Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Board Room, Medical Education Centre at Sandwell General Hospital

Date: 1 September 2016; 09:30h – 13:00h

Members:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communication
Ms. D. Talbot	(DW)	Deputy Chief Nurse - Quality

Board Support (RF)
Ms R Fuller

Time	Item	Title	Reference Number	Lead
09:30h	**1.**	**Apologies :** Colin Ovington	Verbal	**RF**
	2.	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	**Chair**
	3.	**Patient Story**	Presentation	**CO**
	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 4 August 2016 as a true and accurate records of discussions*	SWBTB (08/16) 092	**Chair**
	5.	**Update on actions arising from previous meetings**	SWBTB (08/16) 092(a)	**KD**
09:50h	**5.1**	**Corporate Reform**	SWBTB (09/16) 094	TL
10:00h	**5.2**	**Outcome of unannounced inspection to theatres**	Verbal	**KD**
10:05h	**5.3**	**Smoking cessation**	Verbal	**TL**
10:15h	**5.4**	**CCG commissioning defunding**	SWBTB (09/16) 095	**TL**
10:25h	**6.**	**Questions from members of the public**	Verbal	**Chair**
10:35h	**7.**	**Chair's opening comments**	Verbal	**Chair**

Time	Item	Title	Reference Number	Lead
		UPDATES FROM THE BOARD COMMITTEES		
10:40h	**8.**	To consider the update from the **Quality and Safety Committee** meeting held on the 26 August 2016	To follow	**OD/ CO**
10:45h	**9.**	To consider the update from the **Major Projects Authority** meeting held on 26 August 2016.	To follow	**RS/ TL**
		MATTERS FOR APPROVAL OR DISCUSSION		
11:50h	**10.**	**Chief Executive's report**	SWBTB (09/16) 096 SWBTB (09/16) 096(a)	**TL**
12:05h	**11.**	**Trust Risk Register**	SWBTB (09/16) 097 SWBTB (09/16) 097(a-b)	**KD**
12:10h	**12.**	**A safe and sustainable bed base**	SWBTB (09/16) 098 SWBTB (09/16) 098(a)	**RB**
12:20h	**13.**	**Volunteering scorecard**	SWBTB (09/16) 099 SWBTB (09/16) 099(a)	**CO**
12:30h	**14.**	**Aston Medical School**	SWBTB (09/16) 100 SWBTB (09/16) 100(a)	**TL**
12:40h	**15.**	**CQC Improvement Plan: progress report**	SWBTB (09/16) 101 SWBTB (09/16) 101(a)	**KD**
12:50h	**16.**	**Process for on-going monitoring of CIP schemes**	SWBTB (09/16) 102	**KD**
12:55h	**17.**	**Audience segmentation**	SWBTB (09/16) 103 SWBTB (09/16) 103(a)	**RW**
		MATTERS FOR INFORMATION		
	18.	**Integrated Performance Report**	SWBTB (09/16) 104 SWBTB (09/16) 104(a)	**TW**
	19.	**Financial performance – P04 June 2016**	SWBTB (09/16) 105 SWBTB (09/16) 105(a)	**TW**
	20.	**Any other business**	Verbal	**All**
	21.	**Details of next meeting** The next public Trust Board will be held on 6 October 2016 starting at 09:30am an off-site venue will be advised		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Training Room 1, Archer Ward, Rowley Regis Hospital, Moor Lane, Rowley Regis B65 8DA **Date** 4th August 2016

Members Present		In Attendance	
Mr. R. Samuda (Chairman)	RSm	Mrs. C. Rickards Trust Convenor	CR
Ms. O. Dutton Vice Chair	OD		
Mr. M. Hoare	MH		
Mr. H. Kang	HK		
Mr. R. Russell	RR	**Board Support**	
Dr. P. Gill	PG	Miss R. Fuller Executive Assistant	RF
Mr. T. Lewis	TL		
Dr. R. Stedman	RS		
Mr. C. Ovington	CO		
Ms. R Barlow	RB		
Mr. T. Waite	TW		
Mrs. R. Goodby	RG		
Miss K. Dhami	KD		

Minutes	Paper Reference
1. Apologies	
Apologies were received from: Cllr W. Zaffar	
2. Declaration of interests	
There were no further declarations of interest.	
3. Patient Story	
A video from The Breakfast Club on Newton 4 was shown. Mr. Samuda highlighted this was building on the success of the Stroke Unit which has been visited by members of the board previously. Mr. Lewis noted a comment in the film about space in Midland Met. The rehab wards will remain on Sandwell so the kitchens would not change, but the way in how the Trust utilises its kitchen space would be thought about as we move to new facilities. Mr Ovington noted that while it appeared on the day of filming a fried breakfast was on the menu but on other days a wide varied is available such as cereal, fruit and toast. It was stated that in MMH patients would be encouraged to go to the Level 5 space as part of getting back to normal. Mr. Ovington informed the board that the club lasts about one hour which included all aspects of preparing, cleaning as well as eating food.	
4. Minutes of previous meeting – 7th July 2016	
Mr. Lewis apologised to the board on behalf of the team that the minutes issued with the board papers required additional amending before issue. A tracked version and a final version were tabled. It was noted that some of the actions had been removed but no additional ones were included. Mr. Samuda accepted the apology and the Trust Board accepted the tabled version of the minutes. Ms Dhami noted that the new Head of Corporate Governance joined the Trust from September.	

5. Update on actions arising from previous meetings	
➢ **Learning disabilities registers -** Mr. Ovington reported on a productive meeting with Claire Parker from the CCG who will approach the local medical council to discuss data sharing. Dr Gill also reflected positive discussions with Nick Harding. Mr Lewis reminded Board members that this subject had been unresolved within the local health system for over three years. ➢ **Car Parking** – A paper on blue badge parking is agenda today and a follow action on the next phase of the long term parking strategy to 2020 will be presented in the New Year. ➢ **Follow up from the Board's visit to the African Caribbean Centre** – Mr. Ovington has had two meetings since the last trust board and he is working with the charity team to formulate a bid. Also he has met with Paulette Suban who came to the open session. She too wants some help with her volunteer team and getting primary care advice. Mr Samuda welcomed the rapid action to make progress. ➢ **Smoking Cessation** – an update report will be presented to the next meeting. Ms Dutton asked about recent press interest at the Children's, who want a ban smoking in the street by their hospital. Mr Lewis noted that the layout of the landscape differs and that our strategy remains until 2018 to try and coral smokers into new shelters.	
4.1 Blue Badge parking	
Mr. Ovington reported on issues raised by members of the public through himself and Mr. Lewis about being charged for Blue Badge parking. He reminded the Board that we had debated this as recently as April and concluded on a continued charge. He noted that the 8 spaces on the Rowley site are outside of the barrier and would be difficult to police so those spaces will remain free. Mr. Samuda asked how knowledgeable our staff are about reimbursements. Mr. Waite stated a significant amount of patients do claim but the offices to obtain refunds are only accessible during office hours, a review on the function on how to make better will be undertaken. Mr Ovington suggested that we could be better at publicising people's rights. Mr Lewis reiterated his view about the link between disability and poverty and agreed with Mr Ovington that the right course was to publicise the ability to claim back. Chemotherapy patients did not pay for parking on their first visit as this was a routine outpatient appoint were the prescribing of a course of treatment was prepared. Those patients would then be able to choose how to pay for parking either through one shot tickets or a season card. It was noted when the treatment centre at Sandwell was established the majority of blue badge spaces by the canteen will not be moved as the main entrance will be sited elsewhere. Mr Ovington provided the board with data comparing our current spaces to statutory or discretionary guidance. The board agreed the recommendation in the report to continue to charge for blue badge parking but asked for a 'step-change' in publicity around reimbursement. Mr Ovington will make this happen before the end of September 2016.	
4.1 Response to recent never events	
Miss Dhami reminded the board of the three never events in 2016, the latest in Trauma and Orthopaedic would be on reported in detail today. The actions from the never event in obstetrics were:	

1. Removal all small packs in theatres and review stock supplies. 2. Trailing wrist bands for all virginal packs used and there are only removed when a pack is removed. This is also being risk assessed. 3. A month long programme of safety briefings highlighting documentation and handover procedures. Good progress has been made. Ms Dhami then noted that the PSN issued in February had received a mixed positive assurance response. Of the 315 emails sent only 152 responded. The Board discussed reasons for this and potential remedies. It was agreed that this now sat with Dr. Stedman and Mr. Lewis to resolve. A further update would be presented again to the Trust Board. The executive will also reflect on how consequence is managed across a range of mandatory actions.	
6. Questions from members of the public	
Bill Hodgetts from Health watch raised a question from the Cardiac Club he visited last week that patients who had an angiogram performed a stent if required was fitted at the same time, now patients are being asked to come back for the stent procedure. Dr. Stedman noted the comment and would speak to cardiology provide Mr. Hodgetts with a speedy response.	
7. Chair's opening comments	
Mr. Samuda reported on the Eid celebration at City which was well attended and was inclusive of all staff from all faiths. The BCA celebrated its first anniversary with two staff events organised. He highlighted the 'call to arms' from NHS Improvement and emphasis on pathology and back office. The STP submissions across the country was proceeding at pace and the Chairs in the Black Country would be meeting to look at the process and its development.	
8. To consider the update from the Audit & Risk Committee meeting held on the 28th July 2016	
Mr. Russell tabled an update and highlighted the following ➢ PWC had given a clean bill of health on the 2015/16 reference cost index and congratulations to Mr. Waite and his team were given. Also Miss Dhami's team were also congratulated by PWC on the clinical audit template model for its clarity and way forward. ➢ Unfortunately there remained draft audit reports and outstanding recommendations. This will be addressed via the executive PMC. Mr Lewis committed that the two reports and the majority of recommendations would be cleared by the time of the next meeting. He apologised to the Board that this lapse had arisen.	
9. To consider the update from the Finance & Investment Committee meeting held on 2nd August 2016	
Mr. Samuda reported a good start to the year has been made. The sash position is off plan due to delayed reimbursement of payments on the new hospital. Mr Waite explained that this should be closed out by the end of the month. Progress on non-pay can be addressed by the appointment of the BCA Procurement Director who commences in September. Mr. Waite noted some funding and timing issues of payment to/from the local councils but highlighted there was no concern on the cash position. On Cost Improvement Schemes Ms. Dutton reported that she looked at 20 random samples of schemes to be reassured that the process was thoroughly robust and was confident that it was.	

10. Chief Executive's Report	
Mr. Lewis reported that Q1 overall performance was still challenging. He was encouraged that financial performance is £½m above target. The City site emergency standard is now being met. Sandwell is still under pressure in A&E and within the bed base with a 9% raise in ambulance conveyance. He noted that the future and winter bed base is on agenda for further discussion. The formal consultation our future workforce has been launched. In addition he noted that the CCG had commenced a 16 week consultation on the day hospice. The CCG recommendation concurred agrees with the Trust's option that we should relocate the Hospice to Rowley Regis Hospital. Dr Gill asked about booking processes within outpatients, given some late notice bookings and cancellations experienced in his practice. Ms Barlow explained the system, both in its current and future form. The Trust has introduced partial booking for follow up patients to reduce their likelihood of rescheduling. In doing that it does mean that long booking horizons are not available for GP direct booking. The Board asked to be updated at its meeting in November on the likely year end position over the Outpatient Change programme. Mr Lewis drew attention to the submission of our WRES data. This is a national requirement but also reflects our own commitment to equality and diversity. A report through Ms Goodby is awaited on how to create a more diverse leadership cadre across the Trust.	
11. Never Event in Trauma and Orthopaedics	
Mr. Ajai Tyagi Group Director – Surgery A attended for this item. Dr. Stedman reported that during a complex shoulder surgery a metal jig which is used to guide screws into a fixing pipe had been retained. A full table top has taken place and a learning event is scheduled with the Trauma & Orthopaedic team via the QHID. The error was due to a failure count over 180 items including multi part instruments. Mr. Tyagi explained the metal pipe and the guide plate are coloured the same and due to the complexity with the surgery over 5 trays were used. The guide plate was retained in the patient; it will be removed when the patient returns to theatre to have the pipe removed at a later date. No harm has come to the patient who is fully aware of the incident. During surgery it is usual to have an x-ray of the area to ensure the screws are in the correct place which was done but the surgeon was only sighted on looking at the screw placement and did not notice the screw guide. The actions that have been instigated are: 1. A surgical pause for a review of x-ray images during operations that require this practice 2. The scrub nurse and another to do a physical count of instruments and have sight of what is being counted and to ensure sign off to this effect. 3. Contact Bbraun to enquire if multi part instruments could be differently coloured. In responding to questions, the Board were informed that the operation finished late and some staff did leave during the surgery who were no longer required, this did not have a bearing on the never event. Mr. Lewis explained that sometime after the 15th August he wanted there to be an unannounced visit of theatres to establish if the actions stated are now embedded. He also noted that we should not be asking but telling our contractor Bbraun to colour their multi part instruments and if they cannot it was be documented why.	
12. Trust Risk Register	
Miss Dhami reported no new risks for escalation from the Risk Management Committee. The following updates were highlighted in discussion.	

(i) Ms Barlow introduced Risk 215 around Delayed Transfers of Care. The volume of DTOC bed days had risen sharply in 2016-17. There remained some good intentions to see improvement but it had not proved possible to identify specific actions to which partners were committed. As such the risk register score should align to the higher BAF score in a later paper. Mr Lewis explored the wider relationship issues underlying the discussion and drew attention to continued contract challenges with the CCG, and some difficult discussions regarding current and future relationships. He was asked to provide a written update to the next Board on the challenges.

(ii) The Board agreed a recommendation to migrate risk 327 to local management. This reflected the improvements in interventional radiology associated with the changes in the Black Country Alliance.

(iii) Ms Barlow introduced the open referrals update (risk 768) and also identified a new group of issues associated closed referrals. Progress on open referral management was on plan, but after three significant failure events over four years it would be some time before this risk was removed from the Board's high level register. She then described the closed referral bug identified within CSC by our team, but which applied at a local level. In the vast majority of cases, going back up to 10 years, it had proved possible to match a subsequent new episode to the prior closed episode. In some cases this had not been possible raising the possibility either that the prior episode had been incorrectly closed, or that an action from a visit had not been concluded. A letter to patients potentially affected would be sent, using our prior model of communication, consistent with closure of these issues by the end of September. Mr Lewis noted that he had discussed this matter with NHS Improvement.

13. 2016/17 Board Assurance Framework: Q1

Miss Dhami introduced the BAF, which reflected to the annual plan agreed in April and the Board's informal evaluation undertaken in June. It remained the intention to place the BAF at the heart of the Board's decision making and agenda setting.

Mr Samuda asked about management strength in depth. Ms Barlow highlighted improvements arising from recent hires and from the development programme. However, there remaining significant senior management gaps within the organisation. These included the DCOO for urgent care. It was agreed that the latest talent map/9 box grid would be discussed in a future informal Board setting.

Mr Waite drew attention to risk 12 in relation to in year and future year finances. He again referenced the current emerging contract dispute. It was agreed that the downside case would need to be reviewed within the Board, and that this would be discussed in up[coming meetings.

Ms Barlow briefed the Board on the disappointing and contradictory news from the CCG in relation to intermediate care beds. A tender in which we are the current provider and the only bidder has not been won and the CCG contend that they cannot disclose why. This was agreed to be wholly unsatisfactory and Mr Samuda indicated that he wished to discuss outside the room the options available to the organisation.

Reflecting on the BAF as a whole, Mr Lewis suggested that we need to better distinguish between the mitigating actions and the checking and assurance process. Within that we needed to be confident that some of the more qualitative items had Board visibility in a consistent manner independent of specific director's views. This view was endorsed and it was agreed that the Executive would reflect before October's Board on how this might be done.

Miss Dhami agreed that a not less than quarterly discussion of the BAF would be arranged with the Board.	
14. Catering for faith communities	
Mr. Ovington presented a follow up reported on food for other faith groups following a discussion on Halal food and the local supply of food. The work was ongoing with procurement but the paper noted that not all Halal food was produced locally. It was reported that the supplier provided by Mrs Goodby which had been used by the ICC when following the supply chain the meat came from a supplier used at the Trust. It was noted that food was being prepared locally but sourced further away. Following a discussion Mr. Ovington was asked to check with local councils and it was agreed a final report would be presented in October noting if a supplier was not local why it had to come from where it did. Mr. Ovington would also check the menus to ensure patients received a broad menu choice in a given week.	
15. Wider Staff staffing	
It was reported that a national task force has been set up piloting nursing hours and that Jim Mackay who has written to all CEOs. A toolkit has been provided and guidance looking at safe staffing. A detailed discussion followed about what outcome the Board is seeking from its work. It was suggested, and agreed, that the ask was simple. To map hours of time established for each ward across professional groups. This was very similar to nursing work that Mr. Ovington is conducting. Doctors' hours would also need to be included along with other associated clinical staff to enable a full working knowledge is available on each ward. Mr Lewis suggested that we were after analytics, simply information. We could then decide on a subsequent stage. Following discussion it was noted that the trust would comply with the national programme, but that that was not instead of the local work. Mrs Goodby was asked to approach Health Education West Midlands for any pilot money investment to assist with the work. Ms Goodby will return with the next step product in December.	
16. Recruitment of Band 5 nurses	
Mrs. Goodby updated the Board on a recruitment turn round process for Band 5 nurses, following the unacceptable level of offers to appropriately qualified nurses in months 1-4. The issue is not interest but turnaround of applications. A new approach will be taken from October. We will outsource through a procured supplier (TMP) who will vet applications on NHS Jobs, establish if applicants can work as a nurse, and obtain their pin number. The next stage will be for TMP to call the applicant and request them to undertake an online assessment programme, there will also be an off line process for applicants who have no access to the internet. Once successful the applicant given an interview with the clinical team to assess best fit before an offer of employment is made. The process from filling out the application form to offer of employment should be 7 – 10 days and not 6 – 8 weeks as currently documented. Mr. Ovington confirmed matrons (and ward managers) being able to meet applicants was a crucial requirement to ensure the right nurse is in the right area. Mrs. Goodby confirmed that this could happen, but it would be after prima facie we had agreed someone would have a role at the Trust. The board queried if the programme would belong to the Trust or TMP. Mrs. Goodby confirmed the on line assessment tool would belong to the Trust and the BCA have shown interest in buying a license from us. It was noted that students currently working on wards as part of their 3 year university course will be offered jobs if suitable. This model only applies to new applicants.	

The Board supported the intervention as the current recruitment rate was of grave concern. The interview would be a best fit process where ward and applicant would have the opportunity to assess each other, and alternative opportunities would be available if the first offer was rejected. Mrs Goodby informed the trust board that the branding and the process belong to the Trust and the model could be adopted for other bands/vacancies. Ms Dutton reported on issues with the welcome to new staff she has experienced during walkabouts and inspections. The corporate induction was good but the induction in local areas sometimes fell short.	
17. Learning disabilities	
A paper was tabled by Mr. Lewis who reported on the summit meeting held the day before with Mr. Ovington and his team. The intention and outcomes sought were set out in the presentation paper. This represented a step change for teams, and careful attention would be paid in coming weeks to driving delivery. Other objectives would be set aside to focus time on delivering in these 6 areas. This was welcomed by the Board. Mr. Ovington also stated the patient journey would apply in and out of hospital and also from child to adulthood and the team would be developed in connection with the safe guarding teams and associated governance structures. Mrs. Goodby informed the board that the trust are partnering up with the National Autistic Society who are offering advice when employing young people and adults so ensure the recruitment process is not biased against them, i.e. the working environment may need to change and management teams may need more understanding. She recognised however that there was for more for OD to do in facilitating roles and she committed to work within the outcome set out. Mrs Rickards highlighted in the past staff with learning disabilities were employed but struggled to be redeployed through the transitional process as they were informed they had had no transferable skills. It was noted that all staff are valued and a target package of support would be available to ensure job opportunities were equal for all. The Board will examine the six objectives' delivery again in January.	
18. A safe and sustainable bed base: part 2	
Ms. Barlow introduced the slide pack showing the development and update on the adult bed base across our sites, further to a presentation made by Mr Lewis at the prior Board. The effort was to create a clear line of sight from today's bed use through the 2018 state. The immediate focus was to safely close the additional Sandwell beds, whilst our financial plans required changes to the scale of bed base at City. This slide pack had been updated from average demand to use the 85th percentile and removing individual very long stayers from the length of stay data available. It continued to show a pattern consistent with prior presentations, specifically: - A need to open additional bed at Sandwell, below the utilised bed base, but above the funded bed base. This primarily reflected demand growth. - The opportunity to close 27 general medical beds at City, and to make changes now to size cardiac services to the scale assumed for Midland Met. - Changes within the surgical bed base, including general surgery, T&O and the probable closure of the dedicated BMEC ward - A decision to be made about whether a small infection control ward at City should remain or whether these functions could be safely managed within the side room and air	

flow protected beds elsewhere on the site Ms Barlow noted that work on the best use of the established intermediate care bed base remained incomplete. Mr Kang asked about mitigations if best laid plans did not deliver. Ms Barlow noted that some physical capacity would remain but that we wanted to try and move away from tending to manage by opening further beds. The most high risk assumptions were around CCG demand deflection, whether the AMAA work would happen and if so if it would substitute the bed base, and the red/green day work and how rapidly that would deliver. Mr Lewis emphasised a need to treat these changes discreetly from each other and ensure sufficient focus on each. He asked about the clarity of plan for the eye ward alternate. Ms Barlow explained that the final plan was subject to ongoing engagement but the base hypothesis relied on using D47. She stressed the need to make sure a solution was found which was 'MMH proof'. Mr Ovington explained that initial work on closing D12 had shown that there were satisfactory alternatives, including use within the AMU. This would mean misusing the AMU beyond 48 hours. Ms Dutton queried the merit of this change and Mr Waite explained that the bed base on D12 was expensive, as a ten bedded ward. It was noted that there was further evaluation to undertake before these changes would proceed. That said, October is the proposed timeline for change.	
19. Introduction of the junior doctor contract	
Mrs Goodby reminded the Board of the national plan to introduce the contract. Her paper outlined the phasing of that as it applied to the Trust, with four new rotas going live in October. She confirmed that recruitment was in line with prior years. In responding to questions she confirmed that all rotas were being developed to the extant budget. If there was any prospect of this not being achieved then the rotas would need the explicit approval of both the CFO and CEO. The Board was briefed on the key changes with the new contract, including the creation of a Guardian role. Interviews for that had been held and an appointment was imminent. The post-holder will have an obligation to provide a quarterly report to the Board, and Mr Lewis suggested that the workforce committee would be the appropriate Board setting for more detailed discussions. Dr Stedman noted changes within his own medical education structure, further to the appointment earlier in the year of Dr David Carruthers to the new role of Director of Medical Education. Mr Lewis suggested that on a future occasion in 2016-17 in some time after the private board is used to meet with members of the wider educational leadership team.	
20. Integrated Performance Report	
Mr. Waite covered those items of exception not already discussed in the Board. He noted continued improvement in cardiology performance and a return of cancer wait time compliance. Work within the executive was seeking to find the right remedy to stroke unit flow issues, FNOFs, and cancelled operations.	
21. Finance Performance – PO3 June 2016	
Mr. Waite reported a project surplus of £6.6m. The Trust Board noted the report. At month 3 the Trust was ahead of plan but with a significant forward challenge as CIP expectations ramped upward. Month 4 was expected to be behind plan.	
22. Complaints and PALS Report: Q1	
The report was noted by the Trust Board, and had been reviewed by the Quality and Safety	

Committee.	
23. Black Country Alliance Board meeting minutes	
The minutes were noted by the Trust Board	
24. Any Other Business	
Mr. Samuda thanked Mr. Robin Russell who was leaving the Trust at the end of August. Mr. Russell thanked the board for its support and expressed it was a pleasure and a privilege to have worked for the Trust, to witness both the clinical and the leadership dedication of colleagues.	
25. Details of the next meeting : 1st September 2016, 9.30am Board Room, MEC, Sandwell	

Signed ……..

Print ……..

Date ……..

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

1 September 2016

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTCACT.549	Smoking Cessation	SBBTB (11/15) 181	05-Nov-15	Updates to be provided to the Board as the policy is progressed	TL	01/09/2016	On the agend for the September Board	Closed
SWBTBACT.550	Learning Disabilities: People's Parliament	SWBTB (01/16) 210	04-Aug-16	To provide a progress report at a future Board meeting	CO	Jan board	as left	Open
SWBTACT.551	Wider safe staffing	SWBTB (01/16) 084	04-Aug-16	Need to know the clinical input that is available at any time on each ward, including medical time.	RG	November board	as left	Open
SWBTACT.538	Matters arising	SWBTB (06/16) 025a	02-Jun-16	Volunteering scorecard to be brought back to the Board	CO	01/09/2016	On the agends for the September Board	Closed
SWBTACT.539	Paediatric community caselaods	SWBTB (06/16) 026	02-Jun-16	Report to the September Board in respect of paediatric community caseloads	RB	06/10/2016	Issued to be explored at the August Quality and /Safety Committee and a report presented at the October Board.	Open
SWBTACT.540	Junior doctor placements	SWBTB (06/16) 026	02-Jun-16	Report to be brought back in terms of progress of junior doctor placements	RG	06/10/2016	Report to be brought back to the October Board	Open
SWBTACT.552	Junior doctor contract	SWBTB(06/16) 029	02-Jun-16	Progress report on contract implementation to be presented to the Board	RG	06/10/2016	Report to be brought back to the October Board	Open
SWBTACT.547	Mortality data rebasing	SWBTB (07/16) 060	07-Jul-16	Reassurance provided that the position has not worsened; how do we now get better / improve.	Rst	06/10/2016	Report to be presented at the November Board	Open
SWBTACT.553	Localised suppliers of multi-cultural / multi-faith meals	SWBTB (08/16) 083	04-Aug-16	Review what food cannot be locally sourced and why. Present a report with a view to close the enquiry.	CO	03/11/2016	Report to be presented to the November Board	Open

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTACT.554	Never Event in T&O		04-Aug-16	Report the findings of the unannounced inspection to theatres to check if the actions put in place are taking place.	KD	01/09/2016	On the agenda for the September meeting.	Closed
SWBTACT.555	2016/17 CIP Schemes	Q&S Committee Chair's update	04-Aug-16	Process for the on-going monitoring of the quality impact of CIP schemes to be presented to the Board.	KD	01/09/2016	On the agenda for the September meeting.	Closed
SWBTACT.556	Board Assurance Framework 2016/17	SWBTB (08/16) 082	04-Aug-16	Corporate reform to be included considered at the next meeting.	TL	01/09/2016	On the agenda for the September meeting.	Closed

Matter arising – corporate reform update

1. This note comes forward further to our BAF discussion at the prior Board. We felt that the subject needed definition and thereby we could establish success criteria. The completion of that work forms a part of the Chief Executive's objectives in 2016-17.

2. We want to change how corporate services work, what they do, and, inevitably, what they cost. This reflects a directorate based clinical care structure in which local leaders drive change. In response two things are needed corporately – standard slick systems for routine processes and flexible ways of working with team where expert help is needed.

3. In 2013 we settled on revised corporate portfolios grouped within seven directorates:

    - Strategy and governance (previously CEO), which includes our risk teams, as well as liaison teams with primary care and our commercial planning function
    - The medical director's team, which includes Informatics, R&D, medical education
    - Finance and performance management, including procurement and payroll
    - Organisation development, including HR, bank, and our communications functions
    - Operations, which manages our clinical services but also runs pharmacy, health records, informatics, and site services
    - Nursing and facilities, which manages some specific clinical functions, leads infection prevention and control, and manages all 'soft' FM services
    - And estates / new hospitals, with both our retained estate and new assets

    Broadly the first four areas do not provide direct care services which face patients. The latter three directorates do and comprise the greater majority of the 1,000 employees in these functions.

4. Our long term workforce model sees material change in the scale of employment across these functions. This is achieved through automation and self-service, aggregation within the organisation and with others, best value service improvement of the type showcased in finance in prior board meetings, and management de-layering. Any rational analysis of our LTFM/LTWM would recognise that our 10 year plan already relies significantly on 'back office' change. As such national moves to consider this additive in the FYFV cannot credibly apply against our approved plans.

5. To date in effect three interventions have been deployed to achieve improvement:

    - Process improvement work within facilities to maintain or improve client experience but at reduced cost, whilst implementing the living wage
    - Bringing together functions within Trinity House in 2016 to create synergies across HR, finance and informatics. This work continues with procurement moving in in Q3.

- Altering management structures and role expectations to ensure, among other goals, that deputy director roles reflect the corporate priorities of the Trust and have employees in line with a credible route to board level positions

6. Overall in 2015-16, corporate services ended the year within the aggregate group plan. For 2016-2018 all seven directorates have balanced financial plans, and at month 3 all seven are within their budget. Given that CIP targets for these seven functions were set above those in the rest of the Trust this is a major achievement. Whilst each executive director plays a corporate role, each also manages a team of leaders and it is evident through bi-monthly performance review with the Chief Executive and those wider teams that genuine change is being achieved.

7. During the balance of 2016-17 there are six areas where we need to demonstrate further progress in order to be, in my recommendation, on plan with corporate reform:

   (i) Conclude the change, develop and recruit plans for senior roles reflected in the April consultation, and in talent maps developed during 2015-16. Appraisal outcomes in 2016-17 must see senior managers in these functions no longer within the 'bottom left' of such assessment grids.

   (ii) Ensure that the OD, estates and informatics functions are organised and matched to the change programmes overseen though the executive and scrutinised by the Major Projects Authority.

   (iii) Deliver the majority of the organisation facing routine KPIs through which informatics, estates, facilities, finance and OD are monitored. These KPIs must become the routine measure of services rendered and be capable of scrutiny at group and in time directorate level. There is no intent to create financial recharges in 2017-18 or 2018-19 but performance standards will be contracted.

   (iv) Achieve the review and change programme for services monitored through the Black Country Alliance Board. This set out an 18 month programme of change.

   (v) Benchmark our April 2017 corporate service pay costs against Carter norms and other benchmarks with a view to putting in place by July 2017 a clear route to 2020 budget positions. This work has already started in facilities and in estates and will be concluded by the start of 2017.

   (vi) See morale and engagement scores within corporate functions continue to improve, such that all seven directorates fall within the top 15 in the Trust.

Toby Lewis

Chief Executive

August 25th 2016

Matter arising – written note: CCG income challenge

1. The Board asked to be briefed in more detail on the apparent intention of the local Clinical Commissioning Group (CCG) to default on the scale of their contract with the Trust. We need to consider the short term implications of this for 2016/17, and to consider the risks to future sustainability, including the Midland Met downside case.

2. SWBCCG declared a surplus in 2015/16 of £12.0m. It's financial plan for 2016/17 delivers the same headline surplus and indicates an underlying surplus of £16.7m [being 2.5% of total expenditure and including the 2016/17 contracting framework requirement for the CCG to reserve 1% of funds unspent and minimum 0.5% contingency]. Unidentified QIPP savings in the plan at February 2016 was £11.0m are now reported as residual £4.5m.

3. SWBCCG resource growth in 2016/17 was £26m [3.6%]. Future years resources are expected to grow by £85m over the four years to 2020/21 [c2-4% p.a.]. The CCG appears to face no distinctively significant financial challenges and is rated 'outstanding' by NHS England.

4. The CCG has invested heavily in projects to reduce demand. The Better Care Fund consumes £18.2m. The CCG are committed in principle to investing significant sums in the Modality GP vanguard which covers less than 20% of the population they serve. For Q1 year of this year our ED attendances are up 2%, admissions up 4% and OP referrals up 4%. It seems plausible, therefore, to suggest these investments have failed, or more generously have yet to succeed.

5. The Midland Met FBC to which the CCG is a signatory sets out income of £266.5m (like for like after 2016/17 tariff changes) in 2017/18. Contract income for 2016/17 is £262.5m. The Board will discuss in private in September, and in public in October, whether this can be achieved.

6. The CCG has latterly indicated that it cannot afford the contract it entered into for 2016-17 with the trust. Indeed it is seeking to "under-pay" on that contract by £3-4m. This is understood to reflect a failure to deliver effective QIPP plans and other priorities. Consequently, the CCG has challenged £1.5m of patient care invoices for month 1 and c£2.0m for each of months 2 & 3. On a pro rata basis this amounts to c7% of our contract. To give a sense of scale the annual direct cost of a ward is c£1.5m.

7. Any significant failure to rebut these challenges with consequent loss of income will move the trust into deficit. This is because we will fail to deliver our underlying financial plan and that will be compounded by the consequent withdrawal of STF funding in quarters 2 through 4 [c£8m]. Additional costs would also be incurred to gear up contracting and information capacity to administer this onerous approach to managing the contract.

8. The table at annex A sets out the challenges put forward by the CCG. Board members should note that the majority of the challenges relate to suggesting that hip, knee and

eye surgery is being undertaken unnecessarily by hospital staff. No evidence to this effect is put forward. Instead care pathways, which were remunerated in 2015/16, including in March, are now deemed by implication inadequate. Moreover, the CCG have asked for a contract amendment to include the right POLCV policy in their contract as the one contracted is now out of date. Our view is that a prospective consideration of how best to manage need and demand is a shared duty, but that a retrospective and un-notified attempt to move to positive assurance against policies misadvised and in some cases with criteria which are not readily auditable is not the right approach. Indeed it may appear to be an attempt to persuade providers to agree a secured block contract. That this should arise within weeks of contract signature is disappointing.

The Board is invited to:

a. confirm that the trust should continue to treat patients with hip, knee and eye conditions, without interruption

b. agree to write to all local GPs drawing their attention to this approach being pursued in their name and seek their intervention if they believe hospital clinicians are excessively treating their patients

c. confirm that funds as necessary should be committed to defending clinical autonomy in making decisions about who treat, in line with best clinical practice and reflecting the statement made recently by Secretary of State to the House of Commons.

d. agree that our full year forecast should reflect full recovery of care costs from commissioners at volume times price until such time as formal refusal to pay is received via NHS England

e. formally request the details of the CCG financial plan for 2016/17 via the governing body finance director and their senior independent non-executive director, and an explanation as to why that plan is now being varied notwithstanding that our contract's heads of terms required notification by May 31st of the CCG QIPP plan - no such detail was received.

Annex A

[DN: see P01 excel file]

FOR INFORMATION

SWBTB (09/16) 096

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board meeting – September 2016

Chief Executive's Report

The month ends with the welcome news that NHS Improvement have agreed to the Trust signing a contract for our Electronic Patient Record with our preferred provider Cerner. The new system will be in place by the end of 2017. This is another endorsement of our strategy and capability as an organisation. It is distinctive that we have had both a new hospital and new IT system agreed within the last 12 months at a time when others within the NHS are struggling to reach such agreements. Strong partnership working, grip over key indicators, and a huge amount of commitments by clinicians and managers over many years have brought us to this place.

The news is especially helpful, given a month of significant and sustained intermittent IT out-tage. CSC (our national supplier) have been on site to address major printing issues affected discharge letters and script printing. At the time of writing these are now resolved. Network failure and the increasing issues we face with XP computers which need replacement have pushed us to paper based contingencies on at least 8 occasions since the Board last met. Although solutions have been put in place, and communication well handled, the frustrations faced by staff and the pressure placed on IT colleagues, cannot be overstated.

1. Our patients

The update on contract disputes will be of concern to clinical staff and patients alike. We appear to face a situation where a signed contract can no longer be afforded and a process of unpicking agreements via new validation processes is being introduced surreptitiously. The Trust's intention remains to treat based on clinical advice. Meanwhile, and wisely, the CCG have launched a renewed consultation on the policies by which they make choices about limited value procedures. This would appear to concede that the extant policies on which they are retrospectively relying can be improved and clarified, now that their active use is envisaged.

As in prior months the overall position of the Trust is that planned care and diagnostic care are being delivered in line with national standards. This is welcome and reflects considerable daily attention. Efforts continue to systematise how we work to make this better for patients and staff, introducing more notice, and ensuring that pathways reflect best practice – for example by going straight to test and avoiding un necessary clinic attendance. Emergency care services continue to struggle as demand remains above plan, and acuity is high. The Board's papers contain the latest update on efforts to right-size the bed base, helped by improvements in recruitment and sickness discussed below.

We will discuss in the Board progress with the actions promised from our 2016 never events. Since we met I attended the local Scrutiny Committee to discuss this. I have invited members to attend sites to see for themselves the work being undertaken by staff. We cannot promise no never events. But we can and must promise that we will have taken the actions in full that we said we would, and looked ahead to examine foreseeable risk.

Within the Integrated Performance Report are details of very many clinical care indicators. It is encouraging that we are finding time and space to look in detail at individual improvements which may benefit patients. For example, we now understand the actions needed to get a higher proportion of patients into our stroke ward within four hours. Very detailed work continues on neutropenic sepsis and on VTE. Further to the Board's discussion of still births I have discussed with Sarah-Jane Marsh, in her role as chair of the national maternity taskforce, the apparent lack of comparative data on MLU care in the UK. I was delighted to hear that precisely this issues forms part of her team's plans and that a new system to collate such data is imminent during 2017.

At the end of August we will upload nationally our self-assessment of many Trust cancer services, based on detailed review work led by the medical director and COO working with frontline teams. A cancer of unknown primary QIHD takes place in coming days to finalise plans for the new MDT. UHB have advertised for clinical oncologists in GI cancers, which, when appointed, will address a significant peer review shortfall identified some years ago. Discussions about the future contracting arrangements for oncology continue. Care is uninterrupted and all involved have attested to the safety of services.

The new Apheresis service has now started. Board members will recall discussions in April 2015 about the service gaps for users which necessitated visits to London because of commissioning decisions. Great support from NHS England has enabled us to change that and a new service is now in place for Birmingham and the Black Country. Work continues to confirm the Trust's service as the lead provider across the west midlands. Further to Board informal visits in recent months, changes are being made presently in the environment around the EPAU and our investment to develop ultrasound services in key assessments units as well as obstetrics will deploy during 2017-18.

2. Our workforce

Sickness rates within the Trust, notably long term sickness rates, continue to fall. This reflects many months of sustained hard work. In recent weeks this fall has also been marked across our medical wards among nurses and HCAs. The 12-week development programme for ward managers has concluded, and the specific improvements benefits are evident, not only in sickness rates, but other measures such as mandatory training and Friends and Family coverage. This in-situ coaching model will be applied in some other parts of the Trust in the months ahead as we look to ensure that local managers and supervisors have the time and skills needed to lead.

The new Your Voice model will deploy from October. We have not collected data since April, and we are looking via the re-launch to provide a platform via which to check regularly the morale and views of staff. This will happen regularly enough to be live but not so regularly that actions cannot be taken prior to a follow up survey. Of course this engagement is only one part of our work, and the important paper on communication with all of our staff is contained in the Board's papers.

During 2017-18 we will deploy our new appraisal model. This comes to the Board's workforce committee next month, and may go live prior to April. The focus of the model is on excellence, and how performance can enhanced and supported. Having demonstrated coverage of appraisal in prior years, this is a major move to place the employee-line management relationship at the very heart of how we operate. We know that this is not only important to care but also to retention rates. This will contribute to our aim of cutting turnover by 3%.

Since late July, and informally since autumn 2015, we have been developing major workforce proposals. Consultation continues until September 16th. Of course, such changes create individual and collective anxiety. That is why it is important that we balance time to engage with certainty about pace and

milestones. We remain confident of our ability to re-deploy valued colleagues. It is imperative that we retain a grip on the changes we have stated underpin altered staffing models. Those changes will be tracked in detail. A system of 'red flags' will be used to alert us if there is deviation from key indicators which may suggest an underlying difficulty or error. The full executive has reviewed that approach in relation to our medical wards. This has strengthened the existing approach applied within nursing, and has isolated a focus on the proportion of a given shift team drawn from temporary staffing. This is tracked weekly with an expectation that never more than one third of a shift are on that basis.

Zoe Huish has been appointed, effective September, as the Junior Doctor's Hours Guardian. An experienced clinical director and educationalist, she will bring considerable experience to this very important role. 5% of our workforce is drawn from doctors in training. We have outstanding educational feedback in most, but not all areas, and it is vital that we get the right rota and working practice arrangements in place, both to deliver learning outcomes and to maintain safe services. The executive of the Trust routinely attend junior doctor's forums in order to understand some of the role challenges faced by colleagues. As we prepare for a new care model, underpinned by the Midland Metropolitan Hospital in October 2018, it is especially important to make sure that we are solving issues faced by all staff and not creating new difficulties and challenges.

3. Our partners

We are making sound progress towards new long term contracts with Local Authority commissioners for sexual health and for health visiting services. This security will give us chance to innovate and to alter how services are delivered to secure better outcomes. We would expect to confirm the future arrangements not later than October 2016. Family nurse partnership services will change in 2017 as commissioners reprioritise funds. There is however a strong commitment to ensure that the most vulnerable families receive extensive assistance, whilst delivering the universal service to which we are contracted.

In light of the intermediate care tender difficulty, and the contract dispute, discussions are continuing with the CCG about how best to manage partnership working. We have been instructed nationally to alter SRG arrangements to put in place "acute trust" chaired A&E delivery boards. The first one will meet in September. This may create a better platform from which to address the system issues which underpin rising demand for emergency care.

4. Our regulators

I can assure the Board that the relevant reports have been submitted on time for all outstanding educational 'red flags' within the national and regional system. The responses provide a high degree of assurance about improvements and attention. Investment decision in neonatology will assist, as will the work to change our medical bed base which is referenced above.

The Trust continues to explore with NHS Improvement and the CCG concerns about contracts tendered away from the Trust and examples of disintegrated care pathways arising from that. We have agreed with the CCG director of quality governance to introduce a revised protocol when such re-tendering exercises are undertaken to pre-think the interdependencies required. It cannot be right that patients are being re-tested because reports or images are not visible to specialist clinicians, or in reverse, to GPs.

The draft report from the CQC into the Bradbury Day Hospice is now being factually assessed. As noted at the prior Board meeting, the CCG have now commenced formal consultation on the re-location of the service to a different location, with Rowley Regis as our preferred location.

5. Our STP (sustainability and transformation plan)

Given the salience of this issue in the life of whole NHS I will report each month on progress in public. Of course recent publicity inaccurately suggested that the draft STP being led by Andy Williams proposed the closure of the Midland Met A&E! In reality, the draft plan reflects the opening of Midland Met. Services promised in 2007 and 2014 will be there, and in addition our urgent care centre at Sandwell will open as the acute services relocate. Of course as finances locally are scaled from being examined at an organisational level, or a CCG level, to a wider geography it will be important for all to be transparent if prior agreements on funding or commissioning volumes are revisited.

In October, we understand latest version plans are due for central submission. Engagement events will be run by the STP team in the run up to that date. The STP draft material is very much grounded in extant Trust strategy: Vertically integrating care with local primary care services and working horizontally with partners, such as the Black Country Alliance. The organisational governance of the STP, or rather how it relates to local organisations and boards, remains to be discussed and determined. The Trust remains involved as an associate with BSol STP plan, as well as sitting within various West Midlands wide STP alliances, including those for cancer and maternity care.

Attached to this report is our update on safe staffing, and an unchanged from last month report on equality and diversity.

Toby Lewis - Chief Executive

August 26th 2016

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 1st September 2016

1 EXECUTIVE SUMMARY

1.1 This report is an update on nurse staffing data collected for July 2016.

2 JULY DATA UPDATE

This is the third month that we have collected care hours per patient day data. The summary level data does not demonstrate any major variance month on month across this period. The average CHPPD for the trust is 5.3 hours, however if this is adjusted by taking out the high staffing areas such as critical care and maternity and also the very small wards with only ten tens the average CHPPD is 4.3 hours of registered nurse time.

The average fill rates across the trust for registered nurses which includes permanent, bank and agency staff for day shifts is 95.9% and for night shifts is 96.8% which is marginally better than the previous month. For support staff the day time fill rate is 98.1% and the night time fill rate is 99. 8%, this is the similar to the previous month.

Our community beds have an on-going recruitment programme with staff accepting new posts with us and due to start in those posts in the next two to three months. There are a few temporary staff who have been working with us at Rowley Regis Hospital who have accepted and started in permanent posts as registered nurses.

McCarthy ward has continued to be a focus of our concerns given the recruitment issues and the percentage of temporary staff we need to use. We have kept the bed base reduced but increased from last month to sixteen. This will be kept under review and the current plan is to increase the bed base further when the ward is up to 75% establishment.

Table 1. – Three Month Average Fill Rate Percentages and Care Hours Per Patient Day For Each Hospital

			Day				Night								Care Hours Per Patient Day (CHPPD)			
Safe Staffing Return			Registered		Care Staff		Registered		Care Staff		Day		Night					
Month	Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
May-16	RXK03	BIRMINGH	435	435	217	195	536	536	166	185	100.0%	89.9%	100.0%	111.4%	192	5.1	2.0	7.0
	RXK02	CITY HOS	29134	29287	11975	11748	27549	27239	9115	8696	100.5%	98.1%	98.9%	95.4%	8856	6.4	2.3	8.7
	RXK10	ROWLEY	4323	3879	4858	5417	2883	2871	3605	4005	89.7%	111.5%	99.6%	111.1%	2624	2.6	3.6	6.2
	RXK01	SANDWEL	28077	26369	14260	13294	22336	21643	10737	10506	93.9%	93.2%	96.9%	97.8%	9535	5.0	2.5	7.5
			61969	59970	31310	30654	53304	52289	23623	23392	96.8%	97.9%	98.1%	99.0%	21207.00	5.3	2.5	7.8
Jun-16	RXK03	BIRMINGH	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%	135	7.5	2.5	10.0
	RXK02	CITY HOS	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%	8704	6.2	2.3	8.5
	RXK10	ROWLEY	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%	2222	3.0	3.9	6.9
	RXK01	SANDWEL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%	9235	5.0	2.6	7.6
			60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%	20296.00	5.3	2.6	7.9
Jul-16	RXK03	BIRMINGH	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	RXK02	CITY HOS	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	RXK10	ROWLEY	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	RXK01	SANDWEL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
			61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%	21433.00	5.2	2.6	7.8
3-month Avges	RXK03	BIRMINGH	450	451	225	208	555	555	160	157	100.2%	92.7%	100.0%	98.1%	185	5.4	2.0	7.4
	RXK02	CITY HOS	29188	28760	12225	11776	27654	26808	9166	8713	98.5%	96.3%	96.9%	95.1%	8905	6.2	2.3	8.5
	RXK10	ROWLEY	4236	3838	4895	5189	3058	3046	3518	3783	90.6%	106.0%	99.6%	107.5%	2341	2.9	3.8	6.8
	RXK01	SANDWEL	27371	25801	14031	13636	21680	20977	11002	11025	94.3%	97.2%	96.8%	100.2%	9547	4.9	2.6	7.5
	Total	*Latest 3 m*	61245	58850	31376	30809	52946	51385	23847	23679	96.1%	98.2%	97.1%	99.3%	20978.67	5.3	2.6	7.9

3 RECOMMENDATION

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

Colin Ovington,

Chief Nurse

25th August 2016

Appendix 1 – July 2016 ward nurse staffing data

Nurse Fill Rate' (Safer Staffing) data for July 2016

		Day	Day	Night	Night	Care Hours Per Patient Day (CHPPD)			
Ward Name	Number of beds	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
CCS SGH	7	98%	93%	92%	98%	302.0	23.6	5.6	29.2
AMU A	32	96%	106%	100%	108%	745.0	7.5	3.1	10.5
Lyndon 1	26	100%	84%	98%	84%	362.0	6.1	2.5	8.6
Lyndon 2	24	89%	98%	103%	103%	757.0	3.4	2.3	5.7
Lyndon 3	33	97%	108%	100%	109%	810.0	3.5	3.3	6.8
Lyndon 4	34	93%	98%	84%	127%	1042.0	2.7	2.2	4.9
Lyndon Ground	14	78%	97%	73%	0%	250.0	3.5	4.3	7.8
AMU B	20	93%	106%	97%	100%	590.0	4.0	1.2	5.2
Newton 3	33	95%	106%	99%	106%	880.0	3.1	3.0	6.1
Newton 4	28	100%	98%	99%	99%	864.0	3.3	2.4	5.7
Newton 5	15	103%	94%	100%	100%	424.0	3.4	1.6	5.0
Priory 2	20	99%	109%	102%	123%	737.0	3.9	2.8	6.6
Priory 4	25	95%	86%	90%	96%	677.0	5.8	2.9	8.7
Priory 5	34	92%	106%	103%	103%	1030.0	3.0	1.8	4.8
SAU	20	83%	98%	98%	97%	402.0	7.9	2.6	10.5
CCS City	7	97%	83%	96%	90%	191.0	39.6	9.7	49.3
D5	13	96%	94%	100%	0%	420.0	7.5	0.8	8.3
D11	21	99%	100%	100%	100%	641.0	3.3	1.7	5.0
D12	10	97%	100%	100%	100%	277.0	5.1	2.6	7.7
D15	24	111%	98%	140%	77%	627.0	3.2	2.0	5.2
D16	21	98%	100%	98%	132%	617.0	3.4	1.9	5.3
D19	8	98%	88%	68%	30%	177.0	6.7	1.1	7.8
D21	23	95%	90%	100%	102%	495.0	4.0	2.8	6.8
D26	21	99%	100%	100%	100%	626.0	3.4	1.7	5.1
D27	18	96%	74%	90%	77%	319.0	3.8	1.9	5.7
AMU 2	19	96%	111%	79%	103%	463.0	6.7	1.7	8.4
D43	24	94%	98%	100%	129%	801.0	2.4	2.3	4.7
D47	20	1000%	0%	981%	0%	535.0	2.1	0.0	2.1
D7	19	97%	98%	100%	0%	545.0	7.1	0.6	7.7
D17	19	85%	93%	101%	93%	386.0	5.9	3.1	9.0
Labour Ward	17	90%	104%	83%	94%	343.0	19.8	4.1	23.9
City Maternity	42	105%	101%	93%	92%	1031.0	4.1	2.0	6.1
AMU 1	41	100%	97%	99%	85%	588.0	9.7	4.2	13.8
Serenity Birth Centre	5	107%	84%	92%	113%	73.0	35.7	16.8	52.4
Ophthalmology Ward	10	100%	100%	100%	100%	228.0	4.6	1.7	6.2
Eliza Tinsley Ward	24	95%	100%	96%	100%	714.0	2.6	3.7	6.3
Henderson	24	96%	89%	100%	111%	683.0	3.7	3.8	7.4
Leasowes	20	67%	116%	100%	100%	551.0	2.6	3.5	6.1
McCarthy	24	98%	106%	100%	97%	230.0	6.2	6.6	12.9
		96%	**98%**	**97%**	**100%**	**21433.00**	**5.19**	**2.61**	**7.79**

ANNEX E – Board Equality and Diversity Plan

Public Health Plan Diversity Pledge	Detail	Update
The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Work is ongoing with the overseeing of the analysis of training requests and training funds, this was completed in December 2014. A comparative exercise will be undertaken in regard to overall band staff profile. A draft should be completed in time for the annual declaration.	Taken to Education Committee December 2014 Approved by June Public Board.
The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	Happened during April 2016 board development session.
We would undertake an EDS2 self-assessment for every single directorate in the Trust. Almost all directorates have submitted to post a draft for review.	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee.	EDS2 currently being completed by Trust Equality and Diversity Officer.
Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS. From July 2016 the kiosks will automatically update in to CDA and IPM.	Developed and included in declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. Results expected week commencing 4th July 2016 Outpatient kiosks remains outstanding action – effective July 2016. Taking part in National WRES survey . The Trust return is attached to this annexe. Deadline was 1st August, return signed off by Raffaela Goodby.
Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will	Deaf Awareness Campaign February 2016 Mutual Respect and Guidance campaign March 2016 onwards.

	be first 'positioning' campaign.	Gender Equality March 2016) May LGBT Pride celebrations June Launch of Ramadan and awareness Dementia & Older People – Rowley Regis Garden Party June 16 Attended Houses of Parliament with Staffside invited by Employers Network for Equality & Inclusion. Only NHS Trust to invite local TU partners. Celebrating our EU staff post referendum June 2016 July - Eid Celebration in Anne Gibson Board Room.
Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead with an unambiguous programme which will certainly include a specific BME leadership offer.	Diagnostic phase of leadership programme taking place June / July 2016 including drop in sessions, focus groups and one to one sessions. 3 places advertised for Birmingham LGBT Leadership Programme commencing September 2016.
We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	Policies being reviewed on 31st March with feedback and recommendations to Harjinder Kang, Staffside, Raffaela Goodby and Nick Bellis on 8th April AM. First HR development session held in March 2016 with further sessions planned for 16/17.
With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	Will form part of design phase of work with Hay Group during March and April 2016. Clear timetable identified as above.

emerging LGBT group]		Board can expect update in September 2016.
Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	Data both qualitative and quantitative will be developed during phase one Summer 2016. Clear product output of first phase of work in September 2016 Informed by Annual Declaration information July 2016 –overdue .

Group	Role	Pay Band	Position Title	Occupational Group	Funded Establishment 31.03.16	Staff in Post as 31.03.16	Vacancies as 31.03.16	Number of Conditional Offers made in April '16	Number of Conditional Offers made in May '16	Number of Conditional Offers made in June '16	Number of Conditional Offers made by 22 July 16	Number of Conditional Offers made by 27 July 16	Number of Conditional Offers made by 28 August 16	Leavers 15/16	Turnover Rate	Forecasted Number of Leavers by 31.3.17	Estimated Recruitment Target by 31.03.17	Rag Rating on difficulty to fill
Community and Therapies	Staff Nurse	5	Community Staff Nurse , Staff Nurse	Nursing and Midwifery Registered	150	119	31	1	1	1	1	6*	4	14	12%	14	34	H
Corporate - Estates & New Hospital	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	10	7	3	0	0	0	0	0	1	4	57%	4	4	H
Corporate - Estates & New Hospital	Estates Officer	6	Estates Officer	Estates and Ancillary	4	2	2	0	0	1	0	0	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	4	2	2	0	0	0	0	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	31	17	14	0	2	0	1	2	0	11	66%	11	14	H
Imaging	General Manager - Imaging	8B	Group General Manager - Imaging [C1302]	Administrative and Clerical	1	0	1	0	0	0	0	0	0	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	26	23	3	0*	0	0	0	?	0	2	9%	2	2	L
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	14	12	2	0	0	0	0	1	1	2	16%	2	3	H
Medicine & Emergency Care	Group Director of Operations-	9	Group Director of Operations-M&EC	Administrative and Clerical	1	0	1	0	0	0	0	0	0	0		0	1	H
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	454	379	75	4	3	4	2	5	8	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	18	12	6	0	1	0	0	?	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	8	6	2	0	0	0	0	?	0	2	36%	2	2	H
Medicine and Emergency Care	Emergency Medicine SAS	SAS Doctor	Specialty Doctor, Trust Grade Doctor - Specialist	Medical and Dental	17	13	4	5	4	2	1	?	0	6	45%	6	5	H
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	83	70	13	4	0	1	8	8**	2	14	20%	14	11	M
Surgery A	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	207	180	27	0	2	1	1	1	3	17	10%	17	26	H
Surgery A	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	43	39	4	0	0	0	0	?	0	3	8%	3	3	M
Surgery A	Group General Manager	8B	Group General Manager	Administrative and Clerical	3	1	2	0	1	0	0	0	0	1	100%	1	1	H
Surgery B	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	34	33	1	0	1	0	0	0	5	9	26%	9	4	L
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	20	16	4	0	1	4	2	2	0	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	79	57	22	0	5	0	0	0	0	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	76	61	15	2	0	0	0	0	12	0	0%	0	18	M

The above list excludes 2 conditional offers to Band 5 staff nurses in June 16 (Clinical Group to be confirmed)

SWBTB (09/16) 097

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	1 September 2016

EXECUTIVE SUMMARY:

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

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

REPORT RECOMMENDATION:

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

REVIEW and AGREE whether the Women and Child Health risk will be included on the Trust Risk Register.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Clinical Leadership Executive on 23 August 2016

FOR DECISION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 1 September 2016

1. EXECUTIVE SUMMARY

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

2. TRUST RISK REGISTER (TRR)

2.1 Clinical Group and Corporate Directorate risks were reviewed at Risk Management and Clinical Leadership Committees. The Trust Risk Register is at **Appendix A**.

2.2 There is one risk escalated to The Board from the Risk Management Committee and Clinical Leadership Executive:

National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours. (1875) See attached risk assessment at **Appendix B.**

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

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

3. ELECTRONIC RISK SYSTEM

3.1 Implementation of the electronic risk system is ongoing. Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System.

3.2 The Risk Team continues to provide advice and support to directorates on the development of their risks. General awareness on the Trust's risk system is being circulated during September.

4. RECOMMENDATION(S)

4.1 The Board is recommended to:

- **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk Register.
- **REVIEW and AGREE** whether the Women and Child Health risk will be included on the Trust Risk Register.

Kam Dhami, Director of Governance
1 September 2016

Appendix A: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
1875	Live (With Actions)	Maternity_ Health		Vaccination	*** PROPOSED ADDITIONAL RISK FOR TRR *** National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours.	5x5=25	Hepatitis B vaccine is normally freely available to vaccinate babies born to mothers with the Hepatitis B Virus Hepatitis Vaccine is normally freely available as a stock item to give to babies born to mothers who present unbooked and deliver Consider using adult dose with constraints	Pharmacy liaising with other drug companies to see if they have a supply available. May consider using adult Hepatitis B vaccine, however this is a different dose in pre-filled syringes. There are no clear graduation marks on these syringes and so baby may be underdosed.		31/08/2016	24/08/2016	Monthly	5x5=25	Treat
666	Live (With Actions)	Paediatrics	Paediatrics	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes.	The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally.	Rachel Barlow	30/04/2016	04/04/2016	Monthly	4x4=16	Tolerate

Risks that feature on the Trust Risk Register (TRR) have been escalated and reviewed by management teams through to Clinical Leadership Executive Committee and Trust Board. Trust Board takes the decision whether risks feature on the TRR including approval of requests for risks to be removed from the TRR for them to managed at the relevant Clinical Group / Corporate Directorate.

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
				children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.		Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments							
1603 Live (With Actions)	Finance		Costs Not Planned	As a result of significant reliance on non-recurrent measures and balance sheet flexibility to support the Trust's financial performance cash balances have been eroded and there is a risk that this may compromise future investment plans.	**4x5=20**	Routine medium term financial plan update. Routine cash flow forecasting. Routine monitoring of supplier status avoiding any 'on stop' issues.	Establish and deliver operational plan consistent with living within means to mitigate further cash erosion Establish & progress cash generation programme Determine and progress accelerated programme of surplus asset realisation.	Tony Waite	31/03/2018	22/01/2016	Quarterly	**3x5=15**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
215	Live (With Actions)	Waiting List	Waiting List Management	Performance	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity	4x4=16	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	Confirm plans for a joint health and social care ward to be established and funded on the City site in 2016. Nursing home capacity also a risk and currently unmitigated. EAB and nursing home capacity remain unmitigated risks. System Resilience partners will review demand and capacity of interim bed base and recommend future requirements by end Q1 2016-17.	Rachel Barlow	30/06/2016	18/03/2016	Bi-Monthly	3x4=12	Treat
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	30/04/2016	04/04/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
221	Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System Failure / Issue	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.	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM Delivery risk shared with supplier through contract Project prioritised by Board and management.	Complete procurement and business case approval to schedule. 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. Management time will be given for programme elements such as detailed planning, change management, and benefits realisation	Mark Reynolds	30/06/2016	18/03/2016	Monthly	3x4=12	Treat
325	Live (With Actions)	Informatics	Medical Director's Office	Unauthorised Disclosure Of Info	There is a risk of a breach of patient or staff confidentiality due to inadequate information security systems and processes which could result in regulatory and statutory non-compliance.	4x4=16	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case	Complete actions from information security assessment. Complete rollout of Windows 7. Upgrade servers from version 2003	Mark Reynolds	30/09/2016	04/04/2016	Monthly	3x4=12	Treat

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						Information security assessment completed and actions underway.							
331 Live (With Actions)	Maternity_ Health	Community - Midwifery (C)	IT Software - Clinical System Failure / Issue	BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records.	**4x4=16**	A proforma has been developed to enable CMWs to send critical information to the IT service desk. CMW have the ability to download patient caseloads whilst online so can access offline via their IPads. Utilisation of local super users and dedicated midwife for day- to- day support. CMW reverts to peer notes for retrospective data entry if unable to input data in real time	IT Service Desk liaising with maternity and CSUs to install BN client onto GPs PCs. CIO now leading on mitigation plan.	Mark Reynolds	30/06/2016	18/05/2016	Monthly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.	5x4=20	Reviewing plans in line with STC retained estate Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors	Department reconstruction at SGH with the exception of theatre location. (May 2016) It would appear that OPD2 has been allocated to ophthalmology at Sandwell. LY to discuss with Lydia Phillips.	Rachel Barlow	31/03/2017	05/07/2016	Quarterly	3x4=12	Treat
1643	Live (With Actions)	Operations		Incident	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, and raises experience and safety risks.	4x4=16	Overseas recruitment drive (pending) Use of bank staff including block bookings Close working with partners in relation to DTOCs	Review bed plan and clinical team model in March 2016. Fully implement the assessment for discharge bundle in AMU by May 2016.	Rachel Barlow	01/06/2016	18/03/2016	Monthly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
							Close monitoring and response as required.	Develop a plan for the closure of the unfunded beds by the end of March.						
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs (1414MARWK03)	**4x5=20**	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	Remaining ask to be identified by the ongoing programme. Early planning & engagement on 2016/2018 workforce change Workshops, consultation and engagement	Raffaela Goodby	31/05/2016	04/04/2016	Quarterly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
566	Live (With Actions)	Emergency Care	Accident & Emergency (S)	Staffing	There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x4=16	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Leadership development and mentorship. Programme to support staff development. Robust forward look on rotas through leadership team reliance on locums (37% shifts filled with locums). Registrar vacancy rate 59%. Consultant vacancy rate 35%.	Recruitment ongoing with marketing of new hospital. CESR middle grade training programme to start in April as a "grow your own" workforce strategy.	Rachel Barlow	30/12/2016	25/07/2016	Monthly	3x4=12	Treat
329	Live (With Actions)	Maternity_ Health	Ante-Natal (C)	Service Level Agreement - Operational	Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an	3x5=15	Implemented alternative ways of providing services to minimise impact. Additional clinics as required Use of agency staff by Imaging to cover gaps in the current service.	Recruitment and retention strategy ongoing; 2 vacancies currently with potential recruits in progress. Training programme in place with other specialties. Vascular sub-specialty dependent on agency. Workforce strategy to be determined in April.	Rachel Barlow	31/03/2017	04/04/2016	Monthly	5x2=10	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					inequitable service for those women choosing to book at SWBH.		Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance.	Training being scoped to support the development of Sonographers and other disciplines in house. Programme to start Q2 2016-17						
119	Live (With Actions)	Maternity_ Health	Maternity Theatres	Incident	There is not a 2nd on call theatre team for an obstetric emergency between 1pm and 8am. Risk initially red, downgraded to amber due to reduced frequency. In the event that a 2nd woman requires an emergency c/s when the 1st team are engaged, there is a risk of delay which may result in harm or death to mother and/or child.	**2x5=10**	Monitoring of frequency of near misses On call theatre team available but not dedicated to maternity (but where possible maternity is prioritised) Good labour ward management practices and good communication between teams.	Reviewed by TB who advised the risk will continue to be monitored / tolerated. RMC / CLE discussion with a view to removal from TRR.	Rachel Barlow	30/04/2016	04/04/2016	Monthly	**2x5=10**	**Tolerate**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
328	Live (With Actions)	Operations	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team Deputy COO for Planned Care appointed.	Recruitment to Medicine Director Operations in train. Deputy COO planned care recruited. Deputy COO for Urgent Care vacant and uncovered in Q4.	Rachel Barlow	31/08/2016	04/04/2016	Quarterly	3x3=9	Treat
768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.	5x3=15	Historical backlog of open referrals closed in Q3 2015. SOP and training in place as part of actions at time. Audit of current open referrals open pathways completed and shows some remaining inconsistencies in referral management practice.		Rachel Barlow	30/04/2016	18/03/2016	Monthly	3x3=9	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
228	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System Failure / Issue	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.	**3x4=12**	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) Specialist technical resources engaged (both direct and via supplier model) to deliver key activities Informatics has undergone organisational review and restructure to support delivery of key transformational activities Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities	Complete network and desktops refresh	Mark Reynolds	30/06/2016	18/03/2016	Monthly	**3x3=9**	**Treat**

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						Infrastructure work to refresh networks and desktops is underway.							
214 Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process and data quality approach to 18 weeks.	**4x3=12**	SOP in place Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place. Improvement plan in place for elective access with training being progressed. 52 week breaches continue to be an issue for the Trust. The RCA identified historical incorrect pathway administration and clock stops. There has been no clinical harm caused to patients. The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway,	Implement full action plan by Q2 Source e-learning module for RTT with a competency sign off for all staff in delivery chain by Q2 Data quality process to be documented and KPIs to be published from April.	Rachel Barlow	01/07/2016	18/03/2016	Monthly	**3x3=9**	**Treat**

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						competency and training.							
771 Live (With Actions)	Theatres	Theatres - 1st	Incident	Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability.	**4x4=16**	Audit by Pan Birmingham team of turnaround times. Non conformance discussed daily and investigated. Monthly Theatre users group meeting with Trust and BBraun. Non conformance presented at TUG monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance. Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability. In addition this is compounded by ongoing industrial	Surgery A Group Director of Operations attending Pan-Birmingham Management Board to escalate issues. Contract review planned Q1.	Rachel Barlow	30/06/2016	04/08/2016	Quarterly	**3x3=9**	**Treat**

Risk Ref No. / Status / Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					action 2 strikes have occurred and 2 more planned							
330 Live (With Actions) Gynaecology_Gyna	Gynaecology (C)	Recruitment	Provision of ultra sound support for Gynaecology services is at risk due to difficulties in recruitment and retention of ultra-sonographers which results in the potential for delayed diagnoses, failure to achieve 31 day cancer investigation targets plus impacts on the one-stop community service contract. Group lack confidence that the team will be able to maintain 100% attendance in the CGS resulting in the contract being at risk.	**3x4=12**	Use of agency staff by Imaging to cover gaps in the current service Robust communication with Imaging for timely alerts when sonography not required in clinics to ensure efficient use of sonography time.	Recruitment and retention strategy ongoing Training being scoped to support the development of sonographers and other disciplines in-house.	Rachel Barlow	31/03/2016	18/03/2016	Monthly	**2x4=8**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
327	Live (With Actions)	Interventional	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	**4x3=12**	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests. Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	BCA plans to be delivered to commence in April 2016. PPAC & staff currently being consulted and volunteers for rotas sought. Working on Rota to cover our first commitment Saturday 30th April. Short term increased risk with planned sickness and leave to be reviewed urgently and mitigation determined. Locum cover being investigated Request for carers leave under review. Pilot to cover Saturday and Sunday 9-5pm at SWBH, Wolverhampton and Dudley with BCA commenced April 16; SWBH has received it's first OOH patient. To be done on a rotational basis. Over reliance on one consultant, but 2 more are starting in the New Year	Rachel Barlow	31/01/2016	05/07/2016	Quarterly	**2x3=6**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
332	Live (With Actions)	Maternity_ Health		Vaccination	National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB.	**5x4=20**	Pooling all available vaccines from other areas in the Trust Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary. Backlog reduced. All parents offered appointment by end of Feb	Mitigation plan up to end March successfully completed, however another national shortage is likely.	Rachel Barlow	30/09/2016	15/06/2016	Monthly	**2x2=4**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
538	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	**2x4=8**	Review / amend pathway Staff vacancies recruited to. Latest audit (Nov 15) provides assurance that wait times have significantly improved; 9 days on each site. Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change.	New system being introduced to equalise waits from beginning of May.	Roger Stedman	31/07/2016	22/08/2016	Monthly	**1x4=4**	**Treat**

Risk Assessment

Risk Number	Risk Version	Owner	Assessor	Control Potential	Status
1875	2	Elaine Newell	Sharon Lewis-Hickman	Treat	Live (With Actions)

Level of RR where risk features Directorate

Where is this risk monitored? Risk Management Committee

Risk Details

Department		**Directorate**	Maternity_ Health Visiting_Per
Specialty	Maternity	**Clinical Group / Corporate Directorate**	Women And Child Health
Site	City Hospital		
Type	Clinical Care/Treatment	**Sub-Type**	Vaccination

Risk National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours.

Scope Maternity and Neonatal. National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours.

Hazard Current national shortage of Hepatitis B Vaccine (from the supplier GLAXO) used to protect newborn babies born to mothers with Hepatitis B Virus.
Babies must be vaccinated within 24 hours of birth in order to be protected from the Virus.
Shortage of spare vaccines available for those mothers who are not known to have the virus and who may present at delivery
Currently no known time frame for shortage

Who/what can be harmed:
_ Babies born to mothers who have the Hepatitis B Virus
_ Babies born to mothers who present late and deliver

Initial Risk Scoring

Severity	Likelihood	Initial Risk Score	Initial Risk Rating
5 Catastrophic	5 Almost Certain	25	Red

Controls in Place

Control	Details
Reduction/Substitution Of Risk	Hepatitis B vaccine is normally freely available to vaccinate babies born to mothers with the Hepatitis B Virus

Controls in Place

Control	Details
Policy/Procedure/System	Hepatitis Vaccine is normally freely available as a stock item to give to babies born to mothers who present unbooked and deliver

Controls in Place

Control	Details
Reduction/Substitution Of Risk	Consider using adult dose with constraints see additional controls

Risk Assessment

Risk Number	Risk Version	Owner	Assessor	Control Potential	Status
1875	2	Elaine Newell	Sharon Lewis-Hickman	Treat	Live (With Actions)

Level of RR where risk features Directorate

Where is this risk monitored? Risk Management Committee

Current Risk Scoring (based on how the controls in place have affected the severity and/or likelihood)

Severity	Likelihood	Current Risk Score	Current Risk Rating
5 Catastrophic	5 Almost Certain	25	Red

Actions

Type Review & Develop Training/Info **Owner**

Target Date 08/08/2016 **Completed Date** 08/08/2016

Details: **Progress:**

Notified all key health professionals involved of the current risk

Actions

Type Review & Develop Emergency Arr **Owner**

Target Date 03/08/2016 **Completed Date** 03/08/2016

Details: **Progress:**

Notified lead pharmacist of mothers due to deliver in month of August to enable her to order vaccines on named patient basis

Actions

Type Review & Develop Training/Info **Owner**

Target Date 03/08/2016 **Completed Date** 03/08/2016

Details: **Progress:**

Telephoned Public Health England to establish if there are any plans to address situation from national point of view. They have now released a circular to all Trusts Nationwide

Review dates

Last review date 09/08/2016 **Next review date** 08/09/2016 **Review frequency** Monthly

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	A safe and sustainable bed base
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow – Chief Operating Officer
AUTHOR:	Rachel Barlow – Chief Operating Officer; Amanda Geary Director of Operations, Fiona Shorney Clinical Group Director, Michelle Harris Director of Operations
DATE OF MEETING:	1st September 2016

EXECUTIVE SUMMARY:

The attached slide pack outlines the key changes, areas of delivery focus and timetable for bed changes on the city and sandwell sites ; it includes:

- The proposed medical bed base at Sandwell and City
- The proposed surgical bed base at Sandwell and City
- The proposed future state community bed base (slides marked to follow on Tuesday in advance of Trust Board)
- A delivery plan and time table
- A new approach to delivery
- Key issues and risks

Next steps need to include:

- Finalise the ophthalmology future bed base
- Given residual issues and risks related to activity demand and implementation scale and pace, we need to have a Plan B for winter – we cannot repeat this year at Sandwell – this needs to be agreed before October.
- Establish programme of improvement work with functional PMO in August
- Complete the identification of clinical leaders for delivery programme
- Design and launch an engagement and communication plan

REPORT RECOMMENDATION:

Trust Board are asked to consider:

1. The bed plan proposals and underlying key assumptions
2. The issues and challenges
3. The challenging delivery programme and timescales

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	
Business and market share		Legal & Policy		Patient Experience	**x**

Clinical	x	Equality and Diversity	x	Workforce	x

Comments:

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

Safe high quality care, good use of resources,

PREVIOUS CONSIDERATION:

Previous presentation July and August

A safe and sustainable bed base – August update

2016 to 2019 | Firming up the plans

This briefing pack is an update on work in progress, which will be routinely reported to the Trust Board. The pack is intended to:

- …..outline the key changes, areas of delivery focus and timetable for:
  - The proposed **medical bed base** at Sandwell and City
  - The proposed **surgical bed base** at Sandwell and City
- …..specify the delivery plan and time table
- …..update on the progress in developing a proposal to provide the necessary bed base for ophthalmology differently
- …..specify the work needed to **re-commission the intermediate care bed base** under the Trust's leadership and ownership and provides an update on progress
- …..describe a new approach to delivery
- …..outline key issues and risks

Future state for medicine at Sandwell

48 hour AMUs | Supporting by 'week long' wards

- The **general medical funded bed base** will **increase by 12 beds to a total of 80.**
- **Distribution of beds: 68** of those beds will remain on **P5** and **L4** wards. The increase in general medical beds will located through 1 of 2 options TBC in August:

  Option 1: 10 additional beds on CCU as a frailty unit

  Option 2: L5 accommodates AMU 2 and a 12 additional beds (10 of which are frailty beds).

- In both options **stroke wards remain** as they are currently on **P4** and **N4**.
- The above bed model is dependant on the **ambulatory care models avoiding 10 admissions a day**. A new approach to **frailty** will be a key component on this site due to the demographic of the local population – both in ambulatory care and through a new assessment model within the bed base described above. The site runs with between 12 and 33 unfunded medical beds open currently.

The aim is to 'right size' the medical bed base on the Sandwell site by October 2016

We admit **42** patients a day through ED in adult medicine

We aim to divert **10** per day to AMAA (Ambulatory Emergency Care)

The other **28.5** (*plus* 3.5 Stroke/CCS) will go onto the AMUs, with 40% going home inside 48 hours

With midnight occupancy of 95% and midday occupancy of 75% we will admit **14** people per day

Having already stayed 2 days, we would expect the further ward stay to be **5.4** days on base wards

This suggests we need 2.5 wards open – which at Sandwell means **80** beds

Future state for medicine at City

Altering the balance of general/specialist beds

- The **general medical bed base** will **decrease by 24 beds: 19** general medicine (total remaining = 70 beds) and **5** cardiology (total remaining = 27 beds) . Note D15 runs with 8 unfunded beds open (mainly due to gender requirements) which will also need to close; total impact therefore 35 bed reduction on site.
- **Distribution of beds:**
- Cardiology will remain on **D5/7** but will reduce beds by **5** aligning to the Midland Met' footprint.
- The general medical wards will be based on the following locations **D15/17, D11 and D26.**
- The isolation ward **D12 will close** and the function will be distributed within the remaining bed base; the air filtration facilities on AMU will form part of this.
- The above bed model is dependant on the **ambulatory care model avoiding 10 admissions a day.**

The aim is to 'right size' the medical bed base on the City site by October 2016

We admit **43** patients a day through ED in adult medicine

We aim to divert **10** per day to AMAA (Ambulatory Emergency Care

The other **31** (*plus* 2 Cardiology/CCS) will go onto the AMUs with 40% going home inside 48 hours

With midnight occupancy of 95% and midday occupancy of 75% we will admit **14** people per day

Having already stayed 2 days, we would expect the further ward stay to be **4.4** days on base wards

This suggests we need **70** non-cardiac beds open

How we work will need to change from admission (avoidance) through to discharge:

the delivery challenge in ambulatory care – avoiding admissions

**** applies to surgery and medicine***

1. New ways of working – admission avoidance	Measures of success	August	September	October
Embed ambulatory emergency care services to avoid 10 admissions a day on each site	Reduction x 10 admissions a day / site	Test phase at city. Proof of concept of admission avoidance at City.	Establish AEC at sandwell with integrated frailty component	Proof of concept of admission avoidance at Sandwell
Establish timely diagnostics for tests and reports for ambulatory care*	Request to report in 1 hour	Confirm ambulatory diagnostics SLA	Activate SLA standards	
Ensure hot clinic pathways and capacity for key specialities is available*	Reduced repeat attendance	Verify hot clinic capacity	Confirm future state model	Embed new model
Reduce readmissions to AMU through community in-reach model / virtual OP	Reduce readmission by 16%		Confirm staffing requirements and capacity	Establish test phase
Ensure the directory of services is available to the MDT to inform on going community pathway options	Audit	Confirm DOS	Translate into practical patient pathways	

The delivery challenge in our AMUs

a single operating model / effective holistic admission

2. New ways of working on AMU - effective holistic admission	Measure of success	August	September	October
Achieve a single operating model for AMU1, 2, A and B	95% of patient discharge or transferred to ward within 48 hours	Review SOP and staffing model against demand profile	Implement SOP supported by a clinical assessment team development programme	
Ensure every patient has a discharge assessment bundle completed on admission and EDD set in 24 hours (ADAPT pathway)	100% completion		60 day improvement cycle to be commenced	
Implement standardised handover that includes EDD and discharge plans to wards*	100% completion and audit	Review current documentation Process map handover process and redesign lean process	Establish lean approach to standardised handover in new way of working	

The delivery challenge on our wards (1)

reducing length of stay

3a New ways of working on wards - reducing length of stay and planning for effective discharge	Measures of success	August	September	October
Implement 'receiving end' of standardised handover from AMU that includes EDD and validation of discharge plans*	100% completion and audit	Review current documentation Process map handover process and design a new lean process	Establish lean approach to standardised handover in new way of working	
Introduce Ipswich model of RED / GREEN days*	To be advised by Ipswich on KPIs 35 % discharge before 12pm	Complete (virtual) visit to Ipswich. Create internal knowledge expert leaders. Design programme	Design and implement programme	
Standardise ward round model to ensure real time results (eg TTA, request tests; kangaroo model in paediatrics) *	As above	Confirm standard	60 day improvement cycle to be commenced	
Eliminate delays in the transport booking process *	100% direct booking in advance	Reconfirm approach and implement		

The delivery challenge on our wards (2)

implementing changes to our bed base and associated workforce

3b New ways of working on wards - reducing length of stay and planning for effective discharge	August	September	October
Criteria led discharge*	Scope current model	Design and implement new criteria	
Deliver changes in cardiology to fit within new bed base		Review workforce and service model	Implement changes across a single bed base
Deliver changes in infection control approach to relocate D12 capacity within the site	Confirm side bed ratios	Confirm SOPs for negative pressure isolation and side room isolation practice on site	Implement changes across bed base

The delivery challenge for patients with complex on-going health or social care needs

this includes right sizing community and social care provision

4 New ways of working for complex discharge pathways	Measures of success	August	September	October
Ensure future community bed base to meet demand including review of MFFD wards	Deliver occupancy and LOS goals	Confirm bed model and numbers	Design and implement new criteria driven pathways	Introduce 'hotel like' booking system
All acute ward patients with a high LACE score will have a supported discharge bundle completed*	100% compliance; 2% reduction in readmission	Implement bundle		
Confirm and implement choice policy*	No internal delays due to choice	Confirm policy	Coach clinical teams in the patient conversation on admission and discharge	
Review social service capacity to support reduction in very long LOS	Reduction by 50% of DTOC bed days		Understand demand and capacity of services	

How many beds do we need for Surgery A at Sandwell?

12 hours SAU | Supporting by 'week long' wards

- The group implemented the bed closures in July in line with the new model. Since then there has been a need to flex unfunded beds up to meet demand on occasion.
- The 2016-17 model assumes success in further developing ambulatory care . A 24 / 7 approach to assessment and diagnostics will reduce the > 12 hour SAU LOS.
- Every 12 hours, 9 patients will move from SAU to our ward bed base.
- We admit an average of 5 elective cases a day; 10% of these could be converted to day cases through pathway redesign.
- The future bed base also assumes a LOS reduction of 0.5 of a day in 50% of patient pathways. This needs validation and delivery.
- There is no improvement assumptions in the 12 orthopaedic step down beds. This needs to inform future redesign across surgery and community services.

We admit **24** patients a day through ED in adult SAU; the maximum LOS intended is 12 hours

With midnight occupancy of 98% and midday occupancy of 75% we will admit **14** people per day across elective and non elective care

We admit 9 emergency patients a day to ward beds. 2 go to CCS.

We admit 5 elective patients a day to the ward beds (10% of admissions can be converted to day cases)

Having already stayed 12 hours for emergency patients , we would expect the further ward stay to be 4.5 days on base wards

This suggests we need 44 acute beds

In addition to this bed complement, 12 orthopaedic step down beds support the orthopaedic pathway

How many beds do we need for Surgery at City?

Specialist Surgery | Supporting by 'week long' wards

- **Surgery A** There is no SAU at City. The pathway is direct to Sandwell via WMAS and self presenting patients will be treated and transferred appropriately.
- Emergency admissions are increasing in urology. Work is required to increase ambulatory pathways.
- We admit an average of 5 elective cases a day; The future bed base also assumes a LOS reduction of 0.5 of a day in 30% of patient pathways, particular focus on urology and TURP pathways.
- Additional pathway reviews for ENT and Maxillo-Facial will be factored into future redesign work both in terms of elective and emergency admissions
- **Surgery B** has a 10 bedded ward with midnight occupancy < 50% based in BMEC. Standing alone not sustainable. Consultation of a new bed model within the main and community bed base staffed by appropriately skilled ophthalmology nursing staff is in progress.

We admit **11** patients a day combined elective and non elective

We admit 6 emergency patients a day to ward beds. 2 go to CCS.

We admit 5 elective patients a day to the ward beds

LOS on general surgical wards is 3 days based on 90% midnight occupancy. The goal is to reduce this by 0.5 days for 30 % of pathways (urology)

This suggests we need 34 acute beds (there are currently 37 beds)

- The **EGAU** will move to D25 with an adjacency to the female surgical ward on D27 to deliver necessary improvements to patient experience, dignity and clinical pathways. This will align with the Midland Met' service model. Implementation in October.

How we work will need to change from admission (avoidance) through to discharge in surgery too

the delivery challenge in medicine marked * also applies to surgery

5. New ways of working – in surgery	Measures of success	August	September	October
Embed ambulatory emergency care services to avoid 3 admissions a day on each site	Reduction x 3 admissions a day / site		Test phase	Proof of concept of admission avoidance
Ensure all emergency surgery completed within 48 hours	No waits >48 hours Hip fracture BPT	Confirm demand and capacity for trauma	Meet measures of success	
Review urology pathway to reduce LOS and increase day case rates	0.5 % reduction in LOS for TURP / urology		Confirm and implement pathways	

Redesigning how we provide community bed based care
understanding the definitions

Medically Fit For Discharge/Reablement

- MFFD no longer requiring an acute bed but have on-going active rehabilitation needs with specified goals with an expectation to return to a degree of independent living.
- MFFD beds are intended for patients no longer requiring an acute bed but may or may not require some low level interventions to increase independence and confidence in activities of daily living such as washing, dressing and food preparation. This is delivered by the multi professional team with some low level therapy input.

Intermediate Care

- An IMC facility is not suitable for those waiting for a nursing or residential placement of funding for packages of care.
- Level 3/4 care – High threshold care with intense daily therapy input (7 days a week), often require 2 + therapists (Physio/OT/SLT) at each intervention. Requires gym/rehab facility
  Patients benefit from a dynamic programme, often complex cases, including patients post head injury.
- Level 2/3 care – Medium threshold care with daily therapy input
- Level 1-2 intermediate care is delivered at home.

Future state of community beds

our largest bed base is 'own bed at home' / our community hospital beds provide reablement, rehabilitation and a medically fit bed base to suit patients needs

Future state to follow

How will intermediate care beds work?

Scale and location | Role and affordability

Development plan to follow

A safe and sustainable bed base

a new approach to delivery/key issues and risks

1) **Is demand into A&E, and admitted demand as a proportion of that, as expected in our modelling?**
2) **Can we truly divert 20 patients across SWBH (10 per site) from the bed base safely into AMAA?**
3) **Achieving a single operating model for AMU is a challenge with workforce deficits.** How can we overcome this?
4) **Tackling general ward length of stay** will require us to reduce both long stay and mid-stay durations; can we do that to scale – and in advance of Midland Met?
5) **Will demand for the community bed base be higher than expected** - due to increased demand, supply issues in residential care and nursing homes and/or social care capacity?
6) **Delivery and timescales are challenging**. Sustainability more so based on what history tells us. We need to identify, free up and empower our clinical, operational and change leaders to deliver rapid change.

Next steps need to include:

- Understand **combined health and social care capacity**
- Given residual issues above, have a **Plan B for winter** – we can not repeat this year at Sandwell.
- **Establish programme of improvement work** with functional PMO in August
- Design and launch an **engagement and communication plan**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Volunteer services dashboard
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Debbie Talbot – Associate Chief Nurse
DATE OF MEETING:	Thursday 1st September

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the Trust Board of the current position regarding the development of voluntary services across the trust. Voluntary services has been moved to sit within the leadership of the newly appointed Associate Chief Nurse, it is anticipated that a fresh steer and a consideration of the sustainable future of the voluntary team will be key to the long term success. The report demonstrates where we are making progress in a number of areas. A newly created dashboard of metrics is in development.

REPORT RECOMMENDATION:

The board are asked to discuss the paper, acknowledge progress and to advise on the development of metrics that would enable a fuller understanding of the voluntary services

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

Accept	Approve the recommendation	Discuss
X		**X**

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

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

Comments:

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

An engaged and effective organisation

PREVIOUS CONSIDERATION:

Volunteering Scorecard

REPORT August 2016

1. The National Picture

Volunteering England provide a wide range of information and guidance including : investing in volunteers, accreditation, research , national events, tool kits, benchmarking and blogs to support networking and sharing of ideas . SWBH utilise some of these resources on an ad hoc basis with plans to utilise the accreditation toolkit to self- assess the current service and provide a basis for learning and improving .

2. SWBH

This report is prepared to provide an update of the progress of the Trusts 'refreshed' approach to the management and deployment of volunteers at Sandwell and West Birmingham's Hospital Trust (SWBH). *This report is at the half way point.*

Our aim and measures of success by 1st January 2018 are:-

- A total complement 460 volunteers in the Trust deployed through the various Mi themes- *82 volunteers have started in SWBH to date 18% of the 2018 target. The revised trajectory to meet the target will be 5 volunteers per week*
- Volunteer support available 7 days a week through the various mi themes- *achieved*
- Weekly recruitment interviews with 10 volunteers joining us every month [120 a year]
- Monthly updates to volunteers programme
- Volunteers available for way finding at every main entrance to the trust hospitals to help with kiosk and directions to various departments- *see below*
- 100 volunteers supporting carers with patients in our care- *support of breast feeding parents commenced in W&C directorate following training. Actively recruiting 12 volunteers to support patients and carers with dementia in partnership with Lead Dementia Nurse . Workshop provisionally planned for late September to raise awareness and provide 'training' regarding dementia*
- 150 volunteers in community settings supporting patients in out of hospital settings
- A volunteer workforce representative of the population served and of the protected characteristics- *50 volunteers are from our BEM community and volunteers range in age groups . We also have 2 volunteers with Learning Difficulties*
- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts –*No formal benchmarking to date .*
- A minimum of 30 regular volunteers in each clinical group depending on size and purpose-*all clinical groups have volunteers contributing 375.5 hours of volunteering per week(mean average 4.58)*

3. Recruitment/Retention

Recruitment of our voluntary team is critical to the success of our aims. There has been a steady increase in the number of people joining our Volunteers although behind trajectory. With the current numbers of volunteers signed up and active and those about to finalise checking procedures we will need to double our recruitment to achieve the plan. We currently have 29 volunteers who have been interviewed and are awaiting DBS checks or references

Mi Way Role (support the work we are doing with way finding)

SGH	City	Rowley Regis	Leasowes
5 Main reception 1 First Floor reception 3 Antenatal	5 BTC & Bloods 6 Eye Centre & Pain Management 9 Maternity & Neonates 1 Cardiac Rehab 1 A&E	1 Outpatients	1 Main Reception

Mi Day/Plate Role (helping patients to occupy their time and eat their meals)

SGH	City	Bradbury	Rowley	Leasowes
21	18	3	1	1

(please note some volunteers are volunteering in more than one role, in various areas)

In addition 5 volunteers are supporting Age well Trolley service

Upcoming Interview dates are 5th & 12th October
On average 8-9 people per day make enquiries regarding volunteering for

Further recruitment and promotion ahead is:

- Careers Event Sandwell College exhibit for 06/10/2016
- Annual volunteer week at Solihull College present our promotional stand on 19/10/2016

Feedback continues to be positive from both volunteers and placements. The volunteer service makes contacts each volunteer monthly to offer support and problem solve. Coffee mornings are planned for Q3

4 Volunteers have changed their placement as the initial placement did not suit their skills and interests

4. Training

All volunteers have induction prior to commencing placements

To date – 25 volunteers have completed Safeguarding children's level 2 training.

Dementia training has been offered on the following dates 30th Aug, 13th Sept and 11th Oct. A mailshot was sent to all existing volunteers to further help them up skill in manoeuvring into various volunteer roles.

5.Partnership Working

Maternity
Maternity now have 3 way finders in place at the self check-in kiosks at City.

Further project in place supporting the Breast Feeding Network [BFN] via Louise Thompson Infant Feeding Co-ordinator. Training provided by Peer support Training from the BFN. Mi Volunteers are supporting and providing information on breastfeeding services to new mothers

Community Engagement

- Working with Aspire and Succeed in Lozells to support their Health Lottery Programme of community engagement by promoting our volunteering service.

- New contact with Action for Children giving services back to deprived area and reaching hard to reach community groups.

- New contact with Coventry and Warwickshire Mental health Trust for researching around volunteer drivers.

- Nishkam Pharmacy – Handsworth - promotion of Volunteers Service within Pharmacy – date to be arranged. Arrangements of Posters and flyers to go up in Nishkam.

- (SCVO) Sandwells Voluntary and Community Sector - links to weekly updates and attending Voluntary meetings to promote volunteer service we provide and for recruitment. Potentially uptaking in further giving back days with Albion and other avenues to broaden awareness of the volunteer sector within the NHS.

- Meetings with The Lyng and Randeep Kaur (Clinical lead for health visitors) will further outreach and pursue in providing a volunteer service to the community.

6. Operations/ Finances

The current development of voluntary service across the trust is funded from a charitable bid which provides support through to August 2018. The bid has supported putting in place systems and processes that will out- live the financial support. There are however administrative costs associated with the recruitment and advertising which will need a sustainable plan going forward, this is a key objective to work through this year. Current costs are detailed below;

Staffing in the volunteer department:
B5 Lead – 0.5wte (includes other corporate nursing duties)
B4 A&C- 20 hrs per week (temporary)
B2 A&C – 1.0wte (temporary)

At present temporary staff undertake the extensive and time consuming recruitment process. Other activities include: pastoral support and external networking . Discussions will commence regarding the organisation of the volunteers service post 2018 as these temporary roles will cease to be funded.

Volunteer Staffing and Non pay Costs August 2015 to August 2018

BID SECURED £250K from Charitable Funds				
	2015	2016/17	2017/18	
Staffing Costs	**Year 1**	**Year 2**	**Year 3**	
Apprentices x 1 @ £6435 each starting January (started 19 Jan until 13th May)	0	2042	6345	
Apprentices x 1 @ £6435 each starting July TBC		tbc	6345	
Band 2 Bank (1.0) @ £7.60 per hour for 25 weeks for 37.5 hrspwk- June 2016 to Dec 16	0	7125		
Band 2 Bank (1.0) @ £7.60 per hour for 48 weeks for 37.5 hrspwk- June 2016 to Dec 16			13680	
Band 4 Bank @£10.10ph from July 2016 to April 2016	0	7272		
Band 4 Bank @£10.10ph x 48 weeks			9696	
Band 5 (.5) July 16 to April 17*		10673.24		
Band 5 (.5) secondment*			14231	
Band 5 (1.0) secondment* July 16 to April 17	0	21348.75		
Band 5 (1.0) secondment*	0		28462	
Non Pay Costs Projected Expenditure				
Volunteer Uniforms x 320 teeshirts and 200 fleeces	0	7351.2	0	
Volunteer uniforms x 160 teeshirts and 80 fleeces	0	0	3345.6	
DBS costs x 350 @ £3.50 + VAT	0	1470	1470	
ID Badges including P&P	0	1000	1000	
*Travel Expenses via day saver bus pass x 50 vols x 2 dpw @ £4.60	0	23920		
*Travel Expenses via day saver bus pass x 75 vols x 2 dpw @ £4.60	0	0	35880	
Travel Expenses by car within 5 mile radius @ 24p per mile based on 100 vols x 2 days pw x 48 wpy	0	25000	25000	
Marketing/Promotional Materials leaflets/flyers, roller banners, posters	0	4000	3000	
Volunteer Handbooks x 750	0	892.85	892.85	
Stationery, ward based folders	0	500	500	
Events (coffee morning, annual volunteer svc mtg)	0	2500	2500	
TOTAL	**0**	**115095**	**152347.5**	
**based on current national average*				
CURRENT EXPENDITURE TO DATE	**12715.41**	**18316.87**		
***To be confirmed following restructure of job roles and staff**				
Actions				
Feedback reporting through SPEC				
Year 1 expenditure to continue however year 2 to look at options to include Apprenticeships				
Review links with other training providers to support apprentices				
Place x 2 A&C apprenticees				

7. Next Steps

- Weekly performance monitoring to meet trajectory for recruitment
- Baseline assessment , gap analysis and action planning for the future
- Explore opportunities to benchmark and learn from other NHS organisations
- Work more closely with the Community and therapies Group to fully understand where the role of volunteers could support their work with patients in diverse settings.
- Work with build relationships with third sector organisations to help open up the wider variety of volunteers already established and available in the local community.
- Engage 'Kissing it Better' to help provide distraction therapy across the trust, engaging patients and members of the public in filling in the spare time in a patients day

- Engage with community groups to recruit volunteers to the new volunteering programme and set appropriate profile targets. (Jan 16)

- Support establishment of local business involvement pack promoting volunteering services. Building on the work previously undertaken with banks and building societies in 2015- we have a meeting arranged **with Sandwell Council on 27th Sept**

- Liaise with workforce leads to explore proposal for "Trust Time" to encourage staff to volunteer to support the local community.

- Commence pet therapy by Feb 2016

Debbie Talbot
Assistant Chief Nurse
August 2016

Volunteers Dashboard Including Internal KPI's

Ref Key	Baseline Dec 2015	National and Local Quality Metrics	Definitions of Metrics	Data Source & Type	Jan 16	Feb 16		Mar-16		Apr 16		May 16		Jun 16		Jul 16		Aug 16	
						Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By
	25	Increase Number of Volunteers appointed by 10 per month	Total number of volunteers starting placement within that month	Database		**46**	**21**			**56**	**10**					**82**	**26**		
		Increase of volunteering hours by 200% per year	Total number of hours across mi way, mi day, mi baby, mi plate (mean average for each volunteer)	Database												**To date 375.5 per week (mean ave 4.58)**			
	72	Enquiry to start volunteering turnaround	8 weeks- expression of interest form to signing off recruitment file to commence in organisation	Application												**35**			
NHSLA Trust policy National Minium	**48**	Induction completed 100%		Training records	**0**	**24**		**9**		**15**		**0**		**8**		**0**		**16**	
		Monthly phone call /visit to evaluate /support individual		Document evidence												**46**			
	1	Inappropriate placement	Reviews from individual and /or department deem placement unsuitable	Surveys										**1**					
		Retainment in months	Can reflect appropriate placement/support and organisational culture	Surveys												**To date 4**			
		Progress to paid work/ education	Headcount monthly	Database										**1**		**1**		**2**	
		Recruiting volunteers from vulnerable groups	Number of Volunteers placed with eg LD , MH ,physical disability etc																
		Total volunteers from BEM		% of Local Community												**To date 50**			
Saville Report Trust Policy		W&C safeguarding level 2	Mandated			**4**		**0**		**0**		**2**		**1**		**3**			
		Dementia Awareness- increase by 10% each	Voluntary																
		Increase volunteers' hours in community settings by 10%																	
		Establish formal volunteer links with community groups and other external	Evidence of meeting standards established against our profile targets													**To date 5**			
		Working within financial envelope																	
Nottingham Health Care		Economic impact of volunteers in sterling v cost of service	VIVA																
Charitable funds bid		Income generation target???																	
		Reason for starting volunteering	Determine motivator to support raising awareness																

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Aston Medical School
SPONSOR (EXECUTIVE DIRECTOR):	Roger Stedman, Medical Director
AUTHOR:	Toby Lewis, CEO
DATE OF MEETING:	1st September 2016

EXECUTIVE SUMMARY:

This paper updates Board members on the progress of the development of Aston Medical School and the Trust's negotiations with the Leadership Team. Because of GMC accreditation requirements we need to try and conclude negotiations between September and October.

REPORT RECOMMENDATION:

The Trust Board is asked to agree to the points noted in the AMS paper in order for the agreement to be reached during September and to delegate authority to the Workforce & OD Committee.

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

Accept	Approve the recommendation	Discuss
	x	

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

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

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

PREVIOUS CONSIDERATION:

Trust Board

Update for Board members on developing the Aston Medical School (AMS)

1. The Trust's Board has twice formally endorsed the concept of enrolling within the new Aston Medical School. This public endeavour funded by student fees is intended to commence from 2018. This means that year3 clinical students would be in care settings from 2020.

2. The endorsement was subject to two important caveats, as well as the conditions precedent previously issued:

    - Assurance that the student experience of medical students from the University of Birmingham will not be comprised by more students, with a different curriculum
    - Assurance that the proposition meets its costs and does not introduce material opportunity cost against other projects and programmes

3. AMS has an approved curriculum via the University of Leicester. It has achieved the relevant GMC accreditation, subject to final stage approval, which can only be obtained when partners are joined within the venture by formal contract.

4. The University of Birmingham have now confirmed forward student numbers into the Trust for the period to 2020. This shows no material increase or decrease.

5. The plan for AMS remains to have 80 students per annum paying fees at an international market rate, and to provide bursaries against some fees from 20 local students per annum drawn from target school backgrounds intending to widen participation. To be clear these 20 students will pay some costs but will benefit from at least one year of reduced cost against other medical schools.

6. The Trust's team have worked through detailed plans to show how we can provide year 3, 4 and 5 access to students. Broadly we are able to contribute greatly at year 3, make some contribution in year 4 including within our community based services, and offer some access in year 5, albeit it is then that constraints of two schools apply. We consider that this pattern is consistent with students having a good experience in that in their early years they will have a defined 'base' and not be required to visit too many locations. On the other hand it does mean that their 'last experience' prior to entering work will not be with us.

7. It is not currently wholly clear which other Trusts will be providing the bulk of access. SWBH will be providing between 30-40%. There remains an ambition to look across the BCA, but it is important that AMS contributes across Birmingham, both to study and to research. The Board will wish to consider whether any conditionality about other partners should be attached to proceeding further.

8. A clear funding model for students is in place within AMS. The Trust has built a clear cost model for the venture which sets out what we need to pay in order to ensure that our

standards, achieved with students from Birmingham, are maintained with students from Aston. Discussions with the university continue to ensure that those needs are met. Tony Waite is now leading that negotiation.

9. In order to maintain AMS on programme we will need to reach agreement on the above matters during September. It is recommended that approval to sign if delegated to the Workforce and OD committee of the Board.

Dr Roger Stedman, Medical Director

Toby Lewis, Chief Executive (noting registered conflict of interest)

August 26th 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CQC Improvement Plan: Progress Report
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	1 September 2016

EXECUTIVE SUMMARY:

The attached paper presents a position statement on the 24 CQC Improvement Plan actions which were reported to the Board in March 2016 as being incomplete. The reasons given for this were:

- planned actions not yet been done
- a response to the action taken but the issue remains
- action taken but evidence of sustained success required

The other 43 actions of the 67 included in the Plan were presented as complete when last reported to the Board in March 2016. Whilst further progress on the 24 actions has been made or they have been completed some require continued monitoring.

- Ward nursing care plans, fluid balance monitoring and patient agreements with care and treatment remain unresolved and a continuing concern.
- Demonstrable improvements have been made with drug storage, mandatory training, discharge and end of life care and there is more planned to ensure sustained and continued improvement. More evidence is required to provide assurance on some actions and this work is currently taking place.

In-house inspections continue, with the next one planned for the Autumn, and further assurance will be obtained through the 2016/17 Clinical Audit and Internal Audit Plans.

The CQC will re-visit the Trust in 2017. This will be under the new assessment approach the Commission has introduced where core service ratings are updated on the basis of smaller, focussed inspections with more use of unannounced inspections.

REPORT RECOMMENDATION:

The Board is asked to note the current position in regard to outstanding actions in the CQC Improvement Plan and seek assurance from the Executive Group on the early completion of the incomplete work.

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

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

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Our Improvement Plan:
responding to the Care Quality Commission Report published in March 2015

Update on outstanding actions as at August 2016

Where EVERYONE Matters

Part A: Reported in March 2016 as *'outstanding as issue remains'*

The trust must provide a consistent system for safe medicine storage CN/MD5/SD15/SD40	The trust should ensure all patients have person centred care plans that reflect their current needs and provide clear guidance for staff to follow CN/SD6	The trust should ensure that support for people with dementia and learning disabilities is available in the outpatients department. CN/SD30
Med Stations and Abloy keys/locks are in place in all areas. These have been tested and seen in practice and staff have been positive about their implementation. All cabinets have now been converted to the new locks. Staff have identified additional benefits from introduction of the Med Stations, such as assistance with ordering of drug supplies.	Care plans have been developed for some care requirements and more are in development. These help to provide person centred care. Further work to develop more is needed and consistent use is required.	A nurse lead for learning disabilities and a nurse lead for dementia have been appointed to the team to focus attention on our services to these vulnerable patients. A Chief Nurse/Chief Executive summit was held with the new team July 2016 and a refocused plan of action has been developed as a consequence

Part B: Reported in March 2016 as *'action taken, issue remains'*

The Trust should ensure all care documentation, including fluid balance charts, are completed accurately and in a timely fashion. CN/MD10	**The trust should take action to improve the compliance with staff's mandatory training targets**. DOD/SD5	**The trust should ensure all patients are aware of and in agreement with their treatment plan.** CN/SD7
A recent audit of fluid balance charts shows that there is further work to be done in guiding staff to use documentation at the correct times and when used for it to be completed and in line with care planning. Ward metrics are monitored on a monthly basis to identify areas for focus and to ensure that we are taking appropriate action to improve.	The Trust has reduced the amount of time spent on completing mandatory training (MT) in the past 12 months by half a day. Changed frequency of Manual Handling Training in line with regional norms – enabled 700 staff to be compliant. Radical change to corporate induction allows completion of more MT on one day in the first few weeks of employment. Changed delivery of short sessions to 'Mandatory Training Days' so that sessions are delivered all together and less time is spent away from departments. Streamlined the clinicians accessing critical systems after they have started by changing the training to E-Learning rather than wait for a classroom session Director of OD wrote to all outstanding staff on Safeguarding Completion.	Following a review of care plans and single assessment documentation, the requirement for a signature is shown as poorly completed. However, patients, on questioning, are aware of the care they are receiving and the treatment plan proposed. This signature requirement will be re-assessed.

The Trust should ensure that a safe system is in place, which all surgical staff have received appropriate training in, to safely book patients into the theatre suite and record same. MD/SD8	**The trust should review the hospital discharge processes. These have an impact on patients' ability to achieve their preferred place for end of life care and fast-track discharges. This is contrary to national best practice guidance including One chance to get it right, Department of Health, 2014.** COO /SD25	**The trust should ensure processes are in place to ensure that doctors consistently complete 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms correctly in line with national guidance published by the General Medical Council.** CN/SD27
The new EPR system contains the functionality for this process and full training will be given to all staff who need to book patients into theatre.	The Macmillan therapy team are actively involved in facilitating discharges for patients at the end of life to ensure they achieve their preferred place of care. End of Life Care Facilitators (EoLCF) are now employed and take an active role in education and support for staff in recognising dying patients and planning appropriate care. The EoLCF contact each ward daily to help identify dying patients and arrange care / support in a timely fashion. There is on-going recruitment for an urgent response nursing team who are employed 24/7 to review patients in the community. Partnership working with 3rd sector organisations now enables patients 24/7 access to end of life care beds in the community and hospice beds.	An audit of the DNACPR practice is under way and due for completion at the end of August 2016. Early indicators are showing some improvement with all wards audited across City, Sandwell, Rowley & Leasowes, 126 patients found to have a current DNACPR status at the time of audit.

The Trust should ensure that communications to staff about workforce changes are timely, clear and consistent. CEO/SD8	**The trust should ensure that urgent action is taken to improve the privacy of patients in the eye clinic.** CEO/SD33
The review of outpatient nursing is now at consultation. Accordingly a staffing model that is numeric for both outpatient and imaging scans/reports is in place. Both departments benefit from routine QIHD sessions to improve communication. However, the Your Voice downtime means we do not have to hand live data test impact. This will be addressed in Q3.	We have not yet relocated the dental theatre having prioritised the design completion of Sandwell Treatment Centre. A search for a changed long term location will conclude by end of October.

Part C: Reported in March 2016 as *'evidence required that the issue has been addressed'*

The trust must follow through from findings of safety audit data and follow-up absence of safety audit data. CN/MD2	**The trust must address systemic gaps in patient assessment records.** CN/MD3	**The trust should consider what the systemic gaps in the use of patients' early warning score records are indicating about usage of this tool.** MD/SD1
There was a focus on safety metrics at a workshop held at the leadership conference on 23rd June. Metrics have been included in the emergency department dashboards	Audits of the record keeping are included in the department dashboard and local action plans are put in place to improve where gaps are identified	There has been improvement in the recording of vital signs across ward areas but there remains a question about which patients may be missing observations and does this relate to delayed recognition of the need to escalate. Compliance of observation recording is now captured on the ward dashboards.

The trust must take action to ensure that a suitable system is in place to ensure that patient records are kept secure at all times. DG/MD13	**The trust must take action to ensure that a suitable system is in place to regularly assess and monitor the quality of postoperative surgical care.** MD/MD14	**The trust should consider reviewing its process for booking bank and agency staff. The current system does not flow as the trust expects it to, and it obstructs staff in ensuring that shifts are staffed safely.** CEO/SD11
The actions to secure the records in outpatients have been completed. In house inspections have shown that record security in departments has improved but there is still work to be done to reinforce the message of securing records when they are not in use. Various written communications have been used to	General Surgery has launched the enhanced recovery program which includes a comprehensive post-operative package.	Monitoring is comprehensive. Executive level review has identified some practices which work 'round' the system. All bank requests go live at 8 weeks hence with agency divert at 48 hours. This means that only short notice sickness can generate overnight requests. A system for that is in place. The right fix for that is to address sickness

inform and encourage staff to secure records but more will be done with the emphasis on targeting areas which need improvement through use of photographs and videos.		rates and ensure our OOH management team have staffing visibility electronically so that they can divert staff between areas. This e-capability will be put in place during September. There remain rota issues within general medicine (medics). The whole Trust use of Rota Watch and the implementation of new rotas associated with the new contract will be used to track this more closely at Group and Executive level. An acting down agreement is in place. The Hours Guardian has been appointed and starts work on September 1st.
The trust must ensure that all records are kept securely for the purpose of carrying on the regulated activity. DG/MD18	**The trust should consider placing the record keeping on the trust risk register to ensure that monitoring occurs at the highest level of the organisation.** DG/SD16	**The trust should investigate further ways of improving communication for women who do not understand English.** DC /SD19
The actions to secure the records in outpatients have been completed. In house inspections have shown that record security in departments has improved but there is still work to be done to reinforce the message of securing records when they are not in use. Various written communications have been used to inform and encourage staff to secure records but more will be done with the emphasis on targeting areas which need improvement through use of photographs and videos.	Badgernet, the electronic system now used in Maternity, has assisted in addressing this issue. A comprehensive clinical audit will provide assurance on the robustness of the record keeping in this system.	The Trust has a range of patient information leaflets that have been translated into most common languages as well as a series of audio files for maternity services. The Trust continues to produce more patient information in film format. The Trust meets The Information Standard and is accredited for the clarity of the patient information it produces. Additionally, the Trust is establishing new ways of providing easy read information for people with learning disabilities.

The Trust should ensure that the planned review to assess the current and future capacity in outpatients is undertaken urgently so that the findings can inform the current change programme. COO/SD31	**The Trust should ensure that urgent action is taken to improve the confidentiality of patient records in outpatients, and that patients' privacy and dignity are maintained at all times.** DG/SD34
In advance of 2016-17 the demand and capacity profiles for outpatients were reviewed in line with contract. Areas of productivity were identified to realise capacity. A thorough review of clinic templates is being completed in Q2 which will enable better intelligence and monitoring of capacity against demand. This cycle is a regular part of the annual business process. A new Deputy COO is in post who leads this process and is responsible for the oversight and delivery of the associated change programme.	The actions to secure the records in outpatients have been completed. In house inspections have shown that record security in departments has improved but there is still work to be done to reinforce the message of securing records when they are not in use. Various written communications have been used to inform and encourage staff to secure records but more will be done with the emphasis on targeting areas which need improvement through use of photographs and videos.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CIPs: on-going quality impact assessment
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR(s):	Kam Dhami, Martin Chadderton & Kay Patel, Change Team
DATE OF MEETING:	1 September 2016

EXECUTIVE SUMMARY:

The current process for the on-going monitoring of the impact of agreed CIPs is not effective across all areas meaning that any adverse impact on quality may not be picked up and addressed quickly.

This paper presents a revised approach that requires metrics to be identified that take into account possible unexpected risks or unintended consequences, i.e. if things went wrong what would that look like and is the organisation capable of capturing data and monitoring for the presence (or lack of presence) of it as part of assurance.

REPORT RECOMMENDATION:

The Board is asked to **NOTE** the process changes to the on-going monitoring of the impact of CIP implementation and **CONFIRM** that this approach will provide the required assurance.

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:

High, quality care. Good use of resources

PREVIOUS CONSIDERATION:

FOR DISCUSSION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Cost Improvement Plans: On-going quality impact assessment

Report to the Trust Board on 1 September 2016

1. Introduction

1.1 All Cost Improvement Plans (CIPs) should be subject to on-going assessment post implementation. In addition to deliverability and financial impact, review measures should focus on patient safety, clinical effectiveness, patient experience, staff and the operational running of services. Scheme specific metrics should be used that are relevant and meaningful to each scheme, as well general overall Key Performance Indicators (KPIs) that are part of monthly performance reports.

1.2 The metrics should take into account possible unexpected risks or unintended consequences, i.e. if things went wrong what would that look like and is the organisation capable of capturing data and monitoring for the presence (or lack of presence) of it as part of assurance.

1.3 The Trust has in place an established process for pre-implementation quality impact assessment of CIPs which involves the Chief Nurse (CN) and Medical Director (MD) reviewing all proposals, and results in them approving, rejecting or returning schemes for further work up. The post-implementation review of CIP schemes has involved the Group Directors of Operations providing an assurance statement, informed by the relevant KPIs, confirming that proposals are delivering as planned and no adverse impact has resulted. For schemes with reported issues plans to mitigate the risks are required to be provided and forwarded to the CN and MD to judge the robustness of response. This process has been less successful mainly because of the lack of response to requests for information and poorly developed KPIs.

1.4 This paper presents an improved process for the on-going monitoring of the quality impact of CIPs.

2. The revised approach

2.1 In the revised approach the potential for a CIP proposal to impact on quality and safety will be identified by leads at an early stage in scheme development. Where this is a possibility a process will follow to identify the KPIs that will be used for the on-going monitoring of that scheme, if approved. Completion of a 'metric checklist' (**Appendix 1**) will be mandatory for each proposal and will help identify the most appropriate KPI; scheme leads will be supported in populating the sheet by a member of the Change Team.

A clear understanding of how the impact of the scheme will be measured will be achieved through successful completion of the checklist and will allow the scheme to progress to the QIA stage. This stage of the process will be completed for all CIP schemes by the November prior to the financial year start.

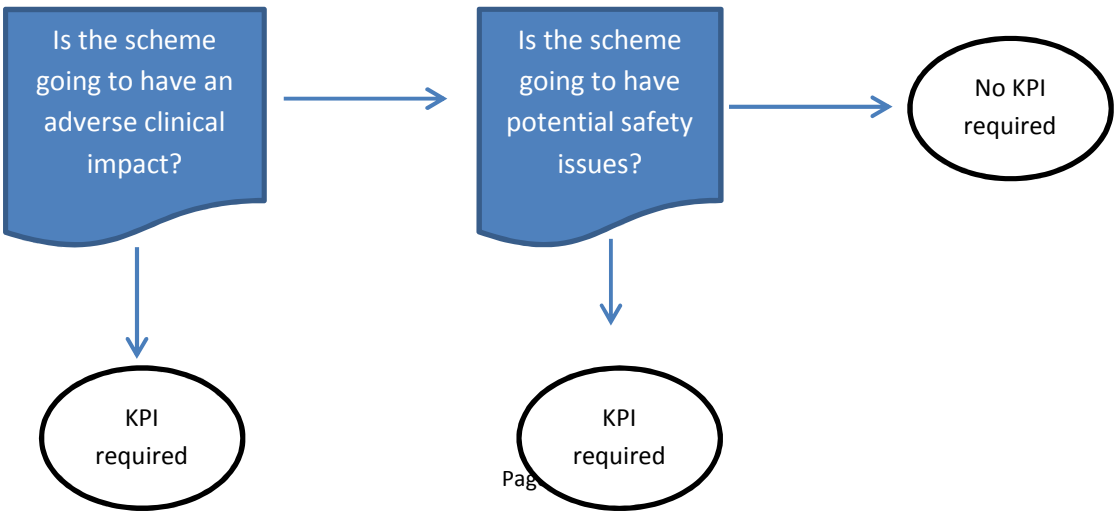
The KPIs will be reviewed during the QIA process to ensure that they are SMART and appropriate for the scheme. If the proposal is 'sign-offed' by the CN / MD the Business Intelligence Unit will generate the KPI data for each scheme. This will allow a baseline position to be known. The KPI data will be stored in the repository that is currently used for the IPR, and a tab will be included in the Excel spreadsheet for the CIP scheme indicators. This stage will be completed by the end of March prior to the financial year start, and will enable monitoring to begin for schemes going 'live' on 1 April. **Appendix 2** charts the journey of KPI development.

2.2 Including the CIP KPIs within the IPR means that no new reporting and monitoring routes need to be created because the performance dashboard already forms part of the Board and Executive governance structure. The bi-monthly performance reviews, chaired by the Chief Executive (for corporate directorates) and Chief Operating Officer (for clinical croups) will provide the forum to discuss in more detail the mitigation plans for schemes that are 'red flagged' on the dashboard.

2.3 It is proposed that for the 2016/17 CIPs the new approach is used to, firstly, test how is will work and, secondly, ensure that robust impact monitoring arrangements are in place.

2.4 In this year's CIP there are 357 active projects of which 303 Quality Impact Assessments (QIAs) have been 'signed-off'. I44 of the 303 schemes highlight potential safety or clinical impact and have KPIs identified. The others have been agreed as having 'no impact' or 'not applicable'.

During September all of the schemes will be revisited by members of the Executive Group using the algorithm below. This will allow those schemes that do not have potential clinical or safety risks to be eliminated from the metrics being derived and for the remainder to have credible KPIs. The information already populated by scheme leads in the KPI box on TPRS will be considered to see if an appropriate metric can by put forward from this.



3. RECOMMENDATION

3.1 The Board is asked to **NOTE** the process changes to the on-going monitoring of the impact of CIP implementation and **CONFIRM** that this approach will provide the required assurance.

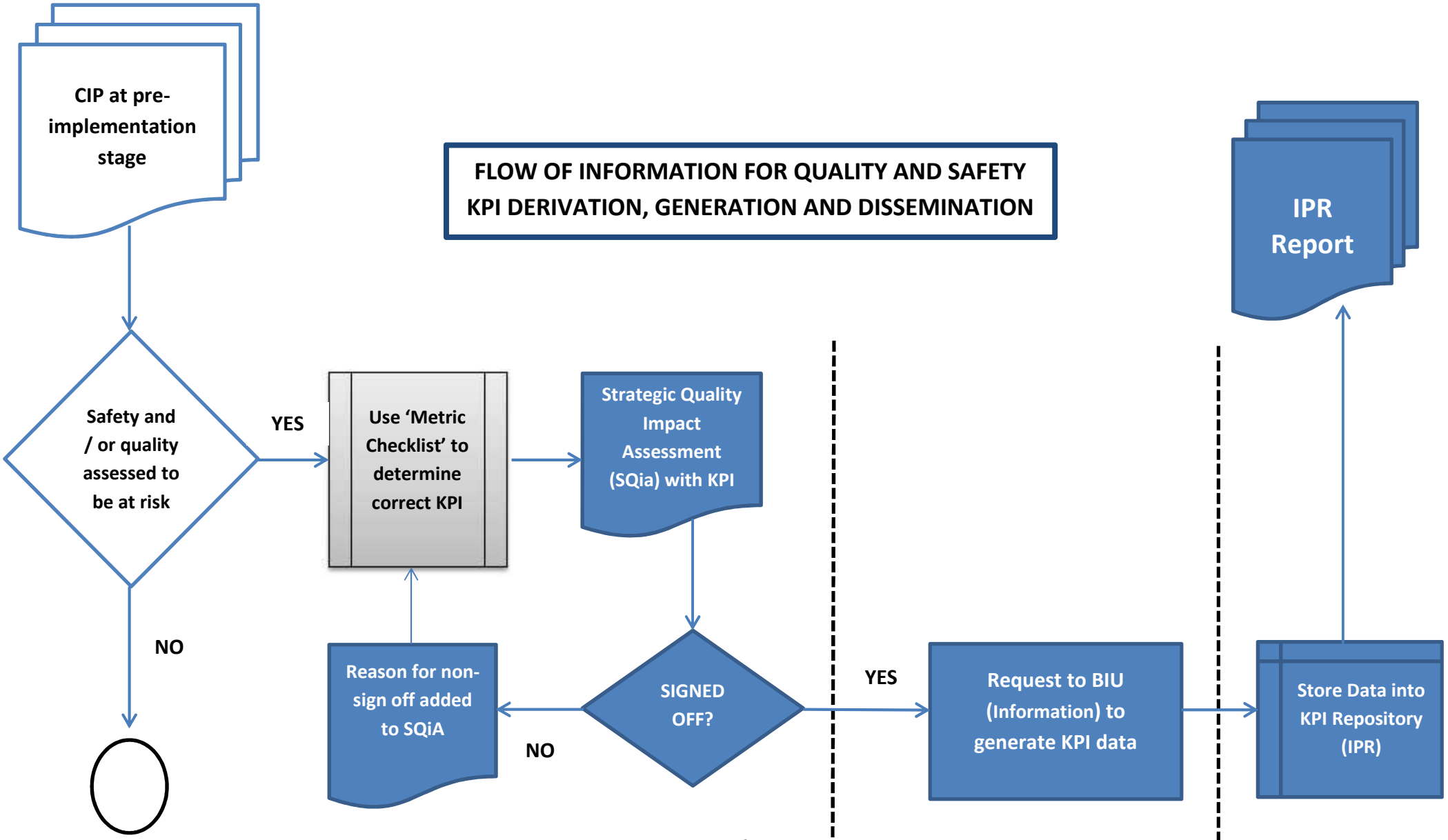
Kam Dhami
Director of Governance

19 August 2016

Measures record sheet

Title The title should summarise what is being measured.	
Purpose Consider the purpose of measuring this aspect of quality/safety. If there is no good reason, do you really need to measure it?	
Relates to Which trust objective does the measure relate to? Design measures to support their achievement. By completing this section you ensure the link is made.	
Target Which performance targets should you set, and by when? This communicates precisely what you are trying to achieve.	
Formula How do you calculate the quality measure? Be precise: the formula must include exactly what you are measuring to avoid any confusion.	
Frequency Decide how often you will measure and how often you will review the measure itself.	
Who measures? Identify the person responsible for the production of the measure.	
Source of data Specify the source of data so you can use the measure consistently. This way you can compare performance between periods accurately.	
Who takes action? Who is responsible for taking action on the measure?	
What do they do? Specify the types of action people should take to improve the performance of the measure.	

FLOW OF INFORMATION FOR QUALITY AND SAFETY KPI DERIVATION, GENERATION AND DISSEMINATION



Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Improving internal communications: audience segmentation progress
SPONSOR (EXECUTIVE DIRECTOR):	Ruth Wilkin, Director of Communications
AUTHOR:	Ruth Wilkin, Director of Communications
DATE OF MEETING:	1st September 2016

EXECUTIVE SUMMARY:

In July 2016, the Board discussed in private the audience segmentation work that outlined the nine profiles of staff that we have in the organisation. The conclusions of that work were that effective face to face communications is essential for a large proportion of the workforce and that the Trust needs to agree an approach to digital solutions. This paper focusses to a greater extent on face to face approaches and presents the current position in terms of face to face, leadership and digital. It describes examples of good practice within and outside Sandwell & West Birmingham Hospitals NHS Trust, and how we expect communications will be different. The next steps in the improvement journey are described.

REPORT RECOMMENDATION:

Accept the progress report.

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

Accept	Approve the recommendation	Discuss
x		

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

Financial		Environmental		Communications & Media	x
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:

Strategic Objective: An effective, engaged organisation, Annual priority: Creating time to talk

PREVIOUS CONSIDERATION:

Improving Internal Communications: Audience segmentation progress

1 Background

The Trust Board received a paper in July outlining the audience segmentation work that has taken place to understand the different groups of staff within our workforce so that we can better improve how communication happens at the Trust.

In understanding our audiences we have identified nine profiles that describe the time that people have to receive communications and their access routes to that communication.

2 The profiles

The profiles are:

Desk-based worker: Spends 80% of their time at a desk or in front of a computer. Easy access to Trust IT systems. Applies to most admin roles and corporate services

Remote worker: Spends 80% of their time out in a range of locations delivering patient care. Has a consistent base. Limited access to Trust IT systems when out of their base.

Mobile worker: Spends 80% of their time delivering patient care but from a range of locations eg clinics with desk-based access to Trust IT systems.

Roaming worker: Spends 95% of their time out in a range of locations across the Trust site. Day to day job role is practical and not IT-based.

Floor worker: Spends 95% of their time delivering care or a service in a consistent location. Limited access to IT systems.

Desk-based manager: Manager who spends 80% of their time at a desk or in front of a computer.

Remote manager: Spends 60% of their time out delivering patient care and 40% of their time managing teams from a consistent base.

Mobile manager: Manager of mobile teams / services as well as teams of roaming workers.

Floor manager: Manager of floor workers. 60% of time delivering patient care or services. Regular access to Trust IT systems.

3 Summary conclusions of the audience segmentation work

That work has identified that:

3.1 With such a large quantity of our workforce having limited access (in terms of both time and device) to our corporate communications channels, it is recognised that **face to face communications is of vital importance**. It is also recognised that ensuring effective, regular, face to face communications is **challenging** and needs often a significant mind-set change to understand the importance of this and invest in time to do this. We also need to understand

what we mean by "face to face". With staff working out of multiple sites as well as shifts, face to face is not necessarily always meeting in person in the same room. We can make use of telephones, video conferencing, FaceTime / Skype to have meaningful, personal communications that can be as effective as being together in a single room. The Trust has almost 600 **line managers**. These individuals have an essential role to play in communicating effectively with their staff.

3.2 The Trust needs to agree its approach to digital solutions that can help to make internal communications more effective. This will include **agreeing our preferred platforms** and an **approach to BYOD** so that users can access communications digitally through their own personal digital kit. This is particularly important for people who do not have access to Trust mobile IT devices (phones, tablets and laptops).

4 Current position

The Board are aware of our existing communications channels that were outlined in the July paper. The organisation has a mix of practice across the Trust and effectiveness of channels differs.

4.1 Face to Face

Hot Topics: Our monthly team brief is held at Rowley Regis Hospital, Sandwell and City sites and is led by the Chief Executive or a deputy. There are five key messages plus a topic that leads take to their teams for discussion. Teams are also asked to provide feedback on this topic. Attendance at Hot Topics is between 80 – 100 people across the three sessions. This are usually 30-40% of teams represented. Around 18-20% of teams provide feedback on the topic each month. The briefing is also sent out to all teams in presentation format.

Each month we produce a filmed message of Hot Topics to aid teams in their communication and understanding of the messages. The prominence of Hot Topics films on Connect2 has increased the number of people who view the films – 848 in July and 744 in August.

Quality Improvement Half Days: for half a day each month non-urgent / emergency activity is not booked leaving groups, directorates and specialties the opportunity to meet together and discuss quality improvements. Between 900 and 1400 staff take part in a QIHD each month.

Line managers: The Trust workforce includes around 600 line managers. We do not currently have a systematic straightforward way to communicate with them. Their role is crucial in ensuring that we communicate effectively within and outside teams as well as cascading key messages. The number of staff that a line manager is responsible for varies significantly across the organisation. We also need to understand what makes a team - teams can be comprised of a number of individuals with different line management arrangements.

4.2 Leadership

The quality of leadership has a big impact on the effectiveness of our communications. "More coaching, less directing" has been a phrase used within the Trust as we have worked with Hay Group on our leadership development programme. From our work on leadership style we know that directive styles are more prevalent among our Top Leader's Cadre. In 2015:

- 45% of leaders use a broad or extensive range of leadership styles
- 37% of leaders used one dominant leadership style

The Trust's top leaders are taking part in a series of master classes to further develop leadership skills. Some of these master classes focus on particular leadership styles.

4.3 Digital

The Trust uses a number of different digital channels to communicate with individuals, teams and managers as well as paper-based systems. From the audience segmentation work we know that desk-based workers and managers are well-served in terms of access to Trust communications although the content and usability can be improved. We do not currently enable our "internal only" digital communications (eg Connect and daily email bulletin) to be accessible on people's personal devices.

Email: An email bulletin is issued to all staff every day between Monday and Friday. Its purpose is to share daily news updates and the bulletin importantly avoids overload of emails going out to all staff. The only people who can send emails to all staff are the communications team and Executive Directors. We are beginning to track numbers of people who open the bulletin and click throughs.

Connect and Connect2: The Trust has developed a new intranet site that has been live since July 2016 and is continuing to develop in terms of content and functionality. The upgrading of PCs will similarly aid usability of Connect2. Connect2 is responsive and adjusts to suitable formats for mobiles / tablets. The Connect2 homepage receives around 500,000 views per week – 30,000 per day at weekends and 70,000 per day during the week. During the week there are around 28,000 sessions (browsing the site) lasting around 30 minutes and going to 18 pages. We are starting to analyse usage to identify what information people are looking for and whether they find it (eg search abandonment rates). A development plan is being implemented for Connect2.

Social media: Our social media channels are publicly accessible and content is currently designed primarily with patients, relatives, local residents and stakeholders in mind. However, it should be recognised that a large number of the Trust's employees make up a significant proportion of the people who engage with these channels. The Trust has nearing 5000 followers on Twitter and many members of staff regularly engage with the organisation through this channel. We are growing our Facebook and Instagram presence and similarly, in addition to patients and the public, Trust staff are engaging through these channels. Our Trust channel of video content is developing with significant sharing of content by Trust staff to their own networks.

5 What does good look like?

We recognise that this area is challenging and we are seeking to rapidly improve the effectiveness of our communications. It is rare to find an organisation that can demonstrate success in rapid improvement in this area although we continue to work hard to identify organisations we can learn from.

5.1 Within Sandwell and West Birmingham Hospitals NHS Trust

The Trust has pockets of excellence that demonstrate good, effective communications with some innovative ideas that can be spread from team to team.

- Pathology Group

Despite over 300 members of staff with a range of roles (high prevalence of floor workers) the pathology group do a number of regular communications activities to engage with their workforce. Communicating effectively with your team is seen as a key priority for managers and the importance of effective communications is well understood. All disciplines have a programme of face to face opportunities including daily huddles (some teams use video conference equipment to link up teams on two sites), monthly staff meetings and senior staff meetings.

Additionally a monthly newsletter is distributed via a number of channels including adding to payslips, on social media channels, on the pathology shared documents system and online. Feedback is sought at meetings and via a feedback postcard. All feedback is discussed at the monthly QIHD where most staff are expected to attend or be represented. Use of facebook to promote staff events eg seminars has improved attendance.

- iCares directorate

With around 350 staff working largely in the community (mainly roaming workers) the iCares directorate and service invests a lot of time in getting communications right. The senior team have embraced the leadership development opportunities available and use the learning in their day to day leadership responsibilities. They "…don't leave communications to chance." The senior leadership team meets fortnightly for half a day to discuss service business and a lot of that time is spent on the people within the directorate. They work hard on developing a culture including open door policies, being highly visible and encouraging and supporting feedback from people at all levels. The leaders recognise that communications needs to be tailored to suit individual learning styles and that people need to hear a message several times to take it on board.

Staff are expected to attend the monthly staff meetings and monthly Quality Improvement Half Days. Everyone has a regular supervisory 1:1, the frequency of which depends on length of time in post and development needs - new starters have a weekly supervision.

There is a weekly email on their performance that includes good examples and reminder actions and a quarterly newsletter. Both are emailed as well as printed and displayed.

Conduct and behaviour is a focus for the directorate and this is addressed individually with staff members. Issues pertinent to individuals are not tackled through a directorate-communication approach, but tackled with the relevant people.

5.2 Examples of good practice from outside Sandwell & West Birmingham Hospitals NHS Trust

Looking outside Sandwell & West Birmingham Hospitals NHS Trust it is not easy to find an organisation that has delivered the step change in communications effectiveness that we aspire to, within the timescales that we need, although we continue to seek organisations who demonstrate good practice, so that we can learn and improve.

Many organisations have delivered effective communications campaigns and improved employee engagement often as a result of a big change affecting employees or a big change of delivery focus.

EDF Energy delivered an employee engagement programme, "Our Compelling Story", to build a proud and supportive workforce, following merger.

Of interest to delivery of our safety plan, **Syngenta**, a leading global agri-business, needed to create an effective company-wide compliance culture requiring a change in mind-set. Their communications activity ensured that employees recognised their role in upholding the reputation of the company, understood what was expected of them, and were prepared to take individual responsibility for their actions.

Oxfam has recently transformed their internal communications programme moving Oxfam from 'cascade to conversation' creating the opportunity for its workforce and volunteers to take part in online conversations about top priorities. They have created a dashboard and intelligently use data and insight to understand how internal communications and employee engagement measures up.

Closer to home, **Carillion** have invested in their internal communications function building a small team to deliver strategic internal communications to their workforce of 45,000 across the UK, Middle East, Canada and the Caribbean.

6 How will communications be different here?

We want to get to a place where every member of staff experiences open and effective communications within their team and from their team leaders that enables them to:

- Perform within their role to the best of their potential
- Understand how their role fits in to the organisation and its objectives

That means that they should experience:

Consistent communications: Messages should not alter as they are shared throughout the organisation or from one team to another. But teams and individuals should also be able to expect a consistent approach in how they are communicated with. Within a team it should be possible to outline how you will be communicated with on a face to face basis and the purpose and frequency of each face to face forum.

Easy to access communications: Recognising our different profiles, communications should always be easy to access whether you are a roaming worker or a desk-based manager, and staff should know where to find what.

Open, transparent and two-way communications: The Trust has a shared value of openness and transparency internally and externally that runs throughout our communications. It is a Trust where it is 'ok to ask', challenging each other where people may not get things right, or asking where there is something that is not known or understood. Face to face communications should also be two-way, generating ideas and acting on feedback.

Individuals should also recognise and understand their responsibility to receive and find out information such as participating in their staff meetings, 1:1s and QIHDs; reading the information that has been prepared for them; questioning why meetings are not taking place if they should be.

On a practical level, a floor walker who joins the Trust should be clear about their responsibility to receive communications - the expectations around attendance at team meetings, 1:1s QIHDs is set out. They will be clear how often their line manager will meet with them, how often team meetings take place and how they can contribute their ideas. They should also know what information is shared where. They should find information easy to access and not time-consuming to find out.

7 Taking this forwards: What are we going to do?

7.1 Work with the Clinical Leadership Executive: We will continue to engage with CLE members over the development of effective communications, with support to identify digital platforms as well as advise and lead the face to face improvements we need to see. We have begun the conversation and have volunteers to progress this. This will include expected standards of face to face communications within teams.

7.2 Continue our leadership journey: The leadership development programme within the Trust provides support in how to effectively communicate with teams, including encouraging more coaching and less directing.

7.3 Identify organisations we can learn from: Continue to learn from others who are improving their internal communications to the scale and pace that we need.

7.4 Implement our Hot Topics improvement plan: From September, Hot Topics will be improved with a revised list of team leaders and representatives expected to attend. We will continue to monitor attendance and film views and publish who attends.

7.5 Make it easy for teams to communicate: Spend time with teams to understand what works and what they need so that we can provide clear messages with supportive content in the right formats or multiple formats.

7.6 Understand and support line managers: Much of the success of effective face to face communications is reliant on line managers. We need slicker systems to communicate with line managers. We will work with a group of line managers to understand their communication needs so that we can implement a support plan that enables them to communicate effectively and understand their communications responsibilities.

7.7 Agree our digital platforms: With the leadership of the Chief Informatics Officer we will agree the digital solutions that the Trust will adopt as well as confirm the incentives and scope of communications channels that require people to use their personal devices

7.8 Email: We are developing a tracking solution to the email bulletin which will enable analysis on the numbers of emails that are opened and where people click through to. This will identify useful and not useful content and we will shape the email bulletin appropriately. Over time we will phase out the email bulletin and news will be posted on the Connect site. Only urgent (time-specific) and important (relevant to over 2/3 of the workforce) will go out to all staff on email, although it can be used to alert people to new information on Connect2.

7.9 Continue to encourage staff to follow us on our social media channels: We recognise that it is valid to put staff-specific content onto social media channels but we will need to take care that it does not alienate or exclude our stakeholder, patient and public followers.

7.10 Establish our evaluation mechanisms: Set our benchmarks, trajectories and KPIs so that we can report regularly on our progress and evaluate how are doing.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P04 July 2016
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	1 September 2016

EXECUTIVE SUMMARY:

IPR – Summary Scorecard for July 2016 (In-Month)

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	8	5	2	**15**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	2	9	0	**11**
Cancer	1	9	5	**15**
FFT. MSA, Complaints	12	4	5	**21**
Cancellations	6	3	0	**9**
Emergency Care & Patient Flow	10	4	4	**18**
RTT	5	3	6	**14**
Data Completeness	1	9	9	**19**
Workforce	11	1	10	**22**
Total	**60**	**58**	**58**	**176**

- July IPR has 60 red rated exception indicators [June 46]
- Relevant recovery plans are overseen through the Executive Performance Management Committee.
- Exception reporting is provided to CCG and NHSI as required. Current focus RTT 52 week breaches and ED performance
- The Trust has received a formal performance notice from the CCG in respect of ED 4hr performance; requires CCG led system response.

Key targets - July Delivery

× **ED 4 hour** performance in July was at 88.81% below the national target of 95% and failing the STF trajectory of 92.37%. Total patients over 4 hrs 2,168 [1625 previous month]; DTOC 617 [588]; delayed ambulance handovers 130 [71] indicative of a deteriorating system with SGH under particular pressure.

✓ **RTT** (incomplete pathway) 92.06% being compliant with national standard and STF trajectory; no patients on incomplete pathway breaching the 52 wk wait standard. Elevated number of treatment functions under-performing and increased backlog requires attention to sustain delivery to standard.

✓ **62 day cancer** June performance recovered to 89.8% June securing the Q1 delivery at 87.0% and hence delivering to national and STF standards. July performance expected to meet standard.

✓ **Acute Diagnostic waiting times** continue to consistently operate within the 1% tolerance. Management attention on endoscopy to remedy prospective capacity shortfall to sustain compliant performance.

× **VTE** performance at 94.4% below the national standard of 95.0% and local 10/10 standard of 100%

× **Cancelled operations** elevated in month with 49 [31] late cancellations of which 2 [1] were patients cancelled on more than one occasion. Surgery B [Ophthalmology] 36 of those cases.

× **Stroke** admissions to acute stroke unit within 4 hrs performance variable with 65.4% [86.0%] against national standard 80% and local standard 90%; CT scan within 24 hrs falling marginally short of 100% local standard in 7/12 last mnths; stroke pathway subject to targeted management action to secure improvement.

Positive delivery

- ✓ **Readmissions** rates in June reduced to 7% being new 2-year low; tracking towards peer 6.2%
- ✓ **Sickness** rate at 4.15% in month for July being new 2-year low; sustained for last 3 months
- ✓ **Infection control** delivers across all indicators in July and well within targets
- ✓ **Stroke and Cardiology** primary angioplasty and rapid access chest pain sustained high performance
- ✓ **Mortality reviews** undertaken within 42 days improved to 76% in July

Requiring attention – action for improvement

- VTE Assessments
  - Medical Director led intervention to more robustly embed delivery at individual clinician level
  - CEO review September

- Hip fractures
  - 59% in month and representing third consecutive month of failing target
  - good imaging and reporting practice to be reinforced including ED processes
  - trauma co-ordinator nurse who has now commenced in post

- Cancelled operations (particularly multiple)
  - end to end process review to ensure that admin processes are as best practice
  - remedial action plan overseen through Theatres Management Board

- ED 4hr performance (system response)
  - SRG review, commitment and progression of its extant 10 point plan; in particular
  - Demand management / admission avoidance
  - Resolution of commissioning intent for intermediate care capacity
  - Capacity of adult social care to support effective discharge and care support at patient home

NSHI Improvement Trajectory – Financial Controls STF Criteria (70% weighting - £7.9m)

Access to STF money requires that the trust delivers quarter on quarter against its financial plan trajectory.

Delivery against plan secures the financial control total element of STF and eligibility for the operational performance element of the STF. Failure on the former means failure to secure the latter.

The trust reported delivery against its financial plan for Q1 and secured £1.98m STF on that basis. P04 performance is reported as being on plan but which required the application of non-recurrent flexibility to enable that.

The STF regime operates such that any financial penalty incurred relating to the above standards is not duplicated by fines levied by commissioners under their contracts.

Commissioners are entitled to levy fines for failures of all other contract standards [e.g. ambulance handover; information timeliness] and are indicating a more aggressive approach to the identification and pursuit of such fines.

NSHI Improvement Trajectory – Performance STF Criteria (30% weighting - £3.4m)

STF Operational access element	Q1	July	August	September	October	November	December	January	February	March
ED 4 hours [trajectory as adjusted for tolerance]		92.37%	92.78%	92.78%	93.28%	93.28%	92.04%	92.54%	92.54%	92.54%
Actual		88.81%								
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
RTT Incomplete [trajectory as adjusted for tolerance]		91.00%	91.48%	91.48%	91.98%	91.98%	92.30%	92.80%	92.80%	93.60%
Actual		92.06%								
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
Cancer 62 day [trajectory as adjusted for tolerance]		84.00%	84.51%	84.51%	85.01%	85.01%	84.61%	85.11%	85.11%	85.11%
Actual										
STF payment 5.0%	141			141			141			141

STF in respect of ED 4hr performance has been lost for P04 [£118k]. It is expected that P05 & P06 will similarly be lost as performance falls below trajectory [£236k].

The STF regime provides for money to be 'earned back' in future quarters if performance recovers to trajectory on a cumulative basis. ED performance in Q3 would be required to be 95.3% in order to recover Q2 lost STF funding. This is not realistic in a deteriorating system environment.

REPORT RECOMMENDATION:

The Trust Board is asked to consider the content of this report.
Its attention is drawn to the matters above and commentary at the 'At a glance' summary page.

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.

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals NHS Trust

SWBTB (09/16) 104(a)

Integrated Quality & Performance Report

Month Reported: July 2016

Reported as at: 23/08/2016

Contents

At Glance - July 2016

Infection Control

3x C. Diff cases reported during the month of July;
x7 cases year to date against the 16/17 target of 10 cases up to July, the Trust is meeting this target
Max x30 cases for the year have been agreed within the CCG Contract 16/17.

No cases of MRSA Bacteraemia were reported in July; Nil year to date basis.

Annual target of zero against this indicator within the CCG Contract 16/17.

MRSA Screening
- Non-elective patients screening 91.1% (compliant with 80% target)
- Elective patients screening 92.5% in month (compliant with 80% target);

Elective screening performance compliant overall, however Medicine & EC which is at 68% (Scheduled Care @ 40% only) - subject of remedial action within the group.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of July at 4.9 against a tolerance rate of 9.42.
Year to date the rate is at 5.1 and within target of 9.42.

Harm Free Care

93.4% July NHS Safety Thermometer below target 95.0%.
Consistent marginal underperformance driven mainly by falls and pressure ulcers.

x83 falls reported in July with x1 fall resulting in serious injury.
29 falls within community and 54 in acute.
The level of falls shows elevated levels over the last four months.

For the month of July there are x10 avoidable, hospital acquired pressure sores reported. There are x4 cases reported within the DN caseload.
Year on year comapriosn of last 5 months indicates potential elevated level which is subject to CNO scrutiny.

x5 [x10 last mnth] serious incidents reported in July
x18 year to date.

x1 Never Event reported in July. Already highlighted to the Board in last month's reporting.

There were no medication error causing serious harm in July; no incidents on a year to date basis.

x11 Open CAS Alerts reported at the end of July, of which none were overdue at the end of month.

Venous Thromboembolism (VTE) Assessments in July at 94.4.% below the target of 95% and short of local target of 100%.
On-going focus of attention to secure a more consistent and improved performance this year.

Obstetrics

The overall Caesarean Section rate for July 27.2% against target of 25% in the month but in line with target on a year to date basis.
The increase in the month is driven by a higher number of non-elective cases to previous months.
Elective and Non-Elective rates in month are 7.9% and 19.3% respectively.

Adjusted perinatal mortality rate (per 1000 births) for July is 3.37 being within the tolerance rate of 8. The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations. The year to date position is also within the tolerance rate of 8 at 6.29.

Nationally this indictor is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.

Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for July the delivery is 78.8%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such.

Breastfeeding initiation performance as at June quarter is at 73.7% just below the newly agreed target for 16/17 of 74.0%. The target was revised downward (77% previously) by CCG in recognition of the good trust performance compared regionally.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 103 (latest available data is as at April)
RAMI for weekday and weekend each at 104 and 99 respectively.

SHMI measure which includes deaths 30-days after hospital discharge is at 99 for the month of February (latest available data).
Consistent with previous months.

Deaths in Low Risk Diagnosis Groups (RAMI) - month of April is 103 - this indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

Crude in-month mortality rate for June is 1.3, and is the same as last year same period. The rolling crude year to date mortality rate remains consistent at 1.4 and also lower than last year same period.
There were 123 deaths in the hospital in the month of June.

Mortality review rate in May at 76% a significant improvement on last periods.
A local CQUIN is in place for 16/17 to improve performance compared to Q4 15-16 which now known to be at 68%.
Therefore there is a sustained improvement required against this indicator.

Readmissions (in-hospital) reported at 7.0% in June (7.7% in May); [7.8% rolling 12 mnths]. This represents a significant improvement and importnat step towards peer group performance which is at 6.2%.
Readmissions is a local CQUIN in 16/17.

Stroke Care & Cardiology

Stroke data for July indicates 94.3% (87.2% last month) of patients spending >90% of their time on a stroke ward which is in line with the 90% operational threshold; year to date at 93.3%

July admittance to an acute stroke unit within 4 hours is at 65.4% (86.0% last month) below 80% national and 90% internal target. The performance remains variable and is subject to targeted mngt attention.
Ongoing root cause analysis are done for each breach and learning is built into training.

Pts receiving CT Scan within 1 hour of presentation is at 60.4% in July (78.8% LM) ; being compliant with 50% standard
Pts receiving CT Scan within 24 hrs of presentation delivery in month at 94.3% (98.1%LM) below the 100% target - actions for improvement are part of the admittance focus.

July eligible patients for thrombolysis are at 100% compliance compared to the 85% target. Year to date performance now improved to 80.0% and still to recover to 85% target.

For July, Primary Angioplasty Door to balloon time (<90 minutes) was at 86.7% (100%LM) and Call to balloon time (<150 minutes) at 85.7% (100%LM) hence both indicators delivering consistently against 80% targets but with noted mnth

RACP performance for July is at 99% exceeding the 98% target for a number of months now.
From 1st April count is being amended to appropriately be 'from receipt' of referral (vs. date of referral), but the service monitors both.

TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at July is at 100% against the target of 70%.
TIA (Low Risk) Treatment <7 days from receipt of referral delivery at July is 100% against a target of 75%. Both indicators continue to deliver consistently.

Cancer Care

As projected, all cancer targets in June are compliant to standards.
July delivery is also expected to meet all standards.

June 62 day delivery performance recovered to 89.8% (84.1% in May) and hence delivering the Q1 performance at 87% against standard of 85% .
Hence the STF criteria has been met.
July performance for this standard expected at 89.0%
July validated position is that 6.5 patients waited longer than the 62 days;
Urology 0.5, Gynae x2, Skin x2; Head & Neck x0.5, Upper GI 1.5

x2 patients waited more than 104 days at the end of June, both were deemed avoidable delays.
The longest waiting patient as at the end of June was at 130 days

There is more focus on the 'tertiary referral' timelines within 42 days (but expected to revise to 38 days). In the absence of a national policy as yet, the cancer network will work towards an interim framework. The trust is starting to report this from now, but indications are that the services are failing in places against this timeline presently.

Patient Experience - MSA & Complaints

No mixed sex accommodation breaches reported during the month of July.
X11 mths consecutive without breach.

-Inpatients FFT for July is below the score and response target, the failure to achieve response rate has become a continuous position.
- A&E is missing both targets for scores and response rate in July, which again has been a continuous position during the year. Type 3 emergency has dropped performance this month significantly.
- Outpatients FFT is below the required score rates.
- Maternity scores routinely compliant with exception of birth element not collated.

The number of complaints received for the month of July is at 74, with 4.5 formal complaints per 1000 bed days - an increase to previous months.
96% have been acknowledged within target timeframes against the target of 100%. x3 cases beyond target time
The level of responses beyond the agreed timeframe is improved at 2.4% (8.2% last mnth);

Patient Experience - Cancelled Operations

The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.1% for July (0.7% previous mnth) failing the in-month tolerance of 0.8%. This follows a steady performing period of 4 months and is partly due to theatre ventilation failure and emergency cases taking priority.

No breaches of 28 days guarantee were reported in July and no urgent cancellations took place during the month.

49 sitrep declared late (on day) cancelations were reported of which 9 were deemed avoidable and 2 patients were affected more than on 1 occasion.
The Trust also reports 241 cancellations in July with less than 7 days notice of which 56 are multiple cancellations.
A range of actions are in place to reinforce cancellation policy, admin issues and ongoing root cause analysis is in place against all non-compliance.

Theatre utilisation is consistently below the target of 85% at a Trust average of 67.6% in July.
The theatre capacity and performance is subject to remedial action through Theatres Board and theatre performance reporting will be part of this review with a specific set of reporting.

Emergency Care

The Trust's performance against the 4-hour ED wait target in July was 88.81% against the 95% national target and against the 93.37% STF Trajectory. 2,168 breaches were incurred in July (1,625 LM).
ED performance trend : (91.31% in June, 92.88% in May, 91.4% in April: Q1 at 91.9%)

WMAS fineable 30 - 60 minutes delayed handovers at 122 in July - a significant increase to the 70 in June.
8x cases were > 60 minutes delayed handovers in July.
Handovers >60mins (against all conveyances) are at 0.18% below the target of 0.02% . This is against total conveyances of 4,363 in July (4,099 in June and 4,604 in May).

Fractured Neck of Femur patients delivery for July at 59% below the 85% target. TTR undertaken and actions to include re-enforcement of appropriate imaging & review in ED.
Trauma Co-Ordinator Nurse to commence to support this process.

DTOCs accounted for 617 bed days in July (588 in June, 494 in May); of which 245 beds were fineable to BCC. Notable increase with prospect of further deterioration as social care budgets further constrained.

Referral To Treatment

RTT incomplete pathway for July at 92.06% (92.72%LM) with a 2,870 (2,515 LM) patients backlog. A significant increase to backlog which is being reviewed.
Performance is currently meeting the STF Criteria.
Admitted (81.48%) and non-admitted (89.16%) pathways are below internal expectations. These are not nationally monitored.

x35 patient pathways are under-performing of which 4 are failing on the incomplete pathway. RTT Improvement trajectories have been established for all specialties with recovery from July through December led by the Groups, but that forecast is again under review.

There are no 52 week breaches on the incomplete pathway to which the trust is held accountable; The Trust is constantly striving for improvement in the RTT validation cycle, this is now set for earlier in the month. There are 4x breaches on admitted and non-admitted pathways for July.

Diagnostic waits beyond 6 weeks were 0.29% for July, remaining well within the operational threshold of 1.00% consistently. However, to be noted that the performance may be impacted by breaches in Endoscopy due to capacity issues; this may put the delivery of this standard at risk. Currently the STF criteria is met.

ASIs (Appointment Slot Issues) arising from e-referrals indicates that no patients have been left un-appointed above required timelines during the month of July.

Data Completeness

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold (as at July at 96.3%), but expected to recover to target when the annual update is run. ED have been informed that we require them to improve their patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.

Open Referrals without future activity stand at 77,370 as at reporting period here (these numbers **exclude** patients on the RTT pathway e.g. waiting list). Low patient risk rated (green) amount to c14,400 are subject to auto-closures since Jan2016. The Data Quality Group is driving a focused improvement plan for the last couple of months and aims to: stop new creation of open referrals, and to address the 77,370 backlog which has been RAG rated (see tab for detail) and aims to fully remove auto-closures currently in place for next year. The backlog is slowing down. A wider 'referral management' programme will encompass this issue and embed within good practice patient management processes.

Staff

PDR overall compliance as at the end of July is at 90.2% against the 95% target
Medical Appraisal rate as at July is 87.5% being below 90.0% standard- indicates appraisals validated not carried out.

In-month sickness for July is at 4.15% (4.16% LM). The cumulative sickness rate is at 4.72%. A small, but steady decrease.

The Trust annualised turnover rate is at 11.9% in July (12.1% LM) - reducing steadily over last few months. Specifically, nursing turnover has been recorded at 11.3% (11.8% LM) more in line with the overall turnover. Both are still well above trust aspirations in respect of turnover.

Mandatory Training at the end of July is at 88.3% overall against target of 95%. Safeguarding training non-compliance has been a focus with catch up sessions for non-compliant staff scheduled.
Health & Safety (clinical safety training) related mandatory training is at 97.0% and delivering above the 95% target consistently.

CQUINs, Local Quality Requirements 2016/17

The Trust has now received feedback on Q1 CQUIN reporting. Host CCG has confirmed full delivery with some queries which have been actioned. Specialised commissioners (3 schemes) have notified failure for 1 scheme and expect significant improvement in delivery on a second scheme. There is therefore a financial risk associated with this CQUIN payment (£211k). Other than for these two schemes we have clear definition and statement of requirements.

Local Quality Requirements 2016/17 are monitored by CCG. Key Access Targets (A&E, RTT, Diagnostics and Cancer) are subject to STF criteria and therefore are excluded from fines to the CCG. All other national and local requirements will be monitored for impacting fines and lack of performance and will be reported to clinical groups and to the CCG in the form of the SQPR (Service Quality Performance Report) to the CCG (as per contract). A page is being developed to feature as part of IPR reporting.

STF Criteria & NHSI Assessment Framework

Access to STF is weighted 70% towards financial control totals being met and 30% weighting is attributed to agreed performance trajectories against key access targets (A&E, RTT, Diagnostics and Cancer). The IPR will include the full monitoring of these targets in the next issue.
As at July, A&E targets are failing the criteria giving rise to £118k expected STF loss for the month and anticipated £383k loss for the quarter as recovery to trajectory requires unlikely levels of performance in a deteriorating system.
As at July the financial controls are also meeting required STF targets.

Summary Scorecard - July (Month)

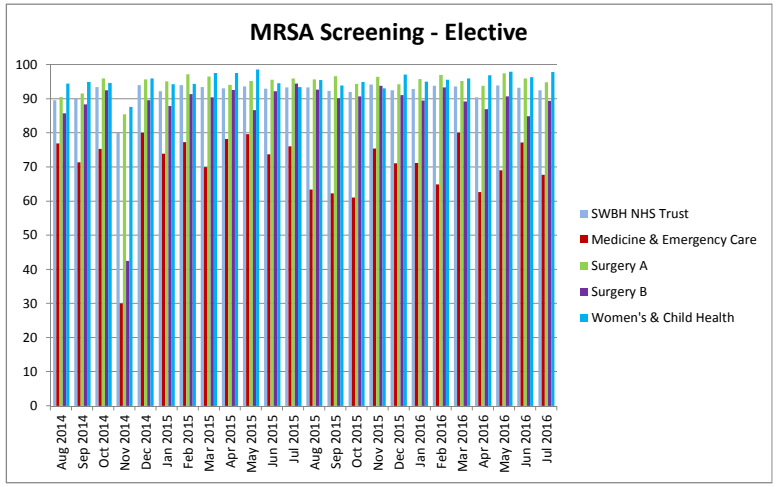
Summary Scorecard

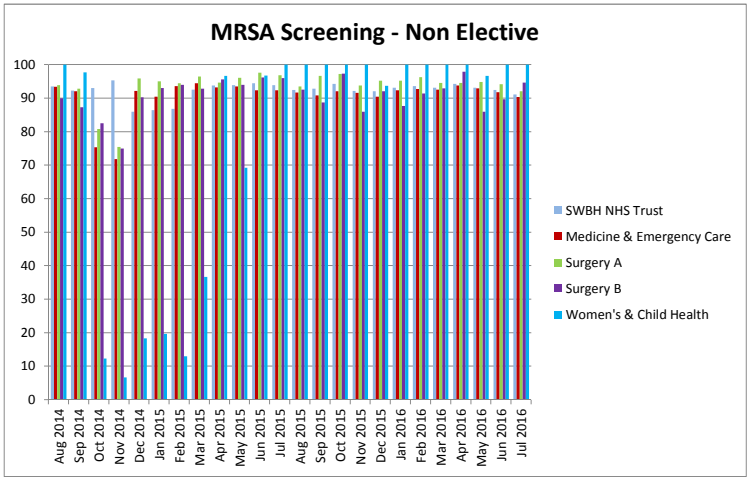
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	8	5	2	**15**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	2	9	0	**11**
Cancer	1	9	5	**15**
FFT. MSA, Complaints	12	4	5	**21**
Cancellations	6	3	0	**9**
Emergency Care & Patient Flow	10	4	4	**18**
RTT	5	3	6	**14**
Data Completeness	1	9	9	**19**
Workforce	11	1	10	**22**
Total	**60**	**58**	**58**	**176**

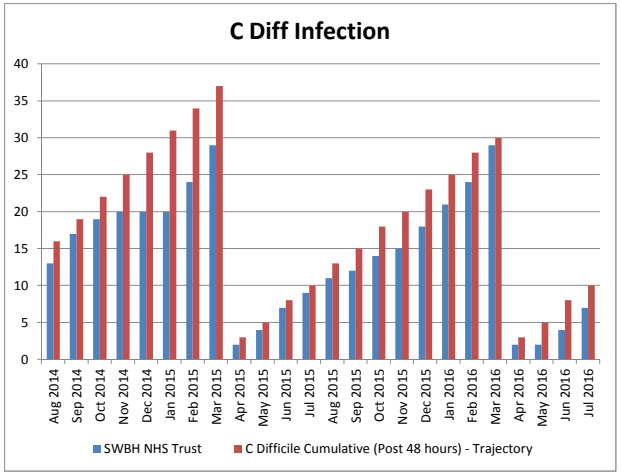
Exceptions are being managed in respective groups and are monitored in Group Reviews and in the Operational Management Committee governed by Performance Committee. There are no exceptions outstanding to the CCG at today. The CCG has

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
4		d	C. Difficile	<= No	30	2.5																			Jul 2016	2	1	0	0					3.00	7	
4		d	MRSA Bacteraemia	<= No	0	0																			Jul 2016	0	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42																			Jul 2016									4.9	5.1	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	95	95																			Jul 2016									24.3	23.0	
3			MRSA Screening - Elective	=> %	80	80																			Jul 2016	67.7	94.9	89.4	97.8					92.5	92.6	
3			MRSA Screening - Non Elective	=> %	80	80																			Jul 2016	90.4	92.1	94.7	100					91.1	92.8	

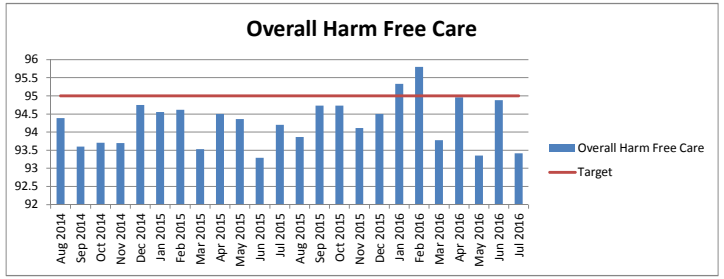


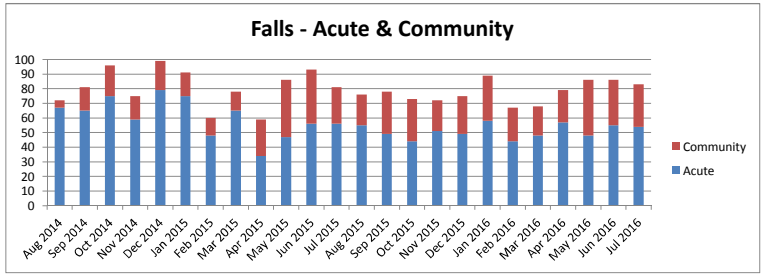


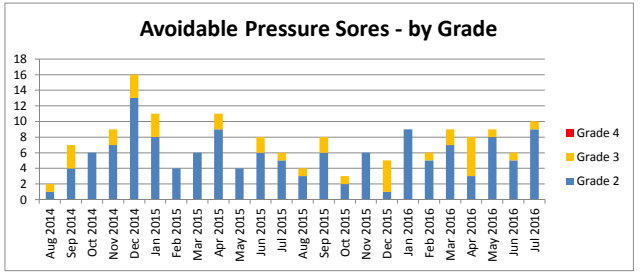


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Jul 2016									93.4	94.2	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			0.40	0.64	0.25	4.00	2.00	1.00	9.00	3.00	3.00	4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	Jul 2016									0.27	0.31	
8			Falls	<= No	804	67	64	78	80	106	90	70	76	78	73	72	75	89	67	68	79	86	86	83	Jul 2016	39	11	1	1	1	0	29		83	334	
9			Falls with a serious injury	<= No	0	0	0	1	1	1	1	5	0	1	2	3	1	2	2	2	1	0	4	1	Jul 2016	1	0	0	0		0	0		1	6	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	4	6	11	4	8	6	4	8	3	6	5	9	6	9	8	9	6	10	Jul 2016	5	1	1	0			3		10	33	
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	Jul 2016							4		4	10	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Jul 2016	94.5	94.2	97.6	90.5					94.4	95.3	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Jul 2016	100.0	99.8	99.9	99.5		0.0			100	100	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Jul 2016	100	100	100	100		100			100	99	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Jul 2016	100	100	100	100		100			100	99	
9		d	Never Events	<= No	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	Jul 2016	0	1	0	0	0	0	0		1	2	
9		d	Medication Errors causing serious harm	<= No	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	-	0	0		0	0	
9		d	Serious Incidents	<= No	0	0	4	6	5	4	7	9	7	5	7	6	2	12	8	5	2	1	10	5	Jul 2016	2	1	0	1	0	0	1	0	5	18	
9			Open Central Alert System (CAS) Alerts	<= No			9	4	8	5	4	8	11	8	7	4	9	7	6	5	1	13	3	11	Jul 2016									11	28	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	0	1	0	3	2	0	1	2	2	0	0	2	1	2	0	0	0	0	Jul 2016									0	0	

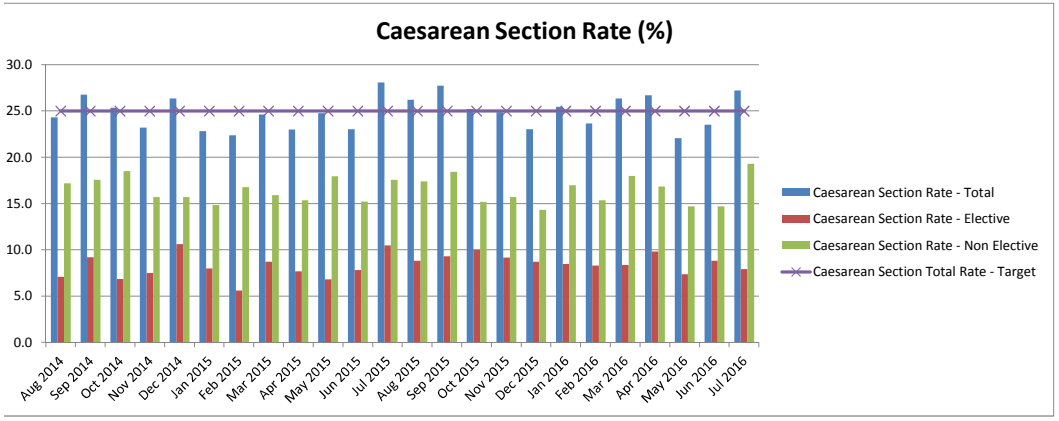


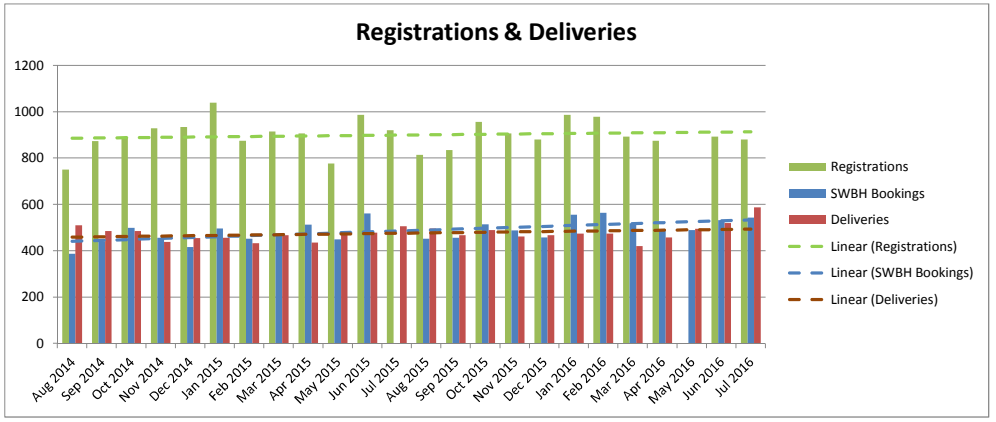




Patient Safety - Obstetrics

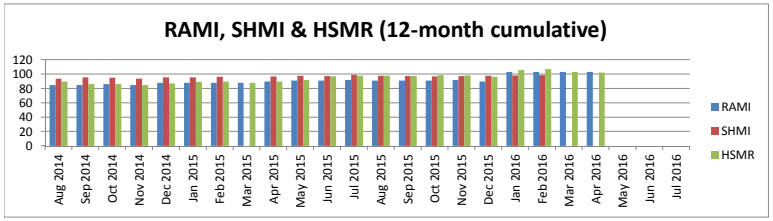
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Jul 2016	27.2	25.0	
3			Caesarean Section Rate - Elective	<= %			6	9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	Jul 2016	7.9	8.5	
3			Caesarean Section Rate - Non Elective	<= %			17	16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	Jul 2016	19.3	16.5	
2		d	Maternal Deaths	<= No	0	0																			Jul 2016	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jul 2016	2	8	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Jul 2016	1.36	1.36	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jul 2016	3.37	6.29	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Jul 2016	78.8	78.3	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Jul 2016	118.5	133.2	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	Jul 2016	-	73.68	
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.5	2.1	2.1	2.1	1.3	1.6	1.6	1.6	1.5	1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	Jul 2016	1.40	2.14	
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			0.5	1.5	1.6	1.0	1.3	1.0	1.1	1.3	1.1	1.3	0.3	-	0.8	1.5	1.3	3.4	1.3	1.4	Jul 2016	1.40	1.78	
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.0	1.2	0.7	0.8	0.9	0.2	0.5	0.8	1.1	1.0	0.0	-	0.8	1.1	1.0	2.4	1.3	1.4	Jul 2016	1.40	1.48	

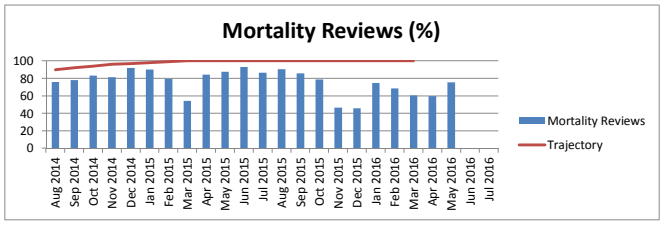


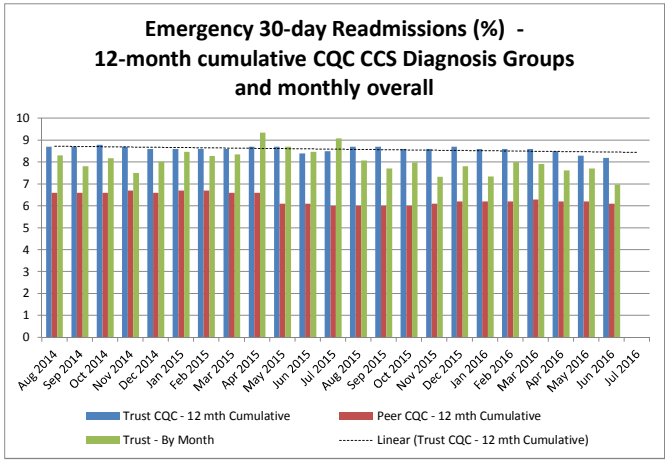


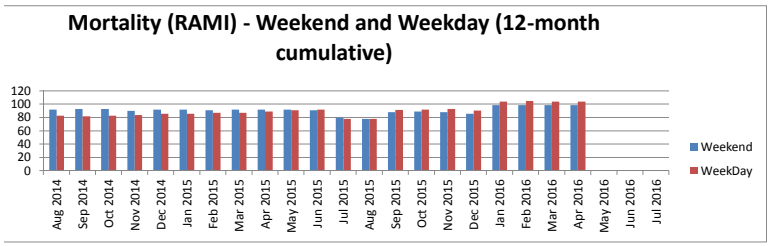
Clinical Effectiveness - Mortality & Readmissions

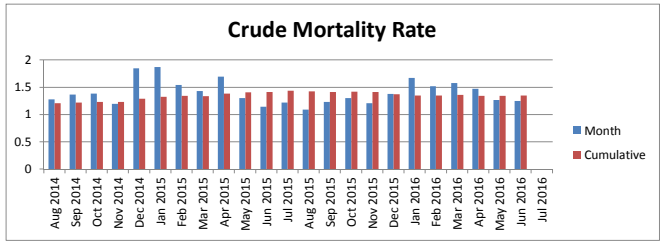
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	88	88	90	91	91	92	91	91	91	92	90	103	103	103	103	-	-	-	Apr 2016										103	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	87	87	89	91	92	78	78	92	92	93	91	104	105	104	104	-	-	-	Apr 2016										104	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	91	92	92	92	91	80	78	88	89	88	86	99	99	99	99	-	-	-	Apr 2016										99	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	97	-	97	98	97	99	98	97	97	97	98	98	99	-	-	-	-	-	Feb 2016										1075	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			90	88	90	92	97	98	98	98	99	98	97	106	107	103	102	-	-	-	Apr 2016										102.1	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	94	93	75	84	53	102	44	80	57	148	40	68	113	82	103	-	-	-	Apr 2016									103		
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	May 2016	78	60	0	67					76	67	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.5	1.4	1.7	1.3	1.1	1.2	1.1	1.2	1.3	1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	-	Jun 2016									1.25		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.4	-	Jun 2016										1.35	
	NEW		Deaths in the Trust	No			142	143	151	122	110	122	98	117	129	116	135	163	146	158	142	121	123	-	Jun 2016									123	386	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.3	8.4	9.4	8.7	8.5	9.1	8.1	7.7	8.0	7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	-	Jun 2016									6.99		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.1	8.2	8.2	8.2	8.3	8.4	8.4	8.3	8.3	8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	-	Jun 2016										7.91	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.6	8.6	8.7	8.7	8.4	8.5	8.7	8.7	8.6	8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	-	Jun 2016	-	-	-	-						8.33	





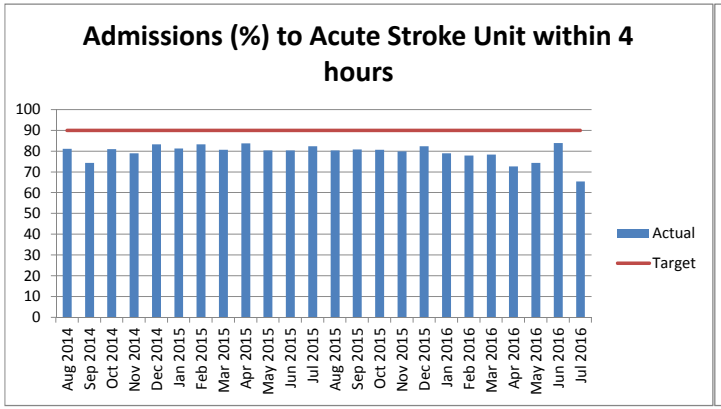


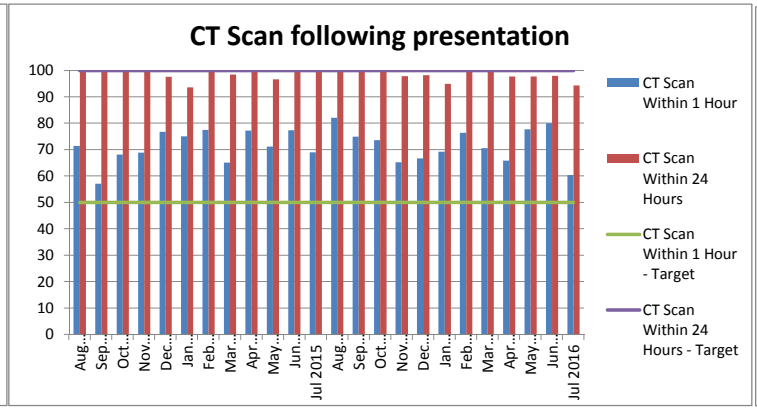


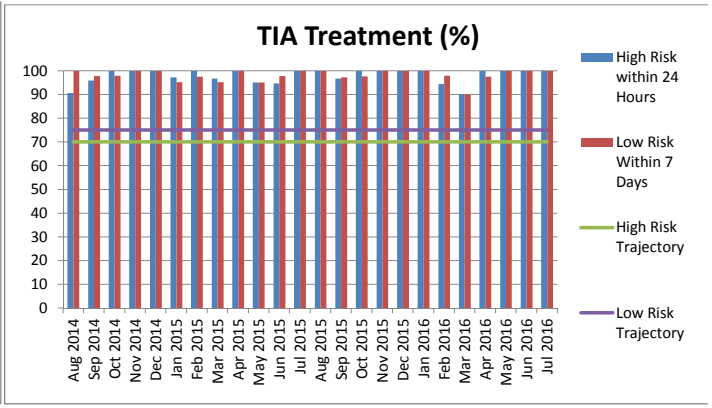


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Feb 2015) F M A M J J A S O N D J F M A M J J	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Jul 2016	94.3	93.3	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Jul 2016	65.4	74.1	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Jul 2016	60.4	70.8	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	100.0	100.0		Jul 2016	94.3	96.9	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Jul 2016	100.0	80.0	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Jul 2016	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Jul 2016	100.0	100.0	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Jul 2016	100.0	99.4	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Jul 2016	86.7	96.8	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Jul 2016	85.7	96.5	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Jul 2016	99.0	99.8	

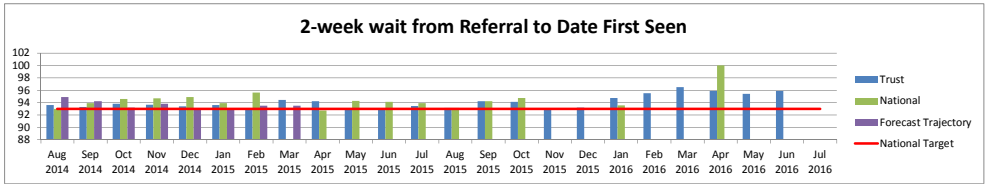


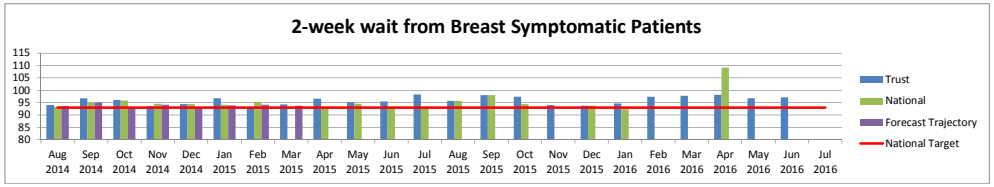


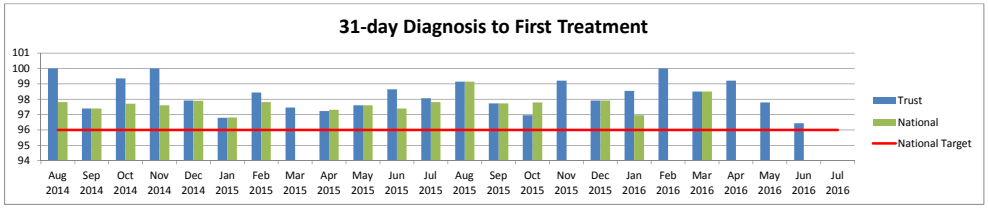


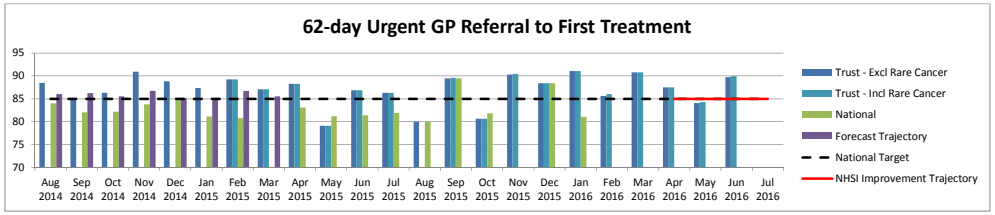
Clinical Effectiveness - Cancer Care

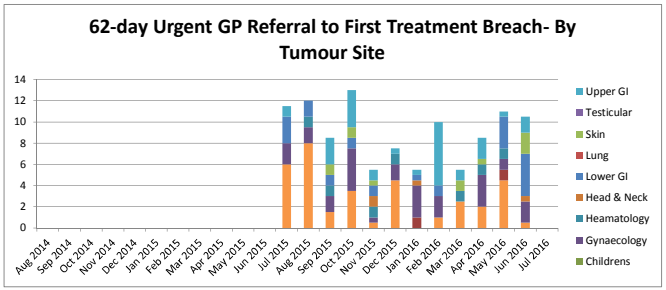
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																		-	Jun 2016	93.6	97.1	96.4	97.5					95.9	95.7	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jun 2016		-							97.1	97.2	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jun 2016	92.9	98.5	100.0	95.7					96.4	97.7	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0							N/A											-	Jun 2016									94.4	97.1	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		-	Jun 2016									100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	Jun 2016									-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		-	Jun 2016	78.8	98.6	66.7	79.0					89.8	87.0	
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0							-											-	Jun 2016	78.8	98.6	66.7	79.0					89.9	87.2	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	Jun 2016	0.0	95.2	0.0	100.0					95.6	97.6	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	Jun 2016	94.1	100.0	0.0	100.0					93.3	93.2	
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	-	0.0	12.0	8.5	13.0	5.5	7.5	5.5	10.0	5.5	8.5	11.0	6.5	-	Jun 2016	3.5	0.5	0.5	2.0					6.5	26.0	
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	-	4.5	7.0	4.0	8.0	2.0	3.5	0.0	4.5	0.5	3.0	1.0	2.0	-	Jun 2016	1.0	0.0	0.0	1.0					2.0	6.0	
1			Cancer - Longest Waiter in days	No			-	-	-	-	-	180	147	228	165	138	167	98	154	98	175	95	130	-	Jun 2016	130	100	70	176					130		
			IPT Referrals - Within 42 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	33	-	Jun 2016	-	-	-	-					33	40	

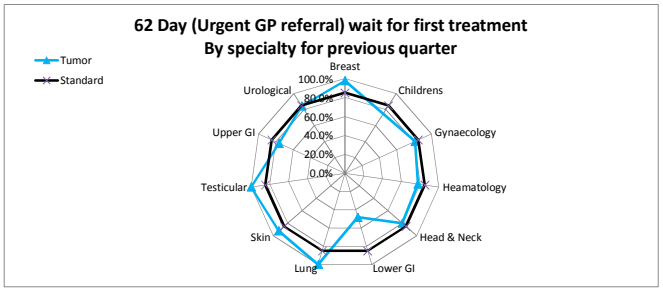


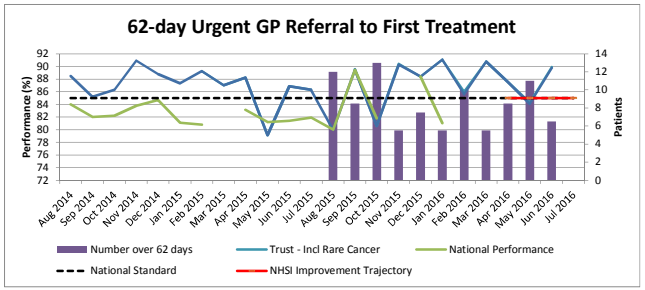






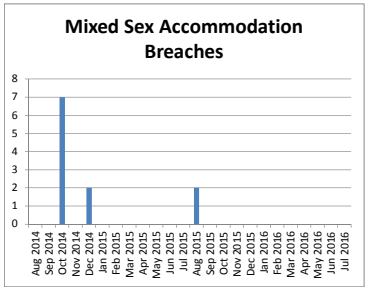


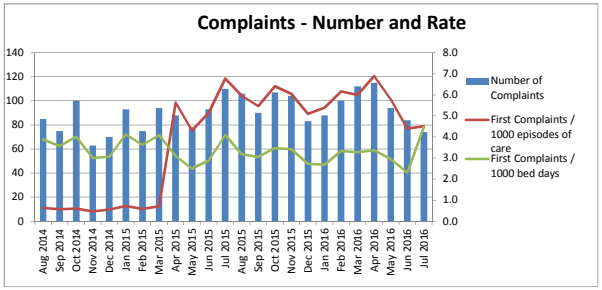


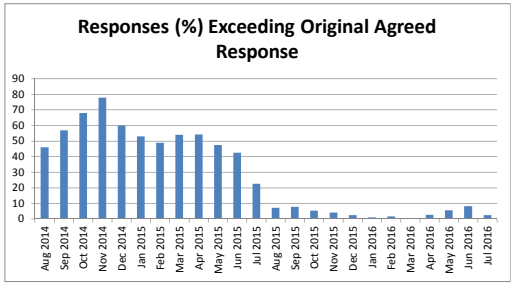


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	43	43	29	31	31	28	25	22	27	16	15	15	15	14	17	16	17	17	Jul 2016									17	17	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	68	72	95	95	95	96	95	95	95	93	96	96	95	95	96	90	83	86	Jul 2016									86		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	21	22	9.9	8.4	7.2	9.4	9.6	7.5	6.8	5.9	5.7	6.3	6	5.3	5.1	8.3	10	7.8	Jul 2016	7.8								7.8	7.9	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	44	52	79	79	79	84	88	83	80	82	81	79	74	74	78	85	87	86	Jul 2016	86								86		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	0	0.1	1.5	0.1	0	0.3	2.5	0.1	1.3	Jul 2016	-								1.3	1.1	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	0	50	85	0	0	100	96	50	95	Jul 2016	-								95		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	87	86	90	88	87	87	88	88	86	Jul 2016									86		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	100	100	96	100	95	100	91	100	94	Jul 2016									94		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	97	97	95	91	91	97	100	100	100	Jul 2016									100		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	95	98	96	99	99	99	99	100	98	Jul 2016									98		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	86	82	90	94	93	92	90	0	0	Jul 2016									0		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	28	14	23	15	10	12	9	0	0	Jul 2016									0	7	
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0		0	0		0	0	
9	NEW		No. of Complaints Received (formal and link)	No			75	94	88	78	93	110	106	90	107	104	83	88	100	112	115	94	84	74	Jul 2016	25	9	15	15	1	1	4	4	74	367	
9			No. of Active Complaints in the System (formal and link)	No			266	265	278	225	186	170	174	143	151	145	121	113	128	147	154	144	147	127	Jul 2016	46	18	23	19	2	2	8	9	127		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.6	4.1	3.1	2.5	2.9	4.1	3.2	3.0	3.5	3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	Jul 2016	14	1.6	16	2.5					4.46	3.11	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			0.6	0.7	5.6	4.3	5.1	6.8	6.0	5.5	6.4	6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	Jul 2016	3.6	3.2	11	4.9			0		4.50	5.40	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	98	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	96	Jul 2016	96	100	100	87	100	100	100	100	96	99	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	49	54	54	47	42	22	7.1	7.7	5.3	4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	2.4	Jul 2016	6.5	0	0	0	0	0	0	0	2	5	
9			No. of responses sent out	No			52	84	56	115	102	129	77	107	101	94	98	69	81	84	98	81	103	103	Jul 2016	44	21	18	7	3	0	2	8	103	385	
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Jul 2016	N	N	N	N	N	N	N	N	No		

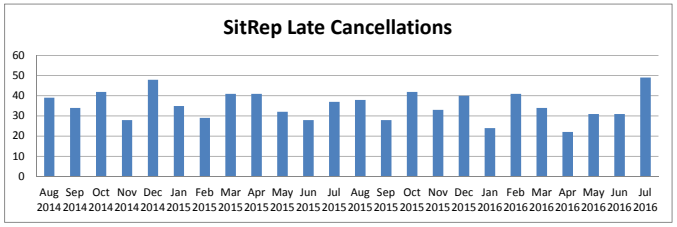


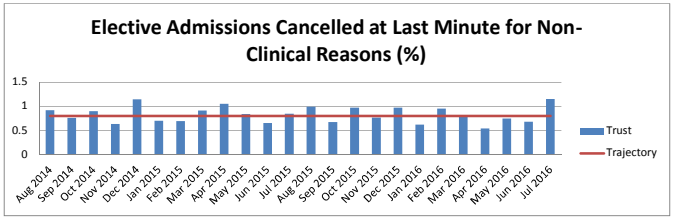


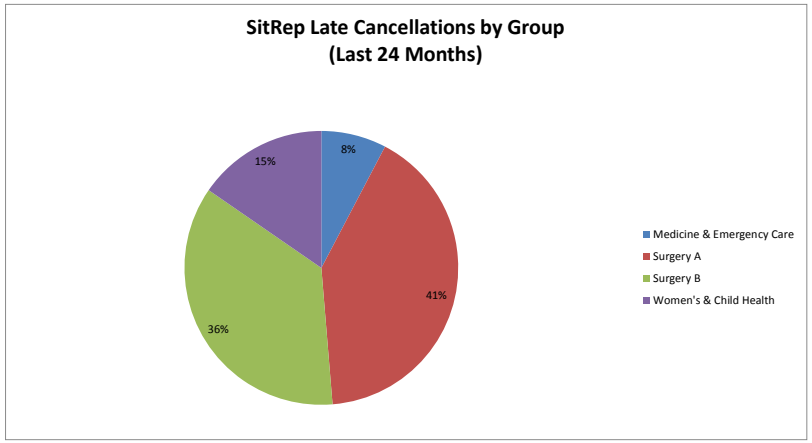


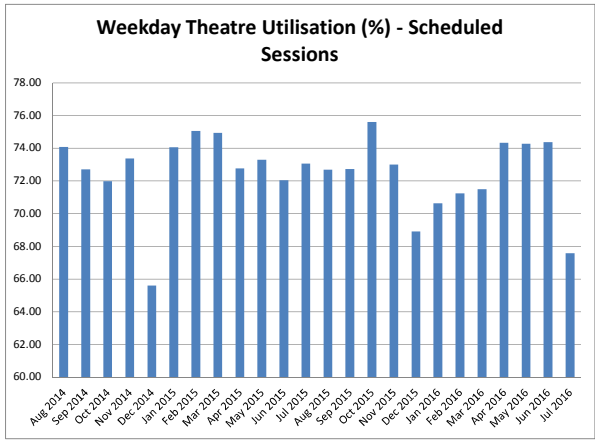
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2		•	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jul 2016	-	0.83	3.59	1.31					1.1	0.8	
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0					0	0	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	29	41	41	32	28	37	38	28	42	33	40	24	41	34	22	31	31	49	Jul 2016	0	9	36	4					49	133	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	2	Jul 2016	0	0	1	1					2	3	
			Multiple Cancellations experienced by same patient (all cancellations)	<= No	0	0	-	-	46	52	59	46	39	49	50	57	39	63	56	57	79	63	43	56	Jul 2016	3	25	24	4					56	241	
3			All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	<= No	0	0	-	-	209	204	229	222	211	229	244	238	194	210	228	223	229	257	229	241	Jul 2016	22	93	106	20					241	956	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Jul 2016	27.8	71.8	69.0	75.8					67.6	72.6	
2			Urgent Cancellations	<= No	0.0	0.0	-	-	11	5	6	0	7	3	9	0	0	0	0	0	0	0	0	0	Jul 2016	0.0	0.0	0.0	0.0					0	0	



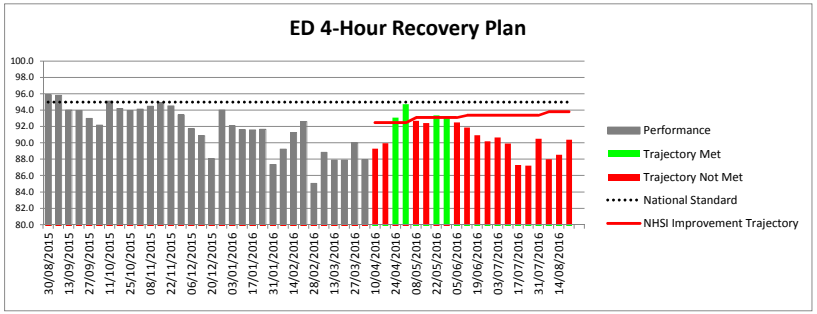


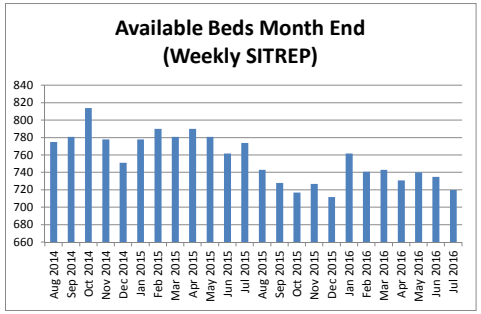


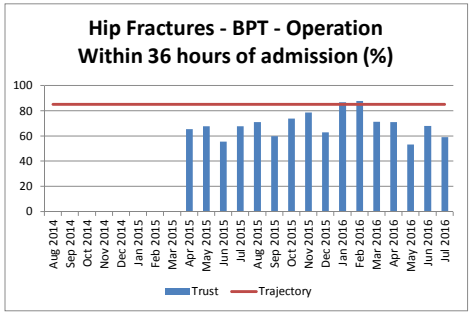


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Jul 2016	81.9	93.0	98.0	88.81	91.12	
2			Emergency Care 4-hour breach (numbers)	No			1481	1695	1527	1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	2168	Jul 2016	1484	644	40	2168	6852	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Jul 2016	0	0		0	0	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Jul 2016	23	15	14	19	17	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Jul 2016	73	47	121	63	56	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Jul 2016	7.66	8.46	2.39	7.40	7.40	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jul 2016	5.62	5.01	1.98	4.91	3.87	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	149	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	Jul 2016	65	57		122	338	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	Jul 2016	6	2		8	11	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jul 2016	0.29	0.09		0.18	0.06	
11			WMAS - Emergency Conveyances (total)	No			3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	Jul 2016	2081	2282		4363	17181	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Jul 2016	1.6	3.0		2.2	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Jul 2016	7.25	9.5		17		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	922	859	641	698	653	464	494	430	394	497	498	318	426	397	454	494	588	617	Jul 2016				617	2153	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	344	348	283	404	286	212	204	193	110	254	267	185	198	232	234	228	251	245	Jul 2016				245	958	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			573	634	567	596	502	545	529	588	601	518	540	632	543	546	563	498	451	578	Jul 2016				578	2090	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			258	270	237	293	239	240	237	275	261	209	236	320	269	232	255	222	204	268	Jul 2016				268	949	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0	-	-																	Jul 2016				59	63.3	

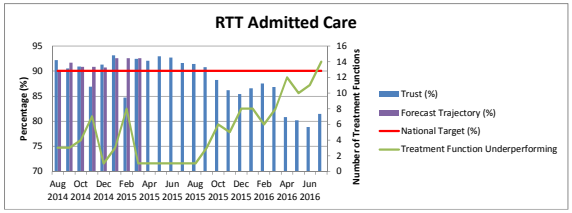


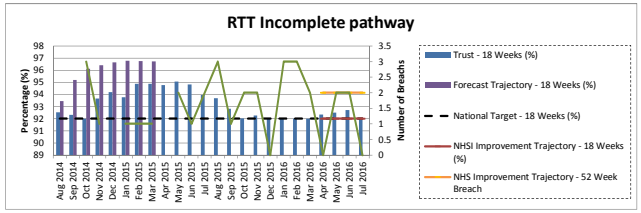


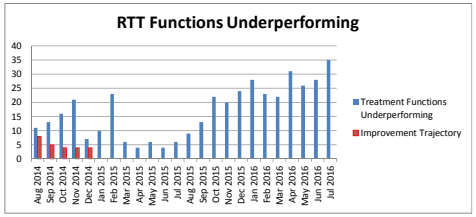


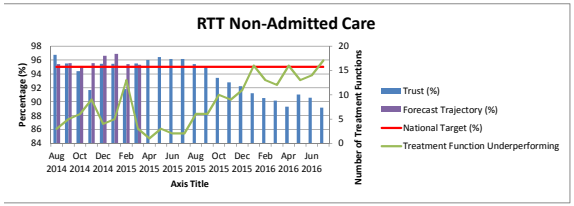
Referral To Treatment

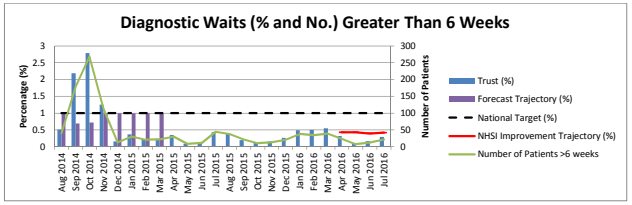
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jul 2016	88.3	74.8	81.8	85.4					81.48		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jul 2016	76.1	89.2	92.3	91.4					89.16		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jul 2016	90.8	90.6	93.7	93.4					92.06		
			RTT - Backlog	No			1534	1519	1601	1619	1727	2034	2181	2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	Jul 2016	821	658	666	130					2870		
2			Patients Waiting >52 weeks	<= No	0	0	3	4	1	2	1	3	5	2	4	4	2	4	5	8	3	2	4	4	Jul 2016	1	3	0	0					4	13	
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	1	0	2	1	2	3	1	2	2	0	3	3	2	0	2	2	0	Jul 2016	0	0	0	0					0	4	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	23	6	4	6	4	6	9	13	22	20	24	28	23	22	31	26	28	35	Jul 2016	14	11	6	2.0					35		
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	2	2	2	2	1	3	2	4	6	6	5	4	4	2	3	3	3	4	Jul 2016	2	2	0	0					4		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Jul 2016	0.7	1.2	0.2	0.0		0.0			0.29		
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			-	-	524	511	699	995	2244	2442	2872	2258	1593	1250	273	281	542	480	419	502	Jul 2016	107	179	-	-		216			502		
			Total ASIs in the month	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	0	-	Jun 2016	0	0	0	0					0	0	
			Total ASIs - 2WW	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	-	-	Apr 2016	0	0	0	0					0	0	
			Total ASIs - Urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	-	Mar 2016	0	0	0	0					0	0	
			Failed Appointments within required period (2WW, Urgent Pathway)	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	-	Mar 2016	0	0	0	0					0	0	

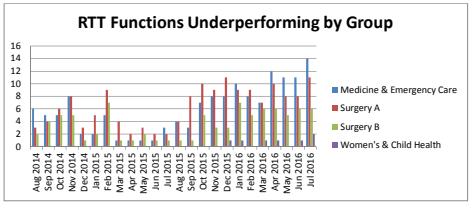


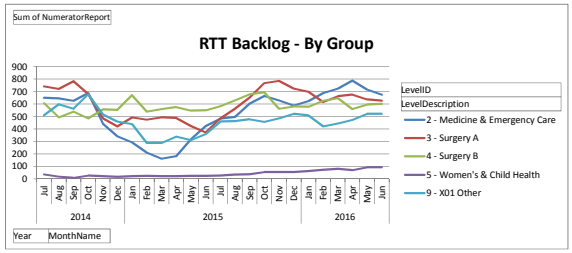


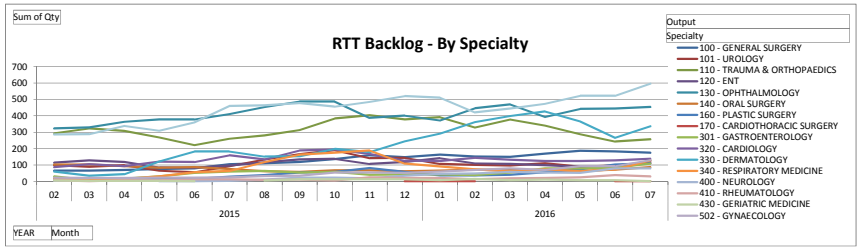






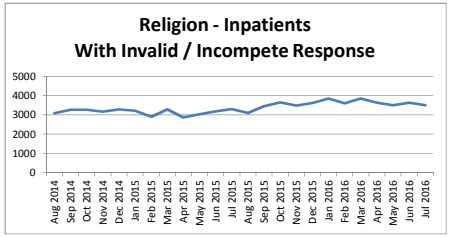


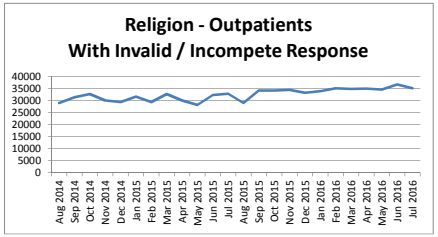


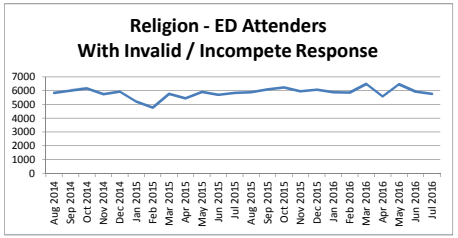


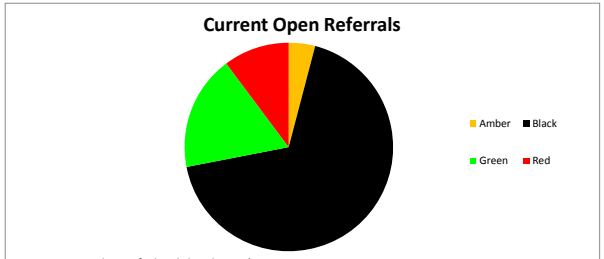
Data Completeness

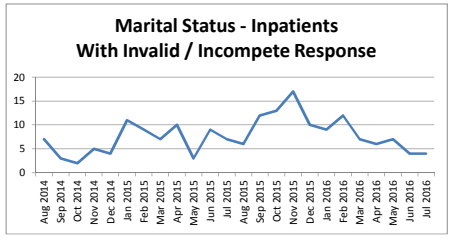
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			May 2016								61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jun 2016									99.4		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jun 2016									99.3		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jun 2016									99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.9	96.6	96.9	96.6	96.3	96.5	95.8	96.5	97.0	97.4	97.0	97.5	96.5	98.1	96.7	96.7	96.9	96.3	Jul 2016									96.3	96.7	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.5	99.5	99.5	99.4	Jul 2016									99.4	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.7	96.8	96.8	96.9	96.9	96.3	96.0	96.7	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	Jul 2016									97.0	96.9	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Jul 2016									93.0	93.5	
	NEW		Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Jul 2016									90.7	90.7	
	NEW		Protected Characteristic - Religion - INPATIENTS with recorded response	%			75.1	75.0	75.2	74.7	73.8	73.2	72.9	71.6	70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	69.8	Jul 2016									69.8	69.7	
	NEW		Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			63.2	62.2	62.5	62.6	63.0	62.5	61.3	60.8	60.4	59.9	59.3	59.3	58.4	58.1	58.1	58.2	57.8	58.0	Jul 2016									58.0	58.0	
	NEW		Protected Characteristic - Religion - ED patients with recorded response	%			65.8	64.9	65.5	64.4	65.8	64.1	61.8	61.2	61.8	62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	Jul 2016									66.5	64.7	
	NEW		Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.9	99.9	99.9	100.0	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	100.0	100.0	100.0	Jul 2016									100.0	100.0	
	NEW		Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			42.3	41.7	42.2	41.8	41.6	41.8	41.6	41.6	41.2	41.1	40.7	40.8	40.5	40.5	39.8	39.8	39.9	40.1	Jul 2016									40.1	39.9	
	NEW		Protected Characteristic - Marital Status - ED patients with recorded response	%			42.4	43.5	42.5	41.2	42.6	40.7	40.6	41.1	40.8	42.0	41.5	41.7	42.5	41.2	40.9	41.3	41.9	40.9	Jul 2016									40.9	41.3	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Jul 2016									5.8	5.8	
2			Open Referrals	No			-	-	173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,876	190,396	194,788	199,207	204,824	206,563	Jul 2016	69,993	40,183	67,252	24,866	3,868	342	59		206,563		
	NEW		Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#####	#####	#####	#####	Jul 2016	#####	#####	#####	#####	1,510	299	39		77383		

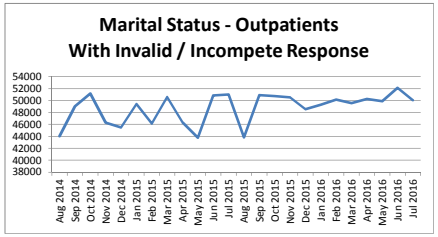


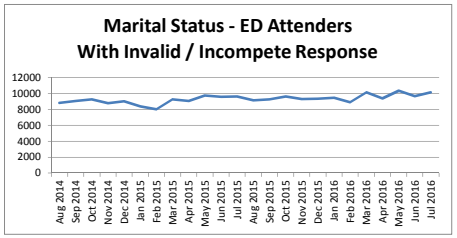






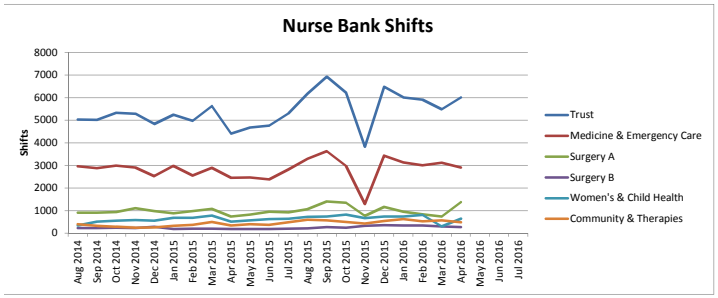


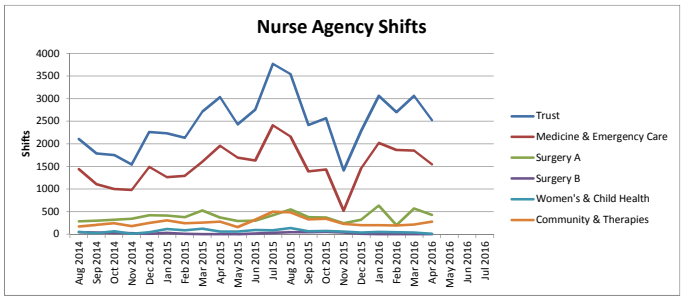


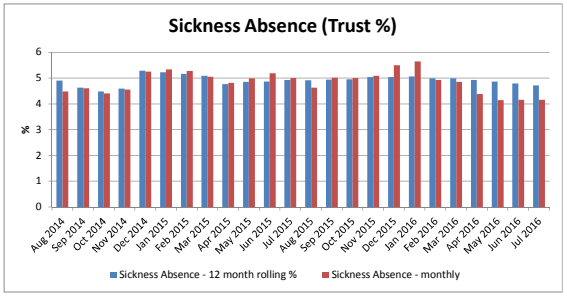


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Feb 2015) F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																				Jul 2016	91.0	88.8	94.4	86.4	92.8	87.8	86.3	85.2		90.2	
7		b	Medical Appraisal	=> %	95.0	95.0			-																	Jul 2016	87.5	74.1	96.8	89.1	100.0	86.7	0.0	100.0	86.3	87.5	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																				Jul 2016	5.5	5.3	3.1	5.0	4.3	4.5	4.4	4.2	4.72	4.8	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																				Jul 2016	4.5	5.5	2.7	4.2	4.8	4.1	3.5	3.5	4.15	4.2	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	-		-	-																Jul 2016	69.6	80.9	85.7	79.0	82.4	64.3	88.9	80.5	78.0	76.4	
3			Mandatory Training	=> %	95.0	95.0																				Jul 2016	83.6	88.5	88.8	87.5	96.3	85.7	93.4	92.5		88.3	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																				Jul 2016	95.4	97.5	92.8	95.9	99.4	96.6	99.0	99.3		97.0	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																				Jul 2016									11.9	12.3	
	NEW		Nursing Turnover	%			-	-	-	-	-	-	-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	Jul 2016									11.3	12	
7			New Investigations in Month	No			4	5	8	11	5	8	4	5	10	6	2	5	12	9	6	4	3	8	Jul 2016	1	2	0	1	0	0	0	4	8		
7			Vacancy Time to Fill	Weeks			23	22	23	24	26	25	27	25	23	23	23	24	26	23	26	25	23	24	Jul 2016									24		
7			Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			247	263	221	247	288	303	321	320	279	267	293	272	274	293	292	315	317	339	Jul 2016									339		
10			Nurse Bank Fill Rate	=> %	100.0	100.0	78	78	75	81	81	79	80	87	82	90	85	89	71	87	87	Reporting under development				Apr 2016	84.9	86.3	96.4	91.4	100.0	100.0	87.9	100.0	87.2	87.2	
10			Nurse Bank Shifts Not Filled	<= No	0	0	1432	1487	1532	1378	1073	1622	1423	1207	917	780	1178	1356	1069	1128	1100					Apr 2016	710	226	12	65	0	0	87	0	1100	1100	
10			Nurse Bank Use (shifts)	<= No	46980	3915																				Apr 2016	2913	1370	274	635	12	170	485	156	6015	6015	
10			Nurse Agency Use (shifts)	<= No	0	0																				Apr 2016	1546	431	0	8	0	241	282	18	2526	2526	
10			Admin & Clerical Bank Use (shifts)	<= No	0	0																				Apr 2016	1102	218	144	98	265	120	211	2492	4650	4650	
10			Admin & Clerical Agency Use (shifts)	<= No	0	0																				Apr 2016	83	56	42	40	0	0	0	113	334	334	
15			Your Voice - Response Rate	No			12.7	-->	-->	-->	13.9	-->	-->	15.3	-->	-->	12.6	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6	8	14	11	19	21	21	15	12.6		
15			Your Voice - Overall Score	No			3.55	-->	-->	-->	3.59	-->	-->	3.51	-->	-->	3.57	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.37	3.31	3.63	3.63	3.79	3.4	3.72	3.58	3.57		







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	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD	Value at Risk (000s)	Indicator	Trajectory / Notes	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	Monthly Trend A M J J A S O N D J F M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
1a	National	£792			Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	Annual Staff Survey results to improve by 5% for full payment	Baseline 2015/16: Q9a, 9b and 9c			2016 Results to Qs to improve by 5% for full payment	Met	A number of initiatives in place to improve results.	Jun-16				
1b	National	£792			Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	CQUIN funds will be paid on delivering the four outcomes opposite.	Unify Return submission	Renegotiate contracts	Renegotiate contracts	All four outcomes delivered	Met	a) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b) The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c) The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d) Ensuring that healthy options are available at any point including for those staff working night shifts.	Jun-16				
1c	National	£792			Staff Health & Wellbeing - Improving uptake of flu vaccination	Annual submission; flu vaccination at 75%+	No returns		Report %age achieved	Report %age achieved	N/A	Payment timeline to be clarified - possibly not until Q3	Jun-16				
2a	National	£396			Sepsis - A&E Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs		Screening and Review performance is low for Q1 (37% & 50% respectively); it is likely that trajectory agreed needs to have a steep improvement	Jun-16				
2b	National	£396			Sepsis - Inpatient Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs		There are effectively two parts to this scheme; screening, administering AB within one hour, and reviewing within 72 hours. The performance is reasonable on the screening at 60% in Q1 but low on the administering and reviewing at 33%. Documentation appears to be the issue rather than the reviewing itself.	Jun-16				
4a	National	£633			Antimicrobial Resistance and Antimicrobial Stewardship - **Reduction of antibiotic consumption**		2015/16 data for AB consumption			2016/17 data for AB consumption	Met	Acute trusts submit their own antibiotic consumption data to PHE and evidence of 72 hour antibiotic review to the commissioners too. Data submission due 14th August as PHE delayed data collation tool.	Jun-16				
4b	National	£158			Antimicrobial Resistance and Antimicrobial Stewardship - **Review of antibiotic prescribing**		Q1 Reviews up to 25% of sample	Q2 Reviews up to 50% of sample	Q3 Reviews up to 75% of sample	Q4 Reviews up to 90% of Sample	Met	AB reviews in sample at 78% in Q1	Jun-16				
5a	Local	£633			Cancer - Audit of 2ww cancellations		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
5b	Local	£633			Cancer - Cancer Treatment Summary Record in Discharge Care Plans		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
5c	Local	£475			Cancer - Cancer VTE Advice		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
6	Local	£317			Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions		Script	Shooting	Share in training	Share in training	Met	Discussion with CCG awaited around choice of video; but Q1 requirements despite this met	Jun-16				
7	Local	£950			Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days		Improvement on 15/16 Q4 Avg 68%	Improvement on last quarter avg	Improvement on last quarter avg	Improvement on last quarter avg	N/A	Q1 data not available until Sept due to reviews being 42 days later. Reviews performance has fallen recently and there may be risks associated with the delivery of the improvement required (Q4 68%).	Jun-16				
8a	Local	£475		£98	Discharges - Implementation of transfer of care plans		Q1 Audit of 50 Notes					Policy requirements extensive; no structured/phased approach at this stage for delivery, but engagement started. CCG supportive to discuss delivery criteria. For Q1 no notes were audited. Audit criteria (based on policy) are being designed and shared with relevant wards/departments to commence the process. Potential £98k at risk therefore.	Jun-16				
8b	Local	£475			Discharges - Reduction in Readmission Rate (Adults)		Q1 Position compared to 15/16 Baseline	Improvement on last quarter	Improvement on last quarter	Improvement on last quarter		The CCG baseline calculated is not clear so not directly comparable with Q1 results. We are seeking clarification with CCG to ensure comparability.	Jun-16				
		£7,915															

CQUIN (page 2 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Note	Trajectory		Q1	Q2	Q3	Q4	Previous Months Trend												Data Period	Comments	Year To Date	Trend	Next Month	3 Months
							Year	Month					A	M	J	J	A	S	O	N	D	J	F	M						
9	Specialised Services	£211			Preventing term admissions to NIC																				Jun-16	Due to resource implications the full CQUIN is not deliverable by the Trust. A partial delivery has been proposed to the commissioner - we await feedback, but worst case may have to look at alternative scheme				
10	Specialised Services	£75			Haemoglobinopathy improving pathways				Evidence meetings, action log and minutes.																Jun-16	Delivering				
11	Specialised Services	£211			Activation systems for patients with long term conditions																				Jun-16	The Trust has not yet identified appropriate long term conditions of the relevant sample size. There is opportunity to spread this into Q2				
12	Public Health	£55			Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population																				Jun-16	Await reporting - but continuation from last year				
13	Public Health	£36			Breast Screening - improvement in uptake - Promotion of screening programme																				Jun-16	Await reporting - but continuation from last year				
14	Public Health	£19			Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population																				Jun-16	Await reporting - but continuation from last year				
15	Public Health	£12			Bowel Screening - improvement in uptake - Promotion of screening programme																				Jun-16	Await reporting - but continuation from last year				
16	Secondary Care Dental	£54			Sugar Free Medicines Audit						Q3 Reporting														Jun-16	Reporting not due until Q3.				

Overview ..

▪The Trust is contracted to deliver a total of 16 CQUIN schemes during 2016 / 2017. 4 schemes are nationally mandated, a further 4 have been agreed locally. 3 identified by the West Midlands Specialised Commissioners and 3 by Public Health.

▪The collective financial value of the schemes **is c.£8.6m**; Local & Nationally schemes are at £7.9m and Specialised & PH at £0.7m.

▪The Trust has reported to CCG and CG on its Q1 performance as summarised on this dashboard and awaits feedback.

Q1 Position ..

Feedback has been received from both CCG and Specialised Commissioners.

Causes for Concern based on Q1 performance ..

CCG Schemes ..

×Sepsis screening & review performance is below reasonable levels, whilst trajectories are still to be agreed there is likely to be a large improvement required. Documentation remains an area of focus rather than reviews themselves. The CQUIN lead and Medical Director are progressing.

× Transfer care plans require focus in respect of ward audits which needs to be put in place. CQUIN lead is agreeing the policy criteria to apply to audits. (50 notes per quarter) agreed). CCG supportive and agreed to extend audits to Q2 based on significant policy requirements.

× Readmissions scheme requires a more comprehensive focus although we are observing reduction in the performance generally

Specialised Services Schemes ..

× NICU scheme is not deliverable in current format, the Trust has made a proposal on what it can deliver without extensive investment. The commissioners have rejected the proposal and are after a full delivery of the scheme or forfeit of funding (£211k) - the situation arises due to lack of clarity at sign off process.

× Long term conditions / services have not been yet identified. There is urgent focus required to decide which services are suitable and catch up on delivery in Q2

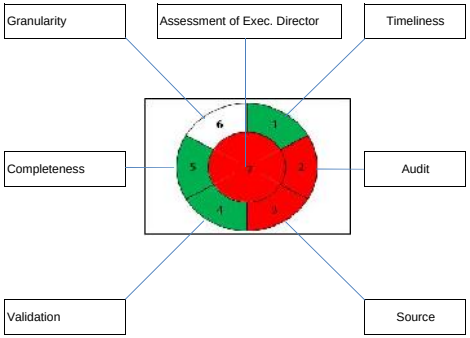
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Jul 2016	0	2	0	2	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jul 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Jul 2016	85	69	40	67.7		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Jul 2016	90	91	91	90.4		
Patient Safety - Harm Free Care	Falls	<= No	0	0	42	52	43	47	42	39	41	40	41	41	35	40	35	32	44	37	47	39	Jul 2016	13	21	5	39	167	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	1	0	1	5	0	1	1	2	0	0	1	1	0	0	2	1	Jul 2016	0	0	1	1	3	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	1	1	8	3	6	2	0	6	2	3	4	4	6	4	4	3	3	5	Jul 2016	0	4	1	5	15	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jul 2016	92.8	84.9	99.0	94.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jul 2016	100.0	100.0	100.0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jul 2016	100	0	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Jul 2016	100	0	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jul 2016	0	1	1	2	8	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	May 2016	81	86	67	78		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			10.0	10.5	11.7	10.5	10.3	11.5	10.7	9.7	9.6	8.6	9.3	9.2	9.4	9.6	9.7	10.0	9.2	-	Jun 2016				9.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			10.1	10.2	10.3	10.3	10.3	10.4	10.4	10.3	10.3	10.3	10.3	10.1	10.1	10.0	9.8	9.8	9.7	-	Jun 2016					9.8	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																			Jul 2016		94.3		94.3	93.3	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Jul 2016		65.4		65.4	74.1	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Jul 2016		60.4		60.4	70.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																			Jul 2016		94.3		94.3	96.9	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Jul 2016		100.0		100.0	80.0	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Jul 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																			Jul 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																			Jul 2016		100.0		100.0	99.4	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Jul 2016		86.7		86.7	96.8	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Jul 2016		85.7		85.7	96.5	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Jul 2016		99.0		99.0	99.8	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jun 2016			93.6	93.6		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jun 2016			92.9	92.9		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jun 2016			78.8	78.8		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	0	1	4.5	4.5	2.5	1.5	0.5	6	3	3.5	1.5	3.5	-	Jun 2016	-	-	3.50	3.50	9	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	0	0	3	4	2	0	0	4.5	0	2	0	1	-	Jun 2016	-	-	1.00	1.00	3	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	62	97	228	165	138	104	98	154	98	175	95	130	-	Jun 2016	-	-	130	130		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-					Jul 2016	-	-	19	19	30	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			36	38	41	35	41	53	36	29	43	42	32	34	47	39	49	36	28	25	Jul 2016	15	7	3	25	138	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			126	117	112	104	87	90	74	58	65	65	57	50	65	63	72	57	62	46	Jul 2016	29	10	7	46		

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		EC	AC	SC			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jul 2016	-	-	-	-		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	9	8	1	2	4	7	0	0	1	0	2	1	1	0	3	0	0	Jul 2016	0.0	0.0	0.0	0	3	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	49	48	54	60	46	47	45	33	54	35	32	34	32	31	58	56	54	28	Jul 2016	0.0	0.0	27.8	27.8		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	1	2	5	0	0	1	1	0	0	0	0	0	0	0	0	0	Jul 2016	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Jul 2016	81.9	93.0	Site S/C	87.7	90.2	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1242	1412	'	'	'	'	'	'	'	'	'	'	1560	1908	1246	1046	1187	1333	Jul 2016	1297	0	36	1333	4812	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Jul 2016	0.0	0.0	Site S/C	0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0									-	-	-	-							Jul 2016	23.0	15.0	Site S/C	19	17	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0									-	-	-	-							Jul 2016	73.0	47.0	Site S/C	56	51	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Jul 2016	7.7	8.5	Site S/C	8.1	8.0	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jul 2016	5.6	5.0	Site S/C	5.3	4.2	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	149	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	Jul 2016	65	57		122	338	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	Jul 2016	6	2		8	11	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jul 2016	0.29	0.09		0.18	0.06	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	Jul 2016	2081	2282		4363	17181	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jul 2016	0.0	88.1	88.4	88.3		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jul 2016	0.0	78.8	74.6	76.1		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jul 2016	0.0	93.1	89.6	90.8		
RTT	RTT - Backlog	<= No	0	0	211	161	181	317	424	482	494	604	664	629	587	623	689	725	789	716	674	821	Jul 2016	0	218	603	821		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	0	0	0	0	1	0	0	1	1	1	3	4	0	0	0	1	Jul 2016	0	1	0	1		
RTT	Treatment Functions Underperforming	<= No	0	0	6	1	1	1	1	3	4	3	7	8	8	10	8	7	12	11	11	14	Jul 2016	0	5	9	14		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jul 2016	0	0.07	2.87	0.69		

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		EC	AC	SC			
Data Completeness	Open Referrals	No			-	-	60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	Jul 2016	10,825	18,709	40,459	69993		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,178	27,360	25,493	Jul 2016	6,991	7,736	10,766	25493		
Workforce	WTE - Actual versus Plan	No			244	176	200	200	219	236	262	261	217	214	208	204	201	219	220	207	213	220	Jul 2016	115.2	57.19	43	220		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Jul 2016	92.87	91.68	86.33		89.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-																Jul 2016	81.82	85.71	92.11		88.3	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jul 2016	5.64	5.76	4.49	5.45	5.52	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-	-	-	-															Jul 2016	5.19	4.81	2.99	4.54	4.94	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-		-	-															Jul 2016	68.3	73.3	60.7		68.23	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Jul 2016	84.9	82.55	83.45		82.6	
Workforce	New Investigations in Month	No			2	2	2	1	1	2	1	3	0	0	1	1	6	4	1	0	0	1	Jul 2016	1	0	0	1		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	-	72	2528	3008	2311	3287	3019	4330	2700	1185	3654	3001	3002	4159	3992	-	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	-	1031	1136	1055	771	1146	977	811	594	217	749	925	700	748	710	-	-	-	Apr 2016				710		
Workforce	Nurse Bank Use	<= No	34560	2880																-	-	-	Apr 2016				2913	2913	
Workforce	Nurse Agency Use	<= No	0.00	0.00																-	-	-	Apr 2016				1546	1546	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00																-	-	-	Apr 2016				1102	1102	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00																-	-	-	Apr 2016				83	83	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			6	-->	-->	-->	6	-->	-->	6	-->	-->	6	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6.0	5.0	10.0	6.0		
Workforce	Your Voice - Overall Score	No			3.57	-->	-->	-->	3.49	-->	-->	3.45	-->	-->	3.37	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.44	3.56	3.10	3.37		

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		GS	SS	TH	An			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Jul 2016	1	0	0	0	1	3	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Jul 2016	94.86	94.85	0	0	94.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Jul 2016	93.33	89.47	0	100	92.1		
Patient Safety - Harm Free Care	Falls	<= No	0	0	4	4	5	9	5	4	2	4	2	6	11	13	6	11	7	8	3	11	Jul 2016	5	5	1	0	11	29	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	Jul 2016	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	2	0	0	1	1	1	2	1	1	1	2	0	1	2	2	0	1	Jul 2016	0	0	0	1	1	5	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jul 2016	93.46	93.86	0	99.07	94.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jul 2016	99.62	99.8	0	100	99.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jul 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Jul 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	Jul 2016	0	1	0	0	1	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jul 2016	0	1	0	0	1	4	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	May 2016	50	66.67	0	100	60.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.0	6.4	7.7	8.2	7.9	7.3	7.8	7.8	7.3	7.4	8.7	7.6	7.2	7.9	7.4	6.6	5.9	-	Jun 2016					5.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.78	6.74	6.78	6.77	6.85	6.92	7.03	7.21	7.27	7.37	7.56	7.58	7.6	7.73	7.71	7.57	7.4	-	Jun 2016						7.6	

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		GS	SS	TH	An			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jun 2016	97.1		0.0		97.08		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jun 2016	97.1				97.06		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jun 2016	98.5		0.0		98.53		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jun 2016	98.6		0.0		98.55		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	0	10	3	5	2	5	2	2	3	2	9	1	-	Jun 2016	-	-	-	-	0.5	11	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	4	6	1	2	0	4	0	0	1	0	1	0	-	Jun 2016	0	-	0	-	0	1	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	180	147	173	124	98	167	75	74	117	73	114	100	-	Jun 2016	100	-	0	-	100		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	<= No	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	9340	4541	0	1828	15709	46293	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	16	16	8	16	16	15	15	18	18	11	16	14	19	24	15	9	9	Jul 2016	3	4	1	1	9	57	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			40	45	46	27	32	23	26	23	23	24	15	17	23	26	24	29	25	18	Jul 2016	5	8	2	3	18		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jul 2016	0.99	0.8	0	0.47	0.83		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	13	17	12	10	8	21	13	13	17	8	16	5	19	6	10	6	14	9	Jul 2016	5	3	0	1	9	39	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	78.7	75.1	78.5	77.8	78.7	80.2	78.2	77.9	78.4	78	72.2	74	75.8	76.8	76.2	76.2	77.9	71.8	Jul 2016	77.1	65.3	0.0	78.6	71.76		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	2	0	0	0	7	2	8	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			108	127	-	-	-	-	-	-	-	-	-	-	49	65	68	30	38	75	Jul 2016	44	27	0	4	75	211	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	85	-	-																	Jul 2016		59.3			59.3	63.3	

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		GS	SS	TH	An			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jul 2016	82.8	65.1	0.0	0.0	74.8		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jul 2016	87.2	91.8	0.0	0.0	89.2		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jul 2016	92.4	88.5	0.0	0.0	90.6		
RTT	RTT - Backlog	<= No	0	0	475	492	488	423	373	486	562	651	768	785	725	698	617	662	676	636	627	658	Jul 2016	291	367	0	0	658		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	2	1	0	0	0	2	1	1	0	0	1	1	0	2	1	2	3	Jul 2016	2	1	0	0	3		
RTT	Treatment Functions Underperforming	<= No	0	0	8	4	2	3	2	2	4	8	10	9	11	9	9	7	10	8	8	11	Jul 2016	5	6	0	0	11		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jul 2016	1.7	0.0	0.5	0.0	1.23		
Data Completeness	Open Referrals	No			-	-	32,829	34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	37,034	38,099	38,955	40,183	Jul 2016	22,903	13,479	0	3,801	40183		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,456	15,128	15,709	Jul 2016	9,340	4,541	0	1,828	15709		
Workforce	WTE - Actual versus Plan	No			70	70.1	88.3	97.1	103	110	120	122	116	107	112	120	102	102	103	101	105	109	Jul 2016	40.89	19.7	20.6	24.72	109.45		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	87.1	91.8	92.0	86.2		89.6	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-																Jul 2016	86.96	83.33	0	62.5		78.2	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jul 2016	6.1	3.6	6.4	4.6	5.3	5.3	
Workforce	Sickness Absence - In Month	<= No	3.15	3.15	-	-	-	-															Jul 2016	6.8	######	6.4	######	5.5	5.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-		-	-															Jul 2016	81.8	61.6	88.9	81.6	80.9	79.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	87.0	83.4	90.1	91.4		88.0	
Workforce	New Investigations in Month	No			1	2	3	3	1	2	1	0	3	0	0	1	1	1	0	0	0	2	Jul 2016	2	0	0	0	2		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	76	71	80	82.2	75.6	76.4	85.8	85.3	86.3	82.3	77.9	57.2	83.5	86.3	-	-	-	Apr 2016					86.34	86	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	335	313	247	197	347	303	272	220	117	232	269	202	223	226	-	-	-	Apr 2016					226	226	
Workforce	Nurse Bank Use	<= No	9908	826																-	-	-	Apr 2016					1370	1370	
Workforce	Nurse Agency Use	<= No	0	0																-	-	-	Apr 2016					431	431	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																-	-	-	Apr 2016					218	218	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																-	-	-	Apr 2016					56	56	

Surgery A Group

Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00					**-**	**-**	
Workforce	Your Voice - Response Rate	No			9	-->	-->	-->	10	-->	-->	10	-->	-->	8	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	9	**8**		
Workforce	Your Voice - Response Score	%			3.41	-->	-->	-->	3.56	-->	-->	3.37	-->	-->	3.31	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	3.49	**3.31**		

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		O	E			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Jul 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jul 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Jul 2016	86.7	91.7	89.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Jul 2016	92.3	97.2	94.7		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	0	0	2	1	0	0	1	2	1	1	1	1	1	1	1	1	Jul 2016	1	0	1	4	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Jul 2016	1	0	1	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Jul 2016	98.4	96.1	97.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Jul 2016	100	99.5	99.89		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Jul 2016	100	100	100		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Jul 2016	100	100	100		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jul 2016	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jul 2016	0	0	0	0	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	97	-	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A		N/A		N/A	-	-	May 2016	0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.5	5.5	5.7	4.4	3.4	5.7	3.6	5.3	5.0	4.4	6.1	3.1	5.8	4.9	2.8	4.9	4.2	-	Jun 2016			4.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.5	4.5	4.5	4.6	4.6	4.6	4.5	4.7	4.7	4.6	4.7	4.7	4.8	4.8	4.5	4.6	4.6	-	Jul 2016				4.6	

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate O	Directorate E	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	Jun 2016		96.4	96.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96									#DIV/0!						#DIV/0!			-	Jun 2016		100	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85									#DIV/0!				#DIV/0!			#DIV/0!		-	Jun 2016		66.7	66.7		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	0	0	0	0	1	0	0.5	0	0	0	0	0.5	-	Jun 2016	-	0.5	0.5	0.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	Jun 2016	-	0	0	0	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	62	51	62	0	104	54	84	0	59	0	0	70	-	Jun 2016	-	70	70		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	0	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	16	14	9	6	15	15	16	18	18	17	9	14	19	21	14	18	15	Jul 2016	12	3	15	68	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			35	36	39	35	17	17	22	19	24	25	21	15	14	19	25	23	23	23	Jul 2016	18	5	23		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jul 2016	3.76	3.29	3.59		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	11	8	15	17	16	10	14	8	19	15	11	11	14	14	8	12	8	36	Jul 2016	24	12	36	64	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	72	75.2	73.3	71.4	73.1	73.9	70.5	73.6	75	75.09	73.8	74.5	74.8	72.5	73.9	75	73.4	69	Jul 2016	70.5	65.2	68.98		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Jul 2016	98		98.0	98.1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			8	39	-	-	-	-	-	-	-	-	-	-	13	33	41	52	42	44	Jul 2016	41	3	44	179	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	-																		Jul 2016	0		0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15									-	-	-	-							Jul 2016	14		14	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60									-	-	-	-							Jul 2016	121		23	112	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Jul 2016	2.39		2.39	3.26	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Jul 2016	1.98		1.98	1.73	

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate O	Directorate E	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Jul 2016	79.7	85.8	81.8		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Jul 2016	93.3	88.9	92.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Jul 2016	93.6	94.0	93.7		
RTT	RTT - Backlog	<= No	0	0	540	559	574	547	549	582	630	678	693	561	579	578	626	646	560	595	600	666	Jul 2016	453	213	666		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	0	1	0	3	2	1	3	3	1	2	1	3	1	0	0	0	Jul 2016	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	7	1	1	2	1	1	1	1	5	3	3	7	5	6	6	5	6	6	Jul 2016	2	4	6		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Jul 2016	0	0.16	0		
Data Completeness	Open Referrals	No			-	-	58,186	60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	63,337	64,441	65,936	67,252	Jul 2016	55,165	12,087	67252		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,583	20,129	21,126	Jul 2016	16,404	4,722	21126		
Workforce	WTE - Actual versus Plan	No			29	28.5	35.3	35.1	46.6	43.1	49.7	57.2	57.7	59.1	61.1	57.8	50.2	46.7	41.5	42	46.1	48.3	Jul 2016			48.3		
Workforce	PDRs - 12 month rolling	=> %	95	95																			Jul 2016	95.3	95.3		95.4	
Workforce	Medical Appraisal and Revalidation	=> %	95	95			-																Jul 2016	96.2	100	96.8	95.12	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	3.37	2.67	3.13	3.19	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-	-	-	-															Jul 2016	3.37	0.98	2.68	3.03	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-		-	-															Jul 2016	82.9	77.2	85.68	81.79	
Workforce	Mandatory Training	=> %	95	95																			Jul 2016	87.4	92.5		87.99	
Workforce	New Investigations in Month	No			0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	Jul 2016			0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	100	99	99.6	98.4	98.2	96.9	96	97	97.63	93.5	97.3	95.9	97.1	96.4	-	-	-	Apr 2016			96.41	96.41	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	1	2	1	3	4	7	13	7	27	23	11	14	10	12	-	-	-	Apr 2016			12	12	
Workforce	Nurse Bank Use	<= No	2796	233																-	-	-	Apr 2016			274	274	

Surgery B Group

Workforce	Nurse Agency Use	<= No	0	0	🔴	🔴	🟢	🟢	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🟢	-	-	-	Apr 2016			0	0	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	-	-	-	Apr 2016			144.0	144.0	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🟢	🔴	🔴	🔴	-	-	-	Apr 2016			42.0	42.0	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Workforce	Your Voice - Response Rate	No			14	-->	-->	-->	12	-->	-->	15	-->	-->	14	-->	-->	-->	-->	-->	-->	-->	Dec 2015	7	31	14		
Workforce	Your Voice - Overall Score	No			3.54	-->	-->	-->	3.59	-->	-->	3.63	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.56	3.73	3.63		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		G	M	P	C			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Jul 2016	97.8				97.8		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Jul 2016	100	100			100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	1	2	1	0	1	2	0	1	0	2	0	1	0	1	2	1	Jul 2016	0	0	1	0	1	4	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jul 2016	98.3	86.2			90.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jul 2016	99	100			99.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jul 2016	100	0			100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Jul 2016	100	0			100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jul 2016	0	1	0	0	1	3	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate G	M	P	C	Month	Year To Date
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Jul 2016		27.2			27.2	25.0
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			6	9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	Jul 2016		7.93			7.9	8.5
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			17	16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	Jul 2016		19.3			19.3	16.5
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Jul 2016		0			0	0
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jul 2016		2			2	8
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Jul 2016		1.36			1.4	1.4
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jul 2016		3.37			3.4	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Jul 2016		78.8			78.8	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Jul 2016		118			118.5	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0				N/A			N/A	N/A			N/A		N/A				-	-	May 2016	66.7	0	0		66.7	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.4	6.9	7.4	6.9	7.1	7.1	4.4	4.5	6.4	5.9	4.8	4.7	6.7	5.5	4.9	5.0	4.7	-	Jun 2016					4.7	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.6	6.7	6.7	6.7	6.8	6.9	6.7	6.6	6.6	6.5	6.3	6.1	6.1	5.9	5.8	5.6	5.4	-	Jun 2016						5.6
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jun 2016	97.5		0		97.5	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jun 2016	95.7				95.7	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jun 2016	79				79.0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	0	1.5	1.5	4	0.5	1.5	3	2	0	3	1	2	-	Jun 2016	2	-	0	-	2	6
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	1	1	0	2	0	0	0	0	0	1	0	1	-	Jun 2016	1	-	0	-	1	2
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	123	130	98	146	89	71	104	97	62	149	86	176	-	Jun 2016	176	-	0	-	176	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	0	-	0	-	0	0

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		G	M	P	C			
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0				0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	11	7	9	14	14	12	10	9	10	15	17	4	13	5	10	9	15	Jul 2016	4	7	4	0	15	39	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			27	32	28	28	20	18	17	13	13	13	14	20	6	17	9	13	10	19	Jul 2016	0	0	0	0	19		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jul 2016	1.85		-		1.3		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0				0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	5	7	6	4	2	2	4	7	6	9	13	6	7	13	4	10	9	4	Jul 2016	4				4	27	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	78	79	76	78	74	75	76	79	76	76	72	74	71	78	76	73	74	76	Jul 2016	75.8	-			75.8		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	8	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	-	0	-	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			30	16	-	-	-	-	-	-	-	-	-	-	15	6	16	5	5	10	Jul 2016	8	0	2	0	10	36	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jul 2016	85.4				85.4		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jul 2016	91.4				91.4		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jul 2016	93.4				93.4		
RTT	RTT - Backlog	<= No	0	0	22	20	20	23	22	25	32	34	54	53	52	60	70	80	69	92	93	130	Jul 2016	130				130		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	Jul 2016	0				0		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	2	Jul 2016	2				2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Jul 2016	0				0.0		

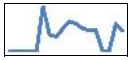
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate G	M	P	C	Month	Year To Date
Data Completeness	Open Referrals	No			-	-	19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	Jul 2016	7,561	11,424	5,868	13	24866	
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,041	10,069	10,168	Jul 2016	3,454	5,574	1,140	0	10168	
Workforce	WTE - Actual versus Plan	No			68.6	66.9	67.9	70.8	87.2	95.8	111	96.6	85.7	82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	Jul 2016	23.5	52.6	21	0	97.1	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	89.6	83.4	92.2	0		90.5
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-																Jul 2016	90	92.3	84.6	0		91.7
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	4.73	5.48	3.89	0	5.0	5.2
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-															Jul 2016	5.14	4.57	2.82	0	4.2	3.9
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-		-	-															Jul 2016	85.5	78	78.1	0	79.01	77
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	89.1	87.1	87.6	0		86.9
Workforce	New Investigations in Month	No			1	1	1	3	2	2	1	1	1	1	0	0	1	0	1	0	0	1	Jul 2016	0	1	0	0	1	
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	90	93.6	95.4	91.9	93.9	90.9	94.7	94.2	96.1	87.4	93.5	90.8	92.9	91.4	-	-	-	Apr 2016					91.4	91.4
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	81	37	35	53	50	68	51	48	394	95	54	74	60	65	-	-	-	Apr 2016					65	91
Workforce	Nurse Bank Use	<= No	6852	571																-	-	-	Apr 2016					635	635
Workforce	Nurse Agency Use	<= No	0	0																-	-	-	Apr 2016					8	8
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																-	-	-	Apr 2016					98	98
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																-	-	-	Apr 2016					40	40
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			9	-->	-->	-->	13	-->	-->	12	-->	-->	11	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	5	17	13	11	
Workforce	Your Voice - Overall Score	No			3.53	-->	-->	-->	3.66	-->	-->	3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.69	3.67	3.62	3.45	3.6	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		G	M	P	C			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-	-	17	26	56	97	124	118	111	159	167	207	193	159	-	-	141	184	Jul 2016				184	184	325	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-	-	82.6	81	86.7	88.3	87.9	90.7	89.9	88.9	88.2	87.6	91.9	89	-	-	86.7	-	Jun 2016				86.7	86.7	86.7	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-	-	17	15.9	8.8	5.87	9.69	9.04	8.51	9.19	8.82	7.69	6.68	9.33	-	-	9.11	-	Jun 2016				9.11	9.11	9.11	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-	-	59.2	61.7	71.1	77.7	82	87.4	92.3	93.3	91.9	97.5	90.3	94.4	-	-	86.6	90.1	Jul 2016				90.1	90.14	88.42	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-	-	88.4	78.8	77.3	86.7	86.1	84.5	91	94.5	96.2	-	-	-	-	-	99.2	-	Jun 2016				99.2	99.23	99.23	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-	-	85.1	80.2	91.4	89.8	82	92.9	95.1	93	94.5	95.8	88.9	95.6	-	-	86.5	87.1	Jul 2016				87.1	87.12	86.82	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-	-	76.9	71.5	78.3	79.2	70	84.7	83.2	84.4	80.5	90.2	84.2	81.6	-	-	79.2	79.5	Jul 2016				79.6	79.55	79.35	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-	-	1	1	1	1	1	1	1	1	1	1	1	1	-	-	100	1	Jul 2016				1	1	101	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-	-	74	74.3	79.1	83.5	94	93	96.5	97.1	93.9	97.9	93.6	96	-	-	90.1	86.5	Jul 2016				86.5	86.54	88.24	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-	-	63.3	65.3	65	77.7	88.5	83.1	80.2	84.7	91.9	98.6	99.3	99.4	-	-	94.9	96.1	Jul 2016				96.1	96.11	95.51	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-	-	38.7	38.7	38.7	33.6	31.4	32.3	27.6	30.7	36.8	37.9	35.6	43.9	-	-	36.7	38.3	Jul 2016				38.3	38.33	37.5	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100	100	Jul 2016				100	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-	-	-	-	-	347	397	333	360	358	353	335	391	341	-	-	389	359	Jul 2016				359	359	748	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-	-	88	87.2	85.8	92.3	98.5	86	94.7	98.6	97.2	96.3	100	100	-	-	98.2	-	Jun 2016				98.2	98.2	98.2	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-	-	-	-	-	359	374	340	365	337	376	366	322	358	-	-	353	354	Jul 2016				354	354	707	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-	-	74.1	80.9	79	99.7	95.4	94.7	94.1	91.8	98.2	99.7	98.8	100	-	-	99.2	98.3	Jul 2016				98.3	98.33	98.74	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	-	-	-	-	315	340	275	321	257	316	352	294	339	-	-	355	359	Jul 2016				359	359	714	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-	-	76.2	68.8	66.3	98.4	95.8	81.1	89.4	83.4	92.4	89.6	92.2	91.6	-	-	93.5	91.3	Jul 2016				91.4	91.35	92.38	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-	-	0	0	0	84	31	27	42	56	51	42	39	39	-	-	51	39	Jul 2016				39	39	90	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	-	

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	5	0	2	3	0	2	0	1	2	0	2	4	2	3	4	2	1	Jul 2016	0	0	0	0	1	1	10	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	6	4	6	5	2	3	0	2	2	1	1	4	3	3	5	4	2	Jul 2016	0	0	0	0	2	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			-	-	1,700	1,743	1,808	1,870	1,957	3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	Jul 2016	1,528	1	1,799	0	540	3,868		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,502	1,437	1,510	Jul 2016	726	0	784	0	0	1,510		
Workforce	WTE - Actual versus Plan	No			16	16	20.4	22.8	32.5	34	33.7	40.3	40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	Jul 2016	15.5	3.79	13.9	4.74	0.32	39		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	91.8	100	86.7	98.3	100		93.99	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-																Jul 2016	0	100	100	100	100		95.38	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	5.38	2.16	5.24	3.39	2.82	4.31	4.2	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	-	-	-	-															Jul 2016	5.1	7.5	6.9	1.1	0.1	4.82	4.3	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-		-	-															Jul 2016	89.4	100	70	95.7	100	82.4	81.2	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	93.2	99	95.3	96.3	98.5		94.9	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																-	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																-	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			12	-->	-->	-->	21	-->	-->	24	-->	-->	19	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	28	12	26	57	19		
Workforce	Your Voice - Overall Score	No			3.76	-->	-->	-->	3.69	-->	-->	3.58	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.64	3.73	3.77	3.75	4.14	3.79		

Imaging Group

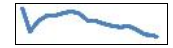
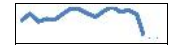
Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jul 2016	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	1.0	-	-	2.0	2.0	2.0	1.0	1.0	1.0	-	-	1.0	2.0	-	2.0	1.0	2.0	-	Jun 2016					5.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	9.0	9.0	9.0	11.0	12.0	13.0	13.0	14.0	15.0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	-	Jun 2016						4.78	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Jul 2016			60.38		60.38	70.83	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Jul 2016			94.34		94.34	96.88	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	1	0	4	3	5	8	4	1	2	1	3	6	5	2	0	1	1	Jul 2016	0	1	0	0	1	4	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	5	0	5	5	7	11	7	3	2	0	3	6	5	2	1	2	2	Jul 2016	1	1	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			49	51	-	-	-	-	-	-	-	-	-	-	49	62	36	67	69	86	Jul 2016	86	0	0	0	86	258	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jul 2016	0				0		
Data Completeness	Open Referrals	No			-	-	132	148	151	173	178	198	208	231	248	259	271	286	288	298	325	342	Jul 2016	342	0	0	0	342		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	287	267	299	Jul 2016	299	0	0	0	299		
Workforce	WTE - Actual versus Plan	No			33	33.6	41.4	46.3	57.9	58.9	55.9	50	47.5	45.1	40.1	43.9	44.2	46.3	48.5	51	44.2	44.5	Jul 2016	19.4	1.95	4.01	6.54	44.5		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	86.7	90.9	92	85.2		86.0	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-																Jul 2016	87.5	0	100	75		83.7	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	3.1	5.4	2.0	6.4	4.48	4.57	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-															Jul 2016	3.7	1.0	4.1	6.4	4.10	4.65	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-		-	-															Jul 2016	68.2	94.1	90.5	30.5	64.3	61.0	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	82.1	88.4	92.3	86.4		86.7	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	Jul 2016					0		
Workforce	Nurse Bank Use	<= No	288	24																	-	-	Apr 2016					170	170	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016					241	241	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016					120	120	

Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	Apr 2016					0	0	
Workforce	Your Voice - Response Rate	No			18	-->	-->	-->	19	-->	-->	24	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	Dec 2015	18	0	61	11	**21**		
Workforce	Your Voice - Overall Score	No			3.28	-->	-->	-->	3.41	-->	-->	3.11	-->	-->	3.40	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.34	0	3.84	3.91	**3.4**		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Jul 2016	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	16	13	30	47	37	25	27	29	29	21	26	31	23	20	22	38	31	29	Jul 2016	0	28	1	29	120	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	1	0	0	0	0	1	0	1	2	1	1	0	0	1	0	Jul 2016	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	3	3	1	1	3	2	0	0	2	0	3	0	4	2	4	3	3	Jul 2016	-	3	-	3	12	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jul 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jul 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jul 2016	0	0	1	1	3	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	1	0	1	2	1	3	5	4	4	2	3	6	7	3	5	5	4	Jul 2016	1	3	0	4	17	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	6	0	7	6	4	5	7	5	5	5	3	6	7	11	7	9	8	Jul 2016	1	6	1	8		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			72.2	77.4	174	92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	102	123	128	154	Jul 2016	13	100	40.7	153.65		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	92.2	84.1	85.2		90.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	3.19	4.64	4.66	4.36	4.52	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-															Jul 2016	3.06	3.93	3.35	3.49	3.9	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-		-	-															Jul 2016	95.5	88.8	86.3	88.86	87.97	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	95.6	91.5	93.7		92.3	
Workforce	New Investigations in Month	No			0	0	1	3	0	0	0	0	0	4	0	0	2	0	0	0	2	0	Jul 2016				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	93	89.5	94.2	89.2	89	89.7	92.2	90.6	95.6	88	88.4	78.3	89.3	87.9	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	36	41	31	46	72	62	56	48	19	78	90	78	86	87	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Nurse Bank Use	<= No	5408	451																-	-	-	Apr 2016				485	485	
Workforce	Nurse Agency Use	<= No	0	0																-	-	-	Apr 2016				282	282	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																-	-	-	Apr 2016				211	211	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																-	-	-	Apr 2016				0	0	
Workforce	Your Voice - Response Rate	No			28	-->	-->	-->	26	-->	-->	31	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	Dec 2015	30	21	18	21		
Workforce	Your Voice - Overall Score	No			3.76	-->	-->	-->	3.77	-->	-->	3.68	-->	-->	3.72	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.63	3.7	3.82	3.72		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	53	55	56	53	67	64	78	59	44	0	24	47	65	51	53	55	74	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	13.9	12.9	13.3	12	14.5	10.7	9.85	10.5	11.4	11	10.5	11.3	9	8.06	9.9	8.82	9.6	8.85	Jul 2016				8.9	9.3	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.5	0.56	-	Jun 2016				0.6	1.5	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.19	6.19	-	-	May 2016				6.2	6.2	
Community & Therapies Group Only	STEIS	<= No	0	0	0	-	-	-	0	0	0	0	1	0	1	2	1	1	0	0	2	0	Jul 2016				0	2	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	12.1	13.7	16	14	11	15	15	12	15	17	17	16	24	24	23	17	17	-	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			1	-	-	-	-	6	1	1	-	1	1	1	1	0	1	1	-	-	May 2016				0.75		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39.2	38.5	42.4	Jul 2016				42.44	39.96	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			54	65	47	55	50	46	44	43	42	41	46	52	55	54	61	161	70	61	Jul 2016				61.09		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			57	65	51	55	51	48	44	43	44	33	48	54	56	58	64	67	75	65	Jul 2016				65.27		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			18	-	22	22	24	21	23	23	23	23	26	28	32	32	37	35	40	36	Jul 2016				35.53		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			62	-	46	56	40	48	45	50	43	50	29	28	31	21	40	37	11	30	Jul 2016				29.51		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			83	-	87	89	92	91	94	90	90	94	94	93	94	94	93	91	-	90	Jul 2016				90.21		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	-	-	-	-	-	-	-	7	128	202	200	222	Jul 2016				35.69	28.7	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	Jul 2016				4	10	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	3	Jul 2016				3	9	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	1	Jul 2016				1	1	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	Jul 2016				0	0	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		CEO	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	6	5	7	8	6	15	11	13	8	5	4	5	8	8	10	12	4	Jul 2016	3	0	0	0	1	0	0	4	34	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			16	18	14	12	14	9	16	16	16	9	8	4	4	7	8	9	12	9	Jul 2016	4	0	0	0	1	1	3	9		
Workforce	WTE - Actual versus Plan	No			200	220	260	267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	Jul 2016	9.99	4.37	-4.92	14.7	0.39	56.2	24.8	105.53		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jul 2016	77	85	88	93	86	82	90		89.0	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			-						#DIV/0!										Jul 2016			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jul 2016	2.62	2.78	3.03	2.98	4.40	4.97	4.26	4.19	4.38	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-															Jul 2016	3.19	1.01	1.95	2.76	4.79	4.06	3.73	3.51	3.57	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-		-	-															Jul 2016	88.1	73.7	64.3	83.5	66.7	87.1	77.1	80.5	79.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jul 2016	96	95	0	97	99	90	94	92.5	93	
Workforce	New Investigations in Month	No			0	0	1	0	1	2	1	1	5	0	1	2	2	2	4	4	1	4	Jul 2016	0	0	0	0	0	2	2	4		
Workforce	Nurse Bank Use	<= No	1088	91																-	-	-	Apr 2016								156	156	
Workforce	Nurse Agency Use	<= No	0	0																-	-	-	Apr 2016								18	18	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																-	-	-	Apr 2016	-	-	-	-	-	-	-	2492	2492	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																-	-	-	Apr 2016	-	-	-	-	-	-	-	113	113	
Workforce	Your Voice - Response Rate	No			15	-->	-->	-->	16	-->	-->	19	-->	-->	15	-->	-->	-->	-->	-->	-->	-->	Dec 2015	67	24	25	20	15	9	10	15		
Workforce	Your Voice - Overall Score	No			3.48	-->	-->	-->	3.50	-->	-->	3.46	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.65	3.44	3.77	3.76	3.59	3.47	3.35	3.58		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P04 July 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**1 September 2016**

EXECUTIVE SUMMARY:

Key messages:

- Year to date performance reported as being in line with underlying financial plan; headline variance reflects loss of STF funding due to in month failure to achieve ED performance trajectory.
- In month application of contingency and balance sheet flexibility necessary to achieve performance in line with plan – stubborn cost base and with additional costs for unfunded bed capacity
- Significant step improvement in monthly run rate income recovery and expenditure reduction required in Q2 & Q3 to secure year exit run rate. Plan to deliver that remains to be fully confirmed.
- Forecast reported as showing achievement of control total including full recovery of STF as required by NHSi. Minimum £351k loss of STF due to Q2 ED performance failure expected and notified.
- Significant risk to achievement of underlying plan including specifically CCG intent to pursue underspend on SLA, CIP plan with delivery risk, emergent in year issues and sufficiency of resources available for effective restructuring at necessary scale & pace. Consequent risk to cash balances and affordability of strategic investment programme.
- Any failure to deliver underlying plan would be compounded by significant STF loss with consequent headline deficit and failure to deliver control total.
- Limited scope for contingency and balance sheet flexibility and which would further erode cash balances. Delivery must be tangible and sustainable.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Delivery of demand & capacity plan to secure income
- Urgent resolution of 2016.17 contract queries with SWBCCG
- Delivery of capital programme to time & budget consistent with enabling programme for MMH
- Delivery of working capital management consistent with achievement of EFL
- Development & delivery of liquidity / cash improvement plan.
- Executive led work on mitigation of key risks and consideration of expedient measures programme

Key numbers:

- Month deficit £(194)k being £(608)k adverse to plan; YTD deficit £(866)k being £(118)k adverse.
- Year surplus £6.6m reported as per agreed control total and after benefit of £11.3m STF funding.
- Pay bill £25.9m (vs. £25.7m) in month; Agency spend £1.8m (vs. £1.7m).
- Savings delivery to date £3.4m being £(0.4)m adverse to plan and below expected scheme value.
- Total in year savings potential identified £19.9m – being £0.3m above plan but with delivery risk.
- Capex YTD £3.0m being £(2.2)m below plan. Variance relates to Informatics re-profiling of spend.
- Cash at 31 July £21.6m being £(7.0)m below plan due to timing of receipt of STF and HEE income.
- FSRR 3 to date being as plan; forecast is as plan at 2.
- Capital Resource Limit (CRL) forecast to be achieved.
- External Finance Limit (EFL) forecast to be achieved.

REPORT RECOMMENDATION:

The Board is recommended to note the report and to REQUIRE those actions necessary to secure the required step change in underlying run rate consistent with sound finances and the delivery of safe, high quality care.

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

Accept	Approve the recommendation	Discuss
		x

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

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

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

Effective use of resources

PREVIOUS CONSIDERATION:

PMC; CLE

Finance Report

Period 04 2016/17
July 2016

Trust Board
1st September 2016

Contents

Page Title

Finance Report

Summary & Recommendations

Period 04 2016/17

Statutory Financial Duties	Value	Outlook	Note
I&E control total surplus	£6.6m	tbc	1
Live within Capital Resource Limit	£28.5m	√	2
Live within External Finance Limit	£46.6m	√	3

1. Known prospective under-recovery of STF £351k with no meaningful prospect of over-achievement of underlying plan to remedy. Amendment of forecast subject to NHSi approval.
2. Capex control total reflects necessary estate & IT investment.
3. EFL reflects revised treatment of PDC re MMH. Plan includes gain of effective working capital management to realise cash.

Outlook

- Significant risk to delivery of £6.6m surplus control total.
- Surplus dependent on delivery of minimum £19.6m savings in year and recovery of SLA income above contract. Delivery risk on CIP and significant CCG challenges on SLA with potential for formal dispute.
- Remedial work required to deliver in year and necessary exit run rate recurrent balance with RCRH reserves restored.

P04 key issues & remedial actions

- CCG contract income required to over-deliver contract. CCG declared intent to pursue under-performance having regard to risks to their financial plan.
- Reliance on STF funding to achieve control total. ED failure P04 & expected Q2 will result in under recovery. Any failure to deliver underlying financial plan would be £6m STF income risk with consequent headline deficit.
- Required step change in Q2 pay bill not seen in P04. Workforce change consultation launched and tightened temporary pay controls introduced to seek expedient down turn in pay costs.
- Clinical group level route to budget balance & CIP plans not yet secure. Risks reflect CIP plan shortfalls and in year cost pressure from additional unfunded capacity.
- Capex programme subject to modest re-profiling; risk of capital constraints if national provider finances decline
- Working capital management; including 15 month cash flow forecast, creditors stretch and process automation.
- Executive led work on risk mitigation and any requirement for expedient measures.

Recommendation

- Note reported P04 position and plan 2016/17 position including step change required in income & costs.
- Ensure plans underpin exit run-rate consistent with at minimum recurrent financial balance by March 2017.

Finance Report

Performance to date – I&E and cash

Period 04 2016/17

Financial Performance to Date

For the period to the end of July 2016 the Trust is reporting:

- I&E deficit of £866k being £118k adverse to plan;
- Capital spend of £2,985k, £2,222k adverse to plan;
- Cash at the end of July is £21,586k being £7,042k less than plan.

I&E

P04 benefits from £570k of contingencies and flexibility and has enabled the trust to maintain delivery against underlying plan [i.e. excluding STF]. It is on this basis that £0.8m of STF has been accrued into the headline position.

The year to date variance from plan of £118k is entirely explained by the in month failure of ED 4hr performance against STF trajectory with consequent loss of STF funding. It is expected that a further £233k of similar funding will be lost in Q2 and that remedial performance in Q3 to recover that is not credible. Similarly, that over delivery on the underlying plan to remedy is not realistic.

There are other significant risks to the achievement of the control total surplus. CCG data challenges on the SLA of c£2m per month [disputed] and CIP delivery risk are notable. Failure to deliver the underlying plan would be compounded by loss of to £6m STF funding with consequent headline deficit.

Savings

Progress reported through the Trust's savings management system TPRS indicates delivery below plan by the end of July. The concern remains with regard to the identification and delivery of full year plans. Potential schemes have delivery risk.

Capital

Capital expenditure to date stands at £3.0m against a full year plan of £28.6m. Informatics reported as behind plan which reflects slippage on EPR, re-profiling of schemes across year to align to estate plans and some administrative catch up required.

Cash

The cash position is £7.0m below plan at 31 July. This is due to timing differences in receipt of £3.8m re STF payments, £0.5m education funding and £2.7m of net working capital payments. PDC has been received to the sum remitted to The Hospital Company re MMH and which has resolved £4.3m of the issue extant at end June.

Cash flow forecasting arrangements have been subject to informal scrutiny during the audit to ensure their fitness for purposes. Specific work is being progressed to ensure that the net working capital variation to plan is not indicative of an opaque issue in the I&E account.

Significant reliance on non-cash contingencies during 2015/16 has impacted the Trust's cash position. Working capital management actions were initiated during December and have been extended during 2016/17.

There have been no instances of suppliers putting the trust 'on stop' for the provision of goods or services and the trust continues to manage creditor days in line with market norms.

The cash flow forecast remains consistent with expected achievement of EFL.

Better Payments Practice Code

Performance in July remains below target at 80% by value.

Currently the biggest issue with BPPC is lack of receipting of orders by Groups. The impact this has on data quality is the subject of focussed process improvement work with finance and procurement teams through 2016/17.

Continuity of Service Risk Rating

Rating of 3 in month consistent with plan 3.

Forecast 2 as plan 2.

Finance Report

I&E Performance – to date & outlook

Period 04 2016/17

Period 4 YTD	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	Annual Plan £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Patient Related Income	35,541	35,360	(181)	140,103	140,222	119	421,450	421,167	(283)
Other Income	4,892	4,179	(713)	14,997	15,174	177	44,891	46,397	1,506
Income total	**40,433**	**39,539**	**(894)**	**155,101**	**155,397**	**296**	**466,341**	**467,564**	**1,222**
Pay	(24,861)	(25,891)	(1,030)	(100,761)	(102,295)	(1,534)	(298,870)	(301,570)	(2,700)
Non-Pay	(13,333)	(12,034)	1,299	(47,786)	(46,660)	1,126	(138,958)	(137,469)	1,488
Expenditure total	**(38,194)**	**(37,924)**	**270**	**(148,547)**	**(148,955)**	**(409)**	**(437,827)**	**(439,040)**	**(1,212)**
EBITDA	**2,239**	**1,615**	**(625)**	**6,554**	**6,441**	**(113)**	**28,514**	**28,524**	**10**
Non-Operating Expenditure	(1,843)	(1,833)	11	(7,374)	(7,370)	4	(22,122)	(22,110)	12
Technical Adjustments	18	24	6	72	62	(10)	208	186	(22)
DH Surplus/(Deficit)	**414**	**(194)**	**(608)**	**(748)**	**(866)**	**(118)**	**6,600**	**6,600**	**0**
Add back STF	*(942)*	*(825)*	*117*	*(3,767)*	*(3,650)*	*117*	*(11,300)*	*(10,949)*	*351*
Underlying position	***(528)***	***(1,019)***	***(491)***	***(4,515)***	***(4,516)***	***(1)***	***(4,700)***	***(4,349)***	***351***

Year to date performance reported as being in line with underlying [pre-STF] plan. Use of £570k contingency & flexibility. Year to date variance from control total plan relates entirely to STF funding loss as a consequence of ED 4hr performance being below trajectory in P04. Expected non-compliant ED performance through Q2 with consequent £383k loss of STF. Forecast currently shows that being made good from over-delivery of underlying plan. There is currently no realistic route to achieve that and 'earning back' through Q3 remedy of ED performance to trajectory is not credible.

Finance Report

Outlook – Risks & Opportunities

Period 04 2016/17

Upside Opportunity

- On-going analytics to determine further opportunities in line with closing out a complete plan for 2016-18 CIP target.
- Resolution of disputed matters to release balance sheet provisions [specifically DTOC charges and community property rents]

Downside Risk

- Main CCG contract completes below plan level – CCG declared intent to seek under-delivery to resolve affordability issues. £1m of outstanding challenges for P01 & £2m for each of P02 & P03..
- CIP plan delivery risk. Workforce consultation launched with indicative £ benefit below target level.
- Trust qualifies for partial STP funding as a consequence of missing financial milestones and operational standards.
- Demand growth drives excess capacity requirement necessarily staffed at premium rate cost and compromises bed reduction CIP plan.
- Recruitment delays and sickness absence continue to drive excessive agency demand
- Community property occupation costs & associated funding transfer from CCG.
- Planned but unconfirmed CRL compromising ability to follow through on full capital programme

Note: *Crystallisation of risks in excess of opportunity realisation will result in a deterioration in the I&E plan position. This will have an impact on the cash position and consequent EFL delivery depending on the scale of deterioration.*

Finance Report

Income Analysis

Period 04 2016/17

Year to Date Performance Against SLA by Patient Type						
PERFORMANCE UP TO July 2016	Activity			Finance		
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000
Accident and Emergency Attendances	73,653	76,553	2,901	£7,187	£7,540	£353
Renal Dialysis	69	204	135	£8	£25	£17
Community Contacts	197,874	210,599	12,725	£11,741	£11,756	£15
Day Cases	12,680	14,722	2,042	£10,383	£10,130	-£252
Elective Inpatients	2,214	2,151	-63	£5,329	£4,990	-£338
Emergency Admissions	14,081	13,873	-208	£26,902	£26,748	-£153
Emergency Short Stay Admissions	5,395	4,470	-925	£3,610	£3,058	-£552
Maternity Pathways	6,972	6,786	-187	£6,664	£6,599	-£65
Occupied Cot Days	4,795	4,243	-552	£2,455	£2,284	-£171
Other Contract lines	1,105,595	1,216,675	111,080	£31,009	£32,159	£1,150
Outpatients - First Attendance	59,236	61,117	1,881	£8,717	£8,907	£190
Outpatients - Procedures	20,488	21,260	772	£4,247	£3,986	-£261
Outpatients - Review Attendance	137,984	134,569	-3,415	£10,930	£10,422	-£509
Outpatients - Telephone Consultation	4,153	4,754	601	£95	£100	£6
Unbundled	23,528	23,591	63	£3,171	£3,117	-£54
Excess Bed Days	4,429	5,548	1,119	£1,063	£1,322	£259
Total				**£133,511**	**£133,144**	**-£367**

This table shows the Trust's year to date SLA income performance by point of delivery.
The impact of the shortfall in elective work can be seen in the adverse variance for day cases and elective activity. That these have not been offset by additional activity in other areas underlines the importance of the elective demand and capacity work to the recovery plan.

The variance on total Patient Related Income to date is £413k favourable.
The difference compared to SLA income shown above is primarily related to pass through costs of drugs & devices and cancer drugs fund being above plan by more than £0.6m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 04 2016/17

Paybill & Workforce

- Total workforce of 6,809 WTE [being 149 WTE below plan] including 244 WTE of agency staff.
- Total pay costs (including agency workers) were £25.9m in July being £1m above plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets. Focus on improvement in recruitment time to fill and effective sickness management.
- The Trust did not comply with new national agency framework guidance for agency suppliers in July. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust continues to exceed the national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	(181)	119
Other Income	(713)	177
Medical Pay	(148)	(808)
Nursing	(411)	386
Other Pay	(471)	(1,113)
Drugs & Consumables	374	(655)
Other Costs	926	1,780
Interest & Dividends	11	4
IFRIC etc adjustments	6	(10)
Total	(608)	(118)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	25,891	25,721	169	1%
Pay - substantive	21,578	21,816	(237)	-1%
Pay - agency spend	1,809	1,731	78	5%
Pay - bank (inc. locum) spend	2,503	2,175	328	15%
WTE - total	6,809	6,912	(103)	-1%
WTE - substantive	5,993	6,019	(26)	0%
WTE - agency	244	235	9	4%
WTE - bank (inc. locum)	572	658	(86)	-13%

Finance Report

CIP achievement

Period 04 2016/17

Year to Date up to Period 4	16/17 In Year Target £'000s	In Year Actual and Forecast Delivery Apr Actual 1 £'000s	May Actual 2 £'000s	Jun Actual 3 £'000s	Jul Actual 4 £'000s	In Year 16/17 F/Cast £'000s	16/17 Variance £'000s	Full Year Effect 16/17 Target £'000s	16/17 Schemes £'000s	16/17 Variance £'000s
Medicine and Emergency Care	4,494	72	175	158	140	5,306	812	7,617	8,357	740
Surgery A	3,256	3	60	5	56	1,529	(1,727)	5,519	3,405	(2,114)
Women and Child Health	1,976	60	32	50	162	2,036	60	3,349	2,864	(484)
Surgery B	1,568	7	5	15	12	702	(866)	2,658	1,682	(975)
Community and Therapies	787	0	0	12	10	181	(606)	1,334	399	(935)
Pathology	584	47	61	54	57	957	373	990	1,191	201
Imaging	875	29	100	71	61	1,082	207	1,482	1,455	(28)
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**499**	**11,793**	**(1,748)**	**22,949**	**19,353**	**(3,595)**
Strategy and Governance	190	27	27	27	27	327	137	322	501	179
Finance	202	6	6	6	6	238	36	342	362	20
Medical Director	238	4	4	55	28	414	175	404	492	88
Operations	811	36	53	51	71	1,071	260	1,304	1,382	78
Workforce	230	20	24	12	19	443	212	390	654	264
Estates and NHP	419	75	43	53	52	893	474	710	1,373	663
Corporate Nursing and Facilities	1,154	59	67	41	28	1,218	64	1,886	2,773	887
Sub-Total Corporate	**3,244**	**227**	**224**	**246**	**232**	**4,603**	**1,359**	**5,358**	**7,538**	**2,180**
Central	2,816	246	246	246	246	3,457	641	3,800	3,457	(343)
DH Surplus/(Deficit)	**19,601**	**693**	**903**	**855**	**977**	**19,853**	**253**	**32,107**	**30,348**	**(1,759)**

This table shows the Trust's savings target by group.

The table also shows the total savings achieved in the current year to date.

£19.6m of CIP scheme savings are necessary to meet the requirements of the trust's plan.

This is lower than the plan level required in 2015/16 but above the level actually delivered in 2015/16 of £14.1m

Identified plans at July indicate that £19.9m of potential savings schemes could be delivered by the end of the 2016/17. This is £0.3m above the Trust target of £19.6m.

YTD savings delivery of £3.4m being £0.4m behind plan at the end of July.

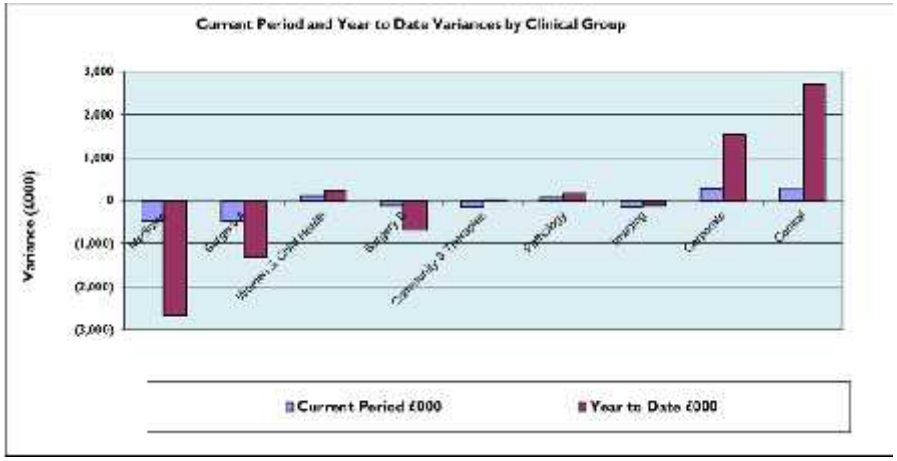
Measurement of success remains delivery of "bottom right" surplus and within that any necessary and sufficient CIPs. Delivery of CIPs to plan is key but not necessarily sufficient to that success.

Finance Report

Group Analysis – Month & YTD

Period 04 2016/17

Group Variances from Plan (Operating income and expenditure)	**Current Period £000**	**Year to Date £000**
Medicine	(473)	(2,663)
Surgery A	(472)	(1,325)
Women & Child Health	96	246
Surgery B	(118)	(686)
Community & Therapies	(155)	12
Pathology	76	176
Imaging	(139)	(117)
Corporate	273	1,527
Central	287	2,718



Performance of Clinical Groups

- **Medicine:** Despite planned over delivery in 2016/17 slippage on TSP schemes, including the ward run rate schemes, which combined with the ongoing use of unfunded capacity, are creating a pay cost pressure. Non-pay lines are also seeing cost pressures as a result of TSP slippage.
- **Surgery A:** Key risks are delivery of income to plan and while Demand and Capacity work is forecasting improvement against contract, this is not realised to date. Additional ward capacity and medical vacancies are driving pay cost pressures.
- **Women & Child Health:** Income over performance in maternity (highest birth month for a number of years) together with vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, pay has increased as success in qualified recruitment is seen and the growth in birth rates is below the level required in the plan.
- **Surgery B:** Intensive work around Demand and Capacity continues in FY 2016/17. Improvement is still required but scale not yet seen; improvement in June in ENT and Ophthalmology followed by decline in July. Significant gap in CIP identification and delivery remain a concern at the end of P04.
- **Community & Therapies**' key issue is the resolving the investment levels required in order to deliver the target income levels and securing reduction in charges for community properties.
- **Pathology:** In addition to the transfer of R&D income (previously receipted to charitable funds) direct access activity is the contributing to this variance.
- **Imaging:** Additional direct access activity is underpinning the groups favourable variance despite being offset by under performance on nuclear medicine. Delivery of identified TSPs is the focus for this group.

Corporate Areas

- Pay and non-pay underspends are the main drivers of the variance within corporate. Savings in a number of corporate areas including nursing & facilities, operations and medical director have benefited this group.

Central

- In addition to the £0.1m STF failure the main variance is the phasing in of budgets to match NHSI phased plan year to date.

Finance Report

Capital

Period 04 2016/17

Programme	Flex Plan £'000s	Actual £'000s	Gap £'000s	NHSI Plan £'000s	Full Year Flex Plan £'000s	Outlook £'000s	Variance £'000s
Estates	2,437	2,045	(392)	15,390	14,817	14,817	0
Information	1,708	300	(1,408)	7,746	7,996	7,996	0
Medical equipment / Imaging	120	20	(100)	1,950	1,950	1,950	0
Contingency	37	0	(37)	750	1,073	1,073	0
Sub-Total	**4,303**	**2,365**	**(1,937)**	**25,836**	**25,836**	**25,836**	**0**
Technical schemes	880	585	(295)	2,640	2,640	2,640	0
Donated assets	24	34	10	77	77	77	0
Total Programme	**5,207**	**2,985**	**(2,222)**	**28,553**	**28,553**	**28,553**	**0**

The above table shows the status of the capital programme, analysed by category, at the end of Period 04.
The technical schemes include MES against which £0.5m of items have been capitalised.
In addition to the YTD spend £2.9m of commitments have been made.

It should be noted that although the plan CRL is £28,553 the NHSI are advising the Trust that only the CRL funded by internally generated funds should be considered as confirmed. The implication for the Trust is that £11.8m of CRL, while planned, is not confirmed. A submission to secure full CRL confirmation will be made during September.

Finance Report

SOFP

Period 04 2016/17

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2016/17

	Balance as at 31st March 2016	Balance as at 31st July 2016	TDA Planned Balance as at 31st July 2016	Variance to plan as at 31st July 2016	TDA Plan as at 31st March 2017	Forecast 31st March 2017
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	196,381	194,550	197,322	(2,772)	210,333	210,333
Intangible Assets	386	332	386	(54)	386	386
Trade and Other Receivables	846	8,018	8,503	(485)	44,615	44,615
Current Assets						
Inventories	4,096	4,179	4,139	40	4,139	4,139
Trade and Other Receivables	16,308	23,870	13,707	10,163	13,107	13,107
Cash and Cash Equivalents	27,296	21,586	28,628	(7,042)	23,294	23,294
Current Liabilities						
Trade and Other Payables	(54,144)	(55,472)	(55,347)	(125)	(56,307)	(56,307)
Provisions	(1,472)	(1,358)	(373)	(985)	(370)	(370)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(1,017)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,095)	(3,027)	(3,975)	948	(3,683)	(3,683)
Borrowings	(25,591)	(25,545)	(25,481)	(64)	(24,681)	(24,681)
DH Capital Loan	0	0	0	0	0	0
	159,705	**165,827**	**166,492**	**(665)**	**209,816**	**209,816**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	169,210	169,249	(39)	205,361	205,361
Retained Earnings reserve	(17,993)	(19,372)	(18,765)	(607)	(11,553)	(11,553)
Revaluation Reserve	6,930	6,931	6,950	(19)	6,950	6,950
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,705	**165,827**	**166,492**	**(665)**	**209,816**	**209,816**

The table opposite is a summarised SOFP for the Trust including the actual and planned positions at the end of June and the full year.

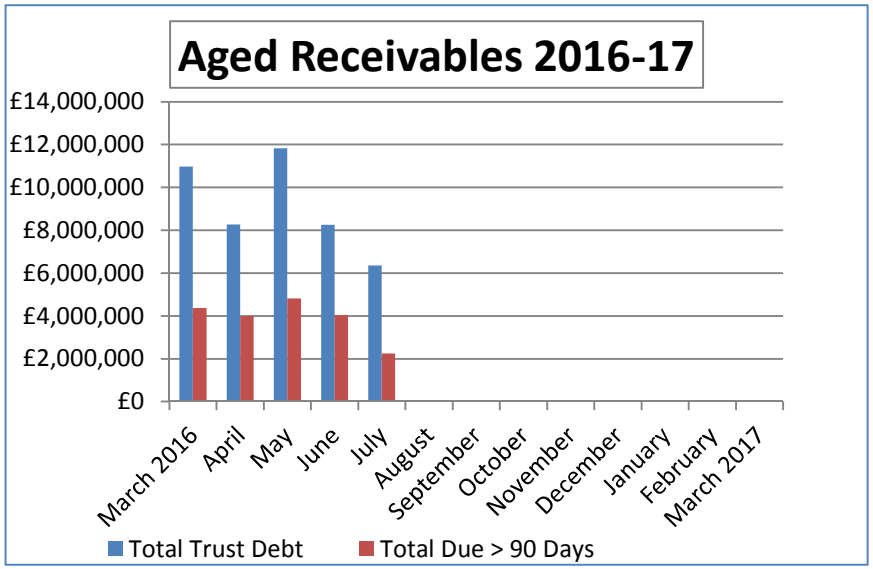
Variance from plan for cash is due to timing differences in receipt of £3.8m re STF payments, £0.5m education funding and £2.7m of net working capital payments. PDC has been received to the sum remitted to The Hospital Company re MMH and which has resolved £4.3m of the issue extant at end June.

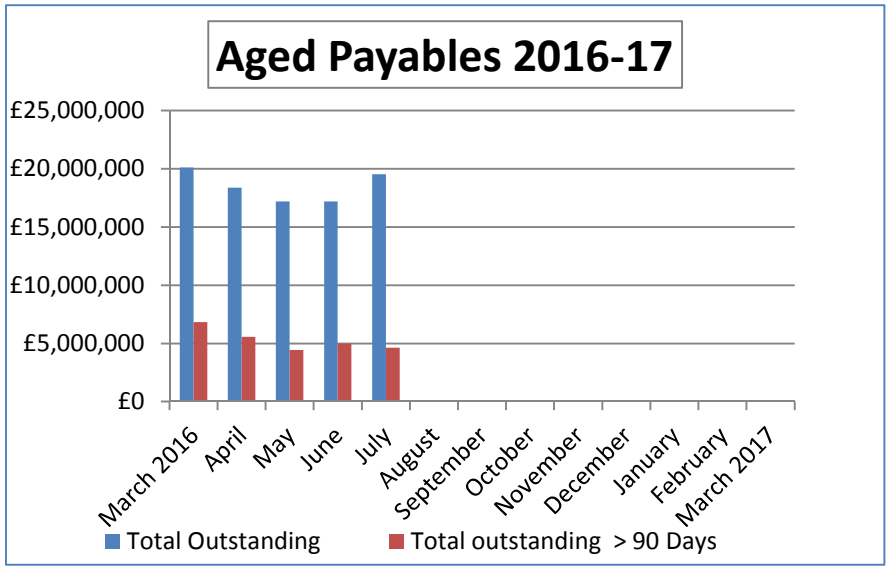
The Receivables variance from plan is predominantly related to accruals for NHS contract income. A task & finish plan to resolve significant outstanding receivables & payables issues is in progress. With view to close out end Q2.

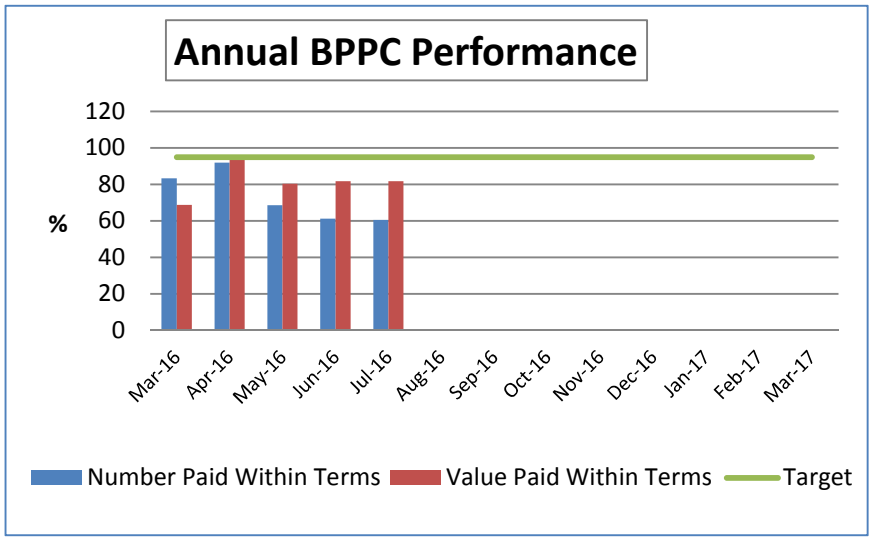
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 4 2016/17







Note

- The July debt position shows a reduction in overall debt following the settlement of Q1 SLA invoices. The 90 Day debt is showing a reduction, however, large NHS credit notes have moved into this bracket, reducing the overall value, without which, the position would be consistent with June. The remaining > 90 Day debt continues to be predominantly represented by NHS Debt that is under discussion at Executive Level for resolution in 2016-17.
- The overall Payables position has increased during July as the Trust continues to manage cash pressures and retain BPPC performance. The overall level of over 90 days liability has reduced but there remains a significant amount of unpaid NHS invoices that remain under negotiation at Executive Level.
- BPPC is below target of 95% by volume and value. This is the subject of focussed process improvement work with finance and procurement teams through 2016/17

Finance Report

Financial Plan 2016.17 - overview

Period 04 2016/17

-£(7.0)m	**Original plan deficit as submitted April 2016 to NHSI**	**The trust submitted a £(7.0)m deficit financial plan to NHSI. This plan reflected the significant underlying deficit on exiting 2015.16, a realistic view of CIP achievability and made some modest allowance for the costs of change & restructuring.**
-£(4.7)m	Revised plan deficit pre STF funding – 'underlying plan'	**Planned care income was set to both recover the under-delivery experienced in 2015.16 and to over perform against expected contracts through the repatriation of activity.**
+£6.6m	Agreed control total surplus including £11.3m STF funding	**A revised plan deficit of £4.7m is plausible. This reflects the impact of final agreed contracts (+£0.9m) and non-recurrent application of double running cost funding for capital expenditure (+£1.6m). The trust has received and accepted a control total for 2016.17 with NHSI. The application of STF funding provides a route back to surplus. The control total surplus of £6.6m essentially requires the trust to deliver a maximum in year deficit of £(4.7)m before STF funding**
+£ 4.3m	LTFM surplus consistent with medium term financial plan	**The challenge is to improve on that plan in 2016.17 and to remedy back to LTFM plan by the end of 2017.18. A supporting programme to re-float cash and liquidity is underpinned by prospective asset disposals. This means exiting 2016.17 in underlying financial balance and having restored the RCRH reserve which underpins the MMH unitary payment.**