

AGENDA

Trust Board – Public Session

Venue Churchvale/Hollyoak Rooms, Sandwell Hospital **Date** 4 June 2015; 1330h – 1700h

Members attending

Mr R Samuda (RSM) [Chairman]
 Ms O Dutton (OD) [Vice Chair]
 Dr S Sahota OBE (SS) [Non-Executive Director]
 Mrs G Hunjan (GH) [Non-Executive Director]
 Mr H Kang (HK) [Non-Executive Director]
 Dr P Gill (PG) [Non-Executive Director]
 Mr R Russell (RR) [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]
 Mr W Zaffar (WZ) [Non-Executive Director]
 Miss K Dhimi (KD) [Director of Governance]
 Mrs R Goodby (RG) [Director of Workforce & OD]
 Mrs C Rickards (CR) [Trust Convenor]

Guests

Patient for patient story [Item 3]
 Mrs D Hall (DH)

Secretariat

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

Time	Item	Title	Reference Number	Lead
1330h	1	Apologies	Verbal	SG-L
	2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	SG-L
	2.1	Declaration of interest – Robin Russell	SWBTB (6/15) 094	
	2.2	Declaration of interest – Waseem Zaffar	SWBTB (6/15) 095	
	3	Patient story (discussion to follow in private Board meeting)	Presentation	CO
	4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 7 May 2015 a true and accurate records of discussions</i>	SWBTB (5/15) 074	Chair
	5	Update on actions arising from previous meetings	SWBTB (5/15) 074 (a)	SG-L
	5.1	Consent audit	SWBTB (6/15) 096	KD
	6	Questions from members of the public	Verbal	Public
	7	Chair's opening comments	Verbal	RSM
	8	Chief Executive's report	SWBTB (6/15) 076	TL
1415h	9	Annual accounts 2014/15 – to adopt	SWBTB (6/15) 077 SWBTB (6/15) 077 (a) SWBTB (6/15) 077 (b)	TW
1425h	10	2014/15 audit memorandum – to note	SWBTB (6/15) 078	TW

1430h	11	2014/15 letter of representation – to note	SWBTB (6/15) 079	TW
1435h	12	2014/15 annual governance statement and report	SWBTB (6/15) 080 SWBTB (6/15) 080 (a) SWBTB (6/15) 091	TL
	13	MATTERS FOR DISCUSSION – 2015-16		
1445h	13.1	Trust Risk Register	SWBTB (6/15) 081 SWBTB (6/15) 081 (a)	KD
	13.2	Board Assurance Framework 2015/16 – post mitigation red risks	SWBTB (6/15) 082 SWBTB (6/15) 082 (a)	KD
1510h	13.3	Nurse staffing report	SWBTB (6/15) 083 SWBTB (6/15) 083 (a)	CO
1520h	13.4	Sickness plan	SWBTB (6/15) 084 SWBTB (6/15) 084 (a) SWBTB (6/15) 084 (b)	RG
1530	13.5	Safeguarding scorecard	SWBTB (6/15) 085 SWBTB (6/15) 085 (a)	CO
1540	13.6	Urgent Care challenge	SWBTB (6/15) 086 SWBTB (6/15) 086 (a) - SWBTB (6/15) 086 (c)	RB
1555	13.7	Quarter 1 financial update	SWBTB (6/15) 087 SWBTB (6/15) 087 (a)	TW
1605h	14	MATTERS FOR INFORMATION AND QUESTIONS – 2014-15		
	14.1	Trust's response to the Lampard review	SWBTB (6/15) 088 SWBTB (6/15) 088 (a)	KD
	14.2	Corporate integrated performance dashboard	SWBTB (6/15) 089 SWBTB (6/15) 089 (a)	TW
PRESENTATION				
1615h	15	Service presentation – Patient Transport	Presentation	CO
UPDATES FROM THE COMMITTEES				
1640h	16	Update from the meeting of the <u>Quality & Safety Committee</u> held on 29 May 2015 and minutes of the meeting held on 24 April 2015	SWBQS (4/15) 048	OD/ CO
	17	Update from the meeting of the <u>Finance & Investment Committee</u> held on 29 May 2015 and minutes of the meeting held on 2 April 2015	SWBFI (4/15) 018	RS/ TW
	18	Update from the meeting of the <u>Public Health, Community Development and Equalities Committee</u> held on 28 May 2015 and minutes of the meeting held on 27 November 2015	SWBPH (11/14) 023	RS/ TL
	19	Any other business	Verbal	All

MATTERS FOR INFORMATION**20****Details of next meeting***The next public Trust Board will be held on 2 July 2015 at **1330h** at The Drum, Newtown, Birmingham*


SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

REGISTER OF BOARD MEMBERS INTERESTS

Name of Director: Robin Russell

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

Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies)	Reform Acquisitions LLC, Reform Acquisitions Limited, Aston Villa Limited, Aston Villa FC Limited, Aston Villa Football Club Limited, Villa in the Community and Aston Villa Radio CIC. All of these companies are part of the Aston Villa group.
Ownership of private companies, businesses or consultancies seeking or possibly, likely to seek to be a Contractor to Sandwell and West Birmingham Hospitals NHS Trust	None.
Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS Hospitals NHS Trust	None.
A position of authority in a charity or voluntary body in health or social care.	Co-opted governor of Birchfield Community School, Trinity Road, Aston, Birmingham B6 6AJ.
Any connection with a voluntary or other body contracting for NHS services	None.
Other interests regarded as being relevant and/or material	None.

Signed..........

Date....20 May 2015

Sandwell and West Birmingham Hospitals




NHS Trust

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUSTREGISTER OF BOARD MEMBERS INTERESTSName of Director: WASEM ZAPPAR

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

Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies)	NONE (TRUSTEE OF BIRMINGHAM CITY COUNCIL AS ELECTED MEMBER) TRUSTEE OF ASPIRE SPORTS TRUST
Ownership of private companies, businesses or consultancies seeking or possibly, likely to seek to be a Contractor to Sandwell and West Birmingham Hospitals NHS Trust	NONE
Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS Hospitals NHS Trust	NONE
A position of authority in a charity or voluntary body in health or social care.	NONE
Any connection with a voluntary or other body contracting for NHS services	NONE
Other interests regarded as being relevant and/or material	NONE

Signed Date 25/05/2015

MINUTES

Trust Board (Public Session) – Version 0.1

Venue Anne Gibson Boardroom, City Hospital

Date 7 May 2015

Present

Mr Richard Samuda [Chair]

Ms Olwen Dutton

Dr Sarindar Sahota OBE

Ms Olwen Dutton

Mrs Gianjeet Hunjan

Mr Harjinder Kang

Dr Paramjit Gill

Mr Toby Lewis [Part]

Mr Colin Ovington

Miss Rachel Barlow

Dr Roger Stedman

Mr Tony Waite

In Attendance

Mr Mike Hoare

Miss Kam Dhami

Mrs Raffaella Goodby

Mrs Chris Rickards

Mr Bill Hodgetts

Secretariat

Mr Simon Grainger-Lloyd

Guests

Mr A Tyagi (Surgery A Never Event) Mrs S Fitzpatrick

Mrs E McCartney (Patient Story) Ms Lavinia King

Ms Randeep Kaur

Mrs Chris White

Minutes	Matron Marion Long
1 Apologies for absence	Verbal
No apologies for absence were received. The Chair indicated that the Chief Executive would attend only for the meeting's first hour due to a prior commitment.	
2 Declaration of Interests	Verbal
Mr Grainger-Lloyd advised that there had been no further declarations made since the last meeting.	
3 Patient story	Presentation
The patient, Mrs Liz McCartney reported that she lived with a rare long term condition called Common Variable Immune Deficiency (CVID). She reported that	

there were only 40 centres in England that were able to provide the clinical care needed, one of these being at Birmingham City Hospital. Heart of England Foundation Trust also provided a service and a small service existed at UHB.

The patient experienced a number of issues when her care was transferred to Birmingham City Hospital which led her to self-discharge when being seriously ill. The patient felt that she was placed in a respiratory ward with no appropriate infection control measures, medical information readily available was ignored, nursing staff treated her with far less than compassion, medical staff failed to liaise with her immunology team, there was lack of appropriate toilet or washing facilities and next of kin was accused of bullying and harassment when she actually raised a complaint.

Though her complaints were addressed appropriately later and now she has a care plan in place, she is still experiencing problems with transfer of some aspects of her care to City Hospital.

Ms Dutton asked what staff were ignoring the patient and was advised that this was both consultants and senior nursing staff. Mr Kang asked whether there was a sense that the professional patient input had not been listened to and was advised that this was the case and that this was a frightening experience, when that patient was able to offer good insight into her treatment and care requirements. The patient suggested that offering this perspective, appeared to be a threat to clinical staff in some respect. It was suggested that there needed to be a different approach taken to professional patients compared to other individuals and this was specifically applicable to patients with rare diseases. The patient suggested that there was a real willingness by the professional patients to work with organisations to create better care where possible. Dr Gill commented that the unwillingness to listen was a key concern as was not taking action on the basis of the advice by the patient. Dr Stedman was asked whether an electronic patient record being in place would have helped with this case. He advised that this was the case, particularly in terms of triggers, flags and alerts. Miss Barlow noted that the Board had heard from professional patients previously and to learn from these individuals supported the Trust's ambition to be renowned as the best integrated care organisation. Ms Dutton commented that work needed to be done to take positive steps to empower all types of professional patient.

Ms McCartney expressed her view that the Trust was not complying with its obligations for service, and that nurse specialist roles and a distinct out of hours rota should be created. She had corresponded with the Chief Executive to this effect. Mr Lewis confirmed that the Trust fully complied with its 2014-15 NHS England contract and expected to do so again in 2015-2016. He saw neither prospect nor merit in a distinct out of hours of rota, but agreed that the availability of sub-specialists to support general physicians overnight was important. A resource bid for CNS support was one of over £12m of bids being considered by the Clinical Leadership Executive for the coming year. The outcome of that process was expected towards the end of May, but was contingent on balanced budget proposals from clinical groups.

Mrs McCartney was thanked for her attendance at the Board and for her candid

patient story.	
4 Minutes of the previous meeting	SWBTB (4/15) 055
The minutes of the Trust Board meeting held on 2 nd April 2015 were presented for consideration and approval. Subject to minor amendment, they were accepted as an accurate reflection of discussions held.	
5 Update on Actions arising from Previous Meetings	SWBTB (4/15) 055 (a)
The Board received the updated actions log.	
5.1 Pressure ulcer position in comparison to peer exemplars	SWBTB (5/15) 074 SWBTB (5/15) 074 (a)
Mr Ovington presented the benchmarked position of pressure ulcers against other peer organisations. He advised that all Trusts need to submit information about pressure ulcer incidence into the national safety thermometer and a comparison had been made against those trusts against which the Trust was usually peer reviewed. The analysis showed that the Trust was not an outlier compared to other organisations, however there was further work to do to improve the position, including the implementing the use of different pressure mattresses. It was highlighted that there had been a reduction in the number and seriousness of sores overall over recent years however. Ms Dutton suggested that good practice from other Trusts needed to be harnessed. It was reported that the alleviation of pressure incidence also related to movement and hydration. Mrs Hunjan noted that there had been an improvement in resources and training and asked how regularly beds were changed. Mr Ovington reported that there was a rolling programme to change the bed frames and mattress replacement was a matter that occurred throughout the year. Dr Sahota noted that some pressure sores developed fast and asked what linkages were in place to prevent sores being incurred in the community prior to admission. Mr Ovington reported that the overall work included community bed stock mattresses and that the CCG also took responsibility for measures to prevent pressure ulcers occurring outside the hospitals. It was reported that part of the national work to reduce pressure sores had infiltrated nursing home environments.	
5.2 Discussion about Never Event on 27 April 2015	SWBTB (5/15) 057 SWBTB (5/15) 057 (a)
<p>Dr Stedman reported that it had been in excess of a calendar year since the last Never Event, however an incident had been reported on 27 April 2015. It was noted that the event had not caused any harm, however it highlighted a gap in control measures for preventing Never Events. The Chairman expressed a concern that although measures were in place to prevent the reoccurrence of the previously occurring Never Events, there appeared to be a concern about the wider range of incidents that could happen.</p> <p>The detail of the procedure and circumstances leading to the Never Event was provided.</p>	

<p>It was noted that there were c.400 outpatient procedures such as this undertaken by the Trust, and although the vast majority were not classed as risky procedures, those that were, were closely controlled. It was noted that in this case, there had not been time taken for the team performing the procedure to confirm a common understanding of what was needed. The difference between this and the requirement of a formal operating procedure was drawn. Mr Kang asked why this was classified as a Never Event given that it did not cause any harm. Dr Stedman reported that this related more to failure in control which needed to be dealt with as a Never Event. It was noted that there was an element of the consent process that could have prevented the incident. Mr Hodgetts noted that it appeared that that patient notes had not been read prior to the procedure and had relied on the advice of the patient instead. Dr Stedman advised that in his view, the clinical team had acted appropriately and that it was the responsibility of all members of the team to confirm that the procedure was being undertaken correctly and to review the consent forms rather than listening to the patient. In terms of accountability, it was suggested that the doctor was ultimately responsible for the error. Dr Stedman reported that in all areas where there were high risk procedures, audits were in place to confirm that the correct checks were undertaken, however in this instance this procedure did not fall into one of these categories.</p> <p>Mr Tyagi reported that communication was an issue in this case and he advised that video reflexivity programme was being rolled out to assist with this.</p> <p>Miss Dhami reported that there was further work planned on Never Events controls assurance and that there was consideration to be given to introducing site marking for these procedures She added that work was to be done to review all chargeable procedures.</p> <p>Mr Tyagi was thanked for his attendance.</p>	
<p>6 Questions from members of the public</p>	<p>Verbal</p>
<p>A member of the public asked why members of the public attending Board meetings were not reflected in the minutes of the meeting. She was advised that it was not custom and practice to represent individual members of the public within the public minutes. The member of the public suggested that signage to the Sickie Cell and Thalassaemia (SCAT) unit needed to be improved. Mr Lewis advised that there was adequate signage already in place. The member of the public suggested that further work was needed to investigate the reasons behind the elevated number of complaints being received from certain BME groups. She also cited a specific incident where she has experienced a disappointing patient experience during an outpatient consultation. Ms Dutton referring to the complaints issue, agreed that having a higher proportion of complaints from various ethnic groups needed to be investigated, particularly in terms of trends and that this would be considered by the Quality & Safety Committee in due course. Miss Dhami noted that there appeared to be a theme around staff attitude in complaints, however this was across all BME groups.</p>	

<p>Mr Cash asked for an update on volunteering plans. Mr Ovington reported that notice had been given to the RWVS and an active recruitment exercise to recruit volunteers was underway. Mr Cash suggested that advertising for volunteers within the Trust's premises was needed. Mr Ovington agreed reported that and some work was already underway in this respect. It was suggested that the work needed to include the League of Friends and it was confirmed that this was the case. It was noted that there was an issue with the transport arrangements to the Midland Met and the Board was asked to take this into account as part of the plans. Mr Lewis advised that this would be a difficult position to change, however dialogue with Centro was a key element of the Midland Met work.</p>	
<p>7 Chair's opening comments</p>	<p>Verbal</p>
<p>The Chairman noted that in terms of Non Executive appointments, two individuals had been approached and the formal announcements would fall after purdah.</p>	
<p>8 Chief Executives report</p>	<p>SWBTB (5/15) 058</p>
<p>Mr Lewis reported that the Quality Improvement Half Day sessions were underway, which represented a significant change for the organisation, with over 1500 people attending the sessions. It was reported that all sessions happen at the same time and were designed to facilitate organisational learning.</p> <p>It was reported that the second and final phase of the workforce change programme was launched at the end of April with approximately 250 staff to be put at risk. There are changes in a number of clinical groups, but the largest single staff group affected are medical secretaries. In essence proposals aim to shorten clinical letters, move to a ratio of clinical support already used in much of the Trust, and in 2016 introduce voice technology.</p> <p>In line with our annual plan discussions, the Top 10 priorities had been rated according to planning status and execution confidence. Those rated as amber or red were discussed in turn. Quarter 2 would see considerable work to close the planning gap, as highlighted in the Board Assurance Framework.</p> <p>The Chairman asked for a comment on the TDA inspection on hygiene. Mr Ovington reported that the outcome of the visit had led to further inspection work internally and remedial action. Dr Gill asked how high the 'high dusting' was within the ward areas and was advised that this was to curtain rail height around the individual space. Mr Lewis suggested that the cleanliness responsibility needed to fall within the remit of the Ward Manager and that this would be a significant departure from current practice. He underlined that this was not to be a change in structures but a cultural shift in responsibility.</p>	
<p>9 Midland Met Appointment Business Case – to approve</p>	<p>SWBTB (5/15) 059 SWBTB (5/15) 059 (a) SWBTB (5/15) 059 (b)</p>
<p>The Chairman advised that the Midland Met Appointment Business Case (ABC)</p>	

<p>had been considered previously by the Configuration Committee and at a private Trust Board session.</p> <p>Mr Waite highlighted that the Board was being asked to approve the ABC to allow the process to continue. It was suggested that the business case represented a viable proposition following evaluation and was consistent with the Trust's financial and service sustainability.</p> <p>Mr Kenny asked the Board to approve the ABC and advised that this would then be sent to stakeholders and regulators including the Trust Development Authority and Her Majesty's Treasury. It was reported that a compliant bid had been received which supported the business case, which allowed closure of the dialogue with Carillion to allow the next and final bid to be prepared and submitted.</p> <p>Dr Sahota noted that work was underway with Centro to develop the transport plans and supported furtherance of this work. Mr Kenny reported that this was included in the further work required by Carillion following the bid being received. Dr Sahota asked for an indication of sustainability considerations within the bid and was advised that the performance indicators in this respect had been met, although it was too early in the process to identify the exact detail.</p> <p>The Board resolved to approve the Appointment Business Case, on the assurance that national approval conditions could be met, and that the conditions set out in the Board's November 2013 approval remain extant. As such the Board:</p> <ul style="list-style-type: none"> (i) Agreed that the ABC reflected the position of the Trust, within which negotiations with commissioners, partners and regulators should be progressed by the executive (ii) Agreed that any changes to the ABC during regulatory consideration that vitiate the November 2013 conditions should be returned to the Board 	
<p>10 Trust's 2020 Vision – to approve</p>	<p>SWBTB (5/15) 060 SWBTB (5/15) 060 (a) SWBTB (5/15) 060 (b)</p>
<p>Mr Lewis presented the 2020 plan for approval, highlighting that this represented a long term vision and intent above and beyond the new hospital plans. The Board was asked for any comments and suggested amendments. Ms Dutton asked who the main audience was for the plan intended to be and was advised that this was for all audiences, however various statements for staff and public were underlined in the report. Ms Dutton suggested that an Executive summary version would be helpful.</p> <p>The Chairman suggested that 24/7 operation and research could be reflected in the plan. It was noted that no position had been taken as yet on the future of the BTC in terms of it opening at weekends. It was highlighted that in future there would be more work delivered in community settings and the Board was</p>	

<p>reminded of the investment planned on the Sandwell site in future.</p> <p>Mr Kang observed that the Research & Development base was not evident from the document, including the clear academic links in place. It was agreed that an additional section would be added around Research & Development. It was noted that we aimed to have a copy ready for the AGM.</p>	
<p>ACTION: Mr Lewis to add a section into the 2020 plan to cover research & development, with the document otherwise approved.</p>	
<p>11 TDA annual plan 2015/16 submission</p>	<p>SWBTB (5/15) 061 SWBTB (5/15) 061 (a) SWBTB (5/15) 061 (b)</p>
<p>Mr Waite reported that during the course of the year, a number of annual plan submissions were directed to the Trust's regulator, the TDA, with the final version being on 18 May 2015. The Board was advised that the submission was consistent with the annual plan and the LTFM.</p> <p>Ms Dutton suggested that a glossary would be useful, which was agreed. It was noted however that the public facing document was the annual plan.</p> <p>It was reported that the delivery against key standards would form part of the discussions with the TDA on a monitoring basis and through the integrated performance report.</p>	
<p>ACTION: Mr Waite to include a glossary within the TDA annual plan</p>	
<p>12 Board Assurance Framework 2015/16</p>	<p>SWBTB (5/15) 062 SWBTB (5/15) 062 (a)</p>
<p>Miss Dhami presented the Board Assurance Framework 2015/16, which she reported was based on the annual priorities agreed by the Board at its last meeting. It was reported that the BAF had received prior discussion at a Board Informal session and at the Audit & Risk Management Committee.</p> <p>It was reported that the items for discussion would feature on Board Committee agendas more robustly.</p> <p>Five risks were reported to be red after mitigation was applied, which were discussed in turn, including the number of safe discharges in the morning and a reduction in Delayed Transfers of Care, which would be discussed by the Quality & Safety Committee. Miss Barlow advised that there was a degree of reliance on other parties to achieve this. It was agreed that the July deadline for addressing actions was realistic.</p> <p>Additional 'red' risks concerned development and delivery of financial plans, with some further actions proposed for the rest of the year to achieve the scale and pace necessary both in the current and forthcoming financial years. It was noted that there was work underway to recruit into key positions to support the work.</p>	

<p>In terms of capital, it was reported that there might be a need to progress more schemes than within the residual capital programme and reprofile the schemes more evenly across the year. A managed equipment service was reported to be key to this and needed to be in place in advance of the 2016/17 financial year.</p> <p>The risk concerning the Midland Met was noted to relate to the tight timetable for the financial close and approving bodies completing their scrutiny in a tight timescale.</p> <p>It was agreed that a monthly update on the five red risks was needed at the Board meeting.</p> <p>The Board Assurance Framework was approved.</p>	
<p>ACTION: Miss Dhami to present a monthly update of progress with controlling the five key post mitigation red risks in the BAF</p>	
<p>13 MATTERS FOR DISCUSSION – 2015/16</p>	
<p>13.1 Trust Risk Register</p>	<p>SWBTB (5/15) 063 SWBTB (5/15) 063 (a)</p>
<p>The Board was asked to consider the four new risks arising from maternity. The risk around national shortage of vaccination was noted to be outside of the control of the Trust. It was reported that there was confidence that the Clinical Group were controlling this as best as possible, although given that there was a prevalence of TB in the community this remained a key concern. Dr Sahota suggested that the link to TB in adults also needed to be considered.</p> <p>It was noted that there was a national shortage of sonographers.</p> <p>The Board approved the addition of the risks to the Trust Risk Register.</p>	
<p>a Oncology Service Level Agreement with UHB NHSFT</p>	<p>Verbal</p>
<p>Dr Stedman reported that an Oncology Service Level agreement with UHB NHSFT would be signed shortly and work was progressing well.</p>	
<p>b April consent non-compliance report</p>	<p>Verbal</p>
<p>Dr Stedman reported that in April, 145 records had been audited, of these in 35 cases, consent was obtained on day of surgery, with 11 of these having been identified as having the opportunity to obtain consent prior to the day of surgery. Mrs Hunjan asked how many elective procedures were undertaken by the Trust and was advised that this was c. 1000 cases per week, meaning that there remained a significant number of patients who were not consented appropriately. Dr Stedman reported that focussed work would be undertaken to review high risk areas. It was not noted that we were now considerably behind the trajectory agreed by the Board in August 2014.</p>	

ACTION: Ms Dhami to present the compliance report on this topic to the June Board	
c Emergency Care delivery and forward risks	Verbal
<p>Miss Barlow reported that there was a risk in terms of staffing at middle and consultant grade staff in the Trust's Emergency Departments. Aligned to this, the decision around the new hospital would be important to be able to attract candidates of an appropriate calibre.</p> <p>During the week of 18 March it was reported that an Urgent Care week was being arranged to provide some focused attention on ED in terms of how the 'floor' was managed, decision making and ensuring that the team might have early sight of surge pressures. It was reported that assessment would also be given focus and there will be an aim to discharge 35% of individuals prior to noon. All NEDs were invited to the event. Ms Wilkin reported that communications were important and key successes would be promoted. The quality improvement half day for Emergency Care was reported to have been successful.</p>	
13.2 Nurse staffing report	SWBTB (5/15) 064 SWBTB (5/15) 064 (a)
<p>Mr Ovington presented the quarterly nurse staffing level report, which showed a static position in terms of shifts and fill rates. The percentage of shifts for focussed care was reported to be c. 4%, although this did not reduce shifts for other care. The quality indicators for each ward were reviewed and the governance process at a ward level was discussed, including the group review which varied according to the area.</p> <p>Where no data was available, it was reported that this reflected that there was gaps in data or information systems were not available to collect data.</p> <p>Discussions with the TDA were outlined where the baseline position was tested and the adherence to NICE guidelines. It was noted that the information did not indicate a level of safety. It was reported that discussions with the TDA were underway about the use of the BRAD score versus the UK Hospitals score.</p> <p>Mrs Hunjan noted that the indicators around the ward being in budget and finance meetings taking place appeared to be of concern for the medicine and emergency care group. Mr Ovington reported that the change in leadership for the area was anticipated to resolve this issue. Miss Barlow reported that much intensive work had been undertaken in medicine including financial planning and there had been encouraging discussions with the finance manager.</p>	
13.3 Capacity plan for 2015/16	SWBTB (5/15) 065 SWBTB (5/15) 065 (a)
Miss Barlow reported a new standardised approach had been taken to demand and capacity and the Trust was looking to achieve a standard six week wait from October, notwithstanding the expected challenges with meeting the 18 weeks	

<p>RTT target in Orthopaedic speciality. Work was reported to be underway to repatriate work where possible. It was reported that nearly all specialities started from a poor position and work had been undertaken to improve productivity and introduce new ways of working to be able to accept repatriation, with good clinical engagement. It was reported that all specialties could now deliver within budget and meet the KPIs set. The Board was invited to review the initiatives undertaken to address the demand and capacity gaps. It was noted that there were a number of risks to the work, including a mismatch in capacity and job plans and a delay in rolling out partial booking, however there were adequate mitigations in place. Other challenges were reported to be marketing to encourage repatriation. Surgery B clinical group was reported to be behind on its plans, however the accelerated focus week for the area had assisted and there was an expectation that the demand and capacity gap would be addressed. Mr Kang asked whether GPs had changed their referral patterns. Miss Barlow reported that referrals were based on relationships predominately and was to some degree dictated by reputation.</p>	
14 MATTERS FOR INFORMATION AND QUESTIONS – 2014/15	
14.1 Complaints – Quarter 4 update	SWBTB (5/15) 066 SWBTB (5/15) 066 (a)
<p>The report was received and accepted.</p>	
14.2 Corporate integrated performance dashboard	SWBTB (5/15) 067 SWBTB (5/15) 067 (a)
<p>Mr Waite highlighted that the number of <i>C difficile</i> infections was 29 for the year, that being within the 2015/16 target. It was reported that there had been no mixed sex accommodation breaches and RTT backlog had been addressed, which was a planned deviation for March. Miss Barlow reported that Cardiology RTT position was expected to have recovered in two months. Performance against the ED target would be addressed by Month 3. Falls were reported to remain elevated and readmissions remained high for the present and remained an area of focus. Sickness absence was reported remain above 5% which would be the subject of a plan.</p> <p>The medication incident that resulted in serious harm was noted to not be a Never Event.</p> <p>Mr Ovington reported that good work was being undertaken to work out how pressure ulcers could be more efficiently reported and in real time.</p>	
14.3 Annual Plan 2014/15 delivery – end of year stocktake	SWBTB (5/15) 068 SWBTB (5/15) 068 (a)
<p>Mr Waite presented an overview of the key highlights of the delivery of the 2014/15 annual plan.</p> <p>In terms of respiratory there was an ambition to link better with GPs. It was</p>	

reported that work would be planned to achieve the transition required.	
15 Service presentation – Vulnerable children and family service	Presentation
<p>Mr Ovington introduced the health visiting team. It was noted that the vulnerable children and families service formed part of the wider health visiting offering.</p> <p>The team presented an overview of their service.</p> <p>Mrs Hunjan congratulated the team on their recent CCG Equality Award and asked for an indication of caseload they carried on average. She was advised that this was c. 200 families at present, although this changed due to the mobility of the groups.</p> <p>Mr Kang asked how the borders of work were defined against other agencies. He was advised that it was dependent on the needs of the family and the stage at which the other parties were involved varied. It was highlighted that the HV team would take the health needs role.</p> <p>Dr Gill asked how a family was defined and in particular those that had not been vaccinated. He was advised that school nurses would visit refuges to see children who required vaccinations. Dr Gill asked whether there was a degree of resistance from GPs to register the individuals and was advised that this varied according to the practice, although the position was improving. It was reported that referring onto practices was undertaken and specialist workers were in place to complete the GP registration.</p> <p>Mrs Goodby asked whether the social workers could be accessed should children be identified as being at risk. She was advised that the relationship was good with Local Authorities, particularly Birmingham City Council in this respect.</p> <p>Ms Dutton asked whether any trends had been seen since the government cutbacks had taken hold. She was advised that there had been an increase in a number of families staying in hotels and families not having recourse to public funds. Mrs Fitzpatrick reported that in some cases the accommodation used for the families was not suitable.</p> <p>Mr Ovington noted that there was a dialogue when children moved onto alternative places. He asked whether there was a reciprocal notification of children moving into other areas and was advised that this worked well. A missing child policy was reported to be in place and the notification process was reported to have strengthened over recent years.</p> <p>The service was noted to operate five days per week. The commissioning landscape for the service was reported to be changing and moving to being Public Health funded.</p> <p>The team were thanked for their story.</p>	
16 Update from the meeting of Quality & Safety Committee held on 24	SWBQS (3/15) 038

April 2015 and minutes from the meeting held on 27 March 2015	
Ms Dutton presented an overview of the key discussions from the Quality & Safety Committee meeting held on 24 April 2015.	
It was reported that the presentation from Ward D17 had been very useful.	
17 Update from the meeting of Workforce & OD Committee held on 17 April 2015 and minutes from the meeting held on 19 December 2015	SWBWO (12/14) 066
Mr Kang presented an overview of the key discussions from the Workforce & OD Committee meeting held on 17 April 2015.	
18 Update from the meeting of Configuration Committee held on 17 April 2015 and minutes from the meeting held on 19 December 2015	SWBCC (10/14) 046
Mr Samuda presented an overview of the key discussions from the Configuration Committee meeting held on 17 April 2015.	
19 Update from the meeting of Audit & Risk Management Committee held on 30 April 2015 and minutes from the meeting held on 29 January 2015	SWBAR (1/15) 013
Mrs Hunjan presented an overview of the key discussions from the Audit & Risk Management Committee meeting held on 24 April 2015.	
It was reported that there had been a noticeable step-change in the level of service provided by Baker-Tilly and that there was further work that the Executive could do to make better use of the function.	
20 Any Other Business	Verbal
Dr Sahota reported that the Charitable Funds Committee had met earlier that day, which had highlighted an increase in funds by c. £1m. He added that a new Head of Fundraising had been appointed. The Chairman reported that progress against the big schemes would be presented at an extraordinary meeting of the Committee in July.	
Details of the next meeting	Verbal
The next public session of the Trust Board meeting was noted to be scheduled to start at 1330h on 4 June 2015 and would be held in the Churchvale/Hollyoak Rooms, Sandwell Hospital.	

Signed:

Name:

Date:

Next Meeting: 4 June 2015, Churchvale/Hollyoak Rooms, Sandwell Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

7 May 2015, Anne Gibson Boardroom, City Hospital, Birmingham






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

In Attendance: Mr M Hoare (MH), Miss K Dhami (KD), Mrs R Goodby (RG), Mrs C Rickards (CR)



Apologies: None

Secretariat: Mr Simon Grainger-Lloyd (SGL)






Last Updated: 29 May 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 22/05/2015	Scheduled for the December January February May June meeting	
SWBTBACT.360	Trust response to controls for revised Never Events	SWBTB (3/15) 042 SWBTB (3/15) 042 (a)	05-Mar-15	Present an update on controls to prevent Never Events at the September meeting	KD	03/09/2015	ACTION NOT YET DUE	
SWBTBACT.371	Nurse staffing levels	SWBTB (4/15) 062 SWBTB (4/15) 062 (a)	02-Apr-15	Examine by October how we can seek to create a broader Safe Staffing report for the Trust	RG	01/10/2015	ACTION NOT YET DUE	
SWBTBACT.373	Trust's 2020 Vision	SWBTB (5/15) 060 SWBTB (5/15) 060 (a) SWBTB (5/15) 060 (b)	07-May-15	Add a section into the 2020 plan to cover research & development, with the document otherwise approved	TL	30/06/2015	ACTION NOT YET DUE	
SWBTBACT.349	Reaudit of consent	SWBTB (2/15) 022 SWBTB (2/15) 022 (a)	05-Feb-15	Undertake the 'April' consent project as suggested by Mr Lewis	KD/RST	30/04/2015	Update included on the agenda of the May meeting	

SWBTBACT.339	Trust risk register update	SWBTB (11/14) 190 SWBTB (11/14) 190 (a)	06-Nov-14	Consider the means of better publicising the Trust's maternity services	RW	30/04/2015	A number of activities have taken place to promote services including open days, videos online and on YouTube and publication of good news stories in the local media.	
SWBTBACT.346	Chair's opening comments and Chief Executive's report	SWBTB (2/15) 021	05-Feb-15	Consider the promotion of Never Events success within public areas of the Trust	RW	30/04/2015	Consideration has been given to promotion of never events success. Some publicity took place around the one year anniversary of no never events including online, on social media, in local media, and with staff and stakeholders. It is not intended to display never events data routinely within public areas of the Trust	
SWBTBACT.359	Nurse staffing levels	SWBTB (3/15) 043 SWBTB (3/15) 043 (a)	05-Mar-15	Revise the nurse staffing report from April to take into account comments made at the meeting	CO	02/04/2015	Revised as requested and included on the agenda of the April & May meetings	
SWBTBACT.362	2020 plan	Hard copy	05-Mar-15	Arrange for the amendments based on the feedback received on the 2020 plan to be incorporated where relevant	TL	02/04/2015	Included on the agenda of April May meeting	
SWBTBACT.363	Workforce change: safe and sound 2014-16	SWBTB (3/15) 052 SWBTB (3/15) 052 (a)	05-Mar-15	Circulate a lessons learned document from the Phase 1 of the Safe and Sound work	TL	30/04/2015	Included on the agenda of the May Private Board meeting	
SWBTBACT.366	Update on Actions arising from Previous Meetings	SWBTB (3/15) 054 (a)	02-Apr-15	Present the Trust's position again peer exemplars in respect of pressure ulcers at the next meeting	CO	07/05/2015	Included on the agenda of the May meeting	
SWBTBACT.367	Questions from members of the public	Verbal	02-Apr-15	Prepare a proposal for the display of public-facing patient information for discussion at the next meeting of the CLE	CO	28/04/2015	Proposal prepared and discussed at the April meeting of CLE - agreement reached that it was sensible to have a ward patient map in place however care should be taken to limit the detail available on public facing screens. The use of white screens showing only name and bed details was agreed to be a sensible approach.	

SWBTBACT.368	Care Quality Commission's report and the Trust's improvement plan	SWBTB (4/15) 059 SWBTB (4/15) 059 (a) SWBTB (4/15) 059 (b)	02-Apr-15	Present the sickness plan at the Board's informal session in May	RG	22/05/2015	Included on the agenda of the June Board meeting	
SWBTBACT.369	Care Quality Commission's report and the Trust's improvement plan	SWBTB (4/15) 059 SWBTB (4/15) 059 (a) SWBTB (4/15) 059 (b)	02-Apr-15	Present the CQC Improvement Plan to the Trust Board and Quality & Safety Committee at forthcoming meetings. The Executive to consider and present KPIs for the five themes in due course.	KD	24/05/2015	Plan presented to QSC in April and to be picked up as part of CEO update at May Board meeting	
SWBTBACT.370	Nurse staffing levels	SWBTB (4/15) 062 SWBTB (4/15) 062 (a)	02-Apr-15	Present revised staffing data at the May Board meeting	CO	07/05/2015	Included on the agenda of the May meeting	
SWBTBACT.373	Safeguarding update	SWBTB (4/15) 072 SWBTB (4/15) 072 (a)	02-Apr-15	Develop more ambitious safeguarding plan indicators and present this at the June meeting of the full Board	CO	04/06/2015	Included on the agenda of the June Board meeting	
SWBTBACT.372	Corporate integrated performance report	SWBTB (4/15) 063 SWBTB (4/15) 063 (a)	02-Apr-15	Present the position in terms of perinatal mortality at the next meeting of the Quality & Safety Committee	RST	24/04/2015	Position discussed and reported that each case had been reviewed and had not been identified as being avoidable	
SWBTBACT.374	TDA annual plan 2015/16 submission	SWBTB (5/15) 061 SWBTB (5/15) 061 (a) SWBTB (5/15) 061 (b)	07-May-15	Include a glossary within the TDA annual plan	TW	31/05/2015	Included as requested	
SWBTBACT.375	Board Assurance Framework 2015/16	SWBTB (5/15) 062 SWBTB (5/15) 062 (a)	07-May-15	Present a monthly update of progress with controlling the five key post mitigation red risks in the BAF	KD	04/06/2015	Included on the agenda of the June Board meeting	

SWBTBACT.376	April consent non-compliance report	Verbal	07-May-15	Present the compliance report on consent to the June Board	KD	04/06/2015	Included on the agenda of the June Board meeting	
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KEY:	
	Action highly likely to not be completed as planned or not delivered to agreed timescale.
	Action potentially will not delivered to original timetable or timing for delivery of action has had to be renegotiated more than once.
	Slight delay to delivery of action expected or timing for delivery of action has had to be renegotiated once.
	Action that is scheduled for completion in the future and there is evidence that work is progressing as planned towards the date set
	Action that has been completed since the last meeting

Consent process for elective patients

Report to the Trust Board on the 4 June 2015

1. Introduction

- 1.1 Failure to obtain informed consent presents safety risks to the patient, risks of litigation to the Trust and risks to the professional registration of the clinician.
- 1.2 As previously reported to the Board, audits carried out by the Trust in 2014 showed that consent was unacceptably being taken on the day of surgery in a significant number of cases. Also, two never events occurred in which failure to properly obtain consent was identified as either a direct or contributory causal factor.
- 1.3 As a result changes were made to the consent process for all elective procedures booked following an outpatient attendance. Consequences of the failure to follow the process were introduced with effect from 1st December 2014 for cases of non-compliance added to the waiting list after 1st October 2014. This required any episode when consent was taken on the day (excluding direct access) to be reported through the incident reporting system.
- 1.4 Since then very few incident reports have been completed when a patient has been asked to give consent on the day apart from in Cardiology where these were reported and acted upon.
- 1.5 This report provides an update on whether patients are no longer consenting on the day and whether breaches of this have been reported.

2. Background

- 2.1 Consent should be taken from patients at every point where an intervention, treatment or procedure is planned.
- 2.2 Most frequently written consent will be taken as a 'two stage' process except for those procedures which have been agreed as being 'direct access'. Two-stage consent refers to the provision of information prior to the giving (signing) of consent.
- 2.3 To ensure informed consent, a patient must be given information on the risks and benefits of the proposed procedure and any alternatives including doing nothing. Provision of this verbal information should be supported by supplementary information in written/DVD format and the patient must be allowed sufficient time to weigh up the information allowing for consent to truly be informed and given without duress.

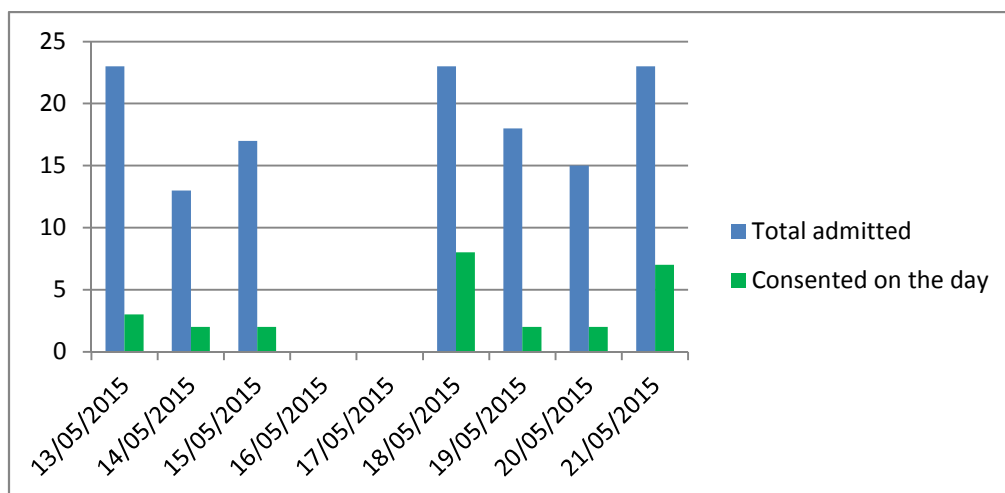
- 2.4 To enforce our statutory responsibilities for ensuring that consent is taken properly and especially before the day of the procedure, consequences of not following policy were applied.

3. Methodology

- 3.1 To assess whether taking of consent on the day remains a problem data was collected for a period of 7 days in May 2015 on the Adult Surgical Unit (ASU - BTC). The requirement was to report any patients who had consent taken on the day who were admitted for elective procedures.
- 3.2 Health Informatics supplied the list of patients who were admitted to the ASU electively to provide a denominator.

4. Results

- 4.1 The number of patients admitted to the ASU over the 7 days was **102**. **26** patients had consent taken on the day of their procedure. This is shown daily in the graph below.



- 4.2 The table below shows the number of patients admitted over the 7 days, the numbers consented on the day and the percentage of those consented against the total admitted for each specialty.

Specialty	Total elective patients admitted	Number of Patients consented on the day	Percentage of patients consented on the day
General Surgery	9	2	22%
Urology	9	5	56%
Breast surgery	16	1	6%
Vascular	2	1	50%
T&O	30	2	7%
ENT	11	1	9%
Oral Surgery	13	11	85%
Plastics	7	1	14%
Gynaecology	24	2	8%

- 4.3 There are two reasons why consent may have been taken on the day. Either the procedure has been agreed as a 'direct access' procedure or the patient was on the waiting list prior to October 2014.
- 4.4 Further work will be undertaken to understand whether any of these procedures were in fact on the agreed list of direct access procedures, but it is highly unlikely that any were added to the waiting list pre October 2014.
- 4.5 The use of consequences where a failure to follow the correct process has occurred will also be reviewed.

5. **Conclusion**

- 5.1 The results show that the practice of taking consent on the day of admission/procedure is a continuing problem. Whilst this sample is small it shows that there is still a high prevalence of consent which is not evident through incident reporting.

6. **Next steps**

- 6.1 Review the cases identified in this report which show that consent was taken on the day and assess why it was not taken ahead of the patient's admission.
- 6.2 Widen the audit to encompass other elective admission wards and units but excluding those areas where direct access consent has already been agreed.
- 6.3 Provide an update to the Trust Board on the above findings at the August Board.

7. **Recommendation**

- 7.1 The Board is asked to **DISCUSS** the report and **AGREE** the next steps.

Allison Binns
Assistant Director of Governance

May 2015

REPORT TO THE PUBLIC TRUST BOARD

Chief Executive's Report – June 2015

The Board's papers today reflect both the conclusion of 2014-2015 (as we prepare for the upcoming Annual General Meeting) and first quarter results. The year just ended contained distinctive success when compared to the wider local NHS around our outcomes, planned care wait times, and finances. But we have yet to achieve a stable and sustainable emergency care position. That fragility is reflected in the risk register discussions we will have, and of course in both our plans to bring Midland Met on stream in autumn 2018, and our Urgent Care Challenge work. This work to improve both care and staff wellbeing around urgent care, alongside our whole Trust sickness reduction plan, are, in my view key papers for focused consideration in today's meeting.

1. Our patients

During April, **more A&E patients and emergency admissions came to the Trust than our 2015-2016 contract anticipated**. This is only the first month of the Better Care Fund's operation, but clearly we need to continue to work candidly with partners to determine when they might expect their deflection efforts to have some impact. Similarly our work on acute re-admissions at Sandwell will have impact, we hope by autumn 2015. Over coming weeks, we hope to bring on –line our long sought after access to GP appointments, so that patients can be securely discharged to an appropriate clinician. In late June 2015, under the auspices of Right Care, Right Here, all local partners – including patient representatives - are meeting to discuss how the urgent care system should work in the coming three years, and how we better integrate the various components of both health and urgent social care. The successful opening of the Sandwell Urgent Care Centre, and the Midland Met with integrated primary care assessment, depend not just on our actions, but on the wider system. I will bring back a report to the Board at our August meeting about those discussions and agreements, which are a welcome collaboration with a better prospect of success than some more atomised tendering approaches.

During mid-May, the **Urgent Care Challenge** that we initiated generated considerable attention and focus across both our community and acute sites. By mobilising a host of small ideas and implementing them simultaneously, we aimed to deliver improvement. Rachel Barlow outlines in her paper how that momentum can be sustained and a sense of what worked, and what did not. What was very clear, both day and night, was that we managed to engage clinicians and non-clinicians beyond A&E in the more rapid and consistent practice of emergency care, with impact for example of overnight inter-bed transfers, as well as how long patients who would evidently be admitted spent in ED cubicles rather than assessment beds.

Capacity planning work (for planned care) is, as was outlined at the last Board, virtually complete now Trust-wide at a specialty level. Supply side changes are being tracked through the COO team, and we have a clear connection between contracts, national standards, financial plans, and operational plans. The IT upgrade from CSC which we will implement in mid-July will permit some improvement in data accuracy, and the current patient administration workforce consultation within our Safe and Sound programme seeks to introduce clearer line management accountabilities into

the practices we operate Trust-wide in administering waiting lists. Partial booking is now tentatively inked in for September within the Outpatient programme, with the DNA impact we are seeking being a key variable in our activity plans.

The Clinical Leadership Executive has now completed our review of the investment proposals put forward by clinical and corporate teams during business planning. We intend to proceed to invest consistent with the approved annual plan reserves previously agreed by the Board. All of the investments bar the licensing item approved at our Board meeting in April, are within my delegated limit. **The key investments to draw to the Board's attention, drawn from our own savings programme, are:**

- Action to tackle inconsistent oncologist availability by MDT, as reflected in our risk register
- Funding to ensure that both midwifery and health visiting staffing levels reflect best practice
- Support to ensure phlebotomy samples are moved quickly from general practice to our labs
- Additional investment in pain management capacity to tackle waiting times
- Further growth in our training and development spend consistent with LTWM
- Academic investment in sickle cell services as well as wider R&D investment
- And funds to ensure we meet epilepsy best practice guidance for children

These investments are also highlighted in summary in our staff newspaper this month, and reflect our strategy to make difficult choices to move funds between different parts of our organisation to better meet need. Given commissioning intentions to invest no more than 0.5% in acute care services in coming years, this 'recycling' will be the primary source of development scope.

2. Our workforce

We continue to focus on our twin aims of tackling sickness rates and reducing vacancies. Part of the latter work is completing consultation on, and any redeployment arising from, the second and final phase of our workforce changes. At the end of June we will present to the Board's workforce committee **our recruitment revolution paper**, which looks to ensure that we are welcoming in how we hire, smartly over-recruiting where we have foreseeable turnover, and providing a clear development pathway for staff in mid-career. This last part is the key component of **our 3 year Education Plan 2015-2018**, which will come to the Board next month, via our leadership conference on June 23rd. Of course, scrutiny of our future workforce plans as formed a major part of regional and national review work around the Midland Met case. We must consistently remind everyone involved that the workforce changes we want to make are not because of the new hospital; indeed it is only the move to a single site, which unlocks some efficiency. This summer, detailed planning work for 2016-2018 will take place at a Group level, reflecting the more transformational nature of changes we need to make next year and the year after, in part enabled by the IT investments the Board agreed when we met in April. We will not succeed in our plans, if we do not manage to create as clear a plan (and message) for our valued and retained workforce, as we have begun to for humanely and sensibly managing the so-called natural wastage and redeployment which will be key to living within our future pay-bill.

As I reported last month NHS Employers among others continue to highlight our extensive and ground breaking work to tackle workplace stress and mental health. The productive recent discussions that we had with the Board teams of both mental health providers reflect our continued interest in joint working and parity of esteem. A part of the strain born by teams is the effect of

formal procedures either disciplinary or dignity at work issues. In 2014-2015 we developed with Staff-side, and through a Listening Into Action event, work to change how cases are investigated, with a distinct team doing that work independent of management systems. This **Casework Investigations Unit** launches in June, and pre-work is also showing major reductions in time taken to investigate cases. The approach requires change by everyone involved; management, representatives, and staff. We will keep the Board's workforce committee sighted on progress over the balance of this year. The approach is not unique but it is not commonplace either. We are determined to move more quickly to tackle issues as they arise. A part of that commitment is to be much clearer about what our rules and expectations are around issues of **potential prejudice and discrimination**. In particular we will consider the ethical issues around treatment denial or deflection where a patient wishes not to be treated by a specified individual. This policy is currently being developed, reporting directly to me, and will be taken via our ethics committee before final approval directly at the Board when we meet in August. The resultant approach will be widely communicated in patient-facing areas as we look to make sure that our norms are understood Trust-wide.

Reflected in both our finance papers, and our workforce data, is **a significant rise in agency staffing costs**. This reverses gains made between September and February 2015. The work to understand the specific causes and to separate planned from ad-hoc use is taking place, and will be circulated to Board members by June 17th, together with a commentary on planned remedy. This rare 'between meetings' reflects the seriousness of the position were it to continue unabated. Clearly having demonstrated that we can act safely to drive down costs, we have a measure of confidence that renewed focus can bring renewed results. Meanwhile, work to ensure that **long-term bank workers** have clarified employment rights, and that we are not relying on individuals employed beyond six months in the same role is well advanced with new tracking and policy arrangements in place.

3. Our partners

At annex A I attach a brief note covering the proposed **joint work with the two mental health Trusts** arising from our discussions in May for Board members comment.

With the general election concluded policy announcements are proceeding apace. The Trust participated in the Vitality Vanguard initial assessment process in May. This MSP project has the potential to create an ACO covering about 4-5% of our commissioned turnover. The governance arrangements for the MCP remain to be determined. The commitments of partners, not just to Midland Met as a hospital, but to the commercial arrangements of the business case have been repeatedly restated. Meanwhile, further **waves of Vanguards** are being announced for application, and we will discuss in the private section of the Board our strategic intent, which will reflect the commitment by NHS England that one size does not fit all, a position felt by many partners within the Right Care, Right Here partnership.

4. Our regulators

The Trust has a planned series of **important upcoming assurance reviews**. Our neonatal screening and two cancer services have peer reviews planned for June. HEWM visits to anaesthesia and paediatrics follow in July. This summer we will seek to develop a more consistent calendar for the year for these scrutiny visits, which can give rise to considerable work, and on occasion out-with the planning process unexpected costs. Given the prevalence of input based standards within the

regulatory norms of the various bodies there is clearly a wider question about how costs are reflected in a declining tariff.

We welcome the Care Quality Commission back to the Trust on June 29th and 30th to complete their inspection of **community children's services**, incorrectly undertaken last autumn. Preparations for the visit are well advanced. A submission to the CQC in respect of the imaging improvement notice issued on December 18th has now been made.

The Trust has submitted **our education commissioning plan**. No educational contract has yet been offered to us by Health Education West Midlands, and I have now escalated the timeframe disconnect between this and financial planning to the acting managing director. This is not an issue unique to the Trust.

Toby Lewis

Chief Executive

28th May 2015

Mental health liaison projects 2015-2016: Briefing note

1. In line with the 2020 vision of the organisation we have met in May with leaders across both local mental health Trusts. From autumn 2015 mental health services for 0-25 year olds are due to be delivered via the Children's Hospital. We will contact them to understand how this will alter services received in support of our sites.
2. The Trusts have already collaborated in 2014-15 to secure funding and care improvements around liaison psychiatry. We understand that the funding model for Sandwell is now secured. The funding model at City is unclear.

Black Country Partnership:

3. We identified a priority opportunity to expand our existing Learning Difficulties liaison service to ensure equity and cross cover. This reflects the Trust's commitment to these issues, and promises made to local stakeholders. Commissioning arrangements for these issues remain opaque. Meanwhile, we need to act.
4. We visited the outstanding facilities in West Bromwich for dementia support. This highlighted design partnership opportunities via a visit to Midland Met; scope to use facilities on site potentially to support day-care; and peer education. Colin Ovington and Alan Kenny will take forward.

Birmingham and Solihull MH:

5. We want to explore the Trusts can work together on workplace occupational health, stress and wellbeing, as well as learn lessons about staff engagement and involvement. Raffaella Goodby will press forward with this.
6. We discussed easy access x-referral to psychological therapies without recourse to a GP, based on the new contract the MH Trust has. This will progress and will be brought before the Board's Public Health committee in due course. Roger Stedman will develop this, not least as it is IT enabled.
7. We explored innovation opportunities around telecare as well as joint R&D opportunities. Roger will seek to take forward with Peter Lewis from the Trust.
8. As we develop services for older people on the City site, we have work to do to make sure connections are made to support those with dementia. There was not collective confidence that those relationships between professionals are currently in place. This will be progressed through COO and the clinical group.

9. We discussed how carers are best involved in inpatient services and how advanced care planning is best managed. We might consider a joint reflection on this, perhaps beginning by involving some MH staff in our Schwartz round pilot, which Diana Webb leads.

Toby Lewis – Chief Executive, May 28th 2015

ANNEX B - Our annual plan 2015/16 – top ten

Objective (listed by improvement quarter order)	End of May update	Improvement quarter	Success quarter	Likelihood of delivery assessment
Work within our agreed capacity plan for the year ahead	Plan in place. Trajectories need signing off, and April planned care delivery <u>below</u> expectations.	Q1	Q1-4	As April
				As April
Create balanced financial plan...	Anticipate 6 of 8 Groups having CEO agreed plans by June 4. <i>Surgery A and B are the exceptions.</i>	Q1	Q1-4	Improved
				As April
Agree EPR OBC and initiate procurement process	Infrastructure case with Board. Output specification needs agreeing for planning to go green.	Q1	Q1 and Q3	As April
				As April
Achieve the gains promised in our 10/10 programme	<i>Delivery plan needs presentation to the executive by CNO during June</i>	Q2	Q2	As April
				As April
Implement our Rowley Regis expansion...	Plan marked up and priced. Final staff consultation before approval at July Board.	Q2	Q3	Improved
				As April
Cut sickness absence below 3.5%...	Good mobilisation but data flows need firming up if planning to go green.	Q2	Q3 and Q4	As April
				As April
Reduce readmissions by 2% at Sandwell	<i>Delivery plan needs presentation to the executive by COO & MD in June</i>	Q2	Q3-4	As April
				As April
Deliver our plans for significant improvements in our universal health visiting offer	Plan development advanced within WCH. Review timetable at executive level set. Concern remains scale of improvement needed.	Q2	Q4	Improved
				As April
Tackle caseload management in community teams	Planning arrangements clarified across teams, and budget established. Plan due end of June.	Q3	Q4	Improved
				As April
Reach financial close on the Midland Met	External dependencies operating to timetable and visibly, so assurance improved.	Q4	Q4	As April
				Improved

TRUST BOARD

DOCUMENT TITLE:	Statutory Accounts for the Year Ended 31 st March 2015
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite (Director of Finance and Performance Management)
AUTHOR:	Mansoor Zaman (Interim Associate Director of Finance)
DATE OF MEETING:	4 June 2015

EXECUTIVE SUMMARY:

This report presents the Trust's statutory accounts for the year ended 31st March 2015.
The accounts demonstrate that the Trust met its key financial duties for the financial year 2014/15.

Those accounts have been subject to review by the Trust's external auditors.
KPMG have indicated their intention to issue a clean audit opinion in respect of both the accounts and the trust's arrangements for securing value for money in the use of resources.

The ISA260 report issued by the auditors to those charged with governance draws attention to unadjusted audit differences of £1.8m in respect of Statement of Financial Position classification and £4.6m in respect of matters potentially having a positive impact on the Statement of Comprehensive Income.

These matters are considered to be not material to the audit opinion.

The Trust is requested to provide a Letter of Representation in support of the accounts which is attached for the Board's consideration.

REPORT RECOMMENDATION:

The Board is recommended to

1. accept the Audit & Risk Management Committee's recommendation to adopt the accounts
2. authorise the CEO & Finance Director to sign relevant certificates in regard to those accounts
3. review the draft Letter of Representation and to challenge and confirm that
 - a) The trust is a going concern for the purposes of drawing up the accounts
 - b) There are no events occurring between 31.03.15 and 04.06.15 which are material to the accounts as presented
 - c) All relevant related parties are disclosed in the accounts
 - d) The proposed representations are fair & complete

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	

Comments:

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

Good governance and transparency in financial reporting

PREVIOUS CONSIDERATION:

Audit & Risk Management Committee on 4 June 2015

STATUTORY ACCOUNTS FOR THE YEAR ENDED 31ST MARCH 2015

Report to the Trust Board on 4th June 2015

1 EXECUTIVE SUMMARY

- 1.1 The Trust's statutory accounts for the year ended 31st March 2015 demonstrate that the Trust has achieved all its financial duties for the year. The headline retained surplus was £4.585m which, after adjustment for technical items, is a surplus of £4.653m for DH performance management purposes. That surplus was ahead of the trust plan for the year.
- 1.2 The accounts have been subject to review by the Trust's External Auditors (KPMG) and they have indicated their intention to issue a clean audit opinion on both the accounts and on the trust's arrangements for value for money in our use of resources. The ISA 260 report draws attention to unadjusted audit differences of £1.8m in respect of Statement of Financial Position classification and £4.6m in respect of matters potentially having a positive impact on the Statement of Comprehensive Income. These matters are considered to be not material to the audit opinion.
- 1.3 The Trust is requested to provide a Management Letter of Representation in support of the accounts. The Board should consider and confirm that the proposed representations are fair and complete.

2 INTRODUCTION

- 2.1 Attached to this report are the Trust's statutory accounts for the year ended 31st March 2015. They are in a standard format prescribed by the DH and produced on a standard DH template.
- 2.2 The accounts in draft form were reviewed at the meeting of the Audit and Risk Management Committee on 30th April 2015 and the audited accounts further considered at the meeting of the Audit and Risk Management Committee earlier today 4th June 2015.
- 2.3 Following the audit of the accounts, a clearance meeting has been held with the Trust's External Auditors and the attached accounts incorporate amendments agreed with the Auditors and which are intended to improve understanding for the reader.

3 PERFORMANCE AGAINST TARGETS

3.1 Against its key financial targets for 2014/15, the Trust is reporting the following performance:

Measure	Met?	Target	Actual	Variation	Comments
Break Even	√	£3.374m	£4.653m	+£1.279k	Over achievement of plan surplus.
External Financing Limit	√	£11.130m	£10.932m	£198k undershoot	Undershoots are permitted, trusts are required not to overshoot.
Capital Resource Limit	√	£17.330m	£17.295m	£35k underspend	Under spending is permitted, trusts are required not to over spend.
Capital Cost Absorption Rate	√	3.5%	3.5%	0%	Actual dividends payable and therefore the absorption rate is recalculated at the year-end based on actual capital employed so a rate of 3.5% is guaranteed.

4 CONCLUSION

4.1 The attached accounts for the year ended 31st March 2015 demonstrate that the Trust has met all its primary financial duties and has posted an overall retained surplus of £4.585m which relates to a surplus of £4.653m for DH performance target purposes. The Trust met its other primary financial duties.

5 RECOMMENDATION

5.1 The Board is asked to consider the accounts and key matters contained in the ISA 260 report and are RECOMMENDED to formally adopt the accounts of the Trust for the year ended 31st March 2015.

5.2 The Board is asked to consider and confirm that the proposed representations are fair and complete.

Manzoor Zaman
Interim Associate Director of Finance

29th May 2015

Sandwell and West Birmingham Hospitals NHS Trust -Annual Accounts 2014/15

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

These accounts are for Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2015.

Directors

The following have been Directors of the Trust during the year:

Chair	-	Richard Samuda	
Vice Chair		Olwen Dutton	
Vice Chair		Clare Robinson	- resigned 28 February 2015
Executive Directors:			
Chief Executive	-	Toby Lewis	
Chief Operating Officer	-	Rachel Barlow	
Finance Director	-	Antony Waite	
Medical Director	-	Roger Stedman	
Chief Nurse	-	Colin Ovington	
Director of Governance	-	Kam Dhami	
Director of Workforce Organisational Development	-	Raffaela Goodby	- appointed 11 February 2015
Director of Strategy & Organisational Development	-	Mike Sharon	- resigned 02 April 2014
Non-Executive Directors			
	-	Gianjeet Hunjan	
	-	Sarindar Singh Sahota	
	-	Harjinder Kang	
	-	Paramjit Gill	- appointed 14 April 2014
	-	Michael Hoare	

Bankers

Government Banking Services
West Wing
Somerset House
Strand
London
WC2R 1LB

Auditors

KPMG LLP
Chartered Accountants
8th Floor
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

Sandwell and West Birmingham Hospitals NHS Trust -Annual Accounts 2014/15

FOREWORD TO THE ACCOUNTS

Sandwell and West Birmingham Hospitals NHS Trust

These accounts for the year ended 31 March 2015 have been prepared by the Sandwell and West Birmingham Hospitals NHS Trust under National Health Service Act 2006 c. 41 Schedule 15: Preparation of annual accounts in the form which the Secretary of State has, with the approval of the Treasury, directed.

Trust name	Sandwell and West Birmingham Hospitals NHS Trust
This year	2014-15
Last year	2013-14
This year ended	31 March 2015
Last year ended	31 March 2014
This year commencing:	1 April 2014
Last year commencing:	1 April 2013

Accounts 2014-15

**Statement of Comprehensive Income for year ended
31 March 2015**

	NOTE	2014-15 £000s	2013-14 £000s
Gross employee benefits	9.1	(292,253)	(291,589)
Other operating costs	7	(142,315)	(142,873)
Revenue from patient care activities	4	403,189	396,256
Other operating revenue	5	43,401	42,766
Operating surplus		12,022	4,560
Investment revenue	11	109	129
Other (losses)	12	0	(193)
Finance costs	13	(2,221)	(2,284)
Surplus for the financial year		9,910	2,212
Public dividend capital dividends payable		(5,325)	(4,717)
Net Gain/(loss) on transfers by absorption		0	0
Retained surplus/(deficit) for the year		4,585	(2,505)

Other Comprehensive Income

	2014-15 £000s	2013-14 £000s
Impairments and reversals taken to the revaluation reserve	2,421	7,429
Net gain on revaluation of property, plant & equipment	0	1,486
Total comprehensive income for the year*	7,006	6,410

Financial performance for the year

Retained surplus/(deficit) for the year	4,585	(2,505)
a) IFRIC 12 adjustment (including IFRIC 12 impairments)	0	(1,108)
b) Impairments (excluding IFRIC 12 impairments)	(263)	10,030
c) Adjustments in respect of donated gov't grant asset reserve elimination	331	334
Adjusted retained surplus	4,653	6,751

A Trust Reported NHS financial performance position is derived from its Retained Surplus/ (Deficit), but adjusted for the following:-

a) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. The Trust is better off under IFRS than UK GAAP. PFI building did not have any reversal of impairment in 2014-15 valuation.

b) The Trust is required to revalue its Land and Building on a regular basis as a result of the IFRS implementation and this has resulted in a reversal of impairment of its Building and land by £2.68m, £2.42m of which was absorbed by the revaluation reserve which has been built up over the years. However, a reversal of impairment of £0.26m has been recognised in the I&E account. Reversal of impairments are specifically excluded from measurement of the Trust's financial performance.

c) Due to change in accounting requirement, elimination of donated and government grant reserve has resulted in net decrease of its income by £0.33m. Therefore, the reduction of income resulting from the application of change to donated and government grant account treatment, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This is not considered part of the organisation's operating position.

The notes on pages 8 to 45 form part of this account.

**Statement of Financial Position as at
31 March 2015**

		31 March 2015	31 March 2014
	NOTE	£000s	£000s
Non-current assets:			
Property, plant and equipment	14	233,309	226,403
Intangible assets	15	677	886
Investment property	17	0	0
Other financial assets	22	0	0
Trade and other receivables	21.1	890	1,011
Total non-current assets		234,876	228,300
Current assets:			
Inventories	20	3,467	3,272
Trade and other receivables	21.1	17,128	17,448
Other financial assets	22	0	0
Other current assets	23	0	0
Cash and cash equivalents	24	28,382	41,808
Sub-total current assets		48,977	62,528
Non-current assets held for sale	25	0	0
Total current assets		48,977	62,528
Total assets		283,853	290,828
Current liabilities			
Trade and other payables	26	(46,761)	(55,138)
Other liabilities	27	0	0
Provisions	33	(4,502)	(8,036)
Borrowings	28	(1,017)	(1,064)
Other financial liabilities	29	0	0
DH revenue support loan	28	0	0
DH capital loan	28	(1,000)	(2,000)
Total current liabilities		(53,280)	(66,238)
Net current assets/(liabilities)		(4,303)	(3,710)
Total assets less current liabilities		230,573	224,590
Non-current liabilities			
Provisions	33	(2,986)	(2,562)
Borrowings	28	(26,898)	(27,915)
DH capital loan	28	0	(1,000)
Total non-current liabilities		(29,884)	(31,477)
Total assets employed:		200,689	193,113
FINANCED BY:			
Public Dividend Capital		162,210	161,640
Retained earnings		(13,758)	(19,484)
Revaluation reserve		43,179	41,899
Other reserves		9,058	9,058
Total Taxpayers' Equity:		200,689	193,113

The notes on pages 8 to 45 form part of this account.

The financial statements on pages 4 to 7 were approved by the Audit and Risk Management Committee on 4th June 2015 and adopted by the Trust Board and signed on its behalf by:

Toby Lewis
(Chief Executive)

Date: 4th June 2015

Statement of Changes in Taxpayers' Equity
For the year ending 31 March 2015

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2014	161,640	(19,484)	41,899	9,058	193,113
Changes in taxpayers' equity for 2014-15					
Retained surplus for the year	0	4,585	0	0	4,585
Impairments and reversals	0	0	2,421	0	2,421
Transfers between reserves	0	1,141	(1,141)	0	0
Reclassification Adjustments					
New temporary and permanent PDC received - cash	570	0	0	0	570
Net recognised revenue for the year	570	5,726	1,280	0	7,576
Balance at 31 March 2015	162,210	(13,758)	43,179	9,058	200,689
Balance at 1 April 2013	160,231	(20,260)	34,356	9,058	183,385
Changes in taxpayers' equity for the year ended 31 March 2014					
Retained (deficit) for the year	0	(2,505)	0	0	(2,505)
Net gain on revaluation of property, plant, equipment	0	0	1,486	0	1,486
Impairments and reversals	0	0	7,429	0	7,429
Transfers between reserves	0	1,372	(1,372)	0	0
Transfers under Modified Absorption Accounting - PCTs & SHAs	0	1,909	0	0	1,909
Reclassification Adjustments					
New temporary and permanent PDC received - cash	1,409	0	0	0	1,409
Net recognised revenue for the year	1,409	776	7,543	0	9,728
Balance at 31 March 2014	161,640	(19,484)	41,899	9,058	193,113

Statement of Cash Flows for the Year ended 31 March 2015

	2014-15	2013-14
	£000s	£000s
Cash Flows from Operating Activities		
Operating surplus	12,022	4,560
Depreciation and amortisation	13,363	13,673
Impairments and reversals	(263)	8,922
Donated Assets received credited to revenue but non-cash	(51)	(213)
Interest paid	(2,221)	(2,218)
Dividend paid	(5,170)	(4,327)
(Increase)/Decrease in Inventories	(195)	332
(Increase)/Decrease in Trade and Other Receivables	391	(6,965)
Increase/(Decrease) in Trade and Other Payables	(10,383)	13,395
Provisions utilised	(3,331)	(5,643)
Increase in movement in non cash provisions	185	2,529
Net Cash Inflow from Operating Activities	4,347	24,045
Cash Flows from Investing Activities		
Interest Received	109	131
(Payments) for Property, Plant and Equipment	(15,388)	(22,985)
(Payments) for Intangible Assets	0	(210)
Net Cash (Outflow) from Investing Activities	(15,279)	(23,064)
Net Cash Inform / (outflow) before Financing	(10,932)	981
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	570	1,409
Loans repaid to DH - Capital Investment Loans Repayment of Principal	(2,000)	(2,000)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(1,064)	(1,081)
Net Cash (Outflow) from Financing Activities	(2,494)	(1,672)
NET (DECREASE) IN CASH AND CASH EQUIVALENTS	(13,426)	(691)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	41,808	42,499
Cash and Cash Equivalents (and Bank Overdraft) at year end	28,382	41,808

NOTES TO THE ACCOUNTS

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Manual for Accounts 2014-15 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Charitable Funds

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. The Board of Sandwell and West Birmingham Hospitals NHS Trust acts as a corporate trustee for the Charitable Funds, but in accordance with IAS 1 Presentation of Financial Statements it is not material to the accounts and has therefore not been consolidated. (See note 1.4.1.)

1.4 Critical accounting judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. (Further information is provided in Note 1.4.2 Key sources of estimation uncertainty.)

1.4.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see 1.4.2 below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Following Treasury's agreement to apply IFRS 10 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Sandwell and West Birmingham Hospitals NHS Trust Charities, charity number 1056127, it effectively has the power to exercise control so as to obtain economic benefits.

Total donations received during 2014 / 2015 were £1.305m and total resources expended were £0.869m which are only 0.17% of the Trust's Exchequer Funds. There were legacies of £0.327m received during 2014/15.

IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material and this guidance is reiterated in the NHS Manual for Accounts 2014-15.

Thus, In line with IAS 1, charitable funds are not consolidated into Sandwell and West Birmingham Hospitals NHS Trust's accounts on grounds of materiality.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.4.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

A model provided by the Department of Health has been used to calculate the effect of bringing the PFI scheme on to the Trust balance sheet. This is not expected to yield a result that is materially different from other means of calculation.

A desktop asset valuation and review of remaining lives of the Trust's estate was conducted by the District Valuer using data from BCIS (Building Cost Information Services) and RICS (Royal Institute of Chartered Surveyors). This methodology meets the requirements of International Accounting Standards (IAS) 16 Property, Plant and Equipment and does not deviate from the principles therein.

1.5 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of costs incurred to date compared to total expected costs.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.6 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.7 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Equipment is depreciated on current cost evenly over the following estimated life of the asset:

Asset	Years
Software Licences	0 to 4
Plant & Machinery	0 to 10
Transport Equipment	0 to 10
Information Technology	0 to 5
Furniture & Fittings	0 to 10

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Notes to the Accounts - 1. Accounting Policies (Continued)

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Notes to the Accounts - 1. Accounting Policies (Continued)

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.10 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME). This is necessary to comply with Treasury's budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.

AME budgets are set by the Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform Treasury if they expect AME spending to rise above forecast. Whilst Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require Treasury approval.

1.11 Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.12 Government grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The NHS trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.14 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the NHS trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS trust's Statement of Financial Position.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.15 Inventories

Inventories are valued at the lower of cost and net realisable value using the cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.16 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the NHS trust's cash management.

1.17 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2% in real terms 1.3% for employee early departure obligations.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.18 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the trust is disclosed at note 39.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.19 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.20 Carbon Reduction Commitment Scheme (CRC)

CRC and similar allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income amounts are valued at fair value at the end of the reporting period.

1.21 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Notes to the Accounts - 1. Accounting Policies (Continued)**1.22 Financial assets**

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques as recent market transaction.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.23 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

OR

The amount of the obligation under the contract, as determined in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets.

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.24 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.25 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.26 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. Details of third party assets are given in Note 42 to the accounts.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.27 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the Trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

1.28 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.29 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCNE/SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.30 Accounting Standards that have been issued but have not yet been adopted

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2014-15. The application of the Standards as revised would not have a material impact on the accounts for 2014-15, were they applied in that year:

IFRS 9 Financial Instruments - subject to consultation - subject to consultation
IFRS 13 Fair Value Measurement - subject to consultation
IFRS 15 Revenue from Contracts with Customers

2. Operating segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

3. Income generation activities

The Trust does not undertake any income generation activities where full cost exceeded £1m or was material to the financial performance of the Trust.

4. Revenue from patient care activities	2014-15 £000s	2013-14 £000s
NHS Trusts	162	205
NHS England	53,706	53,399
Clinical Commissioning Groups	344,057	338,680
Foundation Trusts	2,438	1,175
Department of Health	0	0
NHS Other (including Public Health England and Prop Co)	1,107	0
Non-NHS:		
Private patients	193	153
Overseas patients (non-reciprocal)	230	219
Injury costs recovery	1,175	1,523
Other	121	902
Total Revenue from patient care activities	403,189	396,256

5. Other operating revenue	2014-15 £000s	2013-14 £000s
Recoveries in respect of employee benefits	714	1,230
Patient transport services	259	251
Education, training and research	21,005	21,754
Charitable and other contributions to revenue expenditure -non- NHS	36	36
Receipt of donations for capital acquisitions - Charity	51	213
Non-patient care services to other bodies	9,062	8,197
Income generation	4,766	4,002
Other revenue	7,508	7,083
Total Other Operating Revenue	43,401	42,766
Total operating revenue	446,590	439,022

6. Overseas Visitors Disclosure	2014-15 £000	2013-14 £000s
Income recognised during 2014-15 (invoiced amounts and accruals)	230	219
Cash payments received in-year (re receivables at 31 March 2014)	11	0
Cash payments received in-year (iro invoices issued 2014-15)	43	0
Amounts added to provision for impairment of receivables (re receivables at 31 March 2014)	0	0
Amounts added to provision for impairment of receivables (iro invoices issued 2014-15)	187	0
Amounts written off in-year (irrespective of year of recognition)	162	96

7. Operating expenses	2014-15 £000s	2013-14 £000s
Services from other NHS Trusts	573	745
Services from CCGs/NHS England	86	91
Services from other NHS bodies	2,736	1,854
Services from NHS Foundation Trusts	7,401	4,975
Total Services from NHS bodies*	10,796	7,665
Purchase of healthcare from non-NHS bodies	1,438	1,476
Trust Chair and Non-executive Directors	85	66
Supplies and services - clinical	73,094	68,538
Supplies and services - general	5,819	6,005
Consultancy services	2,230	2,689
Establishment	4,764	4,903
Transport	1,619	1,161
Service charges - ON-SOFP PFIs and other service concession arrangements	1,006	973
Business rates paid to local authorities	1,799	1,482
Premises	16,801	14,875
Hospitality	0	0
Insurance	98	131
Legal Fees	191	321
Impairments and Reversals of Receivables	(9)	(22)
Inventories write down	50	151
Depreciation	13,126	13,404
Amortisation	237	269
Impairments and reversals of property, plant and equipment	(263)	8,922
Audit fees	133	140
Other Auditor's Remuneration - Taxation Services	7	12
Clinical negligence	6,676	7,221
Research and development (excluding staff costs)	297	246
Education and Training	1,102	1,145
Change in Discount Rate	(14)	123
Other	1,233	977
Total Operating expenses (excluding employee benefits)	142,315	142,873
Employee Benefits		
Employee benefits excluding Board members	291,090	290,428
Board members (Executive Directors)	1,163	1,161
Total Employee Benefits	292,253	291,589
Total Operating Expenses	434,568	434,462

8 Operating Leases

The Trust does not hold a material value of operating leases as the majority of higher value leases are defined as finance leases. Residual operating leases relate to low value items of equipment.

8.1 Trust as lessee	2014-15			2013-14
	Land £000s	Other £000s	Total £000s	
Payments recognised as an expense				
Minimum lease payments			90	93
Total			90	93
Payable:				
No later than one year	13	85	98	93
Between one and five years	52	101	153	190
After five years	117	0	117	0
Total	182	186	368	283
Total future sublease payments expected to be received:			0	0

9 Employee benefits and staff numbers

9.1 Employee benefits

	2014-15		
	Total £000s	Permanently employed £000s	Other £000s
Employee Benefits - Gross Expenditure			
Salaries and wages	250,736	223,773	26,963
Social security costs	17,819	17,136	683
Employer Contributions to NHS BSA - Pensions Division	25,102	24,393	709
Termination benefits	79	79	0
Total employee benefits	293,736	265,381	28,355
Employee costs capitalised	1,483	1,483	0
Gross Employee Benefits excluding capitalised costs	292,253	263,898	28,355

	2013-14		
	Total £000s	Permanently employed £000s	Other £000s
Employee Benefits - Gross Expenditure 2013-14			
Salaries and wages	245,008	220,668	24,340
Social security costs	19,169	18,389	780
Employer Contributions to NHS BSA - Pensions Division	27,887	27,008	879
Termination benefits	0	0	0
Total employee benefits	292,064	266,065	25,999
Employee costs capitalised	475	475	0
Gross Employee Benefits excluding capitalised costs	291,589	265,590	25,999

9.2 Staff Numbers

	2014-15			2013-14
	Total Number	Permanently employed Number	Other Number	Total Number
Average Staff Numbers				
Medical and dental	805	750	55	791
Ambulance staff	0	0	0	0
Administration and estates	1,469	1,322	147	1,518
Healthcare assistants and other support staff	1,847	1,603	244	1,494
Nursing, midwifery and health visiting staff	2,245	1,951	294	2,234
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	744	720	24	1,141
Social Care Staff	0	0	0	0
Other	0	0	0	0
TOTAL	7,110	6,346	764	7,178
Of the above - staff engaged on capital projects	25	25	0	7

9.3 Staff Sickness absence and ill health retirements

	2014-15 Number	2013-14 Number
Total Days Lost	66,120	64,130
Total Staff Years	6,492	6,526
Average working Days Lost	10.18	9.83
	2014-15 Number	2013-14 Number
Number of persons retired early on ill health grounds	7	6
	£000s	£000s
Total additional pensions liabilities accrued in the year	468	488

9.4 Exit Packages agreed in 2014-15

Exit package cost band (including any special payment element)	2014-15			2013-14		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	Number	Number	Number	Number	Number
Less than £10,000	1	0	1	0	0	0
£10,000-£25,000	1	0	1	3	0	3
£25,001-£50,000	0	0	0	4	0	4
£50,001-£100,000	1	0	1	4	0	4
£100,001 - £150,000	0	0	0	2	0	2
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type (total cost)	3	0	3	13	0	13
Total resource cost (£s)	78,914	0	78,914	715,819	0	715,819

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

9.5 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

10 Better Payment Practice Code

10.1 Measure of compliance

	2014-15 Number	2014-15 £000s	2013-14 Number	2013-14 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	121,899	154,330	111,261	133,953
Total Non-NHS Trade Invoices Paid Within Target	111,495	141,219	102,542	124,099
Percentage of NHS Trade Invoices Paid Within Target	91.47%	91.50%	92.16%	92.64%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,787	27,132	2,041	24,654
Total NHS Trade Invoices Paid Within Target	2,903	20,812	1,792	19,923
Percentage of NHS Trade Invoices Paid Within Target	76.66%	76.71%	87.80%	80.81%

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

The Trust did not make any payments in respect of this in 2014/15 nor 2013/14

11 Investment Revenue

	2014-15 £000s	2013-14 £000s
Bank interest	109	129
Total investment revenue	109	129

12 Other Gains and Losses

	2014-15 £000s	2013-14 £000s
Gain/(Loss) on disposal of assets other than by sale (PPE)	0	(193)
Total	0	(193)

13 Finance Costs

	2014-15 £000s	2013-14 £000s
Interest		
Interest on loans and overdrafts	21	38
Interest on obligations under finance leases	3	40
Interest on obligations under PFI contracts:		
- main finance cost	1,437	1,488
- contingent finance cost	710	652
Total interest expense	2,171	2,218
Provisions - unwinding of discount	50	66
Total	2,221	2,284

14.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
2014-15									
Cost or valuation:									
At 1 April 2014	44,171	167,905	967	0	99,496	3,712	25,061	1,992	343,304
Additions of Assets Under Construction	0	0	0	6,303	0	0	0	0	6,303
Additions Purchased	0	4,255	0	0	4,043	121	2,364	5	10,788
Additions - Non Cash Donations (i.e. physical assets)	0	0	0	0	51	0	0	0	51
Additions Leased	0	206	0	0	0	0	0	0	206
Disposals other than for sale	0	0	0	0	(2,169)	0	(63)	0	(2,232)
Upward revaluation/positive indexation	(6,816)	(13,724)	(69)	0	0	0	0	0	(20,609)
Reversal of Impairments	385	2,012	24	0	0	0	0	0	2,421
At 31 March 2015	37,740	160,654	922	6,303	101,421	3,833	27,362	1,997	340,232
Depreciation									
At 1 April 2014	7,261	6,856	13	0	78,359	2,921	20,194	1,297	116,901
Disposals other than for sale	0	0	0	0	(2,169)	0	(63)	0	(2,232)
Upward revaluation/positive indexation	(6,816)	(13,724)	(69)	0	0	0	0	0	(20,609)
Impairments	0	1,273	12	0	0	0	0	0	1,285
Reversal of Impairments	(445)	(1,103)	0	0	0	0	0	0	(1,548)
Charged During the Year	0	6,698	44	0	4,602	198	1,421	163	13,126
At 31 March 2015	0	0	0	0	80,792	3,119	21,552	1,460	106,923
Net Book Value at 31 March 2015	37,740	160,654	922	6,303	20,629	714	5,810	537	233,309
Asset financing:									
Owned - Purchased	37,740	139,344	922	6,303	19,902	714	5,810	537	211,272
Owned - Donated	0	394	0	0	727	0	0	0	1,121
Owned - Government Granted	0	951	0	0	0	0	0	0	951
On-SOFP PFI contracts	0	19,965	0	0	0	0	0	0	19,965
Total at 31 March 2015	37,740	160,654	922	6,303	20,629	714	5,810	537	233,309

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2014	17,953	23,441	431	0	71	0	0	3	41,899
Movements	385	936	7	0	(45)	0	0	(3)	1,280
At 31 March 2015	18,338	24,377	438	0	26	0	0	0	43,179

14.2 Property, plant and equipment prior-year

	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
2013-14								
Cost or valuation:								
At 1 April 2013	37,132	151,136	898	99,416	3,697	22,926	1,718	316,923
Transfers under Modified Absorption Accounting - PCTs & SHAs	0	1,805	0	79	0	0	25	1,909
Additions Purchased	4,997	9,646	0	4,091	72	2,162	249	21,217
Additions - Non Cash Donations (i.e. Physical Assets)	0	0	0	213	0	0	0	213
Disposals other than for sale	0	0	0	(4,303)	(57)	(27)	0	(4,387)
Revaluation	0	0	0	0	0	0	0	0
Impairments/negative indexation charged to reserves	(45)	(1,129)	0	0	0	0	0	(1,174)
Reversal of Impairments charged to reserves	2,087	6,447	69	0	0	0	0	8,603
At 31 March 2014	44,171	167,905	967	99,496	3,712	25,061	1,992	343,304
Depreciation								
At 1 April 2013	0	0	0	77,425	2,704	19,003	1,122	100,254
Disposals other than for sale	0	0	0	(4,109)	(57)	(27)	0	(4,193)
Revaluation	(605)	(881)	0	0	0	0	0	(1,486)
Impairments/negative indexation charged to operating expenses	10,224	4,378	0	0	0	0	0	14,602
Reversal of Impairments charged to operating expenses	(2,358)	(3,295)	(27)	0	0	0	0	(5,680)
Charged During the Year	0	6,654	40	5,043	274	1,218	175	13,404
At 31 March 2014	7,261	6,856	13	78,359	2,921	20,194	1,297	116,901
Net Book Value at 31 March 2014	36,910	161,049	954	21,137	791	4,867	695	226,403
Asset financing:								
Owned - Purchased	36,910	139,525	954	20,070	766	4,852	695	203,772
Owned - Donated	0	401	0	1,021	0	15	0	1,437
Owned - Government Granted	0	966	0	0	0	0	0	966
Held on finance lease	0	0	0	46	25	0	0	71
On-SOFP PFI contracts	0	20,157	0	0	0	0	0	20,157
Total at 31 March 2014	36,910	161,049	954	21,137	791	4,867	695	226,403

14.3 Property, plant and equipment

The Trust received donated assets to the value of £51k during the year, £39k via Sandwell And West Birmingham Hospital's charitable funds and £13k from the League of Friends, both in respect of medical equipment.

The Trust's property assets (land and buildings) were revalued during the year by the District Valuation Service and using Modern Equivalent Asset valuation techniques with a valuation date of 31st March 2015. Valuation was undertaken with reference to the size, location and function of existing buildings and the basis on which they would be replaced by Modern Equivalent Assets.

Asset lives for currently held assets are as follows:

Asset	Years
Buildings excluding dwellings	4 to 81
Dwellings	6 to 40
Plant and machinery	0 to 11
Transport equipment	0 to 7
Information technology	0 to 5
Furniture and fittings	0 to 10

15.1 Intangible non-current assets

	Computer Licenses	Patents	Total
2014-15			
	£000's	£000's	£000's
At 1 April 2014	2,901	185	3,086
Additions Purchased	0	28	28
At 31 March 2015	2,901	213	3,114
Amortisation			
At 1 April 2014	2,200	0	2,200
Charged during the year	237	0	237
At 31 March 2015	2,437	0	2,437
Net Book Value at 31 March 2015	464	213	677
Asset Financing: Net book value at 31 March 2015			
comprises:			
Purchased	464	213	677
Total at 31 March 2015	464	213	677

15.2 Intangible non-current assets prior year

	Computer Licenses	Patents	Total
2013-14			
	£000s	£000s	£000s
Cost or valuation:			
At 1 April 2013	2,691	164	2,855
Additions - purchased	210	21	231
At 31 March 2014	<u>2,901</u>	<u>185</u>	<u>3,086</u>
Amortisation			
At 1 April 2013	1,931	0	1,931
Charged during the year	269	0	269
At 31 March 2014	<u>2,200</u>	<u>0</u>	<u>2,200</u>
Net book value at 31 March 2014	701	185	886
Net book value at 31 March 2014 comprises:			
Purchased	699	185	884
Donated	2		2
Total at 31 March 2014	<u>701</u>	<u>185</u>	<u>886</u>

15.3 Intangible non-current assets

Asset lives for intangible assets (purchased computer software) range from 0 to 5 years. Assets are initially recognised at cost and amortised over the expected life of the asset. They have not been revalued.

An intangible asset in respect of Carbon Emission Credits is included in the Trust's accounts to reflect the receipt and consumption of these credits. They are valued at market price at 31st March 2015.

The Trust does not hold any revaluation reserve balances in respect of intangible assets.

16 Analysis of impairments and reversals recognised in 2014-15

	2014-15
	Total
	£000s
Property, Plant and Equipment impairments and reversals taken to SoCI	
Changes in market price	(263)
Total charged to Annually Managed Expenditure	(263)
 Total Impairments of Property, Plant and Equipment changed to SoCI	 (263)
 Total Impairments charged to SoCI - Departmental Expenditure Limit	 0
Total Impairments charged to SoCI - Annually Managed Expenditure	(263)
Overall Total Impairments	(263)

17 Investment property

The Trust did not hold any investment property in 2013-14 or in 2014-15.

18 Commitments

18.1 Capital commitments

Contracted capital commitments at 31 March 15 not otherwise included in these financial statements:

	31 March 2015	31 March 2014
	£000s	£000s
Property, plant and equipment	1,749	1,128
Total	1,749	1,128

18.2 Other financial commitments

The Trust has not entered into any non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements).

19 Intra-Government and other balances

	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000s	£000s	£000s	£000s
Balances with Other Central Government Bodies	1,286	0	3,625	0
Balances with Local Authorities	443	0	0	0
Balances with NHS bodies inside the Departmental Group	11,156	0	9,500	0
Balances with Bodies External to Government	4,243	890	35,653	26,898
At 31 March 2015	17,128	890	48,778	26,898
prior period:				
Balances with Other Central Government Bodies	8,254	0	14,218	0
Balances with NHS Trusts and FTs	2,829	0	2,088	0
At 31 March 2014	11,083	0	16,306	0

20 Inventories	Drugs £000s	Consumables £000s	Work in Progress £000s	Energy £000s	Total £000s
Balance at 1 April 2014	1,503	1,537	0	232	3,272
Additions	33,304	7,401	0	0	40,705
Inventories recognised as an expense in the period	(33,173)	(7,228)	0	(59)	(40,460)
Write-down of inventories (including losses)	(50)	0	0	0	(50)
Balance at 31 March 2015	1,584	1,710	0	173	3,467

21.1 Trade and other receivables

	Current		Non-current	
	31 March 2015 £000s	31 March 2014 £000s	31 March 2015 £000s	31 March 2014 £000s
NHS receivables - revenue	9,016	11,083	0	0
NHS prepayments and accrued income	2,007	514	0	0
Non-NHS receivables - revenue	1,667	2,198	0	0
Non-NHS prepayments and accrued income	2,802	2,020	0	0
Provision for the impairment of receivables	(1,384)	(1,578)	(260)	(285)
VAT	1,286	657	0	0
Other receivables	1,734	2,554	1,150	1,296
Total	17,128	17,448	890	1,011
Total current and non current	18,018	18,459		

Included in NHS receivables are prepaid pension contributions: **0**

The great majority of trade is with NHS Clinical Commissioning Groups (CCGs). As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

There are no material individual receivables which are neither past due nor impaired.

21.2 Receivables past their due date but not impaired

	31 March 2015 £000s	31 March 2014 £000s
By up to three months	884	1,001
By three to six months	520	537
By more than six months	260	285
Total	1,664	1,823

21.3 Provision for impairment of receivables

	2014-15 £000s	2013-14 £000s
Balance at 1 April 2014	(1,863)	(2,038)
Amount written off during the year	210	153
Amount recovered during the year	66	321
(Increase)/decrease in receivables impaired	(57)	(299)
Balance at 31 March 2015	(1,644)	(1,863)

Impairment of receivables is based on an assessment of individual amounts receivable taking into account the age of the debt and other known circumstances regarding the debt or the debtor.

22 Other Financial Assets - Current/ Non Current

The Trust does not hold any other financial assets.

23 Other current assets

The Trust does not hold any other current assets.

24 Cash and Cash Equivalents

	31 March 2015	31 March 2014
	£000s	£000s
Opening balance	41,808	42,499
Net change in year	<u>(13,426)</u>	<u>(691)</u>
Closing balance	<u>28,382</u>	<u>41,808</u>
Made up of		
Cash with Government Banking Service	28,359	41,781
Cash in hand	23	27
Cash and cash equivalents as in statement of financial position	<u>28,382</u>	<u>41,808</u>
Cash and cash equivalents as in statement of cash flows	<u>28,382</u>	<u>41,808</u>
Patients' money held by the Trust, not included above	<u>3</u>	<u>1</u>

25 Non-current assets held for sale

The Trust does not hold any non current assets for sale.

26 Trade and other payables

	Current		Non-current	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000s	£000s	£000s	£000s
NHS payables - revenue	1,407	8,767	0	0
NHS accruals and deferred income	7,306	1,756	0	0
Non-NHS payables - revenue	1,864	11,330	0	0
Non-NHS payables - capital	8,121	6,220	0	0
Non-NHS accruals and deferred income	24,651	20,664	0	0
Social security costs	2,779	2,865	0	0
PDC Dividend payable to DH	105	0	0	0
VAT	0	1	0	0
Tax	528	2,918	0	0
Other	0	617	0	0
Total	46,761	55,138	0	0
Total payables (current and non-current)	46,761	55,138		

Included above:

outstanding Pension Contributions at the year end 318 3,763

For 2014/15, PDC dividends payable to the Department of Health were underpaid and balances due to Department of Health are as follows:

PDC dividend: balance receivable/(payable) at 31 March 2015 (105)
PDC dividend: balance receivable/(payable) at 31 March 2014 50

27 Other liabilities

The Trust does not hold any other liabilities.

28 Borrowings

	Current		Non-current	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000s	£000s	£000s	£000s
Loans from Department of Health	1,000	2,000	0	1,000
PFI liabilities:				
Main liability	1,017	998	26,898	27,915
Finance lease liabilities	0	66	0	0
Total	2,017	3,064	26,898	28,915
Total other liabilities (current and non-current)	28,915	31,979		

Borrowings / Loans - repayment of principal falling due in:

	31 March 2015		
	DH	Other	Total
	£000s	£000s	£000s
0-1 Years	1,000	1,017	2,017
1 - 2 Years	0	2,210	2,210
2 - 5 Years	0	4,867	4,867
Over 5 Years	0	19,821	19,821
TOTAL	1,000	27,915	28,915

29 Other financial liabilities

The Trust does not hold any other financial liabilities.

30 Deferred revenue

	Current		Non-current	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000s	£000s	£000s	£000s
Opening balance at 1 April 2014	4,138	2,118	0	0
Deferred revenue addition	4,858	4,138	0	0
Transfer of deferred revenue	(4,138)	(2,118)	0	0
Current deferred Income at 31 March 2015	4,858	4,138	0	0
Total deferred income (current and non-current)	4,858	4,138		

31 Finance lease obligations as lessee

The Trust does not hold any Finance lease obligation as lessee as at 31 March 15

Amounts payable under finance leases (Other)

	Minimum lease payments		Present value of minimum	
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000s	£000s	£000s	£000s
Within one year	0	66	0	66
Minimum Lease Payments / Present value of minimum lease payments	0	66	0	66
Included in:				
Current borrowings			0	66
			0	66

32 Finance lease receivables as lessor

The Trust does not hold any Finance lease as lessor.

33 Provisions

Comprising:

	Total	Early Departure Costs	Legal Claims	Restructuring	Other	Redundancy
	£000s	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2014	10,598	780	356	2,481	6,981	0
Arising during the year	2,893	384	256	472	775	1,006
Utilised during the year	(3,331)	(92)	(183)	(79)	(2,977)	0
Reversed unused	(2,708)	(26)	(38)	(2,402)	(242)	0
Unwinding of discount	50	14	0	0	36	0
Change in discount rate	(14)	(4)	0	0	(10)	0
Balance at 31 March 2015	7,488	1,056	391	472	4,563	1,006
Expected Timing of Cash Flows:						
No Later than One Year	4,502	91	391	472	2,542	1,006
Later than One Year and not later than Five Years	835	362	0	0	473	0
Later than Five Years	2,151	603	0	0	1,548	0

Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

As at 31 March 2015	70,329
As at 31 March 2014	59,553

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for public and employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Restructuring provisions results from the Trust's ongoing restructuring scheme whereby staff have been redeployed at a lower pay grade whilst on pay protection as per Agenda for Change.

Other provisions cover Injury Benefits £1,992,000, employment tribunals and litigation claims £75,000, other contractual obligations £4,391,000 and £211,000 for carbon emission credits repayable.

Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Staff litigation claims represent potential liabilities to the Trust in respect of claims made by current or former employees.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme.

The timing and amount of the cashflows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

34 Contingencies

	31 March 2015 £000s	31 March 2014 £000s
Contingent liabilities		
NHS Litigation Authority legal claims	(193)	0
Pension & Injury Benefit	(467)	(620)
Net value of contingent liabilities	(660)	(620)

35 PFI and LIFT - additional information

The information below is required by the Department of Health for inclusion in national statutory accounts

	2014-15	2013-14
	£000s	£000s
Charges to operating expenditure and future commitments in respect of ON and OFF SOFP PFI		
Service element of on SOFP PFI charged to operating expenses in year	1,006	973
Total	1,006	973
Payments committed to in respect of off SOFP PFI and the service element of on SOFP PFI		
No Later than One Year	1,321	1,244
Later than One Year, No Later than Five Years	5,766	5,415
Later than Five Years	33,230	34,764
Total	40,317	41,423

The estimated annual payments in future years are not expected to be materially different from those which the Trust is committed to make during the next year.

Imputed "finance lease" obligations for on SOFP PFI contracts due	2014-15	2013-14
	£000s	£000s
No Later than One Year	4,407	3,148
Later than One Year, No Later than Five Years	18,760	13,281
Later than Five Years	53,769	63,394
Subtotal	76,936	79,823
Less: Interest Element	(49,021)	(50,910)
Total	27,915	28,913

Present Value Imputed "finance lease" obligations for on SOFP PFI contracts due	2014-15	2013-14
Analysed by when PFI payments are due	£000s	£000s
No Later than One Year	1,017	3,148
Later than One Year, No Later than Five Years	4,535	12,469
Later than Five Years	22,363	41,222
Total	27,915	56,839

Number of on SOFP PFI Contracts

Total Number of on PFI contracts	1	1
Number of on PFI contracts which individually have a total commitments value in excess of £500m	0	0

36 Impact of IFRS treatment - current year

	2014-15	2013-14
	£000s	£000s

The information below is required by the Department of Health for budget reconciliation purposes

Revenue costs of IFRS: Arrangements reported on SoFP under IFRIC12 (e.g PFI / LIFT)

Depreciation charges	546	518
Interest Expense	2,146	2,140
Impairment charge - AME	0	(1,108)
Impairment charge - DEL	0	0
Other Expenditure	1,006	973
Revenue Receivable from subleasing	0	0
Impact on PDC dividend payable	(292)	(419)
Total IFRS Expenditure (IFRIC12)	3,406	2,104
Revenue consequences of PFI / LIFT schemes under UK GAAP / ESA95 (net of any sublease revenue)	(3,952)	(3,950)
Net IFRS change (IFRIC12)	(546)	(1,846)

Capital Consequences of IFRS : LIFT/PFI and other items under IFRIC12

Capital expenditure 2014-15	0	0
UK GAAP capital expenditure 2014-15 (Reversionary Interest)	199	192

37 Financial Instruments

37.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the Trust Development Authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2015 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

37.2 Financial Assets

	At 'fair value through profit and loss' £000s	Loans and receivables £000s	Available for sale £000s	Total £000s
Embedded derivatives	0	0	0	0
Receivables - NHS	0	11,023	0	11,023
Receivables - non-NHS	0	2,199	0	2,199
Cash at bank and in hand	0	28,382	0	28,382
Total at 31 March 2015	0	41,604	0	41,604
Embedded derivatives	0	0	0	0
Receivables - NHS	0	10,290	0	10,290
Receivables - non-NHS	0	6,241	0	6,241
Cash at bank and in hand	0	41,808	0	41,808
Other financial assets	0	0	0	0
Total at 31 March 2014	0	58,339	0	58,339

37.3 Financial Liabilities

	At 'fair value through profit and loss' £000s	Other £000s	Total £000s
Embedded derivatives	0	0	0
NHS payables	0	1,407	1,407
Non-NHS payables	0	36,871	36,871
PFI & finance lease obligations	0	27,915	27,915
Total at 31 March 2015	0	66,193	66,193
Embedded derivatives	0	0	0
NHS payables	0	6,636	6,636
Non-NHS payables	0	44,312	44,312
PFI & finance lease obligations	0	28,979	28,979
Total at 31 March 2014	0	79,927	79,927

PFI & finance lease obligations relate to amounts payable in respect of the Trust's PFI and finance lease funded assets over the remaining life of the arrangements.

38 Events after the end of the reporting period

There are no material events after the reporting period which may have a material impact on the Trust's reported financial performance.

39 Related party transactions

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health is regarded as a related party. During 2014/2015, Sandwell And West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000's	£000's	£000's	£000's
NHS Sandwell & West Birmingham CCG	0	260,925	0	1,938
Birmingham and the Black Country	0	53,419	0	3,097
NHS Cross City CCG	47	44,056	47	98
Health Education England	0	18,936	0	238
NHS Birmingham South & Central CCG	0	13,419	0	265
NHS Walsall CCG	0	5,373	0	205
NHS Business Services Authority (NHS Pensions)	25,102	0	318	0
NHS Litigation Authority	6,676	0	0	0

There are a number of other Health Bodies with which the Trust has transacted during the normal course of its activities but these are not considered to be material.

The Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with the Department for Education and Skills in respect of university hospitals and Sandwell MBC and Birmingham City Council in respect of joint enterprises.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Trust Board.

The Trust has ongoing contractual relationships with all of the entities listed above.

40 Losses and special payments

The total number of losses cases in 2014-15 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	240,419	205
Special payments	269,749	91
Total losses and special payments	510,168	296

The total number of losses cases in 2013-14 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	284,559	222
Special payments	250,521	88
Total losses and special payments	535,080	310

There were no individual cases where the value of losses or special payments exceeded £300,000 in either 2014-15 or 2013-14.

41. Financial performance targets

The figures given for periods prior to 2009-10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

41.1 Breakeven performance

	2005-06 £000s	2006-07 £000s	2007-08 £000s	2008-09 £000s	2009-10 £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s
Turnover	313,388	327,536	348,475	359,161	384,774	387,870	424,144	433,007	439,022	446,590
Retained surplus/(deficit) for the year	(5,726)	3,399	6,524	2,547	(28,646)	(6,885)	4,540	(3,441)	(2,505)	4,585
Adjustment for:										
Timing/non-cash impacting distortions:										
Pre FDL(97)24 agreements	0	0	0	0	0	0	0	0	0	0
2006/07 PPA (relating to 1997/98 to 2005/06)	0	0	0	0	0	0	0	0	0	0
2007/08 PPA (relating to 1997/98 to 2006/07)	0	0	0	0	0	0	0	0	0	0
2008/09 PPA (relating to 1997/98 to 2007/08)	0	0	0	0	0	0	0	0	0	0
Adjustments for impairments	0	0	0	0	36,463	9,533	(2,395)	8,872	8,922	(263)
Adjustments for impact of policy change re donated/government grants assets	0	0	0	0	0	0	358	1,092	334	331
Consolidated Budgetary Guidance - adjustment for dual accounting under IFRIC12*	0	0	0	0	(557)	(455)	(640)	0	0	0
Absorption accounting adjustment	0	0	0	0	0	0	0	0	0	0
Other agreed adjustments	0	5,726	0	0	0	0	0	0	0	0
Break-even in-year position	(5,726)	9,125	6,524	2,547	7,260	2,193	1,863	6,523	6,751	4,653
Break-even cumulative position	(13,527)	(4,402)	2,122	4,669	11,929	14,122	15,985	22,508	29,259	33,912

* Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS [organisation]'s financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

	2005-06 %	2006-07 %	2007-08 %	2008-09 %	2009-10 %	2010-11 %	2011-12 %	2012-13 %	2013-14 %	2014-15 %
Materiality test (i.e. is it equal to or less than 0.5%):										
Break-even in-year position as a percentage of turnover	(1.83)	2.79	1.87	0.71	1.89	0.57	0.44	1.51	1.54	1.04
Break-even cumulative position as a percentage of turnover	(4.32)	(1.34)	0.61	1.30	3.10	3.64	3.77	5.20	6.66	7.59

0

41.2 Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and therefore the actual capital cost absorption rate is automatically 3.5%.

41.3 External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2014-15	2013-14
	£000s	£000s
External financing limit (EFL)	11,130	3,015
Cash flow financing	10,932	(981)
Unwinding of Discount Adjustment	0	66
Finance leases taken out in the year	0	0
Other capital receipts	0	0
External financing requirement	10,932	(915)
Under spend against EFL	198	3,930

41.4 Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2014-15	2013-14
	£000s	£000s
Gross capital expenditure	17,346	21,630
Less: book value of assets disposed of	0	(193)
Less: donations towards the acquisition of non-current assets	(51)	(213)
Charge against the capital resource limit	17,295	21,224
Capital resource limit	17,330	21,815
Underspend against the capital resource limit	35	591

42 Third party assets

The Trust does hold small amounts of cash and cash equivalents which relate to monies held by the NHS Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts. The balance at 31st March 2015 was £3k (31st March 2014 £1k).

43. Charitable Funds

The Board of Sandwell and West Birmingham Hospitals NHS Trust acts as Corporate Trustee for the Sandwell and West Birmingham Hospitals NHS Trust Charitable Funds. Within the specifications of IAS 1, these funds are not considered to be material to the overall financial performance or position of the Trust and are therefore not consolidated into the accounts of the Trust.

For the financial year ended 31st March 2015, key performance statistics for the Charitable Funds are as follows:

	31st March 2015 £000	31st March 2014 £000
Incoming Resources	1,683	1,547
Resources Expended	(869)	(1,047)
Other Movements	281	22
Net Movement in Funds	1,095	522
 Total Value of Charitable Funds at Year End	 6,924	 5,829

Trust Headquarters
Health and Wellbeing Centre
Sandwell General Hospital
Lyndon
West Bromwich
B71 4HJ
Tel: 0121 507 4871
Fax: 0121 507 5636
Direct email: tobylewis@nhs.net
Diary through: rosie.fuller@nhs.net

KPMG LLP
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

4 June 2015

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements of Sandwell & West Birmingham Hospitals NHS Trust ("the Trust"), for the year ended 31 March 2015 for the purpose of expressing an opinion:

- i. as to whether these financial statements give a true and fair view of the financial position of the Trust as at 31 March 2015 and of its income and expenditure for the financial year then ended; and
- ii. whether the financial statements have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England.

These financial statements comprise the Statement of Financial Position, the Statement of Comprehensive Income, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Board confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

Financial statements

1. The Board has fulfilled its responsibilities for the preparation of financial statements that:



- i. give a true and fair view of the financial position of the Trust as at 31 March 2015 and of its income and expenditure for that financial year;
- ii. have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England.

The financial statements have been prepared on a going concern basis.

2. Measurement methods and significant assumptions used by the Board in making accounting estimates, including those measured at fair value, are reasonable.
3. All events subsequent to the date of the financial statements and for which IAS 10 *Events after the reporting period* requires adjustment or disclosure have been adjusted or disclosed.
4. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this representation letter.

Information provided

5. The Board has provided you with:
 - access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
 - additional information that you have requested from the Board for the purpose of the audit; and
 - unrestricted access to persons within the Trust from whom you determined it necessary to obtain audit evidence.
6. All transactions have been recorded in the accounting records and are reflected in the financial statements.
7. The Board confirms the following:
 - i) The Board has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

- ii) The Board has disclosed to you all information in relation to:
 - a) Fraud or suspected fraud that it is aware of and that affects the Trust and involves:
 - management;



- employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements; and
- b) allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Board acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

8. The Board has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
9. The Board has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

The Board acknowledges in particular the provisions balance of £1.8m relating to transition enabling funds received from Commissioners in prior periods which includes Right Care, Right Here funds, for delivery in 2015/16 and future years. The Trust confirms that in its view a potential liability exists and therefore it is not appropriate to release these monies to the statement of comprehensive income or recognise them as deferred income.

10. The Board has disclosed to you the identity of the Trust's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 *Related Party Disclosures*.
11. The Board confirms that all intra-NHS balances included in the Statement of Financial Position (SOFP) at 31 March 2015 in excess of £100,000 have been disclosed to you and that the Trust has complied with the requirements of the Intra NHS Agreement of Balances Exercise. The Board confirms that Intra-NHS balances includes all balances with NHS counterparties, regardless of whether these balances are reported within those SOFP classifications formally deemed to be included within the Agreement of Balances exercise.
12. The Board confirms that:
- a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view.



- b) Any uncertainties disclosed are not considered to be material and therefore do not cast significant doubt on the ability of the Trust to continue as a going concern.

13. The Trust is required to consolidate any NHS charitable funds which are determined to be subsidiaries of the Trust. The decision on whether to consolidate is dependent upon the financial materiality and governance arrangements of the charitable funds. The Board confirms that, having considered these factors, it is satisfied that the charitable funds do not require consolidation as they are not material to the Trust's financial statements.

This letter was tabled and agreed at the meeting of the Board of Directors on 4 June 2015.

Yours faithfully,

Toby Lewis
[Chief Executive]

Anthony Waite
[Director of Finance]



Appendix to the Board Representation Letter of Sandwell & West Birmingham Hospitals NHS Trust: Definitions

Financial Statements

IAS 1.10 states that “a complete set of financial statements comprises:

- a statement of financial position as at the end of the period;
- a statement of comprehensive income for the period;
- a statement of changes in taxpayers equity for the period;
- a statement of cash flows for the period;
- notes, comprising a summary of significant accounting policies and other explanatory information;
- comparative information in respect of the preceding period as specified in paragraphs 38 and 38A; and
- a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 40A-40D.

Material Matters

Certain representations in this letter are described as being limited to matters that are material.

IAS 1.7 and IAS 8.5 state that:

“Material omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions that users make on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or a combination of both, could be the determining factor.”

Fraud

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity’s assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

Error

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity’s financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

- a) was available when financial statements for those periods were authorised for issue; and



- b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

Management

For the purposes of this letter, references to “management” should be read as “management and, where appropriate, those charged with governance”.

Related Party and Related Party Transaction

Related party:

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in IAS 24 *Related Party Disclosures* as the “reporting entity”).

- a) A person or a close member of that person’s family is related to a reporting entity if that person:
 - i. has control or joint control over the reporting entity;
 - ii. has significant influence over the reporting entity; or
 - iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
- b) An entity is related to a reporting entity if any of the following conditions applies:
 - i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
 - ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
 - iii. Both entities are joint ventures of the same third party.
 - iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
 - v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
 - vi. The entity is controlled, or jointly controlled by a person identified in (a).
 - vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

Related party transaction:

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.



Appendix B to the Board Representation Letter of Sandwell and West Birmingham Hospitals
NHS Trust Unadjusted Audit Differences

Issue	Statement of Financial Position (£)/ SOCI (£)	
	Adverse Impact (Dr)	Favourable Impact (Cr)
Recognition of provision for Right Care, Right Here balances and other transition enabling and services not yet provided as deferred income.	Dr Provisions £1.8m	Cr Deferred Income £1.8m
Goods received not invoiced accrual projected as invoices having being paid	Dr Accruals £3.8m	Cr SOCI £3.8m
Credit Note raised in respect of disputed NHS invoices or SLA underperformance	Dr NHS Receivables £0.8m	Cr NHS Income £0.8m

TRUST BOARD

DOCUMENT TITLE:	Annual Governance Statement
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis, Chief Executive
AUTHOR:	Toby Lewis, Chief Executive
DATE OF MEETING:	4 June 2015

EXECUTIVE SUMMARY:

The AGS sets out the system of internal control in place within the Trust which the Chief Executive, in his capacity as Accountable Officer, calls upon to discharge his duties and responsibilities for supporting the achievement of the organisation's policies, aims and objectives and for safeguarding the public funds and the organisation's assets.

REPORT RECOMMENDATION:

The recommendation from the Audit and Risk Management Committee is that the Trust Board approves the signing of the Annual Governance Statement by the Chief Executive.

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	
Clinical		Equality and Diversity		Workforce	

Comments:

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

The AGS presents an overview of the risk management framework and overall control framework in place within the Trust and as such cuts across most of the Trust objectives and standards.

PREVIOUS CONSIDERATION:

Audit Committee on 4 June 2015

ANNUAL GOVERNANCE STATEMENT 2014/2015

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

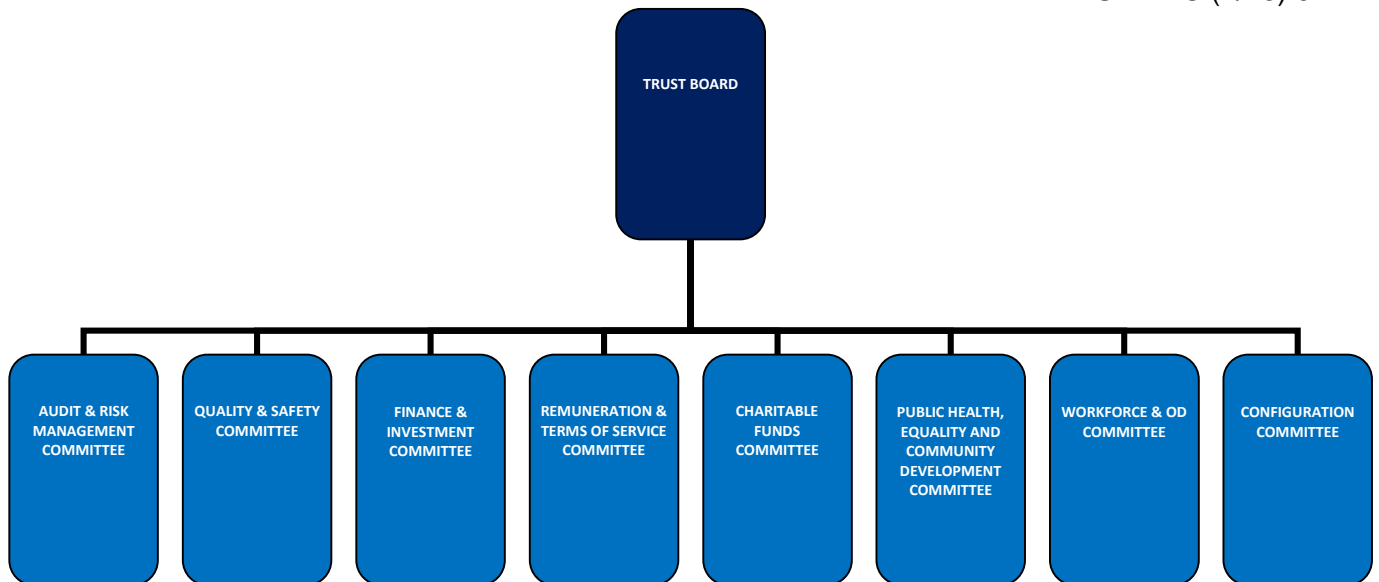
1. SCOPE OF RESPONSIBILITY

- 1.1 The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum. I have specific duties to ensure safety and to act in partnership with others. During 2014-2015, this accountability has been augmented by more explicit obligations around the duty of candour, as well as my responsibilities within the Board in respect of fit and proper persons.
- 1.2 Our internal controls reflect both a duty to work in partnership with others, and the necessity to do so to manage risks and inter-dependencies. In the last year, this has necessitated involvement in the Right Care, Right Here Executive and Board, which oversees strategic change in our local system. The Trust has been represented by our COO in the System Resilience Group which brings together statutory partners to ensure delivery of the mandate. On a weekly basis myself and the CCG accountable officer have discussed progress in this regard, along with representatives to the two local authorities with whom the Trust works.

2. THE GOVERNANCE FRAMEWORK OF THE ORGANISATION

- 2.1 The organisation is led strategically by the Trust Board. In 2014-2015 we are in the second year of a governance model which we consulted upon in spring 2013 and implemented in mid-year. This model is shown overleaf. It is designed to balance in-year control, with a long-term focus which is prospective and holds executive directors to account for the compliance of in year actions to multi-year plans. I discuss below an assessment of that approach as have now completed over a year working with it.

At Appendix A the roles and attendees to those committees are described. The Trust Board and its committees are administered by the Trust Secretary who maintains the Directors' Register of Interests and a register of attendance at meetings.



2.2 As reported last year we set out to accomplish some specific changes with our revised Board governance model:

- To ensure that quality and safety was at the heart of our agenda, and that the management of national wait time standards was part of that work. The quality and safety committee took responsibility for this portfolio, and this has been successful in ensuring that all service delivery matters are appraised monthly in one place.
- To ensure that our finance and investment committee could focus both on option appraisal for major business cases, as well as its work supporting the delivery of cost reductions, and the reform of our finance function. This has been achieved, with an escalation in the regularity of oversight through this committee to reflect delivery issues in Q1 and Q2.
- To create a single clear focus on staffing, workforce and the development of the organisation, through a dedicated committee with that purpose. This has undoubtedly driven Board focus on these matters, although the true effectiveness of these changes will be demonstrated, or otherwise in the year ahead, now that we have appointed to our Board-level Director of Organisational Development, and will from April 2015 operate through a single workforce directorate.
- To broaden the remit and impact of the prior Audit Committee and ensure that it supports our full Board's focus on revised risk management arrangements. Those revisions are assessed below. The centrality of the Trust's Risk Register to our governance at Board level during 2014-2015 is very evident in both the agendas, minutes, and specific service changes or advanced as a result.
- To oversee the 'to time, to budget' approach to the Midland Metropolitan development, which was supported by HMG in July 2014. The project remains on time and on budget.

2.3 Operationally, the Trust delivers care through seven Clinical Groups, each then sub-divided into directorates. The corporate group comprises seven directorates. The vast majority of clinical

services report to the Board through the Chief Operating Officer. The Group Directors, along with the Executive Directors, comprise the Clinical Leadership Executive. This monthly body, chaired by the Chief Executive, directs the operational plan for the organisation. It is supported in this task by a series of cross-cutting committees as shown in the graphic below.



- 2.4 The risk management committee and operational management committee commenced work in early 2014. Both have manifestly driven cross directorate working, as well improved focus on risk mitigation within the Trust. A review by the Clinical Leadership Executive has concluded that three clinical cross cutting groups are needed in addition to the above system focusing respectively on services for children, theatres management and critical care provision Trustwide. These will be implemented during early 2015-2016.
- 2.5 Bi-monthly performance reviews take place with Clinical Groups. These are attended by the full executive to reflect a single delivery conversation. During 2015-2016 we will work to ensure that consistently this model is adopted at directorate level. Similarly, corporate functions have bi-monthly performance reviews with the Chief Executive, focused on their functional delivery in support of clinical teams. During 2015-2016 we will work to incorporate very direct clinical directorate feedback into those processes. Our annual priorities and plan for 2015-2016 reflects specifically on the need to reform corporate functions to better support and improve frontline delivery.

- 2.6 The Trust has and continues to seek to develop local, frontline and clinical leadership. We have completed the first of a three year leadership development programme, supported by the Hay Group. Supporting improved capacity and capability in our leadership teams is crucial to further improving our control systems. The Board's workforce committee has the role of overseeing this work.

3. THE RISK & CONTROL FRAMEWORK

Risk management and mitigation systems

- 3.1 The Trust has a clearly developed annual plan, with specific milestones and performance indicators which are reviewed by the Board each quarter. On a monthly basis the board and all of its committees assess delivery using a suite of indicators, shown at Trust, group and directorate level. Operational performance is independently reported through the finance director's team. The annual plan's key risks are reflected in the Board's Assurance Framework. This too is discussed quarterly by the full Board. The Audit and Risk Management Committee has led work, in both formal meetings and in informal workshops, to develop the BAF as a key tool for control and assurance. I am satisfied by how our system has worked in 2014-2015, and the improvement discussions are well reflected in our 2015-2016 BAF, which we would expect to be even more central in driving our Board's agenda and time.
- 3.2 Risk registers have been comprehensively refined Trust-wide during 2014-2015. This has been supplemented by a very active communications campaign internally. During Quarter 4 2014-2015 all Trust risk registers are now published on our internal intranet and file system, and as such any employee can have access to our overall risk position and to specific risks. This has resulted in good evidence that the risk register process drives change and mitigation. We have further work to do to ensure that risks are well reflected in local registers when they are cross-organisational issues. I am satisfied that cross organisational issues are well represented in the corporate risk register seen routinely by the Board. The recent Care Quality Commission report, published 26 March 2015, makes no specific change recommendations around risk management processes, but reflects our self-assessment that we are working to improve the salience and impact of our systems.
- 3.3 High value risks, unmitigated high risks, and low likelihood, high impact risks are considered by the Audit and Risk Management Committee in detail. Every Board meeting during 2014-2015 has considered specific high value risks. We intend to focus even more time on pre-mitigated red risks to test whether the mitigation plans approved in the risk entry are managed to time, and risk scores re-assessed in light of that review.
- 3.4 An important driver of our risk framework is incident reporting. The Trust is a notably high reporter of incidents. We have undertaken anonymous survey work during 2014-2015 with staff to review perceptions of our incident system, which suggests high levels of confidence in its impact on decision making. That data as well as more informal feedback does suggest we have more work to do on mid-level incidents, and closing the action planning loop from them. That is in hand, and is a matter of Board focus. The full Executive receives incident reports from the preceding 24 hours, alongside our clinical groups. From March 2015, all employees are able to run report queries from our incident reporting system, although trend information is also centrally analysed and assessed.

- 3.5 In 2014-2015, the clinical audit and internal audit processes and plans were aligned through the Audit and Risk Management Committee. The audit plans were delivered in large part, and where delays occurred this was reported and approved as tolerable. Action follow through has been tightened considerably in year, and an inherited backlog of audit recommendations has been closed by year end. The Trust-wide system of audit half days will be used during 2015-16 to ensure similar traction for local clinical audit recommendations. A clear and well embedded system for national audit recommendations is in place, and overseen through our Clinical Effectiveness committee.

Accounts, including our quality account

- 3.6 As in prior years, we have a clear and well understood process for settling our financial and quality accounts. These are presently in draft form and internal review suggests compliance with mandated guidance. For 2014-2015, we will publish our accounts by the end of Q1, rather than Q2, in line with standard Foundation Trust practice. Our quality account will form a distinct, but integrated, part of our annual report. The Trust's charity will also be reported to this timescale and in this way.

Information security and data protection

- 3.7 There are clear arrangements for information security within the Trust, including distinct roles for our SIRO (director of governance) and Caldicott Guardian. Breaches and near miss issues are clearly identified and acted upon, and drawn as required to the attention of the relevant Board committee. Our risk register now reflects an assessment of those issues. Whilst no issues have arisen to date with system integrity or security, this is a high rated risk for us, and extensive investment and oversight of infrastructure is in place for Q1 and Q2 of the year ahead.

We have completed a self-assessment of our Information Governance Toolkit status, and identified room for improvement in specified areas. This improvement work will be managed through the director of governance, with direct quarterly input from the Chief Executive. Our overall intent is to transition from policy and training, into much more active local stress testing of our resilience arrangements.

Data quality

- 3.8 My 2013-2014 AGS identified material concerns in respect of data quality and described the programme of work undertaken in year and into 2014-2015 to address that. This included, but was not limited to, the introduction of an electronic reporting system for mixed sex accommodation, significant changes to RTT data collation and reporting, alterations to emergency care reporting on assimilation of the CCG contracted service in April 2014, and a full review of practice in cancer wait times. The introduction of a data quality kite-mark is a emblematic change in signalling the focus, on an ongoing basis, of the Board, on these issues. The position is improved, and my assessment, with advice, is that our data quality is now on a par with NHS providers in the sector.

To gain specific assurance on the quality and accuracy of elective waiting time data the Intensive Support Team were invited to visit the Trust, completing their visit in April 2014; the terms of reference main specification was to review the data submission for external assurance

on data completeness. The IST took a thorough review of information systems, the process involved a detailed flow map of all documentation, business rules and information filters with the information department and made a number of recommendations to strengthen the integrity of the Trust's data which have been acted upon where needed

We wish to go further to improve the overall data quality position, and this work will be fully reflected in our audit plan and operational plans for 2015-2016.

Counter-fraud and probity

- 3.9 The Trust is supported through its Internal Audit function by a Counter Fraud service that reports routinely to the Audit & Risk Management Committee. The service, whose annual workplan is approved by the Audit & Risk Management Committee, is proactive in its role countering fraudulent activity within the Trust. Successful prosecutions of former Trust employees have been undertaken in year.

An active register of interests is in place at senior level. A clear declarations system operates within the Trust, and procurement activities have a visible register of conflicts of interest. We continue to explore how to develop this system so that it is comprehensive to all employees

Whistleblowing and duty of candour

- 3.10 In May 2014, we completed a review of our whistleblowing arrangements and made significant changes to them, including the introduction of a staff helpline and more clear-cut guidance on internal options whose advice staff could seek, including non-executive directors. We have reviewed the implications of the in-year Francis Report on this topic, and will make further operational modifications to our approach during 2015-2016, reflecting a review of the new arrangements by the Board at the beginning of April 2015.

Employee employment checks, professional registration lapses and revalidation

- 3.11 The Board's workforce committee has responsibility for ensuring both policy and practice in CRB and other employment checks is suitable. An extensive audit was conducted in late 2013-14 in this regard. I am satisfied that our arrangements are suitable, notwithstanding some record gaps for low risk staff transferred from the prior PCT in 2009.

A small number of registration lapses have been identified in year, all within days. Each has been assertively managed and resolved.

The Trust remains green rated for its implementation of both consultation revalidation and educational supervisor accreditation. Work is in hand to prepare for nursing and midwifery obligations in coming years.

The fit and proper persons test has been extensively reviewed within the Board, with advice. The Trust will meet its duties from 1 May 2015.

Safeguarding and DOL

- 3.12 We have benefitted during 2014-2015 from our own internal review of our practices, as well as work with both Safeguarding Boards in Birmingham and Sandwell. Geographical reviews by the Care Quality Commission have taken place, as well as Ofsted inspections. Each carries a similar message of improvement from a low base. The right actions and systems in place, notwithstanding data sharing issues for emergency attendees from out of area which remain a national weakness locally manifested. The Board has a scorecard for Safeguarding improvement that it wishes to achieve, which focuses not only on training and notifications, but on wider indicators of progress in ensuring that the whole organisation is involved and engaged in these issues.

Having reviewed our systems to monitor and report deprivation of liberty arising from recent case law, a PHSO finding against the Trust from 2012, and in view of our regulator's inspection, I am satisfied by the sufficiency of our arrangements.

Equality and diversity systems

- 3.13 During 2014-2015 we undertook a comprehensive EDS2 self-assessment in support of the Board's approved equality plan (October 2014). The LIG process is ongoing, and we are confident of complying with our obligations under the standard NHS contract for 2015-2016. The Board oversaw publication of our annual equality report to time and standard. Changes in how we collect outpatient data at attendance in clinic will materially improve during 2015-2016 our protected characteristics data for those receiving our services. Work in this domain is overseen by the a full Board committee, led by the Trust's Chairman.

4. REVIEW OF EFFECTIVENESS OF RISK MANAGEMENT AND INTERNAL CONTROL

- 4.1 The Internal Auditor's Year End Report and opinion on the effectiveness of the system of internal control is commented on below. The internal auditor's overall opinion is that **Significant Assurance** can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. I note that the recommendation in 2013-2014, to focus renewed attention on strengthening risk management systems, has been well reflected in our work in the succeeding twelve months, and to good effect.

In 2013-14 I identified three areas of ongoing concern within the Annual Governance Statement. Each has been improved to the point, where I consider that they can be managed as 'business as usual':

- **18 week data integrity:** Not only is the Trust now reporting high volumes of non-admitted patients, but we have implemented electronic systems that reduce our risk of data entry error. The Intensive Support Team have reviewed many of our long wait patients, and our work has been helped by external hires into our own staff. There remain legacy issues for us, which continue to receive focused effort from the Chief Operating Officer and her team.
- **Never Event Controls:** There can be no room for complacency, notwithstanding a year free of Never Events. We have reviewed all listed events and have identified controls

and risk mitigations in place. In two instances, theatre listing and prescribing control, our solutions are second best due to IT constraints until 2017. That said, our control environment, and culture on these issues, is altered from the 2013 position.

- **Non-pay accruals:** The finance team have investigated and satisfied themselves about the consistency of reporting practices across our Groups. As such I am content that our data is timely and reflects best endeavours to balance receipted and anticipated expenditures.

- 4.2 The Trust has had its regulatory risk status elevated during 2014-2015. Whilst our CQC Intelligent Monitoring rating improved to the best feasible (6), our inspection visit identified an overall Requires Improvement rating. At the same time deteriorating emergency care standard performance led to TDA escalation. I am satisfied that we have clear plans to tackle the issues cited. There is neither denial nor delay about these issues, nor can strong delivery in most areas of practice defray the need to improve in others.
- 4.3 We have continued a strong tradition of good financial performance. At Trust level we achieved key indicators, including our I&E target for 2014-15, which we marginally exceeded due to exceptional items. It remains the case that delivery is achieved only in part through the plan we set, and delivery at directorate level remains mixed. However, in the context of the straightened circumstances of NHS finances, this remains a successful position. Crucially to be my judgement, the improvement in Trust delivery of finance in the latter part of 2014-2015 reflects effective action, as well as impactful Board oversight. Notably for pay, the organisation has demonstrated that it can take steps to safely change use, and spend.
- 4.4 Engagement with both the Health and Safety Executive, and the Information Commissioner's Office, during 2014-2015 has resulted in approved plans to address issues identified by them – respectively in respect of sharps injuries, and data protection breaches. The sufficiency of our control environment is demonstrated by the pace of remedy, as well as the senior level focus these problems attracted. We are vigilant to deviation and act upon it.
- 4.5 In year we have focused very strongly on staffing control and assurance. We have fully revised our nursing establishments and undertaken considerably scrutiny of their compliance with both the Safe Staffing reporting tool, and NICE guidance on ratios. We implemented changed controls in respect of agency staffing, and standardised risk assessment protocols for focused care where one to one nursing was required. The Board sought to drive improvements in sickness rates and vacancy/time to fill. The latter has been more successful than the former, albeit both initiatives remain high priorities in the year ahead. In summary, the control environment in respect of staffing – that it is a managed position, driven by risk assessments, is a strong one and improved from prior years. National audit work, as well intensive assessment of our processes because of our long term workforce plan, provides additional confidence in our approach.
- 4.6 Our systems for exercised control over safe clinical practice are extensive, and the strong infection control and mortality position achieved by the Trust suggests that they are effective. Our mortality review system, coverage of VTE assessment and MRSA screening, and improved pressure ulcer, c-difficile and falls positions, all confirm both that we are focused on improving standards, and that we are consistently curious about scope to further improve our position.

Neither CCG, TDA nor CQC scrutiny has suggested specific improvements needed in those systems, and in some facets we are identified as a regional role model.

4.7 There are however five areas of control concern which will require work during 2015-16.

- The Trust's Improvement Plan, published simultaneously with the **CQC review of the organisation**, identifies a small number of areas where control lapses are identified: Hand-washing compliance, notes and medicines security. Each will be governed within our public framework for tackling this plan, and we have confidence that the measures we have already put in place, and will have in situ not later than the end of October 2015 provide a sound basis for change.
- That work, and other work over the last two years, identifies an improved, but still not satisfactory position, in ensuring 100% compliance with our policies and best practice around **Do Not Resuscitate documentation**. This will be the focus of extensive additional focus during 2015-2016 to ensure that the practice common in much of the Trust is consistently achieved organisation wide. As with the consent position above, we want to move to outstanding practice.
- We have a strong Trust level **business continuity plan**, and experience in the last two years of handling in practice major technology outage issues. However, there remain concerns and assurance gaps in respect of both local planning, and testing/simulation activities for significant if not major incidents. We will work to close those assurance gaps during the coming year.
- Our continued reform of financial functions has identified opportunity to strengthen further our systems, and controls, in respect of **non-pay expenditure**. This project will take place during early 2015-2016 as part of work to secure both cost improvement, and an organisation where it easier for frontline staff to make things happen.
- The governance of small to medium scale **capital project implementation** is being strengthened to ensure timely delivery, and better prospective assessment of delivery. This is relevant to IT and estate projects. Weaknesses are reflected in our capital undershoot in the last three years.

4.8 In addition to the above list, the material deterioration in delayed transfers of care (they have doubled in 2014-15 vs. 2013-14) indicates slippage in intra-organisational governance and grip. Steps in place with Sandwell Metropolitan Borough Council and the SWB CCG provide a sound basis to expect continued improvement. The same confidence assessment is not possible in respect of Birmingham City Council. Whilst data on delays is accurately recorded, control assurance requires confidence in delivery and delivery improvement. This is not yet assured. The Trust's contribution to improvement must be acknowledged, but as failure represents a material risk to finances, quality of care, and standards compliance it is appropriate to highlight the challenge posed in West Birmingham by this position.

5 Concluding remarks

- 5.1 With the exception of the internal control issues that I have outlined in this statement, my review confirms that Sandwell & West Birmingham Hospitals NHS Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed Chief Executive (On behalf of the Board)

Date

Appendix A – Purpose and attendance record of Trust Board and its Committees**TRUST BOARD****Chair:** Trust Chairman**Frequency:** Twelve times a year**Membership:** Seven Non Executive Directors; Seven Executive Directors, including two advisory Executive Directors (non voting), a Non Executive Designate and the Trust Secretary

BOARD MEMBER	DATE												TOTAL
	3/4/14	1/5/14	5/6/14	3/7/14	7/8/14	4/9/14	2/10/14	6/11/14	4/12/14	8/1/15	5/2/15	5/3/15	
Richard Samuda (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Clare Robinson ^{#1}	✓	✓	✓	✓	✓	A	✓	✓	✓	✓			9/10
Olwen Dutton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	11/12
Sarindar Sahota	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Harjinder Kang	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	11/12
Paramjit Gill ^{#2}		A	✓	✓	✓	✓	A	✓	A	A	✓	✓	7/11
Toby Lewis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Roger Stedman	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	11/12
Colin Ovington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Tony Waite	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	11/12
Rachel Barlow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Mike Hoare*	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	11/12
Kam Dhami*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Raffaella Goodby ^{*#3}												✓	1/1

KEY:

✓	Attended
A	Apologies tendered
	Not in post or not required to attend
*	Non voting members
#1	Resigned February 2015
#2	Commenced in May 2014
#3	Commenced February 2015

AUDIT AND RISK MANAGEMENT COMMITTEE

Chair: Non–Executive Director

Purpose: The purpose of the Committee is to provide the Board with assurance concerning the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust’s activities that support the achievement of the organisation’s objectives.

Frequency: Five times a year, including a specific meeting to review and approve the annual accounts

Membership: Five Non-Executive directors (excluding the Chair), although all Non Executives are given an open invite to attend should they wish . The Directors of Finance and Governance and the Chief Nurse have a standing invitation to attend and other Executives may attend when requested.

DIRECTOR	DATE					TOTAL
	24/4/14	5/6/14	31/7/14	30/10/14	30/1/15	
Gianjeet Hunjan (Ch)	✓	✓	✓	✓	✓	5/5
Sarindar Sahota	✓	✓	A	✓	✓	4/5
Olwen Dutton	A	A	A	✓	✓	2/5
Clare Robinson	✓	✓	✓	✓	A	4/5
Harjinder Kang	✓	✓	✓	A	✓	4/5

KEY:

✓	Attended
A	Apologies tendered

QUALITY & SAFETY COMMITTEE**Chair:** Vice Chair**Purpose:** The purpose of the Committee is to provide the Board with assurance concerning all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and the delivery of Trust's long term quality goals as set out in the Quality & Safety strategy.**Frequency:** Monthly**Membership:** Four Non-Executive Directors and five of the Executive Directors with specialist advisers in attendance when required

DIRECTOR	DATE											TOTAL
	25/4/14	30/5/14	27/7/14	29/8/14	26/9/14	31/10/14	28/11/14	19/12/14	30/1/15	27/2/15	27/3/15	
Olwen Dutton (Ch)	✓	✓	A	✓	✓	✓	✓	✓	A	✓	✓	9/11
Sarindar Sahota	✓	✓	✓	✓	A	✓	A	✓	A	✓	✓	8/11
Richard Samuda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	10/11
Colin Ovington	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/11
Kam Dhami	✓	✓	✓	✓	✓	A	A	✓	✓	✓	✓	9/11
Tony Waite	✓	✓	✓	✓	A	✓	✓	✓	A	✓	A	8/11
Rachel Barlow	A	✓	A	✓	✓	✓	✓	A	✓	✓	✓	8/11
Roger Stedman	A	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/11

KEY:

✓	Attended
A	Apologies tendered
Note: June meeting was cancelled	

FINANCE AND INVESTMENT COMMITTEE

Chair: Non Executive Director

Purpose: The purpose of the Committee is to provide the Board with assurance concerning the delivery of Trust's financial plans, adherence to the Trust's investment policy and robustness of major investment decisions. The long term focus for the Committee will be the delivery of the Medium Term Financial Strategy including the Long Term Financial Model (addressing both revenue and capital), with a view to recommending its adoption to the Board when assurance gained.

Frequency: Alternate months with additional meetings scheduled as needed

Membership: Three Non-Executive directors, CEO, Director of Finance and Chief Operating Officer

DIRECTOR	DATE								TOTAL
	30/5/14	26/6/14	25/7/14	29/8/14	26/9/14	28/11/14	30/1/15	27/2/15	
Clare Robinson (Ch) ^{#1}	✓	✓	✓	A	✓	✓	A		5/7
Richard Samuda (Ch) ^{#2}	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Harjinder Kang	✓	✓	✓	A	✓	A	✓	✓	6/8
Toby Lewis	✓	A	✓	✓	✓	✓	A	✓	6/8
Tony Waite	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Rachel Barlow	A	✓	A	A	✓	A	✓	A	3/8

KEY:

✓	Attended
A	Apologies tendered
	Not in post or not required to attend
#1	Resigned February 2015
#2	Assumed chair of Committee from February 2015

CHARITABLE FUNDS COMMITTEE

Chair: Non-Executive Director

Purpose: To provide the Board with assurance concerning adherence to the wishes of donors by monitoring the use of funds and the benefits gained. The Committee will also seek assurance on the robustness and progress with the delivery of the Trust's fundraising strategy.

Frequency: Four times per year usually

Membership: All voting Directors are Trustees, however they are represented by six voting Board members. The Director of Communications also attends.

DIRECTOR	DATE			TOTAL
	17/5/14	13/9/14	6/12/14	
Sarindar Sahota (Ch)	✓	✓	✓	3/3
Richard Samuda	✓	✓	✓	3/3
Clare Robinson	✓	A	✓	2/3
Toby Lewis	✓	✓	✓	3/3
Tony Waite	✓	✓	✓	3/3
Colin Ovington	✓	A	✓	2/3

KEY:

✓	Attended
A	Apologies tendered
Note: March meeting was cancelled	

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE

Chair: Non-Executive Director

Purpose: To provide the Board with assurance concerning the delivery of the work programme and plans for implementing the Trust's Workforce & OD strategies (including strategic workforce planning, human resources management, learning and development and leadership development, to include the delivery of Trust's long terms workforce model.

Frequency: Four times per year usually

Membership: Three Non Executive Directors and three Executive Directors, including the Chief Executive. From 2015/16 the Director of Workforce & OD will join the Committee.

DIRECTOR	DATE			TOTAL
	17/5/14	13/9/14	6/12/14	
Harjinder Kang (Ch)	✓	✓	✓	3/3
Richard Samuda	✓	✓	A	2/3
Paramjit Gill	A	A	✓	1/3
Toby Lewis	✓	✓	✓	3/3
Rachel Barlow	✓	✓	✓	3/3
Colin Ovington	A	A	✓	1/3

KEY:

✓	Attended
A	Apologies tendered
Note: March meeting was rescheduled to April 2015	

CONFIGURATION COMMITTEE

Chair: Trust Chair

Purpose: The purpose of the Committee is to provide the Board with assurance concerning the strategic direction to support the project to establish the Midland Metropolitan Hospital (MMH) and that the programme of interim reconfigurations is consistent with the long term direction towards the new hospital. The Committee will focus specifically on the delivery of the MMH business case

Frequency: Alternate months usually

Membership: Two Non-Executive Directors, the Chief Executive, Director of Finance & Performance Management and Medical Director

DIRECTOR	DATE				TOTAL
	25/4/14	27/6/14	3/9/14	31/10/14	
Richard Samuda (Ch)	✓	✓	✓	✓	4/4
Clare Robinson	✓	✓	A	✓	3/4
Toby Lewis	✓	✓	✓	✓	4/4
Tony Waite	✓	✓	✓	✓	4/4
Roger Stedman	A	A	✓	A	1/4

KEY:

✓	Attended
A	Apologies tendered
Note: <ul style="list-style-type: none"> February meeting was rescheduled to April 2015 August and December meetings cancelled 	

In addition to the formal meetings above, an Evaluation and Moderation Committee was held on 23 December, comprising all members of the Configuration Committee, which considered the scoring for the interim submission of the Midland Met bid. The Trust Board also met on 16 January to formally discuss and consider the Midland Met procurement options.

PUBLIC HEALTH, EQUALITY AND COMMUNITY DEVELOPMENT COMMITTEE

Chair: Trust Chair

Purpose: The purpose of the Committee is to provide the Board with assurance concerning the plans to improve the range and scope of whole life public health interventions from all areas of the Trust, including community & acute services and the delivery of the Trust's public health strategy.

Frequency: Four times per year usually

Membership: Three Non-Executive Directors, the Medical Director, Chief Executive and Chief Nurse. From 2015/16, the Director of Workforce & OD will join the Committee.

DIRECTOR	DATE			TOTAL
	29/5/14	29/9/14	27/11/14	
Richard Samuda (Ch)	✓	✓	✓	3/3
Sarindar Sahota	✓	✓	✓	3/3
Gianjeet Hunjan	✓	A	A	1/3
Toby Lewis	✓	✓	✓	3/3
Colin Ovington	A	✓	✓	2/3
Roger Stedman	✓	A	✓	2/3

KEY:

✓	Attended
A	Apologies tendered
Note: March meeting was cancelled	

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Chair: Trust Chair

Purpose: The purpose of the Committee is to provide the Board with advice concerning the terms and conditions of employment, including the remuneration packages for the Chief executive and the Executive Directors. The Committee will also seek assurance on the robustness of the plans for the delivery of Trust's reward and recognition strategy for the Chief Executive & Executive Directors

Frequency: The committee meets as required

Membership: All Non-Executive Directors.

Attendance:

	1/5/14	8/9/14 ^{#1}
MEMBERS		
Richard Samuda	✓	✓
Clare Robinson	✓	✓
Sarindar Sahota	✓	✓
Gianjeet Hunjan	✓	✓
Paramjit Gill	A	✓
Olwen Dutton	A	✓
Harjinder Kang	✓	✓

KEY:

✓	Attended
A	Apologies tendered
#1	Virtual meeting held

TRUST BOARD

DOCUMENT TITLE:	Annual Report 2014-2015				
SPONSOR (EXECUTIVE DIRECTOR):	Toby, Lewis, Chief Executive				
AUTHOR:	Ruth Wilkin, Director of Communications				
DATE OF MEETING:	4 th June 2015				
EXECUTIVE SUMMARY:					
<p>The annual report is due to be uploaded in week beginning June 22nd, with the AGM taking place at Sandwell on Thursday June 25th.</p> <p>The report integrates:</p> <ul style="list-style-type: none"> • The annual report • The annual accounts • Quality account • Charity report and accounts <p>This year's report contains a far more visible and substantial amount of information about staff, both in aggregate and in celebrating individuals. That reflects the Board's desire to show the real stories of endeavour and achievement among colleagues.</p> <p>A summary of 2014-15 was published with payslips in April 2015 and will serve as an executive summary on our website of the Annual Report as a whole. External audit review of the annual report itself will take place in the week ahead. The accounts and quality account review is complete.</p> <p>Small design and accuracy amendments will be made over the coming fortnight.</p> <p>A link to the draft annual report will be provided to Board members early in week commencing 1 June.</p>					
REPORT RECOMMENDATION:					
When available, Board members are asked to note and accept the report for issue, subject to comments and proofing.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation		Discuss		
			X		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	X	Environmental		Communications & Media	X
Business and market share		Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
All					
PREVIOUS CONSIDERATION:					
Drafts considered in informal sessions, integrated approach confirmed at ARMC in January 2015					

TRUST BOARD

DOCUMENT TITLE:	Risk Registers				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Mariola Smallman, Head of Risk Management				
DATE OF MEETING:	4 June 2015				
EXECUTIVE SUMMARY:					
<p>The Trust Risk Register comprises 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.</p> <p>The Trust Risk Register was reported to the Board at its May meeting and Executive Director updates are highlighted where these were provided for the meeting.</p> <p>The Trust risk Register was discussed at the last meeting of the Clinical Leadership Executive where it was agreed that the Trust Board should be asked to approve the addition of the four new risks arising from the Women and Child Health Group.</p>					
REPORT RECOMMENDATION:					
<ul style="list-style-type: none"> RECEIVE monthly updates on progress with treatment plans from risk owners for high (red) risks on the Trust Risk Register REVIEW and AGREE whether the proposed two additional risks are reported to Trust Board with a recommendation for inclusion on the Trust Risk Register. REVIEW and AGREE the recommendation that the W&CH risk about lifts is taken off the Trust Risk Register and monitored / managed by W&CH. 					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation			Discuss	
	✓			✓	
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):					
Financial	✓	Environmental	✓	Communications & Media	
Business and market share		Legal & Policy	✓	Patient Experience	✓
Clinical	✓	Equality and Diversity	✓	Workforce	✓
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Aligned to BAF, quality and safety agenda and requirement for risk register process as part of external accreditation programmes.					
PREVIOUS CONSIDERATION:					
Clinical Leadership Executive 26 May 2015					

Trust Risk Register

Report to the Trust Board on 4 June 2015

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of high (red) risks which have been previously accepted by the Board for inclusion on the Trust Risk Register. The current Trust Risk Register with lead Executive Director updates is at **Appendix A**. There was an additional risk raised at CLE for the Board to review and decide whether to accept the CLE's recommendation for it to be added to the Trust Risk Register:

There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment. (See risk assessment at Appendix B)

- 1.2 There is one risk which has been resolved and it is proposed this risk is now removed from the Trust Risk Register and monitored / managed by Women's and Child Health (grey shaded cells in Appendix A):

Breakdown of lifts risk delay in transfer in an emergency situation which could result in a catastrophic event for either a pregnant woman / unborn baby.

- 1.3 The RMC reviews and reports on high (red) risks to CLE on a monthly basis, including highlighting new risks or changes to existing risks. The CLE will update the Board on existing risks and escalate 'new' risks.

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

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

2. PUBLICATION OF RISK REGISTERS ON CONNECT

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

3. ELECTRONIC RISK REGISTER

- 3.1 A demonstration of the electronic risk register was provided to RMC. The Risk module is now populated with Clinical Group and Corporate Directorate level risk register data. Risk module maintenance table fields (e.g. data in drop down boxes) have been populated and the Risk team has received system maintenance training. Configuration of the web based screens which will be accessed by staff are being configured. A phased roll-out commenced during April, starting with Chief Executive Directorate risks. The electronic risk register roll-out is proposed as follows:
- Chief Executive, Women and Child Health
 - Medicine and Emergency Care, Surgery B
 - Surgery A, Estates, Pathology, Community and Therapy,
 - Imaging, Workforce, Corporate Nursing & Facilities
 - Finance, Corporate Operations, Medical Director Office
- 3.2 The Risk Team has contacted colleagues in WCH, MED and Surgery B to request all excel format risk register. The Risk Team will merge, data clean and format the risk registers and will then arrange for them to be imported into the electronic risk register. This will pre-populate the vast majority of data fields, which will save time.
- 3.3 Members of the risk team will contact RMC members to confirm local risk leads for each directorate to support roll-out. Once roll-out is complete at directorate level the local risk leads will be responsible for further roll-out to wards and departments. The risk team will provide ongoing support and advice.
- 3.4 Specific risk module training for end users is not planned as the “look and feel” of the risk module is the same as the incident reporting and complaints modules, which staff are familiar with. The risk assessment / risk register methodology and terminology is also the same. There will, however, be a “Risk Fact Sheet” to support local risk leads.
- 3.5 The risk team is working on standard reports which will be available to all staff.
- 3.6 Reporting of the Trust Risk Register to RMC, CLE and the Board will continue throughout the implementation of the electronic risk register system.

4. RECOMMENDATION(S)

- 4.1 The Board is recommended to:
- RECEIVE** monthly updates on progress with treatment plans from risk owners for high (red) risks on the Trust Risk Register
- REVIEW and AGREE** whether the proposed additional risk should be included on the Trust Risk Register.
- REVIEW and AGREE** the recommendation that the W&CH risk about lifts is taken off the Trust Risk Register and archived by W&CH.

Kam Dhami, Director of Governance
4 June 2015

Appendix A: Trust Risk Register (version as at May 2015)

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

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TRR1401CO001	Management review	Corporate Operations		Operational	Lack of assurance of standard process and data quality approach to 18 weeks.	4	4	16	Task and Finish Group established to oversee rapid improvement programme; SOP to be agreed and implemented in March for new processes; Elective access team structure to be reviewed; Central booking process to be strengthened to ensure real time data quality management; IST visit will inform work programme content. Previous update: New Waiting List Manager recruited and starting in July. Year of Out Patients programme will deliver automation to strengthen real time data. Plans to centralise elective access team in Q2. Data Validation Team still required - funding until end Q2. Perceived knowledge deficit in some services regarding 18 weeks - New Elective Access Manager to assess competency of teams and provide re-training in Q2. Progress: Timelines for assessment and training September to December and SOP / policy review in September	Chief Operating Officer	Jul-14	Sep-14	Jul-14	2	4	8	=
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TRR1401COO02	Management review	Corporate Operations		Operational	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity.	4	4	16	<p>Joint working through joint discharge teams on both acute sites established; 7 day working pilot; Weekly urgent care call with Chief Executives and Chief accountable officers from LAT, CCG, NTDA, acute Trust and social services includes DTOC review, strategic and operational work; Commissioning plans for 7 day working in 2014 in train.</p> <p>Previous update: Additional capacity closed end July although 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.</p> <p>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.</p>	Chief Operating Officer	Jun-14	Sep-14	Jul-14	2	4	8	=
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0907SOP15	Inspections: H&S and PEAT	Surgery B	Ophthalmology	Clinical	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area.	5	4	20	Trust Solution fitting in with RCRH required; Compliance with Medical Device and 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. SGH outpatients privacy and dignity risk treatment plan stalled as dependant on Oral Surgery being relocated, which is still to be resolved Update 24.2.2015 Continuing to seek potential solution through re-location of Oral Surgery either off-site or to another SWBH location.	Chief Operating Officer	31/12/2015	Feb 15	GBM	3	3	9	=
1103PAE02	Risk Assessment	Women's and Child Health	Paediatrics	Clinical	Children that require but may not receive HDU 1:1 care - due to unpredictable demand, inadequate funding, poor staffing levels. Quality of care compromised for these and non HDU children due to inadequate staffing levels.	4	4	16	IAP submitted for HDU funds secured 12-13 to staff areas. Additional IAP submitted 13-14 for Paediatric Outreach team. Awaiting outcome from November IAP submission. Previous updates: Local escalation process is in place to ensure care is provided to HDU patients. Tracking occurrences to further quantify risk to those non-HDU patients. Current review of budgets and redeployment of resources. Monthly activity and staffing review of HDU care to be carried out and reported to paediatric clinical governance. Update: Monitoring in place; monthly reports to Clinical Directorate Governance Group and activity monitored through monthly directorate meeting	Chief Operating Officer	TBC	Dec-14	Monthly	3	4	12	=

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

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

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TBC	Risk assessment	Women and Child Health	Maternity	Financial	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4	4	16	<p>Previous Update: Maximise tariff income through robust electronic data capture. Review of activity and income data 6 months post BadgerNet roll out. Comprehensive review of maternity pathway payment system underway for presentation to FD.</p> <p>Update: Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance</p>	Chief Operating Officer	Ongoing	Oct-14	Monthly	3	4	12	=
201501NYOBS02	Incidents	Women and Child Health	Maternity	Clinical	Breakdown of lifts risk delay in transfer in an emergency situation which could result in a catastrophic event for either a pregnant woman / unborn baby.	4	5	20	<ul style="list-style-type: none"> A& E type stretcher in Delivery suite & ward available at all times. When both lifts out try to utilise M1 as opposed to M2. Notice displayed clearly when lift out of use. Ensure frequent maintenance of each lift. Ensure incident reporting to indicate frequency of lifts out of action. <p>Update: Lift 11 repair completed; Lift 20 upgrade works will commence 7 April.</p> <p>Update: Lift repair work completed. Proposed removal from TRR and to be monitored / managed by W&CH.</p>	Chief Operating Officer	Ongoing	Mar 15	Monthly	1	3	3	↓

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INFORMATICS002	Departmental Review	Medical Director's Office	Informatics Service	Organisational (Strategic)	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide EPR.	5	4	20	<p>Causes:</p> <ul style="list-style-type: none"> - A not fit for purpose IT infrastructure including network, compute and storage. - The existing infrastructure has been poorly managed and maintained over the years. - A lack of in-house technical IT expertise. - A lack of strategic technical IT investment. <p>Risk Controls;</p> <ul style="list-style-type: none"> - Infrastructure Stabilisation Programme - Phase 1: deep dive commenced to identify detailed IT infrastructure issues – network element to be completed by May 2015. - Phase 2: a programme of work to address and upgrade to 21st Century IT infrastructure. Timetable tbc: current estimate April 2016. - Appropriate benefits realisation in the programme - Clear identification of dependency linkage between key programmes e.g. EPR, business objectives and underlying IT enablement. 	MD	Apr-16	Jan-15	Monthly	5	4	20	=
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INFORMATICS003	Departmental Review	Medical Director's Office	Informatics Service	Organisational (Strategic)	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in Informatics, significant time constraints (programme should have started earlier) and budgetary constraints (high risk that in adding the full costs of an EPR into the LTFM that there is insufficient capital for related and pre-requisite schemes - e.g. Infrastructure Remediation / MMH Infrastructure preparation / Business Plan schemes)	4	4	16	<p>Cause</p> <ul style="list-style-type: none"> - Significant time pressure to carry out a full EPR procurement and implementation in given time period prior to MMH opening - Significant dependency on underlying Infrastructure - Significant dependency on Informatics resource - Significant dependency on LTFM budget and capital allocation between EPR costs and other required capital schemes <p>Risk Control</p> <ul style="list-style-type: none"> - Recruitment of suitably skilled staffing resource for the EPR Programme and associated infrastructure programme. - Informatics LTFM will be prioritised to ensure appropriate funding is allocated to EPR and necessary dependencies. - Completion of the formal procurement process – SOC / OBC / OBS at speed in attempt to claw back time required for implementation - Managerial and Board support for programme ensuring investment in infrastructure dependencies and required resource is given priority. - Management time will be given for programme elements (benefit realisation / change processes etc.) - Setup of appropriately manned programme board with strict governance and TORs - Development of contingency plans in relation to clinical IT systems will be established to ensure that if there is any slippage (for example a TDA query / Legal challenge) there is an alternative and fully considered option. 	MD	Nov-18	Jan-15	Monthly	4	4	16	=
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INFORMATICS004	Departmental Review	Medical Director's Office	Informatics Service	Organisational (Strategic)	There is a risk of a breach of patient or staff confidentiality due to inadequate information security systems and processes which could result in regulatory and statutory non-compliance.	4	4	16	<p>Cause:</p> <ul style="list-style-type: none"> - Not fit for purpose Security Infrastructure which has been poorly managed and maintained - Poor skill sets within Informatics regarding Security / Information Security - No dedicated security manager within Informatics - Lack of time and resource spent on IGTK compliance within Informatics <p>Risk Control</p> <ul style="list-style-type: none"> - Increased investment required across security infrastructure – determinant on LTFM review. - Security manager recruited to bring immediate focus to upgrades, improvements and IGTK and best practice activities. - Review all NHS National mandates for Informatics and clinical systems and ensure compliance - Deep discovery activities required to bring out any 'under the cover' issues - End of XP and Windows 2003 support to be given higher priority to ensure issue is mitigated (windows 7 migration). This could involve the use of external consultancy companies to speed up the process. 	MD	Oct-15	Jan-15	Monthly	2	4	8	=
COO1503001	Trauma peer review	Medicine and Emergency Care	ED	Clinical	Not all shifts have an appropriately trained trauma nurse on duty due to a lack of nurses trained in ATNC or equivalent which could compromise the quality of care.	5	3	15	All shift coordinators have ATLS qualifications. The Staff running the resus area particularly do not necessarily have trauma qualifications. The peer review team advised that these staff should have the Advanced Trauma Nurse Course (ATNC) or equivalent. The staff will be scheduled to attend training. In the meantime local trauma teaching will take place as a re-fresher session.	COO	30.5.15		monthly	2	3	6	=

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COO1503004	Clinical and operational	Imaging	Interventional radiology	Operational	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4	3	12	Service covered weekdays resulting in potential delays for patients presenting out of hours. Clinically these cases may be appropriate to manage in a scheduled service. If clinically required urgent patients will be transferred to another local centre with 24/7 cover. The intention is to secure alternative and robust 24/7 cover arrangements through a network approach with other providing organisations. Current recruitment includes extending the search for locums; also consider recruitment from abroad. Develop collaboration with Dudley - supports service resilience and potentially better chances of joint recruitment. Immediate potential for joint appointment of fellow or specialist doctor. Explore options to develop extended roles for radiographer or nurse to cover some procedures. Revisit previous plans to consolidate services onto one site to make cover easier to manage.	COO	Appointment of fellow / specialist doctor, clear plans agreed for other actions - end Q1 15/16	19/03/2015	Fortnightly	2	3	6	=
CEO1503001	Corporate Operations			Operational	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4	4	16	Executive Group weekly monitoring of recruitment processes; investing in high quality agency staff to cover gaps; peer support network set up by COO for existing staff to buddy with high quality agency staff. Interview timetable for Director of Operations scheduled for mid may conclusion.	COO	30/06/2015	Mar 15	Weekly	4	3	12	=

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201503NYOBS01		Women's and Child Health	Maternity	Operational	Current capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH.	3	5	15	<p>Existing Controls:</p> <ul style="list-style-type: none"> Implemented alternative ways of providing services to minimise impact. <ul style="list-style-type: none"> ✓ Bank / Agency Sonographers / scanning midwives ✓ Additional Clinics Task group established to monitor and manage. HR/Recruiting policies designed to support managers to recruit where there are difficulties to recruit. Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance. <p>Additional Controls:</p> <ul style="list-style-type: none"> Link action to workforce planning methodologies. Support Groups to link in with Recruitment to support "Open Days" and other innovative methods to recruit. 	COO	01/06/2015	Mar 15	Monthly	2	5	10	=
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		Women's and Child Health	Gynaecology	Clinical	Provision of ultra sound support for Gynaecology services is at risk due to difficulties in recruitment and retention of ultra-sonographers which results in the potential for delayed diagnoses, failure to achieve 31day cancer investigation targets plus impacts on the one-stop community service contract.	3	4	12	<p>Existing Controls:</p> <ul style="list-style-type: none"> • Ultra sound services currently actively recruiting externally. • Training provided to support the development of sonographers in house. • Developing pathways for other multi professional to take up elements of sonographers role. (i.e midwives completing dating scan service.) • Prioritising work and concentrating on high risk areas i.e. EPAU and Emergency Gynaecology, PMB. • Use of agency staff to cover gaps in the current service. <p>Additional Controls:</p> <ul style="list-style-type: none"> • Radiology directorate considering more 'creative' advertising, offering incentives. • Consider consolidating CGS to 2 venues at City and Sandwell where scan provision can be utilised more appropriately. <p>Update: Due to the continued attrition of sonographers the Group lacks confidence that the sonography team will be able to maintain attendance at all community gynae clinics given the low priority a one stop outpatient clinic will have compared to urgent / emergency activity. A worsening position is anticipated.</p>	COO	01/06/2015	Apr 15	Monthly	3	4	12	=
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201409NYOBS02			Women's and Child Health	Community Midwifery	Operational	BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records.	4	4	16	<div>Existing controls:<ul style="list-style-type: none">Connectivity issues reported to EPR team via the IT Service Desk for investigation.A proforma has been developed to enable CMW to send critical information to the IT service desk.Utilisation of local super users and dedicated midwife for day- to- day support.</div> <div>Additional controls:<ul style="list-style-type: none">IT Service Desk exploring solutions, e.g. enable access onto GP computers, establish uninterrupted WIFI 4G connection.</div>	COO	01/06/2015	Apr 15	Monthly	3	4	12	=

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	Operational issue	Women's and Child Health	Maternity and neonatal	Clinical	National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB.	5	4	20	<p>Existing Controls:</p> <ul style="list-style-type: none"> Pooling all available vaccines from other areas in the Trust including the Paediatric Clinic BTC and Occupational Health. Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. A vial is not opened unless there are a sufficient number of infants to vaccinate. All the community midwives informed that infants will be discharged without being vaccinated. <p>Additional Controls:</p> <ul style="list-style-type: none"> Record all infants who are discharged from Maternity and Neonates who qualify but don't receive the vaccine. Pharmacy locating other areas in the Trust that they distribute BCG vaccine to and sending them to Maternity. To inform all parents of eligible infants of the shortage of the vaccine and how to raise any concerns with relevant agencies. Clinics to be set up from May 2015 onwards to enable infants to return and be vaccinated when the BCG vaccine is available. Advise community midwives and parents to be extra vigilant in observing and referring infants where necessary. Inform Paediatrics and the HV of potential admissions. 	COO	30/06/2015	Apr 15	Monthly	4	4	16	=
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Appendix A: Trust Risk Register (version as at May 2015)

Reference No	Source of Risk	Clinical Grp / Corp. Dir.	Specialty / Ward/Team	Risk Category	Risk	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan	Executive Lead	Expected Date of Completion	Date of Latest Review	Review Frequency	Likelihood	Severity	Residual risk rating	Change since last mth
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PROPOSED ADDITIONAL RISKS

		Operations	Operations	Operational/Business	There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.	5	3	15	1. automated referral closure of selected and risk assessed group of patients, 2. Letter to go to selected group of patients, 3. Review data quality score card KPI set, 4. Formulate new or revised set of SOPs , training schedule and compliance assurance measures for new smart and accurate referral management	COO	31.08.15	May 15	monthly	3	3	9	na
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Appendix B: Risk Assessments

Ref: Operations - referrals

RISK ASSESSMENT: There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.

CORPORATE DIRECTORATE	Operations	DEPARTMENT	Operations		
ASSESSOR	Rachel Barlow – Chief Operating Officer	ASSESSMENT DATE	26.5.15	REVIEW DATE	
SCOPE OF ASSESSMENT	To assess the management of open referrals and clearance of historic open referrals				

ACTION PLAN			
ACTION	BY WHEN	BY WHOM	DATE ACHIEVED
Historic backlog of open referrals			
1. Letters to go to specified cohort to close referral (contact centre to be staffed to take calls from patients with any queries)	31.5.15	Matthew Dodd	
2. Automated closure of pathways on selected patient cohorts	31.5.15	Matthew Dodd	
3. Review 3 rd cohort for action	31.5.15	Matthew Dodd	
4. Daily report on automated and letter sent / response to be available	27.5.15	Matthew Dodd	
Looking forward			
1. Revise data quality KPIs	30.6.15	Tony Waite	
2. Set of new / revised SOPs to be signed off	30.6.15	Matthew Dodd	
3. Training of above SOPs	31.7.15	Matthew Dodd	

Appendix B: Risk Assessments

4. Compliance KPI to be tracked against SOPs and individual feedback provided/ performance management	10.7.15	Matthew Dodd	
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HAZARD	WHO/WHAT COULD BE HARMED/ DAMAGED?	EXISTING CONTROLS	CURRENT RISK RATING LxS	ADDITIONAL CONTROLS	RESIDUAL RISK RATING LxS
There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.	Patients <ul style="list-style-type: none"> • Pathways not completed • Delays in diagnosis • Delays in diagnostics to aid treatment Trust reputation	<ul style="list-style-type: none"> • Summary audit and risk consideration completed for cohorts of patients. Automated shut down, letters and individual consideration being given to cohorts of patients where referrals remain open but inactive. • SOPs exist (under review linked to action plan above) 	3x5=15	<ol style="list-style-type: none"> 1. Automated referral closure of selected and risk assessed group of patients, 2. Letter to go to selected group of patients, 3. Review data quality score card KPI set, 4. Formulate new or revised set of SOPs , training schedule and compliance assurance measures for new smart and accurate referral management score care to be reviewed 	3x3=9

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

TRUST BOARD







DOCUMENT TITLE:	Board Assurance Framework 2015/16: post mitigation red risks				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Rachel Barlow, Chief Operating Officer and Tony Waite, Director of Finance				
DATE OF MEETING:	4 June 2015				
EXECUTIVE SUMMARY:					
<p>Following consideration and approval of the Board Assurance Framework at the May meeting of the Board, it was agreed that those five risks remaining at red status should be monitored on a monthly basis.</p> <p>The focus of the review is specifically on progress with ensuring that the additional controls and assurances to achieve a lower post mitigation risk score (tolerable risk score) is achieved.</p> <p>The updates provided in May indicate that good progress is being made to put in place additional controls and secure sources of further assurance, with there being no anticipated slippage in the timescales for the finalisation of these at this point.</p>					
REPORT RECOMMENDATION:					
The Trust Board is recommended to review and accept the update.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation		Discuss		
x					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical	x	Equality and Diversity		Workforce	
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
The Board Assurance Framework is aligned to all Trust's annual priorities.					
PREVIOUS CONSIDERATION:					
Trust Board on 7 May 2015.					

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating
COO	007-AR	Double the number of safe discharges each morning and reduce by at least a half the number of delayed transfers of care in Trust beds	There is a significant risk that the volume of patient discharges from hospital beds each morning is insufficient as a result of poor understanding of expected date of discharge, poor discharge planning or the coordination of activities to effect a safe discharge leading to not enough beds available to admit patients with an emergency or urgent requirement for hospital care and financial penalties	Q&SC	4	4	16	1. An Urgent Care Board has been established and standard operating procedures for 7 day safe discharge across all Clinical Groups have been developed 2. Full realisation of benefits of ADAPT pathway. 3. Arrangements for delivery and monitoring of associated KPI daily / weekly are in place 4. Monitoring through Capacity meeting.	Internal: CLE discussions, Q&S reports up to Trust Board Peer: CCG contract review meeting, System Resilience Group and TDA performance review	4	4	16		On going training and reinforcement of good discharge practices Focused project on Expected Date of Discharge May update : Urgent Care Challenge Week held week of the 18.5.15 with focus on discharge dates and times. Improvement seen by 2-3 hours across the day but still not meeting home before lunch standards. Urgent Care challenge delivery group are following up theme of 'rhythm of the day' to reorganise the clinical day on the wards to support earlier discharge. This work will be completed by end of July.	Jul-15	2	4	8
DOF	017b-GUR	Create financial balanced plans for all directorates and deliver Group-level I & E balance on a full year basis [2015.16 financial year] MF	There is a risk that the scale & pace of financial improvement delivered is insufficient. This is caused by a lack of necessary capacity and capability. This could result in a failure to generate those financial surpluses necessary to underpin the approval & delivery of key strategic investments.	FIC	4	5	20	Expedited recruitment to fit for purpose senior management structures and follow through on senior leadership development programme. Utilisation of expert support as necessary and appropriate. Routine reporting & performance management of plan delivery at directorate level. Transparency & timely engagement in necessary remediation at group, executive & CLE level.	Management assurance. Routine reporting of historic and prospective financial performance and remedial action plans at all relevant meetings. Independent assurance. Internal audit review of core systems & processes including financial planning, budgetary control, CIP delivery and data quality. External audit review of arrangements for securing VFM. Regulator scrutiny of safe, effective, financially viable services.	3	5	15		Completion of necessary recruitment and leadership development programme. Embedding PMO arrangements in Group management teams & alignment of Change Team resources to support critical improvement projects. Review & amendment of SOPS for TPRS such that it is effective tool for monitoring and managing change programmes. Progression and conclusion of Safe & Sound 2 programme consistent with necessary scale of workforce and payroll change. Confirm downside contingency plan to deliver trust level I&E balance on a full year basis. May update: route to balance established for all corporate directorates and 4/7 clinical groups. Plausible contingency plan for trust level balance considered at FIC.	Jun-15	2	5	10

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating
DOF	017d-GUR	Create financial balanced plans for all directorates and deliver Group-level I & E balance on a full year basis [2016.17 financial year] MF	There is a risk that the identified opportunity for financial improvement is insufficient to deliver balanced financial plans across each and all directorates. There is a risk that the scale & pace of financial improvement delivered is insufficient. This is caused by a lack of necessary capacity and capability and risk of compromise to the safety and quality of services provided. This could result in a failure to generate those financial surpluses necessary to underpin the approval & delivery of key strategic investments.	FIC	4	5	20	Effective use of comparative information including peer benchmarking, best practice review and expert scrutiny. Expedited recruitment to fit for purpose senior management structures and follow through on senior leadership development programme. Effective QIA / EIA process. Transparent & explicit process for plan sign off. Routine reporting & performance management of plan delivery at directorate level. Transparency & timely engagement in necessary remediation at group, executive & CLE level.	Management assurance. Routine reporting of historic and prospective financial performance and remedial action plans at all relevant meetings. Independent assurance. Internal audit review of core systems & processes including financial planning, budgetary control, CIP delivery and data quality. External audit review of arrangements for securing VFM. Regulator scrutiny of safe, effective, financially viable services.	3	5	15		Completion of necessary recruitment and leadership development programme. Focussed executive support to directorates to develop plans. Utilisation of expert support as necessary and appropriate. May update: accelerated solution programme in progress with Surgery B; facilitated plan development programme in progress with Surgery A; expert support re theatres commissioned Surgery A; facilitated plan development programme concluded with Medicine	Sep-15	2	5	10
DOF	018b-GUR	Develop our capital plan and execute in line with that plan on a quarter by quarter basis [2016.17 financial year]	There is a risk that the capital plan is constrained by the requirement to secure key financial metrics and which compromises the timely progression of key estate development and necessary equipment replacement without compromise to key statutory standards. There is a risk that the scale and pace of capital programme delivery is delayed as a result of lack of necessary capacity and capability and which compromises the timely progression of key estate development and necessary equipment replacement.	FIC	4	5	20	Detailed review of absolute and sequenced capital requirements in particular for imaging, medical equipment replacement and retained estate development. IM&T programme confirmed. Routine consideration of full range of financing options to optimise flexibility within financial plan. Appropriate focus and development of senior leadership. Transparent & explicit process for plan sign off. Routine reporting & performance management of plan delivery at directorate level. Transparency & timely engagement in necessary remediation at group, executive & CLE level.	Management assurance. Routine reporting of historic and prospective capital plan performance and remedial action plans at all relevant meetings. Independent assurance. Internal audit review of core systems & processes including financial planning & budgetary control. External audit review of arrangements for securing VFM. Regulator scrutiny of arrangements for compliance with statutory standards.	3	5	15		Conclusion of MES contract during 2015.16 for delivery of key fixed equipment from 2016.17. Confirm retained estate investment programme. Establish and confirm necessary & sufficient management resources to deliver critical elements of the programme. Confirm financial plan for 2016.17 consistent with delivery delivery of necessary surplus to underpin capital programme investment [see risk 017d above]. May update: indicative retained estate development sequencing established	Dec-15	2	5	10

Sandwell and West Birmingham Hospitals NHS Trust
BOARD ASSURANCE FRAMEWORK 2015/16

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating
DOF	022-21CF	Reach financial close on the Midland Met Hospital MF	There is a risk that approving bodies [TDA, DH, HMT] delay or fail to approve the business case. This may be as a result of lack of confidence in the business case or trust ability to deliver, political or policy change, absence of a compliant bid, withdrawal of commissioner support or other significant reason. This would give rise to delay or absence of financial close an with potential requirement for expedient service change to secure safe, effective & financially viable services. There is a risk that the senior debt funding competition fails to secure sufficient funds as a result of lack of market appetite and which may cause the case to fail.	CC	4	5	20	Delivery of coherent appointment business case consistent with OBC evidenced with sufficient cost improvement and workforce plans. Ongoing delivery against approval conditions. Confirmation of compliant bid through conclusion of evaluation process. Effective engagement with EIB to secure their commitment to [part-] funding of the development. Routine oversight and management through Stakeholder Board and trust Reconfiguration Committee.	Management Assurance. Routine oversight and assurance through trust Configuration Committee. Independent assurance. Due diligence using external advisors of bid and key elements of business case.	3	5	15		Further development of cost reduction and workforce plans and commissioner confirmation of downside plans. May update: TDA deep dive CIP & workforce change assurance work satisfactory; improvement in CIP schemes recorded on TPRS and signed off; Commissioner support verbally re-confirmed & to be assured in letters of support June.	Dec-15	2	5	10

KEY	
	Safe high quality care
	Accessible and Responsive
	Care closer to home
	Good use of resources
	21st Century facilities
	Engaged and effective organisation
	Q&SC - Quality & Safety Committee
	FIC - Finance & Investment Committee
	CC - Configuration Committee
	W&ODC - Workforce & OD Committee
	TB - Trust Board
	MF - Annual priorities which will be given monthly focus

TRUST BOARD

DOCUMENT TITLE:	Safe Nurse Staffing				
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse				
AUTHOR:	Colin Ovington – Chief Nurse				
DATE OF MEETING:	4 th June 2015				
EXECUTIVE SUMMARY:					
<p>This report is an update using the data collected during April 2015.</p> <p>The data from the national reporting system has been applied to our own expected staffing data to help understand our nurse staffing position.</p> <p>Data accuracy continues to be audited by the information team to ensure the accuracy of externally reported data. D5 and D7 have demonstrated an incredible percentage of health care assistants (HCA) above plan at night, this has been audited. There was an increase in staffing across all shifts to ensure that the additional bed capacity that was put in place during April to cope with emergency demand was staffed accordingly. The marked increase at night for HCA staff is because there are not usually any HCA's on at night on these wards.</p> <p>Quality indicators are presented in the appendices in the same manner as last months board for consistency and to demonstrate how we use these data in the governance processes at Group level.</p>					
REPORT RECOMMENDATION:					
<p>To publish patient to RN ratios on our public web site and on NHS Choices on a monthly basis as per national requirement.</p> <p>To receive an update at the July Trust Board meeting</p>					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation	Discuss			
		X			
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	X
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Relates to our safety objectives and BAF					
PREVIOUS CONSIDERATION:					
Received monthly by the Trust Board.					

SAFE NURSE STAFFING

Report to Trust Board on 4th June 2015

1 EXECUTIVE SUMMARY

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

1.2 Data accuracy continues to be checked by the information team the two cardiology wards (D5 & D7) were purposively checked because of data nuance and additional staff above plan.

1.3 Ward based quality data is supplied in the same manner as the previous month for consistency.

2 APRIL 2015 POSITION

Table 1. is the output data from the national data collection for April 2015 which demonstrates that we achieve higher fill rates against our rota's in most areas. Table 2 gives the individual ward data. The ward quality indicators are presented in appendices 1 to 3. There is a nuance in the data for D5 and D7 this month; the accuracy of the data has been manually checked by our information team. The data for these two wards does support the operational use of bed capacity and the additional staff used to ensure that patient care was safe. During the month they had an additional nine beds open to help with the emergency admission pattern which was above plan, additional HCA staff were drafted in to support the registered nursing team. This ward does not traditionally have HCA staff at night so any increase will demonstrate a large percentage. The TDA have been alerted to this nuance in the data collection system.

Ward P3 was also open for part of the month with additional beds, but has not been collected in the national data collection.

The in-patient eye ward has demonstrated an increase in staffing over the month that is unusual compared to previous months. Matron has been alerted to this change and requested to ensure that it is brought into control.

Table 1.

Safe Staffing data return - Summary (Apr 15)		Day				Night				Day		Night		
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff						
		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					
		Site Code	Site Name									Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)
Jan-15	ROK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2123.25	2227.333	656.5	492.25	582.75	555	129.5	157.5	104.9%	97.4%	96.2%	121.6%
	ROKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	ROK02	CITY HOSPITAL	30328.5	30574.63	15962.5	16937.82	18988.5	20653.42	7731	8767.25	100.8%	99.8%	108.8%	113.4%
	ROK10	ROWLEY REGIS HOSPITAL	2919	3183.5	3472.5	3411.5	1333	1558.5	1429	1542.25	109.1%	98.2%	118.3%	107.9%
	ROK01	SANDWELL GENERAL HOSPITAL	25286.5	30702.12	17609.5	16883.43	16661.5	18341	8455	11660.25	104.8%	112.9%	110.7%	137.6%
Feb-15	ROK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	64657	66608	37550	39725	37467	41106	17745	22127	100.1%	100.8%	109.7%	124.7%
	ROKTC	BIRMINGHAM TREATMENT CENTRE	1997.25	2053.5	484.5	462	490.25	578	125.5	101.75	110.0%	99.5%	105.7%	78.6%
	ROK02	CITY HOSPITAL	27380.25	27877.75	14644.5	14820.48	17409.5	18193.92	8915.5	7414.25	101.0%	100.5%	104.5%	107.2%
	ROK10	ROWLEY REGIS HOSPITAL	2542	2743.25	3000.5	3185.5	1194.5	1192	1457.5	1407	107.9%	106.2%	99.8%	96.5%
	ROK01	SANDWELL GENERAL HOSPITAL	25298.5	27136.1	14521.5	16240.62	14720	16798	7292	9587.25	107.3%	111.8%	114.1%	135.3%
Mar-15	ROK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	57098	58611	32531	34509	33814	36702	15785	18790	104.4%	100.1%	108.5%	119.0%
	ROKTC	BIRMINGHAM TREATMENT CENTRE	2353.25	2352.417	501.5	447	573.5	585.25	148	139.5	100.0%	98.1%	98.6%	94.3%
	ROK02	CITY HOSPITAL	29023.73	30744.15	16727.5	15515.32	18670	21136.23	7507.5	7752	103.1%	92.8%	113.3%	103.3%
	ROK10	ROWLEY REGIS HOSPITAL	2702.5	3084.9	3546.75	3898.583	1211.5	1717.75	1670.5	2067	114.1%	109.9%	141.8%	123.7%
	ROK01	SANDWELL GENERAL HOSPITAL	26133.5	30365.28	15889.5	17373.29	15995	20147.07	7760.917	10975.02	107.9%	108.7%	126.0%	141.4%
Apr-15	ROK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	63013	68547	36785	37232	36490	43566	17087	20934	105.6%	101.3%	119.5%	122.5%
	ROKTC	BIRMINGHAM TREATMENT CENTRE	1502	1841	305.5	396.25	444	536.5	92.5	101.75	129.2%	129.7%	120.8%	110.0%
	ROK02	CITY HOSPITAL	30171.5	31776.33	16684	15468.25	18810.5	20221.75	7285.5	8325	105.3%	92.7%	107.5%	114.3%
	ROK10	ROWLEY REGIS HOSPITAL	2614	2568.5	3772	3448.087	1116.5	1351.5	1763	1778	98.3%	91.4%	121.0%	100.9%
	ROK01	SANDWELL GENERAL HOSPITAL	27100	29153.3	15850.25	17480.38	16443.3	18446.28	7908	10431.5	107.6%	110.2%	112.3%	138.9%
3-month Averages	ROK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	61390	65432	36812	36773	36815	40555	16649	20036	100.6%	100.4%	110.2%	123.9%
	ROKTC	BIRMINGHAM TREATMENT CENTRE	1907.5	2211.083	490.5	467.0833	548.3333	548.0833	135.6667	132.9167	113.11%	105.11%	105.4%	94.3%
	ROK02	CITY HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	ROK10	ROWLEY REGIS HOSPITAL	29182.83	29685.51	15744.83	15357.87	16356.33	19094.92	7384.667	7977.833	103.2%	95.3%	108.4%	108.2%
	ROK01	SANDWELL GENERAL HOSPITAL	2721.167	3001.883	3339.917	3497.867	1246.333	1489.417	1519	1672.083	106.6%	102.6%	120.9%	107.0%
Total Latest 3 month averages			63499	63865	35303	35171	35693	40274	16810	20120	105.5%	102.6%	112.7%	121.8%

Table 2

Medicine & Emergency care	Ward	site	No. Beds	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015
	D5	City	13	5	5	5	see D7		1	1	0	see D7	
	D7	City	19	3	3	3	121.3	136.3	1	1	0	112.7	1700
	D11	City	21	3	3	3	110.3	120.7		2	1	108.6	147.5
	D12	City	10	2	2	2	88.4	72.1	1	1	1	78.4	100.4
	D15	City	24	3.5	3.5	3	135.5	144	2	2	1	103.9	137.1
	D17	City	25	3.5	3.5	3	104.3	109	2	2	1	98.6	111.9
	D26	City	21	3	3	3	82.7	94.9	2	2	1	80.6	86.7
	AMU 1	City	41	10	10	10	100.9	113.3	4	4	4	90.8	103.6
	AMU 2	City	19	5	5	5	134.8	136.1	1	1	1	95	109.3
	CCU Sandwell	Sandwell	10	3	3	3	117.4	107.5	0	0	0	66.7	0
	PR4	Sandwell	25	7	7	7	101.3	98.3	3	3	3	117.1	205.6
	PR5	Sandwell	34	5	5	4	110.5	108.2	3	3	2	92.1	111.3
	NT4	Sandwell	28	4	4	4	131.1	146.2	3	3	3	179.7	227.7
	LY4	Sandwell	34	5	5	4	129.8	163.3	3	3	2	100.4	155
	LY5	Sandwell	29	4	4	4	88.5	92.8	4	4	2	89.8	127.3
	N5	Sandwell	15	5	5	2	111.9	99.9	1	1	1	111	0
	AMU A	Sandwell	32	11	11	11	100	111.4	4	4	3	94.5	105.5
	AMU B	Sandwell	20	3.5	3.5	3	104.2	116.3	3	3	3	143.6	117.2

Surgery A	Ward	site	No. Beds	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015
	D21	City	23	4	4	2	99.5	117.2	2	2	2	80.7	104.1
	D25	City	19	4	4	2	94	120.5	2	2	2	98	122.9
	SAU	City	14	4	4	3	102.5	109.6	1	1	1	104	130.8
	N2	SGH	24	4	3	2	100.8	106.5	2	2	1	89.8	137.5
	L2	SGH	20	6	6	4	98.7	92.9	3	3	2	102.1	107.3
	P2	SGH	20	4	4	2	101.3	129.6	3	3	2	136.4	162.4
	N3	SGH	33	6	6	3	141.5	159.3	4	4	3	117.9	117.9
	L3	SGH	33	6	6	3	110.7	100	4	4	3	95.8	134.4
	CCS	City		Staff fixed to the dependency/number of patients in the units			112.1	106.4	Staff fixed to the dependency/number of patients in the units			93.2	0
	CCS	SGH					105.3	102				112.7	0

Community & Therapies	Ward	site	No. Beds	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015
	Henderson	RH	24	3	3	2	94.6	118.7	3.5	3.5	2.5	90.1	113.1
	Elisa Tinsley	RRH	24	3	3	2	95.4	114.8	3.5	3.5	2.5	86.7	98.1
	D43	City	24	6	6	4	105.8	209.4	5	5	2	95.4	103.3
	Leasowes	RH	20	3	3	2	106.7	130.2	3	3	2	98.1	90.6

Surgery B	Ward	site	No. Beds	Morning shift RN's expected	Afternoon/ Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during November 2014	Percentage night time fill rate during November 2014	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during November 2014	Percentage night time fill rate during November 2014
	Eye ward	City	10	2	2	2	129.2	120.8	1	1	0	129.7	110

Womens & Children's	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 April 2015	Percentage night time fill rate during April 2015	Morning HCSW expected	Afternoon/ Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during April 2015	Percentage night time fill rate during April 2015
	L G	SGH	14	3	3	2	92.3	123.5	1	1	1	117.5	0
	L1	SGH	26	5	5	4	113.8	135.7	3	3	2	142.3	116.9
	D19	City	8	3	3	2	103.7	99.7	1	1	0	114.3	0
	D27	City	18	4	3	2	103.8	108.6	2	2	1	106.1	182.4
	Maternity	City	42	6	5	4	92.9	101.7	4	4	2	83.6	92.8

3 RECOMMENDATION(S)

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

3.2 To receive an update at the July Trust Board meeting

Colin Ovington

Chief Nurse

26th May 2015

Nursing Quality, Safety and Patient Experience Dashboard																	
Area			CITY					Sandwell									
Unit	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	
Patient Safety	Trauma Triage Audit (Interim)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Respiratory Audit (M&T)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Cardiac Safety Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Medication Safety Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit (Q&A)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Infection Prevention and Control	Hand Hygiene	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward Audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Patient Flow	No of days fully occupied	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No of days where patient discharged before lunch	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Staffing	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Nurses band 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Finance	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Bed days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Appendix 2 – Surgery A ward quality indicators

Leading the Culture of Compassionate Care

WARD D21																
	Area	Unit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Average/YTD	
Patient Safety	Tissue Viability Audit (Waterlow)	Score %	95%												96%	
	Nutrition Audit (MUST)	Score %	100%												100%	
	Documentation Audit	Score %	95%												95%	
	Fluid Balance Audit	Score %	83%												83%	
	Pain Audit (CCQ/N)	Score %	100%												100%	
	Protected Meal Time Audit	Score %	100%												100%	
	Mixed Dose Audit	Score %	100%												100%	
	Medications Audit	Score %	100%												100%	
	Drugs Storage	Score %	100%												100%	
	CD Audit	Score %	90%												90%	
	Falls Risk Assessment Audit	Score %	96%												96%	
	Safety/Privacy & Dignity	Score %	100%												100%	
	Pressure Ulcers Avoidable	No. of	0												0	
	Pressure Ulcers Unavoidable	No. of	0												0	
Falls Target =0	No. of	1												1		
Patient Experience	Delirium screening audit results		Score %	100%											100%	
	Safety Thermometer (No new harm)	Score %	100%												100%	
	10 Out of 10	No. of Patients	0												0	
	Incidents Total (inc Falls)	Score %	100%												1	
	Incidents (red)	No. of	1												1	
	Incidents (amber)	No. of	0												0	
	PALS Quizzes	No. of	1												1	
	Complaints	No. of	11												11	
	Complaints	No. of	1												1	
	Patient Experience	Score (%)	93%												93%	
	PFT Overall Results	Score (%)	74%												74%	
	PFT Response Rate	Score (%)	25%												25%	
	Mixed Site Breaches	No. of	0												0	
	Infection Prevention and Control	MRSA	Screening & Emergency	100%												100%
Screening to Bedside			100%												100%	
No. of Bloodstream			0												0	
C Diff		No. of Clostridia	0												0	
		No. of	0												0	
		MRSA	No. of Bloodstream	0												0
E-Coli		No. of Bloodstream	0												0	
		Hand Hygiene	Score (%)	78%												78%
		Ward Cleanliness	Score (%)	68%												68.00%
Outbreaks		No. of	0												0	
Cannulas (VAP)		Score (%)	95%												95%	
Staffing		Vacancies (Exclude Ward Clerks)		No. of Patients	1											1
		Sickness in Month with Trajectory of management	YTD Actual Together	%	4.76%											4.76%
		Sickness long term	%	4.07%												4.07%
	Sickness short term	%	0.69%												0.69%	
	Did monthly HR meeting take place?	Y/N	Y													
	No. of temporary staff used above Establishment or Budget	No. of Qualified in the	0												0	
		No. of HRAs in the	0												0	
		Y/N	Y	Y												
	Brad Score	Recommended	29.64													
		Actual	24.79													
		Assigned	25.64													
	PDR %	%	100%	100%											100%	
	Mandatory Training % by Month	%	99.74%	100%											99.87%	
	Uniform Audit	%	100%	100%											100%	
Finance	Is the ward in budget? This month, last month, projection	Y/N	Y													
	Did monthly finance meeting take place?	Y/N	Y													

Tissue Viability Audit (Waterlow)	Nutrition Audit (MUST)	Documentation Audit	Fluid Balance Audit	Pain Audit (CCQ/N)	Protected Meal Time Audit	Mixed Dose Audit	Medications Audit	Drugs Storage	CD Audit	Falls Risk Assessment Audit	Safety/Privacy & Dignity	Pressure Ulcers Avoidable	Pressure Ulcers Unavoidable	Falls Target =0	Delirium screening audit results	Safety Thermometer (No new harm)	No. of harm	Incidents Total (inc Falls)	Incidents (red)	Incidents (red)	PALS Quizzes	Complaints	Complaints	Patient Experience	PFT Overall Results	PFT Response Rate	Mixed Site Broaches	MRSA Screening Bedside	MRSA Screening Emergency	No. of Bloodstream	No. of Clostridia	C Diff	MRSA	E-Coli	Hand Hygiene	Ward Cleanliness	Outbreaks	Cannulas (VAP)	Vacancies (Exclude Ward Clerks)	Sickness in Month with Trajectory of management	Sickness long term	Sickness short term	Did monthly HR meeting take place?	No. of temporary staff used above Establishment or Budget	Is the ward compliant with rostering rules?	Brad Score	PDR %	Mandatory Training % by Month	Uniform Audit	Is the ward in budget? This month, last month, projection	Did monthly finance meeting take place?
95%	100%	95%	83%	100%	100%	100%	100%	100%	90%	96%	100%	0	0	1	100%	96%	0	1	1	1	1	1	93%	74%	25%	0	0	0	0	0	0	78%	68.00%	0	95%	1	4.76%	4.07%	0.69%	Y	0	0	Y	29.64	24.79	25.64	100%	99.74%	100%	Y	Y
96%	100%	95%	83%	100%	100%	100%	100%	100%	90%	96%	100%	0	0	1	100%	96%	0	1	1	1	1	1	93%	74%	25%	0	0	0	0	0	0	78%	68.00%	0	95%	1	4.76%	4.07%	0.69%	Y	0	0	Y	29.64	24.79	25.64	100%	99.87%	100%	Y	Y

Key	
NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
GREEN	GREEN SCORE
AMBER	AMBER SCORE
RED	RED SCORE

WARD D25																
Area	Unit	Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Average/YTD														
Patient Safety	Tissue Viability Audit (Waterlow)	Score %	100%	100%												100%
	Nutrition Audit (MUST)	Score %	100%	100%												100%
	Documentation Audit	Score %	100%	90%												95%
	Fluid Balance Audit	Score %	92%	88%												93%
	Pain Audit (CGUP)	Score %	100%	100%												100%
	Protected Meal Time Audit	Score %	100%	97%												99%
	Mixed Dose Audit	Score %	100%	100%												100%
	Medications Audit	Score %	100%	100%												100%
	Drugs Storage	Score %	100%	100%												100%
	CD Audit	Score %	100%	95%												98%
	Falls Risk Assessment Audit	Score %	100%	100%												100%
	Safety/Privacy & Dignity	Score %	100%	100%												100%
	Pressure Ulcers Avoidable	No. of	0	0												0
	Pressure Ulcers Unavoidable	No. of	0	0												0
Patient Experience	Falls (Target <5)	No. of	0	1												1
	Dementia screening audit results	Score %	100%	100%												100%
	Safety Thermometer (No new harm)	Score %	100%													100%
	10 Out of 10	No. of	0	0												0
	Incidents Total (inc Falls)	No. of	0	0												0
	Incidents (Incl)	No. of	0	0												0
	Incidents (Excl)	No. of	0	0												0
	FALLS Quizzes	No. of	0	0												0
	Complaints	No. of	0	0												0
	Complaints	No. of	0	0												0
	Patent Experience	Score (%)														100%/01
	FFT Overall Results	Score (%)	63%													63%
	FFT Response Rate	Score (%)	61%													61%
	Mixed Sex Breaches	No. of	0	0												0
Staffing	MRSA	No. of Breach/room	0	0												0
	C Diff	No. of Breach/room	0	1												1
	MSSA	No. of Breach/room	0	0												0
	E-Coli	No. of Breach/room	0	0												0
	Hand Hygiene	Score (%)	91%	97%												94%
	Ward Cleanliness	Score (%)	95%													95.00%
	Outbreaks	No. of	0	0												0
	Cannulas (VAP)	Score (%)	100%	100%												100%
	Vacancies (Exclude Ward Clerks)	No. of Vacancies	1	1												2
	Sickness in Month with Trajectory of management	STST Added Together %		10.55%												10.55%
	Sickness long term	%		9.82%												9.82%
	Sickness short term	%		0.73%												0.73%
	Did monthly HR meeting take place?	Y/N	Y	N												
	No of temporary staff used above Establishment or Budget	No. of qualified in the	209.1													209
	Establishment or Budget	No. of VETs in the	22.8													23
Finance	Is the ward compliant with Escorting rules? (to be confirmed by matron)	Y/N	Y	Y												
	Brad Score	Recommended	29.29													
		Actual	27.54													
		Audited	29.43													
	PDR %	%	96.55%	96.55%												96.55%
	Mandatory Training % by Month	%	90.31%	93.42%												90.82%
	Uniform Audit	%	100%	100%												100%
	Is the ward in budget? This month, last month, projection	Y/N	Y	Y												
	Did monthly finance meeting take place?	Y/N	N													

Tissue Viability Audit (Waterlow)																
Nutrition Audit (MUST)																
Documentation Audit																
Fluid Balance Audit																
Pain Audit (CGUP)																
Protected Meal Time Audit																
Mixed Dose Audit																
Medications Audit																
Drugs Storage																
CD Audit																
Falls Risk Assessment Audit																
Safety/Privacy & Dignity																
Pressure Ulcers Avoidable																
Pressure Ulcers Unavoidable																
Falls (Target <5)																
Dementia screening audit results																
Safety Thermometer (No new harm)																
No. of																
Incidents Total (inc Falls)																
Incidents (Incl)																
Incidents (Excl)																
FALLS Quizzes																
Complaints																
Complaints																
Patent Experience																
FFT Overall Results																
FFT Response Rate																
Mixed Sex Breaches																
MRSA Screening Results																
MRSA Screening Emergency																
No. of Breach/room																
No. of Overall																
C Diff																
MSSA																
E-Coli																
Hand Hygiene																
Ward Cleanliness																
Outbreaks																
Cannulas (VAP)																
Vacancies (Exclude Ward Clerks)																
Sickness in Month with Trajectory of management																
Sickness long term																
Sickness short term																
Did monthly HR meeting take place?																
No of temporary staff used above Establishment																
Establishment or Budget																
Is the ward compliant with Escorting rules?																
Brad Score																
PDR %																
Mandatory Training % by Month																
Uniform Audit																
Is the ward in budget? This month, last month, projection																
Did monthly finance meeting take place?																

Key	
NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
	GREEN SCORE
	AMBER SCORE
	RED SCORE

Leading the Culture of Compassionate Care

WARD Lyndon 3																
	Area	Unit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Average/YTD	
Patient Safety	Tissue Viability Audit (Waterlow)	Score %	74%												74%	
	Nutrition Audit (MUST)	Score %	88%												88%	
	Documentation Audit	Score %	84%												84%	
	Fluid Balance Audit	Score %	89%												89%	
	Pain Audit (CQUIN)	Score %	100%												100%	
	Protected Meal Time Audit	Score %	93%												93%	
	Mixed Dose Audit	Score %	98%												98%	
	Medications Audit	Score %	99%												99%	
	Drugs Storage	Score %	100%												100%	
	CD Audit	Score %	N/A												#DIV/0!	
	Falls Risk Assessment Audit	Score %	95%												95%	
	Safety/Privacy & Dignity	Score %	97%												97%	
	Pressure Ulcers Avoidable	No. of	0												0	
	Pressure Ulcers Unavoidable	No. of	0												0	
	Falls (over 4ft)	No. of	0												0	
	Dementia screening audit results	Score %	100%												100%	
	Safety Thermometer (No new harm)	Score %	100%												100%	
Patient Experience		No. of Events	0												0	
	10 Out of 10	Score %	100%												1	
	Incidents Total (inc Falls)	No. of	0												0	
	Incidents (red)	No. of	0												0	
	Incidents (amber)	No. of	0												0	
	RAIS Quizzes	No. of	1												1	
	Compliments	No. of	20												20	
	Complaints	No. of	0												0	
	Patient Experience	Score (%)	100%												100%	
	FFT Overall Results	Score (%)	81%												81%	
	FFT Response Rate	Score (%)	60%												60.00%	
	Mixed Sex Breaches	No. of	0												0	
	Staffing	Screening % Declines		100%												100%
		MRSA	No. of Bloodstream	0												0
			No. of Urinary	0												0
		C DH	No. of	0												0
		MSSA	No. of Bloodstream	0												0
E-Coli		No. of Bloodstream	0												0	
Hand Hygiene		Score (%)	100%												100%	
Ward Cleanliness		Score (%)	100%												#DIV/0!	
Outbreaks		No. of	0												0	
Cannula (VIP)		Score (%)	90%												90%	
Vacancies (Exclude Ward Clerk)		No. of (in wk)	3													
Sickness in Month with Trajectory of management		ST/ST Ratio Together %	5.67%												5.67%	
Sickness long term		%	2.12%												2.12%	
Sickness short term		%	3.55%												3.55%	
Did monthly HR meeting take place?		Y/N	yes													
Finance		No of temporary staff used above Establishment or Budget	No. of Qualified in Wk	0												0
			No. of FTE's in Wk	0												0
	Is the ward compliant with Crosterning rules? (to be confirmed by matron)	Y/N	Y													
		Brad Score	Recommended	41.11												
			Actual	34.56												
	Budgeted		38.98													
	PDR %	%	88.10%												88.10%	
Mandatory Training % by Month	%	83.33%												83.33%		
Uniform Audit	%	100%												100%		
Finance	Is the ward in budget? This month, last month, projection	Y/N	Y													
	Did monthly finance meeting take place?	Y/N	Y													

[illegible]

Key	
NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
	GREEN SCORE
	AMBER SCORE
	RED SCORE

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Ward Newton 2																
	Area	Unit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Average/YTD	
Patient Safety	Tissue Viability Audit (Waterlow)	Score %	100%	100%											100%	
	Nutrition Audit (MUST)	Score %	100%	100%											100%	
	Documentation Audit	Score %	79%	84%											82%	
	Fluid Balance Audit	Score %	88%	93%											91%	
	Pain Audit (CGUIN)	Score %	100%	100%											100%	
	Protected Meal Time Audit	Score %	97%	100%											99%	
	Mixed Dose Audit	Score %	94%	88%											91%	
	Medications Audit	Score %	100%	98%											99%	
	Drugs Storage	Score %	100%	100%											100%	
	CD Audit	Score %	95%	85%											90%	
	Falls Risk Assessment Audit	Score %	100%	98%											99%	
	Safety/Privacy & Dignity	Score %	100%	90%											95%	
	Pressure Ulcers Avoidable	No. of	0	0											0	
	Pressure Ulcers Unavoidable	No. of	0	0											0	
	Falls (after all)	No. of	0	0											0	
	Dementia screening audit results	Score %	100%	94%											97%	
	Patient Experience	Safety Thermometer (No new harm)	Score %	100%	100%											100%
		No. of Harms	0	0											0	
10 Out of 10		Score %	91%	94%											93%	
Incidents Total (inc Falls)		No. of	0	0											0	
Incidents (red)		No. of	0	0											0	
Incidents (amber)		No. of	0	0											0	
PALS Queries		No. of	2												2	
Compliments		No. of	18												18	
Complaints		No. of	1												1	
Patient Experience		Score (%)													NDIV/01	
RFT Overall Results		Score (%)	88%												88.00%	
RFT Response Rate		Score (%)	14%												14.00%	
Mixed Sex Breaches		No. of	0	0											0	
		Screening % Failure		93.14%											93.14%	
MRSA		No. of Blood Cultures	0												0	
		No. of Urines	0												0	
C Diff		No. of	0												0	
MSSA	No. of Blood Cultures	0												0		
E-Coli	No. of Blood Cultures	0												0		
Staffing	Hand Hygiene	Score (%)	84%												84%	
	Ward Cleanliness	Score (%)	95%												95%	
	Outbreaks	No. of	0												0	
	Cannulas (VBP)	Score (%)	89%												89%	
	Vacancies (Exclude Ward Clerks)	No. of (in hrs)	2													
	Sickness in Month with Trajectory of management	(FTE) Added Together %	7.43%												7.43%	
	Sickness long term	%	6.00%												6.00%	
	Sickness short term	%	1.03%												1.03%	
	Did monthly HR meeting take place?	Y/N	Y													
	No of temporary staff used above Establishment or Budget.	No. of Quotient in hrs													NDIV/01	
		No. of POC's in hrs													NDIV/01	
	Is the ward compliant with Erosstoring rules? (to be confirmed by matron)	Y/N	Y													
	Brai Score	Recommended	22.32													
		Actual	11.96													
		Budgeted	17.54													
	FDR %	%	61.64%													63.64%
	Mandatory Training % by Month	%	82.81%													82.81%
Uniform Audit	%	100%													100.00%	
Finance	Is the ward in budget? This month, last month, projection	Y/N	N													
	Did monthly finance meeting take place?	Y/N	N													

Topic / Utility Audit (Water/Water)					
	Nutrient Audit (RAI/ST)				
	Documentation Audit				
	Fault Balance Audit				
	PART A/E (COUIN)				
	Protected Metal Time Audit				
	Mixed Dose Audit				
	Medication Audit				
	Drugs Storage				
	CD Audit				
	Falls Risk Assessment Audit				
	Safety/Privacy & Dignity				
	Pressure Ulcers Avoidable				
	Pressure Ulcers Unavoidable				
	Falls Targeted (0)				
	Dementia Screening audit results				
	Safety Thermometer	(No new harm)			
	No. of Harms				
	Incidents Rate (per 100 beds)				
	Incidents (per bed)				
	Incidents (per patient)				
	PALS Quizzes				
	Certifications				
	Competencies				
	Patient Engagement				
	HIT Overall Results				
	HIT Response Ratio				
	Mixed Sex Blanks				
	MRSQ Screening Effective				
	MRSQ Screening Emergency				
	No. of Bloodstream				
	No. of Deaths				
	C Diff				
	MSSA				
	E Coli				
	Hand Hygiene				
	Ward Cleanliness				
	Outbreaks				
	Carrollite (NIP)				
	Vaccines (Exclude Ward Carts)				
	Isolates in Month with Trajectory of Infection				
	Severely long term				
	Infections short term				
	Did monthly risk meeting take place?				
	No. of temporary staff used above Establish				
	Is the ward compliant with Escalating rules				
	Bund Score				
	FOH %				
	Medication Training % by Month				
	Uniforms Audit				
	Is the ward in budget? This month, last mo				
	Did monthly business meeting take place?				

Key	
NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
	GREEN SCORE
	AMBER SCORE
	RED SCORE

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WARD Newton 3																
	Area	Unit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Average/YTD	
Patient Safety	Tissue Viability Audit (Waterlow)	Score %	98%	98%											98%	
	Nutrition Audit (MUST)	Score %	96%	100%											98%	
	Documentation Audit	Score %	94%	88%											92%	
	Fluid Balance Audit	Score %	84%	71%											88%	
	Pain Audit (CQUIN)	Score %	100%	100%											100%	
	Protected Meal Time Audit	Score %	100%	100%											100%	
	Missed Dose Audit	Score %	100%	100%											100%	
	Medications Audit	Score %	100%	100%											100%	
	Drugs Storage	Score %	100%	100%											100%	
	CD Audit	Score %	100%	100%											100%	
	Falls Risk Assessment Audit	Score %	90%	78%											84%	
	Safety/Privacy & Dignity	Score %	93%	88%											91%	
	Pressure Ulcers Avoidable	No. of	0													0
	Pressure Ulcers Unavoidable	No. of	0													0
Falls (per 100)	No. of	0													0	
Patient Experience	Dementia screening audit results	Score %	100%	100%											100%	
	Safety Thermometer (No new harm)	Score %	96%												96%	
	10 Out of 10	No. of	1												1	
	Incidents Total (inc. Falls)	No. of	0												0	
	Incidents (med)	No. of	0												0	
	Incidents (ambler)	No. of	0												0	
	PALS Quizzes	No. of	2												2	
	Complaints	No. of	13												13	
	Complaints	No. of	0												0	
	Patient Experience	Score (%)	100%	100%											100.00%	
	FFT Overall Results	Score (%)	71%												71%	
	FFT Response Rate	Score (%)	30%												30.00%	
	Ward Sex Brochures	No. of	0													0
	Infection Prevention and Control	NRSA	Scoring % Emergency	96%												96.00%
NRSA		Scoring % Infection	100%												100.00%	
C Diff		No. of Bloodstream	0												0	
C Diff		No. of Clinical	0												0	
C Diff		No. of	0												0	
MSA		No. of Bloodstream	0												0	
E-Coli		No. of Bloodstream	0												0	
Hand Hygiene		Score (%)	81%	88%											81%	
Ward Cleanliness		Score (%)	95.00%												95.00%	
Outbreaks		No. of	0												0	
Carbapenem (VAP)		Score (%)	100%	100%											100.00%	
Vacancies (Exclude Ward Clerks)		No. of (in ward)	3												3	
Sickness in Month with Trajectory of management		YOL1 Added Together %	7.61%												7.61%	
Sickness long term		%	4.66%												4.66%	
Sickness short term	%	2.95%												2.95%		
Staffing	Did monthly HR meeting take place?	Y/N	Y												Y	
	No. of temporary staff used above Establishment or Budget	No. of (qualified to role)													N/A	
	No. of temporary staff used above Establishment or Budget	No. of (HCA) to role													N/A	
	Is the ward compliant with Erostering rules? (to be confirmed by matron)	Y/N	Y												Y	
	Brad Score	Recommended	57.00													
	Brad Score	Actual	18.00													
	Brad Score	Budgeted	20.00													
	PDR %	%	86.96%												86.96%	
	Mandatory Training % by Month	%	87.18%												87.18%	
	Uniform Audit	%	100%	100%											100%	
	Is the ward in budget? This month, last month, projection	Y/N	Y												Y	
	Did monthly finance meeting take place?	Y/N	Y												Y	

Tissue Viability Audit (Waterlow)	Score %	98%	98%												98%
Nutrition Audit (MUST)	Score %	96%	100%												98%
Documentation Audit	Score %	94%	88%												92%
Fluid Balance Audit	Score %	84%	71%												88%
Pain Audit (CQUIN)	Score %	100%	100%												100%
Protected Meal Time Audit	Score %	100%	100%												100%
Missed Dose Audit	Score %	100%	100%												100%
Medications Audit	Score %	100%	100%												100%
Drugs Storage	Score %	100%	100%												100%
CD Audit	Score %	100%	100%												100%
Falls Risk Assessment Audit	Score %	90%	78%												84%
Safety/Privacy & Dignity	Score %	93%	88%												91%
Pressure Ulcers Avoidable	No. of	0													0
Pressure Ulcers Unavoidable	No. of	0													0
Falls (per 100)	No. of	0													0
Dementia screening audit results	Score %	100%	100%												100%
Safety Thermometer (No new harm)	Score %	96%													96%
10 Out of 10	No. of	1													1
Incidents Total (inc. Falls)	No. of	0													0
Incidents (med)	No. of	0													0
Incidents (ambler)	No. of	0													0
PALS Quizzes	No. of	2													2
Complaints	No. of	13													13
Complaints	No. of	0													0
Patient Experience	Score (%)	100%	100%												100.00%
FFT Overall Results	Score (%)	71%													71%
FFT Response Rate	Score (%)	30%													30.00%
Ward Sex Brochures	No. of	0													0
NRSA Screening Elective	Score %	96%													96.00%
NRSA Screening Emergency	Score %	100%													100.00%
No. of Bloodstream	No. of	0													0
C Diff	No. of	0													0
MSA	No. of	0													0
E-Coli	No. of	0													0
Hand Hygiene	Score (%)	81%	88%												81%
Ward Cleanliness	Score (%)	95.00%													95.00%
Outbreaks	No. of	0													0
Carbapenem (VAP)	Score (%)	100%	100%												100.00%
Vacancies (Exclude Ward Clerks)	No. of (in ward)	3													3
Sickness in Month with Trajectory of management	YOL1 Added together %	7.61%													7.61%
Sickness long term	%	4.66%													4.66%
Sickness short term	%	2.95%													2.95%
Did monthly HR meeting take place?	Y/N	Y													Y
No. of temporary staff used above Establishment or Budget	No. of (qualified to role)														N/A
No. of temporary staff used above Establishment or Budget	No. of (HCA) to role														N/A
Is the ward compliant with Erostering rules? (to be confirmed by matron)	Y/N	Y													Y
Brad Score	Recommended	57.00													
Brad Score	Actual	18.00													
Brad Score	Budgeted	20.00													
PDR %	%	86.96%													86.96%
Mandatory Training % by Month	%	87.18%													87.18%
Uniform Audit	%	100%	100%												100%
Is the ward in budget? This month, last month, projection	Y/N	Y													Y
Did monthly finance meeting take place?	Y/N	Y													Y

NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
GREEN	GREEN SCORE
AMBER	AMBER SCORE
RED	RED SCORE

[illegible][illegible]

Key	
NR	NOT RECORDED
NA	NOT APPLICABLE
YTD	YEAR TO DATE
	GREEN SCORE
	AMBER SCORE
	RED SCORE

SANDWELL CRITICAL CARE DASHBOARD													
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Single Sex Breach		0	0										
Cancelled Electives		2	1										
	>12hrs	0	1										
Delayed Discharges	>24hrs	1	1										
Discharges to the ward 22.00hrs - 06.00hrs		1	1										
External transfer	In	0											
	Out												
Sickness	ST	1.47	2.16										
	LT	5.08	4.97										
Complaints		0											
Thank you's		£300											
Friends & Family Audit		green											
Overall Compliance MT %		96%											
PDR - Outstanding/Due		94.64											
VIP %		100%											
CDIFF > 48hrs		1											
VRE		2											
HAND HYGIENE		100%	99										
ENVIRONMENTAL AUDITS		99%	99										
Pressure ulcers - all		0											
Falls with pt harm		0											
Catheter UTI		0											
MRSA/MSSA		0											
Budget	Non-Pay		not available										
	Pay		not available										
	Overspent		not available										
	Underspent		not available										
Bank WTE		12.16											
Agency WTE		11.56											
Thornbury		2											
WTE to City		3											
WTE from City		0											
DBD Referral %		100											
DCD Referrals %		66.7											
NIV Outside CCS		15											
New Referrals to O/R		58											
Follow-up referrals O/R		40											
Unit re-admissions		1											
CCMDS Average points	City	16.1											
	Sandwell	13.4											
	X Site	29.5											

CITY CRITICAL CARE DASHBOARD													
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Single Sex Breach		0	0										
Cancelled Electives		1	0										
	>12hrs	0	0										
Delayed Discharges	>24hrs	1	2										
Discharges to the ward 22.00hrs - 06.00hrs		1	2										
	In	0	1										
External Transfers	Out	1	3										
	ST [1.5]	2.16											
Sickness	LT [2.66]	5.93											
Complaints		0											
Thank you's		4											
Friends & Family Audit		96%											
Overall Compliance MT %		93%											
PDR - Outstanding/Due		1											
VIP %		100%											
CDIFF > 48hrs		0											
VRE		0											
MRSA/MSSA Bacteraemia		0											
Hand Hygiene		98%											
Ward Cleaning Audits		93%											
Budget	Non-Pay	not Available											
	Pay	not Available											
	Overspent	not Available											
	Underspent	not Available											
Bank WTE		9.8											
Agency WTE		23.02											
Thornbury WTE		4.76											
Hours to Sandwell		0											
Hours from Sandwell		109.5											
DBD Referral %		N/A											
DCD Referrals %		60%											
NIV Outside CCS		10											
New Referrals to O/R		70											
Follow-up referrals O/R		32											
Unit re-admissions		1											
CCMDS Average points	City	17											
	Sandwell	14											
	X Site	31.5											

Appendix 3 – Community & Therapy ward quality indicators

1.0 Dashboard data

The dashboard template has been reviewed for C&T in-patient areas to reflect the nature of care provided and the revised template update will be utilised for May data.

Overview of April findings:

Ward	Positive results	Areas for improvement	Key actions
Leasowes	<ul style="list-style-type: none"> Safety audits – 1 audit not quite 100% - CD audit 93% compliance Compliments av. 17.5 per month; only 1 PALS enquiry in last 12 months but 1 complaint in April which is the first for over 12 months Hygiene – ^97% hand hygiene, ^ 100% ward cleanliness Mandatory training 96% 	<ul style="list-style-type: none"> Avoidable PU's 3 in last 12 months *, none in April. Falls – av. 8.2 per month, with no harm - mainly due to specific patients upon investigation. Staff sickness √5.34% (3.5% LTS) Use of temp staffing to cover vacancies and sickness 	<ul style="list-style-type: none"> Improved personalised care planning with follow up care actions Continue to reduce staff sickness Recruit to outstanding vacancies
D43	<ul style="list-style-type: none"> No complaints Avoidable PU's- 0 for 3 months 	<ul style="list-style-type: none"> Safety audits one result below 100% CD audit = 93%. March ward cleanliness ^ to 85% (78%) Staff sickness –6.59 total, 5.87 LTS Use of temporary staffing – having to cover D47 and vacancies Mandatory training data not available PDR's √ 68% (87%) Provision of FFT results to group 	<ul style="list-style-type: none"> Work continues with estates & facilities to improve ward cleanliness compliance. Recruit to vacancies Reduce sickness rates Discussions continue with CCG re future for D47 and care model Agree date for access to FFT data
D47	<ul style="list-style-type: none"> Safety audits 100% compliance No complaints 	<ul style="list-style-type: none"> Use of temporary staffing Staff sickness 6.59% 	<ul style="list-style-type: none"> Improve systems for monitoring and reporting compliance with the required standards Reduce sickness rate
ET	<ul style="list-style-type: none"> Avoidable PU's- 0 for 3 months Compliments av. 6.3 per month 	<ul style="list-style-type: none"> Safety audits 2 not achieving 100% compliance <ul style="list-style-type: none"> Drugs storage 80% 	<ul style="list-style-type: none"> Improve consistency of compliance with safety audits. Recruit to vacancies Discussions continue to agree

	<ul style="list-style-type: none"> • MRSA screening 100% • Use of focussed care - 0 	<ul style="list-style-type: none"> ○ Observations charts 80% • Re-admissions clarity of data required • Complaints – 3 in last 12 months • Staff sickness 6.72, short term 8.38% • PDR's v 48.2% • Mandatory training ^ 85% 	future model of care for McCarthy /ET with CCG <ul style="list-style-type: none"> • Review of re-admissions underway
Henderson	<ul style="list-style-type: none"> • Complaints – 0 • Compliments av. 3 per month • IPC audit - 100% 	<ul style="list-style-type: none"> • Safety audits compliance – two areas for improvement <ul style="list-style-type: none"> ○ Missed dose medications 80% ○ Drug storage 60% • Staff sickness – 9.3%, 7.1% LTS • Mandatory training 86% • PDR's 67% 	<ul style="list-style-type: none"> • Address medicines audit non-compliance items • Reduce staff sickness • Increase compliance with mandatory training and PDR's with the completion of recruitment to vacancies.
Community - The icares Directorate are currently developing the community nursing dashboard; this will be an electronic version that will be accessible on desk tops. Once available this will be reported, it is expected by end of Q2 2015. It may be possible in future to roll out the electronic version to our in-patient areas.			

*Data prior to completion of avoidability template and decision made by TVS based on incident reported detail

2.0 Ward Reviews

Ward reviews have also commenced and all wards will have undertaken a baseline quarterly review by 1.5.15 based on the revised Trust template; the remaining result for Q1 is:

❖ Henderson

Objective	1	2	3	4	5	6	7	8	9
	Environm ent and IPC	Essential care	Effective use of resources	Admissio n and discharge	Patient experience	Privacy and dignity in care	Safeguardin g in care	Learning environmen t	Managing the deterioratin g patient
Rag rating	8 green elements	9 green elements	7 green elements	3 green elements	5 green elements	9 green elements	1 green element	5 green elements	5 green
For elements within standard	1 amber	2 amber	2 amber	1 amber	1 amber	1 amber		1 amber	

Henderson current review as above 2015-16 Q1

Henderson ward merged with Eliza Tinsley ward in Dec 2014, this is the first formal ward review post- merger and will allow for a baseline.

Overall a very positive review, with 80% of assessed elements rated green.

There is more work to be done in relation to falls prevention and personalized care planning. This will largely be addressed through the new proposed model of care together with vacancies being filled allowing for more robust

education/guidance on the ward.

It is acknowledged that with the temporary opening of McCarthy ward the unit manager has taken on oversight of three wards during the last three months.

Well done.

Ward reviews are now on quarterly programme to be phased throughout 15-16 unless concerns are identified:

- ❖ **D43 - June, Sept, Nov, Jan**
- ❖ **D47 - June, Sept, Nov, Jan**
- ❖ **ET - July, Oct, Dec, Feb**
- ❖ **Henderson - July, Oct, Dec, Feb**
- ❖ **Leasowes - July, Oct, Dec, Feb**

3.0 Other

The general risks for the group are:

- ❖ The current levels of vacancy across both in-patient areas and community teams. Despite continued recruitment efforts not all posts have not been filled and repeat advertisements are pursued; Band 5 nurses are the most difficult to fill. This has been exacerbated by maternity leave with no backfill agreement for community posts. The high level of vacancy has negatively impacted upon other parameters of workforce indicators - staff sickness, PDR's and Mandatory training, especially for those areas where there is not ease of access to temporary staff cover.
- ❖ Time from offer of post to complete the recruitment process.
- ❖ Access to some mandatory training e.g. safeguarding training.
- ❖ Safer staffing community nursing – May and June are test months across all District Nursing Teams supporting full role out of dependency tool following pilot in two teams. This will identify patient dependency and required staffing to deliver safe care.
- ❖ Time taken to complete required audits and dashboards as not automated from the various data sources.

PUBLIC BOARD

DOCUMENT TITLE:	Fully Staffed– tackling sickness absence at SWBH				
SPONSOR (EXECUTIVE DIRECTOR):	Raffaella Goodby – Director of Organisation Development				
AUTHOR:	Raffaella Goodby – Director of Organisation Development				
DATE OF MEETING:	4 th June 2015				
EXECUTIVE SUMMARY:					
<p>The attached report sets out the planned approach to tackle the high levels of sickness absence in the Trust, to ensure that the Trust is fully staffed. It sets out a series of positive and punitive measures, rooted in best human resources practice and based on NHS employer's guidance, to manage absence robustly. It also creates an engaging positive story to communicate through the year around the benefits of a healthy workforce.</p> <p>The benefits of this approach will ensure that the Trust develops and maintains a sustainable, fully staffed workforce as well as reduce its spend on temporary staff. It will also promote higher levels of employee engagement measured through the Your Voice survey.</p> <p>The report responds to staff feedback, sickness data and executive feedback and input. Engagement has been through Hot Topics from over 1200 staff, from the Workforce Delivery Committee and Clinical Leadership Executive.</p>					
REPORT RECOMMENDATION:					
Accept the report and endorse the action plan with designated lead officers.					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation	Discuss			
X					
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical		Equality and Diversity		Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Entry 026-EEO in the Board Assurance Framework					
PREVIOUS CONSIDERATION:					
Workforce Delivery Committee and Clinical Leadership Executive					

Fully Staffed – tackling sickness absence 2015/2016

Report to Public Board June 2015

APPENDICES:

Appendix 1 – Action Plan

1.0 Tackling Sickness Absence

1.1 Sickness absence has been highlighted as an issue in this Trust since 2014, with action plans previously put in place that have not delivered the reductions in absence as planned. In February 2015 Hot Topics focussed on sickness with a wide range of responses from right across the Trust, that provided examples of how colleagues felt sickness could be tackled, with positive and punitive measures suggested.

1.2 At the last Workforce Delivery Committee, the Deputy Director of Workforce set out a set of key data that highlighted the completion rates of return to work interviews (RTW) across the Trust. There was a correlation between those service areas that completed high levels of RTW interviews and a reduction in the sickness absence recorded in those areas.

1.3 During April and early May there has been further work carried out, including discussions with JCNC colleagues on sickness absence and conversations through the executive and group directors on reducing sickness to a target of 3.5% by March 2016.

1.4 Tackling sickness levels at SWBH is well known and communicated across the Trust and with internal and external stakeholders. Tackling sickness is detailed in the Trust's annual Board Assurance Framework (BAF) and detailed on the Trust's risk register.

1.5 This report sets out a number of key actions, that involve staff, managers, human resources, trade union colleagues and executives. Being fully staffed, and tackling absence levels concerns **everyone**.

1.6 The action plan sets out key themed areas for tackling absence, but will involve EVERYONE in order to be successful. Ideas and suggestions on implementation are welcomed in the coming weeks and months in order to sustain the approach.

1.7 The attached action plan is themed in six key areas:

1. Occupational Health
2. Sickness Absence Management
3. Training and Development
4. Information
5. Communications and Engagement
6. Executive and Group Leadership

1.8 Next steps

The Board of Sandwell & West Birmingham Hospitals Trust can expect to see a demonstrable differences in management of sickness and resulting actions from 1st June 2015

Absence will be monitored weekly at Executive Group and monthly through group reviews, Workforce Delivery Committee, Clinical Leadership Executive and relevant board committees.

This action plan and report also responds to a key theme of the CQC report in that it tackles the learning theme of being 'fully staffed'.

Being Fully Staffed - tackling sickness absence 2015/16**Aim – to reduce sickness absence to 3.5% by March 2016**

	Objective:	Lead Officer	By When:
1.0	Occupational Health		
1.1	Domestic Violence – run a campaign publicising support available for employees affected by domestic violence.	Ruth Wilkin Jenny Wright	30.06.15
1.2	Reduce time lost due to MSK issues: <ul style="list-style-type: none"> Improve compliance with manual handling MT compliance to 95%. Undertake analysis of MSK referrals to Occupational Health to determine trends/Hot Spot areas. 	James Pollitt Tamsin Radford	01..2015
1.2	Review application of rehabilitation option within the Sickness Policy to determine whether it is successful in reducing sickness absence.	Tamsin Radford/HR	31.07.2015
1.3	Assess reasons for sickness absence and advice on development of bespoke action plans, including bullying / harassment.	Tamsin Radford	30.06.2015
1.4	Review options to improve ‘fast tracking’ of treatment for employees in order to facilitate an earlier return to work, eg MSK	Tamsin Radford Roger Stedman	30.07.2015
2.0	Sickness Absence Management:		
2.1	Line managers responsible for sickness absence management within each Group/Directorate management to be identified. With relevant supporting HR manager.	Lesley Barnett	31.05.15
2.2	Increase recorded compliance with RTW interviews from 44% to 80% across all cost-centres.	Lesley Barnett	31.03.16
2.3	Line managers responsible for sickness absence management to receive personal letter from Dir OD outlining responsibilities and focus on sickness, inclusive of information pack, including: <ul style="list-style-type: none"> Top tips for effective management (based on best practise) Sickness Policy & Sickness Absence Guidance. ESR Business Intelligence Reporting 	Raffaella Goodby Lesley Barnett	Mid June 2015
2.4	Undertake monthly long-term sickness absence case conference to review every long term case. Monitor at group reviews	Tamsin Radford/Stephanie Cowin	Monthly
2.5	Review sickness absence policy with aim of simplifying the content, reviewing the sickness absence triggers and increasing the review period when sickness triggers have been breached.	Lesley Barnett	31.08.15
2.6	Development of line management network to provide peer support and development on difficult cases	Lesley Barnett	31.08.15
2.7	Reduce sickness absence associated with employee relations casework due to improved timeliness of case management.	Lesley Barnett	31.08.15
2.8	Catch up on sickness / absence related hearings / appeals outstanding	Lesley & Exec chairs	30.09.2015
3.0	Training and Development:		
3.1	All newly appointed managers with responsibility for sickness absence management to receive sickness absence training.	Jim Pollitt	31.03.16
3.2	Line managers required to undertake further training if they have not attended a sickness absence prog within the last 2 years.	Jim Pollitt	31.08.15
4.0	Information:		
4.1	Connect sickness absence reports, & performance monitoring report to be amended to include RTW measures	Lesley Barnett	31.05.15
4.2	Regular publication & communication of sickness days lost and	Lesley Barnett	Monthly

Being Fully Staffed - tackling sickness absence 2015/16***Aim – to reduce sickness absence to 3.5% by March 2016***

	Objective:	Lead Officer	By When:
	impact / progress		
4.3	Training to be provided to line managers to support them to use ESR BI reporting functionality.	Lesley Barnett	31.08.15
4.4	Develop a regular monthly report to identify compliance with short-term triggers as set out in Sickness Policy.	Lesley Barnett Andy Harding	30.05.15
4.5	Director of OD to monitor failure to comply monthly, and work with COO & Group Directors on a joint plan to get back on track.	Raffaella Goodby	June 15 onwards
4.6	ESR and SMART interface to be reviewed to ensure accurate & timely transfer of sickness absence data.	Informatics, Colin Ovington & IT	30.06.15
5.0	Communication & Engagement:		
5.1	Develop a 'branding' – improving attendance and creating a healthy, productive workforce including launch	Ruth Wilkin Raffaella Goodby	June 2016
5.2	Publication of good news story illustrating successful sickness absence management: suggested themes: <ul style="list-style-type: none"> • High levels of attendance. • Successful rehabilitation, facilitating early returns to work. • Successful local actions in response to sickness reasons i.e. changes in working practices. 	Raffaella Goodby	Monthly
5.3	Link sickness data to patient / staff experience data & use in communication	Colin Ovington	11.06.15
5.4	Raise profile of Health and Well being initiatives. <ul style="list-style-type: none"> - consideration of staff ideas eg fruit & veg stall at work - Visible listening to feedback from front line (not top down) - National campaigns e.g. walk to work week, healthy eating, linked to public health campaigns & industry campaigns 	Ruth Wilkin Raffaella Goodby	Monthly & ongoing
5.5	Implement positive attendance initiatives. E.g. rewarding 100% attendance, positive reinforcement across groups	Exec	June onwards
6.0	Executive & Group Leadership:		
6.1	Sickness absence to be a key focus of Group Reviews. Expectation of improving trajectories with a focus on: <ul style="list-style-type: none"> • RTW Interviews completion (80% compliance). • Identify and target Hot Spot Areas with face to face / phone calls 	Rachel Barlow Raffaella Goodby	May 2015 onwards
6.2	Groups to be required to undertake monthly 'confirm and challenge' meetings to monitor and ensure effective local sickness absence management processes are in place.	Group Directors of Ops with escalation to COO / Dir of OD	31.05.15 onwards
6.3	Groups to reduce ESR recording issues to no more than 5% of long-term cases under consideration by the Occ Health/HR case conference.	Group Directors of Operations	May 15 onwards
6.4	Groups to monitor short-term sickness absence reporting reasons and trends and consider whether this may be improved through changes in working practices.	Group Directors of Operations	May 15 onwards
6.5	Director of OD to intervene via phone / email for 'repeat offenders' – ie those that never complete RTW Interviews for their staff where the levels of sickness are highest.	Raffaella Goodby	June onwards
6.6	Monthly 'league tables' of top sickness areas with RAG ratings monitored through exec group and in one to ones with GD's	Executive	02.06.15

TRUST BOARD

DOCUMENT TITLE:	Children's Safeguarding Performance Dashboard				
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse				
AUTHOR:	Debbie Talbot – Deputy Chief Nurse				
DATE OF MEETING:	4th June 2015				
EXECUTIVE SUMMARY:					
<p>This report presents the second draft of the Children's Safeguarding Dashboard 15/16 Performance indicators are defined by the CCG, Children's Safeguarding Boards and SWBHT and assist the teams to benchmark with other providers, focus activity, problem solve and strive for quality improvement.</p>					
REPORT RECOMMENDATION:					
To review, discuss and determine if performance indicators and targets reflect wider organisational objectives.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation	Discuss			
		X			
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Relates to our safety objectives					
PREVIOUS CONSIDERATION:					
Draft 1 discussed at April meeting .					

CHILDREN'S SAFEGUARDING PERFORMANCE DASHBOARDS

REPORT TO TRUST BOARD JUNE 2015

Context:

Children's safeguarding teams are expected to submit monthly performance information, via a 'Dashboard', to the CCG as part of contract monitoring and discussed at the Performance Accountability (PAB) Board as part of the SSCB arrangements. A similar process has been established in the BSCB but remains in its infancy.

This information is reported and discussed internally via the Children's Operational Group and to the Safeguarding Steering Group chaired by the Chief Nurse.

Data is collected from a variety of internal and external sources (including the MASH and ED) and collated by Corporate Nursing and reported via the Performance Monitoring Team

However the recruitment and retention of A&C staff to support the infrastructure regarding data collection and collation has remained volatile. This part of the team is currently made up of: 1.0 WTE Re-deployed Band 3/0.8WTE Agency Band 4 (commenced May 2015).

Despite increase in Named Nurse resource this remains insufficient to meet the increasing demands from both Local Safeguarding Children Boards on a number of agenda's ie CSE, SCR, audit, contribution into multi-agency training and the Multi-agency Safeguarding Hubs (MASH) which came into being in Sandwell and Birmingham November 2013 and July 2014 respectively.

Dashboard Development:

Phase 1

The green segments of the dashboard represent the categories where both the metric and target have been established jointly between the CCG and SWBHT monthly

The purple segments represent information requested for PAB

Minor amendments to the content and collection cycle have been made over the last 2 years often following discussion at the Health Forum (sub –committee of the SSCB)

Phase 2- Current position May 2015 (enclosure one)

SWBHT Children's Safeguarding team and other key stakeholders such as Health Visitors , Paediatrics and Emergency Care have explored other performance data requirements. These additions are captured in blue in the worksheet. In order to ' tell a story' and provide some benchmarking information , all four quarters data have been added.

Phase 3- Future position- July 2015

Triangulation of Data

- Review of the relationship between defined KPI such as number of staff trained and referral outcomes. This information , when clarified will be captured in a graph form to illustrate the trajectory representing staff theoretical knowledge and application to practice- i.e what

impact is our training having on identifying children at risk of harm and taking measures to protect them.

- Opportunities to explore the link between HV case load numbers and absence /vacancy data.
- Explore the opportunity following implementation of the DA charitable bid to collect and analysis DA notification and referral pathways and suggest improvements to practice as indicated.
- Confirmation of targets for some newly reported information such as CSE and FGM – and a recognition that increased reporting along with appropriate action is required
- Some of these pathways are in their infancy in terms of national guidance, local interpretation and infrastructure development

Challenges:

- Attendance at 2 Safeguarding Children's Boards and the related sub-groups (Mash, DA, CSE etc)
- Requests for differing data sets from external committees – Boards, PAB, CCG
- Availability of appropriate IT systems/ data bases / software functionality to capture and collate reports in a timely manner.
- Lack of collation, analysis and reporting skills within the A&C support in the Children's safeguarding Team.
- Inputting of data from clinical teams
- Triangulation of data to determine meaningful changes in practice in a cost effective way

CCG External Childrens Safeguarding Dashbaord Including Internal KPI's

CCG/ LSCB	SWBHT	National and Local Quality Metrics	Definitions of Metrics	Data Source & Type	Target	Q1: Apr to Jun 2015	Q2: Jul to Sept 2015	Q3: Oct to Dec 2015	Q4: Jan to March 2016
✓	✓	Safeguarding supervision for appropriate frontline staff	% compliance with provider protocol for clinical supervision (for frontline staff who work with children).	SWBHT	90.00%				
✓	✓	% compliance with CCG protocol for clinical supervision for named nurse for safeguarding	Clinical supervision for Named Professionals for Safeguarding from Designated Professionals.	SWBHT	90.00%				
✓	✓	Safeguarding training for children (level 1)	% compliance with staff safeguarding training strategy at level 1.	SWBHT	90.00%				
✓	✓	Safeguarding training for children (level 2)	% compliance with staff safeguarding training strategy at level 2.	SWBHT	85.00%				
✓	✓	Safeguarding training for children (level 3)	% compliance with staff safeguarding training strategy at level 3.	SWBHT	85.00%				
✓	✓	Patient experience- CQUIN	Quarterly report on progress on delivering patient experience strategy.	SWBHT	RAG				
✓	✓	Complaints involving services for children	Number of complaints as determined by the contract.	SWBHT	RAG				
✓	✓	CQC outcome 7/ section 11 reporting.	% of compliance with outcome 7 and section 11.	SWBHT	RAG				
✓		Total Number of Referrals to Social Care involving children	Number of referrals to Social Services shared with Childrens Safeguarding Team (theme analysis)	Provider	10% ↑ per q.				
✓		Domestic violence referrals	Number of domestic violence referrals as agreed with the provider.	MASH	N/A				
✓		Drug & Alcohol referrals	Number of referrals to social care that relate to parents experiencing drug and alcohol misuse as agreed with provider.	MASH	N/A				
✓		Mental Health referrals	Number of referrals to social care that relate to parents experiencing mental illness as agreed with provider.	BCPFT	N/A				
✓		Percentage of children's appointments not attended	DNA rate as agreed with provider.	SWBHT	10.00%				
✓		Sickness absence HV team	Total sickness absence for the month.	SWBHT	3.50%				
✓		Staff turnover HV team	Number of staff who leave the organisation within the quarter.	SWBHT	<14.20%				
✓		Staff vacancy HV team	Overall vacancy rate for staff.	SWBHT	<				
✓	✓	Person in a position of trust allegations	Numbers of employees/ contracted staff referred for persons in a position of trust.	SWBHT	N/A				
✓		Number of Children not registered with a GP		SWBHT	N/A				
✓		% of children receiving immunisations at specified time		SWBHT	N/A				
✓		Number of children referred to CAMHS		BCPFT	N/A				
✓		% of referrals resulting in assessments		BCPFT	N/A				
✓		Number of children presenting in ED or CAMHS with thoughts of self-harming		SWBHT & BCPFT	N/A				
✓		Number of children presenting at ED or CAMHS with attempted suicide (overdose)		SWBHT & BCPFT	N/A				
✓		Rate of ED attendance caused by unintentional injuries per 10,000		SWBHT	N/A				
✓		Rate of ED attendance caused by deliberate injuries per 10,000		SWBHT	N/A				
✓		Teenage pregnancy rate per 1,000	public health ???	TBC					
✓		Number of Under 18's alcohol misuse to ED	pathway implementation	SWBHT	N/A				
✓	✓	CCG action plans	completion progress	SWBHT	RAG				
✓	✓	Court report requests	legal proceedings	SWBHT	N/A				
✓		Number of FGM cases reported	10% increase reported in 14/15 figures (already highest in region)	SWBHT	TBC				
✓	✓	Number of potential CSE cases reported for investigation	10% increase in 14/15 figures for completed risk assessments	SWBHT	TBC				

TRUST BOARD

DOCUMENT TITLE:	Urgent Care Challenge Week		
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow – Chief Operating Officer		
AUTHOR:	Rachel Barlow – Chief Operating Officer		
DATE OF MEETING:	4th June 2015		
EXECUTIVE SUMMARY:			
<p>This paper outlines the mobilisation effort in week beginning May 18th to address continued concerns about the patient experience, staff pressure and operational standard performance in two of our urgent care systems. The work has successfully driven innovation, involvement and some performance improvement, against a backdrop of significant consultant vacancies, which is outlined elsewhere in the Board's papers. We are expecting our approach to show sustained improvement in June, July and August. Whether this intervention is sufficient to drive 95% delivery consistently week on week is unclear and incalculable. A DTOC/complex discharge mobilisation week will follow in June now that Birmingham City Council have concluded their restructure. In the meantime, fining of the city council continues. No such arrangements are needed with Sandwell MBC. Board members are encouraged to talk with staff about the urgent care challenge, and to share key messages during walkabouts and other work. In particular, we have succeeded in mobilising other specialties in strong support of A&E colleagues. This is understood and appreciated and needs to be sustained, especially with the handover of trainees in late summer months.</p>			
REPORT RECOMMENDATION:			
<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Note the work undertaken and to ensure that external stakeholders are aware of this new approach Receive revised dashboard data from July as part of the IPR, including DTA time in ED, specialty long wait data, and vacancy rates within ED 			
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>			
The receiving body is asked to receive, consider and:			
Accept	Approve the recommendation	Discuss	
X			
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>			
Financial	Environmental	Communications & Media	
Business and market share	Legal & Policy	Patient Experience	x
Clinical	x Equality and Diversity	Workforce	x
Comments:			
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
Accessible and responsive care, safe and high quality care.			
PREVIOUS CONSIDERATION:			
Verbal update given at the last meeting.			

Urgent Care Challenge Week

REPORT TO THE TRUST BOARD – 4 JUNE 2015

1. Introduction:

The aim of the week was a focussed activity to make urgent care better for patients across our Trust. The week was an intensive opportunity to unblock and fix obstacles that affect the urgent care pathway. Throughout the week staff were addressing how we can work differently, trialling new ideas and working creatively to streamline patient flow from admission through to discharge.

The week challenge focussed on three key areas: our emergency departments; clear standards of specialist patient assessments taking place in assessment units rather than ED and effective and timely discharges.

A gold (executive triumvirate) , silver (Clinical Group and directorate's) and bronze (ward and departmental level) command structures were put in place during the week to enable escalation of issues to be resolved and the tracking of issues and owned objectives to deliver positive change. Ward liaison officers were identified from the middle management of Clinical Groups and some corporate directorates to observe, audit and support wards discharge planning practice.

Impact was tracked on 4 hourly cycles across 7 days through a project management office established in the capacity centre; the measure included:

- Time from decision to referral to speciality for admission (goal of 2 hours)
- Time from referral to admission into a bed (goal of 30 minutes)
- Compliance with the 'who assesses who' standards (complete compliance expected)
- Meeting available empty bed goals across the day in all speciality assessment units
- Discharge before lunch (goal of 50% stretch goal)
- The issue and action log was reviewed 3 times a day for progress and implementation of change

We encouraged all colleagues to use this opportunity to work with clinicians and managerial leads to prepare and plan what they will do differently, and how they will challenge the issues they have been facing.

Everyone was invited to play a part. This challenge is about getting it right first time for every patient. Our teams have great ideas and this week was about empowering teams to act and be successful in doing things differently.

Fundamentally, Urgent Care Challenge Week was intended to give all colleagues an opportunity to take ownership and responsibility for proposing, planning and implementing changes they believe will benefit our patients. The week was supported by a comprehensive communication campaign including an intranet page, daily messages and visual communications (attached).

2. The impact

The first 2 days were a diagnostic phase of the issues in the urgent care pathway. By Wednesday, day 3, we started to see demonstrable improvements.

Intentionally to focus was not on the 95% ED access target but the KPIs that were identified to be a key sum of the parts that contribute to effective and safe patient flow.

Over the course of the week all indicators made some improvement or met their goals. There is still significant scope for further improvement in the arrival to DTA time and home before lunch ambitions.

Since day 3 of the challenge week, the Trust has consistently delivered above 94% when measured against the 4 hour access standard and for 4/7 days has exceeded the 95% standard at time of writing.

Appendix 1 is the Day 5 all staff communications which details in week achievements in week as well as some staff and patient feedback.

3. What happens next?

We continue! We will continue with the effort to improve urgent care across the Trust. Who assesses who standards are here to stay. We have a development programme to deliver the Urgent Care Challenge, with some 'quick fixes' and some bigger changes that we will achieve and deliver together over the coming few weeks. The Clinical Leadership Executive has agreed to support an Urgent Care Challenge Delivery programme which will meet fortnightly. The Urgent Care Challenge Delivery Group will be multi professional in membership and track improvement and delivery of the KPIs, be a forum for learning and patient case reviews as well as ensuring the 'quick fixes' are delivered and taking forward the larger programmes of work that will be delivered in 6 week cycles:

- Rhythm of the day – resetting the clinical day to support earlier discharge home before lunch
- Establishing the intended ADAPT pathways with the joint health and social care team
- 7 day working- what does a good weekend looks like

The approach to delivering change was a new initiative. Whilst an on-going programme of change has started, staff will be invited to feedback on the planning and experience of the challenge week to inform future challenges.

4. Conclusion

The Trust Board is asked:

- To note the work undertaken and to ensure that external stakeholders are aware of this new approach
- To receive revised dashboard data from July as part of the IPR, including DTA time in ED, specialty long wait data, and vacancy rates within ED

Sandwell and West Birmingham Hospitals NHS Trust



Urgent Care
Challenge
Week

Patients who need
transport home will
be pre-booked the
day before they are
expected to go home



Sandwell and West Birmingham Hospitals NHS Trust



Message from Rachel Barlow, Chief Operating Officer: Urgent Care Challenge Week - Day 5

Thank you to everyone who has played a part in the last five nights and days in trying to help improve quality of care for emergency patients. It very much feels as if our whole Trust has mobilised the middle of our organisation together with the front line staff behind this work – **this week has been about identifying what we do best and beginning the change effort towards standardisation.**

The urgent care challenge week has diagnosed areas for improvement right across the urgent care patient pathway from ED, wards, community beds, with the support of pharmacy, porters, the capacity team; it has included medicine, surgery, children's services, community and gynaecology. You have taken the opportunity of time and focus to recognise what works well and identify the blocks, variances and frustrations in how you work.

There has been some successful impact this week, some through subtle and small ideas that make big difference for instance always being able to book **transport in advance**. Clinical teams have taken time to talk and have set out with determination to work together to **improve the imaging offer to the assessment units**, and speed up the availability of TTAs for discharge.

The patient focus has been the fundamental key to progress. Here are just some of the developments:

- **Identifying within 30 minutes of arrival what type of assessment bed is likely to be required** and then the assessment unit teams are committing to provide that within 30 minutes of referral.
- For the most complex patients this has enabled opportunities for assessment unit nurses to meet relatives and patients who have required resus level care to introduce themselves in advance of transfer. **A more personalised service** at a stressful time.
- The **who assesses who standards** have been embraced by all teams, patients are seeing specialist teams for assessment in assessment areas more consistently and more quickly than before. This is not only good care for that individual patient but also enables the patient in the waiting room to get to see an ED clinician without delay.
- More patients have received specialist **surgical assessment** in our assessment units than the previous week. The **AMAA at Sandwell** is now being used for ambulatory care.
- **Non clinical transfers from AMU to wards at night time have been massively reduced** which improves patient safety
- **Keep it moving ward rounds** where 1st junior doctor goes ahead to prepare the next patient on the ward round as the ward round moves on, the 2nd junior doctor stays behind and completed the task for the last patients. Paediatrics does this already, AMU tried this out today and it worked really well.
- More **TTAs** are ready for patients earlier in the day or the day before.
- Across surgery, medicine, paediatrics and gynaecology assessment facilities, there has been **beds to admit patients throughout the day and night safely and without delay.**

There are lots more examples of developments that you have led. They have all been about delivering good medical care, more rapid tests, leading to more rapid treatment and earlier safe discharge home, avoiding all the historical unnecessary waits and delays.

Some **staff reflections** from today include:

- We have stopped tolerating delays and expect a different more consistent standard in all that we do
- We have always had good relationships with...but this week has been excellent
- We feel empowered
- We are delivering something positive...real change

Patients have told us:

- Patients have told us the AMUs are clean, staff are welcoming and communicate well.
- Staff are polite
- I feel informed about my care and treatment
- I know what is happening to me

What happens next?

We continue! We will continue with the effort to improve urgent care across the Trust. Who assesses who standards are here to stay. We have a development programme to deliver the Urgent Care Challenge, with some 'quick fixes' and some bigger changes that we will achieve and deliver together over the coming few weeks. The Clinical Leadership Executive will be meeting on Tuesday and confirm the on-going programme arrangements.

For now - THANK YOU.

Appendix 1 - Day 5 all staff communications

We will be sharing key learning throughout the week and you can feed in your ideas and see how the week is progressing at <http://connect.swbh.nhs.uk/uccw>. Through our week of focus I am confident that we can make improvements that will be sustained in the months ahead. Thank you in advance for your co-operation this week.

Visual communication examples:



TRUST BOARD

DOCUMENT TITLE:	Financial plan and P01 performance 2015.16	
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite (Director of Finance and Performance Management)	
AUTHOR:	Tony Waite (Director of Finance and Performance Management)	
DATE OF MEETING:	4 June 2015	
EXECUTIVE SUMMARY:		
<p>This report provides an update on delivery of the financial plan for 2015.16. That plan remains valid and, whilst there is significant work to do, there is significant identified mitigation to sustain that plan.</p> <p>Attention is drawn to the key areas of risk and which were considered in detail at the Finance & Investment Committee. These risks shall remain a focus going forwards.</p> <p>Settling meaningful budgets for the devolved organisation structure remains the subject of intense work. At the time of writing a route to balance has been established for all corporate directorates and for four of seven clinical groups. An effective mitigation for the current residual gap has been identified.</p> <p>Work will continue through June to confirm budgets and delivery plans for all devolved areas. A programme of intensive support is in place for Surgery A & B. For the former this will be complemented with specialist support to underpin accelerated improvement in theatres.</p> <p>Attention is drawn to the further assurance being sought in respect of those cost improvement plans underpinned by significant vacancy factors. It is expected that this work will result in confirmation of vacant posts which can be safely removed from structures and a much reduced reliance on ad-hoc management of vacancies.</p> <p>P01 was reported as being in line with plan. There is some downside to this position from planned activity and consequent income recovery being below plan. It is intended that this be remedied and recovered in subsequent months. The planning of this work shall be facilitated through the demand and capacity group.</p> <p>Attention is drawn to agency pay costs which have spiked in March and April. Our priority attention and determination to address sickness and absence and expediting recruitment to being fully staffed provides the right route to a sustainable solution.</p> <p>Near term agency costs are a risk as the trust carries through its extant workforce changes.</p> <p>Finally, attention is drawn to the resources which are being invested in service improvement and staff development. This demonstrates follow through on our commitment to big savings for big investment.</p>		
REPORT RECOMMENDATION:		
The Board is recommended to consider the report and to support taking those actions necessary to secure our financial obligations consistent with safe, high quality care.		
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>		
The receiving body is asked to receive, consider and:		
Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Effective planning & delivery of financial obligations consistent with safe, high quality care.

PREVIOUS CONSIDERATION:

Finance & Investment Committee 29 May 2015

Key risks to focus on:

- Delivery of group budget control totals [including CIP]
- Pay & workforce [including agency]
- SLA income recovery [repatriation volume risk]
- CQUIN income recovery [meeting standards to time]
- Ante-natal pathway charges [securing an effective SLA; tariff changes]

Plan 2015/16 – budget sign off

BUDGET OUTLOOK 2015.16	ORIGINAL CONTROL TOTAL £000's	Investment funding £000's	Use of reserves	REVISED CONTROL TOTAL £000's	Outturn 2014/15 run rate* £000's	Improvement actions #1 £000's	Sub-total Bottom-up costing £000's	Improvement Actions #2 £000's	Improvement Actions #3 £000's	Investment cost not in bottom up £000's	Forecast net position £000's	RESIDUAL GAP £000's
CLINICAL GROUPS												
Medicine & Emergency Care	£46,208	-£443	-£2,000	£43,765	£34,444	£3,439	£37,883	£5,146	£179	-£22	£43,186	-£579
Surgery A	£9,598	-£810	-£3,000	£5,788	£3,795	-£916	£2,879	£766	£0	-£250	£3,395	-£2,393
Women's & Child Health	£27,414	-£902	£0	£26,512	£17,604	£3,766	£21,370	£4,731	£497	-£86	£26,512	£0
Surgery B	£20,115	£0	-£1,000	£19,115	£16,889	-£803	£16,086	£332	£746	£0	£17,164	-£1,951
Community & Therapies	-£3,145	-£100	-£800	-£4,045	-£3,448	-£2,669	-£6,117	£1,963	£209	-£100	-£4,045	£0
Pathology	-£3,401	£0		-£3,401	-£3,063	-£2,067	-£5,130	£1,527	£202	£0	-£3,401	£0
Imaging	-£4,382	£0	£0	-£4,382	-£7,176	-£169	-£7,345	£2,963	£0	£0	-£4,382	£0
CLINICAL GROUPS	£92,408	-£2,255	-£6,800	£83,353	£59,045	£581	£59,626	£17,428	£1,833	-£458	£78,429	-£4,924
CORPORATE DIRECTORATES												
Chief Executive	-£5,482	-£630		-£6,112	-£6,558	£774	-£5,784	£27	£0	-£355	-£6,112	£0
Finance	-£4,153	£0		-£4,153	-£4,553	£400	-£4,153	£0	£0	£0	-£4,153	£0
Medical Director	-£5,872	-£582		-£6,454	-£5,990	-£662	-£6,652	£100	£680	-£582	-£6,454	£0
Operations	-£12,799	-£35		-£12,834	-£13,727	£468	-£13,259	£460	£0	-£35	-£12,834	£0
Workforce	-£2,260	£0		-£2,260	-£2,108	-£153	-£2,261	£0	£1	£0	-£2,260	£0
Estates & New Hospital Project	-£13,496	£0		-£13,496	-£14,132	-£416	-£14,548	£854	£198	£0	-£13,496	£0
Corporate Nursing & Facilities	-£18,493	-£102		-£18,595	-£20,938	£1,253	-£19,685	£488	£644	-£42	-£18,595	£0
CORPORATE DIRECTORATES	-£62,555	-£1,349	£0	-£63,904	-£68,006	£1,664	-£66,342	£1,929	£1,523	-£1,014	-£63,904	£0
GROUPS AND DIRECTORATES	£29,853	-£3,604	-£6,800	£19,449	-£8,961	£2,245	-£6,716	£19,357	£3,356	-£1,472	£14,525	-£4,924

- The £4.9m residual gap is the difference between revised budget control totals and a current view of forecast earnings & costs
- There is on-going work to further assure the safety & quality risk of those cost improvements associated with proposed vacancy management
- Resolution of residual gap may include some or all of the following:
 - £2.0m Improvement in group positions [target medicine £0.5m; Surgery A £1.0m; Surgery B £0.5m]
 - £1.2m Balance of contingency budget setting reserve
 - £1.5m Contingency reserves
 - £1.0m Squeeze on cost of capacity reserves [underpinned by demand & capacity improvement work]
 - £0.5m Balance of investment reserves
 - £5.0m Balance sheet flexibility [not cash backed]
- Analysis represents net income/expenditure position including SLA income, other income, pay and non-pay costs.
- Outturn 2014/15 run rate is March pay spend x 12, outturn non-pay and other income as a proxy for spending entering 2015/16

Financial performance 2015/16 – Period 1 position

Period 1 position

- Trust reported I&E performance in line with plan to the TDA for P01- this reported position assumed income recovery as plan
- Activity & coding information now highlights mixed performance with planned work -5%, acute +3%, OP +3%, ED +1% and with consequent downside income recovery risk. Remedy and recovery of planned work to be focussed through demand & capacity working group.
- April pay bill £24.2m [vs. £25.0m P12; £23.9m P11]; agency spike in P12 sustained into P01. Remedy through focus on sickness & absence control and expediting recruitment to full staffing; commitment controls and effective management information enhancement to be progressed.

Key Data Summary	Sub Code	Sign	Current Year to Date			Forecast Outturn			
			Plan (mc 02)	Actual (mc 03)	Variance (mc 04)	Plan (mc 05)	Actual (mc 06)	Variance (mc 07)	
			£000s	£000s	£000s	£000s	£000s	£000s	
Retained Surplus/(Deficit) for the Period	220	+/-	26	27	1	3,429	3,434	5	Please provide a comment to explain any variance from Plan
									Forecast in line with TDA plan submission May 2015
Adjusted Financial Performance Retained Surplus/(Deficit)	390	+/-	20	58	38	3,357	3,806	449	Forecast in line with TDA plan submission May 2015
Notes									
1) Plan information has been extracted from your Full Plan submission to the NHS TDA on 7th April 2015									

AGENCY COSTS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
	£	£	£	£	£	£	£	£	£	£	£	£	£
Medicine & Emergency Care	682,678	775,142	768,936	663,371	591,291	535,692	476,148	525,716	614,502	516,304	343,175	763,362	786,554
Surgery A	160,631	139,278	187,717	194,359	161,574	187,299	124,270	202,920	179,636	145,240	206,272	277,532	185,402
Community & Therapies	24,948	69,965	57,476	24,589	8,969	17,852	25,078	34,043	42,843	36,378	161,533	295,557	259,627
Women's & Child Health	46,379	44,646	33,138	64,863	57,302	48,736	43,367	43,257	62,275	62,557	27,018	46,850	51,394
Imaging	10,192	23,306	38,755	33,584	22,443	21,547	10,268	7,051	4,401	11,402	41,409	37,534	32,427
Surgery B	41,838	39,095	28,459	36,364	18,641	24,587	20,078	16,224	17,011	19,683	9,821	-880	16,585
Pathology						1,296	0	0	0	0	51	-36	
Corporate	38,428	62,219	44,703	68,533	58,240	41,994	58,611	57,952	-33,128	69,670	72,986	137,164	32,270
Total	1,005,095	1,153,652	1,159,185	1,085,663	918,459	879,002	757,818	887,164	887,540	861,234	862,266	1,557,083	1,364,260

AGENCY COSTS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
	£	£	£	£	£	£	£	£	£	£	£	£	£
Qualified Nursing and Midwifery	430,344	371,556	395,860	414,021	305,883	330,237	322,045	366,929	500,649	405,719	473,335	921,469	980,696
Medical Staffing	386,240	518,674	489,187	405,985	401,548	407,630	267,321	316,518	222,969	213,503	175,228	265,303	249,208
Administration and Estates	50,452	78,046	79,332	97,661	85,237	66,087	93,359	78,036	-8,266	106,743	74,898	113,529	64,743
Scientific, Therapeutic and Technical	51,291	116,532	111,104	96,063	53,723	32,963	37,462	46,563	38,748	45,293	72,867	208,053	68,951
Healthcare Assistants and Support Staff	86,767	68,843	83,701	71,931	72,068	42,084	37,630	79,118	133,440	89,976	65,938	48,729	662
Total	1,005,095	1,153,652	1,159,185	1,085,663	918,459	879,002	757,818	887,164	887,540	861,234	862,266	1,557,083	1,364,260

Plan 2015/16 – investments

Investment proposal	Group/Corporate Directorate	Value £000's	Within bottom up work	Investment proposal	Group/Corporate Directorate	Yes £000's	Within bottom up work
Neurophysiology - 3rd post	Medicine	110	Y	Corporate partnerships (BCA / RCRH)	?CEO	105	N
Academic haematology	Medicine	22	N	Leadership development (Hay Group)	CEO: Organisational Development	275	Y
Oncology SLA	Medicine	275	Y	Training	CEO: Organisational Development	250	N
Cardiology research junior	Medicine	36	Y	CCIO 2 sessions	Medical Director	30	N
Surgeons	Surgery A	150	Y	Software licences	Medical Director	552	N
T&O consultant	Surgery A	120	Y				
Pain management capacity	Surgery A	250	N				
Critical care outreach	Surgery A	250	Y	Blue tech - band 6 pharmacy post	Operations	35	N
B Braun inflation	Surgery A	40	Y	Transport panic alarms	Corporate Nursing & Facilities	20	N
Midwives (full year effect of 2014/15 investment)	Women's & Child Health	300	Y	Palliative care	CNF / Community & Therapies	60	Y (CNF)
Epilepsy nurse practitioner	? Women & Child Health	50	N	Vehicle leasing	Corporate Nursing & Facilities	22	N
Health visiting	Women's & Child Health	516	Y				
Community paediatrics - 3 PAs	Women's & Child Health	36	N	TOTAL DIRECTORATES		3,604	1,472
Community caseload	Community & Therapies	100	N	Held in reserves:			
				Investigation Unit - Sandwell	Workforce [TBC]	37	
				Capital programme revenue	To distribute as relevant	200	
				cost consequences			

Investments

- Investments agreed by CLE May 2015

TRUST BOARD

DOCUMENT TITLE:	Action plan to deliver recommendations from the Lampard Report
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	29 May 2015

EXECUTIVE SUMMARY:

Following the death of Jimmy Savile and the subsequent allegations of his wrong doing at NHS organisations, the Department of Health (DH) launched an inquiry into his activities across the NHS. This resulted in the publication of a total of 44 reports being published following investigations triggered by this exercise.

The Savile case covers the time periods from 1954 to 2011 and has involved allegations and proven incidences of abuse by Savile at 41 acute hospitals, five mental health trusts, two children's hospitals, and other care settings.

In October 2012, the Secretary of State for Health asked former barrister Kate Lampard to produce an independent report on 'lessons learned', drawing on the findings from all published investigations and emerging themes. This report was published in March 2015 and included 14 recommendations for the NHS, the DH and wider government.

The Secretary of State has accepted 13 of the recommendations, 9 of which apply to NHS trusts. The Secretary of State did not accept recommendation 6 on Disclosure and Barring checks.

The purpose of the paper is to alert the Trust Board to the report and to provide the current status of the Trust's compliance with the recommendations.

REPORT RECOMMENDATION:

The Trust Board is recommended to NOTE and DISCUSS the action plan.

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:

Delivering safe, high quality care

PREVIOUS CONSIDERATION:

Quality and Safety Committee: 29 May 2015

FOR DISCUSSION

Action plan relating to Jimmy Savile and Kate Lampard's Lessons Learnt Report

Recommendation	Current SWBH Position	Action Planned	Lead	Deadline	Status
R1 All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.	<ul style="list-style-type: none"> All official visitors are expected to be accompanied and visits pre-arranged. Visitors are expected to have ID visible and to be questioned on arrival in a clinical area if not accompanied. The Trust has a number of policies relating to visitors to the Trust. None specifically address visits by celebrities, VIPs and other official visitors. 	Existing Trust-wide 'Policy for the Management of External Visits, Inspections and Accreditations' to be amended in line with the recommendation.	DG	June 2015	A
R2 All NHS trusts should review their voluntary services arrangements and ensure that: <ul style="list-style-type: none"> they are fit for purpose; volunteers are properly 	<ul style="list-style-type: none"> Currently volunteers are employed by the Royal Voluntary Service and there are 169 volunteers registered with them; 81 are currently in placements and work across our 3 hospital sites. 	The development of a Trust-wide Volunteering Policy. The operational plan to introduce Trust managed volunteers is to be reviewed to	CN	June 2015	A

Recommendation		Current SWBH Position	Action Planned	Lead	Deadline	Status
	<p>recruited, selected and trained and are subject to appropriate management and supervision; and</p> <ul style="list-style-type: none"> all voluntary services managers have development opportunities and are properly supported. 	<ul style="list-style-type: none"> The Trust has served notice on these arrangements and from July 2015 volunteers will be under the direct management of the Trust. The Voluntary Service sits within the Corporate Nursing function, and is headed up by the Project Facilitator for Patient Experience and Quality. 	<p>take into account the findings of Kate Lampard's report.</p> <p>The recruitment, selection, training and development requirements for volunteers will mirror those already in place for SWBH employed staff.</p>			
R4	All NHS hospital trusts should ensure that all staff and volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years.	<ul style="list-style-type: none"> The Risk Management Training Needs Analysis Matrix includes the minimum training requirements for all staff groups. All staff, including volunteers, receive level 1 safeguarding training at induction. Staff then receive levels 2 and 3 as appropriate. 	To ensure the new Volunteering Policy includes a mandatory requirement for volunteers to undergo safeguarding training.	CN	June 2015	A
			To link volunteer training records with the Trust Learning and Development records.	DW&OD	August 2015	
R5	<p>All NHS hospital trusts should undertake regular reviews of</p> <ul style="list-style-type: none"> their safeguarding resources, structures and processes 	<ul style="list-style-type: none"> The Trust undertakes an annual review of its safeguarding arrangements, detailed to the Quality and Safety Committee. The Trust is required to submit a 	To review and update the Safeguarding Children Investigations Policy in line with the recommendations.	CN	June 2015	A

Recommendation		Current SWBH Position	Action Planned	Lead	Deadline	Status
	(including their training programmes); and <ul style="list-style-type: none"> the behaviours and responsiveness of management and staff in relation to safeguarding issues to ensure that their arrangements are robust and operate as effectively as possible. 	self-assessment and annual Safeguard report to two Local Authorities, Sandwell and City. <ul style="list-style-type: none"> Periodic inspections of the Trust's compliance against Safeguard standard are carried out by the Care Quality Commission. Both Sandwell and City Hospitals were inspected in 2014. 				
R7	All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.	<ul style="list-style-type: none"> The Trust has in place an established Criminal Record and Barring Check Policy for staff. At the present time DBS checks are carried out by the Royal Voluntary Service and monitored for expiry. Current NHS Employers standards do not require employees to have a three yearly DBS check. NHS Employers are awaiting further guidance from the Department of Health. 	The new Trust-wide Volunteering Policy will make explicit the DBS checking requirements for volunteers. Department of Health guidance is awaited; action will be taken if required.	CN DW&OD	June 2015 tbc	A
R9	All NHS hospital trusts should devise a robust	<ul style="list-style-type: none"> The Trust has issued notices to staff about the responsible use of social 	To develop a Trust-wide Social Media Policy.	DC	July 2015	A

Recommendation	Current SWBH Position	Action Planned	Lead	Deadline	Status
<p>trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.</p>	<p>media. Nothing specific has yet been done for patients and visitors.</p> <ul style="list-style-type: none"> It is believed that to place restrictions on people's access to the internet and social media may infringe human rights legislation. 	<p>Advice is to be sought from the Trust's Solicitors on this recommendation.</p>			
<p>R10 NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own HR processes and standards and are subject to monitoring and oversight by their own HR managers.</p>	<ul style="list-style-type: none"> Agency staff are engaged via the national Framework Agreement. The Trust has in place a '<i>Estates and Capital Projects: Managing Contractors</i>' Policy. 	<p>To ensure that across the organisation all areas comply with the Trust standards for employment and use of agency staff and contractors e.g. in estates and facilities.</p> <p>This assurance will be provided to the Workforce Delivery Committee.</p>	DW&OD	June 2015	A

Recommendation	Current SWBH Position	Action Planned	Lead	Deadline	Status
R11 NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.	<ul style="list-style-type: none"> • These responsibilities sit with the Executive Director of Workforce and Organisational Development. • HR policies in the areas mentioned exist, are in date and subject to regular audits. Relevant indicators are included in the Integrated Performance Report and considered monthly. 	None	DW&OD	-	G
R12 NHS hospital trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks.	<ul style="list-style-type: none"> • Discussions have taken place about the branding of the Trust's Charity. 	<p>The content and the recommendations made in the Kate Lampard Report to be discussed at the Charitable Funds Committee.</p> <p>A risk assessment to be undertaken and a risk register created.</p>	DC	September 2015	A

NB: The report makes additional recommendations as follows:

- | | |
|------------|---|
| R3 | The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS through which they can receive peer support, learning opportunities and disseminate best practice. |
| R6 | The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact with patients or their visitors are subject to enhanced DBS and barring list checks. |
| R8 | The Department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers' awareness of their obligations to make referrals to the LADO and to the Disclosure and Barring Service. |
| R13 | Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS hospital trusts, (and where applicable, independent hospital and care organisations) comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11 above. |
| R14 | Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12 above. |

Kam Dhami
Director of Governance

May 2015

TRUST BOARD

DOCUMENT TITLE:	Integrated Quality, Performance and Finance Report
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance Mgt
AUTHOR:	Gary Smith, Head of Performance Management (acting)
DATE OF MEETING:	4 June 2015 (Report prepared 28 May 2015)

EXECUTIVE SUMMARY:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April 2015.

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Accessible and Responsive Care, High Quality Care and Good Use of Resources. National targets and Infection Control. Internal Control and Value for Money

PREVIOUS CONSIDERATION:

Operational Management Committee, Clinical Leadership Executive and Quality & Safety Committee.

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality and Performance Report

April 2015









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At A Glance

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology
There were 2 cases of C. Diff reported during the month of April, 1 in Medicine and 1 in Surgery A. The number of cases for the month was within the revised (reduced) trajectory for the period.	Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 94.5% for April, beneath the 95.0% operational threshold.	The overall Caesarean Section rate for April of 23.0% remained beneath the target of 25.0%. Elective and Non-Elective rates for the month were 7.7% and 15.4% respectively.	The Trust's RAMI for the most recent 12-month cumulative period is 88, identical to that of the National HES Peer. City and Sandwell site RAMIs are 72 and 100 respectively.	Stroke data for the month of April indicates Patients spending >90% of their time on a stroke ward fell narrowly short of the 90% operational threshold with performance of 89.8% for the month, Admittance to a stroke unit within 4 hours remains relatively stable at 81.8% (90% target). The percentage of patients receiving thrombolysis within 60 minutes of admission reduced to 57.1% (4 of 7 patients) (target 85%). Patients receiving a CT scan within 1 hour and 24 hours of presentation was 100% and 75.6% respectively, both meeting the identified thresholds.
There were no cases of post-48 hour MRSA Bacteraemia reported during the month of April.	There were 59 falls reported in April, a decrease from the previous month (78). 2 of the falls reported sustained serious injury.		Mortality rates for weekday and weekend and low risk diagnoses remain within statistical confidence limits. RAMI values for all CQC diagnosis groups are also within or beneath statistical confidence limits.	
	The total number of hospital acquired, avoidable pressure ulcers decreased to 6 (5 Grade 2 and 1 grade 3) during the month of March.	Adjusted perinatal mortality rate (per 1000 births) reduced during the month of March to 6.4, below the target of 8.0 or less.		
The incidence of MSSA Bacteraemia and E. Coli (both expressed per 100,000 bed days) for the month of April remain with the operational threshold.	There was 1 never event in April (wrong site treatment for kidney stones)		During the most recent month for which complete data is available (February) the overall Trust performance for review of deaths within 42 days was 86%, a reduction from the previous month's performance of 89%. The trajectory for the period is 99%.	Primary Angioplasty Door to balloon time (<90 minutes) was 90.0% for April against an 80% target and Call to balloon time (<150 minutes) was 89.5% for April against an 80% target. RACP performance for April was 100% (98% target).
Both MRSA elective and non-elective screening remain above the 80% target at 96% and 93% respectively for April.	There were 8 Open CAS Alerts reported at the end of April, none overdue at the end of the reporting period.		The Crude Mortality Rate for April is 1.76%. 12 month figure is 1.41%	
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment
The Trust continues to meet all, in month (March) and year to date high level Cancer Treatment targets, and compare well against national benchmark data.	There were no mixed sex accommodation breaches reported during the month of April.	The number of Last Minute Cancelled Operations remained at the same level during April at 41, equivalent to 1.1%, against a 0.8% target. The majority of cancellations (15) were seen in Surgery B, with the highest number by specialty in Ophthalmology (9).	The Trust's performance against the 4-hour ED wait target of 95.0% during the Month (April) was 91.76%. Current performance (as at 27 May) for May is 92.2%.	Trust level Admitted, Non-Admitted and incomplete RTT Pathway targets were all met for the month of April.
2 Groups, Medicine and Women & Child Health, narrowly failed to meet 93.0% operational threshold for the 2-week maximum cancer wait with performance for the month of 91.2% and 91.5% respectively.	The FFT national definitions have been revised, with performance thresholds yet to be established. Performance (with effect from April 2015) is now reported as an FFT rating of recommendation and a response rate, derived from an extended patient base. As such values are not comparable to 2014 / 2015 measures.		Delayed Transfers of Care for the month of April reduced quite significantly from 3.1% (March) to 2.5% overall, although the rate for City remains high at 4.5% (Sandwell is 0.9%).	1 patient waited more than 52 weeks for commencement of treatment on the RTT Admitted Pathway in Urology.
All Groups met the 31 day diagnosis to treatment target of 96% during March.	99% of complaints received during the month were acknowledged within 3 days of receipt.	There were no second or subsequent urgent operation cancellations in April.		4 Treatment Functions failed the respective RTT pathway performance thresholds for the month.
Surgery B and Women & Child Health Groups failed to meet the 62 day urgent GP referral to treatment target (85%) with performance of 83.3% and 73.3% respectively.	The percentage of complaints exceeding the original agreed response date has increased (worsened) to 59% in April.	There were no breaches of the 28 day late cancelled operation guarantee reported during the month of April.	The proportion of patients admitted with a Fractured Neck of Femur who received an operation within 24 hours of admission during April was 81.25% (13 of 16 patients).	Diagnostic waits (April) beyond 6 weeks were 0.35%, compared with an upper operational threshold of 1.00%. The majority (27) of the 30 patients waiting in excess of 6 weeks were in Imaging.
	The oldest complaint currently in the system is in Surgery A at 254 days		Monday 18th May saw the launch of Urgent Care Week, with focus on improving the quality of care for emergency patients.	
Data Completeness	Staff	CQUIN	External Assessment Frameworks	
The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields. All three parameters are above target. (latest data provided March)	PDR overall compliance as at the end of April is 90.86%. The range by Group is 85 - 97%. The Medical Appraisal / Revalidation Rate for the month is 91.0%.	The Trust is contracted to deliver a total of 19 CQUIN schemes during 2015 / 2016. 7 schemes are nationally mandated, a further 4 have been agreed locally, 5 identified by the West Midlands Specialised Commissioners and 3 by Public Health. The collective financial value of the schemes is c.£8.8m.	TDA Accountability Framework - Quality Scores for each of the 5 domains which comprise the framework are indicated in the main body of this report, with the areas of 'adverse' performance against each domain identified. The sum of the domain scores are used to derive the overall quality score which for the most recent period is 2 (1 is highest risk rating and 5 is lowest risk rating). The overall score is also influenced by the application of any override rules which may be applied, which during April related to ED 4-hour performance of 91.76%.	
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 April reported as 96.4%. Outpatient and A&E data sets continue to exceed their respective thresholds.	Mandatory Training at the end of March improved slightly to 88.2% overall. The range by Group is 85 - 95%.	In summary 4 schemes are classified as performing, a total of 6 schemes require baseline data to be gathered before improvement trajectories and targets are finalised, with a further 9 schemes requiring methodologies for data capture, reporting etc. to be agreed.		
	The most recent (March 2015) 'Your Voice' data, response rate and score is included in the report.	It is intended that confirm and challenge meetings will be held at various stages during the year with scheme leads. Formal submission of CQUIN performance to commissioners will also be required each quarter.	Monitor Risk Assessment Framework - compliance against this framework is also indicated. For the month of April performance (actual and projected) attracts a Governance Rating of 1.0 (Amber / Green), influenced adversely by ED 4-hour wait performance.	
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 April of 39.8%.	Sickness Absence remains high at 4.81% for April, and 4.77% for the 12-month rolling period. (Range by Clinical Group during April is 1.79% to 6.03% and by Corporate Directorate (1.36% to 5.82%).			
	The Return to Work interview rate following Sickness Absence is 62.8% for the 12-month cumulative period (range by Group 44.7% - 78.2%).			
	Data on the number of Unfilled Bank shifts is now included in the report.			

Patient Safety - Infection Control

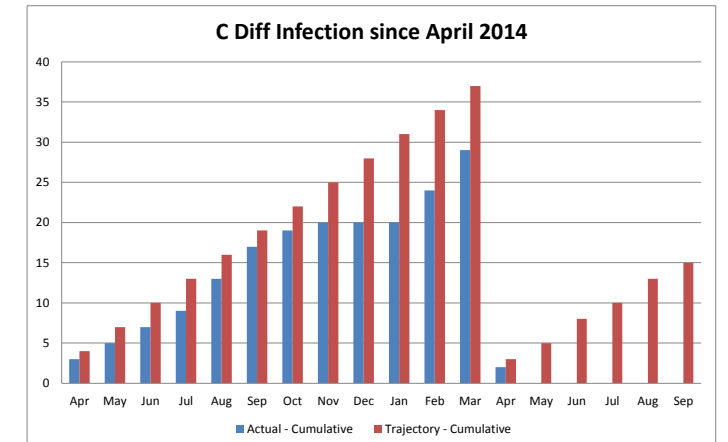
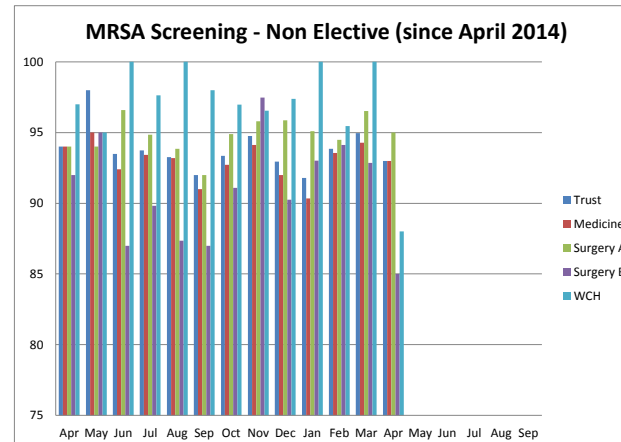
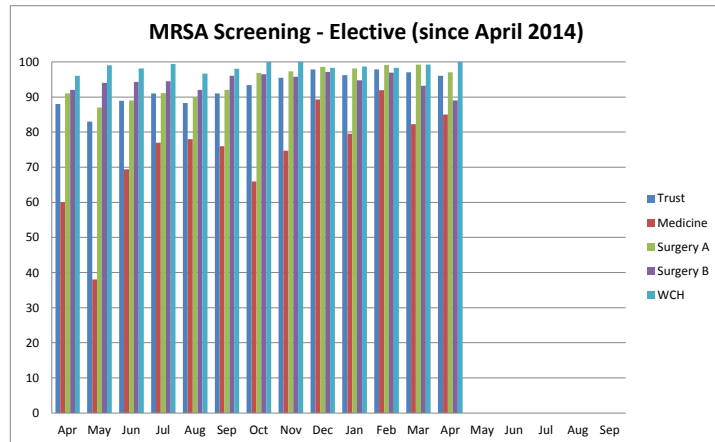
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	No.	30	3
4			MRSA Bacteraemia	No.	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	Rate	<9.42	<9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	Rate	<94.9	<94.9
3			MRSA Screening - Elective	%	80	80
3			MRSA Screening - Non Elective	%	80	80

Previous Months Trend (since April 2014)																		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
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Data Period
Apr-15
Apr-15
Apr-15
Apr-15
Apr-15
Apr-15

Group									
M	A	B	W	P	I	C	CO		
1	1	0	0						
0	0	0	0						
85	97	89	100						
93	95	85	88						

Month	Year To Date	Trend	Next Month	3 Months
2	2	●	●	●
0	0	●	●	●
0.0	0.0	●	●	●
27.5	27.5	●	●	●
96.2		●	●	●
93.4		●	●	●



Patient Safety - Harm Free Care

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

Previous Months Trend (since April 2014)																									
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S								
•	•	•	•	•	•	•	•	•	•	•	•	•													
0.53	0.48	0.51	0.49	0.42	0.41	0.40	0.25	0.31	0.41	0.40	0.64	0.25													
74	81	99	85	72	81	96	75	99	91	64	78	59													
1	5	4	1	5	1	1	2	1	1	0	1	2													
5	7	5	5	2	7	6	9	16	11	7	6														
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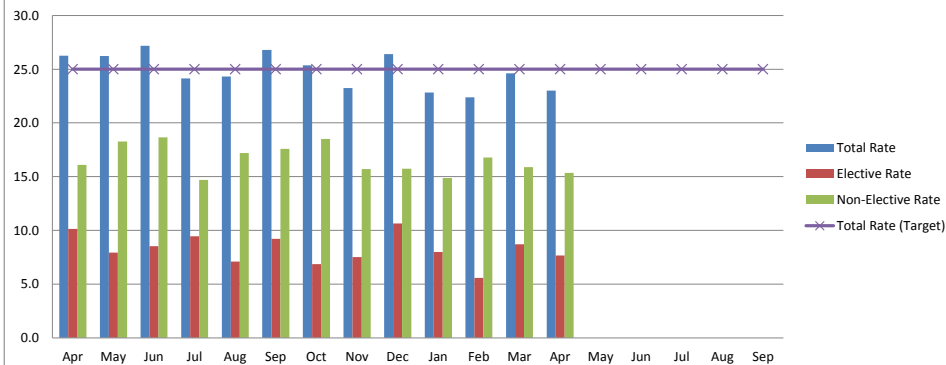
Patient Safety - Obstetrics

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

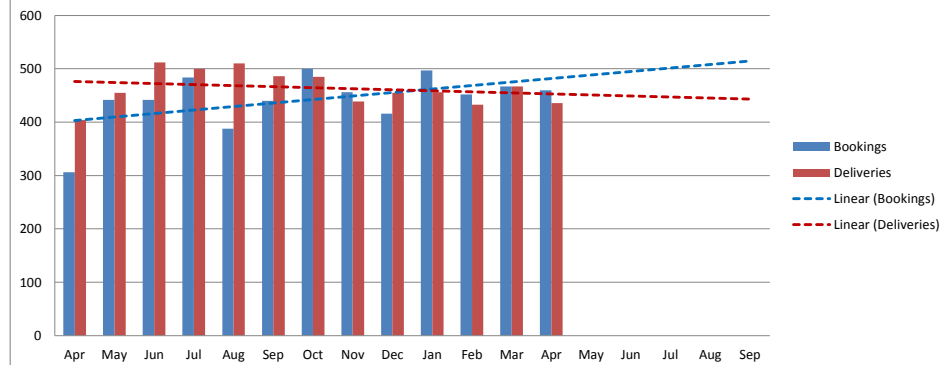
Previous Months Trend (since April 2014)																		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
10	8	9	9	7	9	7	8	11	8	6	9	8						
16	18	19	15	17	18	19	16	16	15	17	16	15						
2.3	1.8	2.6	1.8	0.9	0.9	0.7	1.5	1.2	1.4	0.5	2.1	1.9						
1.5	1.8	1.6	1.6	0.7	0.3	0.7	1.3	0.8	0.3	0.5	1.5	1.1						
0.8	0.7	0.4	0.4	0.2	0.0	0.0	1.0	0.4	0.0	0.0	1.2	0.8						

Data Period	Month	Year To Date	Trend	Next Month	3 Months
Apr-15	23.0	23.0			
Apr-15	7.7	7.7			
Apr-15	15.4	15.4			
Apr-15	0	0			
Apr-15	0	0			
Apr-15	1.38	1.38			
Mar-15	6.4				
Apr-15	76.09				
Mar-15	159				
Mar-15	77.52	75.86			
Apr-15	1.9	1.9			
Apr-15	1.1	1.1			
Apr-15	0.8	0.8			

Caesarean Section Rate (%) (since April 2014)



Bookings & Deliveries (since April 2014)

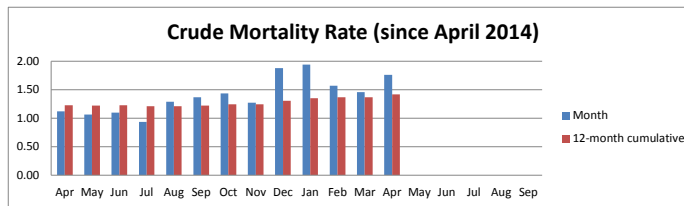
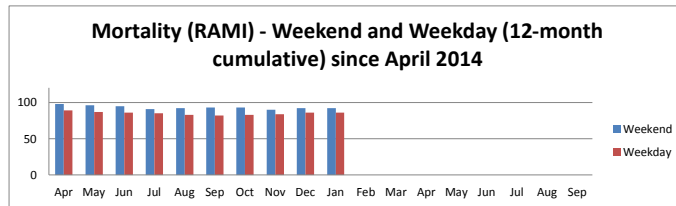
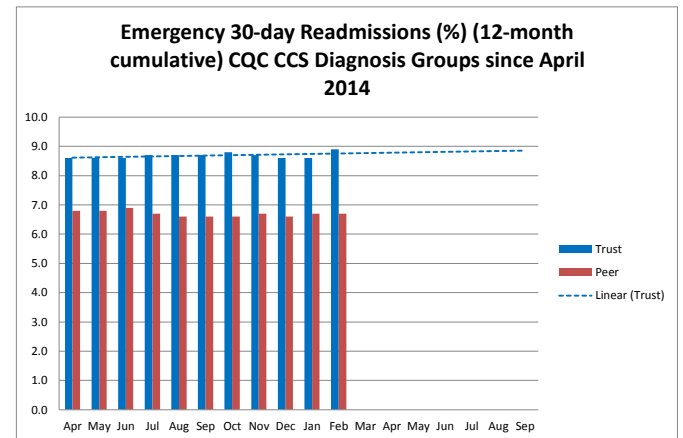
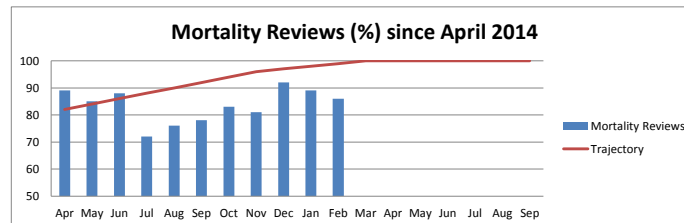
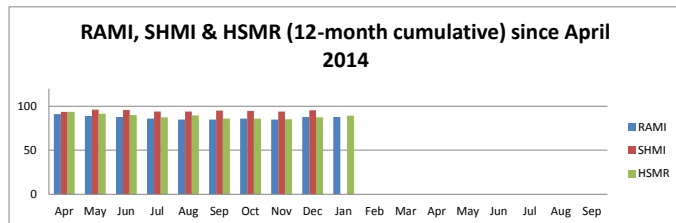


Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR		
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	%	100	=>99
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month - internal data	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative - internal data	%		
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative) - CHKS data	%		

Previous Months Trend (since April 2014)																	
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
91	89	88	86	85	85	86	85	88	88								
89	87	86	85	83	82	83	84	86	86								
98	96	95	91	92	93	93	90	92	92								
94	96	96	94	94	95	95	94	96									
94	92	90	88	90	86	86	85	87	89								
66	75	47	51	71	89	80	76	111	105								
●	●	●	●	●	●	●	●	●	●	●							
1.1	1.1	1.1	0.9	1.3	1.4	1.4	1.3	1.9	1.9	1.6	1.5	1.8					
1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.3	1.4	1.4	1.4	1.4					
8.1	8.2	7.3	7.6	7.9	7.4	7.8	7.6	8.2	8.7	8.4	8.5						
8.1	8.2	7.9	7.8	7.8	7.7	7.7	7.7	7.7	7.9	8.0	8.2						
8.6	8.6	8.6	8.7	8.7	8.7	8.8	8.7	8.6	8.6	8.9							

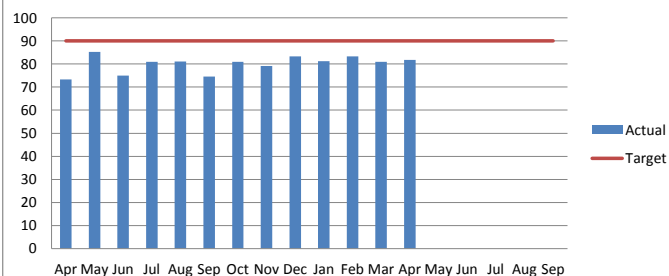
Data Period	Group							Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO				
Jan-15									88			
Jan-15									86			
Jan-15									92			
Dec-14									95.5			
Jan-15									89.2			
Jan-15									105			
Feb-15	89	90							86			
Apr-15									1.76			
Apr-15									1.41			
Mar-15									7.86			
Mar-15									7.69			
Feb-14	12.8	8.1	2.2	7.7					8.9			



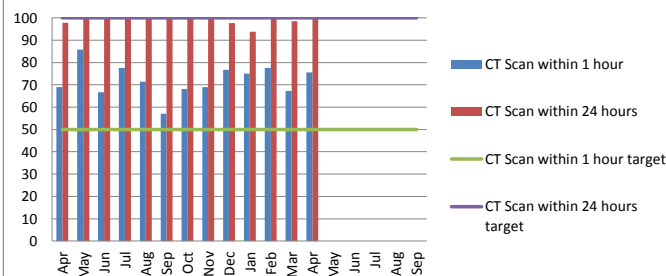
Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Month	Year To Date	Trend	Next Month	3 Month	
					Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A							S
3			Pts spending >90% stay on Acute Stroke Unit	%	=>90.0	=>90.0																			Apr-15	89.8	89.8			
3			Pts admitted to Acute Stroke Unit within 4 hrs	%	=>90.0	=>90.0																			Apr-15	81.8	81.8			
3			Pts receiving CT Scan within 1 hr of presentation	%	=>50.0	=>50.0																			Apr-15	75.6	75.6			
3			Pts receiving CT Scan within 24 hrs of presentation	%	100	100																			Apr-15	100.0	100.0			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	%	=>85.0	=>85.0																			Apr-15	57.1	57.1			
3			Stroke Admissions - Swallowing assessments (<24h)	%	=>98.0	=>98.0																			Apr-15	100.0	100.0			
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	%	=>70.0	=>70.0																			Apr-15	100.0	100.0			
3			TIA (Low Risk) Treatment <7 days from receipt of referral	%	=>75.0	=>75.0																			Apr-15	100.0	100.0			
9			Primary Angioplasty (Door To Balloon Time 90 mins)	%	=>80.0	=>80.0																			Apr-15	90.0	90.0			
9			Primary Angioplasty (Call To Balloon Time 150 mins)	%	=>80.0	=>80.0																			Apr-15	89.5	89.5			
9			Rapid Access Chest Pain - seen within 14 days	%	=>98.0	=>98.0																			Apr-15	100.0	100.0			

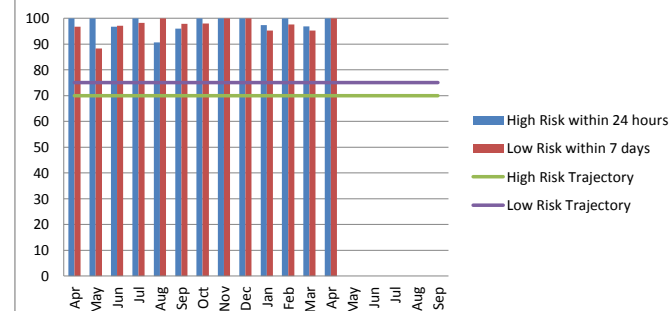
Admissions (%) to Acute Stroke Unit within 4 hours (since April 2014)



CT Scan (%) following presentation (since April 2014)



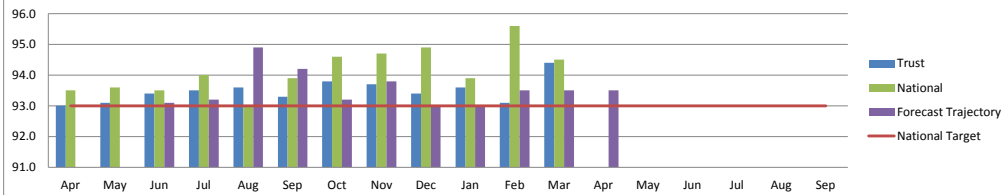
TIA Treatment (%) (since April 2014)



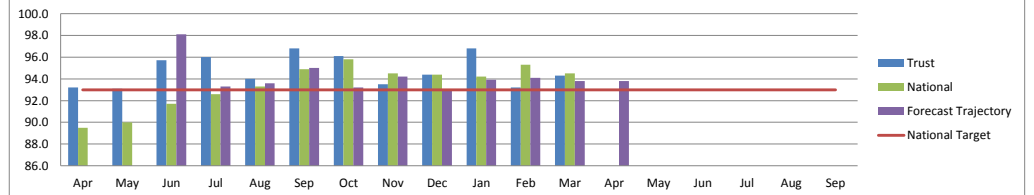
Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months					
					Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	M	A	B	W	P	I	C						CO				
1			2 weeks	%	=>93.0	=>93.0																						Mar-15	91.2	94.8	95.8	91.5						94.4	93.5			
1			2 weeks (Breast Symptomatic)	%	=>93.0	=>93.0																						Mar-15		94.3							94.3	94.7				
1			31 Day (diagnosis to treatment)	%	=>96.0	=>96.0																						Mar-15	100	98.9	100	92.0						97.5	98.6			
1			31 Day (second/subsequent treatment - surgery)	%	=>94.0	=>94.0																						Mar-15									95.7	97.7				
1			31 Day (second/subsequent treatment - drug)	%	=>98.0	=>98.0																						Mar-15									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											Mar-15									100	100					
1			62 Day (urgent GP referral to treatment)	%	=>85.0	=>85.0																						Mar-15	94.1	90.2	83.3	77.3						88.0	88.3			
1			62 Day (referral to treat from screening)	%	=>90.0	=>90.0																						Mar-15		100		100					100	97.8				
1			62 Day (referral to treat from hosp specialist)	%	=>90.0	=>90.0																					Mar-15	100	100		100					95.1	94.5					

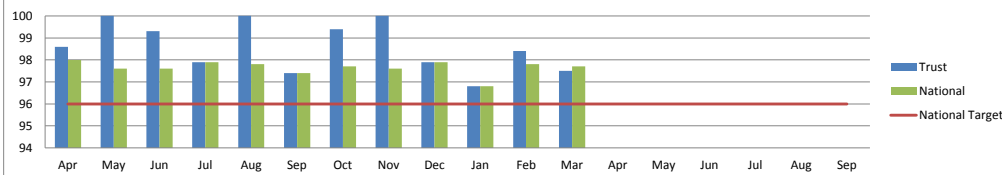
2-week wait (%) from Referral to Date First Seen (since April 2014)



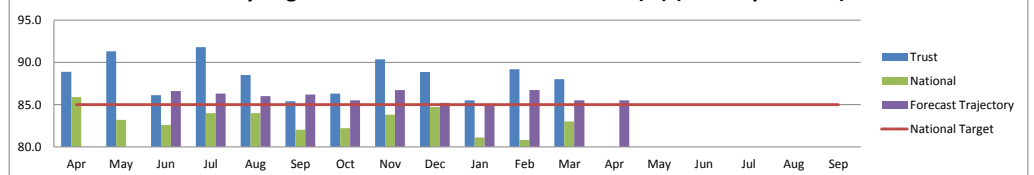
2-week wait (%) Breast Symptomatic Patients (since April 2014)



31-day Diagnosis to First Treatment (%) (since April 2014)



62-day Urgent GP Referral to First Treatment (%) (since April 2014)

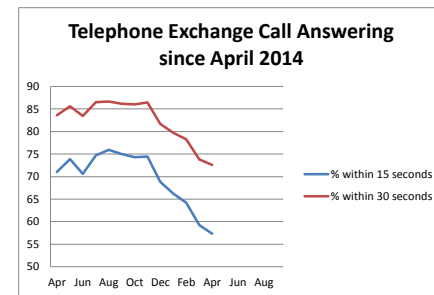
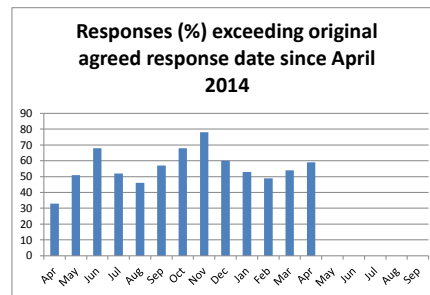
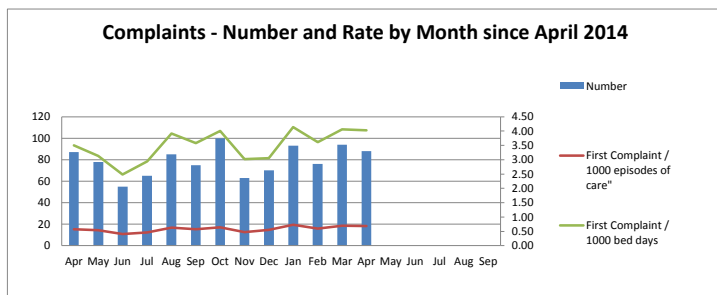
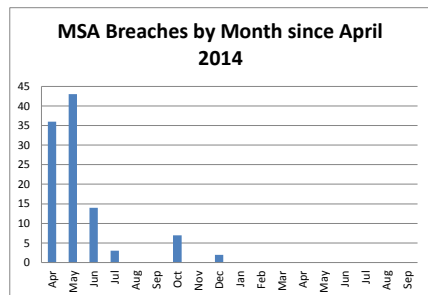


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			FFT Response Rate - Inpatients - <i>definition revised April 2015</i>	%	TBA - Revised national definition	
8			FFT Score - Inpatients - <i>definition revised April 2015 - now measured as would recommend rating</i>	No.	TBA - Revised national definition	
8			FFT Response Rate Emergency Department - <i>definition revised April 2015</i>	%	TBA - Revised national definition	
8			FFT Score - Em. Department - <i>definition revised April 2015 - now measured as would recommend rating</i>	No.	TBA - Revised national definition	
13			Mixed Sex Accommodation Breaches	No.	0	0
9			No. of Complaints Received (formal and link)	No.		
9			No. of Active Complaints in the System (formal and link)	No.		
9			No. of First Formal Complaints received / 1000 bed days	Rate		
9			No. of First Formal Complaints received / 1000 episodes of care	Rate		
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0
9			No. of responses sent out	No.		
9			Oldest* complaint currently in system	Days		
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes

Previous Months Trend (since April 2014)																		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
36	44	45	41	32	31	28	31	28	33	43	43	21						
74	74	70	73	76	74	73	73	69	70	68	72	95						
15	16	16	16	17	17	17	18	17	18	21	22	10						
47	49	48	47	49	47	48	49	50	50	44	52	79						
36	43	14	3	0	0	7	0	2	0	0	0	0						
87	78	55	65	85	75	100	63	70	93	76	94	88						
194	245	270	219	258	282	324	359	219	249	266	265	278						
3.5	3.1	2.5	2.9	3.9	3.6	4.0	3.0	3.1	4.1	3.6	4.1	4.0						
0.6	0.5	0.4	0.5	0.6	0.6	0.6	0.5	0.6	0.7	0.6	0.7	0.7						
100	100	100	99	99	100	99	100	99	99	98	100	99						
33	51	68	52	46	57	68	78	60	53	49	54	59						
117	30	4	138	66	42	35	26	198	59	52	84	56						
104	124	145	127	133	131	174	161	182	192	213	234	254						
●	●	●	●	●	●	●	●	●	●	●	●	●						

Data Period	Group										Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO							
Apr-15											21				
Apr-15											95				
Apr-15											10				
Apr-15											79				
Apr-15	0	0	0	0		0	0			0	0				
Apr-15	41	18	14	7	0	2	1	5		88	88				
Apr-15	128	47	44	28	7	5	2	14		278					
Apr-15	3.4	3.6	25.7	1.9						4.03	4.03				
Apr-15	1.3	2.1	0.9	0.3			0.0			0.69	0.69				
Apr-15	100	100	100	86		100	100	100		99					
Apr-15	59	41	50	50	71	40	84	72		59					
Apr-15	23	10	7	4	1	2	1	5		56					
Apr-15	250	254	164	113	158	73	123	158		254					
Apr-15	Y	Y	Y	Y	Y	Y	Y	Y		Yes					

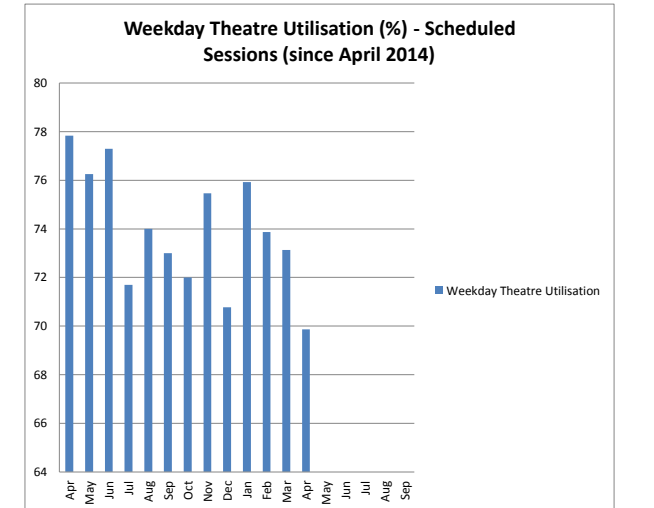
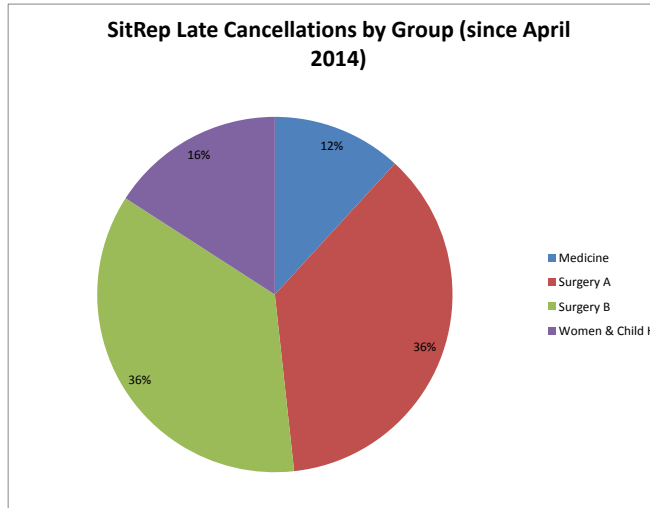
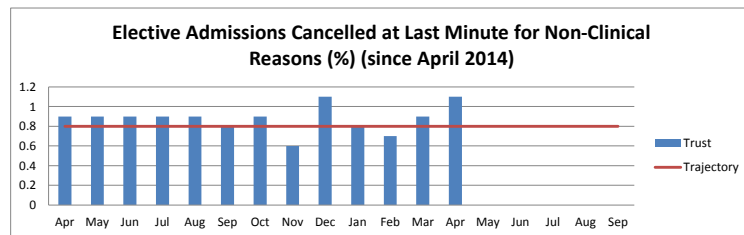
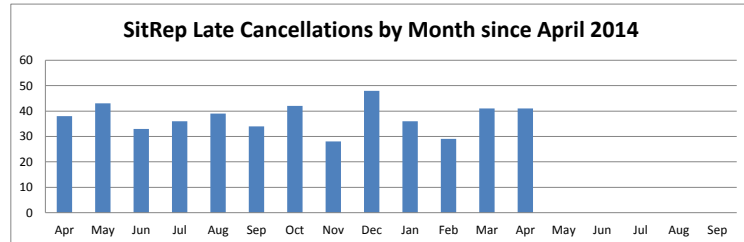


Patient Experience - Cancelled Operations

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

Previous Months Trend (since April 2014)																	
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
●	●	●	●	●	●	●	●	●	●	●	●	●	●				
1	1	0	0	0	1	0	0	1	0	0	0	0					
0	0	0	0	0	0	0	0	1	0	1	1	0					
38	43	33	36	39	34	42	28	48	36	29	41	41					
0	1	0	0	0	0	0	0	0	0	0	0	0					
12	7	10	12	11	13	11	14	10	11	13	12	11					
5	6	5	5	6	7	6	6	8	6	7	5	6					
●	●	●	●	●	●	●	●	●	●	●	●	●					

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Apr-15	0.64	1.35	1.45	2.37					1.1	1.1			
Apr-15	0	0	0	0					0	0			
Apr-15	0	0	0	0					0	0			
Apr-15	8	12	15	6					41	41			
Apr-15	0	0	0	0					0	0			
Apr-15	9.7	9.8	13.9	7.4					11.02				
Apr-15	1.5	10.7	7.0	7.9					6.0				
Apr-15	56.0	77.4	71.4	72.9					69.9				



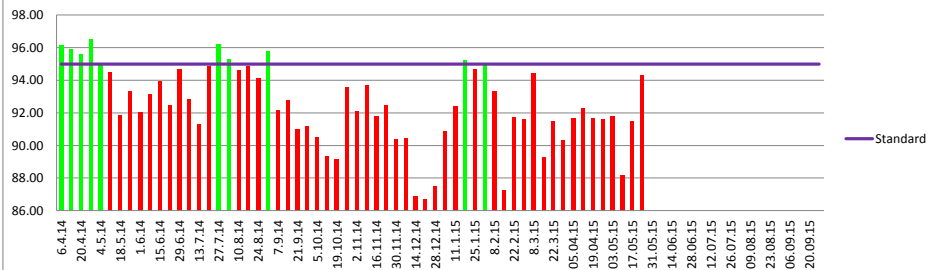
Access To Emergency Care & Patient Flow

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

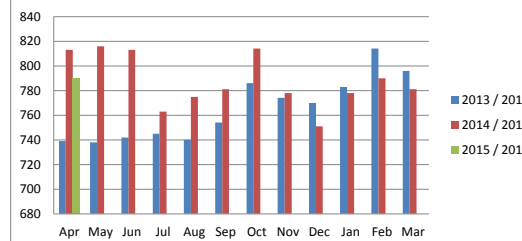
Previous Months Trend (since April 2014)																		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
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741	1210	1277	1122	876	1460	1636	1440	2234	1054	1481	1695	1527						
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119	136	125	145	51	136	219	159	282	185	149	164	144						
13	8	8	8	1	13	21	14	31	7	6	8	8						
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4044	4227	4093	4278	3994	4067	4193	4168	4470	4001	3829	4182	3981						
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668	751	722	751	694	681	720	646	806	651	683	743	672						
312	331	330	329	339	276	353	293	323	250	302	293	262						
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Data Period	Unit			Month	Year To Date	Trend	Next Month	3 Months
	S	C	B					
Apr-15	93.2	88.7	99.7	91.76	91.76			
Apr-15	512	1009	6	1527	1527			
Apr-15	0	0	0	0	0			
Apr-15	15	18	62	17	17			
Apr-15	47	69	22	52	52			
Apr-15	8.24	8.18	3.04	7.54	7.54			
Apr-15	3.25	6.82	1.82	4.74	4.74			
Apr-15	21	123		144	144			
Apr-15	6	2		8	138			
Apr-15	0.00	0.40		0.23	0.23			
Apr-15	1728	2253		3981	3981			
Apr-15	0.9	4.5		2.5	2.5			
Apr-15	0	13.6		16.2				
Apr-15				672	672			
Apr-15				262	262			
Apr-15				81.3	81.3			

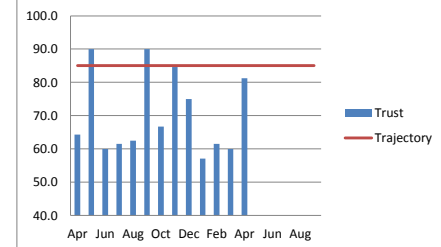
ED 4-hour performance (since April 2014)



Available Beds Month End (Weekly Sitrep) (since April 2013)



Hip Fractures - Operations within 24 hours (%) since April 2014



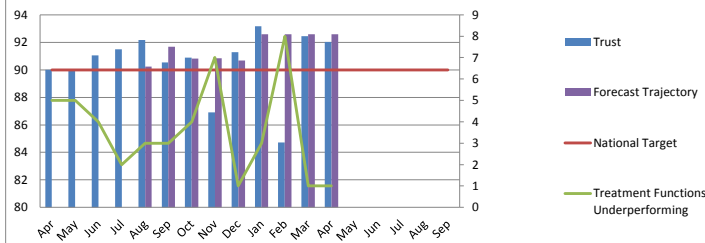
Referral To Treatment

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

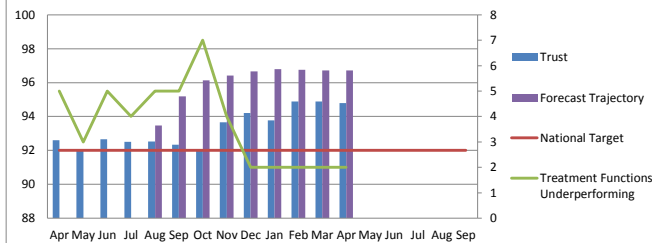
Previous Months Trend (since April 2014)																		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1	2	2	3	4	4	3	3	0	4	3	4	1						
16	11	13	12	11	13	17	20	7	10	23	6	4						
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Apr-15	94.7	88.9	91.6	96.7					92.04		●		
Apr-15	96.9	96.4	95.7	97.8					96.00		●		
Apr-15	97.2	92.2	93.7	98.7					94.79		●		
Apr-15	0	1	0	0					1		●		
Apr-15	1	2	1	0					4		●		
Apr-15	0.2	0.0	0.0	0.0			0.4		0.35		●		

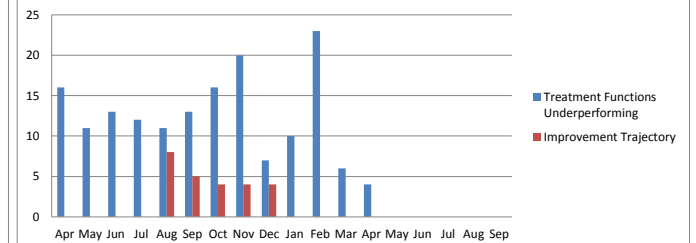
RTT Admitted Care (since April 2014)



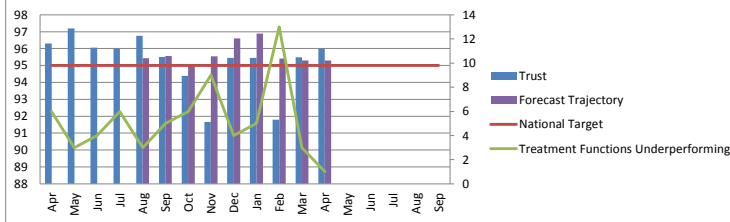
RTT Incomplete Pathway (since April 2014)



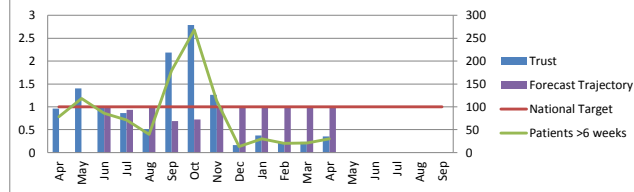
RTT Functions Underperforming (since April 2014)



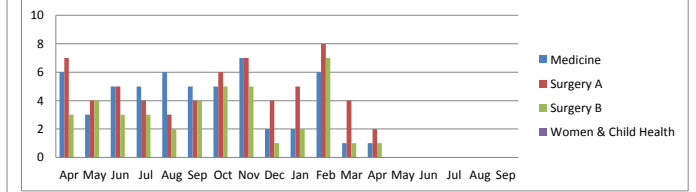
RTT Non-Admitted Care (since April 2014)



Diagnostics Waits (% and No.) Greater Than 6 weeks (since April 2014)



























RTT Functions Underperforming by Group (since April 2014)



Data Completeness

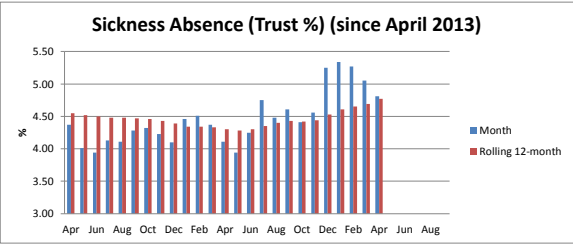
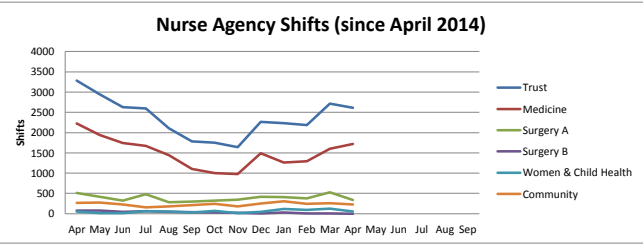
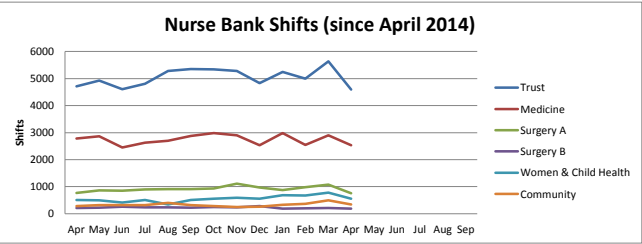
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Group									Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																		
					Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	M	A	B	W	P	I	C	CO																																																																																																																																																																																																																																																																																																																																																																																							
14			Data Completeness Community Services	%	=>50.0	=>50.0																																																																																																																																																																																																																																																																																																																																																																																																																		

Staff







Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
7			WTE - Actual versus Plan (FTE)	No.		
3		 	PDRs - 12 month rolling	%	=>95.0	=>95.0
7			Medical Appraisal and Revalidation	%	=>95.0	=>95.0
3			Sickness Absence	%	=<3.15	=<3.15
3			Return to Work Interviews following Sickness Absence	%	100	100
3			Mandatory Training	%	=>95.0	=>95.0
3			Mandatory Training - Health & Safety (% staff)	%	=>95.0	=>95.0
7		 	Staff Turnover (rolling 12 months)	%	=<10.0	=<10.0
7			New Investigations in Month	No.		
7			Vacancy Time to Fill	weeks		
7			Professional Registration Lapses	No.	0	0
7			Qualified Nursing Variance (FIMS) (FTE)	No.		
10			Nurse Bank Fill Rate	%	100	100
10			Nurse Bank Shifts Not Filled	No.	0	0
10			Nurse Bank Use (shifts)	No.	60912	5076
10			Nurse Agency Use (shifts)	No.	0	0
10			Admin & Clerical Bank Use (shifts)	No.	0	0
10			Admin & Clerical Agency Use (shifts)	No.	0	0
			Medical Staffing - Number of instances when junior rotas not fully filled	No.	0	0
15			Your Voice - Response Rate	%		
15			Your Voice - Overall Score	No.		

[illegible]

Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
	M	A	B	W	P	I	C	CO					
Apr-15	195	77	33	69	20	43	80	259	777				
Apr-15	85	93	96	95	97	89	90	91		90.86	.		
Apr-15	89	87	100	87	91	100		100		91.0	.		
Apr-15	4.7	5.4	3.2	5.3	4.2	4.7	5.0	4.6	4.81	4.77	.		
Apr-15	61.1	60.0	49.1	56.3	73.2	44.7	78.2	68.6		62.80	.		
Apr-15	85	90	87	86	95	88	90	90		88.2	.		
Apr-15	96	98	95	97	99	99	99	99		97.7	.		
Apr-15									12.77	12.77	.		
Apr-15	2	3	0	1	0	0	1	1	8				
Apr-15									23				
Apr-15	0	0	0	0	0	0	0	0	0	0	.		
Apr-15									221.4				
Apr-15	69	71	100	94	100	100	90	99	75.1	75.1	.		
Apr-15	1392	369	1	45	0	0	47	3	1857	1857	.		
Apr-15	2527	760	192	552	14	14	345	189	4595	4595	.		
Apr-15	1721	340	0	57	0	139	228	124	2609	2609	.		
Apr-15	796	161	107	75	517	197	206	2982	5041	5041	.		
Apr-15	60	0	22	16	0	0	0	22	120	120	.		
Mar-15	7	9	14	9	27	18	30	14	13.5				
Mar-15	3.5	3.4	3.5	3.5	3.7	3.3	3.8	3.5	3.57				



CQUIN (I)

Data Source	Data Quality	CQUIN	Indicator	Trajectory		Previous Months Trend													Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months	
				Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	M		A	B	W	P	I	C	CO							
		National	Acute Kidney Injury	Improvement from previous Quarter														Apr-15															
4		National	Sepsis Screening	Improvement from base to agreed target														Apr-15															
4		National	Sepsis Antibiotic Administration	90% by Q4														Apr-15															
8		National	Dementia - Find, Assess, Investigate, Refer & Inform	90% (each of 3 elements) in Q4														Apr-15									3 of 3 Met	3 of 3 Met					
8		National	Dementia - Staff Training	Target tba - Qly reports to Board														Apr-15															
8		National	Dementia - Supporting Carers	Bi-annual reports to Board														Apr-15									On Track	On Track					
2		National	Improvement in diagnosis recording in HES Data Set of Mental Health presentations	90% by Q4														Apr-15															
14		Local	Community Therapies - Dietetics Community Communication with GPs	Deliver outstanding actions from 14 / 15														Apr-15									On Track	On Track					
8		Local	Safeguarding - continue to embed into practice, implement lessons learnt, reflect on practice.	Submit completed proforma to CCG														Apr-15															
		Local	Reduce Number of Ward Transfers experienced by patients with Dementia	Agree improvement trajectory from base														Apr-15															
2		Local	Reduce Number of Out Of Hours Patient Transfers	Agree improvement trajectory from base														Apr-15									On Track	On Track					
		Spec.	Reduce Number of Consultant-Led Follow Up OP Attendances	Implement plans to & monitor FUN ratio														Apr-15															
17		Spec.	HIV - Reducing Unnecessary CD4 Monitoring	90% pts have no more than 1 CD4 count in 9m														Apr-15									On Track	On Track					
		Spec.	Haemoglobinopathy Networks - develop partnership working, define pathways and protocol	Publish agreed care p'ways and protocols														Apr-15															
		Spec.	Breast Cancer - help patients make more informed choices regarding treatment	Provision of anon. pt. Datasets														Apr-15															
16		Spec.	Bechet's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop	Submit Quarterly return														Apr-15									On Track	On Track					

CQUIN (II) and summary

Data Source	Data Quality	CQUIN	Indicator	Trajectory	
				Year	Month
		Public Health	Breast Screening - improvement in uptake	Annual Report	
		Public Health	Bowel Screening - improvement in uptake	Annual Report	
		Public Health	Maternity and Health Visiting Services - Integrated working	Implement Shared Assessment Framework	

Previous Months Trend											
A	M	J	J	A	S	O	N	D	J	F	M
Agree Strategy	Demonstrate Improvement	Demonstrate Improvement	Demonstrate Improvement								
Agree Strategy	Demonstrate Improvement	Demonstrate Improvement	Demonstrate Improvement								
Baseline of existing	Develop Integrated Framework	Action plan & mobilisation	Implement								

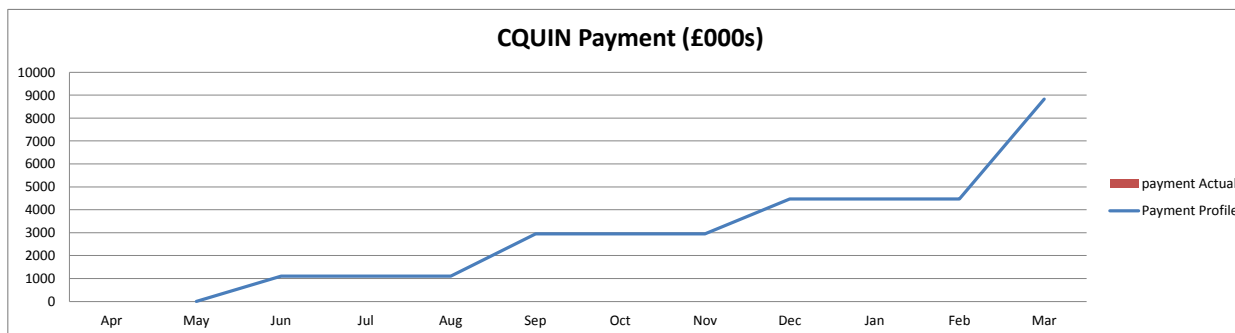
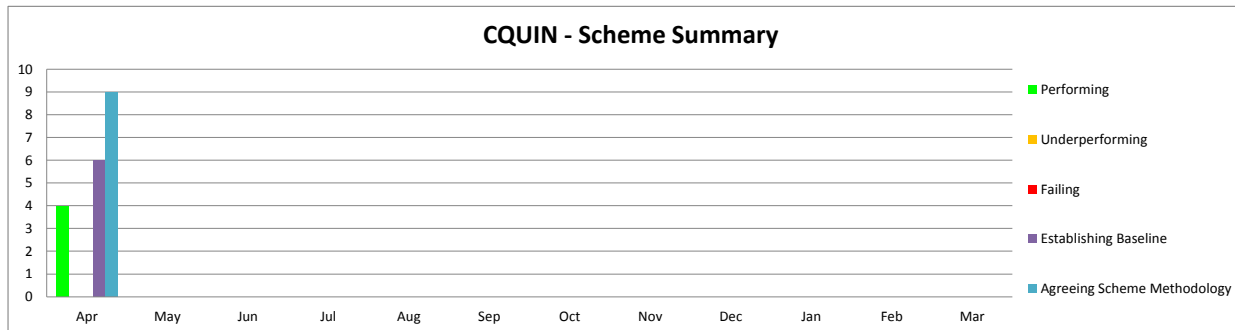
Data Period
Apr-15
Apr-15
Apr-15

Group									
M	A	B	W	P	I	C	CO		

Month

Year To Date

Trend	Next Month	3 Months



The Trust is contracted to deliver a total of 19 CQUIN schemes during 2015 / 2016. 7 schemes are nationally mandated, a further 4 have been agreed locally, 5 identified by the West Midlands Specialised Commissioners and 3 by Public Health. The collective financial value of the schemes is c.£8.8m.

In summary 4 schemes are classified as performing, a total of 6 schemes require baseline data to be gathered before improvement trajectories and targets are finalised, with a further 9 schemes requiring methodologies for data capture, reporting etc. to be agreed.

It is intended that confirm and challenge meetings will be held at various stages during the year with scheme leads. Formal submission of CQUIN performance to commissioners will also be required each quarter.

External Assessment Frameworks

TRUST DEVELOPMENT AUTHORITY (TDA) ACCOUNTABILITY FRAMEWORK - SUMMARY

QUALITY SCORE

Domain

Responsiveness

Initial Score
Override Rules Applied
Revised Score
Indicators Not Achieving TDA Standard

Apr

2

5

Yes

2

ED 4-hours

Effectiveness

Initial Score
Override Rules Applied
Revised Score
Indicators Not Achieving TDA Standard

5

No

5

Safe

Initial Score
Override Rules Applied
Revised Score
Indicators Not Achieving TDA Standard

5

No

5

Harm Free Care
Never Event

Caring

Initial Score
Override Rules Applied
Revised Score
Indicators Not Achieving TDA Standard

5

No

5

Well Led

Initial Score
Override Rules Applied
Revised Score
Indicators Not Achieving TDA Standard

4

No

4

Temp. Staff Costs

FINANCE SCORE

Override Rules

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

MONITOR RISK ASSESSMENT FRAMEWORK - SUMMARY

Indicators Achieving Monitor Standard

Apr

14

Indicators Not Achieving Monitor Standard

3

ED 4-hours

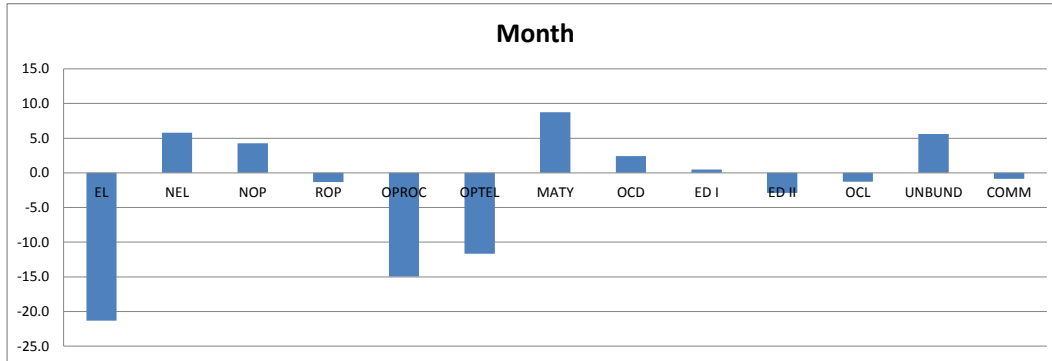
GOVERNANCE RATING

PLEASE NOTE:

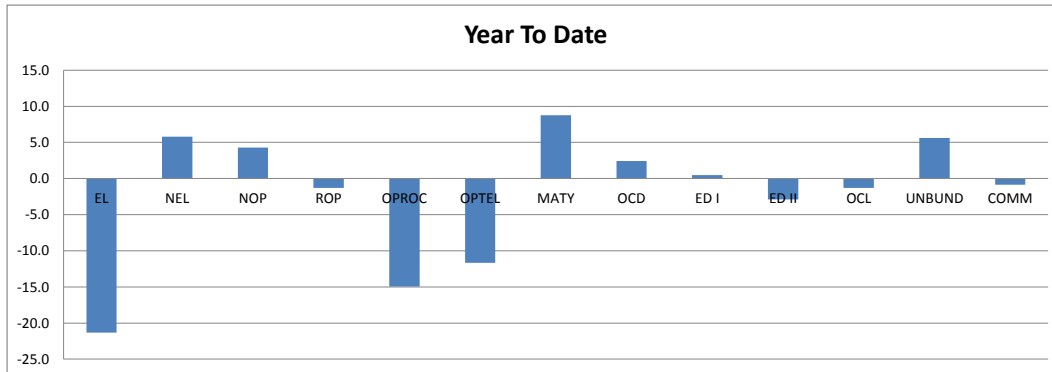
For both Frameworks - Performance is projected where data is not available for the period of assessment (e.g. RTT and Cancer)

1.0

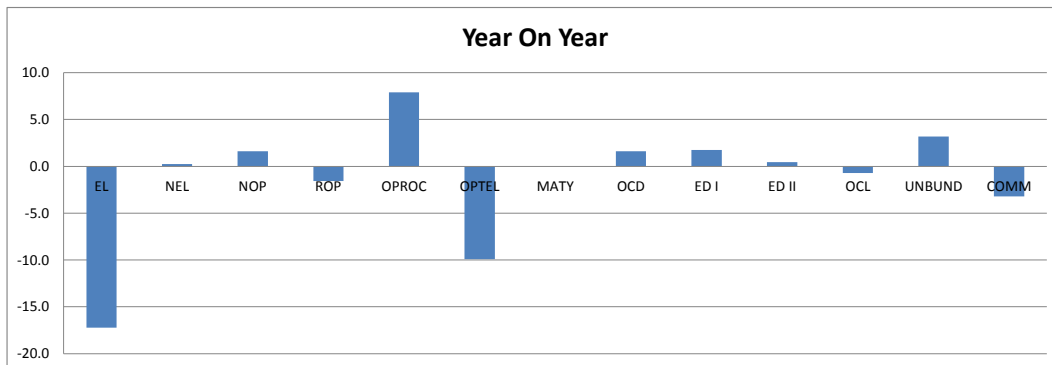
Activity Summary



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.



The volume of overall Elective activity for the month of April is significantly less than plan for the period and for the corresponding period last year. A total of 692 fewer elective spells, spread across a number of specialties, were delivered during April 2015, compared with April 2014. Overall Non Elective activity is 5.8% lower than plan for the month of April, although a similar level to April 2014. Outpatient New activity is ahead of plan by 4.3% (257 attendances) and Review activity is 1.3% below plan (451 attendances). Maternity pathway activity is reported as 8.7% above plan for the month. Comparison with 2014 / 2015 is not included as there were recording issues during the initial period of the Badgernet Information System implementation. ED Type I activity is slightly ahead of plan for the month (0.5%) and higher (1.7%) than the corresponding month last year. ED Type II activity is below plan (2.9%), although similar numerically to April 2014.



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

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory		Previous Months Trend																Data Period	Group								Month	Year To Date	Trend	Next Month	3 Months
				Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	M	A	B	W	P	I					
18		•f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●									●	●	●	
18		•f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0					●	●	●	●	●	●	●	●	●	●	●	●	●	●									●	●	●	
18		•f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0					●	●	●	●	●	●	●	●	●	●	●	●	●	●												
18		•f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0						●	●	●	●	●	●	●	●	●	●	●	●	●	●												
18		•f	Forecast underlying surplus / deficit compared to plan	£0.0						●	●	●	●	●	●	●	●	●	●	●	●	●	●									●	●	●	
18		•f	Forecast year end charge to capital resource limit	£22.8						●	●	●	●	●	●	●	●	●	●	●	●	●	●										●	●	●
18		•f	Is the Trust forecasting permanent PDC for liquidity purposes?	No		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●									No	●	●	●
18		•b	Temporary costs and overtime as % total paybill	2.6%	2.6%	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●									●	●	●	
18			Continuity of Service Risk Rating - Year to Date	2.5						●	●	●	●	●	●	●	●	●	●	●	●	●	●												

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

Data Source	Data Quality	OS / NQR	Indicator	Threshold	APRIL (£000s)										MAY (£000s)										JUNE (£000s)										YEAR TO DATE (£000s)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
					M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL	M	A	B	W	P	I	C	CO	ALL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
2		OS	RTT Admitted Care (£400 per breach by specialty)	=>90.0%	0.0	4.8	0.0	0.0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</

Contractual Requirements - Local Quality Requirements (Acute Services)	
1.1	1.1.1
1.1	1.1.2
1.1	1.1.3
1.1	1.1.4
1.1	1.1.5
1.1	1.1.6
1.1	1.1.7
1.1	1.1.8
1.1	1.1.9
1.1	1.1.10
1.1	1.1.11
1.1	1.1.12
1.1	1.1.13
1.1	1.1.14
1.1	1.1.15
1.1	1.1.16
1.1	1.1.17
1.1	1.1.18
1.1	1.1.19
1.1	1.1.20
1.1	1.1.21
1.1	1.1.22
1.1	1.1.23
1.1	1.1.24
1.1	1.1.25
1.1	1.1.26
1.1	1.1.27
1.1	1.1.28
1.1	1.1.29
1.1	1.1.30
1.1	1.1.31
1.1	1.1.32
1.1	1.1.33
1.1	1.1.34
1.1	1.1.35
1.1	1.1.36
1.1	1.1.37
1.1	1.1.38
1.1	1.1.39
1.1	1.1.40
1.1	1.1.41
1.1	1.1.42
1.1	1.1.43
1.1	1.1.44
1.1	1.1.45
1.1	1.1.46
1.1	1.1.47
1.1	1.1.48
1.1	1.1.49
1.1	1.1.50
1.1	1.1.51
1.1	1.1.52
1.1	1.1.53
1.1	1.1.54
1.1	1.1.55
1.1	1.1.56
1.1	1.1.57
1.1	1.1.58
1.1	1.1.59
1.1	1.1.60
1.1	1.1.61
1.1	1.1.62
1.1	1.1.63
1.1	1.1.64
1.1	1.1.65
1.1	1.1.66
1.1	1.1.67
1.1	1.1.68
1.1	1.1.69
1.1	1.1.70
1.1	1.1.71
1.1	1.1.72
1.1	1.1.73
1.1	1.1.74
1.1	1.1.75
1.1	1.1.76
1.1	1.1.77
1.1	1.1.78
1.1	1.1.79
1.1	1.1.80
1.1	1.1.81
1.1	1.1.82
1.1	1.1.83
1.1	1.1.84
1.1	1.1.85
1.1	1.1.86
1.1	1.1.87
1.1	1.1.88
1.1	1.1.89
1.1	1.1.90
1.1	1.1.91
1.1	1.1.92
1.1	1.1.93
1.1	1.1.94
1.1	1.1.95
1.1	1.1.96
1.1	1.1.97
1.1	1.1.98
1.1	1.1.99
1.1	1.1.100

Data Source	Data Quality		Indicator	Threshold	APRIL (£000s)								MAY (£000s)								JUNE (£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												
3		LQR	Mafy health and social risk assessment (E1000 / month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - % of babies at risk of TB vaccinated (non payment if 3 consecutive months failure)	=>98.0%									0.0																																							
3		LQR	Mafy - % mothers who have initiated breastfeeding within 48 hours. (£50 each breach)	=>77.0%	Assessed Quarterly																Assessed Quarterly																															
3		LQR	Mafy - BMI recorded by 12+6 weeks pregnancy (E1000/month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - % with BMI >35 referred to weight m'tment (E1000/month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - % with BMI =<18 referred to weight m'tment (E1000/month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - CO recorded & documented by 12+6 weeks. (E1000/month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - report on no.'s ceased smoking / referred (E1000/month if 4 consecutive months of failure)	=>90.0%									0.0																																							
3		LQR	Mafy - AN detection of IUIGR (E1000/month if 4 consecutive months of failure)	100%									0.0																																							
3		LQR	Stroke - thrombolysis (non payment for any >30 hours if 3 consecutive months of failure)	=>50.0%	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																																							
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																																							
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																																							
3		LQR	ED - Time to Initial Assessment <15 mins (£25 per breach between 92.0% and 95.0%)	=>95.0%	6.1		0.0						6.2																																							
3		LQR	ED - Unplanned Reattendance within 30 days (£50 per breach between 5.00% and 8.00%)	=<5.00%	19.4		0.0						19.4																																							
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																																							
2		LQR	Morning Discharges (< m/day) (£50 per breach, traj.Q1(23%),Q2(27%),Q3(31%),Q4(35%))	Q1 (23%) - Q4 (35%)									0.0																																							
11		LQR	WMAS CAD Compliance Minimum Standard (penalty dependent upon magnitude of breach)	=>80%	0.0	0.0	0.0	0.0					0.0																																							
		LQR	WMAS Patient Level MDS - inclusion of CAD number (method of measurement tba)	=>80%	0.0	0.0	0.0	0.0					0.0																																							
		LQR	WMAS - Reduce non-ED Clinical Hanover Delays >1 hour (method of measurement tba)	=<20%									0.0																																							
		LQR	WMAS - Reduce non-ED Clinical Hanover Delays >30 mins(method of measurement tba)	=<25%									0.0																																							
2		LQR	Paeds. have OP F/U app't <6 w discharge post meningococcal septicaemia (non pay't OP app't >6w)	100%									0.0																																							
19		LQR	Pts. Admit. with MI presc. antiplatelet,statin or b. blocker(non pay for breach if 3 consec. mths fail.)	=>98.0%									0.0																																							
3		LQR	WHO Safer Surgery Checklist Compliance (3 components) (Consec. Breaches E1000 / month)	98%, 95% and 85%	0.0	0.0	0.0	0.0					0.0																																							
19		LQR	HbA1c (pt's achieved target <6 m after being set) (non pay't for breach after 3 mths fail)	=>75.0%	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								Assessed 6-monthly								Assessed 6-monthly								Assessed 6-monthly																							
2		LQR	Ethnicity Coding (E1000 per month after 2 months failure)	=>90.0%	0.0	0.0	0.0	0.0					0.0																																							
		LQR	High Cost Drug Prior Approval (non payment by CCG)	=>95%									0.0																																							
1		LQR	Cancer - Inter-provider tertiary referrals for 62-day cancer, referrals <42days. (£500 per breach)	100%									0.0																																							
2		LQR	ED - Coding should include diagnosis (E1000/month after 3 consecutive breaches)	=>90%									0.0																																							
		LQR	MASH - Compliance with MASH Protocol (£25,000 per quarter for breach)	100%	Assessed Quarterly								Assessed Quarterly								Assessed Quarterly								Assessed Quarterly																							
			ALL		25.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.6															

Contractual Requirements - Local Quality Requirements (Community Services)

Data Source	Data Quality	Req	Indicator	Threshold	APRIL (€000s)										MAY (€000s)										JUNE (€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				
14		LQR	Corporate - Ethnicity Coding - (€1000/month if 4 consecutive months of failure)	=>90%									0.0																															
14		LQR	Community Nursing - Flu vaccinations (€25 per patient breach)	100% (who have agreed)									0.0																															
14		LQR	Community Nursing - Pts. on caseload with a care plan (€1000 / Qtr if 2 consecutive qly breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Nursing - Dementia Screening (€1000 / Qtr if 2 consecutive qly breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Nursing - EOL patients on SCP (€1000 / Qtr if 2 consecutive qly breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Nursing - Compliance with wound m'ment formulary (Non compliant = no payment)	=>90%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Nursing - Falls Risk Assessment (€1000 / Qtr if 2 consecutive qly breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Nursing - Staff S'guarding/COI Training (€1000 / Qtr if 2 consecutive qly breaches)	=>95%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Referral to first OP appointment <4 weeks (no penalty)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - One Stop Service (€1000 / Qtr if 2 consecutive qly breaches)	=>90%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - FUN Ratio (no penalty)	<1.2	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Onward Referral Rate <10% (€1000 / Qtr if 2 consecutive qly breaches)	100% <10%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Reports to referring GP <1 working week of appointment (no penalty)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Patient Experience Satisfaction Rate (no penalty)	=>95%	Assessed 6-monthly										Assessed 6-monthly										Assessed 6-monthly										Assessed 6-monthly									
17		LQR	Community Gynaecology - No. clinics / sessions cancelled (no penalty)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Same day ultrasound available within clinic (no penalty)	=>95%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
17		LQR	Community Gynaecology - Adherence to Formulary & Wound M'ment Formulary (no penalty)	Annual Report	Assessed Annually										Assessed Annually										Assessed Annually										Assessed Annually									
14		LQR	Community MSK-Pts ref. for Card. Rehab who complete course(€1000/Q if 2 consec.Q breaches)	tba									0.0																															
14		LQR	Community MSK-Pts ref. for Hydrotherapy who complete course(€1000/Q if 2 consec.Q breaches)	tba									0.0																															
14		LQR	Community MSK-Pts ref. for Group Gym who complete course(€1000/Q if 2 consec.Q breaches)	tba									0.0																															
14		LQR	Community MSK-Pts ref. for Pain M'ment who complete course(€1000/Q if 2 consec.Q breaches)	tba									0.0																															
14		LQR	Community Resp. - Urgent referrals seen <48hrs (€1000/Qtr if 2 consecutive quarterly breaches)	=>90%									0.0																															
14		LQR	Community Resp. - COPD referrals to Pulmonary Rehab. (no penalty)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Continence - Referrals to assessment <2 weeks (no penalty)	=>95%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Av. wait for LTOT assessment <48 hrs(€1000/Q if 2 consec.Q breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Pts. Who have a FU home visit <4weeks (€250/Q if 2 consec.Q breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Pts. Who have a FU home visit <3 months (€250/Q if 2 consec.Q breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Pts. Who have a FU home visit <6 months (€250/Q if 2 consec.Q breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Pts. Who have a FU home visit <12 months (€250/Q if 2 consec.Q breaches)	100%	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
14		LQR	Community Home O2-Pts. With CO2 retention given O2 alert cards (€1000/Q if 2 consec.Q breaches)	tba	Assessed Quarterly										Assessed Quarterly										0.0										0.0									
			ALL		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0						

Contractual Requirements - CQUIN (CQ)

Data Source	Data Quality	Req	Indicator	Value (£000s)	Threshold	APRIL (£000s)										MAY (£000s)										JUNE (£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				
		CQ	Acute Kidney Injury	795	Improvement from previous Quarter	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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 Screening	398	Improvement from base to agreed target	0.0	0.0	0.0	0.0	0.0	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 Antibiotic Administration	398	90% by Q4	0.0								0.0									0.0									0.0		0.0						0.0					
8		CQ	Dementia - Find, Assess, Investigate, Refer & Inform	455	90% (each of 3 elements) in Q4	0.0	0.0	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 - Staff Training	170	Target tba - Qty reports to Board	0.0	0.0	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	170	Bi-annual reports to Board	0.0	0.0	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		CQ	Improvement in diagnosis recording in HES Data Set of Mental Health presentations	1591	90% by Q4	0.0	0.0	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 - Dietetics Community Communication with GPs	406	Deliver outstanding actions from 14 / 15	0.0	0.0	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	Safeguarding - continue to embed into practice, implement lessons learnt, reflect on practice.	1591	Submit completed proforma to CCG									0.0	0.0								0.0									0.0							0.0	0.0		0.0	0.0		
		CQ	Reduce Number of Ward Transfers experienced by patients with Dementia	991	Agree improvement trajectory 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				
2		CQ	Reduce Number of Out Of Hours Patient Transfers	989	Agree improvement trajectory 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		0.0	0.0					
		CQ	Reduce Number of Consultant-Led Follow Up OP Attendances	118	Implement plans to & monitor FUN ratio	0.0	0.0	0.0	0.0					0.0									0.0									0.0		0.0	0.0	0.0		0.0		0.0	0.0				
17		CQ	HIV - Reducing Unnecessary CD4 Monitoring	118	90% pts have no more than 1 CD4 count in 9m	0.0	0.0	0.0	0.0					0.0									0.0									0.0		0.0	0.0	0.0		0.0		0.0	0.0				
		CQ	Haemoglobinopathy Networks - develop partnership working, define pathways and protocol	118	Publish agreed care p'ways and protocols	0.0	0.0	0.0	0.0				0.0		0.0								0.0									0.0		0.0	0.0	0.0		0.0		0.0	0.0				
		CQ	Breast Cancer - help patients make more informed choices regarding treatment	118	Provision of anon. pt. Datasets									0.0	0.0								0.0									0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
16		CQ	Becher's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop	118	Submit Quarterly return								0.0		0.0							0.0										0.0					0.0		0.0	0.0	0.0				
		CQ	Breast Screening - improvement in uptake	94	Annual Report								0.0		0.0								0									0.0					0.0		0.0	0.0	0.0				
		CQ	Bowel Screening - improvement in uptake	42	Annual Report				0.0					0.0									0.0									0.0			0.0				0.0	0.0	0.0				
		CQ	Maternity and Health Visiting Services - Integrated working	154	Quarterly Reports			0.0						0.0									0.0									0.0		0.0					0.0	0.0	0.0				
		ALL		8834		0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0			

Contractual Requirements - Price Activity Matrix (PAM)									
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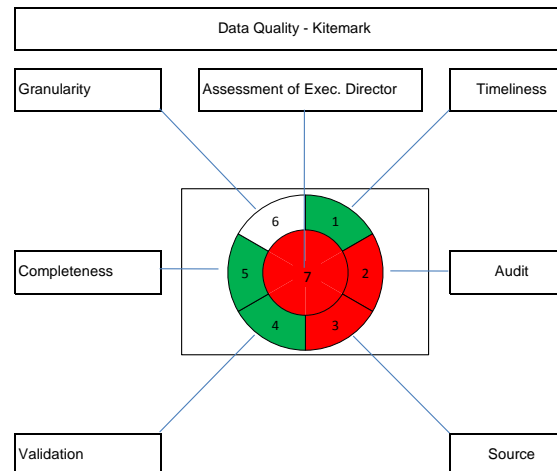
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Legend

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

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

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



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

Red Insufficient

Green Sufficient

White Not Yet Assessed

The centre of the indicator is colour coded as follows:

Red / Green As assessed by Executive Director

White Awaiting assessment by Executive Director

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

Medicine Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	EC	AC	SC						
C. Difficile	30	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	0	0	1	1	1	●		
MRSA Bacteraemia	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	0	0	0	0	0	●		
MRSA Screening - Elective (%)	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	89	100	76	84.8		●		
MRSA Screening - Non Elective (%)	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	93	95	97	93.08		●		
Falls	0	0	33	40	61	42	44	41	67	50	66	63	42	52	36						Apr-15	14	19	3	36	36	●		
Falls with a serious injury	0	0	1	3	3	1	4	1	1	2	0	1	0	1	2						Apr-15	0	1	1	2	2	●		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	2	3	3	3	0	5	3	6	7	10	4	1							Mar-15	0	1	0	1	47	●		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	99	99.0	99	99.1		●		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	100	99	100	99.6		●		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	100	100	100	100		●		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	100	100	100	100		●		
Never Events	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	0	0	0	0	0	●		
Medication Errors	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	0	0	0	0	0	●		
Serious Incidents	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr-15	0	1	0	1	1	●		
Mortality Reviews within 42 working days	100	=>98	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb-15	91	94	81	89		●		

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	EC					
Pts spending >90% stay on Acute Stroke Unit (%)	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>89.8</div><div></div></div>	89.8	89.8	<div><div></div></div>																			
Pts admitted to Acute Stroke Unit within 4 hrs (%)	=>90.0	=>90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>81.8</div><div></div></div>	81.8	81.8	<div><div></div></div>																			
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>75.6</div><div></div></div>	75.6	75.6	<div><div></div></div>																			
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div></div>																			
Stroke Admission to Thrombolysis Time (% within 60 mins)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>57</div><div></div></div>	57.1	57.1	<div><div></div></div>																			
Stroke Admissions - Swallowing assessments (<24h) (%)	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div></div>																			
TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=>70.0	=>70.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div></div>																			
TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=>75.0	=>75.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div></div>																			
Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=>80.0	=>80.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>90.0</div><div></div></div>	90.0	90.0	<div><div></div></div>																			
Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=>80.0	=>80.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>89.5</div><div></div></div>	89.5	89.5	<div><div></div></div>																			
Rapid Access Chest Pain - seen within 14 days (%)	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>100</div><div></div></div>	100.0	100.0	<div><div></div></div>																			
2 weeks	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div>91</div></div>	91.2		<div><div></div></div>																			
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div>100</div></div>	100.0		<div><div></div></div>																			
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div>94.1</div></div>	94.1		<div><div></div></div>																			
Mixed Sex Accommodation Breaches	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>0</div><div>0</div><div>0</div></div>	0	0	<div><div></div></div>																			
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>21</div><div>13</div><div>7</div></div>	41	41	<div><div></div></div>																			
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>51</div><div>46</div><div>15</div></div>	128		<div><div></div></div>																			
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	250		<div><div></div></div>																			

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	EC						AC	SC	
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0.00</div><div>5.10</div><div>0.00</div></div>	<div><div>0.64</div></div>		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
28 day breaches	0	0	<div><div></div></div>	<div><div>1</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0</div><div>0</div><div>0</div></div>	<div><div>0</div></div>	<div><div>0</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Sitrep Declared Late Cancellations	0	0	<div><div>10</div></div>	<div><div>2</div></div>	<div><div>7</div></div>	<div><div>7</div></div>	<div><div>3</div></div>	<div><div>2</div></div>	<div><div>5</div></div>	<div><div>4</div></div>	<div><div>1</div></div>	<div><div>0</div></div>	<div><div>0</div></div>	<div><div>9</div></div>	<div><div>8</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0</div><div>8</div><div>0</div></div>	<div><div>8</div></div>	<div><div>8</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div>61</div></div>	<div><div>54</div></div>	<div><div>57</div></div>	<div><div>60</div></div>	<div><div>62</div></div>	<div><div>61</div></div>	<div><div>49</div></div>	<div><div>48</div></div>	<div><div>56</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div><div></div><div>56.0</div></div>	<div><div>55.95</div></div>		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>93.2 (s)</div><div>88.7 (C)</div></div>	<div><div>90.7</div></div>	<div><div>90.7</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care 4-hour breach (numbers)			<div><div>570</div></div>	<div><div>1003</div></div>	<div><div>1016</div></div>	<div><div>907</div></div>	<div><div>736</div></div>	<div><div>1201</div></div>	<div><div>1390</div></div>	<div><div>1181</div></div>	<div><div>1913</div></div>	<div><div>940</div></div>	<div><div>1242</div></div>	<div><div>1412</div></div>	<div><div>1310</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>###</div><div>1</div><div>23</div></div>	<div><div>1310</div></div>	<div><div>1310</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care Trolley Waits >12 hours	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0 (s)</div><div>0 (c)</div></div>	<div><div>0</div></div>	<div><div>0</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>15 (s)</div><div>18 (c)</div></div>	<div><div>16.5</div></div>	<div><div>16.5</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>47 (s)</div><div>69 (c)</div></div>	<div><div>58</div></div>	<div><div>58</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>8.24 (s)</div><div>8.18 (c)</div></div>	<div><div>8.2</div></div>	<div><div>8.2</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>3.25 (s)</div><div>6.82 (c)</div></div>	<div><div>5.17</div></div>	<div><div>5.17</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	0	0	<div><div>119</div></div>	<div><div>136</div></div>	<div><div>125</div></div>	<div><div>145</div></div>	<div><div>51</div></div>	<div><div>136</div></div>	<div><div>219</div></div>	<div><div>159</div></div>	<div><div>282</div></div>	<div><div>185</div></div>	<div><div>149</div></div>	<div><div>164</div></div>	<div><div>144</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>21</div><div>123</div></div>	<div><div>144</div></div>	<div><div>144</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	0	0	<div><div>13</div></div>	<div><div>8</div></div>	<div><div>8</div></div>	<div><div>8</div></div>	<div><div>1</div></div>	<div><div>13</div></div>	<div><div>21</div></div>	<div><div>14</div></div>	<div><div>31</div></div>	<div><div>7</div></div>	<div><div>6</div></div>	<div><div>8</div></div>	<div><div>9</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0</div><div>9</div></div>	<div><div>9</div></div>	<div><div>9</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	=<0.02	=<0.02	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0.00</div><div>0.4</div></div>	<div><div>0.23</div></div>	<div><div>0.23</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
WMAS - Emergency Conveyances (total)			<div><div>4044</div></div>	<div><div>4227</div></div>	<div><div>4093</div></div>	<div><div>4278</div></div>	<div><div>3994</div></div>	<div><div>4067</div></div>	<div><div>4193</div></div>	<div><div>4168</div></div>	<div><div>4470</div></div>	<div><div>4001</div></div>	<div><div>3829</div></div>	<div><div>4182</div></div>	<div><div>3981</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>1728</div><div>2253</div></div>	<div><div>3981</div></div>	<div><div>3981</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	EC						AC	SC	
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	94.3	94.9	94.7		<div></div>			
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	96.4	97.2	96.9		<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	95.4	98.1	97.2		<div></div>		
Patients Waiting >52 weeks	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	0	0	0	0	<div></div>		
Treatment Functions Underperforming	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	0	1	0	1	<div></div>		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	0.0	0.3	0.0	0.23	<div></div>		
WTE - Actual versus Plan			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				195			
PDRs - 12 month rolling (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	83	86	86		84.8	<div></div>	
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	79	97	87		88.5	<div></div>	
Sickness Absence (%)	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	4.50	5.80	6.15	5.39	4.67	<div></div>	
Return to Work Interviews (%) following Sickness Absence	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	57.9	70.4	41.1		61.1	<div></div>	
Mandatory Training (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	86	85	85		87.2	<div></div>	
New Investigations in Month			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>	1	1	0	2			
Nurse Bank Fill Rate %	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				68.8	68.8	<div></div>	
Nurse Bank Shifts Not Filled (number)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				1392	1392	<div></div>	
Nurse Bank Use	34560	2880	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				2527	2527	<div></div>	
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				1721	1721	<div></div>	
Admin & Clerical Bank Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				517	517	<div></div>	
Admin & Clerical Agency Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div></div>				60	60	<div></div>	
Medical Staffing - Number of instances when junior rotas not fully filled	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							<div></div>							
Your Voice - Response Rate (%)			<div></div>		<div></div>		<div></div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Mar-15	<div></div>	5	5	15	6			
Your Voice - Overall Score			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Mar-15	<div></div>	3.4	3.6	3.6	3.54			

Surgery A Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	A	B	C					
C. Difficile	7	1	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>																				
MRSA Bacteraemia	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>																		
MRSA Screening - Elective	80	80	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	98	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	97.1	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
MRSA Screening - Non Elective	80	80	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	95	<div><div></div><div></div><div></div><div></div></div>	96	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	92	<div><div></div><div></div><div></div><div></div></div>	94.8	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
Falls	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	2	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	3	<div><div></div><div></div><div></div><div></div></div>	3	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Falls with a serious injury	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	2	<div><div></div><div></div><div></div><div></div></div>	2	<div><div></div><div></div><div></div><div></div></div>	9	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	96.8	<div><div></div><div></div><div></div><div></div></div>	99.2	<div><div></div><div></div><div></div><div></div></div>	94.6	<div><div></div><div></div><div></div><div></div></div>	99.2	<div><div></div><div></div><div></div><div></div></div>	97.2	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	99.6	<div><div></div><div></div><div></div><div></div></div>	99.7	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	99.8	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	89	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	99.0	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													
Never Events	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Medication Errors	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Serious Incidents	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	1	<div><div></div><div></div><div></div><div></div></div>	0	<div><div></div><div></div><div></div><div></div></div>	2	<div><div></div><div></div><div></div><div></div></div>	2	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>											
Mortality Reviews within 42 working days	100	=>98	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Feb-15	<div><div></div><div></div><div></div><div></div></div>	40	<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	100	<div><div></div><div></div><div></div><div></div></div>	90	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>													

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	A	B					
2 weeks	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div>97.8</div><div></div><div>89.9</div><div></div></div>	<div>94.8</div>		<div></div>																				
2 weeks (Breast Symptomatic)	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div>94.3</div><div></div><div></div><div></div></div>	<div>94.3</div>		<div></div>																				
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div>100</div><div></div><div>96.8</div><div></div></div>	<div>98.9</div>		<div></div>																				
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div>94.4</div><div></div><div>84.2</div><div></div></div>	<div>88.0</div>		<div></div>																				
Mixed Sex Accommodation Breaches	0	0	<div><div>0</div><div>0</div><div>0</div><div>3</div><div>0</div><div>0</div><div>0</div><div>0</div><div>2</div><div>0</div><div>0</div><div>0</div><div>0</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>0</div><div>0</div><div>0</div><div>0</div></div>	<div>0</div>	<div>0</div>	<div></div>																				
No. of Complaints Received (formal and link)			<div><div></div><div>12</div><div>11</div><div>8</div><div>19</div><div>15</div><div>13</div><div>13</div><div>7</div><div>15</div><div>9</div><div>16</div><div>18</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>3</div><div>9</div><div>3</div><div>1</div></div>	<div>18</div>	<div>18</div>	<div></div>																				
No. of Active Complaints in the System (formal and link)			<div><div></div><div>50</div><div>50</div><div>34</div><div>39</div><div>49</div><div>57</div><div>78</div><div>53</div><div>45</div><div>40</div><div>45</div><div>47</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>15</div><div>22</div><div>6</div><div>3</div></div>	<div>45</div>		<div></div>																				
Oldest' complaint currently in system (days)			<div><div></div><div>124</div><div>131</div><div>118</div><div>99</div><div>109</div><div>133</div><div>143</div><div>171</div><div>192</div><div>213</div><div>234</div><div>254</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	<div>254</div>		<div></div>																				
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>2.0</div><div>0.5</div><div>1.6</div><div>0.7</div></div>	<div>1.45</div>		<div></div>																				
28 day breaches	0	0	<div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div>0</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>0</div><div>0</div><div>0</div><div>0</div></div>	<div>0</div>	<div>0</div>	<div></div>																				
Sitrep Declared Late Cancellations	0	0	<div><div>13</div><div>16</div><div>5</div><div>6</div><div>16</div><div>10</div><div>18</div><div>6</div><div>33</div><div>11</div><div>13</div><div>17</div><div>12</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>7</div><div>1</div><div>3</div><div>1</div></div>	<div>12</div>	<div>12</div>	<div></div>																				
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div>76</div><div>78</div><div>75</div><div>77</div><div>71</div><div>78</div><div>79</div><div>75</div><div>77</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>77.2</div><div>77.5</div><div>77.7</div><div></div></div>	<div>77.4</div>		<div></div>																				
Emergency Care 4-hour breach (numbers)			<div><div>81</div><div>100</div><div>100</div><div>119</div><div>52</div><div>103</div><div>118</div><div>94</div><div>121</div><div>43</div><div>108</div><div>127</div><div>59</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div>35</div><div>20</div><div>4</div><div></div></div>	<div>59</div>	<div>59</div>	<div></div>																				
Hip Fractures - Operation < 24 hours of admission (%)	85	85	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div>81.3</div><div></div><div></div></div>	<div>81.3</div>	<div>81.3</div>	<div></div>																				

Indicator	Trajectory		Previous Months Trend (since April 2014)																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		A	B	C	D					
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●							Apr-15	90.9	84.2	91.2		88.9	●			
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	97.2	96.1	95.1		96.4	●			
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	96.4	88.5	92.7		92.2	●			
Patients Waiting >52 weeks	0	0	1	1	0	2	4	2	1	2	0	3	1	2	1						Apr-15	0	0	1	0	1	●			
Treatment Functions Underperforming	0	0	7	5	5	4	3	4	6	7	4	5	8	4	2						Apr-15	0	2	0	0	2	●			
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	0.0		0.0		0.00	●			
WTE - Actual versus Plan			64	71	77	78	71	71	71	76	66	62	70	71	77						Apr-15					77				
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	89.2	84.9	97.6	93.8		92.7	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	73.7	76.9	87.5	95.3		86.6	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	6.08	4.39	6.13	3.94	5.41	5.39	●		
Return to Work Interviews (%) following Sickness Absence	100	100												●	●						Apr-15	51.4	33.9	70.0	70.8		60.0	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15	87	83	95	91		90.4	●		
New Investigations in Month			0	0	0	0	0	2	0	1	0	1	1	2	3						Apr-15	0	0	3	0	3				
Nurse Bank Fill Rate	100	100											76	71							Apr-15					71.3	71.3	●		
Nurse Bank Shifts Not Filled	0	0											335	369							Apr-15					369	369	●		
Nurse Bank Use	9908	826	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15					1079	10816	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●						Apr-15					340	340	●		
Admin & Clerical Bank Use (shifts)	0	0		●	●	●	●	●	●	●	●	●	●	●	●						Apr-15					161	161	●		
Admin & Clerical Agency Use (shifts)	0	0		●	●	●	●	●	●	●	●	●	●	●	●						Apr-15					0	0	●		
Medical Staffing - Number of instances when junior rotas not fully filled	0	0																												
Your Voice - Response Rate			13		11		11				9										Mar-15	13	5	7	7	9				
Your Voice - Overall Score			3.55		3.57		3.57				3.41										Mar-15	3.35	3.42	3.45	3.43	3.41				

Surgery B Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	O						E	
C. Difficile	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	0	0	0	0	<div></div>		
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	0	0	0	0	<div></div>		
MRSA Screening - Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	96		89.3		<div></div>		
MRSA Screening - Non Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	85		85.3		<div></div>		
Falls	0	0	<div>1</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>							Apr-15	0	0	0	0	<div></div>		
Falls with a serious injury	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>							Apr-15	0	0	0	0	<div></div>		
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>								Mar-15	0	0	0	0	<div></div>		
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	95.7	95.3	95.6		<div></div>		
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	100	100	100		<div></div>		
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	100	100	100		<div></div>		
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	100	99.3	99.5		<div></div>		
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	0	0	0	0	<div></div>		
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	0	0	0	0	<div></div>		
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	0	0	0	0	<div></div>		
Mortality Reviews within 42 working days	100	=>97	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Feb-15					<div></div>		

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	O					
2 weeks	=>93.0	=>93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div></div>	96	95.8	<div><div></div><div></div></div>		<div><div></div><div></div></div>																	
31 Day (diagnosis to treatment)	=>96.0	=>96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div></div>	100	100	<div><div></div><div></div></div>																			
62 Day (urgent GP referral to treatment)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div></div>	83.3	83.3	<div><div></div><div></div></div>																			
Mixed Sex Accommodation Breaches	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0										
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	11	3	14	14	12	16	14															
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	32	7	44																			
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>			164																			
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	1.4	1.64	1.45	<div><div></div><div></div></div>																		
28 day breaches	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0												
Sitrep Declared Late Cancellations	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	9	6	15	15																		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	71	72	71.4	<div><div></div><div></div></div>																		
Emergency Care 4-hour waits (%)	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	99.72		99.7	99.72	<div><div></div><div></div></div>																	
Emergency Care 4-hour breach (numbers)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	6	4	10	10	<div><div></div><div></div></div>																	
Emergency Care Trolley Waits >12 hours	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	0		0	0	<div><div></div><div></div></div>																	
Emergency Care Timeliness - Time to Initial Assessment (95th centile)	=<15 mins	=<15 mins	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	62		62	62	<div><div></div><div></div></div>																	
Emergency Care Timeliness - Time to Treatment in Department (median)	=<60 mins	=<60 mins	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	22		22	22	<div><div></div><div></div></div>																	
Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	=<5.0	=<5.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	3.04		3.04	3.04	<div><div></div><div></div></div>																	
Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	=<5.0	=<5.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div></div>	1.82		1.82	1.82	<div><div></div><div></div></div>																	

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	O						E
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	91.7	91.4	91.6		<div></div>		
RTT - Non Admitted Care (18-weeks) (%)	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	95.8	95.4	95.7		<div></div>		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	94.3	92.4	93.7		<div></div>		
Patients Waiting >52 weeks	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	0	0	0		<div></div>		
Treatment Functions Underperforming	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	0	1	1		<div></div>		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	0.0	0.0	0.00		<div></div>		
WTE - Actual versus Plan			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			33				
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	97.52	92.92		96.1	<div></div>		
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	100	100		100.0	<div></div>		
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	2.06	1.25	1.79	3.19	<div></div>		
Return to Work Interviews (%) following Sickness Absence	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	39.7	77.0		49.1	<div></div>		
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	86	92		87.5	<div></div>		
New Investigations in Month			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	0	0	0				
Nurse Bank Fill Rate	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			99.6	99.6	<div></div>		
Nurse Bank Shifts Not Filled	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			1	1	<div></div>		
Nurse Bank Use	2796	233	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			192	192	<div></div>		
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			0	0	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			107	107	<div></div>		
Admin & Clerical Agency Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15			22	22	<div></div>		
Medical Staffing - Number of instances when junior rotas not fully filled	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>													
Your Voice - Response Rate			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Mar-15	7	29	14				
Your Voice - Overall Score			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Mar-15	3.65	3.49	3.54				

Women & Child Health Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	G	M						P	C
C. Difficile	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
MRSA Bacteraemia	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
MRSA Screening - Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div>100</div>				<div>100.0</div>		<div></div>	<div></div>
MRSA Screening - Non Elective	80	80	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15		<div>95.5</div>			<div>87.5</div>		<div></div>	<div></div>
Falls	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
Falls with a serious injury	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Mar-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>4</div>	<div></div>	<div></div>
Venous Thromboembolism (VTE) Assessments	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div>99.3</div>	<div>88.3</div>			<div>93.4</div>		<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections	=>98.0	=>98.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div>100</div>	<div>100</div>			<div>99.3</div>		<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections and brief	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div>100</div>	<div>100</div>	<div>100</div>		<div>100</div>		<div></div>	<div></div>
WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=>85.0	=>85.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div>100</div>	<div>100</div>	<div>100</div>		<div>100</div>		<div></div>	<div></div>
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
Medication Errors	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>
Serious Incidents	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							Apr-15	<div></div>	<div>1</div>	<div></div>	<div></div>	<div>1</div>	<div>1</div>	<div></div>	<div></div>

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	G	M	P						C		
Caesarean Section Rate - Total (%)	≤25.0	≤25.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	23.0	<div><div></div></div>	<div><div></div></div>	23.0	23.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Caesarean Section Rate - Elective (%)			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	7.7	<div><div></div></div>	<div><div></div></div>	7.7	7.7	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Caesarean Section Rate - Non Elective (%)			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	15.4	<div><div></div></div>	<div><div></div></div>	15.4	15.4	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Maternal Deaths	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	0	<div><div></div></div>	<div><div></div></div>	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Post Partum Haemorrhage (>2000ml)	48	4	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	0	<div><div></div></div>	<div><div></div></div>	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Admissions to Neonatal Intensive Care (%)	≤10.0	≤10.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	1.4	<div><div></div></div>	<div><div></div></div>	1.38	1.38	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Adjusted Perinatal Mortality Rate (per 1000 babies)	<8.0	<8.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	6.4	<div><div></div></div>	<div><div></div></div>	6.4		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Early Booking Assessment (<12 + 6 weeks) (%) - SWBH Specific	⇒90.0	⇒90.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	76	<div><div></div></div>	<div><div></div></div>	76.09		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	⇒90.0	⇒90.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	159	<div><div></div></div>	<div><div></div></div>	159		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Mortality Reviews within 42 working days	100	⇒97	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Feb-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>		<div><div></div></div>	<div><div></div></div>			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
2 weeks	⇒93.0	⇒93.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	91.3	<div><div></div></div>	100	91.5		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
31 Day (diagnosis to treatment)	⇒96.0	⇒96.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	92.0	<div><div></div></div>	<div><div></div></div>	92.0		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
62 Day (urgent GP referral to treatment)	⇒85.0	⇒85.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	77.3	<div><div></div></div>	<div><div></div></div>	77.3		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Mixed Sex Accommodation Breaches	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	0	<div><div></div></div>	<div><div></div></div>	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
No. of Complaints Received (formal and link)			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	2	4	1	7	7	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
No. of Active Complaints in the System (formal and link)			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	13	12	3	28		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Oldest' complaint currently in system (days)			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>		<div><div></div></div>	<div><div></div></div>	113		<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	G	M						P
Elective Admissions Cancelled at last minute for non-clinical reasons	=<0.8	=<0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	2.3		0.0		2.37		●		
28 day breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	●		
Sitrep Declared Late Cancellations	0	0	12	3	4	7	6	6	7	7	7	1	5	7	6						6				6	6	●		
Weekday Theatre Utilisation (as % of scheduled)	=>85.0	=>85.0					78	76	77	77	80	77	78	79	73						72.5	88.6			72.9		●		
Emergency Care 4-hour breach (numbers)			18	14	14	18	14	30	23	36	82	5	30	16	11						4	0	7	0	11	11			
RTT - Admitted Care (18-weeks) (%)	=>90.0	=>90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	96.7				96.7		●		
RTT - Non Admitttd Care (18-weeks) (%)	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	97.8				97.8		●		
RTT - Incomplete Pathway (18-weeks) (%)	=>92.0	=>92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	98.7				98.7		●		
Patients Waiting >52 weeks	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				0		●		
Treatment Functions Underperforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				0		●		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	0.0				0.0		●		

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months		
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	G	M						P	C
WTE - Actual versus Plan			48	58	60	67	81	61	60	59	66	67	69	70	69															
PDRs - 12 month rolling	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							93.2	96.4	94.1	95.1		95.3	●		
Medical Appraisal and Revalidation	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							88.9	91.7	76.9			87	●		
Sickness Absence	=<3.15	=<3.15	●	●	●	●	●	●	●	●	●	●	●	●	●							3.36	7.76	3.84	4.52		5.54	5.32	●	
Return to Work Interviews (%) following Sickness Absence	100	100												●	●							50.6	55.0	57.8	66.4		56.3	●		
Mandatory Training	=>95.0	=>95.0	●	●	●	●	●	●	●	●	●	●	●	●	●							93	84	90	88		86.3	●		
New Investigations in Month			0	0	0	2	0	0	0	0	0	0	1	1	1							0	1	0	0		1			
Nurse Bank Fill Rate	100	100												90	94											93.7				
Nurse Bank Shifts Not Filled	0	0												81	45											45	45			
Nurse Bank Use	6852	571	●	●	●	●	●	●	●	●	●	●	●	●	●											552	552	●		
Nurse Agency Use	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●											57	57	●		
Admin & Clerical Bank Use (shifts)	0	0		●	●	●	●	●	●	●	●	●	●	●	●											75	75	●		
Admin & Clerical Agency Use (shifts)	0	0		●	●	●	●	●	●	●	●	●	●	●	●											16	16	●		
Medical Staffing - Number of instances when junior rotas not fully filled	0	0																												
Your Voice - Response Rate			11		12		12			9												17	3	15	12		9			
Your Voice - Overall Score			3.79		3.65		3.65			3.53												3.44	4.0	3.2	3.78		3.53			

[illegible]

Pathology Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate					Month	Year To Date	Trend	Next Month	3 Months	
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	HA	HI	B	M						I
Never Events	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						Apr-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>		
No. of Complaints Received (formal and link)			<div></div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>3</div>	<div>0</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>5</div>	<div>0</div>						Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>		
No. of Active Complaints in the System (formal and link)			<div></div>	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>6</div>	<div>5</div>	<div>5</div>	<div>8</div>	<div>7</div>	<div>6</div>	<div>7</div>						Apr-15	<div>3</div>	<div></div>	<div></div>	<div></div>	<div>1</div>	<div>7</div>	<div></div>	<div></div>		
Oldest' complaint currently in system (days)			<div></div>	<div>91</div>	<div>112</div>	<div>27</div>	<div>46</div>	<div>68</div>	<div>92</div>	<div>111</div>	<div>90</div>	<div>96</div>	<div>117</div>	<div>138</div>	<div>158</div>						Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>138</div>	<div></div>	<div></div>		
WTE - Actual versus Plan			<div></div>	<div>30</div>	<div>32</div>	<div>31</div>	<div>32</div>	<div>29</div>	<div>27</div>	<div>25</div>	<div>27</div>	<div>27</div>	<div>24</div>	<div>16</div>	<div>18</div>	<div>20</div>					Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>20</div>	<div></div>	<div></div>		
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div>95.7</div>	<div>100</div>	<div>93.2</div>	<div>98.4</div>	<div>100</div>	<div></div>	<div>96.7</div>	<div></div>	<div></div>	
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div>100</div>	<div>85.7</div>	<div>100</div>	<div>80</div>	<div>100</div>	<div></div>	<div>90.5</div>	<div></div>	<div></div>	
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div>2.38</div>	<div>2.45</div>	<div>5.87</div>	<div>1.65</div>	<div>13.4</div>	<div>4.50</div>	<div>4.20</div>	<div></div>	<div></div>	
Return to Work Interviews (%) following Sickness Absence	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div>87.5</div>	<div>88.6</div>	<div>69.4</div>	<div>94.0</div>	<div>100</div>	<div></div>	<div>73.2</div>	<div></div>	<div></div>	
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div>91</div>	<div>99</div>	<div>95</div>	<div>98</div>	<div>94</div>	<div></div>	<div>95.0</div>	<div></div>	<div></div>	
New Investigations in Month			<div></div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>					Apr-15	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	<div></div>		
Admin & Clerical Bank Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>517</div>	<div>517</div>	<div></div>	<div></div>	
Admin & Clerical Agency Use (shifts)	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					Apr-15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>0</div>	<div>0</div>	<div></div>	<div></div>	
Your Voice - Response Rate			<div></div>	<div>30</div>	<div></div>	<div>31</div>	<div></div>	<div>31</div>	<div></div>	<div></div>	<div>12</div>	<div></div>	<div>27</div>	<div></div>	<div></div>	<div></div>					Mar-15	<div>43</div>	<div>33</div>	<div>19</div>	<div>32</div>	<div>47</div>	<div>27</div>	<div></div>	<div></div>	<div></div>	
Your Voice - Overall Score			<div></div>	<div>3.43</div>	<div></div>	<div>3.74</div>	<div></div>	<div>3.74</div>	<div></div>	<div></div>	<div>3.76</div>	<div></div>	<div>3.7</div>	<div></div>	<div></div>	<div></div>					Mar-15	<div>3.5</div>	<div>3.7</div>	<div>3.8</div>	<div>3.6</div>	<div>4.1</div>	<div>3.73</div>	<div></div>	<div></div>	<div></div>	

Imaging Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	DR	IR					
Never Events	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Medication Errors	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Unreported Tests / Scans			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>																							
Outsourced Reporting			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>																							
IRMA Instances			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>																							
Pts receiving CT Scan within 1 hr of presentation (%)	=>50.0	=>50.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	75.6		75.6	75.6			
Pts receiving CT Scan within 24 hrs of presentation (%)	100	100	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	100		100.0	100.0			
Mixed Sex Accommodation Breaches	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
No. of Complaints Received (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	4	2	3	3	0	4	2	2	3	2	1	2											
No. of Active Complaints in the System (formal and link)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	5	7	8	5	5	8	10	8	9	7	5	5											
Oldest' complaint currently in system (days)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	19	40	59	30	52	76	72	75	83	75	96	73											
Emergency Care 4-hour breach (numbers)			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	30	39	41	32	34	49	50	52	45	41	49	51	46					46		46	46		
Acute Diagnostic Waits in Excess of 6-weeks (%)	=<1.0	=<1.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	0.4			0.41			
WTE - Actual versus Plan			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	15	13	11	13	22	14	16	15	21	21	33	40	43							43			
PDRs - 12 month rolling	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	85	100	100	100			
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	100		100				
Sickness Absence	=<3.15	=<3.15	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	4.2	4.8	1.20	7.8			
Return to Work Interviews (%) following Sickness Absence	100	100	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	48.0	78.6	60.0	25.0			
Mandatory Training	=>95.0	=>95.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																	87	87	91	89			
New Investigations in Month			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>	0	2	2	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Nurse Bank Use	288	24	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																				14			
Nurse Agency Use	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																				139			
Admin & Clerical Bank Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																				197			
Admin & Clerical Agency Use (shifts)	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div><div></div></div>																				0			
Your Voice - Response Rate			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div></div><div></div></div>	19		33		33			18									16		31	16			
Your Voice - Overall Score			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Mar-15	<div><div></div><div></div><div></div><div></div></div>	3.72		3.73		3.73			3.28									3.1		3.3	3.9			

Community & Therapies Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		S	AT	IB						IC																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
MRSA Screening - Elective	80	80	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr-15	<div><div></div><div></div><div></div></div>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months						
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	AT						IB	IC				
Mandatory Training	=>95.0	=>95.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>95</div><div>88</div><div>90</div></div>		<div><div></div></div>	89.9	<div><div></div></div>			
New Investigations in Month			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div>0</div><div>1</div><div>0</div></div>	<div><div></div></div>	1					
Nurse Bank Fill Rate	100	100	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	90.23	90.23	<div><div></div></div>		
Nurse Bank Shifts Not Filled	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	47	47	<div><div></div></div>		
Nurse Bank Use	5408	451	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	345	345	<div><div></div></div>		
Nurse Agency Use	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	228	228	<div><div></div></div>		
Admin & Clerical Bank Use (shifts)	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	206	206	<div><div></div></div>		
Admin & Clerical Agency Use (shifts)	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	0	0	<div><div></div></div>		
Your Voice - Response Rate			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Feb-15	<div><div>36</div><div>25</div><div>31</div></div>	<div><div></div></div>	30					
Your Voice - Overall Score			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Feb-15	<div><div>3.8</div><div>3.7</div><div>3.8</div></div>	<div><div></div></div>	3.80					
DVT numbers	730	>61	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	70	70	<div><div></div></div>		
Therapy DNA rate OP services (%)	=<9	=<9	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Mar-15			<div><div></div></div>	12.9	12.3	<div><div></div></div>		
FEES assessment	>100	>8.3	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	0	0	<div><div></div></div>		
ESD Response time	<48 hrs	<48 hrs	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>			<div><div></div></div>		
STEIS	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	1	1	<div><div></div></div>		
Rapid response to AMU, RRTS	<60 mins	<60 mins	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Feb-15			<div><div></div></div>	98	78.5	<div><div></div></div>		
Avoidable weight loss	<20%	<20%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	0	0	<div><div></div></div>		
Green Stream Community Rehab response time for treatment (days)	=<11	=<11	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Apr-15			<div><div></div></div>	15.8	15.8	<div><div></div></div>		

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	AT	IB	IC				
DNA/No Access Visits		%					3.3	0.9	0.7	0.9	0.9	0.9	0.8	0.9	0.8									0.8			
Falls Assessments - DN service only		%					72	58	49	45	45	62	54	65	47									46.7			
Pressure Ulcer Assessment - DN service only		%					73	61	50	48	46	63	57	65	51									50.5			
Healthy Lifestyle Assessments - DN Service only		%					61	54	48	39	43	58	54	56	47									46.9			
At risk of Social Isolation Referrals to 3rd sector DN service only		%					46	75	67	57	65	95	77	53	100									100			
MUST Assessments - DN Service only		%					9.4	11	9.9	11	9.8	19	18	36	22									22.3			
Incident Rates		per 1000 charge					3.6	4.8	4.9	3.5	3.5	5.1	4.1	4.9	3.9									3.9			
Dementia Assessments - DN Service only		%					72	62	55	52	51	61	62	62	46									46.2			
48 hour inputting rate		%					91	83	81	85	86	89	83	88	87									87.1			

Corporate Group

Indicator	Trajectory		Previous Months Trend (since April 2014)																Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months			
	Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	CEO	F	W	M	E						N	O	
No. of Complaints Received (formal and link)				8	4	5	6	5	7	6	6	15	5	6	5										2	3		5	5					
No. of Active Complaints in the System (formal and link)				16	13	12	13	21	21	25	12	21	16	18	14								1			8	5		14					
Oldest' complaint currently in system (days)				69	90	77	99	121	106	104	104	123	145	138	158								27			158	65		158					
WTE - Actual versus Plan			149	154	162	176	162	183	194	203	168	175	200	234	259							-1	27	14	19	19	130	53		259				
PDRs - 12 month rolling	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							89	93	95	88	95	92	88		90.9	<div></div>			
Medical Appraisal and Revalidation	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>									100						100	<div></div>			
Sickness Absence	=<3.15	=<3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							2.83	1.36	2.38	4.63	2.16	5.82	5.58		4.81	4.57	<div></div>		
Return to Work Interviews (%) following Sickness Absence	100	100																			47.2	67.6	39.1	85.1	48.8	73.0	69.7		68.6	<div></div>				
Mandatory Training	=>95.0	=>95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							91	95	94	92	95	89	90		90.2	<div></div>			
New Investigations in Month			0	1	3	1	0	5	0	0	0	1	0	0	1							0	0	0	0	0	1	0		1				
Nurse Bank Use	1088	91	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>														189	189	<div></div>			
Nurse Agency Use	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>														124	124	<div></div>			
Admin & Clerical Bank Use (shifts)	0	0		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							45	95	40	120	0	2165	517		2982	2982	<div></div>		
Admin & Clerical Agency Use (shifts)	0	0		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>							0	22	0	0	0	0	0		22	22	<div></div>		
Your Voice - Response Rate			26		24		21		15		14										67	18	34	28	11	6	12		14					
Your Voice - Overall Score			3.76		3.6		3.49		3.48		3.5										3.63	3.03	3.73	3.48	3.45	3.49	3.38		3.51					

Quality and Safety Committee – Version 0.1

Venue Anne Gibson Committee Room, City Hospital **Date** 24 April 2015; 1030h – 1130h

Present

Ms O Dutton [Chair]
 Mr R Samuda
 Mrs G Hunjan
 Dr S Sahota OBE
 Dr R Stedman
 Mr C Ovington
 Miss K Dhami
 Ms C Parker

In Attendance

Mr G Smith
 Mr T Lewis (Item 15)
 Mrs R Goodby (Item 15)
 Mrs J Wakeman (Item 4.1)
 Matron J Perry (Item 4.1)
 Sr V Howard (Item 4.1)

Secretariat

Mr S Grainger-Lloyd

Minutes	Paper Reference
1 Apologies for absence	Verbal
Apologies for absence were received from Miss Barlow, Mr Waite, Ms Binns and Mrs Talbot.	
2 Minutes of the previous meeting	SWBQS (3/15) 038
The minutes of the Quality and Safety Committee meeting held on 27 March 2015 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 (3/15) 038 (a)
The updated actions list was received and noted by the Committee.	
MATTERS FOR DISCUSSION/DEBATE	
4 Wards of concerns	
4.1 Ward D17 presentation	Presentation
Mr Ovington reminded the Committee that there had been previous reports on	

wards of concern and within this, the ward of most concern had been ward D17 at City Hospital. It was reported that a condition report had been received which showed that there was a need for some measures to 'turn round' the ward. It was also reported that a fact finding review had also been undertaken which showed that accountabilities had not been followed. Ms Dutton reported that she had personally spoken to the staff on the Ward and offered her support.

The team responsible for the improvements were introduced and congratulated for the work undertaken to date. Mrs Perry, the matron for the ward gave an overview of the state of the ward when she took up position, which included low staffing numbers and poor documentation of care. It was reported that when the ward was placed in special measures a new senior team had been implemented which included new Band 6 staff and a senior sister. It was reported that the work to turn the ward round was fragmented at first, particularly given annual leave commitments. Work was reported to have been undertaken to provide direction to the staff and to audit care. The Committee was assured that there was confidence that the measures to date would create an improvement. Sister Howard gave an overview of the new measures introduced, particularly around audits including medicines safety & administration. The use of the 'safety cross' was described. She advised that work was undertaken to better manage supplies and to tidy the ward. The configuration of the ward was described as being unhelpful. Staffing levels were reported to have been revised, to include a co-ordinator role and to better empower the individuals, including encouraging them to practice duties in which they were adequately qualified. Matron Perry reported that there were a significant number of complaints concerning attitude, poor communication and basic standards of care had been caught in a backlog which had needed to be addressed, although fewer concerns had been received recently.

Dr Stedman asked how engaged the doctors were with the improvement journey. He was advised that engagement was good through the routine meetings and junior doctors were involved in the ward rounds. It was noted that the ward treated a number of Sickle Cell patients and the team was asked if they had noted a difference in the environment. Sister Howard reported that work had been undertaken to provide a more staff-led environment and to better co-ordinate the delivery & administration of controlled drugs.

Mrs Hunjan asked whether the staff had felt adequate support during the process, including that from peers. Matron Perry reported that support from Mr Ovington and Mrs Wakeman (Head of Nursing) on a routine basis. It was reported that neighbouring ward D15 also provided good support and routine audits had also been introduced onto this area.

Dr Sahota noted that the poor baseline had been reached over a long timeframe and asked what key indicators were in place to trigger a review. Matron Perry reported that the loss of staff was a key warning indicator in this case, with vacancies not being filled routinely. Mr Ovington circulated a checklist tool which could flag early warning signs and trigger intervention. It was highlighted that Ward D17 had piloted a ward assessment tool and an improved score had been achieved recently. It was noted that this would be rolled out across the Trust.

<p>Ms Parker suggested that thought needed to be given as to how staff might raise concerns in an appropriate way that did not fear recrimination, a matter which reflected the culture of the organisation.</p> <p>Ms Dutton asked how the learning could be spread across the Trust and was advised that a diary approach was being adopted and once this had been completed then the journey would be communicated to other areas using forums such as the monthly matron meetings. Mrs Wakeman reported that the dashboard information was rolled out to other areas, so there was greater consistency across the Medicine & ED Clinical Group, such as drugs management.</p>	
<p>5 CQC Improvement Plan</p>	<p>Hard copy paper</p>
<p>Miss Dhami presented an extract from the CQC improvement plan which showed the actions that were due for completion by March 2015. It was noted that a number had been completed, however they would not be signed off until there was sufficient evidence of completion.</p> <p>The individual actions were discussed in turn.</p>	
<p>ACTION: Mr Ovington to provide a report back to the Committee summarising the success with addressing use of bank and agency staff at a future meeting</p>	
<p>6 Complaints – Quarter 4 position</p>	<p>SWBQS (4/15) 041 SWBQS (4/15) 041 (a)</p>
<p>Miss Dhami asked the Committee to receive and note the report.</p> <p>It was reported that the number of complaints received in 2014/15 in Quarter 4 was 354 against 397 in Quarter 3. Good focus was reported to be given to eliminating any breaches of the set response times. It was noted that the complaints concerning management of appointments in Surgery B would be given specific attention. The reasons for reopening a complaint were discussed which included additional questions, disputed the information or the matters in the original complaint not being fully addressed. Miss Dhami reported that the feedback on satisfaction would be strengthened. Fast tracking mechanisms for some complaints were reported to be being taken forward. The resolution of complaints at a local level was reported to not be counted, however it was agreed that attention to the lessons from this may need to be shared.</p> <p>Ms Parker suggested that better work could be undertaken to share learning between the CCG and the Trust. It was agreed that this would be considered as a matter arising.</p> <p>Overall, it was reported that good progress had been made, however clearing the oldest complaints in the system needed to be addressed in Quarter 1. Good benefits were reported to be achieved through the devolution process. It was noted that complainants would be informed of instances where their feedback had delivered a change.</p>	

ACTION: Miss Dhami to report back to the Committee on the way in which the CCG and Trust can work together to generate improved complaints handling and shared learning	
7 Patient story	Verbal
<p>It was reported that the patient who was due to present at the April meeting would join the May Board meeting. Dr Sahota highlighted that a number of complaints and feedback were handled within the community.</p>	
MATTERS FOR RECEIPT AND ACCEPTANCE	
8 Integrated performance report	SWBQS (4/15) 043 SWBQS (4/15) 043 (a)
<p>Mr Smith reported that five <i>C difficile</i> cases had been reported during the month, although the year end position remained acceptable. Mr Ovington reported that there was no connection between the cases but the matter would be monitored. Ms Parker reported that as a whole the CCG had exceeded trajectory overall. One case of MRSA bacteraemia was reported to have been raised, which Mr Ovington reported related to a patient in the haematology ward.</p> <p>It was reported that falls had increased, although overall the position was within trajectory and was as expected.</p> <p>The percentage of mortality reviews within 42 days had decreased.</p> <p>In terms of perinatal mortality, Dr Stedman noted that each case had been reviewed and had not been identified as being avoidable. Ms Parker noted that there were some correlations with information being considered by the CCG at present.</p> <p>All cancer targets were met and no mixed sex accommodation instances.</p> <p>The ED target for the month was 91.27% with a year to date position of 92.52%.</p> <p>It was noted that the return to work interview position was very low, although Mrs Goodby advised this was being given good focus in the coming months which would generate better sickness absence levels.</p> <p>Mrs Hunjan asked whether breaches to the requirement for patients to be admitted to a stroke unit within 4 hours, incurred a penalty. It was noted that there was not a financial penalty. She asked if there was a loss associated with CQUIN target performance and was advised that payment had been withheld associated with community dietetics.</p> <p>Ms Dutton noted that the data quality information was missing as was the financial summary information within the report. Dr Stedman reported that discussions had been held between the Executive triumvirate which aimed to address this, including a SOP for each indicator. It was agreed that this might be picked up in the 2015/16 audit plan.</p>	

Mr Ovington reported that a TDA visit had been held recently which looked at hospital hygiene at City Hospital. The Committee was advised that although good practice was evident, a number of concerns on ward cleaning were raised which suggested a drop in standards. In response, a wave of activity was underway, including alternative ways of working between the wards and facilities. It was noted that the environmental audits were showing a different position to that observed.	
9 NRLS report	SWBQS (4/15) 047 SWBQS (4/15) 047 (a) SWBQS (4/15) 047 (b)
The Committee received and noted the report.	
10 Serious Incident report	SWBQS (4/15) 044 SWBQS (4/15) 044 (a) - SWBQS (4/15) 044 (c)
Dr Sahota expressed a concern around the Down Syndrome screening incident which he noted had been of concern previously. It was agreed that this would be addressed by a report to the next meeting.	
11 Forward plan for the Committee	SWBQS (4/15) 046 SWBQS (4/15) 046 (a)
The Committee received and noted the report.	
OTHER MATTERS	
12 Matters of topical or national media interest	Verbal
There was none.	
13 Meeting effectiveness	Verbal
It was noted that the meeting had been effective, with some productive discussions.	
14 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.	
15 Any other business	Verbal
Mr Lewis provided an update on the Safe and Sound programme. It was reported that in Safe and Sound Phase I, c.85 people had been redeployed and the phase was due to be completed shortly. It was reported that there would be an evaluation of the success of this and the consequences at a local level. It was reported that Phase II would launch on Wednesday 29 April which would affect a smaller number of staff, albeit that these would be mainly clinical. It was	

<p>reported that c. 60 scheme sheets had been submitted and reviewed by the Executive triumvirate, with QIAs being developed. The groups of staff affected most significantly were reported to include allied health professions in the Communities area and medical secretaries. In terms of medical secretaries, it was noted that the scheme would impact on the way a number of medical staff would be affected and would be ameliorated by some buddying arrangements and the introduction of some information technology around voice recognition. It was reported that the practice in some medical secretariat groups would be made more consistent in 2015. Work will be undertaken to monitor how quickly clinical letters to be issued, which will be the key indicator. It was noted that additional work would be undertaken to address the other duties with a move to placing the individuals as the key points of contact for patients to manage the appointments.</p> <p>Mr Ovington reported that in terms of community and therapies, there was a concern around the number of schemes and whether these could be delivered within the required time. The impact of all schemes on the Trust as a whole was reported to have been reviewed and the QIA process would provide additional reassurance. Mr Lewis suggested that the key indicators that would provide a view of the impact needed to be identified in this respect. It was noted that this would be included within the consultation and QIA process.</p> <p>Dr Stedman reported that the review of the surgical admissions lounge scheme needed attention to ensure that the functioning of this facility was safeguarded. It was noted that this needed to be tested during the review and challenge process.</p> <p>It was noted that with the exception of the schemes discussed, there were no major concerns.</p> <p>Mr Lewis reported that the restructuring of Informatics would be undertaken as part of Phase II. Dr Stedman provided an overview of the plan, which represented a change of significance. The timeline for this was reported to be 3-6 months.</p> <p>It was agreed that additional narrative on the risks associated with the schemes needed to be provided. Mrs Goodby reported that there was good learning from Phase I, which included coaching for those managing schemes locally. The communications are to be clear and consistent, with better cognisance on the wider impact on those being placed at risk. Mr Lewis noted the relative difficulty with redeploying staff in Phase II. Ms Dutton noted the importance to harness learning from the first phase.</p> <p>Dr Sahota asked when the equality impact assessments would be completed. It was reported that QIA of the schemes was part of the consultation process, with pools not being able to be QIA at present. Ms Parker underlined the need to monitor some of the unintended consequences, such as the impact on GPs when reception staff are removed from satellite sites. Mr Lewis agreed that GP leaders should be involved in the decisions.</p>	
16 Details of the next meeting	Verbal
The date of the next meeting of the Quality and Safety Committee was reported to	

be 29 May 2015 at 1030h in the Anne Gibson Committee Room, City Hospital.	
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Signed

Print

Date

Finance & Investment Committee – Version 0.1

Venue Anne Gibson Committee Room, City Hospital

Date 2 April 2015; 1000 – 1100h

Present

Mr Richard Samuda

Mr Harjinder Kang

Mr Tony Waite

Mr Toby Lewis

Miss Rachel Barlow

Secretariat

Mr Simon Grainger-Lloyd

Minutes	Paper Reference
1 Apologies for Absence	Verbal
No apologies for absence were received.	
2 Minutes from the previous meeting	SWBFI (2/15) 014
The minutes of the meeting held on 27 February 2015 were accepted as a true and accurate record of discussions held.	
AGREEMENT: The minutes of the previous meeting were accepted as a true and accurate reflection of the discussions held	
2.1 Matters arising and update on actions from previous meetings	SWBFI (2/15) 014 (a)
It was noted that there were several matters arising were delayed, including development of the Procurement function. It was noted that there were interim resources available to support this at present, however a substantive Head of Procurement would be recruited in due course who would provide a more strategic perspective. The qualities and resource pool from which these candidates would be found was discussed. It was noted that the plans would be discussed again in May. It was also noted that the plans for responding to tenders and the arrangements	
ACTION: Mr Waite to provide an update on the development of the Procurement function at the next meeting	
3 2014/15	

3.1 Month 11 financial update	SWBFI (4/15) 016 SWBFI (4/15) 016 (a) SWBFI (4/15) 016 (b)
<p>Mr Waite reported that in terms of 2014/15 outturn position, there was an expectation that the plan and surplus would be met. It was noted that there had been good financial performance in January and February and in terms of managing non-recurrent issues, there had been some opportunities taken. In terms of the contractual income from NHS England, it was reported that the risk around income previously highlighted had not been realised to the extent anticipated. Mr Lewis asked whether the issue concerned wrong place or there had been a more systematic review of specialist services income. It was noted that a target had been agreed in the 2015/16 and that this reflected a shift in the handling of the arrangements concerning specialist services. It was reported that an opportunity had been identified in connection with specialised services which would be built into the 2015/16 position at an appropriate timing. Mr Lewis reported that a 1% surplus was anticipated which moved the Trust into a green continuity of service rating for the financial year. The Committee expressed its thanks to the finance department for its work to achieve this position.</p> <p>In terms of key financial targets, it was reported that the ERL would be undershot and the CRL would also not be met. It was reported that some action had been taken to invest in the biplane cardiac catheter laboratory equipment however.</p> <p>The Audit & Risk Management Committee was reported to have considered and agreed with the key accounting judgements that underpinned the financial position. It was reported that there was a clearer focus on the management of contractual arrangements for the current year, practices which would move into the next financial year. Mr Kang asked whether the inconsistency with accounting treatment in previous years could be challenged as an issue. Mr Lewis reiterated that the major accounting treatments had been agreed at the last meeting of the Audit & Risk Management Committee, however there were a further set of issues which needed to be tackled in 2015/16. Deferred income in particular needed to be given further attention.</p> <p>It was noted that some provisions for redundancy had been released during the year, however the full £700k may not be needed. Pay protection was also provided for. Provision for the outcome of Phase 2 of Safe and Sound was reported to remain needing to be made.</p> <p>A list of measures to establish routine financial control and rigour was discussed. It was noted that a number of the matters were historic. The new practices were noted to be accompanied by a change in culture in the financial department.</p> <p>Evidence to challenge £1.8m charges associated with maternity charges had been identified. Goods received but not invoiced were reported to have been found to be considerable and it was reported that much work would be directed to working these charges through. The cash benefit of this was noted to already been counted in the cash position.</p> <p>The other risks associated with the income position were discussed, including that associated with the outcome of the recent Customs and Excise position and that</p>	

<p>an appropriate provision for these costs would be made.</p> <p>It was noted that the practices needed to be discussed with the Audit & Risk Management Committee.</p>	
<p>3.2 Forecast outturn</p>	<p>Verbal</p>
<p>This was discussed in the previous item.</p>	
<p>4 Financial plan 2015/16</p>	<p>SWBFI (4/15) 017 SWBFI (4/15) 017 (a)</p>
<p>Mr Waite reported that the financial plan for 2015/16 would be challenging but there was an expectation that a modest surplus would be delivered. The scale of financial challenge was discussed.</p> <p>A diagrammatic of the position to achieving the £4.65m surplus to a normalised underlying position. We did under deliver against the CIP plan with full year effect of 18m, rather than £20m, so the end of year was breakeven.</p> <p>Mr Waite reported that the Trust had seen a like for like reduction in SLA income year on year, with there now being much less reliance on the transitional funding. It was noted that some entries in the position were still to be fixed, however the end of year financial influences were to be relatively stable. It was noted that the scale of challenge for the CIP was still to be agreed. The inflationary reserve proposed in the contract was reported to be significantly less than previous years. Mr Waite reported that the provisions for pay awards were set and an estimate of non-pay inflation had also been provided for. A proportion of the non-pay inflation was associated with some assumed uplift in contracts, in line with RPI. It was reported that plans continued to be constructed for change and improvement. The scale of CIPs was reported to be c.£20m. Mr Waite reported that much work had been undertaken to look at staffing levels and approved vacancies to provide a view of the cost of filling these posts that were needed for safe services. It was reported that the costs exceeded the affordable cost envelope by c. £19m, but within the financial reserves in the plan there was a degree of funding to offset this, leaving a residual risk of £13m. Mr Lewis noted that the end state of the staffing position for some areas was not finalised. It was reported that the nurse establishments had been finalised in a number of areas, however and the Women and Child Health Group was virtually finished in terms of having a balanced plan. In some areas a vacancy factor would be established, although these will be explicit. It was noted that should any vacancy issues cause a breach to national guidance then the Board would be appraised. The agency and bank spend was noted to be aligned to the plans, with budgeting assuming that areas were fully staffed. As such, it was suggested that this meant that there was a need to distinguish between planned agency, such as A & E and IT and unplanned agency use. Mr Samuda suggested that staff needed to be encouraged to use the Trust's bank as a priority, over and above agency staffing. The change in 'the ask' of the Groups and the adherence to business rules was discussed; it was noted that this was a significant culture change.</p> <p>Mr Waite reported that in delivering the plan, the cost savings were year-end loaded. The income was reported to be consistently profiled across the year. The</p>	

<p>income changes planned were reported to include a quarterly reconciliation. Risks to the income were reported to concern fines and repatriation. It was reported that there was no expectation that fines would exceed a £2m cap. Repatriation was noted to be part of the medium term plan and there was an assumption in the plan that £3m of income would be received, with a clear line of sight at present to approximately a third of this amount. A proactive marketing campaign was agreed to be needed.</p> <p>Winter monies were reported to be assumed partly in support of PCAT at RRH. It was noted that the expected support would not fully cover the costs of the initiatives planned.</p> <p>It was reported that a base level of funding for specialised services had not been agreed with NHSE. Mr Lewis noted that commissioners had not engaged with the impact of these plans on provider trusts.</p> <p>It was agreed that the settled contract and plan would be discussed at the next meeting.</p> <p>Mr Lewis reported that a piece of work was underway on the advisory function and a piece of work was underway on corporate services, with any additional funding for external targeted support for this work to be taken from reserves. It was noted that the performance management function would move into an advisory influence. The work on the revised financial reporting would be presented in May.</p> <p>Any requirements arising from the CQC improvement plan would need to be met from the Trust's resources. It was noted that a balanced view was needed.</p> <p>Mr Lewis underlined the requirement of the Executive to close down the balanced plan in Quarter 1. The capital and cash position would be reported at the next meeting.</p>	
<p>ACTION: Mr Waite to present the detail of the agreed 2015/16 contract at the next meeting</p> <p>ACTION: Mr Waite to present the revised financial reporting plans to the Committee in May</p>	
<p>5 Matters to highlight to the Board and Audit & Risk Management Committee</p>	Verbal
<p>It was noted that the positive forecast outturn for the year should be presented to the Board and the progress with agreeing the 2015/16 contract should also be raised, including the risks to delivery.</p>	
<p>6 Meeting effectiveness feedback</p>	Verbal
<p>It was agreed that the meeting had been productive.</p>	
<p>7 Any Other Business</p>	Verbal
<p>There was none.</p>	

8 Details of the next meeting

The next meeting of the Finance and Investment Committee was noted to be scheduled for 29 May 2015 at 0800h at City Hospital.

Signed:

Name:

Date:

Public Health, Community Development & Equalities Committee – Version 1.0

Venue D29 Meeting Room, City Hospital

Date 27 November 2014 at 1400h

Members present

Mr R Samuda

[Chair]

Dr S Sahota

Mr T Lewis

Mr C Ovington

Dr R Stedman

In attendance

Dr D Robertson

Secretariat

Mr S Grainger-Lloyd

Minutes	Paper Reference
1 Apologies	Verbal
Apologies for absence were received from Mrs Gianjeet Hunjan and Mrs Chris Rickards.	
2 Minutes from the meeting held on 29 September 2014	SWBPH (9/14) 019
The minutes of the last meeting were approved.	
3 Matters and actions arising from previous meetings	SWBPH (2/14) 019 (a)
It was noted that there were no matters which needed escalation.	
4 Progress with the delivery of the Public Health Plan 2014 – 17: objectives and trajectories	SWBPH (11/14) 021 SWBPH (11/14) 021 (a)
<p>Mr Lewis noted that work was needed to satisfy the Trust that the actions in the plan were delivering results. The Committee was advised that monitoring of individuals that smoked during pregnancy was good, however the information regarding referral was less comprehensive.</p> <p>It was reported that a plan had been developed in connection with the delivery of asthma advice.</p> <p>Mr Lewis asked for further information on the plan to collect health data from all new starters to the organisation and it was agreed that a further update would be presented at the next meeting.</p> <p>In terms of the objective regarding item 12, the selection of a new hospital partner</p>	

<p>in accordance with the regeneration obligations was being worked through.</p> <p>The plans to implement the 'Choose Green' initiative were reported to have been disappointing, particular giving the preparation. It was highlighted that the plans would be driven through and work would be undertaken to gain the support of the catering leadership. It was noted that this had been an issue in the implementation of the plans.</p> <p>Mrs Wilkin reported that she had been engaged with the plans for management of the apprentices.</p> <p>In terms of the perinatal mortality issue, it was reported that this needed to be discussed further in March 2015 with the local authorities. Mr Ovington highlighted the impact of the local demographic on the position. Dr Sahota noted that the position also linked into the interventions before arriving in hospital.</p>	
<p>5 Volunteering</p>	<p>Verbal</p>
<p>Mr Ovington reminded the Committee that the volunteers plans involved developing the cadre of volunteers and considering how they may be used to help patients in the day to day running of the Trust. It was also reported that they would be used to support the ethnic monitories being treated by the Trust.</p> <p>The plans for Edna's Army from Age UK were discussed, although it was noted that these were a separate entity from the group of volunteers planned.</p> <p>It was reported that the management of volunteers by the WRVS was significant and came at a cost to the Trust. The strategy for volunteers was reported to be being refreshed at present with a view to changing the arrangements for the management of these individuals.</p> <p>Mr Lewis reported that the use of volunteers had been canvassed from employees of the Trust and that a bid had been submitted as part of the charitable funds bidding process. Mrs Wilkin reported that the plans also linked into the membership work. Dr Sahota emphasised the need to seek commitment from the individuals and the need to guide them. It was highlighted that the community offering for volunteering needed to be developed further. Mrs Wilkin reported that the use of a portal assisted with the management of volunteers in the community.</p> <p>Mr Lewis reported that the chance to link into companies that could provide volunteering assistance from their employees needed to be pursued. He underlined the need for the volunteering community to be representative of the diversity of the local population.</p> <p>Dr Robertson provided some examples of other acute trusts in which volunteering worked well.</p> <p>It was agreed that Mr Ovington would work with Mrs Wilkin and Dr Sahota to develop the volunteering plans.</p>	
<p>ACTION: Mr Ovington to present an update on plans to develop volunteers at the next meeting</p>	

6	Equality & diversity plan	SWBPH (11/14) 022 SWBPH (11/14) 022 (a) - SWBPH (11/14) 022 (e)
<p>Mr Ovington reported that following the gathering information to inform the EDS2 position, a local interest group would be approached to validate the position and provide an input and an opportunity to triangulate the information in readiness for the development of an action plan to address any gaps.</p> <p>It was agreed that the sign off for the annual report needed to be agreed at the January meeting of the Trust Board. It was noted that much work was needed to embed the culture of equality and diversity in the Trust.</p>		
ACTION: Mr Ovington to provide a further update on Equality & Diversity at the next meeting		
7	Meeting effectiveness	Verbal
It was noted that the meeting had completed within an hour.		
8	Matters to raise to the Board and Audit & Risk Management Committee	Verbal
It was noted that next year's internal audit programme needed to include EDS2. The issues concerning smoking in maternity should be raised by the Board.		
9	Any other business	Verbal
Dr Sahota noted the need to link in with other communities to drive the committee's agenda. It was noted that a map of the different communities that the Trust served would be useful. Mrs Wilkin offered to provide this view.		
ACTION: Ms Wilkin to set up a community engagement network		
10	Details of the next meeting	Verbal
The next meeting is to be held on 26 February 2014 at City Hospital. [post script – the meeting was postponed]		

Signed

Print

Date