased to reflect that she had questioned whether the assurance concerning value for money was being pursued.	
3 Matters arising	**SWBAR (7/14) 048 (a)**
The Audit and Risk Management Committee received and noted the	

Minutes	Paper Reference
updated actions log. Mr Waite apologised for not producing an update on data quality and offered to issue a report on data quality by the end of November. Miss Dhami suggested that this be considered at a Board Informal session. Ms Robinson suggested that an additional meeting of the Audit & Risk Management Committee be convened to discuss this matter if needed. Mr Palethorpe advised that work had been undertake around the consistent application of the kite marking system, which provided assurance that work was progressing well on data quality. Mr Wharram advised that in respect of the discrepancy regarding the external audit fees, the difference was accounted for by the application of VAT provided the difference and £7k related to an overrun from the fee from the previous year.	
4 Risk management and governance matters	
4.1 Terms of Reference	**SWBAR (10/14) 050** **SWBAR (10/14) 050 (a)**
Miss Dhami presented the Audit & Risk Management Committee's terms of reference, suggesting a few minor amendments. It was suggested that the references to the Quality & Safety Committee needed to be generalised to reflect the role of all other Committees. Mr Palethorpe highlighted that the NHS Internal Audit standards had been replaced by the Public Sector standards. It was noted that a review of the work of the internal audit work by external work as stipulated in the terms of reference was not currently undertaken formally. It was noted that this needed to be generalised. It was agreed that an annual review of the Committee's effectiveness needed to be included. Mr Grainger-Lloyd advised that this was planned for January 2015. It was agreed that the reference to the other committees needed to be replaced with more general terminology, particularly in terms of the sources of assurance. Mr Chidlow highlighted that an audit committee effectiveness self-assessment could be undertaken against the HFMA checklist which would inform a refresh of the terms of reference. Ms Dutton highlighted that the Trust Secretary did not agree the agenda with the Committee chair, but the lead Executive for the Committee undertook this duty and that this element should be amended accordingly.	
ACTION: Mr Grainger-Lloyd to revise the terms of reference in line	

Minutes	Paper Reference
with discussions at the meeting	
4.2 Board Assurance Framework 2014/15 – Quarter 2 update	**Hard copy**
Ms Dhami presented the latest update of the Board Assurance Framework, highlighting that there was a further work to improve the consistency and quality of the updates provided. It was noted that the BAF was now discussed at the various meetings of the Board Committees. It was reported that the BAF would be next discussed at the Trust Board in November. It was reported that the treatment plans had reduced the overall residual risk scores, however for three risks, the rating remained red even after treatment. Ms Dutton highlighted the importance of the delivery of the workforce plan. Miss Dhami advised that the Workforce & OD Committee would consider this risk specifically. Ms Robinson agreed and suggested that a discussion needed to be undertaken to 'deep dive' into the individual risks and to challenge the assurances listed. It was suggested that a focussed workshop needed to be held to review and refresh the BAF. It was reported that the Committee chairs needed to be held to account in terms of the work undertaken to address the risks. Dr Sahota noted that the risk of agency staff did not pick up medical staffing and needed to better focus on this. It was suggested that a collective review of the BAF was needed in a workshop-style approach. Mr Palethorpe offered to assist with this review however underlined the need for all Committee chairs to be engaged with this work. It was highlighted that this was aligned to the requirement for Committee chairs to report back to the Audit & Risk Management Committee.	
ACTION: Miss Dhami to organise a workshop-style session on the BAF	
4.3 Review of losses and special payments	**SWBAR (10/14) 051** **SWBAR (10/14) 051 (a)**
Mr Wharram reported that the losses and special payments were reported statutorily. It was noted that there had not been any stock write-offs to date during the year. Write-offs connected with overseas visitors were noted to be included in the position. Dr Sahota asked what work was underway to minimise write-offs associated with overseas visitors. Mr Wharram reported that an overseas recovery agency was used, although this was to limited effect. Mrs Hunjan noted the difficulty with handling cases at the 'front door'. Miss Dhami advised that work was underway to strengthen the process of asking patients questions regarding the right to free treatment which	

Minutes	Paper Reference
should address this issue to some degree. It was highlighted that work was undertake to publicise this. Mr Ball advised that there was a link with the counterfraud work and a process was in place to capture this. Ms Dutton asked what happened when individuals were identified to not be entitled to free treatment. Miss Dhami advised that there were clear rules in terms of handling emergencies, however after this episode of care, payment would be expected. It was noted that a 'chip and pin' facility was common practice in some trusts. Ms Robinson asked whether the write offs were still being pursued, including a specific write-off of £87k. Mr Wharram advised that this was the case. Ms Robinson suggested that all mechanisms need to be taken to recover the monies, including the use of family members of the patients concerned. Mr Palethorpe suggested that an evaluation of debt recovery arrangements against the benefit of receiving the money needed to be undertaken. Mr Waite suggested that the current arrangements for recovery needed to be reviewed. Ms Dutton highlighted the need to have appropriate evidence at the start of the episode of care which would make recovery easier. Mr Ovington left the meeting. Dr Sahota noted that the individuals implementing the robust procedures for the 'front door' needed to be appropriately trained, which would assist with improving the position. Miss Dhami offered to provide an update on this work at the next meeting. It was noted that a number of the debts related to NHSLA matters.	
ACTION: **Mr Waite to organise a review of the arrangements of overseas debt recovery** **ACTION:** **Mr Waite to provide an update on overseas debt recovery at the next meeting** **ACTION:** **Miss Dhami to present an update on processes to manage overseas visitors at the January 2015 meeting**	
4.4 Salary overpayments update	**SWBAR (10/14) 052** **SWBAR (10/14) 052 (a)**
Mr Wharram reported that all salary overpayments were logged centrally. He reported that of the 93 cases, the vast majority were highlighted to be due to managers not updating ESR of changes, such as working hours. It was noted that the spread of cases was proportionate to the number of individuals within the various areas, therefore there were not any 'hot spots'. Mrs Hunjan asked for an explanation of 'system errors'. She was advised by	

Minutes	Paper Reference
Mr Wharram that these related to issues concerned with ESR and payroll system interface primarily. He was asked how these overpayments were detected and was advised that exceptions reports would be used to identify these errors, supplemented by monthly nominal roll checks were also used. Mr Palethorpe asked whether payroll and finance did extra checking to minimise any mistakes. Mr Wharram advised that this was the case. Mrs Hunjan asked whether errors were increasing and was advised that these had actually reduced over the past few years. He was asked what sanctions would be implemented for managers causing the errors. Mr Wharram reported that as the finance function changed, then a different way of working would be expected which would incorporate these sanctions. Ms Dutton suggested that advice needed to be taken to check what sanctions could be levied. She asked how many underpayments were made. Mr Wharram reported that the majority of these were picked up by individual members of staff and that additional payroll sessions were run when needed. Ms Dutton highlighted that the equal importance of this to overpayments. Mr Ball noted that deliberately retaining overpayments could be classed as a criminal offence. It was suggested that the trend would be useful to see in future. Ms Robinson proposed that this needed to cover a year's worth of data annually. Mr Waite suggested that a common set of 'governance' information such as salary overpayments needed to be presented at each meeting, which would then be subject to a 'deep dive' on a rotational basis.	
ACTION: **Mr Waite to organise for a common set of information to be presented for the standing governance items**	
5 External Audit matters	
5.1 External Audit progress report	**SWBAR (10/14) 053**
Mr Chidlow reported that since the last meeting, the Charitable Fund accounts had been signed off, earlier than in previous years. It was reported that the annual report had been considered prior to the AGM. It was reported that the manual for accounts was awaited, the contents of which would feed into the external audit plan. It was reported that the plan would be ready to present at the next meeting. The Committee was asked to note the technical updates provided, concerning HFMA handbook and data quality. It was reported that this fed into the Annual Governance Statement, including assurance over the data reported against the Referral to Treatment time targets.	

Minutes	Paper Reference
ACTION: Mr Chidlow to present the external audit plan at the next meeting	
5.2 Progress with ISA260 actions	**SWBAR (10/14) 054** **SWBAR (10/14) 054 (a)**
Mr Waite presented progress against the ISA260 actions. It was highlighted that a major piece of work was underway in terms of revising the finance function structure. Ms Dutton asked whether the scheme had been equality impact assessed. She was advised that this was the case and a quality impact assessment had also been undertaken. Ms Dutton noted that assurances needed to be provided in future that there were no quality or equality implications. Mrs Hunjan asked whether any additional support or assistance was needed to manage the risks associated with the work. It was reported that a reliance on interim staff may be necessary for a period and that there was an inherent risk with relying on displaced staff to continue in post for some time.	
6 Internal Audit matters	
6.1 Internal audit progress report and recommendation tracking	**SWBAR (10/14) 055** **SWBAR (10/14) 055 (a)**
Mr Palethorpe presented an update on the progress with recommendation tracking and the reviews completed since the last meeting. It was noted that there were some good linkages to the data quality agenda in the implementation of the kite mark system. The red findings were highlighted to the Committee. The various reports undertaken since the last meeting were discussed, including iProc, complaints and the accruals process. In terms of recommendation tracking, Mr Palethorpe reported that a system was in place to highlight the actions that were outstanding. It was noted that there was some slippage although this was not a concern at present. It was highlighted that the plan closely focussed on data quality matters. The Committee was advised that there was good dialogue between internal audit and the Executive Directors. In terms of the recommendations that were outstanding, it was noted that these would not significantly impact of the Head of Internal Audit Opinion at present. Mrs Hunjan noted that the matter needed to be given clear focus to ensure that the work was delivered in an acceptable time. Ms Dutton asked whether the effectiveness of the recommendation was	

Minutes	Paper Reference
checked. She was advised that this was the case. Ms Dutton asked how learning from these recommendations was disseminated. Mr Palethorpe advised that there was shared learning within the organisation and between organisations where possible. He cited the complaints work as an example. Ms Robinson suggested that there needed to be a plan to outline when recommendations would be completed. Mr Waite reported that the matter was discussed by the Executive Group and within Group performance reviews. He agreed that a plan should be devised. Ms Robinson suggested that this could be considered in a special meeting of the Audit & Risk Management Committee. It was suggested that estimating the time to implement needed to be sharpened. Dr Sahota suggested those actions taking longer than expected to implement should be presented to the Audit & Risk Management Committee. It was highlighted that there did not appear to be a mechanism to ensure that there was a robustness of launch of policies and guidelines. It was highlighted that each new policy and guidelines was accompanied by an implementation plan and a set of KPIs against which a review was undertaken periodically. In terms of the payroll accruals process, a better process to determine progress against the target reductions in accruals might need to be introduced. It was reported that there was confidence in the accrual value and that the overall temporary payroll was small.	
ACTION: Mr Waite to discuss preparation of a plan to address the internal audit recommendations with the Executive Group	
6.2 Counter fraud progress report	**SWBAR (10/14) 056**
Mr Ball presented the progress on counterfraud matters. It was reported that the work plan was on track. In terms of key work, it was reported that much awareness work had been undertaken. It was noted that the function had provided input to the overseas visitors work. The information providing a benchmark against counterfraud trends was reported to have been undertaken. Ms Dutton asked whether there was a difference in referrals across the Trust's localities. Mr Ball advised that the nature of the referrals was largely similar, although more referrals were received from City Hospital. It was noted that there had not been any referrals from the community sector. Mr Chidlow asked whether any work around fake FIT notes had been undertaken. He was advised that this was not the case in the Trust. Mr Ball reported that referrals were via different routes, including direct	

Minutes	Paper Reference
approach, email or through the Counter Fraud line.	
6.3 Clinical audit – exceptions to report	**SWBAR (10/14) 057** **SWBAR (10/14) 057 (a)**
Miss Dhami presented the clinical audit exceptions for information. It was reported that all audits were on track apart from one which was showing some slight delay. The key actions associated with the audit were highlighted. In terms of the PROMs audit, it was noted that this had been flagged in the recent CQC intelligent monitoring report and therefore further focus would be directed to this area. It was reported that further work was required to improve the consent position. Mrs Hunjan suggested that the exceptions should be considered at Quality and Safety Committee where relevant.	
7 Updates from the Chairs of the Trust Board Committees	**Verbal**
It was agreed that the reporting up to the Committee from the Board Committees needed to be strengthened. Ms Robinson highlighted that the financial risks associated with the current and future financial year had been discussed, including some environmental matters. Dr Sahota noted that there were not any matters to present from the Public Health, Equalities and Community Development Committee or the Charitable Funds Committee.	
8 Any Other Business	**Verbal**
It was agreed that in terms of matters needed to be raised to the Board it was agreed that the BAF and the internal audit recommendations needed to be raised. In terms of the need for an additional meeting suggested, it was agreed that a discussion would be held between the Chair and Mr Waite. There followed a private meeting between members of the Audit & Risk Management Committee and the auditors present.	
9 Date and time of next meeting	**Verbal**
It was noted that the date and time of the next meeting would be 29 January 2015 at 1400h in the Anne Gibson Boardroom, City Hospital	

Signed:……..

Name:……

Date:……..