Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: Anne Gibson Board Room, City Hospital **Date:** 6th April 2017, 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
Cllr W Zaffar	(WZ)	Non-Executive Director
Mrs M Perry	(MP)	Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Dr R Stedman	(RST)	Medical Director
Ms E Newell	(EN)	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 OD

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Ms G Towns	(GT)	Head of Corporate Governance
Ms G Downey	(GD)	Consultant (O&G) – item 12

Time	Item	Title	Reference Number	Lead
0930h	1.	**Welcome, apologies and declarations of interest** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.* **Apologies: Mike Hoare**	Verbal	**Chair**
0930h	2.	**Patient Story**	Presentation	**EN**
0940h	3.	**Questions from members of the public**	Verbal	**Chair**
0945h	4.	**Chair's opening comments**	Verbal	**Chair**
		UPDATES FROM THE BOARD COMMITTEES		
0950h	5.	To: (a) receive an update from **Workforce and OD Committee** meeting held on 17th March 2017 (b) receive the minutes of the **Workforce and OD Committee** meeting held on 12th December 2016	SWBTB (04/17) 001 SWBTB (04/17) 002	**HK/RG**
0955h	6.	To: (a) receive an update from the **Finance and Investment Committee** meeting held on 31st March 2017 (b) receive the minutes of the **Finance and Investment Committee** meeting held on 24th February 2017	SWBTB (04/17) 003 – to follow SWBTB (04/17) 004	**RS/TW**
1000h	7.	To: (a) receive the update of the **Quality and Safety Committee** meeting held on 31st March 2017 (b) receive the minutes of the **Quality and Safety Committee** meeting held on 24th February 2017	SWBTB (04/17) 005 – to follow SWBTB (04/17) 006	**OD/KD**

Time	Item	Title	Reference Number	Lead
		MATTERS FOR APPROVAL OR DISCUSSION		
1005h	**8**	**CQC inspection feedback**	Verbal	**KD**
1020h	**9**	**Chief Executive's Report**	SWBTB (03/17) 007	**TL**
1050h	**10**	**BCA Pathology service**	SWBTB (03/17) 008	**TL**
1105h	**11**	**Trust Risk Register**	SWBTB (03/17) 009	**KD**
1120h	**12**	**Never Event**	SWBTB (04/17) 010	**RSt**
1140h	**13**	**Integrated Performance Report**	SWBTB (04/17) 011	**TW**
1155h	**14**	**Financial performance: P11 February 2017**	SWBTB (04/17) 012	**TW**
1210h	**15**	**Production Plan**	SWBTB (04/17) 013	**TW**
1230h	**16**	**Register of Interests – April 2017**	SWBTB (04/17) 014	**KD**
1245h	**17**	**Application of the Trust Seal**	SWBTB (04/17) 015	**KD**
		UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS		
1250h	**18**	**Minutes of the previous meeting and action log** (a) To approve the minutes of the meeting held on 2nd March 2017 as a true and accurate records of discussions (b) Update on actions from previous meetings (action log)	SWBTB (04/17) 016 SWBTB (04/17) 017	**Chair**
		MATTERS FOR INFORMATION		
1255h	**19**	**Any other business**	Verbal	**All**
	20	**Details of next meeting** The next public Trust Board meeting will be held on **4th May 2017 starting at 09:30am** in Training Room 2, Archer Ward, Rowley Regis Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE UPDATE	
Date of meeting	17th March 2017, 0900h - 1030h
Attendees	Mr Harjinder Kang (Chair), Mr Richard Samuda, Mr Toby Lewis, Mrs Raffaela Goodby, Mrs Lesley Barnett and Ms Gemma Towns
Apologies	Apologies had been received from Ms Rachel Barlow and Ms Elaine Newell.
Key points of discussion relevant to the Board	• Workforce Consultation update: A small number of staff require a redeployment solution: 4 non-medical records staff and, 23 medical records staff. The medical records scheme is planned to deliver in July 2017. The OD team are working with medical records staff to upskill them ready for redeployment and each staff member has an individual personalised plan. Some medical records staff work very specific hours and are local to a hospital site resulting in this being a more difficult cohort to place. BCA vacancies continue to be explored. • Redundancy will not be considered until all alternative avenues have been exhausted. • The Committee requested the cost of redundancy for the affected staff members to be identified and shared with the next Committee. It was clarified that the cost of non-medical records staff had been accounted for in the 16/17 financial year and medical records staff would be accounted for in the 17/18 financial year. • The Committee asked for focus to be placed on the 2018 workforce review consultation including reflecting on lessons learned from phases I and II of the workforce consultation review. • Mr Lewis advised that over the next ten days he would make a decision on residual vacancies and would be guided by Mrs Goodby on if those vacancies existed and if they did, whether they were in a recruitment process and should be carried over to the next financial year. • People programme 2016-17: The OD and PMO team are working on finalising the outcomes and financial and non financial benefits of the People Plan. The workstream leads are working closely with Kirsten Moon from the Improvement team on a finalised report, including an Infographic approach to presenting the data. This will go to April CLE as well andto the Leadership Conference on 23 May 2017. • The Committee requested a separate heat map/scorecard which visually identified People Plan data for monitoring at the Committee and the Major Projects Authority Committee and to ensure the People Plan retained prominence with EPR and the Midland Met Hospital (MMH) over the coming months. • Aspiring for Excellence, New Trust Appraisal : The committee had asked for assurance on the roll out plan of Appraisal for the coming 6 months. Mrs Goodby explained that the training has been revised to fewer but larger scale events to bring together staff and provide

	greater visibility within the Trust. The training of managers will be completed during Q1 and Q2 with a mixture of internal and external training delivery. It was noted there will be two Appraisals for Doctors with the Trust Appraisal ideally conducted first. The Committee discussed the content of the Appraisals and the need to ensure the paperwork was succinct and easy to complete, noting that the user-friendliness of the new appraisal will be critical to its success. The Committee also discussed performance scores and challenges with training managers to assess potential..
Positive highlights of note	The meeting discussions were felt to be useful and constructive.
Matters to escalate to the Board	• Workforce consultation: As above; • Recruitment update: Out of 230 vacancies 157 had been filled: - 72 students had been offered roles - 36 vacancies had already been filled - 36 job offers had been made at a recent recruitment fair - 13 band 6 nurses had been recruited. The recruitment campaign for nurses continued and focus had shifted to ensuring those nurses started at the Trust and were inducted appropriately.
Matters presented for information or noting	• Consequences: This matter was being developed and will be presented to the May 2017 Trust Board meeting; • Recruitment update: As above.
Decisions made	None.
Actions agreed	No specific additional actions beyond those being progressed by management. Next meeting: 26th June 2017, 1530h - 1700h

Mr Harjinder Kang
CHAIR OF THE WORKFORCE AND ORGANISATION DEVELOPMENT COMMITTEE
For the meeting of the Trust Board scheduled for 6th April 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

Venue: Meeting Room 1, Trust HQ, Sandwell General Hospital

Date: 12th December 2016, 1530-1700h

Members Present:

Mr Harjinder Kang, Chair	HK
Mr Richard Samuda, Non-Executive Director	RS
Dr Paramjit Gill, Non-Executive Director	PG
Mr Toby Lewis, Chief Executive	TL
Mrs Raffaela Goodby, Director of OD	RG

In Attendance:

Ms Lesley Barnett, Deputy Director of OD	LB
Mr James Pollitt, Associate Director of Education Learning and Development	JP
Ms Gemma Towns, Head of Corporate Governace	GT

Minutes	**Paper Reference**
1 Welcome, apologies and declarations of interest	**Verbal**

Apologies were received from Ms Rachel Barlow.

Mr Lewis declared an interest in item 8, Aston University Update, as he was a Member of the Aston University Council.

2 Minutes of the previous meeting	**SWBWOD (12/16) 002**

The minutes of the meeting held on 26th September 2016 were agreed as a true record.

3 Matters arising from previous meeting, 26th September 2016	**SWBWOD (12/16) 003**

(a) Minute 5, Performance Development Review (PDR): Mrs Goodby confirmed PDRs had been presented to the Trust Board meeting on 1st December 2016 and the proposals had received support from the Board. Mr Pollitt confirmed that the new PDRs would be trialled in early 2017 and feedback from the trial would be included within the report to the March 2017 Committee meeting. This matter remained open on the tracker.

(b) Minute 6, Launch of SWBH Benefits Programme: Mrs Goodby confirmed that 1450 members of staff had signed up to the scheme since its launch in October 2016. Mrs Goodby advised that the SWBH benefits programme would feature in the Your Voice staff survey to identify if there was a link between the programme and staff morale within the Trust.

There were no other matters arising.

4 Workforce consultation update	**SWBWOD (12/16) 004**

Mrs Goodby confirmed that the two year workforce consultation scheme had closed in October 2016. She provided

an update on the schemes which had not been approved:

- Ophthalmic Ward Review: Mrs Barnett confirmed that the scheme for Surgery Ward D had been agreed and signed off as safe to proceed.
- ED Workforce Review: Mrs Barnett advised there had been changes to the rota in the department and a proposal was being piloted. Mrs Barnett agreed to confirm the date the pilot scheme would close.
- Medical Bed Reduction Scheme: Mrs Barnett agreed to clarify if the scheme had been signed off.
- Security: Further discussions regarding training and rotas continued. Mr Lewis confirmed the scheme had not been signed off and asked to be provided with a final version of the scheme.
- Outpatients: The scheme had been agreed.

Mrs Goodby confirmed that 84 staff members required redeployment with 50 of this number still requiring a redeployment solution. Of those 50 individuals, 9 staff members needed to be redeployed by 31st December 2016. Mrs Goodby expressed her concern for those staff members as alternative employment had yet to be identified. Mrs Barnett confirmed that the Trust was seeking a role for those staff members and would continue to do so until the deadline expired. The Committee discussed if a redundancy notice should be served on those staff members immediately or in twelve weeks' time. **The Committee discussed the proposals and agreed that redundancy notice would be served on those identified staff members immediately but redeployment options would continue to be sought until the redundancy notice took effect.**

Mr Kang enquired after the medical records staff. Mrs Barnett advised there was a longer lead in time for that scheme but redeployment had commenced. She reported that Medical Records staff who had been successfully redeployed were moving across to their new role and their vacant posts were being back filled by bank staff on a fixed term contract. The Committee requested that the update to the next committee meeting specifically referenced the Medical Records scheme.

Action:

- **End date of the ED Workforce Review pilot to be circulated to members (LB)**
- **Confirmation of the scheme's status to be provided (LB)**
- **Final version of the scheme to be provided to Mr Lewis (LB)**
- **Specific reference to this cohort of staff to be included in the update to the next meeting (RG)**

5 People Programme 2016 -17	**SWBWOD (12/16) 005**

Mrs Goodby confirmed the paper had also been presented to the Major Projects Authority Committee meeting on 9th December 2016. Mrs Goodby outlined how the People Programme was interlinked with the estates and digital programmes. Mrs Goodby confirmed that when major work was undertaken by another area, such as digital, this time would be reflected in the overall project plan for the People Programme. Mr Kang suggested the project plan showed the interdependency links between the programme, for example, if an issue occurred on the digital programme, how this would impact upon the People Programme. Mrs Goodby confirmed this work had commenced and a risk register and RAIDs had been drafted. She confirmed this was complex but necessary work and monitoring took place through the PMO.

Mrs Goodby also identified to the Committee the skills gaps which had been mapped in the paper. The Committee discussed some of the anticipated personnel changes within the team.

Dr Gill asked how the Trust actively tried to retain staff. Mrs Goodby advised SWBH benefits were a small part of staff retention but commented that there was a link between staff feeling valued and retention rates. Staff were proactively engaged to allow them to make a difference though the Your Voice staff survey, hot topics and staff awards. Mrs Goodby commented that it was important these activities were consistently used across the Trust.

Mr Kang enquired how the People Plan themes would be implemented in the organisation at a time when there had been significant change. Mrs Goodby advised that the People Plan needed to remain focused to ensure its success. The Committee discussed the merits of supporting the organisation's culture to enable managers to act without HR input. The Committee agreed the People Plan should be a standing item for each meeting and noted there needed to

be exploration given to how this Committee could work with the Major Projects Authority Committee.

6. E-rostering Developments	**SWBWOD (12/16) 006**

Mrs Goodby confirmed the Trust Bank had become part of the Workforce and OD team in April 2016. Since then, considerable work had been undertaken reviewing agency bookings and spending. Mrs Goodby advised that the installation of Barnacles had ensured data was robust. Work continued with departments and clinical groups to identify their booking patterns. Mrs Goodby outlined the new process for booking staff and advised it would be possible to identify which groups were booking shifts at a relatively late stage in the process. Mr Lewis stated it was important the booking rules were clearly communicated to staff and there would be consequences for staff who did not follow those rules. Mr Lewis asked for a report on Thornberry use to be provided to him on a weekly basis. The Committee agreed that agency spending on Doctors should also be considered, not just nursing agency staff usage. Dr Gill asked if Doctors' reporting absences was consistently reported; it was agreed this would remain on the action log until the matter was closed.

Mr Samuda asked if a report on Barnacles and the associated data could be presented to the Trust Board; it was agreed this would be presented to the February 2017 Trust Board meeting. The Committee agreed that by 31st March 217 an assessment of booking robustness would be undertaken.

Action:

- **Weekly report on Thornberry use to be provided to Mr Lewis (RG)**
- **Doctors' reporting absence to be clarified. Matter to remain on the action log until closed (RG)**
- **Matter to be reported to the February 2017 Trust Board meeting (RG)**
- **By 31st March 2017 an assessment of booking robustness to be undertaken (RG)**

7. Apprenticeship	**SWBWOD (12/16) 007**

Mr Pollitt confirmed that the Trust intended to become a registered training provider of apprenticeships. An application to the Skills Funding Agency had been submitted and the outcome would be known in March 2017. The Committee discussed the opportunities this posed to the Trust, including the possibility of becoming a centre of excellence for apprenticeship training in the local area. Mr Pollitt confirmed that if the Trust's application were accepted, the Trust would be subject to an OFSTED inspection within three years.

Mr Kang enquired how the Trust would work with the Black Country Apprentice Academy; Mrs Goodby confirmed the Trust would continue to engage with the Black Country Apprentice Academy and with other educational establishments.

The Committee received the report.

8. Aston University update	**Verbal**

Mr Lewis confirmed he had met with the Vice-Chancellor of Aston University. Discussions remained ongoing and an agreement regarding SIFT with Aston University Medical School and Birmingham University was to be drafted.

9. Living Wage	**Verbal**

Mrs Goodby advised that since the implementation of the Living Wage in 2015, a number of national negotiations had taken place. The Trust still paid a higher hourly rate than the government's Living Wage. Mrs Goodby confirmed the team had been working with the finance team to model the implications of maintaining the Trust's higher Living Wage. Mrs Goodby recommended the Trust's Living Wage of £8.25 per hour remained static until the government's Living Wage caught up. It was anticipated that based on current projections, this would be circa three years. Mr

Lewis asked this was discussed outside of the meeting and a recommendation taken to the Trust Board meeting. It was agreed an update would be provided to the next Committee meeting under matters arising.
Action: - **Discussion on whether to maintain the current hourly rate of £8.25 to be held. If this were to remain static, a recommendation needs to be presented to the Trust Board (RG)** - **Update on Living Wage to be provided to the next meeting (RG)**

10. Matters to raise to the Board and Audit & Risk Management Committee	**Verbal**
The Committee agreed the following items would be raised to the Trust Board: • Agreement to serve redundancy applications on identified staff • E-rostering update • Living Wage	
11. Meeting effectiveness	**Verbal**
All attendees felt the meeting was effective and the Chair noted the positive work and outcomes which had been delivered.	
12. Any other business	**Verbal**
There were no other items of business to discuss.	
13. Date and time of next meeting	
The next meeting will be held on 17th March 2017 at 0900– 1030h, D29 meeting room, City Hospital.	

Signed ……

Print ……

Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE MINUTES

Venue: Anne Gibson Committee Room, City Hospital **Date**: 24th February 2017, 1230h – 1400h

Members present:

Mr Richard Samuda	Chairman
Mr Harjinder Kang	Non-Executive Director
Ms Marie Perry	Non-Executive Director
Mr Tony Waite	Director of Finance
Ms Rachel Barlow	Chief Operating Officer
Mr Toby Lewis	Chief Executive

In attendance:

Mr Tim Reardon	Associate Director of Finance
Ms Gemma Towns	Head of Corporate Governance

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	**Verbal**

The Chair welcomed all to the meeting. Apologies had been received from Mrs Raffaela Goodby.

The members present did not have any interests to declare.

2. Minutes of the previous meeting held on 27th January 2017	**SWBFI (02/17) 002**

The minutes of the meeting were agreed as a true record.

2.1. Matters arising and update on actions from the previous meetings	**SWBFI (02/17) 003**

(a) Minute 3, CIP: Mr Waite confirmed this was included in the financial performance paper. This action was marked as closed on the log.
(b) Minute 3, STF: As above.
(c) Minute 3, Income implementation: As above.

3. Financial Performance – P10 January 2017	**SWBFI (02/17) 004**

Mr Waite highlighted that the I&E deficit of £6.8m on slide 3 had been reported to NHS Improvement (NHSI) and the assumptions and risks to that forecast. Mr Waite advised specially that without satisfactory resolution of income recovery matters with the CCG and a likely requirement to maintain escalation bed capacity an out-turn deficit of £12m was a likely consequence. Mr Lewis confirmed that NHSI were sighted on this. The Committee noted the expected financial position.

The Committee discussed how risk ratings were constructed; Mr Lewis confirmed the scale of deviation from the predicted surplus drove the risk rating. Mr Lewis stated that the focus for next year needed to be rectifying the Trust's cash position.

The Committee challenged and was advised of the actions being progressed to secure the best outturn possible and importantly to improve the exit run rate of pay and non-pay costs. Mr Waite advised that a revised Capital Resource Limit (CRL) had submitted and agreed by NHSI. NHSI had also confirmed the External Financing Limits (EFL) consistent

with the Trust's submission. Mr Waite was confident that both the CRL and EFL would be met at year end.

The Committee discussed financial forward planning and drew the Committee's attention to the cash flow forecast for 2017/18 and prospective requirements to pursue NHSI loan finance as part of its cash remediation plan. The Committee noted that the matter of cash flow and affordability of necessary capital investment was a matter being addressed directly by the Trust Board. The Committee challenged and was assured that the Trust continued to meet its obligations as they fall due. The Committee considered the paper in some detail and noted that it was likely a significant cash issue would arise in May 2017. Mr Lewis outlined some of the mitigating actions undertaken such as closing unfunded beds, reducing the Trust Bank hourly pay rate and reducing agency spending.

The Committee discussed slide 22, run rates and noted that February 2017 had an underlying deficit of £1.7m. Previous months had averaged a deficit of £2.1m. Non-operating expenditure had taken the benefit of depreciation in February 2017 and the finance team felt the improvement realistically represented only around £200k in that month. The Trust's exit run rate was £2m a month. Mr Lewis advised the reduction in the hourly rate for Trust Bank staff would generate around £1m of savings. The Committee discussed the need to ensure savings were made immediately in Q1 and spend some time discussing the assumptions for 2017/18. Mr Lewis suggested that the Executive Group considered the Trust's financial position including the run rate, capital plans, cash calculation and savings on TPRS with a view to reporting this to the March Trust Board meeting during financial discussions.

The Committee noted a paper on e-rostering was to be presented to the March Trust Board meeting. Mr Lewis advised that rostering was a priority for the Trust and stated there were around fifty rosters in operation in the Trust. He confirmed that by July all rosters in the Trust would be aligned and noted that some teams may require more assistance and support to get to this point. The Committee discussed the cultural change required to support good rostering practices. Ms Newell, the Chief Nurse, was working with teams to ensure Barnacles was used. Mr Lewis stated that the Committee should also be aware that rostering for Doctors required attention as a significant amount of agency spend was for Doctors and specifically on Doctors in the Emergency Department (ED). Ms Barlow advised that turnover for Doctors was anticipated in June/July and recruitment activities were underway for substantive Consultant posts in the ED.

The Committee discussed the CCG and their predicted surplus. Mr Lewis was of the view the CCG could provide the Trust with the requested funds without the CCG having any meaningful governance concerns. The Committee discussed the 17/19 contractual dispute with the CCG and noted this remained unresolved. Mr Lewis advised that he had invited the CCG to draft the contract so the gynaecological cancer centre was referred to in brackets as a bid to resolve the dispute; he stated the Trust could not have £2m of funding withdrawn and offer the same service. Mr Lewis advised that he had provided NHSI and NHSE with suggested wording, which if enforced by them, could enable him as Accountable Officer to sign the 17/19 contract. The Trust was waiting for a response. The Committee noted that the CCG had publically announced an investment in the Trust which was inconsistent with their contractual offer. Mr Lewis advised he had written to the CCG requesting clarification on this issue. Mr Lewis questioned if the CCG's governing body understood the strategic direction the CCG was taking. Mr Lewis advised he would discuss the implications of the funding withdrawal for gynaecological cancer at the March Trust Board meeting as it was unclear how the Trust could deliver the same service with less funding.

The Trust remained in dispute with Birmingham City Council regarding DTOCs and the Committee noted that as the Chief Executive of Birmingham City Council had left his post it was unclear who the Trust should negotiate with. Mr Lewis continued to progress this matter.

The Committee received the report and confirmed the Executive Group continue to undertake actions to secure the best P&L outturn possible and to progress cash remediation.

Action:

- **Executive Group to discuss financial position and include in financial discussions at the March 2017 Trust Board meeting (TW)**

4. Production plan	**Verbal**

Mr Waite advised the Trust's financial plan for 2017/19 included an expectation of significant (12%) volume growth and margin from planned care activity. Mr Waite advised the production plan would consider Q1 on a weekly basis. The intention of the production plan was to outline capacity and productivity. In terms of where the 12% may come from, existing waiting lists would account for a large proportion of this but market growth would also be required. Mr Waite

advised that a completed Production Plan would be presented to the March 2017 Trust Board meeting and asked the Committee for their comments. The Committee discussed the look towards 18/19 and noted that the Trust's market share may be different in 2019 and this would need to be factored into the production plan. The Committee was informed that the modelling for the Midland Met Hospital would be included in the plan along with outpatients activity. The Chair asked if there were risks in executing the production plan; Mr Lewis confirmed there were risks and these would be highlighted at the March 2017 Trust Board meeting. Ms Barlow advised that booking activity was monitored on a weekly basis through the PMO. She confirmed two Deputy Chief Operating Officers had been appointed that week who would assist in the monitoring and delivery of the plans.

Mr Lewis stated the Trust needed to deliver its business case and noted there were risks associated with delivery. He suggested that at its next meeting the Committee should consider what additional governance arrangements, if any, would be required to monitor delivery of the plan.

Action:
- Completed Production Plan to be presented to the March 2017 Trust Board meeting (TW)
- Additional governance arrangements, if any, to monitor delivery of the plan to be considered at the March FIC meeting (TW)

5. Downside case	**SWBFI (02/17) 005**

Mr Waite advised that the paper extended the period of analysis and the long-term financial model. Mr Waite advised the sensitives were included on pages 4-6 of the paper and tolerances were included for each component. This analysis confirmed a plausible route to receive a '2' rating being that confirmed by the Board as representing sustainable finances and a basis for affording the strategic investment programme. The Committee noted that there were significant risks to that recovery and that effective mitigations to a formal downside scenario remained work in progress within the Executive Team.

The Committee proposed that focus be put on the 2020/21 financial year and specifically consider what underpinned and was necessary to achieve that position.

Mr Lewis advised that the 17/18 financial plan had been rated high risk by NHSI as there were a number of considerable risks within the plan. Mr Lewis stated the short-term cash position was an issue but the Trust's financial position over the next three to four years should also be given due consideration.

The Committee noted the matter would also be presented to the March 2017 Trust Board meeting.

6. Non-pay procurement	**SWBFI (02/17) 006**

Mr Waite advised the non-pay plan continue to be progressed. He confirmed that from 1st April 2017 the plan would move to delivery mode. He advised a Q1 plan would be identified listing progress week by week and would be overseen by the PMO non-pay workstream. Mr Lewis suggested it would be helpful for the Committee to have sight of this before meeting with NHSI on 24th March 2017. Mr Waite agreed to circulate information to the Committee.

The Committee discussed the role of the Black Country Alliance (BCA) and noted that although the Trust intended to start the work, the BCA could present opportunities of scale.

The Committee received the updating paper.

7. Matters to highlight to the Trust Board	**Verbal**

The Committee wished to highlight the following matter:

(a) Financial Performance: The Committee noted this would be on the agenda for the March Trust Board meeting. The Trust's financial performance remained challenging. EFL and CRL had been agreed by NHS.

8. Meeting Effectiveness Feedback	**Verbal**
The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.	
9. Any Other Business	**Verbal**
There were no items of any other business.	
10. Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting will be held on 31st March 2017 at 0830h in the Anne Gibson Committee Room, City Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 24th February 2017, 1030h – 1230h

Members attending:

Mrs O Dutton	Non-Executive Director (Chair)
Mr R Samuda	Non-Executive Director
Dr R Stedman	Medical Director
Miss K Dhami	Director of Governance
Ms R Barlow	Chief Operating Officer
Ms E Newell	Chief Nurse

In attendance:

Ms G Towns	Head of Corporate Governance
Ms K Gray	Deputy Chief Operating Officer

Minutes	**Paper Reference**
1. Welcome, apologies for absence and declarations of interest	**Verbal**
Apologies were received from Mr M Hoare. Ms Gray was welcomed to the meeting. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	**SWBQS (02/17) 002**
The minutes of the meeting held on 27th January 2017 were agreed as a true record.	
3. Matters and actions arising from previous meetings	**SWBQS (02/17) 003**
Ms Newell and Miss Dhami advised they had met with Ms Wilkin, Director of Communications. A paper outlining the plans for the Patient Story would be presented to the March meeting. The action log would be updated accordingly.	
4. Patient story for the March Trust Board	**Verbal**
Ms Newell advised the Patient Story for the March Trust Board meeting would focus on a letter received from a homeless patient who had commended the care provided by nursing staff within the Trust. Ms Newell advised the matter had been identified as a suitable story due to the powerful nature of the letter and the staff member's lack of judgement regarding the patient's circumstances.	
5. Perinatal mortality reduction	**SWBQS (02/17) 004**
Ms Newell tabled an updated paper for this item. She advised that the Trust had received notification from the CQC in January 2017 following the issuing of the 2014 MBRRACE report which had identified the Trust as having a stabilised and adjusted perinatal mortality rate which fell into the banding "more than 10% higher than the average for the comparator group". The Committee noted that the MBRRACE report for 2014 data had been published in 2016. Ms	

Newell advised that the Trust compared favourably to neighbouring trusts and noted the contributing population factors of the local area. Dr Neil Shah and Ms Newell had undertaken an investigation and had identified a number of deaths of extremely premature babies (22-26 weeks). She advised that delivery at less than 24 weeks carried a poor prognosis. The investigation had also identified a number of congenital abnormalities. Within the stillborn groups, growth restriction was a factor. She advised that the CCG were focusing on reducing perinatal mortality and the Local Authority were focusing on reducing low birth weights. The Trust was also hoping the Local Authority's work on public health issues which impacted upon growth restriction could be extended to vulnerable women.

Dr Stedman advised that the maternity team had presented their Quality Plan at the recent Dragons Den event and had asked for ultra-sound equipment to measure the growth of babies. Funding for training had been provided and the team were to apply to the Trust Charity for ultra-sound equipment funding. Ms Newell also identified that in a number of cases, women were not presenting until late (after 30 weeks) and some were arriving at the hospital when in labour, without accessing any ante-natal care during their pregnancy. Ms Newell advised such groups tended to be women who had moved to the UK and were unaware they could access maternity services and that it did not need to be paid for. Ms Newell advised that the Trust were already undertaking outreach work, for example scanning in the community and attending an accommodation centre.

The Committee noted the outcome of the report and following discussion agreed with the findings of the investigation, noting the main contributory factors to perinatal mortality continued to be extreme prematurity, fetal growth restriction and fetal abnormality. The Committee were assured by the report.

Ms Newell advised that perinatal mortality would remain under review. The outcome of the investigation had been shared with the CQC and a response was awaited.

Mr Waite noted the difference in data between the investigation findings and the data contained in the Integrated Performance Report (IPR). Ms Newell advised that the raw data was included in the IPR which may account for the difference between data sets. The Committee discussed the type of data which was included in the IPR and Mr Waite agreed to reflect on this issue and revise the data sets used if so required.

Action: Consideration to be given to the data used in the IPR for perinatal mortality. Data set used to be revised, if so required (TW).

6. Transition Services	**SWBQS (02/17) 005** **SWBQS (02/17) 006**

Dr Stedman advised the paper focused upon the transition of patients from children's services to adult's services. He identified that there were some disciplines where transition between services was good and noted diabetes and haemoglobinopathies as two such examples. However, he identified there were disciplines where transition was not good. Dr Stedman advised that children began to transition to adult services form the age of fourteen and confirmed that treatment would not stop as the patient had reached adulthood. The Committee discussed the difference in support between children's and adults services and noted that whilst the treatment did not cease, the difference in support may make the patient feel they were not as supported. The Chair suggested this may be a future patient story; this was to be progressed.

The Committee noted that the Trust was not a provider of mental health services but identified that the transition between children's and adults services may be difficult due to the nature of the services.

The Committee noted that some areas such as audiology and dermatology had not provided responses so it was unclear whether the services transition was a positive experience for patients. The Committee identified that asthma was an area where transition services were an issue. The Committee discussed referrals to and from other Trusts and the impact upon transition between services; Dr Stedman confirmed the Trust undertook both in-reach and outreach work. The Committee discussed the Trust's relationship with community services and Social Services and requested the matter was returned to the Committee at a later date with analysis of how the Trust interacted with these services. The

Committee also requested a full data return from all medical areas.

Dr Stedman advised the addendum paper provided an outline of the Trust's plans to audit children's health management in schools. The Committee received the update and requested this was returned to the Committee at a later month as a substantive item for discussion.

Action:

- **Transition patients to be considered as a future patient story (EN)**
- **Transition services to be returned to the Committee at a later date with analysis of how the Trust interacted with community and social services and a full return from all medical areas (RSt)**
- **Audit of children's health management in schools to be returned to the Committee at a later date for discussion (RSt)**

7. Integrated Performance Report	**SWBQS (02/17) 007**

Mr Waite highlighted the following from the Integrated Performance Report:

- ED performance: During January, performance had been 2.5 percentage points higher than December 2016. Ms Barlow advised there would be a small-scale layout re-design in the ED.
- Sickness: There had been a slight increase in short-term sickness. This remained an area requiring improvement.
- Neutropenic sepsis: Ms Barlow advised an improvement was anticipated in February's IPR as 100% attainment had been reached in some areas. Ms Barlow confirmed a new system would be in place from 27th February 2017 and it was expected this would drive improvements.
- Puerperal sepsis: There had been an increase in reporting but Dr Stedman advised this may be due to over-diagnosis which had impacted upon the data. This was to be clarified by the time of the next meeting.
- Acute stroke breaches: Ms Barlow confirmed that the Trust had one mixed gender bay; this did not count as a gender breach.
- Missed strokes: Dr Stedman advised the pathway had not been consistently triggered at the point of entry. The stroke team, as part of their Quality Plan, were to look at missed strokes and how diagnosis could be improved.
- Clinic cancellations: Ms Barlow agreed to provide a note outlining the reasons for the cancellations and the plans for performance improvement.

The Committee noted there were a number of new indicators included within the report such as DOLs. It was to be established whether there were SOPs for the new indicators.

Action:

- **Puerperal sepsis data to be clarified by the March meeting (RSt)**
- **Note to be provided on the reasons for clinic cancellations and the plans for performance improvement (RB)**
- **Confirmation to be provided for SOPs for new indicators (TW)**

8. 2016/17 clinical audit plan progress report	**SWBQS (02/17) 008**

(a) Walsall Score Assessments: Ms Newell advised that the audit report had been presented to the January Clinical Effectiveness Committee. The Committee had not been assured there was full compliance and stated it appeared the issue was a lack of adequate recording. Ms Newell advised the matter was to be returned to the Clinical Effectiveness Committee at the end of Q1. The Committee noted the audit and requested the matter was returned to the Committee again following the findings at the end of Q1.

(b) WHO checklist: Dr Stedman was of the view that the methodology for the audit was flawed as the audit team were not fully briefed or fully present during the audit. Whilst he acknowledged there were clearly areas for improvement, the audit methodology required further consideration. The Committee asked this was investigated. Dr Stedman proposed the audit was undertaken again during Q1 with a fully present audit team.

Dr Stedman confirmed that teams were encouraged to localise the WHO checklist. He was of the opinion that at that time there were no concerns over the completion of the WHO checklist.

Action:

- **Walsall Score Assessment Audit to be returned to the Committee at the end of Q1 (KD)**
- **Process for identifying and briefing audit teams to be clarified (KD)**

9. Monthly Serious Incident report	**SWBQS (02/17) 008**

Miss Dhami confirmed a paper would be presented to the March 2017 Trust Board meeting identifying how the SI reporting process had been strengthened. The Committee received the report.

10. Meeting effectiveness	**Verbal**

The Committee was of the view the meeting had been effective and useful.

11. Matters to raise to the Trust Board and Audit and Risk Management Committee	**Verbal**

The Committee wished to raise the following matters to Trust Board:

(a) Perinatal mortality: The Committee had noted the reduced perinatal mortality rate and the contributory factors of extreme prematurity, fetal growth restriction and fetal abnormality.
(b) Transition services: The Committee noted there were a number of areas where transition between children's and adult services were extremely well managed but there were many areas which required improvement. The Committee had asked for this matter to be returned to the Committee in a few months' time with more detailed analysis. The Committee had also requested audit of children's health management in schools to be placed on the agenda of a future meeting for discussion.
(c) Integrated Performance Revie (IPR): It was noted the IPR would be presented to the Trust Board meeting but the Committee wished to highlight that the IPR contained a number of new indicators.

12. Any other business	**Verbal**

The Chair asked if consideration could be given to additional volunteers undertaking meet and greet activities in hospital main entrances; Ms Barlow confirmed this was being addressed through the Volunteers work.

Meeting closed 12pm.

13. Details of the next meeting

Next meeting: 24th March 2017 at 10.30am in the Anne Gibson Committee Room at City Hospital.

Signed ……

Print ……

Date ……

Chief Executive's Trust Board report
April 2017

I am writing this report following our site inspections by the Care Quality Commission. I will provide an oral update on the feedback received and the draft report should be with us by July. Our many community services were not visited because they are already rated good or outstanding and so the focus of the inspection was on areas about which we had highlighted, through our governance, ongoing concerns, notably medicine. We would therefore expect a report with actions for improvement.

The operating plan for 2017-18 does not yet demonstrate a balanced financial plan. We end 2016-17 in deficit, and the underlying position is an I&E gap of just less than £23m. With an extensive capital programme to support new IT, and building works to secure care closer to home in Sandwell as the Midland Met Hospital opens, we need to continue to invest. The Board delegated to the chairman and me approval for a cash loan to manage cash flow prior to the sale of the surplus estate at Dudley Road, for which an extant planning application is ongoing. The principle savings scope in the early months of the new financial year lies in removing agency premiums, and not later than June 1st the most expensive nurse agencies, including Thornberry will be barred from our sites. We will also enrol in the NHS Improvement Financial Improvement Programme voluntarily, which has shown some scope to drive both quality and fiscal benefit in other organisations. That team will start work later in April. Regrettably our finances are not yet underpinned by a signed service contract with the CCG for 2017-2019.

1. Our patients

The Trust aims in coming weeks to have halved, when compared to December, the number of long wait patients needing planned care (usually surgery). There has been real improvement in this backlog already, and the production plan which the Board is reviewing is designed to drive further gains. Whilst national and regional attention remains on improving acute and emergency care it is important that we retain an emphasis on elective services. Our model for such services changes profoundly in 2018-19 when we operate most planned services via two Treatment Centres (BTC and the newly named STC that replaces the current general hospital). With changes to our day-case units we have the opportunity to treat more patients without an overnight stay and at the same time make cancellation less likely. On the other hand we have committed to manage all, or almost all, children's surgery via the Midland Met Hospital and we have work to do to accomplish this separation.

Emergency care waits continue to exceed the constitutional standard. Improvement work is ongoing, and the application of a Rapid Assessment and Treatment model (RATs) has shown promise and is being expanded in May. Dale Bywater and the NHS Improvement senior leadership will be reviewing the improvement plan for the SWBH system as a whole during April – and long delayed changes such as the ability to book GP appointments from A&E, a proper commissioning model for Non-Weight Bearing patients, and ensuring Expected Dates of Discharge by 48 hours of stay will be key metrics and initiatives to improve patients experience and wait times. There is every reason to move rapidly on this work. A minor reason, but worth noting, is that in September, October and November of 2017 our Trust will be deploying our Electronic Patient Record and we cannot

therefore have the sometimes typical pre-winter change 'rush'. We need embedded plans in spring and summer.

Before the EPR, we remove paper notes. This is now scheduled for June, a one month delay. Oversight of the go-no-go decision will sit with me, advised through the Major Projects Authority Committee (MPA) and the prep-committee for the MPA which scrutinises IT changes, on which Tony Waite and Mike Hoare join me to form a review panel for the work Roger Stedman and Mark Reynolds are leading. That governance structure will merit some re-examination in light of the draft Gateway Review report issued to us. My sense is that engagement with the notes project is moving well, now that we are at specialty level. There remains work to do, and it will be important to ensure that all Q1 digital changes are choreographed to achieve synergies and avoid duplication. For example, we will switch all digital dictation to full use during this period and migrate to full email practice for patient and GP letters. This is an experiential benefit, and a key part of our non-pay savings plans around both postage and paper/print costs. Another part of the latter is the phasing out of all colour printing for internally generated documents within the Trust.

Health-watch representatives raised concerns at our last meeting about both the experience of patients in our partial booking system and wait times in specific services, including dermatology. I will provide a separate brief to Board members on this topic, but our Year of Outpatients work remains a priority to ensure that our largest single point of patient contact (OPD) is a strength. Our booking teams now have a medium term location from which to work, with the planned move into Hallam at Sandwell, and out of a portacabin at City. Separately Health-watch have just issued an update to their report last year on ward care at Sandwell, and the review is broadly positive. It does reflect a view about complaints processes and how easy it is to locally raise concerns, and I am confident that our so-called 'purple phones' project when deployed will make a positive contribution to resolving that by tackling 'communication emergencies' which often sit at the heart of complaints during care episodes.

2. Our workforce

During April we will begin to roll out training material associated with our transition to the new appraisal model we will apply in 2018-19. The fundamental shift is to an objectives based improvement assessment, rather than a role based competency assessment. This is consistent with our improvement approach – and the work we have done on rewards and consequences. That work will return to the Board in May (later than planned due to competing pressures). Given the depth of change we need to achieve within this transition, we will be devoted a Board development session in Q1 to ensuring that we all understand the scale and nature of the change needed, linked to the deployment this year of the accredited line manager. This is a major programme of delegation and engagement for local leaders, allied to our vision to develop a fully engaged organisation.

We continue to work to ensure that our mandatory training obligations are met. The focus on information governance is once again showing results. Safeguarding training at levels 2 and 3 needs continued attention, and is receiving due focus. By summer 2017 we ought to be able to demonstrate quantified achievement. At the same time, through corporate review, we continue to work to streamline the need for and model of training. We have altered our fire safety training to place a greater reliance on situational work in the department and less on annualised classroom training. Emergency planning, and business continuity planning, is the major drive for 2017-18, in

preparation for both EPR deployment, and the move to Midland Met. Localised plans should have been developed and QA'd by the end of June for full Board review.

Work on the estates TUPE associated with the move to the Midland Met Hospital continues. We would now expect to begin formal engagement on this process late in the summer, after completion of our wider work on the shape of estate management in our 2019 configuration. In parallel, albeit for different reasons we are exploring the future model for each element of our facilities services. This reflects changed performance expectations as well as the inevitable cost reduction plans we have between now and 2020. With the approval of the Board, I propose to use the Workforce and OD Committee of the Board to provide scrutiny to change proposals in this area. This will help to keep a focus on local employment, as well as on value for money.

I am pleased to be able to report that two Trust 'people' projects have been shortlisted for HPMA awards. Our work on SWBH benefits and health/wellbeing is one nomination, and also our Casework Investigations Unit, which was set up in 2015 to speed up work to resolve conduct and disciplinary processes. The latter has been reviewed periodically at Board level and is an important step in finding the right balance between the role of the local manager and a central function with specialised expertise. There remains work to do to improve how the CIU works, but it appears to be demonstrated value – and was a change directly arising from a Listening Into Action methodology.

3. Our partners

We continue to progress discussions with mental health partners about liaison psychiatry. Contractual arrangements are in place for services until April 2018. From that date we want to move to a 'single site' model in readiness for the Midland Met Hospital move. Less progress is observable in services for young people and teenagers. Accordingly our Board risk register concerns regarding tier 4 beds remains extant. There are some discussions about the potential delegation of commissioning which may open an opportunity for more local procurement of a local service.

Notwithstanding the continued contractual dispute regarding £12m of income for 2018-19, and contractual challenges amounting to £3m in respect of this fiscal year, co-developed work to improve relationships is progressing. A joint piece of work on reshaping outpatient care models for patients needing long term condition support will kick off in the first quarter of the new financial year. The Trust remains a very active participant in work on New Care Models, both within our vanguard, and in other collaborations.

4. Our regulators

The end of Q4 saw the Trust attend a quarterly review meeting with NHSI. The discussion focused on finance, on waits in A&E and on agency use. The actions from the Q3 review had all been completed on time. Whilst a generally supportive conversation it is appropriate to record continued disquiet about the scale and spend we as a Board are accepting from agencies, notwithstanding our commitment to changing this.

The UKAS external review process around pathology has almost completed site visits. Every indication is that the visit has gone extremely well and a positive report is to be expected in late June.

We have submitted our relevant response to concerns raised by trainee doctors as part of the annual GMC declaration process.

And I am delighted to be able to confirm that we have received accreditation to be an approved training provider for Apprenticeships. This reflects the many years of good work by the Learning Works team, and is a fitting 'tribute' to Jim Pollitt, who retires from that team as the fiscal year ends. Jim will return to us in a strategic development role seeking to advance partnership and joint venture opportunities.

5. The Black Country STP

The Five Year Forward View delivery plan will be published by NHS England later this week. This is expected to set out delivery plan expectations for local areas. During the coming month the governance of the STP, and the manpower within it, needs to be considered and perhaps established. There remains a legitimate concern about primary care and Local Authority engagement with the process. We know that we need to balance 'place' (in our case the localities within Sandwell and West Birmingham) with scale – and commissioning colleagues have decided to aggregate to a Black Country wide footprint during this year.

In our public papers today work initiated via the Black Country Alliance, and now scaled up to STP size, on pathology is reported and approval sought to proceed further. The latest back office report across the same footprint is considered in our private papers. These reflect a continued belief that there is real merit in collaboration where there are shared values and ambitions. Given competing time and bandwidth issues, it will be important to focus time and energy where those opportunities offer real value for patients, and are not merely in place to make planning documents appear 'neat'.

This report contains several annexes.

- **Annex A:** Our safe staffing report as required. By July we will have completed further analysis of acuity of inpatient areas using the AUKUH tool. We will then consider how both staff extant wards, and re-examine the model for the new hospital signed off via the prior Chief Nurse.
- **Annex B:** The latest recruitment update, showing continued good progress with band 5 and 6 nursing. I have commissioned some work on locum medical staff and the recruitment hinterland behind their use which will return to the Board by May.
- **Annex C:** Our latest diversity update, in effect 'retiring' the current pledges, together with some recommended new commitments. I would suggest that scrutiny of those promises is delegated to the Board's Public Health, Equality and Community Development Committee.

I would also invite Tony Waite and Raffaela Goodby to confirm the outcome of their scrutiny of the costs of maintaining our Living Wage commitment to April 2019. The Board reached a conclusion on this matter at its meeting in February subject to confirmation that the costs did not exceed the estimate previously given.

Toby Lewis, Chief Executive
March 30th 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	Safer Staffing /Quality indicators Report
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell Chief Nurse
AUTHOR:	Paul Hooton Deputy Chief Nurse
DATE OF MEETING:	6th April 2017

EXECUTIVE SUMMARY:

The aim of this paper is to provide assurance that our patients are receiving safe, effective quality care and that the Trust has the right number and skill mix of nursing staff.

Whilst progress has been made in developing and agreeing data points and governance processes with the clinical directorates, the absence of an electronic data feed has meant that information relating to the nurse sensitive indicators has been trialled from Safeguard (incident reports). It has subsequently become clear that this requires a great deal of sense checking by the senior nursing team in order to ensure that the data provides a robust representation of the true picture. Incident reports relating to falls and pressure ulcers are often duplicated by the clinical team thus presenting challenges in identifying accurate and relevant numbers. The data presented as an appendix to this report has been scrutinised by Matrons and GDoNs and represents as clear a picture as possible in the absence of EPR. There is further work to be done to ensure that parameters for falls reflect figures per 1000 bed days.

There are no obvious areas of clinical concern in February. Going forward, monthly data will inform trend analysis (similar to that represented in the Trust IPR) which will enable teams to more easily identify improvements and / or deterioration in performance at ward level.

Wards that are identified as poorly performing or of clinical concern will initially be supported by a skilled buddy in accordance with the approaches used in the consistency of care project. Performance management measures will be introduced consistent with established Trust processes in the event that improvements are not evident within a 2 month period.

REPORT RECOMMENDATION:

Accept the information set out in the report

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

Accept	Approve the recommendation	Discuss
X		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	**X**	Equality and Diversity		Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					

DOCUMENT TITLE:	Safer Staffing / Nurse quality indicators report
AUTHOR:	Paul Hooton / Elaine Newell
DATE OF MEETING:	4th February 2017

SUMMARY:

Purpose

This paper summarises the Trust's performance for the month of February 2017 against the 3 key safer staffing and quality metrics:

- **Nurse Sensitive Indicators**,
- **Staffing**
- **Patient, Relative and Carer Experience.**

In the absence of an electronic data feed, information relating to the nurse sensitive indicators has been taken from Safeguard (incident reports). It has subsequently become clear that this requires a great deal of sense checking by the senior nursing team in order to ensure that the data provides a robust representation of the true picture. Incident reports relating to falls and pressure ulcers are often duplicated by the clinical team thus presenting challenges in identifying accurate numbers. The data presented has been scrutinised by Matrons and GDoNs and represents as clear a picture as possible in the absence of EPR. There is further work to be done to ensure that parameters for falls reflect figures per 1000 bed days.

There is a disparity between the reporting timescales for nurse sensitive indicators and sickness absence information due to the lag time in reporting on workforce. Whilst it is recognised that high sickness absence rates provide some valuable insight into the cultural aspects of team performance, the reporting time lag impacts on the ability to reliably report the impact on in month clinical outcomes. The committee are therefore asked to consider the value of retaining this information as part of this report.

Going forward, monthly data will inform trend analysis (similar to that represented in the Trust IPR) which will enable teams to more easily identify deterioration in performance at ward level.

Roll out of the safety plan enables real time reporting and will in future allow proactive identification, support and performance management around areas of non-compliance.

Nurse Sensitive Indicators

Appendix 1 contains the current ward dashboards used to inform quality, safety and patient experience.

Safety Thermometer Harm Free Care

During February the majority of wards performed above the national target for harm free care. The Older Person's Assessment Unit (OPAU) achieved 90% which triggers amber on the national data set. D47 flagged red with only 87% of patients receiving harm free care. Both of these areas are subject to a review process by the Ward Sister and Matron with clear improvement trajectories for March.

Harm free Care	92%+	91% - 89%	<88%

Infection Control

For the month of February 2017 there was 1 new case of C. Difficile reported on Priory 4. A root cause analysis is currently being led by infection control. To date the Trust has reported 20 cases of C Diff which is below the planned target of 25. There were no MRSA Bacteraemia reported in February

Hand Hygiene Audit

There were an unacceptable number of wards (14) who failed to complete the hand hygiene audits in February this is particularly notable in medicine. Whilst continued work is required to improve hand hygiene compliance, of greater importance is the need to improve data submission. Group are required to ensure all areas submit for March 17. Going forward both the infection control team and the Matrons for these areas will do some targeted work to improve compliance on the wards.

Tissue Viability

Suboptimal care is measured by the number of hospital acquired grade 2, 3 and 4 pressure sores that occur in the clinical environment over a month. During February, 25 **hospital acquired** pressure ulcers were reported Trust wide. The majority of these (18) were grade 2 causing minimal harm to the patient with 7 at grade 3. There were no reported grade 4 pressure ulcers this month. Of the 25 reported, 7 were deemed avoidable. The tissue viability team is working with both the ward managers and matrons to determine the root cause so that actions can be implemented in the identified areas.

Falls

There was a total of 64 falls Trust wide, 25 of which resulted in minor harm (grazes / bruising). 2 falls

resulted in fracture. Nationally, the average falls rate is calculated per 1000 bed days with an average rate of 6.63:1000. Based upon a 95% occupancy rate, the Trust average fall rate for February is 3.05:1000 and therefore below the national average. Of these, 41 occurred in Medicine and 19 in Community Clinical Groups. By the very nature of both these specialities it is reasonable to expect a higher incidence of falls due to the patient profile. However, it is anticipated that work around focussed care and activity related interventions will impact on the number of falls. Data collection over coming months will enable trend analysis to be undertaken on a quarterly basis..

Safety plan compliance

Once the roll out of the safety plan is completed, performance on the 10 key actions of the safety plan will be captured within the ward dashboards More importantly, real time monitoring of compliance will be embedded within clinical teams.

Nurse Staffing

Fill rate compliance report

Fill rate data allows Trusts to compare the planned staffing establishment against the actual worked for the month and triangulate this data with quality indicators to determine if the staffing establishments impacted on quality of care. The majority of wards achieved over 95% fill rates for both trained (RN) and untrained (HCA). However there were a number of wards triggering red with the RN fill rates under 90% (Lyndon 1, Labor Ward, and Priory 4). 2 wards (Eliza Tinsley and D19) both had RN fill rates less than 60% for night shifts. D19 flex staffing according to need across the paediatric service. Eliza Tinsley is currently trialing an adjusted skill mix to support falls reduction. The majority of HCA shifts were at, or above 98% with a significant number in both surgery and medicine over 100%. The main reason for this was additional capacity (extra beds) and focused care. There is currently a task and finish group looking into the use of focused care in the Trust and how best to use this model in the future. The AMU wards across both sites had a fill rate of over 100% for the majority of their shifts. Again this is because of an increase in need for focused care. There is currently no workforce data captured in ESR for L5

Vacancies

For the month of February 2017 there were approximately 204 band 5 and 6 nurse vacancies in the Trust. However the Trust attended a very successful recruitment fair in Birmingham at the beginning of March and recruited 36 nurses. This along with our normal recruitment activity and our offer to student nurses qualifying in September 2017 has increased our recruitment potential to > 150 nurses over the next 6 months (see table below). In the meantime recruitment and retention continues to focus upon a short and

medium term plan to reduce our vacancy rate and improve retention.

Band 6 and 5 Staff Nurse/FYS offers since February 2017						
Band	**Campaign recruits**	**Normal recruiting**	**Birmingham Fair**	**FYS Job offers**	**Total**	**Comments**
6		13			**13**	• 2 external • 11 internal
5	36		36		**72**	
Students				72	**72**	• Some of these students have gone through the Job Fair process but have not been counted twice
					157	

Patient Experience

Friends & Family Test

The compliance rate for Friends and Family is very poor across the Trust. Part of this is due to how we collect and compile the data. We are currently reviewing this with Envoy (our data collection partner). Further work is also required to establish themes and trends around complaints at a local level. Of patients that did respond, the results show that on average 97% of respondents would recommend this Trust with the majority of wards recommendation at 100%. However a number of wards recommendation ratings were below 90 % (D21, Lyndon 2, Priory 2, D47 and Henderson). Both the Matrons and Ward Managers need to review these results and develop some actions to help improve these ratings.

Complaints

The Trust had a total of 28 complaints for the month of February. This is a lower comparative number than is usually seen. No areas received an unusually high number of concerns. Ward managers will be tasked with identifying themes and trends when preparing their exception reports as part of this process.

Exception reporting and Action Plans

The governance reporting process for local dashboards has now been established and the Deputy Chief Nurse is currently mapping the data sources and timelines to enable an accurate and timely reporting of the data to the Directorates / groups and Performance Management Committee. This will allow for a more detailed exception reporting process that will feed into this section of the report. This month the report highlights some ongoing work required to review the environments and contributory factors around falls particularly in our medical and community wards. The Trust is reviewing its Falls policy and part of this review is scoping what additional resources and education is required to reduce the incidence of falls across our wards.

Annex B: Hard to Fill Trajectory

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	Funded Establishment 17.11.16	Staff in Post as 17.11.16	Vacancies as 17.11.16	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	Number of Conditional Offers made by 14 Sept 16	Number of Conditional Offers made by 23 Sept 16	Number of Conditional Offers made by 24 Oct 16	Number of Conditional Offers made by 17 Nov 16	Number of Conditional Offers made by 08 Dec 16	Number of Conditional Offers made by 28 Dec 16	Number of Conditional Offers made by 23 Jan 2017	Number of Conditional Offers made by 16 Feb 2017	Number of Conditional Offers made by 21 Mar 2017	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	168	122	46	1	1	1	1	6*	4	3	8	16	3	5	0	3	0	2	14	12%	14	34	H
Corporate - Estates & New Hospital	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	10	7	3	10	7	3	0	0	0	0	0	1	0	0	0	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	5	3	2	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	4	2	2	4	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	31	17	14	31	16	14	0	2	0	1	2	0	0	0	0	6	0	0	4	0	0	11	66%	11	14	H
Imaging	Deputy Group Director of Operations - Imaging	8B	Deputy Group Director of Operations - Imaging	Administrative and Clerical	1	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	26	23	3	26	21	5	0*	0	0	0	?	0	0	0	0	0	0	0	1	0	1	2	9%	2	2	H
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	14	12	2	14	13	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	2	16%	2	3	M
Medicine & Emergency Care	Group Director of Operations- M&EC	9	Group Director of Operations- M&EC	Administrative and Clerical	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	1	L
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	454	379	75	458	375	83	4	3	4	2	5	8	6	3	24	1	4	4	2	10	31	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	18	12	6	18	12	6	0	1	0	0	?	0	0	0	0	0	0	0	0	0	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	8	6	2	9	6	3	0	0	0	0	?	0	0	0	0	0	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	17	18	-1	5	4	2	1	?	0	0	0	0	0	0	0	0	0	0	6	45%	6	5	L
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	83	70	13	82	74	8	4	0	1	8	8**	2	2	3	2	1	0	0	2	0	2	14	20%	14	11	M
Surgical Services	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	247	219	28	244	213	31	0	3	1	1	1	8	6	6	18	0	1	0	0	7	21	26	33%	26	30	M
Surgical Services	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	43	39	4	41	39	2	0	0	0	0	?	0	0	0	0	0	0	0	0	0	1	3	8%	3	3	M
Surgical Services	Group General Manager	8B	Group General Manager	Administrative and Clerical	3	1	2	2	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100%	1	1	H
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	20	16	4	21	19	2	0	1	4	2	2	0	1	0	0	0	0	0	0	0	0	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	79	57	22	77	53	24	0	5	0	0	0	0	0	0	0	0	0	0	0	0	7	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	76	61	15	76	69	7	2	0	0	0	0	12	0	0	0	0	4	0	0	0	0	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)

Annex C

Public Health Plan 2014-2017 – 9 Diversity Pledges March 2017 Board Update

Public Health Plan Diversity Pledge	Detail of objective	Summary of position 10th Feb 2017
1. 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.	**This has been met.** Full and regular analysis taken to the Education, learning and Development Committee. The statistics for 2015/16 were approved by June 16 Public Trust Board. There were no causes for concern in the data and it demonstrated that equal access was being given to colleagues with protected characteristics. The analysis was also reported as part of the WRES return to NHSE This will be reviewed regularly to ensure the position does not change and Trust Board level oversight remains. Will encourage proactive communication of learning opportunities to colleagues with protected characteristics.
2. 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.	This objective has been met. The Board have undertaken two development sessions so far in inclusion and diversity – which have taken place during the Board Informal time together. In April 2016 Ellie Barnes OBE delivered a developmental session on LGBT issues to the board. This has informed the development of the employee networks, the approach to Trans issues and the language and communications used by the Trust. Ellie has also made connections between SWBH and Birmingham LGBT. Both executive and non executive board colleagues have attended relevant

		events, e.g the CCG Equality Awards and the ENEI House of Lords Event. Future board development sessions will focus on further learning, Stuart Young network chair has agreed to attend a future meeting.
3. 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.	**This objective will be met by April 2017 in an amended form.** EDS2 has been achieved in full in 11 directorates across the Trust. The bottom up directorate approach was a 'one off ' in order to generate detailed feedback from clinical groups on the actions needed in their area. This approach has had limited success as local managers have struggled to engage with the concept. However, some groups such as Communities and Therapies have used the EDS2 process to shape their approach to patients and staff with protected characteristics. In order to 'close' this objective, the Trust Equality and Inclusion officer will generate an EDS2 evaluation for the whole Trust during December 2016, based on evidence collated and agreed through the local interest group to date. This will build on the detail available from the clinical groups, and make recommendations based on the data. These recommendations will contribute to the Trust's Equality and Inclusion Plan (as part of the Public Health Plan) for 2017-2020 The Public Health executive committee will examine the EDS 2 outputs, and approve a revision to the approach for future submissions to a 'corporate EDS' that compliments the WRES and other reporting.
4. Collect, collate and examine protected characteristics data on our workforce and,	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared	**This objective will be met and closed during Q4** At the time of writing this report the Outpatient kiosks element remains an

largely, on our staff: We will undertake a one off ESR data validation.	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.	outstanding action to be implemented. This will be picked up with Matthew Maguire Head of Information and an action plan drafted during March 2017. The results of this are overdue due to operational issues within the corporate team, but will be available during early October for analysis and to set the 'baseline' for the 2017-2020 Equality and Inclusion programme of work. There has been an 80% response rate. This data is currently being evaluated by the Governance Directorate and Organisation Development Directorate and will form the basis of an engaging infographic to be used in internal communications. This remains outstanding to complete. The Trust has taken part in the National Workforce Race Equality Standard (WRES) survey requested by NHSE and the report is now displayed on the SWBH Trust website. This reported on the protected characteristics statistics that are known from ESR, including access to training and impact on key HR processes such as grievances and dignity at work issues. The annual WRES will remain in the ongoing E&I programme of work.
5. 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 be first 'positioning' campaign.	This objective has been met in full to date **August** National Apprenticeship Week (Age) Live and Work Homeless Project Campaign (Age) **September** Eye Health Campaign (Disability) **October** Black History Month We celebrated with stories from individuals around the world communicated on our internal channels. Received positive feedback from staff members on campaign. **November** Inclusion and Diversity and Trans Awareness, Diwali and

		Remembrance services at City and Sandwell. Launched 3 employee networks, LGBT (executive sponsor Raffaela Goodby), BME (Executive Sponsor Toby Lewis) and Disability Awareness (Executive Sponsor Colin Ovington). Trans awareness day and launch of gender neutral toilets across the Trust. Trans Remembrance Day celebrated on Friday 18th November. **December** AIDS Awareness We are running AIDS awareness campaigns internally and externally linked to World AIDS Day on 1 Dec. **Feb 2017** LGBT History Month with regular updates from LGBT Historical Figures and posters and information available on the E&D boards across the Trust and through social media channels @swbh-LGBT on Twitter. Closing event on 28th February 4-6pm in BTC. March 2017 – Disability Awareness Month – screensavers and internal communications to encourage colleagues to take part in employee network sponsored by Kam Dhami. Employee network meeting taking place on Friday 31st March 2017 International Women's Day celebrated throughout March with stories and inspirational direction from famous women and our own staff and their achievements. Supported by Social Media coverage.
6. 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.	**This objective has been partly met.** Diagnostic phase of leadership programme taking place September 2016 with independent one to one conversations, focus groups, drop in roadshows and communications. This has generated a detailed and robust report with recommendations for the E&I agenda for the next two years.

		Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. Agreed to implement diverse recruitment panels in 2017, and train all recruiting managers in avoiding unconscious bias. This will go live in April 2017. All Band 7 BME staff members emailed to apply for the National NHS Academy 'Stepping Up' programme. 9 BME staff applied for the programme. http://www.leadershipacademy.nhs.uk/programmes/the-stepping-up-programme/structure/ Exploring a regional programme with NHS Academy open to BCA BME Staff. All bands 3-5 Leaders are being encouraged to apply for First Line Leadership Programme (accredited for SWBH Chartered Manager Standard) in Feb 2017. Analysis undertaken that demonstrates that 34% of all attendees on this programme are from BME groups. Mentoring and coaching is being offered to BME Staff Network chair and vice chair and other attendees as appropriate. Support offered on social media training, chairing a meeting, representation to senior managers and other work skills.
7. 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	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 objective has been met in full.** The following HR policies were reviewed by an independent external reviewer. • Dignity At Work – Due for renewal August 16 • Grievance and Disputes Policy – Due for renewal August 16 • Recruitment and Selection Procedure - Due for renewal November

due to occur in Q2 but will now occur in Q3.	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.	18 Ongoing support and intervention with OD and HR colleagues to ensure that equality runs as a theme through all people related policies. E.g. that the behaviours that are recognised and rewarded in the PDR are equality proof behaviours and this is reflected in the development of the new PDR paperwork.
8. With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	**This objective has been met in full.** This Research phase with Hay Group was successful in identifying colleagues who were willing to be involved in setting up Staff Network Groups. These groups will have an executive sponsor and will be launched during November Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby BME Employee Network – Executive Sponsor Toby Lewis Disability Awareness Employee Network – Executive Sponsor Kam Dhami At each launch event there will be a key speaker, and the opportunity for colleagues to put themselves forward as Network Chair and Network Vice Chair. Each network has been assigned a £2k budget. The chairs will then work with the executive sponsors to shape the activities of the staff network for the coming 12-24 months. Each group will have a small operational budget to host events and interventions, and be supported by the Equality and Inclusion Officer and HR Business Partner for E&I. Follow up network meetings took place during January 2017 and partnerships and connections made with helpful people in the region including Birmingham LGBT. Agreed cross organisational mentoring with BCC LGBT network and for CLE members to mentor more junior staff. Kam Dhami has agreed to be executive director sponsor for Disability

		Employee Network. LGBT Staff network poster attached. Links made with NHSE Stephen Moir who will speak to Employee Network – and a yearly programme of events and meetings currently being organised. Entered HPMA Trade Union Partnership Category, including undertaking an independent survey. Results will be shared initially through the Public Health Committee.
9. 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.	**This objective has not yet been met.** The successful achievement of this objective will be predicated on the successful completion of objectives 6 and 8. We will use the qualitative and quantitative data from the various surveys and reports and a communications campaign developed to support the leadership programme. The pictorial representation will be completed during 2017when the results of the governance survey are available and staff come forward for the campaign.

Raffaela Goodby 28th March 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	BCA Pathology Service
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis
AUTHOR:	Mark Newbold, Terry Whalley, Black Country Alliance
DATE OF MEETING:	6th April 2017

EXECUTIVE SUMMARY:

The Black Country Pathology (BCP) Steering Group, comprising nominated stakeholders from all 4 Trusts has now met each month since October 2016. The initial remit was provided via the Black Country Alliance Programme Board and the Royal Wolverhampton NHS Trust Board.

Previous attempts to plan services across the Black Country experienced difficulties in finding solutions that overcame established local interests and accountabilities. It was therefore agreed that the first step in the current process would be the establishment of a single management team across the four Trusts, which would be required to act collectively, and ensure that all Trusts receive appropriate diagnostic support. At an early stage, this would ensure full commitment from all participating Trusts, and would place the management and future development of laboratory services in the hands of a properly appointed management team that was neutral in terms of hospital site, and which possessed the necessary expertise. It would also allow the future pathology service to be shaped and developed by existing pathology staff, working collaboratively.

As part of the preparatory work the Steering Group was asked to look, at high level, into the experiences of merged services elsewhere and to consider in outline what benefits would accrue from creating a single pathology service.

REPORT RECOMMENDATION:

The Trust Board is asked to consider this paper and endorse the proposals.

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	**X**	Legal & Policy		Patient Experience	X
Clinical	**X**	Equality and Diversity		Workforce	X

Comments:

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

PREVIOUS CONSIDERATION:

Proposal for establishing a Black Country Pathology Service

Authors: Mark Newbold, Terry Whalley

Objective: To update Trust Boards on progress with the Black Country Pathology Service Steering Group and propose the formal establishment of a single transitional management team and board level oversight group as set out in this paper

Introduction:

The Black Country Pathology (BCP) Steering Group, comprising nominated stakeholders from all 4 Trusts has now met each month since October 2016. The initial remit was provided via the Black Country Alliance Programme Board and the Royal Wolverhampton NHS Trust Board.

Previous attempts to plan services across the Black Country experienced difficulties in finding solutions that overcame established local interests and accountabilities. It was therefore agreed that the first step in the current process would be the establishment of a single management team across the four Trusts, which would be required to act collectively, and ensure that all Trusts receive appropriate diagnostic support. At an early stage, this would ensure full commitment from all participating Trusts, and would place the management and future development of laboratory services in the hands of a properly appointed management team that was neutral in terms of hospital site, and which possessed the necessary expertise. It would also allow the future pathology service to be shaped and developed by existing pathology staff, working collaboratively.

NHS Improvement are conducting national benchmarking of pathology services in conjunction with LTS Consulting. Initial high level view of their data suggests that significant efficiencies can be achieved where groups of laboratories work together in a 'hub and spoke' arrangement. Initial information provided by LTS Consulting (see appendix 2) indicates that across the 4 Trusts there is a current spend of c£37.2m per annum, with an opportunity to reduce this by between £2m - £7m per annum based on a single hub. A 2 Hub model is less attractive financially but may have other benefits.

While we primarily seek to consider options for long term clinical and service sustainability reasons, making best use of our resources is a key question we would like to now define with more certainty. It is proposed to commission LTS Consulting to conduct a 4 week analysis using local data to inform a Strategic Outline Case. This will begin with developing and agreeing hypotheses, considering merits, and then modelling in more detail those that appear credible.

Finally, the Steering Group members have agreed on a number of actions that can be taken collaboratively, and immediately, that will deliver sustainability and efficiency benefits to all. These include:

1. Amalgamation of procurement functions and non-pay spend on consumables where possible in the short – medium term.
2. Agree cross cover, and create joint rotas, where there are skills or capacity gaps and where collaboration early makes mutual sense.
3. Consolidation of referred tests across the Black Country, including bringing back testing that each laboratory currently refers out of the area, where this will improve services levels or make better use of resources.
4. Consider creation of a single (perhaps virtual) Histopathology service in the first instance so we can establish equality of terms and conditions across the Black Country and avoid further unhelpful movements of colleagues between Black Country services.

Next steps:

The Steering Group has now reached a point whereby members will need to start committing significant time and resource to working up the proposals for change. In order to move forward, it is critical that Trust Boards commit to the process at this stage, so that an approach whereby the interests of the whole service are given primacy can be pursued.

Proposal:

Trust Boards are asked to ratify the following:

1. Boards to confirm to Steering Group stakeholders that they are committed to progressing with the formation of a single Black Country Pathology Service Management Team, accountable to a Board level oversight group with delegated authority, comprising of all four CEOs, Medical Directors, and a Non-Executive Director from Dudley who will Chair the Oversight Group.
2. The Steering Group will become the BCPS Transitional Management Team, and members will be required to act as unitary group considering the route to maximum public value (improved outcomes, improved experience of service and better use of resources). The Transitional Management Team, working to the oversight Board, will aim to establish the ongoing single management team by October 2017. They will start to progress the actions already identified as potential quick wins.
3. The Transitional Management Team, making use of the agreed open book policy, will develop a strategic outline case (SOC) and will commission LTS directly to further analyse the locally available options for service configuration. This (SOC) work will be completed by end of April 2017 and a paper based on this will go to the first meeting of the Board Oversight Group for consideration. Assuming a preferred option can be agreed at this stage, a comprehensive business case for the preferred option(s) will then be produced with the intent to reach a final decision point before the end of the summer.
4. Boards are asked to confirm their intent to establish a single Black Country Pathology management team in late 2017 on the assumption that long term clinical and financial sustainability is believed to better served through a Black Country Pathology Service in some shape or form. This is subject to further formal approval at that time and provided that the strategic outline case (expected April/May) and further detailed Business Case (expected August) provides sufficient evidence to proceed with confidence.
5. Pathology services remain with current Trusts with no immediate change to clinical, financial or workforce arrangements, pending the formal approval and establishment of a single Black Country Pathology management team in October 2017, and subject to formal approval by all Boards at that time.

Recommendations:

Trust Boards consider this paper and directs accordingly, with specific request to endorse the proposals 1 to 5 above.

Table 1: Steering Group (proposed transitional management team)

Name	Role	Trust
Helen Jones	Clinical Director	RWT
Graham Danks	Pathology Services Manager	RWT
Jonathan Berg	Pathology Director	SWBH
Jonathan Walters	Director of Operations for Pathology & Imaging	SWBH
Louise Holland	Divisional Director WCCSS	WHC
Ye lin Hock	Consultant Histopathologist	WHC
Sharon Dicken	Pathology Services Manager	WHC
Elizabeth Rees	Consultant Microbiologist and Clinical Service Lead for Pathology	DGFT
Alex Wolinski	Consultant Radiologist and Clinical Director for Diagnostics	DGFT
Johanne Newens	Director of Operations for Medicine and Integrated Care	DGFT

Table 2: Proposed Oversight Group

Name	Role	Trust
Toby Lewis	CEO	SWBH
Richard Kirby	CEO	WHC
Paul Harrison	CEO (Acting)	DGFT
David Loughton	CEO	RWT
Roger Stedman	Medical Director	SWBH
Matt Banks	Medical Director (Acting)	DGFT
Amir Khan	Medical Director	WHC
Jonathan Odum	Medical Director	RWT
Jonathan Fellows	Non Executive Director and Chair of Oversight Group	DGFT

Table 3: Proposed high level timetable

Date	Item	Who	Notes

Feb 24th	Draft BCPS Paper submitted for further CEO comment	MN	This BCPS Proposal document.
Feb 27th	LTS Engagement begins	MN	As agreed by 4 CEOs and described in appendix 1
Mar 10th	BCP Proposal agreed	CEOs	This BCPS Proposal document baselined
March	Options appraisal	Steering Group and LTS	Jonathan Walters, Graham Danks, Sharon Dicken & Sean Jones nominated by Steering Group
Mar 31st	LTS Engagement ends, draft SOC available	Steering Group and LTS	
Mar 30th	RWT Board consider BCPS Paper and are requested to endorse	RWT Board	This BCPS Proposal document
April 6th	SWBH, WHC, DGFT Boards consider BCPS Paper and are requested to endorse	SWBH, WHC, DGFT Boards	This BCPS Proposal document
April	Steering Group finalise SOC and present to Oversight Group	Steering Group	For endorsement and to confirm preferred option(s) for further full business case
May	Trust Boards receive Oversight Group's update & SOC for information and consideration	Oversight Group	
June-Aug	Full Business Case and detailed Governance arrangements prepared	Steering Group	
Aug	Present full business case to Oversight Group	Steering Group	
Sep	Present proposal to Trust Boards	Oversight Group	
October	Go / No Go for entry into formal transition delivery phase	Trust Boards	
Note, throughout this period, the Steering Group will progress 'quick wins' which are not dependent upon final go/no go decision, and will keep Oversight Group sighted to these.			

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:	6 April 2017

EXECUTIVE SUMMARY:

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

Risks on the Trust Risk Register have been reviewed and updated by Executive Directors.

REPORT RECOMMENDATION:

- **RECEIVE and NOTE** updates from Executive Directors for risks on the Trust Risk Register.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 6 April 2017

1. EXECUTIVE SUMMARY

1.1 This report is to provide Trust Board with an update on the Trust Risk Register (TRR).

2. TRUST RISK REGISTER (TRR)

2.1 Trust Risk Register risks continue to be managed by risk owners with oversight by Executive Directors. The Trust Risk Register is at **Appendix A**.

2.2 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. RECOMMENDATION(S)

3.1 The Board is recommended to:

- **RECEIVE and NOTE** updates from Executive Directors for high (red) risks on the Trust Risk Register.

Kam Dhami, Director of Governance
6 April 2017

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
2272	Live (With Actions)	Emergency And		Quality Of Care	The Trust has un-substantiated beds open due to: _admissions above plan _extended Length of Stay (LOS) above bed plan assumptions _too many Delayed Transfers of Care bed days (DTOC) - our plan accommodated 35 actual or pending DTOC patients; those numbers have increased to 89-109 over November/December period We are unable to consistently staff the additional beds safely. The Trust will consider the closure of the un-substantively staffed beds in the new year. The impact of this would potentially result in overcrowding in ED and a deterioration in time to assessment, diagnosis and treatment, which would result in decreased patient and staff experience, longer ambulance waiting times and will undoubtedly adversely impact	5x5=25	Activate business continuity for 10 additional patients in ED: For up to 10 patients additional to ED cubicle capacity - likelihood this occurs 12 hours of the day -Receive patients and starting assessment in the circulating corridor areas of ED -Staffing of the above areas to be put in place utilising block booking of bank / agency. -Equipping area with privacy screens , dynamap and patient trollies to be available -A computer on wheels to be allocated to this team so they can process and document assessment and care. A CAD screen should be installed in the main desk to anticipate incoming ambulances outside of RAM. -2 RAM cubicles to be kept for rotation of WMAS presenting patients through this area for detailed examination etc; 2 majors cubicles would rotate patients from the waiting room dependent on triage scores	Seek social care business continuity response to eradicate all acute delayed transfer of care patients. Plans not available Raise at A&E Delivery Group. Command and control structure with documented continuity plan to manage this scenario. Complete written guidance for both scenarios (a) and (c) Command and control structure to be put in place if plan activated to support ED and live assessment of risk Work with WMAS on risk assessment to understand their response to these scenarios	Rachel Barlow	31/03/2017	07/02/2017	Monthly	5x4=20	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
				on patient outcomes.		Queue ambulances on ambulance arrival point x 10 : Ambulances would be held for up to 60 minutes on the ambulance arrival area and remain under the care of the WMAS staff until the patients could be handed over on the ED environment safely. Activate business continuity for 20 additional patients in ED and or patients waiting for 60 minutes on the ambulance arrival area: For up to 20 patients additional to ED cubicle capacity - likelihood estimated to be up to 6 hours a day The approach to mitigate, the ED capacity would need to be expanded. This would be through 2 options: 1)A temporary tent on the ambulance arrival area 2)Expand ED in line with the major incident plan. This would displace adjacent out patients, which would need to be relocated. -Staffing and equipment would need to be in place -Access to patient first IT system to be in place						

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
						Further to the above measures, if ambulance waits persisted and delays to patient assessment exceeded an hour, the Trust would seek to close to further arrivals of urgent care patients: Attendance avoidance would be sought by: Triage all non-majors activity to urgent care centres Divert WMAS to other EDs							
666 Live (With Actions)	Paediatrics	Lyndon Ground	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 children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.	**4x4=16**	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments	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	31/03/2017	14/02/2017	Quarterly	**4x4=16**	**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
215	Live (With Actions)	Waiting List	Waiting List Management	Performance	Due to lack of EAB bed, nursing home capacity and waits for domically care there is a deteriorating level of Delayed Transfers of Care (DTOC) bed days which results in an increased demand on acute beds.	4x5=20	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.	EAB and nursing home capacity remain unmitigated risks. System Resilience partners review of demand and capacity still outstanding. Nursing home and domiciliary care provision is potentially vulnerable across the market place. The system resilience partners considering risk and mitigation as part of A&E delivery group.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	4x4=16	Treat
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	Management controls - Routine cash flow forecasting including rolling 15 month outlook - Routine five year capital programme review & forecast - Routine medium term financial plan update - Routine monitoring of supplier status avoiding any 'on	- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion - Establish and conclude task & finish programme to resolve significant outstanding debtor and creditor issues - Excellence in working capital management including	Tony Waite	31/03/2018	22/11/2016	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
							stop' issues Independent controls / assurance - Internal audit review of core financial controls - External audit review of trust Use of Resources including financial sustainability - Regulator scrutiny of financial plans	appropriate creditor stretch, timely debtor recovery and pharmacy stock reduction - Establish and progress cash generation programme including accelerated programme of surplus asset realisation						
566	Live (With Actions)	Emergency And Accident & Emergency (S)		Staffing	STAFFING - SENIOR MEDICAL STAFF 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.	**4x5=20**	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 be implemented as a "grow your own" workforce strategy. Development of recruitment strategy New hospital information pack including Birmingham attractions to be compiled	Rachel Barlow	31/03/2017	12/12/2016	Quarterly	**3x5=15**	**Treat**

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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
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	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.	Phase 2 Transformation implementation in progress. Consultation sign-off October 2016. Phased implementation of individual plans over a two year period, started Q1 2016-17.	Raffaela Goodby	31/03/2018	20/09/2016	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, raises experience, safety and financial risks.	5x4=20	Overseas recruitment drive (pending) Use of bank staff including block bookings Close working with partners in relation to DTOCs	Contingency bed plan to be agreed in October for winter 2016/17. Current unfunded beds have temporary staffing. Bed programme to ensure robust implementation of EDD planning on admission and implementation of red/green working on wards.	Rachel Barlow	31/03/2017	26/10/2016	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. Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.							
1738 Live (With Actions)	Ophthalmology	BMEC Outpatients - Eye	Quality Of Care	There is a risk that children, particularly under 3 years of age, who attend the ED at BMEC with an emergency eye condition, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist.	**4x4=16**	Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. Agreement with BCH to access paediatric specialists advice and where specialist care is required patients can be transferred to BCH. There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up services when required. Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area.	Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed: Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. SWBH MD to engage with BCH MD re. joint working (completed). Liaise with commissioners over the funding model for the Paediatric OOH service. Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting). Clarify with Surgery Group leads what the paediatric anaesthetic	Roger Stedman	30/11/2018	02/02/2017	Quarterly	**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
								resourcing capacity is. A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region. Midland Met will treat paediatric emergencies and will have access to paediatric anaesthetists within 24 hours.						
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	**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	To continue to work with STC design team and Ophthalmology team to ensure design and build of OPD2 is fit for purpose to ensure patient privacy, dignity and associated infection control issues are prioritised in the new build.	Rachel Barlow	31/03/2017	08/12/2016	Quarterly	**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
				area.									
121 Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff ,as a result 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	31/12/2016	08/03/2017	Monthly	**3x4=12**	**Treat**

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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	Historical constraints with the global supply of BCG, have resulted in an alternative vaccine being issued (it is now a PSD not a PGD which requires attendance of a paediatrician). The risk of which may now impact upon administration of the vaccine to those babies / children who have not received the vaccine. The effect of which may result in at risk neonates / children being exposed to an increased risk of 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 PHE have advised there has been a national meeting to discuss the issue and that we have to ensure all backlogs with administering are dealt with. Need to establish a plan with a medic being available as a prescriber	review of clinics	Rachel Barlow	31/03/2017	08/03/2017	Monthly	4x3=12	Treat

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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 continues to be of focus. Deputy COO for Urgent Care vacant and also subject to recruitment.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	3x3=9	Treat
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	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	Complete network and desktops refresh. Stabilisation of all aspects of the local IT infrastructure will be completed end March 2017. The replacement of PCs, printers, monitors, etc., and upgrade of the network is conducted in parallel. 80% of the work was completed by December 2016	Mark Reynolds	31/03/2017	16/01/2017	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
				EPR.		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 Infrastructure work to refresh networks and desktops is underway.						
533 Live (With Actions)	Scheduled Care	Oncology Medical	Service Level Agreement - Operational	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	**3x5=15**	Being tackled through use of locums and waiting times monitored through cancer wait team.	Recruitment being managed by UHB. Good progress reported for the GI position.	Roger Stedman	31/01/2017	28/10/2016	Quarterly	**3x3=9**	**Treat**

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Sandwell and West Birmingham Hospitals NHS Trust

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768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that data quality errors arise due to an inadequate referral management system which could lead to delays for patients.	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.	Closed referral validation to be completed.The programme is near completion with a delivery plan for the end of October. CSC to fix bug on PAS system. The initial technical development has not fully fixed the bug. the further development would require a full PAS upgrade and CSC / HIS have advised this is not likely to be until later than 2017-18. Data quality programme to be completed.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	3x3=9	Treat
214	Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process impact on 18 week data quality which results in underperformance of access target.	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.	Implement full action plan. Planned care PMO is being established to oversee programme delivery as scheduled. Source e-learning module for RTT with a competency sign off for all staff in delivery chain. Decision to be made on the support training product in November.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	3x3=9	Treat

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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
						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, competency and training.	Data quality process to be audited						
534 Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels.	**3x4=12**	Oncology recruitment ongoing and longer term resolution is planned as part of the Cancer Services project.	Contingent on start date for GI appointments	Roger Stedman	31/03/2017	28/10/2016	Monthly	**3x3=9**	**Treat**

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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 Hardware - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources within the Trust given the fixed time 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.	Embed Informatics implementation and change activities in Group PMOs and production planning Develop and publish implementation checklists and timescales for eDocs and EPR. Report progress at Digital PMO and Ctte	Mark Reynolds	30/06/2017	22/03/2017	Monthly	3x3=9	Treat
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.	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. The BCA service started in April as planned, with 1st SWBH weekend end April. So far, all weekends have been covered but there are	Rachel Barlow	31/12/2016	06/01/2017	Quarterly	2x3=6	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
							Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	some concerns around potential shortages of radiographers, with no radiographer currently available for a weekend in November and at the New Year - the qualified ones are committed in CT. The CD for IR is arranging radiologist locum cover for some of the weekends, and Walsall is providing some additional cover. 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. Recruitment is progressing but availability of vascular IR sessions is proving an potential barrier, as our sessions at UHB have been taken. Some sessions have been arranged at Dudley, and talks are taking place with UHB.						

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
							Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall. Some sessions have been arranged at Dudley, and talks are taking place with UHB.						
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 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board.	Further Executive review at performance management review in November to confirm if the solution has succeeded in full.	Rachel Barlow	31/12/2016	28/10/2016	Quarterly	**1x4=4**	**Treat**

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325	Live (With Actions)	Informatics	Medical Director's Office	IT Software - Clinical System Failure / Issue	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust. This recognises advice from NHS CareCERT and Government about an ongoing threat to UK infrastructure from cyber attack.	**4x4=16**	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Information security assessment completed and actions underway.	Complete rollout of Windows 7. Upgrade servers from version 2003. 287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Christmas. Review Network Firewall Rules Review network firewalls rules. Remove inessential services. Achieve Cyber Security Essentials The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. Restricted Devices Security Controls Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate.	Mark Reynolds	30/06/2017	20/01/2017	Quarterly	**1x4=4**	**Treat**

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								MDM Tighten up use of MDM controls. Remove out of date accounts and update old OS versions. This has been neglected and therefore is a security risk.						

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Briefing note – Retained Pack Never Event
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman
AUTHOR:	Dr Roger Stedman
DATE OF MEETING:	6th April 2017

EXECUTIVE SUMMARY:

February 28th 2017 the Trust reported a never event. A patient returned to gynae clinic following emergency surgery five weeks previously at which point a retained ribbon gauze pack was identified that should have been removed prior to discharge from hospital following surgery.

This note briefs the board on the pertinent facts of the incident and actions that have taken place since in order to prevent this happening again.

REPORT RECOMMENDATION:

The Board is to consider if the proposed actions in addition to existing barriers provide sufficient assurance regarding the recurrence of the event.

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	
Clinical	**X**	Equality and Diversity		Workforce	
Comments:					

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

Quality and Safety Plans

PREVIOUS CONSIDERATION:

Patient Safety Committee

Trust Board Briefing
Never Event – Gynaecology 27/02/2017
Retained Ribbon Gauze Pack

Situation

On 27th February a patient attended Gynaecology urgent care clinic complaining of pain, swelling and discharge from the site of previous surgery carried out as an emergency 11th January (Incision and Drainage Bartholins Cyst). A ribbon gauze pack was removed from the site of surgery which should have been removed at the time of discharge from hospital – 12th January. The incident was reported as a 'Never Event' 28th February 2017.

Background

The ribbon gauze pack was placed as part of the procedure, with the expectation that it would be removed prior to discharge from hospital – i.e. deliberate retention for 6 – 12 hours. In addition to the retained pack a 'GeloNet' and blue gauze dressing was placed over the top of the wound. The patient was prepared for discharge by night staff the evening prior to her discharge on the 11th of February. The member of staff was aware of the presence of a pack through the presence of a coloured wrist band on the patient – however misinterpreted the situation and assumed this referred to a vaginal pack – not a wound pack. As a consequence she looked for a vaginal pack, found none, presumed it had fallen out, removed the superficial dressing but left the wound pack in-situ.

Assessment

The board will recall actions that were taken following the last retained swab never event (July 2016) including a change in policy and procedures to include the use of coloured wrist bands to indicate deliberately retained swabs following surgery. In this instance that policy change was fully followed by the surgical team – the nature and position of the retained swab was documented in the notes and the wrist band was in place. The staff member that prepared the patient for discharge removed the wrist band when she believed the pack to have either already fallen out or been removed.

The investigation identified a number of factors that contributed to this human error:

1) Practice regarding the use of retained packs in this particular procedure varies between practitioners and also depending on clinical circumstances – therefore the use of ribbon gauze in this procedure is not consistent
2) The member of staff that made the error was aware of the policy change – however was not fully briefed regarding the detail, due to being a regular night shift worker. This led to overlooking policy detail – including the requirement for 2 staff members to be involved in removing packs.
3) The changes to the 'Safer Surgery Policy' had been ratified by the Theatres Board however the new policy had not been uploaded onto the intranet.

Recommendations

1	Ensure the updated policy is made available electronically and all staff to be made aware the changes
2	Permit use of ribbon gauze as clinically indicated but stop use of Jelonet and blue gauze.
3	Stop removal of packs overnight.
4	Reinforce completion of "Sign out" part of Safe Surgery Checklist

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P11 February 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	6 April 2017

EXECUTIVE SUMMARY:

IPR – Summary Scorecard for February 2017 (In-Month)

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	10	3	9	**22**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	0	11	0	**11**
Cancer	0	10	5	**15**
FFT. MSA, Complaints	13	3	5	**21**
Cancellations	6	3	0	**9**
Emergency Care & Patient Flow	10	4	4	**18**
RTT	6	2	6	**14**
Data Completeness	3	7	9	**19**
Workforce	5	1	12	**18**
Temporary Workforce	1	0	27	**28**
SQPR	10	0	0	**10**
TOTAL	**68**	**55**	**94**	**217**

- This report indicates our hospitals are operating under significant and sustained pressure and with consequent adverse impact on performance
- February IPR has 68 red rated exception indicators
- Relevant recovery plans are overseen through the Executive Performance Management Committee.
- Current focus is ED, RTT & Sepsis
- Formal performance notice received from CCG across a number of performances including
  - Cancelled Operations: 9x 28 days guarantees cancelled operations in Oct, Dec and Jan
  - Community Gynae referral to 1st OP within 4 weeks – also not performed all year.
  - Safeguarding training – Children level 3 below agreed trajectory as is adult advanced - RAP agreed but will show as not achieving
  - RAP for A&E, RTT and Diagnostics to be discussed during April

Key targets – February Delivery

× **ED 4 hour** performance for February was 82.27% failing 95% national target. Increased no. of breaches at 3,046 [2,821]. March indicates improvement at 85.6%.

✓ **RTT** for February delivery at 92.13% against trajectory target of 92.04% and remedies x5 mnths of under-achievement. March projected to deliver to national standard and trajectory. There were 3x 52 week incomplete breaches in month.

✓ **Acute Diagnostic waiting times** within 6 weeks at 99.74% being compliant to national standard of 99%. 22 breaches declared – a significant reduction to prior months. March performance expected below standard due to temporary issues in echocardiography; remedy expected for April.

✓ **MRSA** – no cases in February. High level of trust compliance on screening with remedial attention to scheduled care in medicine as identified hot spot of under-delivery.

✓ **62 day cancer** January performance at 85.2%, February performance anticipated to be non-compliant but expectation that Quarter 4 as a whole will deliver to national standard.

× **Neutropenic sepsis** improvement on prior months but remains below 100% standard [8/36 (22%) patients did not receive treatment within the required 1hr timeframe].

- ✖ **Elective Operations Cancellations** at 1.7% against 0.8% target; cancellations remain high
- ✓ **28 day guarantee** no breaches for February; x10 year to date.
- ✖ **Sickness** as at February at 4.5% in month; reduction in both short-term and long-term sickness on previous month.
- ✓ **Readmissions** at 7.2% in February shows marginal improvement on previous month and differential improvement to peer trend [7.4%]
- ✖ **Hip fractures** performance in month declining to 66.7%; non-compliant against standard of 85%

Positive delivery

- **Stroke and Cardiology** all targets delivering to standard in February and including step change improvement in patients being admitted to a stroke ward.
- **RTT** successful remediation to deliver standard of 92% and including reduction to x4 in number of treatment functions under-performing
- **Mortality reviews** completed to time continue to improve; mortality indicators remain within confidence limits.
- **Infection control** indicators are in line with targets

Requiring attention – action for improvement :

VTE

- performance sustained at 95.8% in February compliant with 95% national standard; stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement.

Neutropenic Sepsis

- shows improvement but stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement.

Cancelled operations

- end to end process review to ensure that admin processes are as best practice and appropriately recorded
- high levels of breaches against the 28 day guarantee is likely to cause attention with regulators
- remedial action plan overseen through Theatres Management Board

Complaints

- rate of complaints and timeliness of response in Q4 contrary to recent track record of excellent performance; Governance team to review for hotspots and to remedy.

REPORT RECOMMENDATION:

The 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 in the IPR report

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

Accept	Approve the recommendation	Discuss
		X

KEY AREAS OF IMPACT *(Indicate with 'x' all those that apply):*					
Financial	**x**	Environmental	**x**	Communications & Media	**X**
Business and market share	**x**	Legal & Policy	**x**	Patient Experience	**X**
Clinical	**x**	Equality and Diversity		Workforce	**X**
Comments:					

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

Integrated Quality & Performance Report

Month Reported: February 2017

Reported as at: 29/03/2017

Trust Board Report

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February 2017

Infection Control

1x C. Diff case reported during the month of February;
x20 cases year to date being within trajectory of 28
Contract max x30 cases for the year; expected to achieve.

Nil cases of MRSA Bacteraemia were reported in February;
x2 year to date.

Annual target of zero .

MRSA Screening - February month:
- Non-elective patients screening 94.2%
- Elective patients screening 89.4%
- both indicators are compliant with 80% target in-month and YTD, but elective screening shows reduction in performance

Whilst elective screening is compliant with standard at a whole trust level, Medicine Group is at 56% (with Scheduled Care @ 19% only) - escalation to CNO to ensure effective remedial action within the group - this has been a call out previously and requires attention.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of January at 4.8 (5.0 last mnth) against a tolerance rate of 9.42.
Year to date the rate is at 7.0 and also within target of 9.42.
4/7 latest mths elevated; escalated to CNO for review & assurance

Harm Free Care

94.0% (95.0% LM) February NHS Safety Thermometer a reduction to the last two months.
YTD remains under the target at 94.3% and is not now recoverable.

x67 [x84] falls reported in February with x1 [x3] fall resulting in serious injury.
A significant reduction to previous months, but likely attributable to a shorter reporting month.
19 falls within community and 48 in acute setting.
Subject to ongoing CNO scrutiny.

x9 [x8] avoidable, hospital acquired pressure sores reported in February of which 5x grade 3; 4x grade 2;
x8 [x6] separate cases reported within the DN caseload.
Year on year comparison of last 6 months indicates potential elevated level; escalated to CNO scrutiny.

x6 [x5] serious incidents reported in February;
x60 year to date.
Routine collective review in place and reported to the Board.

- 1x never event was reported in February; x4 on a year to date basis.
- WHO Safer Surgery performance marginally below 100% standard mnth on mnth.
CCG issued a performance notice in January seeking trust reassurances and remedial action plan, but not performing to plan still - matter subject to MD scrutiny.

There were no medication error causing serious harm in February;
x15 consecutive months without incident.

x14 (x14) DOLS have been raised in February of which 14 were 7-day urgents;

Venous Thromboembolism (VTE) Assessments in February at 95.8% compliant with 95% standard across all Groups except Medicine & EC (94.2%).

Stalled reduction in number of assessments missed compromising shift to delivery of 100% local standard.
Escalated to MD to resolve.

Obstetrics

The overall Caesarean Section rate for February is 25.4% showing reduction from sustained elevated level (27.5% Dec, 28.3% Nov, 31.1% Oct, 29.0% Sept, 27.9% Aug) but an increase to January; matter formally considered at Q&S and reported to February Board.
26.4% on a year to date basis against target of 25%.
Year to date, elective and non-elective rates are 8.7% and 17.7% respectively.

Adjusted perinatal mortality rate (per 1000 births) for February is 6.3 (15.8 Jan, 10.16 Dec, 4.41 Nov), in line 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 within the tolerance at 7.1 against the target of 8.
Nationally, this indictor is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.

Puerperal Sepsis indicators showing reduced levels; referred to Group Director for review & assurance. A review and report is in progress to identify variability in measuring and tools used. This will be presented to Quality & Safety Committee.

- Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for February the delivery is 78% ; 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.
- Deliveries, reducing to last month and still continue to be below registrations.

Breastfeeding initiation performance as at December quarter is at 74.3% exceeding the agreed target for 16/17 of 74.0%.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 109 (latest available data is as at November)
RAMI for weekday and weekend each at 112 and 112 respectively.

SHMI measure which includes deaths 30-days after hospital discharge is at 102 for the month of September (latest available data).

- Deaths in Low Risk Diagnosis Groups (RAMI) - month of November is 139. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.
- Crude in-month mortality rate for January is 1.8 [1.5] elevated again to last month; elevated to same month last year.
- The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period at this stage.
- There were x172 [x143] deaths in our hospitals in the month of January; higher than last year same period.
Considered by MD for assurance that February performance is within normal & tolerable variation.

Mortality review rate in December at 81% (74% Nov, 77% Oct, 55% Sept, 60% Aug; Jul 69.4%); a significant improvement to previous three months.

Readmissions (in-hospital) reported at 7.1% in January (7.5% Dec, 6.8% Nov, 7.5% Oct, Sep 6.3%, 6.5% in August) showing improvements to last month

7.2% rolling 12 mths. The equivalent peer group rate is at 7.4% increasing significantly in the last months

Readmissions is a local CQUIN in 16/17.

Stroke Care & Cardiology

Stroke data for February indicates that 96.2% of patients are spending >90% of their time on a stroke ward which is compliant with the 90% operational threshold; year to date at 94.4%

February admittance to an acute stroke unit within 4 hours is at 90.0% [75.5%] and for the first time meeting the 90% national target.
Ongoing root cause analysis are done for each breach and learning is built into training as appropriate.

Pts receiving CT Scan within 1 hour of presentation is at 83.7% [81.6%] in February being compliant with 50% standard

Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% [100%] meeting the 95% standard in month and year to date at 98.2%;

February un-validated performance for thrombolysis compliance is 100% [42.9%] ; the indicator is affected by patient specific clinical reasons, a root cause analysis is routinely carried out for each case.

For February, Primary Angioplasty Door to balloon time (<90 minutes) was at 95.2% and Call to balloon time (<150 minutes) at 95.2% hence both indicators delivering consistently against 80% targets.

RACP performance for February is at 100% [100%] exceeding the 98% target for x12 consecutive mths.

TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at February is at 91.3% [97.0%] against the target of 70%.
TIA (Low Risk) Treatment <7 days from receipt of referral delivery at February is 90.2% [100%]against a target of 75%.
Drop off of consitent excellent performance referred for Group review.

Cancer Care

- January performance delivery across all cancer targets .
- January month 62 day performance was at 85.2%
- February will not delivery the 62 days target, with a high number of breaches particularly in gynaecology and Colorectal cancers
- Quarter 4 projected to deliver to targets across all cancer indicators

January validated position is that x 8 [x10] patients waited longer than the 62 days.
-x 1.5 patients waited more than 104 days at the end of January (1x Gynaecology, 1 x Haematology)
-The longest waiting patient as at the end of January was at 120 days

- 22% (8/36 patients) neutropenic sepsis February cases failed to receive treatment within prescribed period (less than 1hr). Delivery therefore at 78% still below the 100% target.

- Only 33% of Tertiary referrals were met within 38 days by the Trust

Patient Experience - MSA & Complaints

x4 MSA breaches in February were reported.

[FFT Data - February data under review]

The number of complaints received for the month of February is 98 with 3.9 formal complaints per 1000 bed days. An increase in formal complaints.
98% have been acknowledged within target timeframes (3 days).
25% of responses have been beyond agreed target time, the highest level in the last 18 months

Governance team to review for any indication of hot spots and to remedy.

Patient Experience - Cancelled Operations

Cancellations remain high for the Trust in the month. The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.7% for February (1.1% Jan, 1.1% Dec, 1.5% Nov, 1% Sept; 1.2% Aug, 1.1% Jul, Jun at 0.7%) failing the in-month tolerance of 0.8% and the highest level in last 18 mths; YTD at 1.0% also failing the target of 0.8%

There were no breaches of the 28 days guarantee in February but there were 10x cases in the last 5 months. The highest level of breaches incurred in February.
No urgent cancellations took place during the month or YTD.

- 67 [45] sitrep declared late (on day) cancelations were reported of which avoidable were at the highest level for a number of months.
- 3x Sitrep declared patients were cancelled on more than one occasion.

- 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, the theatre management group is responsible for driving those through with all specialities.

Theatre utilisation is consistently below the target of 85% at a Trust average of 72% in February impacted by a large number of cancellations in the month ; this is across all groups. The theatre capacity and performance is subject to remedial action through Theatres Board.

Emergency Care

- The Trust's performance against the 4-hour ED wait target in February was 82.27% [84.34%] against the 95% national target and against the 93.8% STF Trajectory.
-3,046 breaches were incurred in January; (2,821 Jan, 3,324 Dec, 3,237 Nov, 2,676 Oct, 2,051 Sept, 1,884 Aug) .
ED performance trend : Q1 at 91.9%, Q2 at 89.2% and Q3 at 83.64% .
March performance as at 23/3 at 86.01%

- WMAS fineable 30 - 60 minutes delayed handovers at 129 in February
- x13 [x11] cases were > 60 minutes delayed handovers in February
- Handovers >60mins (against all conveyances) are at 0.32% in February (0.25% Jan, Dec at 0.41%, Nov at 0.49%, 0.38% Oct, 0.22%Sept, 0.14% Aug) below the target of 0.02% (0.23% on a year to date basis) .

Fractured Neck of Femur patients delivery for January is 66.7% (75.0% Jan, 73.9% Dec, 81% Nov, 88.6% Oct) showing the effect of increased trauma patient volumes, but also clinical reasons for lower performance have been present.

DTOCs accounted for 512 [629] bed days in February; of which 309 [235] beds were fineable to BCC.
Notable increase on prior year; impact of additional funding for care budgets TBC [? X15 beds BCC equivalent to c450 days p.m.].

Referral To Treatment

- RTT incomplete pathway for February is at 92.13% [90.3%]; in month compliance after 5 months of under-performance
- The Improvement Trajectory therefore has been met and continually being tracked against it for March.
- The backlog for February is at 2,578 patients having reduced from 3,908 as its highest level.
- March backlog target projected at 2,239 which would deliver a 93.08% performance. - The waiting list has remained fairly static for the last three months stabilising at 32,000-33,000 patients (Sept at 37,380)

3x 52 week breach has been identified against incomplete pathways in the month resulting from 2x incorrect clock stop application in plastics and a late patient who elected to change previously agreed treatment approach

- Diagnostics performance recovered in February further to 99.74% [99.04%] having dropped to 98.59% in December; hence meeting national target of 99%, - March performance projected at 98% failing targets due to significant breaches in cardiology echograms. -
The projections are that April will recover again fully.

Data Completeness

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold (Feb 98.3%). Expected to recover to target when the annual update is run.
ED required to improve 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 102,000 as at February showing an increasing trend again as administration/IT processes persistently do not close down as appropriate. We will be investigating the impact of recently identified Partial Booking issues on open referrals. (Note: these open referral numbers 'exclude' patients on the RTT pathway and waiting list). 50% of open referrals are generated in outpatients cohort and we are now pursuing a specific line of enquiry in respect of PB. Low patient risk rated (green risk) amount to c15,000 which are part of the 102,000, are subject to auto-closures since Jan2016.

Staff

PDR overall compliance as at the end of December is at 88.1% against the 95% target. Medical Appraisal at 86.1% in month (performance indicates appraisals 'validated' not 'carried out').

In-month sickness for February is at 4.5% (4.83% Jan, 4.90% Dec, 4.77% Nov, 4.53% Oct, 4.21% Sept, 4.47% August, 4.15% July) ; the number of short term sickness (808) cases has reduced to last months and long term (205) cases show a reduction too. The cumulative sickness rate is at 4.51%. RTW is at 79.3% in month

The Trust annualised turnover rate is at 11.4% in February [11.4%]. Specifically, nursing turnover up in February to 11.2% (11.6% Jan, 11.4% Dec, 11.9% Sept, 11.2% Aug, 11.3% July, 11.8% June). Both are still well above trust aspirations in respect of turnover and remain fairly static.

Mandatory Training at the end of February is at 87.1% overall against target of 95%; Health & Safety related training is slightly behind targets at 94.9% as at February. Safeguarding training performance notice submitted to CCG. A large proportion of all training is below the 85% delivery at present, two out of three improvement targets are delivering - there is a financial impact if all are not recovered

CQUINs, Local Quality Requirements 2016/17

Quarter 4 performance will be reported mid-April. Expected issues with CCG Schemes are with Sepsis (the trust needs to catch up with Sepsis sampling for Q3 and Q4). Specialised CQUINs are expected to deliver 2 out of the 3 schemes at this stage. The trust is expected to deliver all Public Health schemes.

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). Year to date most persistent failure across: Safeguarding training for which the performance notice action plan has been accepted, community falls & dementia and morning discharges. A new IPR page has been added to highlight areas of non-compliance (Local Quality Requirements page).

STF Criteria & NHSI Single Oversight Framework

Financial performance to plan is a necessary requirement to access STF. This was reported as achieved for Q1 & Q2 with consequent recovery of STF for that period as moderated by performance STF under-performance.

Financial Performance STF Criteria:
Q3 finances off plan and forecast year end deficit being adverse to plan compromises recovery of Q3 & Q4 STF funds.

Service Performance STF Criteria:
Q3 finances off plan and forecast year end deficit being adverse to plan compromises recovery of Q3 & Q4 STF funds.

Summary Scorecard - February (In-Month)

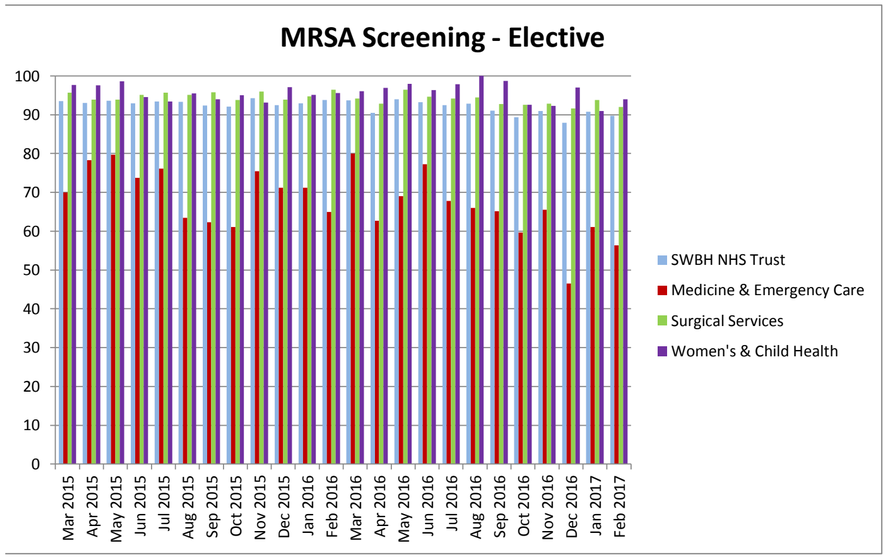
Summary Scorecard

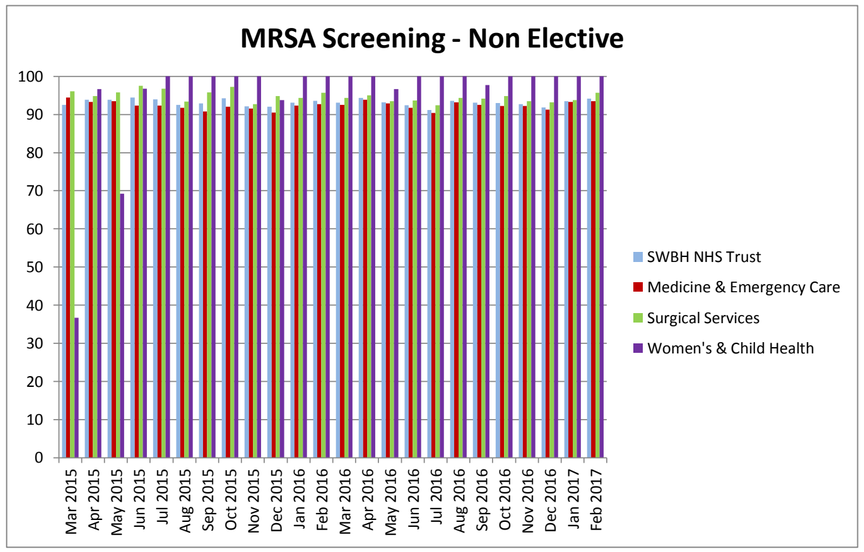
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	10	3	9	22
Obstetrics	2	5	6	13
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	0	11	0	11
Cancer	0	10	5	15
FFT, MSA, Complaints	13	3	5	21
Cancellations	6	3	0	9
Emergency Care & Patient Flow	10	4	4	18
RTT	6	2	6	14
Data Completeness	3	7	9	19
Workforce	5	1	12	18
Temporary Workforce	1	0	27	28
SQPR	10	0	0	10
TOTAL	68	55	94	217

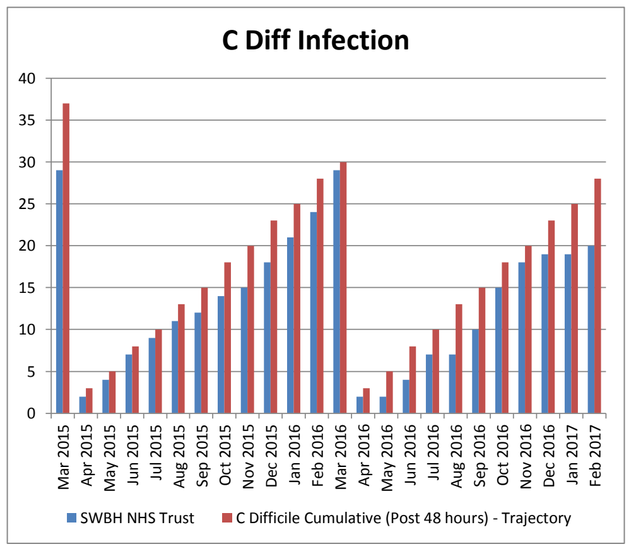
Several CCG Performance Notices have been pre-notified:
- Cancelled Operations: 9x 28 days guarantees cancelled operations in Oct, Dec and Jan
- Community Gynae referral to 1st OP within 4 weeks – also not performed all year.
- Safeguarding training – Children level 3 below agreed trajectory as is adult advanced - RAP agreed but will show as not achieving
- RAP for A&E, RTT and Diagnostics to be discussed during April

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Sep 2015) S O N D J F M A M J J A S O N D J F	Data Period	Group M	Group SS	Group W	Group P	Group I	Group C	Group CO	Month	Year To Date	Trend
4		d	C. Difficile	<= No	30	3		Feb 2017	1	0	0					1	20	
4		d	MRSA Bacteraemia	<= No	0	0		Feb 2017	0	0	0					0	2	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Feb 2017								10.8	7.4	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	95	95		Feb 2017								5.4	12.4	
3			MRSA Screening - Elective	=> %	80	80		Feb 2017	56	92	94					89.4	91.2	
3			MRSA Screening - Non Elective	=> %	80	80		Feb 2017	94	96	100					94.2	93.0	

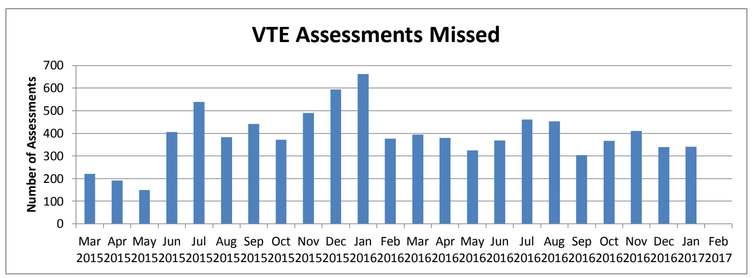


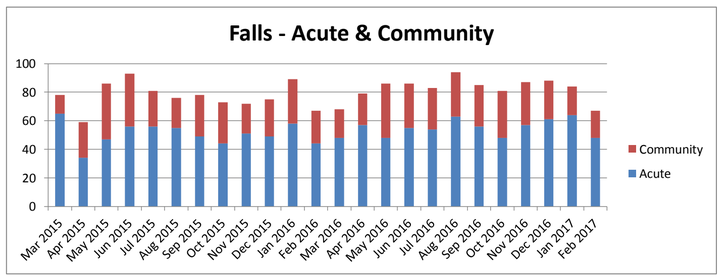


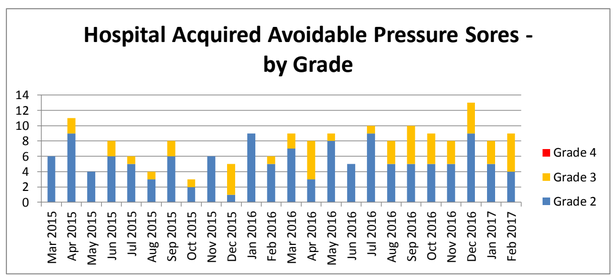


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Feb 2017								94.0	94.3	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			3.00	3.00	4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	3.00	3.00	1.00	6.00	2.00	2.00	0.00	Feb 2017								0.00	0.25	
	NEW		Number of DOLS raised	No																			25	22	15	14	Feb 2017	14	0	0	-	-	0		14	76	
	NEW		Number of DOLS which are 7 day urgent	No																			25	22	14	14	Feb 2017	14	0	0	-	-	0		14	75	
	NEW		Number of delays with LA in assessing for standard DOLS application	No																			6	0	0	0	Feb 2017	0	0	0	-	-	0		0	6	
	NEW		Number DOLs rolled over from previous month	No			New Indicator since Nov17																4	15	14	8	Feb 2017	8	0	0	-	-	0		8	41	
	NEW		Number patients discharged prior to LA assessment targets	No																			6	6	2	11	Feb 2017	11	0	0	-	-	0		11	25	
	NEW		Number of DOLs applications the LA disagreed with	No																			1	0	1	1	Feb 2017	1	0	0	-	-	0		1	3	
	NEW		Number patients cognitively improved regained capacity did not require LA assessment	No																			5	2	1	0	Feb 2017	0	0	0	-	-	0		0	8	
8			Falls	<= No	804	67	78	73	72	75	89	67	68	79	86	86	83	94	85	81	87	88	84	67	Feb 2017	38	6	1	1	1	19		67	920	
9			Falls with a serious injury	<= No	0	0	1	2	3	1	2	2	2	1	0	4	1	3	3	1	2	3	3	1	Feb 2017	1	0	0		0	0		1	22	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	8	3	6	5	9	6	9	8	9	5	10	8	5	9	8	13	8	9	Feb 2017	5	2	0			2		9	92	
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	3	3	2	1	4	3	2	0	2	5	6	8	Feb 2017						8		8	36	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Feb 2017	94.2	98.1	95.8					95.8	95.4	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100																			Feb 2017	99.4	99.9	99.7		0.0			99.7	99.9	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Feb 2017	99	99	100		0			99.0	98.8	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Feb 2017	99	99	100		0			99.0	98.3	
9		d	Never Events	<= No	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	Feb 2017	0	0	1	0	0	0		1	4	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	0	0	-	0	0		0	0	
9		d	Serious Incidents	<= No	0	0	5	7	6	2	12	8	5	2	1	10	5	6	4	6	5	10	5	6	Feb 2017	4	0	2	0	0	0	0	6	60	
9			Open Central Alert System (CAS) Alerts	<= No			8	7	4	9	7	6	5	1	13	3	11	12	12	14	10	8	6	5	Feb 2017								5	95	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	2	2	0	0	2	1	2	0	0	0	0	1	1	2	1	2	0	1	Feb 2017								1	8	

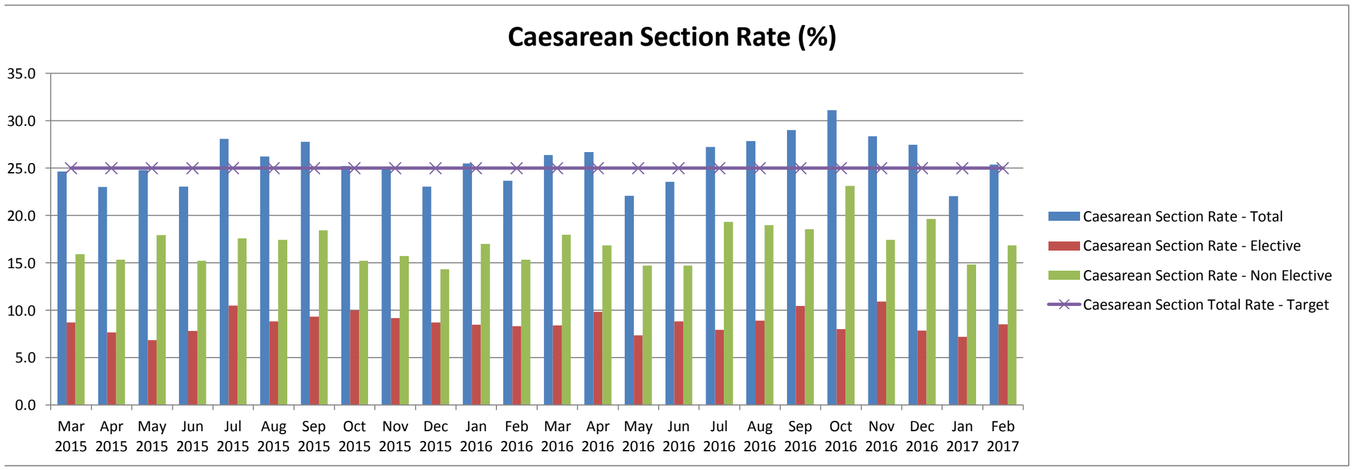


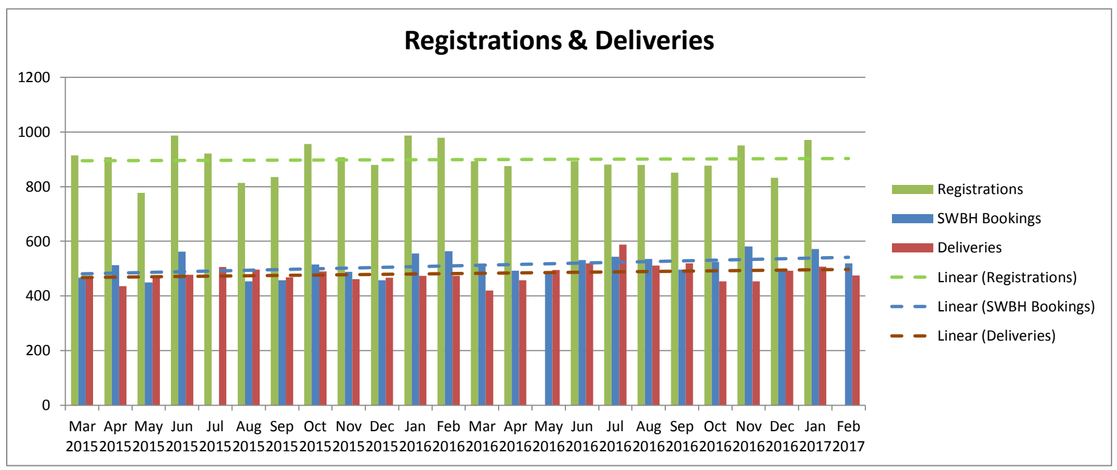




Patient Safety - Obstetrics

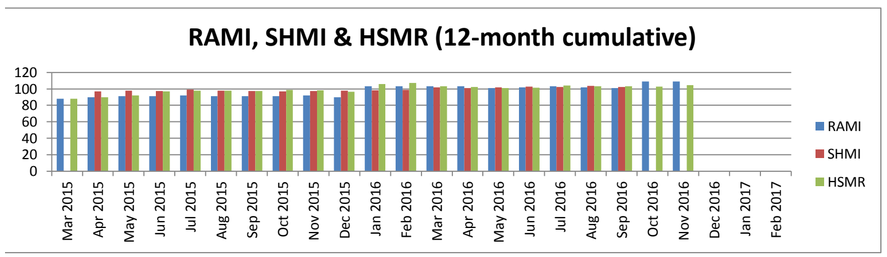
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2015-2016 Year	Trajectory 2015-2016 Month	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0	25.0	25.0																			Feb 2017	25.4	26.4	
3			Caesarean Section Rate - Elective	<= %					9	10	9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	Feb 2017	8.5	8.7	
3			Caesarean Section Rate - Non Elective	<= %					18	15	16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	Feb 2017	16.8	17.7	
2		d	Maternal Deaths	<= No	0	0	0	0																			Feb 2017	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4	48	4																			Feb 2017	2	13	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	10.0	10.0																			Feb 2017	2.11	1.70	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	8.0	8.0																			Feb 2017	6.32	7.12	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0	90.0	90.0																			Feb 2017	77.9	78.2	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	90.0	90.0																			Feb 2017	145.3	139.6	
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0	74.0	74.0		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->	Feb 2017	-	74.30	
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %					1.6	1.5	1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	1.8	3.2	2.9	2.8	3.5	2.9	1.9	Feb 2017	1.89	2.53	
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %					1.3	1.1	1.3	0.3	-	0.8	1.5	1.3	3.4	1.3	1.4	1.5	3.0	1.8	1.9	1.7	2.5	1.6	Feb 2017	1.62	1.97	
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %					0.8	1.1	1.0	0.0	-	0.8	1.1	1.0	2.4	1.3	1.4	1.5	3.0	1.4	1.3	1.0	2.0	1.6	Feb 2017	1.62	1.68	

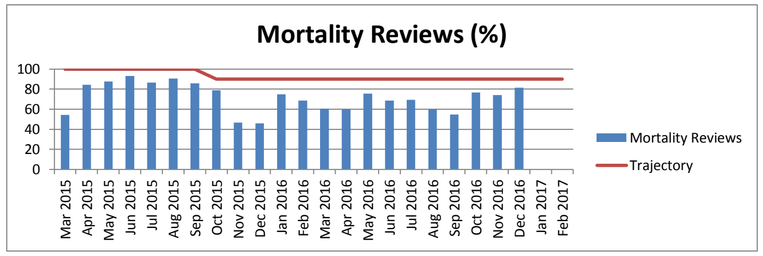


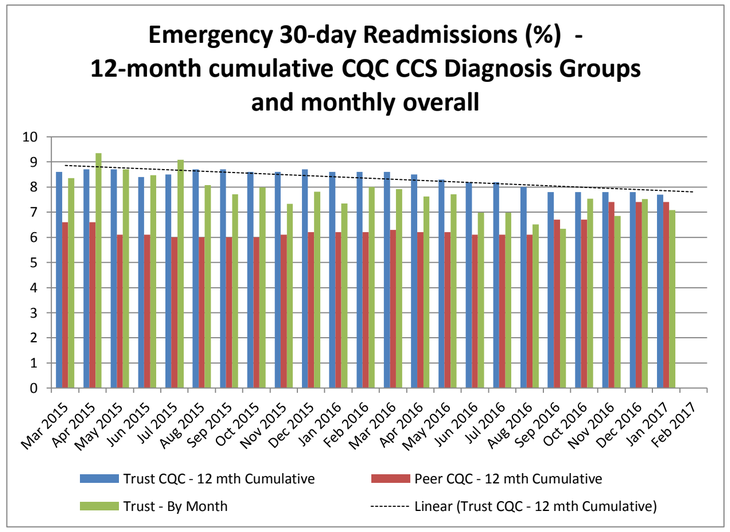


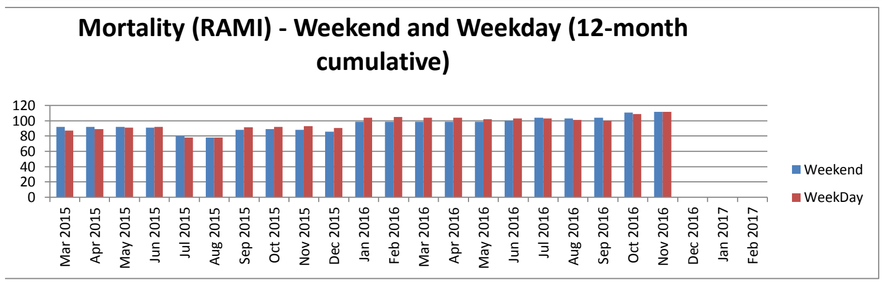
Clinical Effectiveness - Mortality & Readmissions

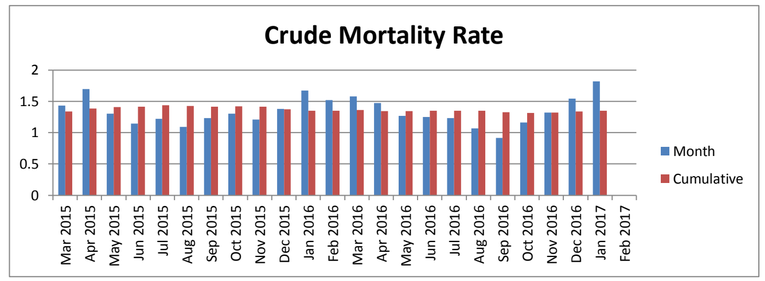
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	91	91	92	90	103	103	103	103	101	102	103	102	101	109	109	-	-	-	Nov 2016									830	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	92	92	93	91	104	105	104	104	102	103	103	101	100	109	112	-	-	-	Nov 2016									834	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	88	89	88	86	99	99	99	99	99	100	104	103	104	111	112	-	-	-	Nov 2016									832	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	97	97	97	98	98	99	102	101	102	103	102	104	102	-	-	-	-	-	Sep 2016									614	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			98	99	98	97	106	107	103	102	101	101	104	103	103	103	105	-	-	-	Nov 2016									822.2	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	80	57	148	40	68	113	82	103	50	3	103	43	56	94	139	-	-	-	Nov 2016								139		
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	Dec 2016	82	71	100					81	69	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.2	1.3	1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	1.2	1.1	0.9	1.2	1.3	1.5	1.8	-	Jan 2017								1.82		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.4	1.4	1.4	1.3	1.3	1.3	1.3	1.3	-	Jan 2017									1.34	
	NEW		Deaths in the Trust	No			117	129	116	135	163	146	158	142	121	123	119	102	87	108	129	143	172	-	Jan 2017								172	1246	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.7	8.0	7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	7.0	6.5	6.3	7.5	6.8	7.5	7.1	-	Jan 2017								7.09		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.3	8.3	8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	7.6	7.5	7.4	8.0	7.3	7.1	7.2	-	Jan 2017									7.25	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.7	8.6	8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	8.2	8.0	7.8	7.8	7.8	7.8	7.7	-	Jan 2017	-	-	-						7.70	





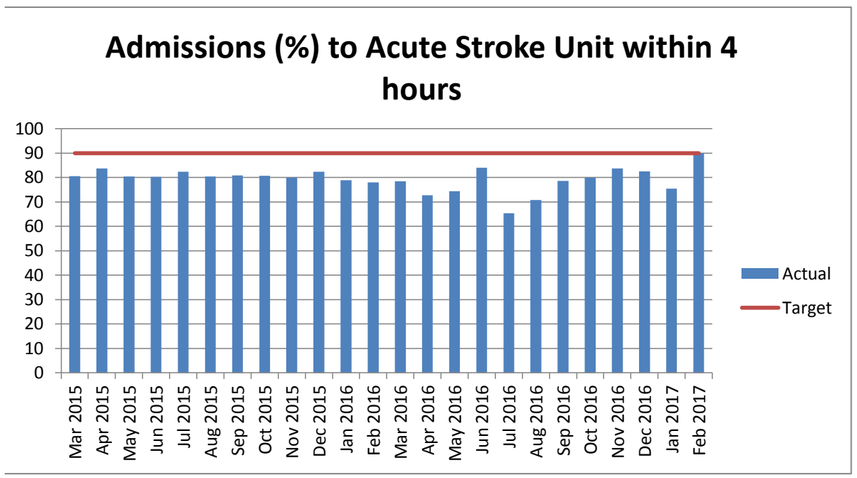


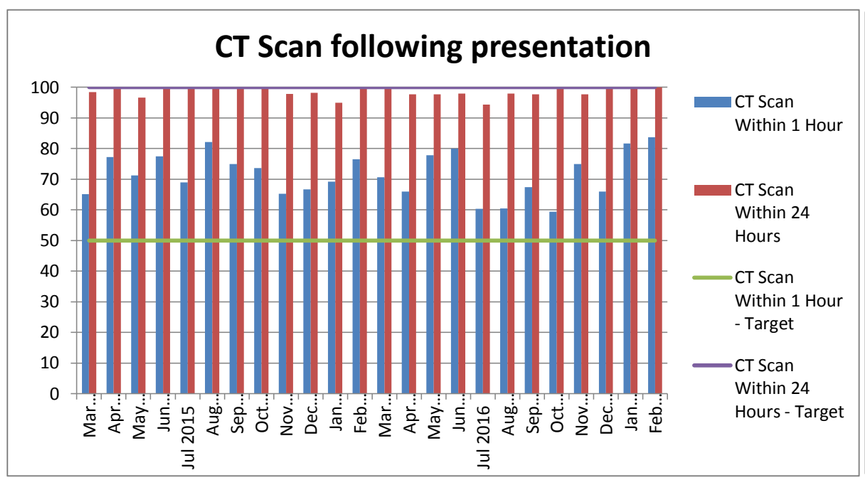


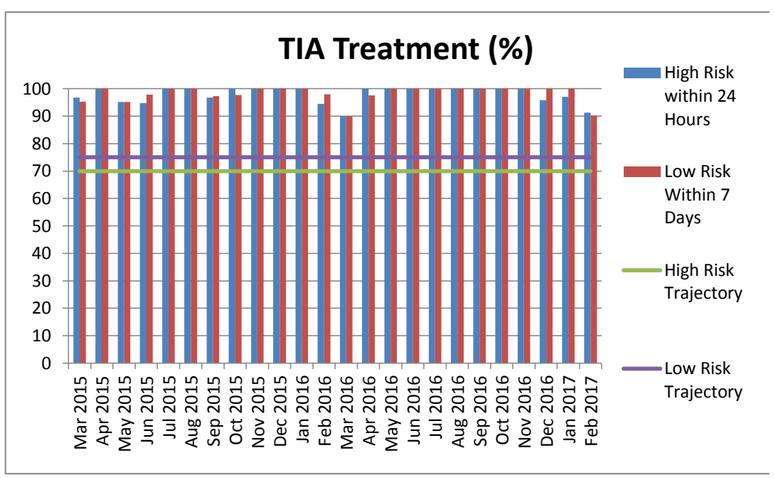


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Sep 2015) S O N D J F M A M J J A S O N D J F	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Feb 2017	96.2	94.4	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Feb 2017	90.0	77.6	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Feb 2017	83.7	70.9	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Feb 2017	100.0	98.2	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Feb 2017	100.0	66.7	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Feb 2017	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Feb 2017	91.3	98.7	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Feb 2017	90.2	98.9	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Feb 2017	95.2	96.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Feb 2017	95.2	96.3	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Feb 2017	100.0	99.7	

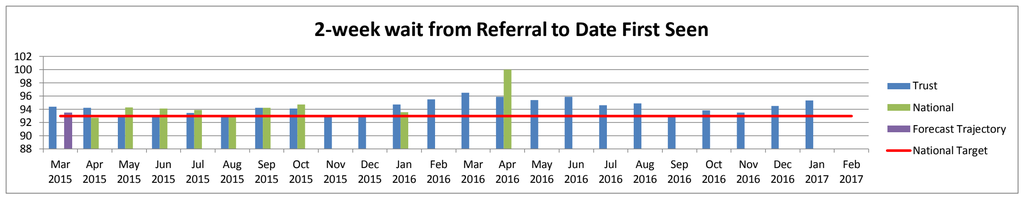


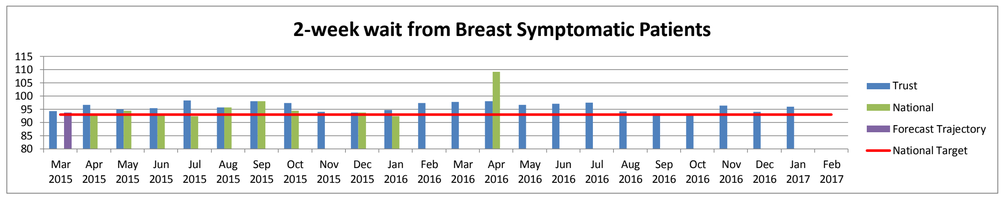


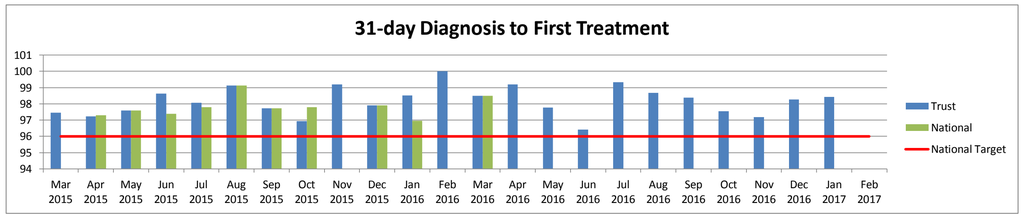


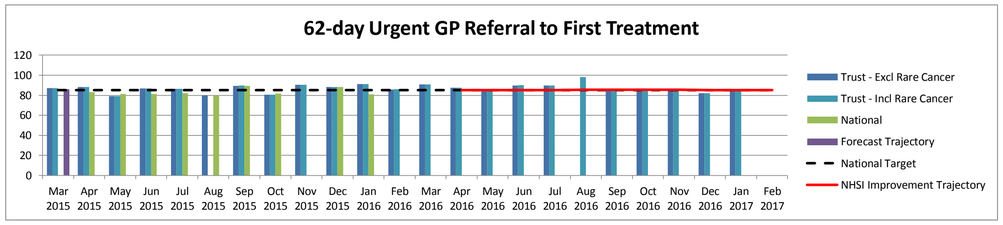
Clinical Effectiveness - Cancer Care

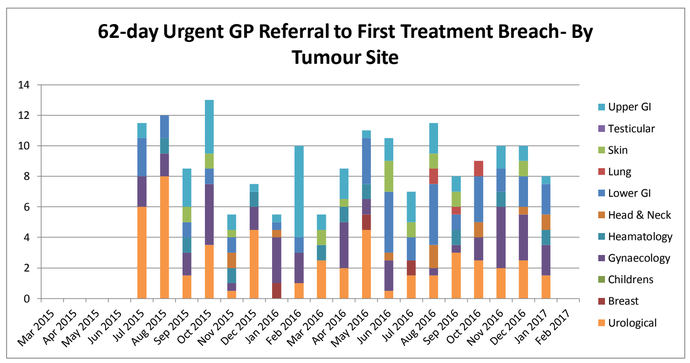
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																		-	Jan 2017	95.3	95.7	93.6					95.3	94.7	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jan 2017		-						96.0	95.9	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2017	97.2	100.0	95.0					98.4	98.2	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																		-	Jan 2017								100.0	98.1	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		-	Jan 2017								100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	Jan 2017								-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		-	Jan 2017	88.0	86.2	75.0					85.2	86.1	
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																		-	Jan 2017	88.0	86.2	75.0					85.2	86.7	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	Jan 2017	0.0	93.8	0.0					93.8	96.1	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	Jan 2017	93.3	100.0	100.0					96.4	94.4	
1			Cancer - Patients Waiting over 62 days	No			8.5	13.0	5.5	7.5	5.5	10.0	5.5	8.5	11.0	6.5	7.0	11.5	8.0	9.5	10.5	10.0	8.0	-	Jan 2017	1.5	4.5	2.0					8.0	90.5	
1			Cancer - Patients Waiting over 104 days	No			4	8.0	2.0	3.5	0.0	4.5	0.5	3.0	1.0	2.0	3.0	3.0	4.0	1.5	1.5	2.5	1.5	-	Jan 2017	1.0	0.0	0.5					1.5	23.0	
1			Cancer - Longest Waiter in days	No			228	165	138	167	98	154	98	175	95	130	113	131	140	133	77	107	120	-	Jan 2017	111	103	120					120		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	-	-	-	-	-	-	-	10	8	12	13	5	15	12	12	19	17	8	Feb 2017	8	0	0					8	131	
	NEW		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	50	33	50	43	67	50	0	0	33	-	Jan 2017	-	-	-					33	40	

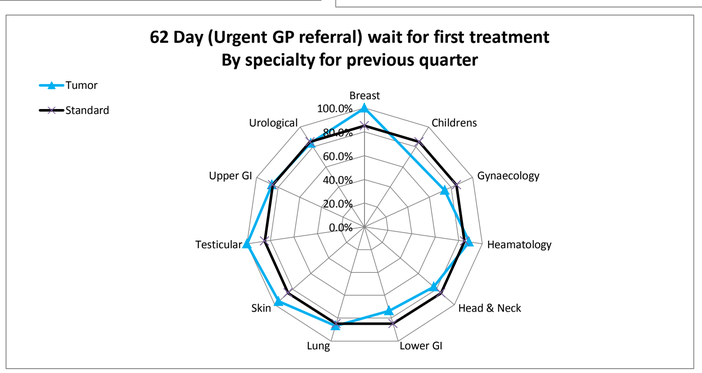


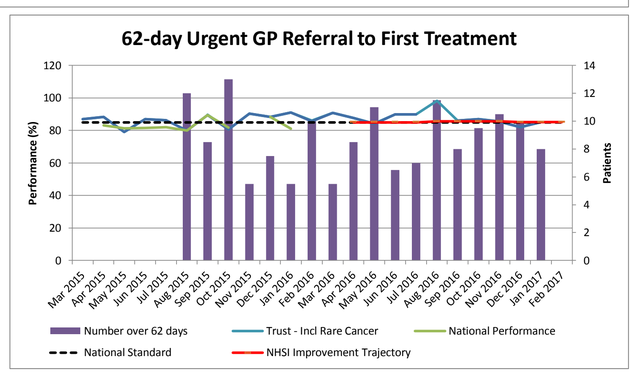






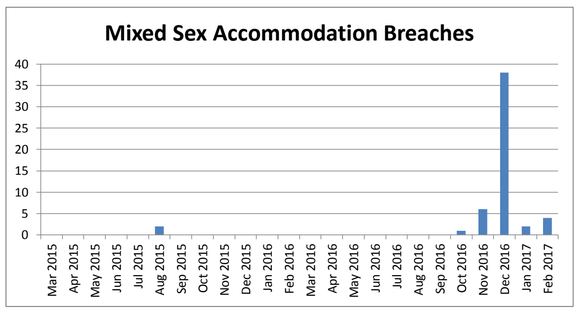


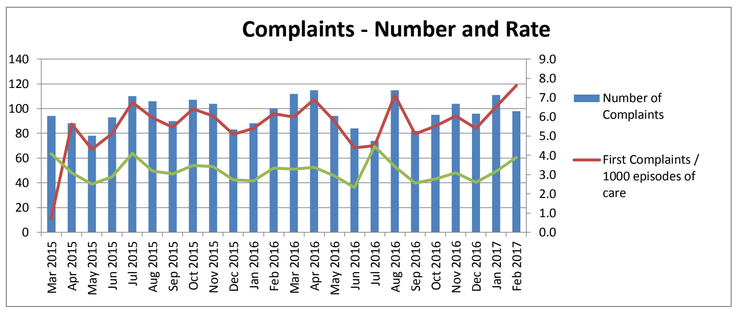


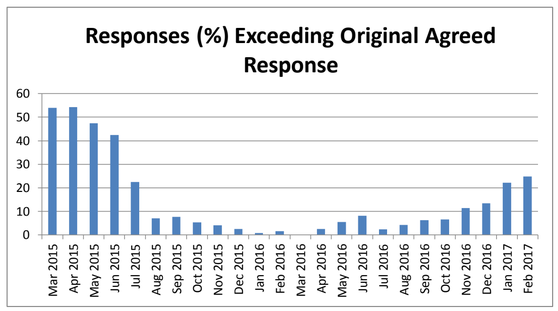


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	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	22	27	16	15	15	15	14	17	16	17	17	13	20	22	17	10	15	9.7	Feb 2017								10	16	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	95	95	93	96	96	95	95	96	90	83	86	83	86	88	94	97	97		Feb 2017								706		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	7.5	6.8	5.9	5.7	6.3	6	5.3	5.1	8.3	10	7.8	7.5	7.1	5.6	4.8	5.9	5	4.3	Feb 2017	4.3							4.3	6.6	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	83	80	82	81	79	74	74	78	85	87	86	83	78	73	75	73	77		Feb 2017	362							362		
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	0.6	0.5	0.5	0.3	1.2	1	0	Feb 2017	-							0.0	0.7	
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	100	86	64	100	100	65	0	Feb 2017	-							0		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	87	86	90	88	87	87	88	88	86	89	88	88	89	90	88		Feb 2017								805		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	100	100	96	100	95	100	91	100	94	86	79	86	90	86	97	11	Feb 2017								11		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	97	97	95	91	91	97	100	100	100	100	74	81	93	90	91	29	Feb 2017								29		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	-	-	95	98	96	99	99	99	99	100	98	96	91	100	100	50	0	0	Feb 2017								0		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	86	82	90	94	93	92	90	0	0	100	87	71	88	90	88	23	Feb 2017								23		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	28	14	23	15	10	12	9	0	0	1.4	15	5.9	17	13	8	5.4	Feb 2017								5	9	
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	38	2	4	Feb 2017	0	4	0		0	0		4	51	
9			No. of Complaints Received (formal and link)	No			90	107	104	83	88	100	112	115	94	84	74	115	82	95	104	96	##	98	Feb 2017	45	25	14	1	1	1	11	98	1068	
9			No. of Active Complaints in the System (formal and link)	No			143	151	145	121	113	128	147	154	144	147	127	143	144	152	148	157	##	177	Feb 2017	61	63	24	4	2	6	17	177		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.0	3.5	3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	3.4	2.6	2.8	3.1	2.6	3.2	3.9	Feb 2017	3.4	5.9	3.5					3.89	3.08	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			5.5	6.4	6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	7.1	5.1	5.5	6.1	5.4	6.5	7.6	Feb 2017	7.6	8.7	6.3			0		7.63	5.90	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	100	100	100	100	100	100	100	96	100	100	99	100	100	99	98	Feb 2017	98	96	100	100	100	100	100	98	99	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	7.7	5.3	4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	2.4	4.2	6.3	6.6	11	13	22	25	Feb 2017	25	30	21	50	50	17	5.9	25	10	
9			No. of responses sent out	No			107	101	94	98	69	81	84	98	81	103	103	80	110	87	79	79	76	95	Feb 2017	40	29	10	1	2	3	10	95	991	
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	No		

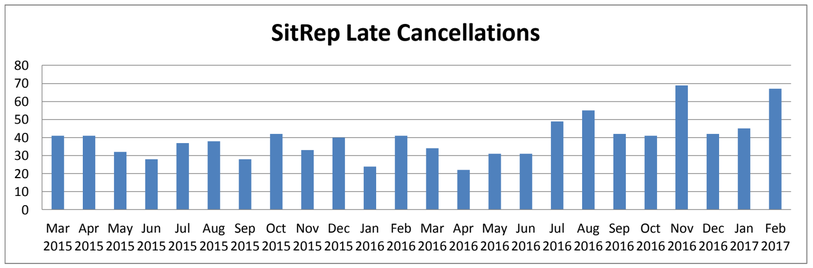


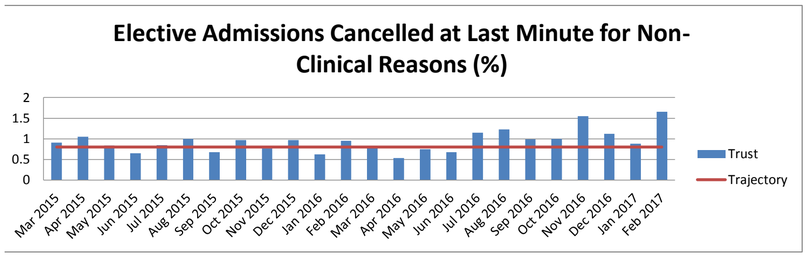


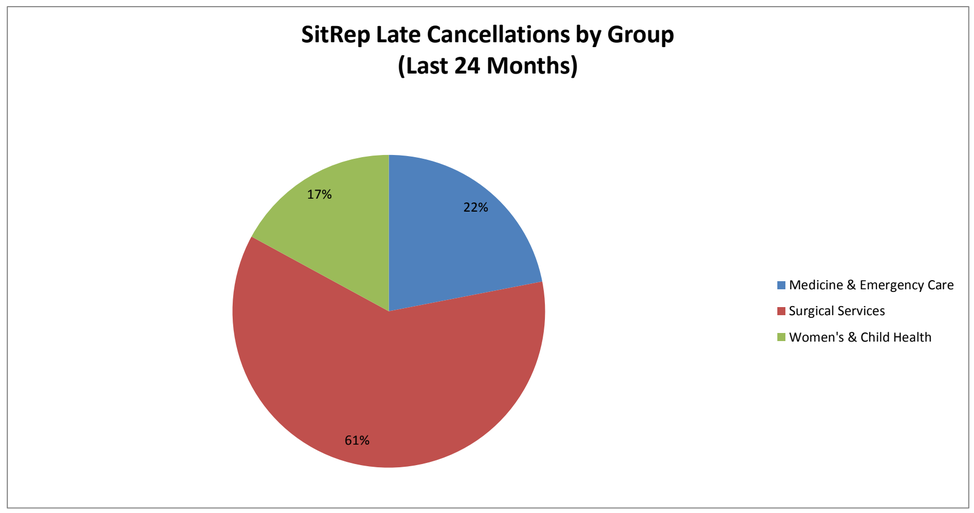


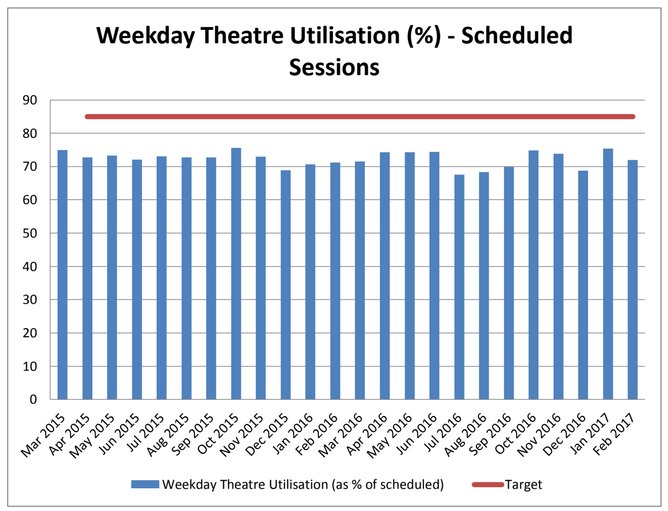
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	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																			Feb 2017	0.35	2.43	4.15					1.7	1.0	
2			Number of 28 day breaches	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	6	0	Feb 2017	0	0	0					0	10	
2			No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	28	42	33	40	24	41	34	22	31	31	49	55	42	41	69	43	45	67	Feb 2017	6	49	12					67	495	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	3	4	0	3	Feb 2017	0	2	1					3	14	
	NEW		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	49	50	57	39	63	56	57	79	63	43	56	51	60	49	50	63	61	62	Feb 2017	4	46	12					62	637	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	229	244	238	194	210	228	223	229	257	229	241	223	258	234	273	272	269	284	Feb 2017	34	215	35					284	2769	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Feb 2017	36.5	75.3	83.4					72.0	72.1	
2			Urgent Cancellations	<= No	0.0	0.0	3	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0.0	0.0	0.0					0	0	



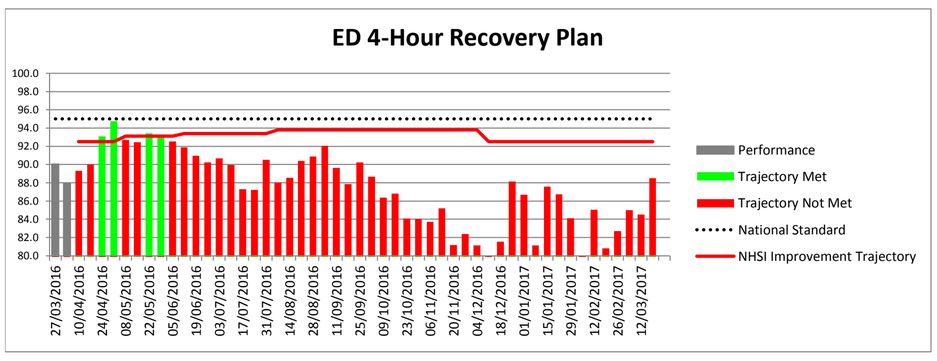


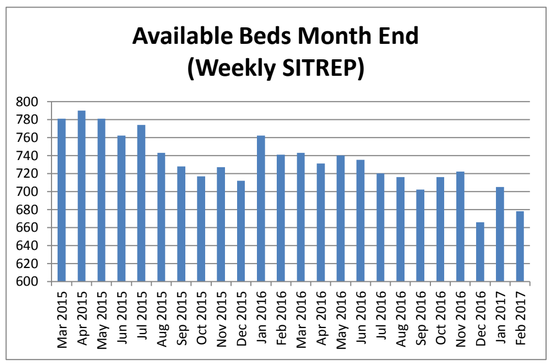


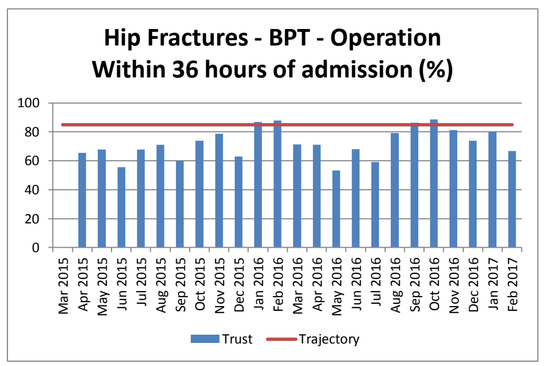


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2			Emergency Care 4-hour waits	=> %	95.00	95.00																			Feb 2017	77.1	83.3	99.3	82.27	87.43	
2			Emergency Care 4-hour breach (numbers)	No			1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	2168	1884	2051	2676	3237	3324	2821	3046		Feb 2017	1669	1365	12	3046	25891	
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Feb 2017	0	0		0	1	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Feb 2017	16	14	38	15	17	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Feb 2017	66	66	102	70	60	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Feb 2017	7.54	8.32	2.96	7.37	7.53	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Feb 2017	5.12	6.21	1.12	5.16	4.34	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	76	93	67	121	116	97	117	81	65	70	122	112	135	112	162	193	162	129	Feb 2017	69	60		129	1343	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	1	1	3	8	10	6	9	2	0	1	8	6	9	16	21	19	11	13	Feb 2017	11	2		13	106	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Feb 2017	0.56	0.10		0.32	0.23	
11			WMAS - Emergency Conveyances (total)	No			4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034		Feb 2017	1960	2074		4034	47083	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Feb 2017	0.5	6.0		2.6	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Feb 2017	1.75	14		16		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	430	394	497	498	318	426	397	454	494	588	617	530	483	509	503	674	629	512	Feb 2017				512	5993	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	193	110	254	267	185	198	232	234	228	251	245	287	215	266	272	449	435	309	Feb 2017				309	3191	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			588	601	518	540	632	543	546	563	498	451	578	533	525	546	679	666	682	633	Feb 2017				633	6354	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			275	261	209	236	320	269	232	255	222	204	268	246	248	219	273	251	249	228	Feb 2017				228	2663	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Feb 2017				66.7	73.5	

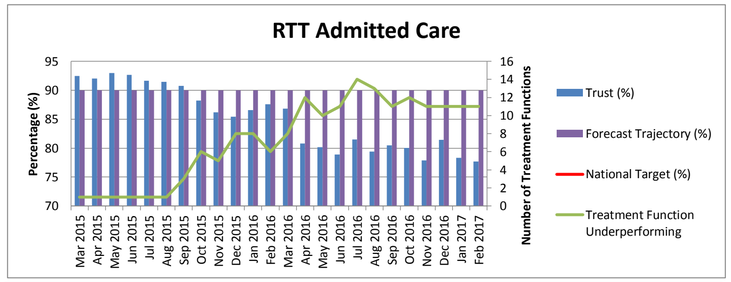


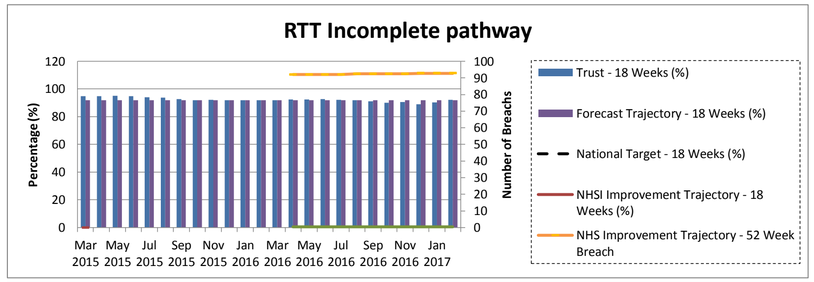


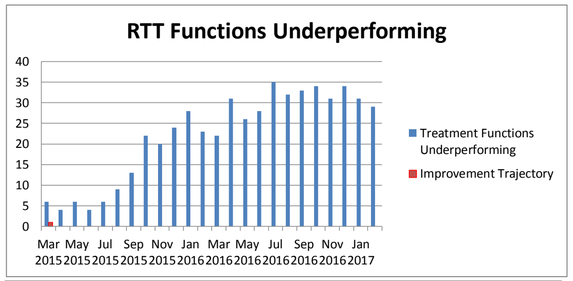


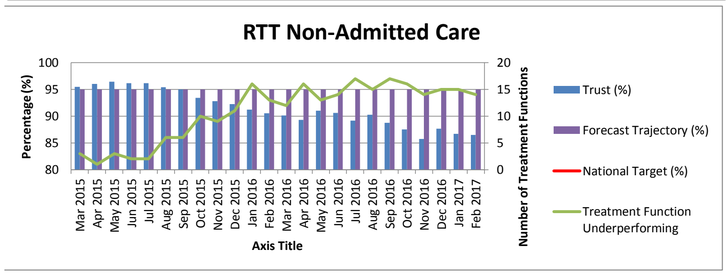
Referral To Treatment

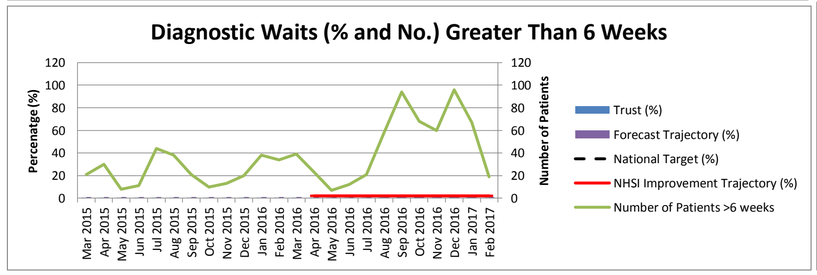
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
2		e	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Feb 2017	78.2	75.2	68.5					77.72		
2		e	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Feb 2017	70.4	93.3	96.0					86.49		
2		e	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Feb 2017	89.0	93.0	93.7					92.13		
	NEW		RTT - Backlog	No			2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	3289	3728	3417	3908	3204	2578	Feb 2017	897	1153	96					2578		
2		e	Patients Waiting >52 weeks	<= No	0	0	2	4	4	2	4	5	8	3	2	4	4	0	1	4	3	2	0	3	Feb 2017	0	2	0					3	27	
2	NEW	e	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	2	2	0	3	3	2	0	2	2	0	0	1	2	2	2	1	3	Feb 2017	0	2	0					3	15	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	13	22	20	24	28	23	22	31	26	28	35	32	33	34	31	34	31	29	Feb 2017	10	16	1.0					29		
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0	4	6	6	5	4	4	2	3	3	3	4	4	5	6	6	8	5	4	Feb 2017	1	3	0					4		
2		e	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Feb 2017	0.4	0.0	0.0		0.3			0.26		

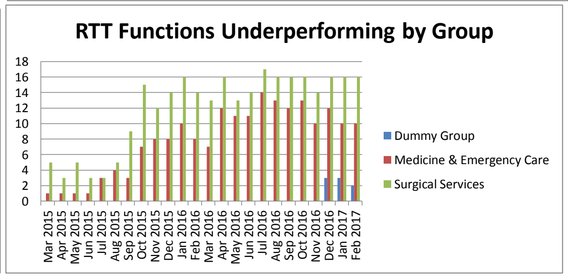


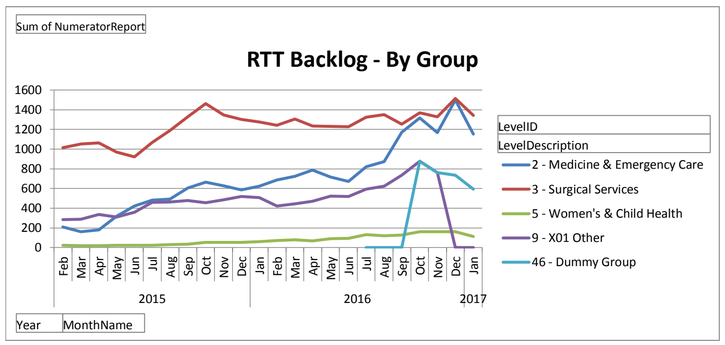


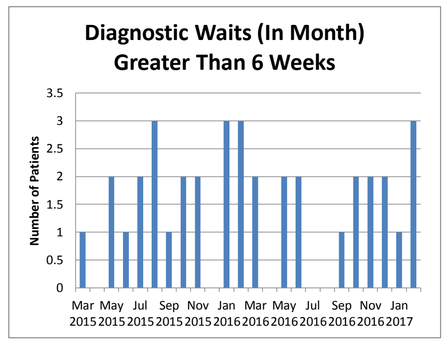


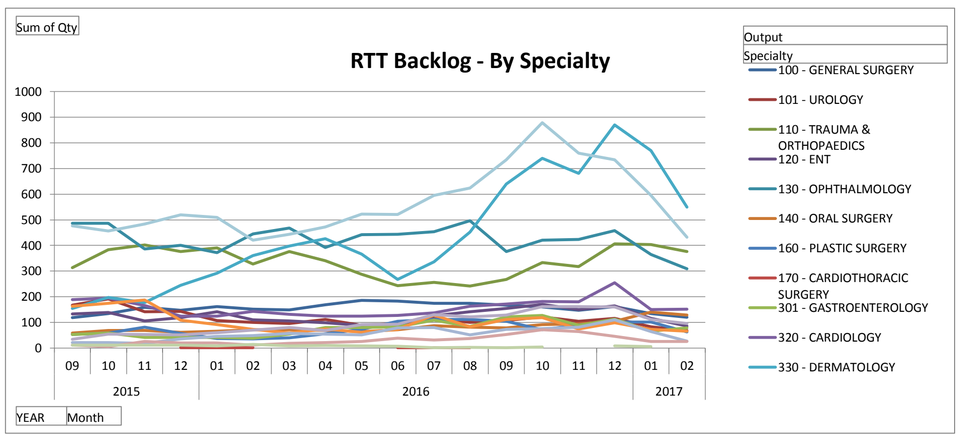






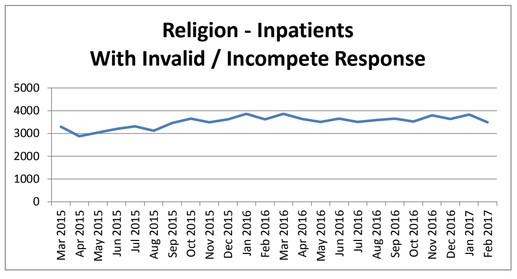


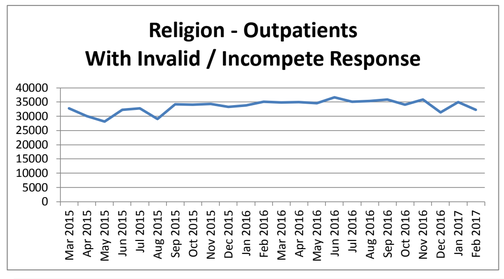


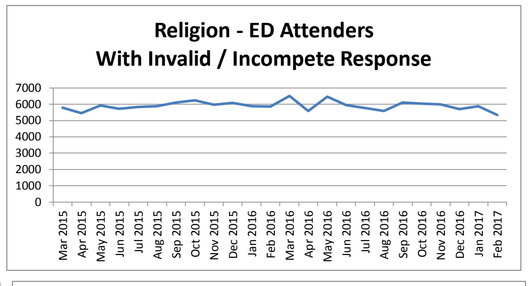


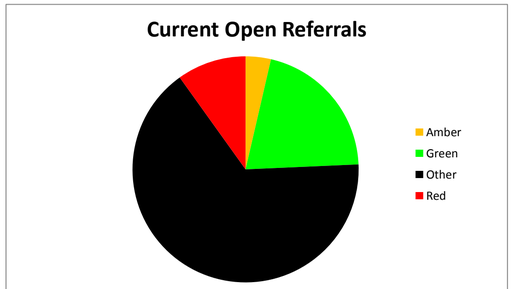
Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Feb 2017							61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jan 2017								99.5		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jan 2017								99.1		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jan 2017								99.3		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.5	97.0	97.4	97.0	97.5	96.5	98.1	96.7	96.7	96.9	96.3	97.9	96.5	97.3	97.5	98.3	97.7	98.3	Feb 2017								98.3	97.3	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.5	99.5	99.5	99.4	99.5	99.5	99.5	99.5	99.6	99.6	99.5	Feb 2017								99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.7	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	Feb 2017								97.3	97.1	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Feb 2017								89.6	91.9	
	NEW		Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Feb 2017								87.7	89.6	
	NEW		Protected Characteristic - Religion - INPATIENTS with recorded response	%			71.6	70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	69.8	69.2	68.9	69.6	69.2	69.1	68.7	69.2	Feb 2017								69.2	69.3	
	NEW		Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			60.8	60.4	59.9	59.3	59.3	58.4	58.1	58.1	58.2	57.8	58.0	57.8	57.9	58.1	57.5	56.9	57.0	57.2	Feb 2017								57.2	57.7	
	NEW		Protected Characteristic - Religion - ED patients with recorded response	%			61.2	61.8	62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	65.3	64.0	64.3	64.1	64.7	64.1	64.7	Feb 2017								64.7	64.6	
	NEW		Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	99.9	Feb 2017								99.9	100.0	
	NEW		Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			41.6	41.2	41.1	40.7	40.8	40.5	40.5	39.8	39.8	39.9	40.1	40.8	40.3	40.4	39.9	35.8	40.8	41.3	Feb 2017								41.3	40.0	
	NEW		Protected Characteristic - Marital Status - ED patients with recorded response	%			41.1	40.8	42.0	41.5	41.7	42.5	41.2	40.9	41.3	41.9	40.9	39.5	40.6	40.9	41.5	40.8	40.5	41.3	Feb 2017								41.3	40.9	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Feb 2017								5.5	5.8	
2			Open Referrals	No			208,990	214,841	222,779	228,862	192,989	187,876	190,396	194,788	199,207	204,824	206,563	210,740	215,396	219,866	222,444	225,175	226,846	230,675	Feb 2017	76,880	118,262	28,605	6,387	481	60		230,675		
	NEW		Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	77,139	77,410	77,383	81,209	86,309	87,537	92,360	95,712	99,043	102,885	Feb 2017	33,572	48,985	13,822	2,685	421	2,806		102885		

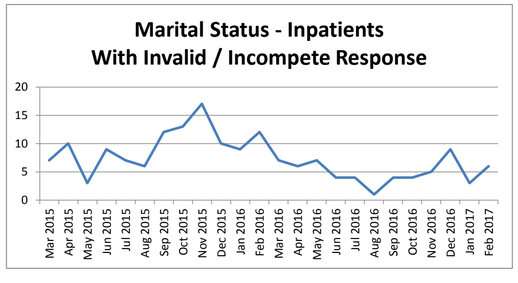


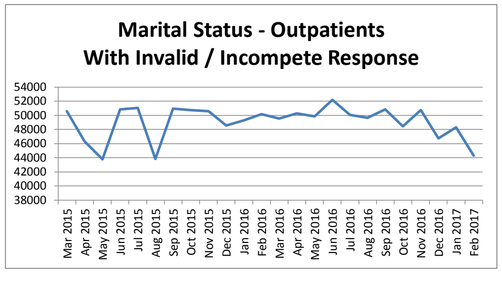


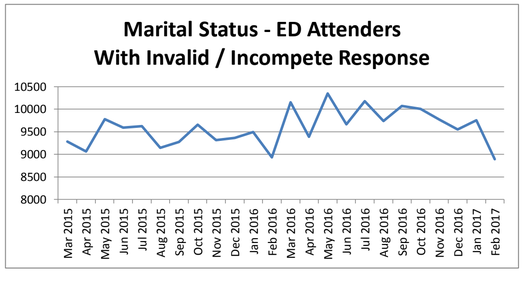




RED : To be Verified and closed By CG's.
AMBER : To be looked at by CG's once RED's are actioned.
GREEN : Automatic Closures.
BLACK- : To be Verified and closed By CG's.

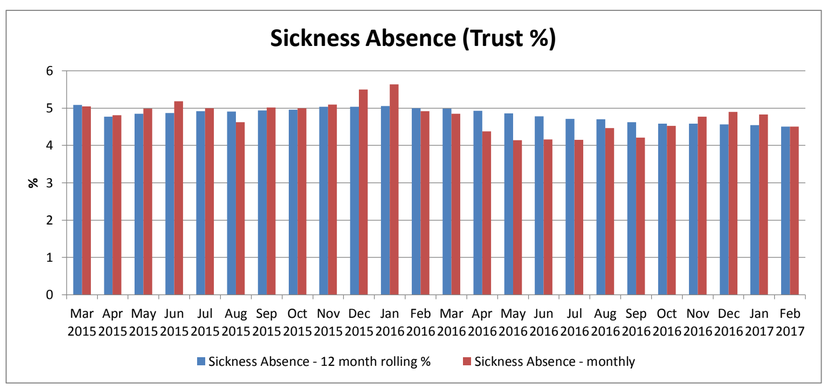


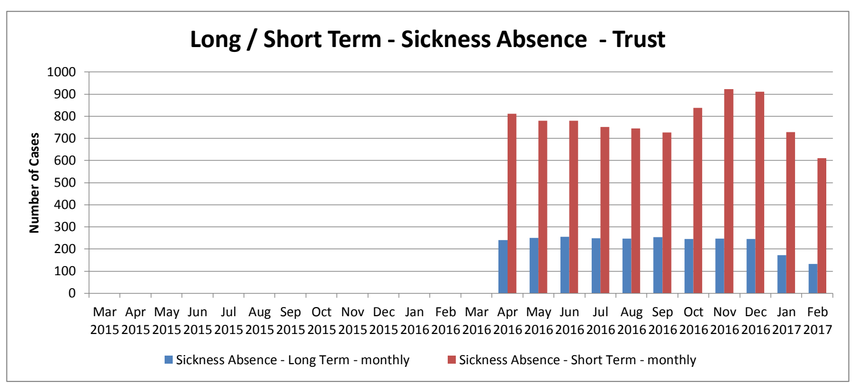




Workforce

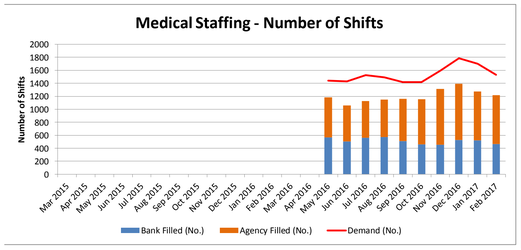
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2017	85.2	83.0	91.5	84.8	85.0	88.8	87.7		88.1	
7		b	Medical Appraisal	=> %	95.0	95.0																			Feb 2017	89.1	78.1	77.3	93.8	89.7	0.0	100.0	84.2	86.1	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Feb 2017	4.7	4.8	4.6	4.3	4.4	4.4	4.3	4.50	4.7	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																			Feb 2017	4.3	5.0	4.1	3.1	5.3	4.7	4.6	4.51	4.5	
3	NEW		Sickness Absence - Long Term (Monthly)	No			-	-	-	-	-	-	-	240	250	256	249	247	253	245	247	246	253	205	Feb 2017	33	33	23	6	13	24	1	205	2837	
3	NEW		Sickness Absence - Short Term (Monthly)	No			-	-	-	-	-	-	-	812	779	780	752	745	727	837	922	911	956	808	Feb 2017	207	149	83	35	36	93	8	808	9472	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0																			Feb 2017	69.8	84.3	83.8	81.3	71.7	86.1	80.8	79.3	78.1	
3			Mandatory Training	=> %	95.0	95.0																			Feb 2017	82.1	86.4	87.8	93.3	86.4	91.1	91.0		87.1	
3			Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Feb 2017	93.5	0.0	94.2	97.5	93.0	96.7	98.3		94.9	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Feb 2017								11.4	11.8	
	NEW		Nursing Turnover	%			-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	11.9	12.4	11.7	11.4	11.6	11.2	Feb 2017								11	12	
7			New Investigations in Month	No			5	10	6	2	5	12	9	6	4	3	8	4	4	3	0	3	4	3	Feb 2017	1	1	0	0	0	0	1	3		
7			Vacancy Time to Fill	Weeks			25	23	23	23	24	26	23	26	25	23	24	24	21	25	21	21	21	22	Feb 2017								22		
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	Feb 2017	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			320	279	267	293	272	274	293	292	315	317	339	343	341	313	293	305	268	246	Feb 2017								246		
15			Your Voice - Response Rate	No			15.3	-->	-->	12.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	16.0	-->	Jan 2017	8	30	13	22	20	29	18	16		
15			Your Voice - Overall Score	No			3.51	-->	-->	3.57	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.70	-->	Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		

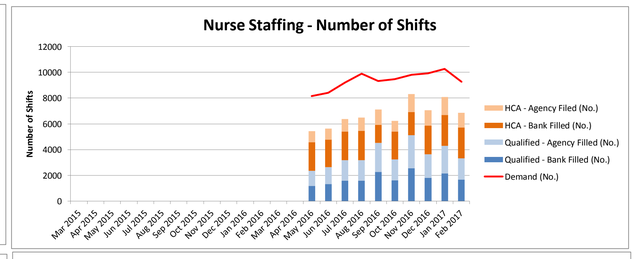


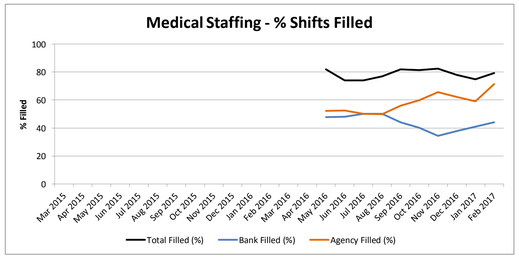


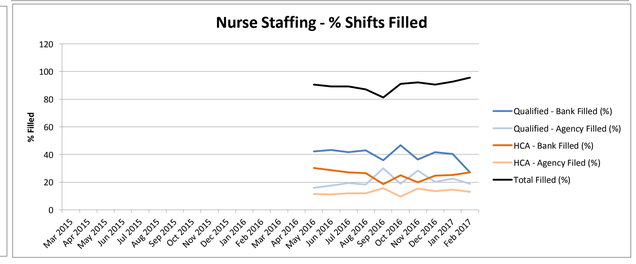
Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
			Medical Staffing - Number of instances when junior rotas not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	4906	5343	5097	5015	5291	5005	5478	4777	5133	4965	Feb 2017	-	-	-	-	-	-	-	**100**	**100**	
			Medical Staffing - Demand	No			-	-	-	-	-	-	-	-	1443	1429	1523	1491	1419	1419	1596	1786	1699	1534	Feb 2017	1010	349	160	0	15	0	0	**1534**	**15339.0**	
			Medical Staffing - Total Filled	%			-	-	-	-	-	-	-	-	81.98	74.04	74.06	76.93	81.89	81.25	82.46	77.94	74.93	79.4	Feb 2017	77.23	85.39	78.13	0	100	0	0	**79**	**78.4**	
			Medical Staffing - Bank Filled	%			-	-	-	-	-	-	-	-	47.84	47.92	50	50.13	44.06	40.07	34.42	37.79	40.93	44.12	Feb 2017	34.25	58.72	51.2	0	100	0	0	**44**	**43.4**	
			Medical Staffing - Agency Filled	%			-	-	-	-	-	-	-	-	52.16	52.36	50	49.87	55.94	59.93	65.58	62.21	59.07	71.44	Feb 2017	92.37	41.28	48.8	0	0	0	0	**71**	**58.0**	
			Medical Staffing - Filled Shifts - Snr Consultant	No			-	-	-	-	-	-	-	-	114	110	107	137	177	243	237	187	152	217	Feb 2017	154	23	32	0	8	0	0	**217**	**1681.0**	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			-	-	-	-	-	-	-	-	1069	951	1021	1010	998	951	1108	1196	1144	1001	Feb 2017	626	275	93	0	7	0	0	**1001**	**10449.0**	
			Nursing - Demand	No			-	-	-	-	-	-	-	-	8158	8413	9220	9887	9312	9476	9802	9935	10261	9268	Feb 2017	4696	2014	1009	0	19	1367	163	**9268**	**93732**	
			Nursing - Total Filled	%			-	-	-	-	-	-	-	-	90.44	89.33	89.21	86.98	81.13	91.18	92.03	90.68	92.75	95.6	Feb 2017	94.87	96.77	93.66	0	100	97.07	98.77	**96**	**90.0**	
			Nursing - Qualified - Bank Filled	%			-	-	-	-	-	-	-	-	42.3	43.41	41.68	43.12	35.83	46.77	36.3	41.77	40.3	27.1	Feb 2017	29.54	25.55	23.6	0	10.53	18.84	67.08	**27**	**39.8**	
			Nursing - Qualified - Agency Filled	%			-	-	-	-	-	-	-	-	16.01	17.56	19.34	18.41	29.95	18.76	28.38	20.17	22.55	18.7	Feb 2017	22.24	21.65	0.95	0	0	17.71	0	**19**	**21.0**	
			Nursing - HCA - Bank Filled	%			-	-	-	-	-	-	-	-	30.18	28.57	26.95	26.56	18.6	25.02	19.83	24.59	25.29	27.2	Feb 2017	29.54	25.55	24.66	0	10.53	18.84	67.08	**27**	**25.2**	
			Nursing - HCA - Agency Filled	%			-	-	-	-	-	-	-	-	11.39	11.07	12.01	11.92	15.62	9.444	15.49	13.48	14.48	12.9	Feb 2017	15.22	15.39	0.74	0	0	11.91	0	**13**	**12.8**	
			AHPs - Radiography - Demand (Shifts)	No			-	-	-	-	-	-	-	-	138	97	79	55	269	332	321	290	526	332	Feb 2017	0	0	0	0	332	0	0	**332**	**2439**	
			AHPs - Radiography - Filled (Shifts)	No			-	-	-	-	-	-	-	-	138	97	73	55	249	324	299	256	496	302	Feb 2017	0	0	0	0	302	0	0	**302**	**2289**	
			AHPs - Physiotherapy - Demand (Shifts)	No			-	-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	276	478	Feb 2017	0	0	31	0	0	447	0	**478**	**1825**	
			AHPs - Physiotherapy - Filled (Shifts)	No			-	-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	274	478	Feb 2017	0	0	31	0	0	447	0	**478**	**1823**	
			AHPs - Other - Demand (Shifts)	No			-	-	-	-	-	-	-	-	301	336	289	66	96	139	96	567	413	530	Feb 2017	136	16	0	8	0	287	83	**530**	**2833**	
			AHPs - Other - Filled (Shifts)	No			-	-	-	-	-	-	-	-	301	336	288	55	95	95	200	567	412	527	Feb 2017	133	16	0	8	0	287	83	**527**	**2876**	
			Admin - Demand (Shifts)	No			-	-	-	-	-	-	-	-	1994	1954	1902	2147	2765	2839	2479	2442	2381	4128	Feb 2017	983	599	180	448	72	94	1752	**4128**	**25031**	
			Admin - Filled (Shifts)	No			-	-	-	-	-	-	-	-	1988	1937	1855	2061	2450	2589	2452	2405	2348	4026	Feb 2017	966	595	180	426	58	94	1707	**4026**	**24111**	
			Facilities - Demand (Shifts)	No			-	-	-	-	-	-	-	-	1903	1947	1442	1451	2160	2185	1997	2172	2066	1971	Feb 2017	21	42	2	13	8	19	1866	**1971**	**19294**	
			Facilities - Filled (Shifts)	No			-	-	-	-	-	-	-	-	1898	1933	1405	1397	1942	2135	1969	2107	1992	1926	Feb 2017	20	41	2	8	8	19	1828	**1926**	**18704**	
			Interpreters - Demand (Shifts)	No			-	-	-	-	-	-	-	-	4925	5358	5110	5034	5321	5026	5508	4803	5159	4983	Feb 2017	-	-	-	-	-	-	-	**4983**	**51227.0**	
			Interpreters - Total Filled	%			-	-	-	-	-	-	-	-	99.61	99.72	99.75	99.62	99.44	99.58	99.46	99.46	99.5	99.64	Feb 2017	-	-	-	-	-	-	-	**100**	**99.6**	
			Interpreters - Bank Filled	%			-	-	-	-	-	-	-	-	78.96	77.99	76.61	76.35	76.68	78.62	77.58	76.93	78.38	79.5	Feb 2017	-	-	-	-	-	-	-	**80**	**77.8**	
			Interpreters - Agency Filled	%			-	-	-	-	-	-	-	-	21.0	22.0	23.4	23.6	23.3	21.4	22.4	23.1	21.6	20.5	Feb 2017	-	-	-	-	-	-	-	**20**	**22.2**	
			Interpreters - Unfilled	%			-	-	-	-	-	-	-	-	0.4	0.3	0.3	0.4	0.6	0.4	0.5	0.5	0.5	0.4	Feb 2017	-	-	-	-	-	-	-	**0**	**0.4**	









Local Quality Requirements (SQPR)

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Sep 2015) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	-	-	80	80	81	81	80	79	Feb 2017								79.243	80.1	
			Safeguarding Children Level 2 Training	=> %	85	85	-	-	-	-	-	-	-	74	73	73	72	73	71	71	73	75	76	77	Feb 2017								76.8	73.4	
			Safeguarding Children Level 3 Training	=> %	85	85	-	-	-	-	-	-	-	71	72	72	75	74	73	73	75	78	78	81	Feb 2017								81.1	74.5	
			WHO Safer Surgery - Audit - brief and debrief (% lists wh	=> %	100	100	-	-	-	-	-	-	-	99	99	99	100	99	100	98	97	95	97	99	Feb 2017	98.7	99.3	100					99.0	98.3	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27	-	-	-	-	-	-	-	16	15	17	17	13	16	16	17	17	20	17	Feb 2017	19.2	11.5	26.5					17.2	16.5	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90	-	-	-	-	-	-	-	88	88	87	87	87	87	85	86	86	86	86	Feb 2017								86.3	86.5	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	83	81	79	79	78	87	86	82	81	84	81	Feb 2017								81.2	81.9	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	79	80	81	82	82	75	76	76	75	73	78	Feb 2017								78.0	78.6	
			Community - Screening For Dementia - SQPR	=> %	100	100	-	-	-	-	-	-	-	40	37	53	30	37	45	43	57	~~56~~	~~52~~	-	Jan-17								37.2	38.4	
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	-	-	-	-	-	-	-	61	67	56	61	55	65	61	82	~~77~~	~~60~~	-	Jan-17								54.8	60.0	

~~Data striked through~~ - data inaccuracy identified - being reviewed

Quality and Safety Impact (DRAFT)

Group	Project Code	Project Description	Planned WTE	Planned Staff Group	Band	Start	End	Key Performance Indicator	Threshold	Metric	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Status Update	Comment
Medical Director	MD556W	Medical Director's Office – Scheme 3. Restructure of the Core Team to ensure delivery of the Medical Director's Portfolio	1	Admin	2	11 Apr	29 Jul	Venous Thromboembolism (VTE) Assessments	95	%	95.3	96.0	95.6	94.4	94.5	96.2	95.3	95.0	95.6	95.8	95.8	-		
								PDRs Within Date	95	%	91.1	91.9	89.7	88.2	86.3	86.8	86.9	87.1	87.4	87.1	86.6	-		
								Mortality Reviews within 42 working days	80	%	60.0	75.7	68.5	69.4	60.0	54.7	76.7	74.2	81.3	-	-	-		
Medical Director	MD556W	Medical Director's Office – Scheme 3. Restructure of the Core Team to ensure delivery of the Medical Director's Portfolio	1	Admin	7	11 Apr	31 Jul	Venous Thromboembolism (VTE) Assessments	95	%	95.3	96.0	95.6	94.4	94.5	96.2	95.3	95.0	95.6	95.8	95.8	-		
								PDRs Within Date	95	%	91.1	91.9	89.7	88.2	86.3	86.8	86.9	87.1	87.4	87.1	86.6	-		
								Mortality Reviews within 42 working days	80	%	60.0	75.7	68.5	69.4	60.0	54.7	76.7	74.2	81.3	-	-	-		
Medical Director	MD557W	Medical Education – Scheme 1. Restructure of Medical Education Administration Team	0.6	Admin	2	01 Jul	31 Mar	Not Required						-	-	-	-	-	-	-	-	-		
Medical Director	MD557W	Medical Education – Scheme 1 Restructure of Medical Education Administration Team	1	Admin	5	01 Jul	31 Mar	Not Required						-	-	-	-	-	-	-	-	-		
Medical Director	MD563W	Reduction in 3.0 wte First Line Staff Band 3	2	Admin	5	01 Jul	31 Mar	First Line Help Times (Operational - Manual)	<28	Days														
Operations	OP574W	Outpatient Review	4.6	Nurse and Midwife Reg	5	01 Aug	01 Nov	Clinics correctly staffed	98	>%														
Operations	OP575W	Removal of DQP team	1	Admin	3	27 Jul	01 Nov	Data Quality Standards Maintained NHS Number Compliance - Inpatients	97	>%				96.3	97.9	96.5	97.3	97.5	98.3	97.7	98.3	-		
								NHS Number Compliance - Outpatients	97	>%				99.4	99.5	99.5	99.5	99.5	99.6	99.6	99.5	-		
								NHS Number Compliance - ED	97	>%				97.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	-		
Pathology	PA1055W	Redeployment of Band7 Project Manager - Pathology	0	Admin	7	31 Aug	31 Aug	Not Required							-	-	-	-	-	-	-	-		
Surgery B	SB665W	Closure of Ophthalmic Ward	3.18	Clinical	2	03 Jan	31 Mar	VR Waiting Times (Access Times)	<48	Hours														
Surgery B	SB665W	Closure of Ophthalmic Ward	9.43	Nurse and Midwife Reg	5	03 Jan	31 Mar	VR Waiting Times (Access Times)	<48	Hours														
Women and Child Health	WC601W	Disestablishment of B4 directorate PA following reduction from 4 to 3 directorates	0.8	Admin	4	01 Jul	31 Oct	Letter Turnaround Times	<14	days														
Women and Child Health	WC602W	Disestablishment of BFI Co coordinator role	1	Admin	6	12 May	31 Mar	Maintain UNICEF accreditation standards	As left															
Women and Child Health	WC615W	Skill mix of Gynaecology OP team – Sandwell	0.8	Clinical	5	11 Jul	30 Sep	Clinics correctly staffed	98	>%														
Women and Child Health	WC618W	Reduction in GUM non consultant medical staffing	0.6	Clinical	NA	12 May	31 Mar	Meet national waiting time standards for first appointment																
Women and Child Health	WC625W	Review skill mix on Priory Ground	1	Clinical	6	01 Jul	07 Oct	Clinics correctly staffed	98	>%														
Workforce	WO555W	Workforce and strategy redesign	1	Admin	8d	06 Apr	30 Sep	Not Required			-	-	-	-	-	-	-	-	-	-	-	-		
Workforce	WO555W	Workforce and strategy redesign	1	Admin	8a	01 Apr	30 Sep	Not Required				-	-	-	-	-	-	-	-	-	-	-		
Workforce	WO557W	Communications department restructure	3	Admin	4	29 Apr	23 Sep	Not Required			-	-	-	-	-	-	-	-	-	-	-	-		

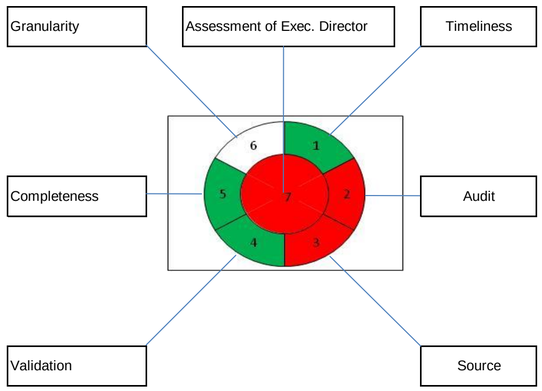
Legend

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 Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Feb 2017	1	0	0	1	16	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2017	0	0	0	0	2	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Feb 2017	89	67	19	56.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Feb 2017	94	95	75	93.5		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	20	14	14	Feb 2017	6	8	0	14	67	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	20	12	14	Feb 2017	6	8	0	14	65	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0	0	0	Feb 2017	0	0	0	0	4	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	14	12	8	Feb 2017	0	8	0	8	37	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	6	2	11	Feb 2017	0	11	0	11	24	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0	1	1	Feb 2017	0	1	0	1	3	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	1	0	Feb 2017	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	40	41	41	35	40	35	32	44	37	47	39	47	44	34	41	47	50	38	Feb 2017	11	27	0	38	468	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	1	2	0	0	1	1	0	0	2	1	2	2	0	2	3	3	1	Feb 2017	0	1	0	1	16	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	6	2	3	4	4	6	4	4	3	3	5	5	4	5	7	9	5	5	Feb 2017	0	5	0	5	55	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2017	93.5	84.8	97.2	94.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2017	99.2	100.0	100.0	99.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2017	99	99	0	98.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2017	99	99	0	98.7		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2017	0	4	0	4	35	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Dec 2016	92	82	74	82		

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Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			9.7	9.6	8.6	9.3	9.2	9.4	9.6	9.7	10.0	9.2	9.0	8.6	8.3	10.0	9.7	9.9	9.5	-	Jan 2017				**9.5**		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			10.3	10.3	10.3	10.3	10.1	10.1	10.0	9.8	9.8	9.7	9.5	9.3	9.2	10.0	9.3	9.4	9.4	-	Jan 2017					**9.5**	

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Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	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																			Feb 2017		96.2		96.2	94.4	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Feb 2017		90.0		90.0	77.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Feb 2017		83.7		83.7	70.9	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																			Feb 2017		100.0		100.0	98.2	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Feb 2017		100.0		100.0	66.7	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Feb 2017		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																			Feb 2017		91.3		91.3	98.7	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																			Feb 2017		90.2		90.2	98.9	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Feb 2017		95.2		95.2	96.0	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Feb 2017		95.2		95.2	96.3	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Feb 2017		100.0		100.0	99.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jan 2017			95.3	95.3		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2017			97.2	97.2		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jan 2017			88.0	88.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4.5	4.5	2.5	1.5	0.5	6	3	3.5	1.5	3.5	3	4	3.5	1	2.5	2	1.5	-	Jan 2017	-	-	1.50	1.50	26	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			3	4	2	0	0	4.5	0	2	0	1	2	1.5	2	0	0	1	1	-	Jan 2017	-	-	1.00	1.00	11	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			228	165	138	104	98	154	98	175	95	130	113	107	140	75	71	107	111	-	Jan 2017	-	-	111	111		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	-	-	-	-	-	-	-	10	8	12	13	5	15	12	12	19	17	8	Feb 2017	-	-	8	8	131	
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	6	30	2	0	Feb 2017	0	0	0	0	38	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			29	43	42	32	34	47	39	49	36	28	25	40	23	27	40	35	40	45	Feb 2017	30	8	7	45	388	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			58	65	65	57	50	65	63	72	57	62	46	47	55	56	63	62	66	61	Feb 2017	32	18	11	61		

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Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		EC	AC	SC			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Feb 2017	-	4.55	-	0.35		
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	Feb 2017	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	0	1	0	2	1	1	0	3	0	0	6	1	0	6	2	4	6	Feb 2017	0.0	6.0	0.0	6	28	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	33	54	35	32	34	32	31	58	56	54	28	32	28	57	44	29	51	37	Feb 2017	0.0	0.0	36.5	36.5		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Feb 2017	77.1	83.3	Site S/C	80.4	86.0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			'	'	'	'	'	1560	1908	1246	1046	1187	1333	1227	1280	1579	1750	1866	1776	1769	Feb 2017	1665	0	104	1769	16059	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Feb 2017	0.0	0.0	Site S/C	0	1	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0		-	-	-	-														Feb 2017	16.0	14.0	Site S/C	15	17	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0		-	-	-	-														Feb 2017	66.0	66.0	Site S/C	66	54	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Feb 2017	7.5	8.3	Site S/C	7.9	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Feb 2017	5.1	6.2	Site S/C	5.7	4.7	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	76	93	67	121	116	97	117	81	65	70	122	112	135	112	162	193	162	129	Feb 2017	69	60		129	1343	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	1	1	3	8	10	6	9	2	0	1	8	6	9	16	21	19	11	13	Feb 2017	11	2		13	106	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Feb 2017	0.56	0.10		0.32	0.23	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034	Feb 2017	1960	2074		4034	47083	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Feb 2017	0.0	85.5	75.9	78.2		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Feb 2017	0.0	70.9	70.1	70.4		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Feb 2017	0.0	94.6	85.3	89.0		
RTT	RTT - Backlog	<= No	0	0	604	664	629	587	623	689	725	789	716	674	821	873	1172	1319	1168	1500	1154	897	Feb 2017	0	178	719	897		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	1	1	1	3	4	0	0	0	1	0	0	1	2	1	0	0	Feb 2017	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	3	7	8	8	10	8	7	12	11	11	14	13	12	13	10	12	10	10	Feb 2017	0	4	6	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Feb 2017	0	0.27	0.67	0.36		

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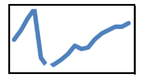
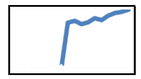
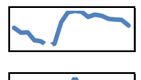
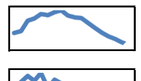
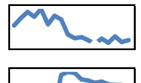
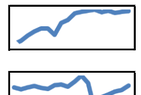
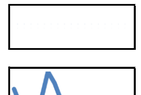
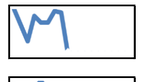
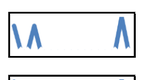
Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		EC	AC	SC			
Data Completeness	Open Referrals	No			72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	70,424	72,581	74,142	75,046	75,926	75,925	76,880	Feb 2017	13,684	22,245	40,951	76880		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	26,178	27,360	25,493	26,511	28,710	27,787	30,150	31,585	32,319	33,572	Feb 2017	10,025	10,714	12,833	33572		
Workforce	WTE - Actual versus Plan	No			261	217	214	208	204	201	219	220	207	213	220	229	231	229	231	244	202	194	Feb 2017	101.8	57.26	31.71	194		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Feb 2017	88.54	84.41	81		88.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2017	78.26	92.86	92.68		87.5	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Feb 2017	4.70	5.26	3.45	4.66	5.16	
Workforce	Sickness Absence - In month	<= No	3.15	3.15																			Feb 2017	4.51	4.78	3.17	4.30	4.50	
Workforce	Sickness Absence - Long Term - In month	No			-	-	-	-	-	-	-	57	62	60	49	47	43	45	40	39	39	33	Feb 2017	7	21	5	33	514	
Workforce	Sickness Absence - Short Term - In month	No			-	-	-	-	-	-	-	212	186	195	180	179	162	194	206	243	223	207	Feb 2017	86	84	37	207	2187	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Feb 2017	64.7	77.9	60.9		69.19	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Feb 2017	82.37	82.66	80.98		81.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			3	0	0	1	1	6	4	1	0	0	1	1	0	0	0	0	0	1	Feb 2017	1	0	0	1		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	4330	2700	1185	3654	3001	3002	4159	3992	-	-	-	-	-	-	-	-	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	811	594	217	749	925	700	748	710	-	-	-	-	-	-	-	-	-	-	Apr 2016				710		
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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	8	-->	Jan 2017	6.0	7.0	16.0	8.0		
Workforce	Your Voice - Overall Score	No			3.45	-->	-->	3.37	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.68	-->	Jan 2017	3.51	3.90	3.58	3.68		

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Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	Trend
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Feb 2017	0	0	0	0	0	0	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Feb 2017	95.96	92.09	0	0	69.7	92.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Feb 2017	96.55	94.24	0	80	94.44	95.7		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0	0	0	Feb 2017	0	0	0	0	0	0	4	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0	0	0	Feb 2017	0	0	0	0	0	0	4	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	4	3	8	12	14	7	12	8	9	4	12	12	9	10	12	13	8	6	Feb 2017	4	1	0	1	0	6	103	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	1	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	Feb 2017	0	0	0	0	0	0	3	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	1	1	1	2	0	1	2	2	0	2	2	0	4	0	1	1	2	Feb 2017	2	0	0	0	0	2	16	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2017	97.7	97.48	0	100	98.51	98.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2017	99.7	100	0	100	100	99.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2017	100	100	99.03	0	99.37	99.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2017	100	100	99.03	0	99.37	99.3		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	Feb 2017	0	0	0	0	0	0	2	
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	Feb 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2017	0	0	0	0	0	0	9	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Dec 2016	64	100	0	0	0	71.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.2	6.8	6.7	8.2	6.5	6.9	7.1	6.4	6.2	5.5	6.6	5.4	5.9	6.0	5.1	5.9	6.0	-	Jan 2017						6.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.64	6.69	6.75	6.92	6.94	6.97	7.05	6.98	6.88	6.76	6.73	6.61	6.5	6.99	6.3	6.11	6	-	Jan 2017							6.5	

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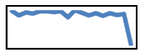
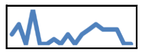
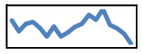
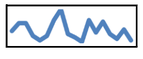
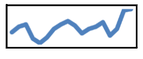
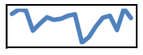
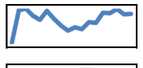
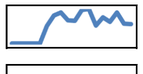
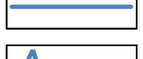
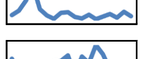
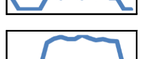
Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jan 2017	95.7	-	0.0	-	-	95.72		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jan 2017	96.0	-	-	-	-	96.02		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jan 2017	100.0	-	0.0	-	-	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jan 2017	86.2	-	0.0	-	-	86.15		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	5	3	5	2	2	3	2	9	1	4	7	4	7	4	5	5	-	Jan 2017	-	-	-	-	-	4.5	47	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	2	0	4	0	0	1	0	1	0	1	2	2	2	2	2	0	-	Jan 2017	0	-	0	-	-	0	10	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			235	124	202	221	159	74	176	73	114	170	201	292	245	351	191	158	103	-	Jan 2017	103	-	0	-	-	103		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	-	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	1	0	8	0	4	Feb 2017	0	0	0	4	0	4	13	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			31	36	36	28	25	28	38	45	29	27	24	38	30	37	29	26	32	25	Feb 2017	6	5	0	3	11	25	342	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			42	47	49	36	32	37	45	49	52	48	41	45	47	51	39	45	62	63	Feb 2017	15	14	4	5	25	63		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	2.99	3.53	0	0.45	1.95	2.43		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	4	0	Feb 2017	0	0	0	0	0	0	8	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	21	36	23	27	16	33	20	18	18	22	45	43	32	29	57	31	35	49	Feb 2017	24	10	0	1	14	49	379	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76.1	76.9	76.7	72.8	74.2	75.4	74.9	75.1	75.7	76	70.5	71.6	73.7	75.3	75.7	73	77.1	75.3	Feb 2017	75.2	72.1	0.0	91.4	75.2	75.32		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No	0	0	2	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	96.9	99.6	99.8	99.2	98.8	99.6	98.9	98.3	97.9	98.2	98.0	98.6	98.6	99.4	99.4	99.7	99.3	99.3	Feb 2017	-	-	-	-	99.3	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	-	-	-	-	-	62	98	109	82	80	119	121	63	92	76	109	70	68	Feb 2017	36	18	0	1	13	68	989	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	3.2	4.4	7.0	10.9	4.8	3.2	2.3	3.8	4.1	2.8	2.4	3.3	2.2	2.9	3.5	2.6	4.1	3.0	Feb 2017	-	-	-	-	2.96	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	1.9	1.3	1.6	1.5	1.1	1.0	1.7	1.8	2.0	1.1	2.0	1.7	2.5	2.1	1.4	1.1	1.0	1.1	Feb 2017	-	-	-	-	1.12	-	-	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	14	-	-	-	-	15	19	14	25	19	14	41	15	26	14	14	0	0	Feb 2017	-	-	-	-	38	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	17	-	-	-	-	94	108	115	106	106	121	110	103	107	100	99	-	-	Feb 2017	-	-	-	-	102	-	-	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017						66.7	73.5	

Surgical Services Group

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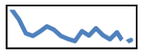
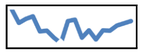
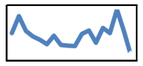
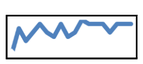
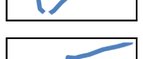
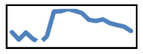
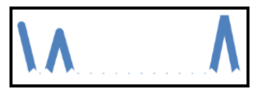
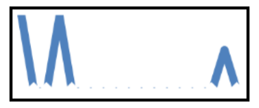
Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Feb 2017	82.6	53.7	0.0	0.0	76.6	75.2		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Feb 2017	91.0	89.5	0.0	0.0	95.6	93.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Feb 2017	94.4	84.4	0.0	0.0	95.1	93.0		
RTT	RTT - Backlog	<= No	0	0	1329	1461	1346	1304	1276	1243	1308	1236	1231	1227	1324	1350	1254	1369	1328	1514	1344	1153	Feb 2017	404	440	0	0	309	1153		
RTT	Patients Waiting >52 weeks	<= No	0	0	2	4	3	1	3	2	3	3	1	2	3	0	1	2	0	1	0	2	Feb 2017	1	1	0	0	0	2		
RTT	Treatment Functions Underperforming	<= No	0	0	9	15	12	14	16	14	13	16	13	14	17	16	16	16	14	16	16	16	Feb 2017	9	6	0	0	1	16		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Feb 2017	0.0	0.0	0.0	0.0	0.0	0		
Data Completeness	Open Referrals	No			106,686	108,547	111,719	113,733	98,377	96,175	97,723	100,371	102,540	104,891	107,435	109,035	110,630	112,597	113,840	115,090	116,146	118,262	Feb 2017	40,330	14,281	0	4,359	59,292	118262		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	36,039	35,257	36,835	38,367	40,451	42,937	44,084	45,279	47,179	48,985	Feb 2017	19,012	5,718	0	2,495	21,760	48985		
Workforce	WTE - Actual versus Plan	No			179	173	166	173	178	153	149	144	143	151	158	155	152	146	140	151	185	157	Feb 2017	50.23	31.01	23.63	21.35	27.05	157.09		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2017	79.8	84.9	86.3	84.9	81.4		87.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2017	73.33	88.24	0	71.79	85.71		79.7	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Feb 2017	5.0	5.7	6.9	3.8	2.3	4.8	4.8	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Feb 2017	4.2	4.9	7.2	4.9	3.5	5.0	4.7	
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	-	46	52	62	56	46	53	52	50	53	52	33	Feb 2017	8.0	8.0	10.0	6.0	0.0	33.0	555.0	
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	-	164	169	161	162	168	169	181	173	181	166	149	Feb 2017	40.0	24.0	42.0	38.0	0.0	149.0	1843.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Feb 2017	87.3	73.9	91.5	82.0	83.8	84.3	82.2	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2017	86.0	85.5	90.1	87.3	83.1		86.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	4	0	0	1	1	2	0	0	0	2	0	1	3	0	0	2	1	Feb 2017	0	1	0	0	0	1		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	87.3	86.9	89.5	84.5	83	64.9	86.3	88	-	-	-	-	-	-	-	-	-	-	Apr 2016						88.03	88	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	285	227	144	255	280	216	233	238	'	'	'	'	'	'	'	'	'	'	Apr 2016						238	238	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						-	-	

Surgical Services Group

Workforce	Your Voice - Response Rate	No			25	-->	-->	22	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	30	-->	Jan 2017	12	7	7	11	13	**30**	
Workforce	Your Voice - Response Score	%			7	-->	-->	6.94	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.79	-->	Jan 2017	3.53	3.29	3.85	3.6	3.69	**3.79**	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Feb 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Feb 2017	94			94.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Feb 2017	0	100		100.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Jan-00	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	2	0	1	0	2	0	1	0	1	2	1	1	2	3	1	1	2	1	Feb 2017	1	0	0	1	15	
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	1	0	0	0	0	Feb 2017	0	0	0	0	1	
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	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2017	98.7	93.9		95.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2017	100	99.3		99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2017	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2017	100	100		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2017	1	0	0	1	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2017	1	0	1	2	8	

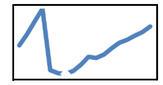
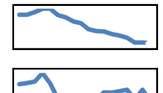
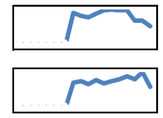
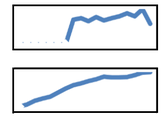
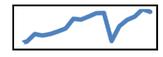
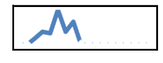
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Feb 2017		25.4		25.4	26.4	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	10	9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	Feb 2017		8.53		8.5	8.7	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			18	15	16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	Feb 2017		16.8		16.8	17.7	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Feb 2017		0		0	0	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Feb 2017		2		2	13	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Feb 2017		2.11		2.1	1.7	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Feb 2017		6.32		6.3		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Feb 2017		77.9		77.9		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Feb 2017		145		145.3		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A			N/A		N/A					N/A		N/A				-	-	Dec 2016	100	0	0	100.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.5	6.4	5.9	4.8	4.7	6.7	5.5	4.9	5.0	4.7	4.4	4.2	3.9	5.4	5.9	5.0	4.0	-	Jan 2017				4.1		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.6	6.6	6.5	6.3	6.1	6.1	5.9	5.8	5.6	5.4	5.2	5.2	5.1	5.4	5.0	5.0	5.0	-	Jan 2017					5.3	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0															#DIV/0!			-	Jan 2017	93.6		0	93.6		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2017	95			95.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jan 2017	75			75.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			1.5	4	0.5	1.5	3	2	0	3	1	2	0	0.5	0.5	1.5	4	3	2	-	Jan 2017	2	-	0	2	17.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	2	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0.5	-	Jan 2017	0.5	-	0	0.5	2.5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			98	146	89	71	104	97	62	149	86	176	62	70	97	76	98	98	120	-	Jan 2017	120	-	0	120		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	-	0	0	0	

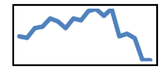
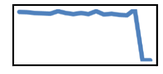
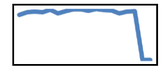
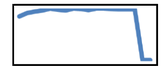
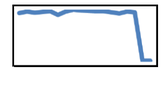
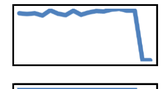
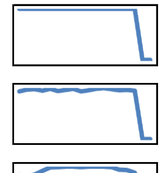
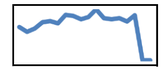
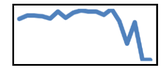
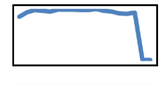
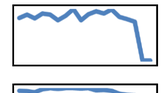
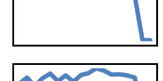
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		G	M	P			
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	Feb 2017	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			10	9	10	15	17	4	13	5	10	9	15	15	15	12	9	12	14	14	Feb 2017	4	9	1	14	130	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	13	13	14	20	6	17	9	13	10	19	21	23	23	16	21	24	24	Feb 2017	0	0	0	24		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Feb 2017	5.56		-	4.2		
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	2	0	Feb 2017	0			0	2	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	7	6	9	13	6	7	13	4	10	9	4	6	9	12	6	10	6	12	Feb 2017	12			12	88	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	79	76	76	72	74	71	78	76	73	74	76	76	76	79	79	71	80	83	Feb 2017	83.4	-		83.4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2017	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	15	6	16	5	5	10	7	43	18	38	38	20	23	Feb 2017	2	0	21	23	223	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Feb 2017	68.5			68.5		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Feb 2017	96			96.0		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Feb 2017	93.7			93.7		
RTT	RTT - Backlog	<= No	0	0	34	54	53	52	60	70	80	69	92	93	130	121	129	161	161	160	111	96	Feb 2017	96			96		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	Feb 2017	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	1	1	0	1	1	0	1	2	2	2	2	3	3	2	1	Feb 2017	1			1		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Feb 2017	0			0.0		

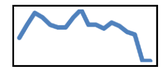
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate G	M	P	Month	Year To Date	
Data Completeness	Open Referrals	No			26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	25,985	26,671	27,018	27,523	27,970	28,605	Feb 2017	7,832	13,985	6,788	28605		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	10,041	10,069	10,168	10,770	11,488	11,421	12,342	12,816	13,222	13,822	Feb 2017	4,192	7,940	1,690	13822		
Workforce	WTE - Actual versus Plan	No			96.6	85.7	82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	118	116	107	109	126	119	111	Feb 2017	8.08	75.3	28.7	111.2		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2017	95.1	90.7	91.5		89.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2017	100	66.7	58.3		86.9	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2017	4.56	5.16	2.93	4.6	4.9	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2017	4.19	4.83	2.28	4.1	4.5	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	40	36	34	39	43	44	43	43	30	30	23	Feb 2017	4	19	0	23.0	405.0	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	99	105	94	111	96	106	113	125	114	142	83	Feb 2017	12	70	0	83.0	1188.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2017	88.4	83.9	81.3	83.8	79.92	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2017	86.5	88.8	85.9		86.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	1	1	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	Feb 2017	0	0	0	0		
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			12	-->	-->	11	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	13	-->	Jan 2017	17	10	20	13		
Workforce	Your Voice - Overall Score	No			3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.66	-->	Jan 2017	3.54	3.72	3.6	3.7		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		G	M	P			
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			118	111	159	167	207	193	159	207	198	244	253	219	255	119	131	109	-	-	Dec 2016		109		109	1735	
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	90.7	89.9	88.9	88.2	87.6	91.9	89	86.9	88.6	86.7	92.4	86.1	87.6	85.3	84.6	95.7	-	-	Dec 2016		95.7		95.7	88.32	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			9.04	8.51	9.19	8.82	7.69	6.68	9.33	12.8	11.4	11.8	8.76	12.3	10.5	7.71	1117	3.23	-	-	Dec 2016		3.23		3.23	22.28	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	87.4	92.3	93.3	91.9	97.5	90.3	94.4	98.2	97.7	94.8	98.6	96.6	95.8	90.1	93.9	94.6	-	-	Dec 2016		94.6		94.64	95.56	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			84.5	91	94.5	96.2	99.8	97.9	96.2	99.7	99.5	97.1	100	100	99.5	98.8	98.4	98.5	-	-	Dec 2016		98.6		98.55	99.04	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	92.9	95.1	93	94.5	95.8	88.9	95.6	99	97.5	96.6	96	96	94.3	91.5	95.4	94.1	-	-	Dec 2016		94.2		94.15	95.59	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			84.7	83.2	84.4	80.5	90.2	84.2	81.6	89.2	81.9	86	88.7	88.3	91.5	92.8	89.4	89.2	-	-	Dec 2016		89.2		89.23	88.57	
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	1	1	1	1	-	-	Dec 2016		1		1	9	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	93	96.5	97.1	93.9	97.9	93.6	96	97.9	92.8	94.9	97.8	99.2	97	95	95.9	93.9	-	-	Dec 2016		94		93.95	96.15	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	83.1	80.2	84.7	91.9	98.6	99.3	99.4	99.8	99.4	99.7	99.8	99.5	99.3	94	93.6	87.9	-	-	Dec 2016		87.9		87.9	97.08	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			32.3	27.6	30.7	36.8	37.9	35.6	43.9	42.8	39.4	41.7	49.3	40.6	39.6	40.7	37.6	43.5	-	-	Dec 2016		43.5		43.51	41.78	
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	100	100	100	100	100	100	100	-	-	Dec 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			333	360	358	353	335	391	341	382	400	391	391	365	413	313	132	306	-	-	Dec 2016		306		306	3093	
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	86	94.7	98.6	97.2	96.3	100	100	100	98.8	98.7	101	97.3	96.3	92.4	91.3	93.5	-	-	Dec 2016		93.6		93.55	96.71	
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			340	365	337	376	366	322	358	411	322	369	393	376	409	347	330	310	-	-	Dec 2016		310		310	3267	
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	94.7	94.1	91.8	98.2	99.7	98.8	100	99.8	99.4	99.7	95.4	96.7	94.9	89.4	86.6	86.5	-	-	Dec 2016		86.5		86.46	94.3	
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			275	321	257	316	352	294	339	290	341	355	393	375	346	347	339	323	-	-	Dec 2016		323		323	3109	
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	81.1	89.4	83.4	92.4	89.6	92.2	91.6	91.2	90.9	92	91.4	85.6	86.3	83.6	86.7	82.4	-	-	Dec 2016		82.4		82.4	87.68	

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			27	42	56	51	42	39	39	51	60	42	42	38	45	41	34	31	-	-	Dec 2016	31	31	384	
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 S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	1	2	0	2	4	2	3	4	2	1	2	1	2	3	2	4	1	Feb 2017	1	0	0	0	0	1	25	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			0	2	2	1	1	4	3	3	5	4	2	2	2	3	3	1	3	4	Feb 2017	4	0	0	0	0	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	5,631	5,764	5,995	6,051	6,140	6,284	6,387	Feb 2017	1,862	1	2,094	0	2,430	6,387		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	1,502	1,437	1,510	2,208	2,275	2,407	2,444	2,478	2,613	2,685	Feb 2017	843	0	982	0	860	2,685		
Workforce	WTE - Actual versus Plan	No			40.3	40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	39.8	38.4	40	37	31	34.7	30.3	Feb 2017	10.9	4.79	9.96	3.98	-2.8	30		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	51.9	91.7	87.6	96.6	100		88.45	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	87.5	100	100	100		92.98	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	3.94	3.68	5.78	2.97	2.12	4.32	4.46	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	3.1	1.0	4.2	2.4	0.6	3.06	4.37	
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	-	10	12	14	14	15	13	12	14	6	5	6	Feb 2017	1.0	0.0	3.0	1.0	0.0	6	121	
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	-	47	45	38	35	36	30	43	49	41	36	35	Feb 2017	4.0	3.0	18.0	3.0	2.0	35	435	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	88.1	94.6	65.4	100	100	81.3	81.5	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	92.1	90.1	92.7	94.7	93.3		93.7	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	1	0	Feb 2017	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			24	-->	-->	19	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	22	-->	Jan 2017	24	21	17	27	55	22		
Workforce	Your Voice - Overall Score	No			3.58	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.82	-->	Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82		

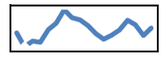
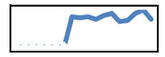
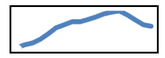
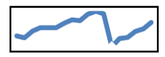
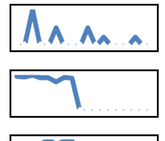
Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	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	1.0	-	-	1.0	2.0	-	2.0	1.0	2.0	1.0	3.0	1.0	-	2.0	2.0	1.0	-	Jan 2017					3.7		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	15.0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	12.0	14.0	14.0	13.0	15.0	17.0	17.0	-	Jan 2017						4.67	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017			83.72		83.72	70.91	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017			100		100	98.18	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2017	-	-	-	-	-		
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	Feb 2017	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	1	2	1	3	6	5	2	0	1	1	2	1	1	4	5	4	1	Feb 2017	1	0	0	0	1	22	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	3	2	0	3	6	5	2	1	2	2	2	0	1	4	9	3	2	Feb 2017	2	0	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	49	62	36	67	69	86	66	54	55	60	55	66	54	Feb 2017	54	0	0	0	54	668	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0.27				0.27		
Data Completeness	Open Referrals	No			198	208	231	248	259	271	286	288	298	325	342	361	376	399	428	438	461	481	Feb 2017	481	0	0	0	481		
Data Completeness	Open Referrals - Awaiting Management	No			'	'	'	'	'	'	'	'	287	267	299	315	331	346	373	386	403	421	Feb 2017	421	0	0	0	421		
Workforce	WTE - Actual versus Plan	No			50	47.5	45.1	40.1	43.9	44.2	46.3	48.5	51	44.2	44.5	47	45.4	40.8	40.2	38.5	32.4	31.4	Feb 2017	20.6	2.95	1.01	3.2	31.4		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	83.5	90	85.2	84.2		81.6	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	87	0	100	100		95.1	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	3.2	7.8	2.6	5.5	4.35	4.40	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	5.3	12.1	4.1	3.5	5.26	4.82	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	10	10	8	8	7	6	7	13	10	15	13	Feb 2017	6.0	1.0	1.0	2.0	13.00	107.00	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	33	39	38	31	23	26	29	41	40	53	36	Feb 2017	19.0	0.0	2.0	7.0	36.00	389.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	70.1	88.9	100	61.5	71.7	65.3	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	81.1	93.5	92.2	91.9		85.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Feb 2017					0		
Workforce	Your Voice - Response Rate	No			24	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	20	-->	Jan 2017	18	10	46	16	20		
Workforce	Your Voice - Overall Score	No			3.11	-->	-->	3.40	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.58	-->	Jan 2017	3.43	0	4.07	4.17	3.58		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

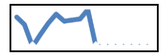
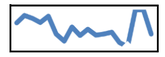
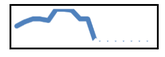
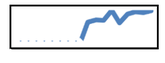
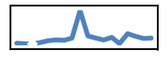
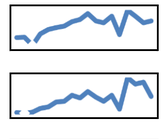
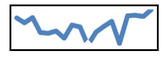
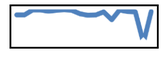
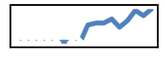
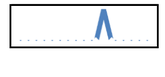
Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	0	Feb 2017	0	0	0	0	5	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	0	Feb 2017	0	0	0	0	6	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	0	0	0	Feb 2017	0	0	0	0	2	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	0	Feb 2017	0	0	0	0	4	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0	0	Feb 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	29	29	21	26	31	23	20	22	38	31	29	31	29	33	30	27	20	19	Feb 2017	0	17	2	19	309	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	1	2	1	1	0	0	1	0	0	1	0	0	0	0	0	Feb 2017	0	0	0	0	2	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	0	0	2	0	3	0	4	2	4	2	3	1	1	0	1	3	2	2	Feb 2017	-	2	-	2	21	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	0	0	0	0	8	
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	Feb 2017	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	4	4	2	3	6	7	3	5	5	4	5	4	3	8	4	6	1	Feb 2017	0	1	0	1	48	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	5	5	5	3	6	7	11	7	9	8	9	7	5	5	6	6	6	Feb 2017	1	2	3	6		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			114	124	103	105	94.7	100	106	102	123	128	154	152	135	104	109	122	115	112	Feb 2017	17.7	67.7	26.2	111.56		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2017	94.6	80.3	93.9		88.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2017	3.42	4.49	4.67	4.36	4.45	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2017	3.03	6.07	4.2	4.72	4.18	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	26	25	26	24	27	29	22	23	29	32	24	Feb 2017	3	-	-	24	287	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	65	59	81	80	83	53	74	104	101	102	93	Feb 2017	18	45	30	93	895	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2017	95.3	83.6	85.4	86.07	88.45	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2017	95.1	87.1	93.2		90.4	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	4	0	0	2	0	0	0	2	0	1	0	0	0	1	0	0	Feb 2017				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	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	56	48	19	78	90	78	86	87	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			31	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	29	-->	Jan 2017	29	31	28	29		
Workforce	Your Voice - Overall Score	No			3.68	-->	-->	3.72	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.83	-->	Jan 2017	3.72	3.72	3.96	3.83		

Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate AT	IB	IC	Month	Year To Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	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	10.5	11.4	11	10.5	11.3	9	8.06	9.9	8.82	9.6	8.85	9.01	9.22	7.88	7.37	12.2	12.2	8.97	Feb 2017				9.0	9.4	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	1.58	1.58	1.58	1.58	1.29	0	1.42	0.87	3.94	1.15	Feb 2017				1.2	1.4	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Community & Therapies Group Only	STEIS	<= No	0	0	0	1	0	1	2	1	1	0	0	2	0	0	2	1	1	0	0	0	Feb 2017				0	6	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	12	15	17	17	16	24	24	23	17	17	-	-	-	-	-	-	-	-	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			1	2	1	1	1	1	0	1	1	2	3	2	2	2	2	2	1	2	Feb 2017				2.1		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	38.5	42.4	41.5	60.1	36.8	53	57.3	55.8	59.2	Feb 2017				59.18	48.33	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			43	42	41	46	52	55	54	61	161	70	61	55	65	42	77	69	60	62	Feb 2017				61.77		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			43	44	33	48	54	56	58	64	67	75	65	63	71	47	80	71	63	65	Feb 2017				65.17		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			23	23	23	26	28	32	32	37	35	40	36	32	37	26	52	46	48	36	Feb 2017				36.19		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			50	43	50	29	28	31	21	40	37	11	30	37	45	14	53	53	52	62	Feb 2017				61.56		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			90	90	94	94	93	94	94	93	91	90	90	92	86	94	93	93	69	93	Feb 2017				92.83		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	7	-	-	200	222	222	270	177	251	369	308	382	Feb 2017				51.97	36.59	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	3	3	2	1	4	3	2	0	2	5	6	8	Feb 2017				8	36	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	3	3	2	1	3	1	1	0	2	2	4	6	Feb 2017				6	25	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	0	0	0	0	1	1	1	0	0	3	2	2	Feb 2017				2	10	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	0	0	0	0	0	1	0	0	0	0	0	0	Feb 2017				0	1	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		SG	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			11	13	8	5	4	5	8	8	10	12	4	13	8	13	11	12	11	11	Feb 2017	2	1	0	0	1	2	5	11	113	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			16	16	9	8	4	4	7	8	9	12	9	17	10	13	18	13	12	17	Feb 2017	3	1	0	0	1	5	7	17		
Workforce	WTE - Actual versus Plan	No			100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	146	123	118	133	98.6	94.5	Feb 2017	15.4	3.25	-14.8	18	-3.24	25.6	50.3	94.46		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2017	84	85	88	86	85	91	82		87.4	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		#DIV/0!																	Feb 2017			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2017	2.01	2.81	3.41	2.83	3.71	4.97	4.71	4.25	4.24	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2017	1.94	2.79	4.55	2.14	0.84	5.94	5.08	4.63	4.25	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	51	53	52	59	62	65	64	64	79	0	1	Feb 2017	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	550.00	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	192	176	173	153	160	181	203	224	191	7	8	Feb 2017	6.00	0.00	0.00	0.00	1.00	1.00	0.00	8.00	1668.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2017	89.3	75.8	70.6	82.9	76.6	84.0	78.1	80.8	80.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2017	0	96	96	93	98	89	90	91.0	91	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			1	5	0	1	2	2	2	4	4	1	4	1	1	0	0	2	1	1	Feb 2017	0	0	0	0	0	1	0	1		
Workforce	Your Voice - Response Rate	No			19	-->	-->	15	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	18	-->	Jan 2017	51	45	39	30	19	6	17	18		
Workforce	Your Voice - Overall Score	No			3.46	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.64	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P11 February 2017**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**6th April 2017**

EXECUTIVE SUMMARY:

Headlines

This report deals with a significant underlying P&L deficit and consequent forecast of failure to deliver the trust's financial control total. The trust remains committed to delivering the best outturn result possible and a specific programme of actions to achieve that is being progressed. That programme includes significant dependence on income recovery and which will require the explicit support of local commissioners and national regulators to secure. There is, accordingly, downside risk to the forecast.

The trust has moderated its capital expenditure for 2016.17. This is in response to national constraints on capital availability. That moderation is currently without compromise to the critical path programme of strategic investment.

Revised CRL and EFL control totals reflecting the above P&L and capital forecasts have been formally confirmed by NHSI. It is forecast that these control totals will be achieved. Management of capital creditors provides appropriate mitigation for the EFL impact of P&L downside risk.

The trust will exit the year with cash and working capital balances less than plan, has a very challenging financial plan for 2017.18 and remains in dispute with commissioners in respect of a contract for next year. That has the potential to risk necessary future strategic capital investment. This is the subject of specific consideration by the Board. There is no immediate concern as to the ability of the trust to meet its obligations as they fall due.

Key messages:

- Year to date performance behind plan; headline variance reflects under delivery on contract activity, CCG payment challenges, pay costs driven by unfunded capacity and loss of STF income.
- Minimal application of contingency and balance sheet flexibility in month due to exhaustion of opportunities – stubborn cost base and with additional costs for unfunded bed capacity.
- Forecast achievement below plan; reflecting underlying achievement of plan and loss of £6m STF.
- P11 formally reports previously revised headline forecast £(6.8)m deficit.
- There is no meaningful route to that £(6.8)m deficit position and a realistic forecast deficit of £(12)m.
- Consequent risk to cash balances and affordability of strategic investment programme.
- Cash impact identified and working group initiated, remedial action including land sale acceleration and capital programme in progress.
- Limited scope for contingency and balance sheet flexibility and which would further erode cash balances. Delivery must be tangible and sustainable.
- Underlying position represents high risk to FY 2017/18 plan
- CCG offer for 2018.19 inconsistent with both MMH CBC and SWBH control total offer.

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
- Identify decision points for uncommitted components of capital programme together with funding options for committed/unavoidable capital projects.
- Delivery of capital programme to time & revised 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.
- Resolution of 2017.19 contract discussion with SWBCCG.
- Manage application process for DH loan/s

Key numbers:

- Month deficit £(2,006)k being £(2,397)k adverse to plan; YTD deficit £(11,330)k being £(15,316)k adverse.
- P11 formally reports the previously revised headline forecast £(6.84)m deficit; realistically £(12.0)m.
- Pay bill £26.3m (vs. £26.4m) in month; Agency spend £2.1m (vs. £2.2m).
- Savings delivery P11 to date £14.2m being £(3.4)m adverse to plan and below expected scheme value.
- Total in year savings potential identified £16.2m – being £3.4m below plan and £1.3m off the revised control total requirement. There is delivery risk attached to this potential.
- Capex YTD £13.4m being £(1.0)m below revised plan. Variance relates to Informatics and equipment profile. Capital programme £19.1m expected to deliver for the year.
- Cash at 28th February £15.8m being £(9.2)m below plan due to I&E pressures not fully mitigated by reduced supplier & capital payments.
- FSRR replaced with a new use of resources metric. Individual components of this UoR are showing deterioration but no overall comparison of score is provided at the moment.
- Revised Capital Resource Limit (CRL) confirmed following P09 NHSI submission.
- Revised External Finance Limit (EFL) submitted to NHSI forecast to be achieved. Risk from I&E shortfall likely offset by capital shortfall & creditor stretch.

REPORT RECOMMENDATION:

The Board is recommended to note the report and to REQUIRE those actions necessary to secure the best P&L out-turn possible and to progress cash remediation consistent with good governance.

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:
Excellence in use of resources
PREVIOUS CONSIDERATION:
PMC; CLE; FIC

Finance Report

Period 11 2016/17
February 2016

Trust Board
6th April 2017

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2. Summary, key financial targets and recommendations
3. Forecast out-turn reported & risks
4. The following slides provide supporting detail YTD:
5. Performance to date – I&E and cash
6. I&E performance to date & outlook P10
7. Group analysis – Month & YTD
8. I&E Variance – by group
9. I&E Variance by reason
10. Income analysis
11. Pay bill & workforce
12. CIP achievement
13. Capital
14. SOFP
15. Working capital metrics

Finance Report

Summary & Recommendations

Period 11 2016/17

Statutory Financial Duties	Value	Outlook	Note
I&E control total deficit	£6.6m	X	1
Live within Capital Resource Limit	£19.0m	√	2
Live within External Finance Limit	£56.4m	√	3

1. Forecast deficit £(6.8)m formally reported. Downside risk.
2. CRL now confirmed by NHSI and consistent with revised capital programme. Capital programme re-phasing & reduction reflects consideration of forward affordability.
3. EFL based on £6.8m deficit. Compliance risk downside risk to that forecast. Capital creditor stretch provides mitigation.

Outlook

- P11 NHSI return maintains forecast deficit £(6.8)m.
- Realistic forecast deficit £12m reflecting run rate costs of additional bed capacity and likely income resolution with surplus to be retained by local CCG.
- NHSI sighted on realistic forecast and recovery plan.
- Underlying root cause income under-recovery, excess costs of capacity and agency workforce and CIP under-delivery.

P11 key issues & remedial actions

- Under-delivery of planned care activity with consequent income under-recovery compounded by aggressive contract management by CCG.
- Excess costs driven by ongoing requirement for additional bed capacity and reliance on agency workforce together with CIP under-delivery.
- NHSI confirmed £6m STF income will not be available with consequent headline deficit.
- Capex programme re-phased as part of cash management plan; revised CRL submitted and confirmed. Risk of further capital slippage into FY2017/18 .
- Impact of further I&E deterioration risks cash outlook. Consequent risk to affordability of investment programme.
- Likelihood and timing of cash issue dependant on scale of I&E deterioration in FY 2016/17 & Capital phasing. Cash planning for FY 2017/18 anticipating Q1 issue.
- Inadequate CCG contract offer means 2017/18 and 2018/19 control total offers acceptance carries risk.

Recommendation

- Challenge and confirm:
  - reported P11 position and realistic outlook headline deficit
  - robustness of actions to mitigate risks and to secure that forecast

Finance Report

Forecast out-turn reported & risks

Period 11 2016/17

Route to balance - updated plausible route proposition	P11 reported		P10 Reported		P09 view		P11 risk
Forecast deficit to be resolved	- 17,033		- 17,033		- 20,566		- 2,457 Risk
Internal solutions							Ameliorated view of £1m p.m. opex run rate over P07 plan
SLA income improvement - earned		1,900		1,800		1,800	PbR improvement based on P11 actuals vs P07 forcecast
SLA income improvement - CCG deal		416		516		516	Balance of improvement - secure deal with SWBCCG
Community properties - CHP		450		450		450	Secured
Community properties - PropCo		650		250		250	Secured
ICR income improvement		650		650		650	Secured
Pathology charitable funds transfer		508		508		508	Secured
Raid credit note		358		358		358	Secured
Annual Leave Accrual		350		350		350	Risk
BCC DTOC debt recovery		350		750		750	Risk
EDMS defer to April		650		650		650	Secured
Corporate budgets improvement		672		672		672	Secured - specific list of items [JD]
EPR managed across years		50		50		50	Risk
Utilities bill review		150		150		150	Risk
Training budget sweep up stretch to 200k		50		50		50	Risk
S&G stretch on PH budget moderation		28		28		28	Risk
CNF consumables across years		50		50		50	Risk
Stock count increse in value		250		250		250	Risk
Supplies grind on non-pay requisitions		100		100		100	Risk
	7,632		7,632		7,632		-1794 Risk
Headline deficit after internal solutions	- 9,401		- 9,401		- 12,934		
External solutions							
NHSI income e.g. 'winter beds support'		-		-		2,000	
Transfer of surplus from CCG to SWBH		2,561		2,561		5,000	
STF recovery		-		-		6,000	
	2,561		2,561		13,000		-2561 Risk
Headline P&L after all solutions	- 6,840		- 6,840		66		-6812 Risk
	- 13,652	Risk adjusted forecast [-14,402 @ P10]					
	- 12,000	Maximum £12m deficit indicated to NHSI - asumes mitigation of internal solutions risk					

Finance Report

Period 10 2016/17

The following slides provide supporting detail on the financial position to date

Finance Report

Performance to date – I&E and cash

Period 11 2016/17

Financial Performance to Date

For the period to the end of February 2017 the Trust is reporting:

- I&E deficit of £11,330k being £15,316k adverse to plan;
- Capital spend of £1,3440k being £1,007k adverse to revised plan;
- Cash at the end of February is £15,790k being £9,242k less than plan.

I&E

P11 benefits from £0.2m of unplanned contingencies and flexibility which brings the total unplanned support to £4.5m. However, £0.9m STF has been lost and £0.2m of additional fines have been recognised in P11. The reported position is £15.3m adverse compared to plan.

The year to date variance from plan is explained by the loss of £5.1m STF funding (Q2 failure of ED performance, H2 YTD failure on financial performance). In addition underlying performance is below plan due to:

- Underperformance on activity related to the main contract.
- Recognition of fines and other contract challenges proposed by the CCG.
- Overspending on pay due to ongoing additional agency usage.
- Failure to deliver CIPs in line with requirements.

This position reflects a balanced assessment of the risks facing the Trust. These are detailed elsewhere in this paper in relation potential out-turn.

Savings

Progress reported through the Trust's savings management system TPRS indicates delivery below plan by the end of February. The concern remains with regard to the identification and delivery of full year plans and impact for FY 2017/18. Potential schemes have delivery risk.

Use of Resources Rating

The use of resources (UoR) rating for the Trust is 4. This is the lowest possible and achieved on the basis that Liquidity, I&E performance and agency use are outside acceptable levels. As the driver of the other components agency use is a concern; exceeding cap by £10.6m and plan by £7.4m.

Cash

The cash position is £9.2m below plan at 28th February. This is due to the I&E position being only partially offset by capital underspending.

The key issue for the Trust is the impact of both prior and current year underlying deficits on the cash position. There is no indication that current year I&E performance is making good the FY 2015/16 cash shortfall.

Achievement of revised EFL is predicated on the basis of an I&E deficit of £6.8m. In the potential scenario of the I&E deficit reaching £14m in FY 2016/17 EFL will be achieved through the management of capital creditors. Consequently the re is a degree of confidence that the EFL duty will be met.

The £6.8m I&E deficit forecast assumes underlying operational recovery. This includes items such as bed closures and elective capacity management. This operational improvement also underpins the FY 2017/18 financial plan, both I&E and cash.

Bed closures and planned care income were both below the level required in February and cash shortages are expected in H1 2017/18. The exact timing of this shortage will depend on the scale of failure and delay in recovery. Applications for DH loans are underway in the eventuality that operational recovery is substantially delayed.

Better Payments Practice Code

Performance in February improved when measured by both volume and value continuing the improvement seen in January. This is not expected to continue given the cash position and the extension of creditor terms. These measures will remain below the cumulative target of 95% for the year to date.

An ongoing issue with BPPC remains the lack of timely receipting of orders by Groups.

Capital

Capital expenditure to date stands at £13.4m against a full year plan of £19.1m. This reflects the revised plan which supports the cash recovery actions.

Finance Report

I&E Performance – to date & outlook

Period 11 2016/17

Period 11 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	33,777	33,588	(189)	376,451	370,998	(5,454)	411,678	407,002	(4,676)
Other Income	5,001	3,930	(1,071)	53,540	49,061	(4,478)	57,835	53,273	(4,562)
Income total	**38,778**	**37,518**	**(1,260)**	**429,991**	**420,059**	**(9,932)**	**469,514**	**460,275**	**(9,239)**
Pay	(25,146)	(26,275)	(1,129)	(276,047)	(284,390)	(8,343)	(300,822)	(305,489)	(4,667)
Non-Pay	(11,416)	(11,518)	(103)	(129,878)	(127,526)	2,352	(140,178)	(139,582)	596
Expenditure total	**(36,561)**	**(37,793)**	**(1,232)**	**(405,925)**	**(411,916)**	**(5,991)**	**(441,000)**	**(445,071)**	**(4,071)**
EBITDA	**2,217**	**(276)**	**(2,492)**	**24,066**	**8,143**	**(15,923)**	**28,514**	**15,204**	**(13,310)**
Non-Operating Expenditure	(1,843)	(1,742)	102	(20,278)	(19,673)	605	(22,122)	(22,255)	(133)
Technical Adjustments	18	12	(6)	198	200	2	208	211	3
DH Surplus/(Deficit)	**391**	**(2,006)**	**(2,397)**	**3,985**	**(11,330)**	**(15,316)**	**6,600**	**(6,840)**	**(13,440)**
Add back STF	*(942)*	*0*	*942*	*(10,358)*	*(5,300)*	*5,058*	*(11,300)*	*(5,300)*	*6,000*
Adjusted position	***(551)***	***(2,006)***	***(1,455)***	***(6,373)***	***(16,630)***	***(10,257)***	***(4,700)***	***(12,140)***	***(7,440)***
Technical Support (inc. Taper Relief)	*(133)*	*(288)*	*(155)*	*(1,467)*	*(5,957)*	*(4,490)*	*(1,600)*	*(10,673)*	*(9,073)*
Underlying position	***(684)***	***(2,294)***	***(1,610)***	***(7,840)***	***(22,587)***	***(14,748)***	***(6,300)***	***(22,813)***	***(16,513)***

Current period deficit includes impact of income reduction for agreed CCG challenges, significantly reduced ability to support the position through contingencies and pay-bill growth in temporary pay. In month activity below plan. Consequently, STF funding is assumed not to be recovered for the period.

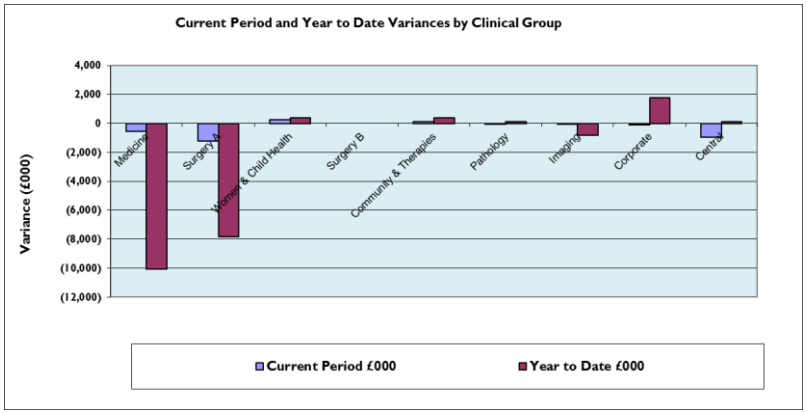
Forecast deficit consistent with P09 reported out-turn reflecting loss of Q3/Q4 STF & £848k cost of unfunded beds.

Finance Report

Group Analysis – Month & YTD

Period 11 2016/17

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(564)	(10,050)
Surgery A	(1,233)	(7,822)
Women & Child Health	261	386
Surgery B	0	0
Community & Therapies	122	405
Pathology	(1)	113
Imaging	(22)	(835)
Corporate	(114)	1,770
Central	(941)	111



Performance of Clinical Groups

- **Medicine:** Slippage on TSP schemes, including the ward run rate schemes, remain a risk for Medicine group. Combined with the ongoing use of unfunded capacity and focused care requirements these factors are creating a pay cost pressure.
- **Surgery:** 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 and will be exacerbated by plans to address winter pressures . Additional ward capacity and medical vacancies are driving pay cost pressures.
- **Women & Child Health:** Income over performance is marginal and vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, substantive pay has increased as success in qualified recruitment is seen and the growth in birth rates is below the level required in the plan.
- **Community & Therapies**' key issue is securing reduction in charges for community properties.
- **Pathology:** Contract income activity has over-performed in-month. Pay continues to over-spend. This is partly related to WLI spend in Clinical Immunology, but predominantly due to increased bank expenditure.

Corporate Areas

- Savings in corporate on pay and non-pay are offsetting overspends in the groups.

Central

- In addition to the £3.2m STF failure the main variance is the phasing in of budgets to match NHSI phased plan year to date.

Finance Report

I&E Variance – by group

Period 11 2016/17

FINANCIAL PERFORMANCE ON A PAGE
FEBRUARY 2017

	YEAR TO DATE VARIANCE FROM PLAN							
	Income	Pay	Non Pay	Net I&E - BEFORE SUPPORT	Planned Non Recurrent Support	Non-Recurrent Support	STF Failure	Underlying Net I&E Variance
Clinical Group/Corporate Directorate	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Medicine & Emergency Care	-1,147	-7,637	-1,266	-10,050				-10,050
Surgical Services	-3,434	-3,282	-1,107	-7,822				-7,822
Women's & Child Health	-793	706	472	386				386
Community & Therapies	476	23	-94	405		500		-95
Pathology	1,414	-334	-967	113				113
Imaging	23	-602	-256	-835				-835
Sub-Total - Clinical Groups	-3,460	-11,125	-3,218	-17,804	0	500	0	-18,304
Strategy and Governance	686	191	-2	875				875
Finance	-4	33	201	230				230
Medical Director	-454	574	574	695				695
Operations	-260	797	-576	-39				-39
Workforce & Organisation Development	311	29	100	439				439
Estates & New Hospital Project	-57	303	41	286				286
Corporate Nursing & Facilities	-487	503	-733	-717				-717
Sub Total - Corporate Directorates	-265	2,429	-395	1,770	0	0	0	1,770
Central	-6,207	-8	6,932	716	-1,467	5,381	-5,061	1,863
Trust Position	-9,932	-8,704	3,319	-15,318	-1,467	5,881	-5,061	-14,671

By analysing the Group positions it can be seen that the adverse variance to date is arrived at by Clinical Group overspending being moderated by Corporate department underspends.

This is a factor which is incorporated into the forecast analysis later in this paper.

A concern is that in future periods Corporate expenditure begins to align with budget but Clinical Group overspends continue.

Underspending against taper relief reserves in the year to date contributed £1.3m to supporting position.

Finance Report

I&E Variance – by reason

Period 11 2016/17

Clinical Group/Corporate Directorate	Main Drivers of Variance											
	TSP Delivery	TSP - Not Identified	Contract Delivery	Pass-through Income	Pass-through Expenditure	Other Income Over-Performance	Additional Capacity	Vacancies/ Premium Cover	Internal Recharges	Activity Related/ Other Non Pay	NHSI plan reserves adjustment	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Medicine & Emergency Care	-1,037		-1,371	231	-231	-7	-3,262	-3,498	-108	-768		-10,051
Surgical Services	-937	-2,338	-4,334	680	-680	220	0	-504	237	-166		-7,822
Women's & Child Health	397		-82	-375	375	-336		706	-91	-209		386
Community & Therapies	-51	-556	486			-10		23		13		-95
Pathology	324		682	461	-461	271		-334	3	-832		114
Imaging	233		306			-283		-602	-42	-447		-834
Sub-Total - Clinical Groups	**-1,071**	**-2,894**	**-4,314**	**997**	**-997**	**-144**	**-3,262**	**-4,209**	**-1**	**-2,408**	**0**	**-18,302**
Strategy and Governance	126					686		65		-2		875
Finance	15					-4		18		201		230
Medical Director	80			-454	454	0		121		494		695
Operations	40		-462	136	-136	66		756		-440		-39
Workforce & Organisation Development	170					311		-141		100		439
Estates & New Hospital Project	393					-451		303		41		286
Corporate Nursing & Facilities	-150		-360			-126		653		-733		-717
Sub Total - Corporate Directorates	**674**	**0**	**-822**	**-317**	**317**	**482**	**0**	**1,775**	**0**	**-339**	**0**	**1,770**
Central	0	0	-1,552	0	0	-506	0	-8	0	1,907	2,022	1,863
Trust Position	**-397**	**-2,894**	**-6,688**	**680**	**-680**	**-168**	**-3,262**	**-2,442**	**-1**	**-840**	**2,022**	**-14,670**

The significant adverse variance to date is driven by SLA under-performance & CCG price challenges, excess costs of additional [bed] capacity and premium rate temporary staffing costs and CIP identification below plan. This is moderated by under-spending in corporate teams and non-recurrent contingencies.

In order to reduce run rate opex costs the trust must find improvements in productivity to reduce beds, better utilise theatre and clinic capacity and improve the effectiveness of staff rostering to reduce agency expenditure.

The scale of monthly underlying I&E improvement moving into the new financial year is c£2m. Closing unfunded beds is critical to this and a compromise on headline operational targets [waiting times] may be required.

Finance Report

Income Analysis

Period 11 2016/17

Year to Date Performance Against SLA by Patient Type							
PERFORMANCE UP TO February 2017	Activity			Finance			Straight
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000	Forecast £000
A&E	198,410	206,830	8,420	£19,362	£20,402	£1,040	£22,257
Emergencies	38,969	37,672	-1,297	£74,462	£73,114	-£1,348	£79,761
Emergency Short Stay	14,891	11,473	-3,417	£9,964	£7,879	-£2,085	£8,595
XBD	11,797	13,285	1,488	£2,832	£3,245	£414	£3,540
Urgent Care				**£106,619**	**£104,641**	**-£1,978**	**£114,154**
OP New	162,861	169,390	6,528	£23,964	£24,899	£935	£27,163
OP Procedures	56,265	60,136	3,871	£11,660	£10,855	-£805	£11,842
OP Review	379,876	353,455	-26,421	£30,082	£27,663	-£2,420	£30,177
OP Telephone	11,475	13,967	2,492	£262	£285	£23	£311
DC	35,012	41,253	6,241	£28,667	£28,006	-£661	£30,551
EL	6,081	5,859	-222	£14,632	£13,250	-£1,382	£14,454
Planned Care				**£109,267**	**£104,957**	**-£4,310**	**£114,498**
Maternity	18,834	18,448	-386	£17,999	£18,123	£123	£19,770
ARD	189	630	441	£23	£77	£54	£85
Community	539,752	576,314	36,562	£32,097	£32,472	£375	£35,424
OCD	13,174	12,061	-1,113	£6,746	£6,255	-£491	£6,823
OCL	3,042,469	3,369,359	326,890	£86,570	£90,846	£4,276	£99,104
Unbundled	64,970	64,719	-250	£8,757	£8,388	-£369	£9,150
Other				**£152,193**	**£156,160**	**£3,967**	**£170,357**
Grand Total				**£368,080**	**£365,758**	**-£2,322**	**£399,009**

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 planned care. That this has 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 £5,454k adverse.
The difference compared to SLA income shown above is primarily related to the shortfall on STF, additional fines and penalties and cancer drugs fund being below plan.

Finance Report

Pay bill & Workforce

Period 11 2016/17

Paybill & Workforce

- Total workforce of 7,038 WTE [being in line with plan] including 306 WTE of agency staff.
- Total pay costs (including agency workers) were £26.3m in February being £1.1m over plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets in Q4. Focus on reduction in capacity and improved roster management.
- The Trust did not comply with new national agency framework guidance for agency suppliers in February. 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	(189)	(5,454)
Other Income	(1,071)	(4,478)
Medical Pay	(282)	(2,833)
Nursing	(350)	(1,110)
Other Pay	(497)	(4,399)
Drugs & Consumables	56	(1,829)
Other Costs	(159)	4,181
Interest & Dividends	102	605
IFRIC etc adjustments	(6)	2
Total	(2,397)	(15,316)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	26,275	26,435	(160)	-1%
Pay - substantive	21,652	21,827	(175)	-1%
Pay - agency spend	2,145	2,228	(83)	-4%
Pay - bank (inc. locum) spend	2,478	2,380	98	4%
WTE - total	7,038	6,899	139	2%
WTE - substantive	6,052	6,011	41	1%
WTE - agency	306	314	(8)	-2%
WTE - bank (inc. locum)	680	574	106	18%

Finance Report

CIP achievement

Period 11 2016/17

Year to Date up to Period 11	16/17 In Year Target	In Year Actual and Forecast Delivery												In Year		Full Year Effect		
		Apr Actual 1	May Actual 2	Jun Actual 3	Jul Actual 4	Aug Actual 5	Sep Actual 6	Oct Actual 7	Nov Actual 8	Dec Actual 9	Jan Actual 10	Feb Actual 11	Mar F/Cast 12	16/17 F/Cast	16/17 Variance	16/17 Target	16/17 Schemes	16/17 Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine and Emergency Care	4,494	72	175	158	140	213	217	275	319	241	220	253	367	2,649	(1,845)	7,617	8,755	1,138
Surgical Services	4,825	10	65	19	69	63	110	87	101	99	191	192	218	1,224	(3,601)	8,177	5,494	(2,683)
Women and Child Health	1,976	60	32	50	162	220	66	618	161	173	361	360	448	2,710	734	3,349	3,428	80
Community and Therapies	787	0	0	12	10	18	5	12	4	12	26	14	14	124	(663)	1,334	399	(935)
Pathology	584	47	61	54	57	79	64	65	94	76	88	84	84	852	268	990	1,192	202
Imaging	875	29	100	71	61	63	100	169	112	95	110	122	125	1,156	281	1,482	1,318	(164)
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**499**	**656**	**562**	**1,225**	**791**	**695**	**995**	**1,023**	**1,254**	**8,715**	**(4,825)**	**22,949**	**20,586**	**(2,362)**
Strategy and Governance	190	27	27	27	27	27	27	27	27	27	27	27	27	327	137	322	501	179
Finance	202	6	6	6	6	60	19	19	19	19	21	21	21	218	17	342	360	18
Medical Director	238	4	4	55	28	25	25	32	32	32	30	38	38	342	103	404	492	88
Operations	811	36	53	51	71	65	65	82	85	85	85	85	85	849	38	1,304	1,382	78
Workforce	230	20	24	12	19	20	24	48	60	48	54	56	56	443	213	390	654	264
Estates and NHP	419	75	43	53	52	58	61	73	138	73	73	73	74	848	428	710	1,372	662
Corporate Nursing and Facilities	1,154	59	67	41	28	49	49	78	107	113	122	128	138	979	(175)	1,886	2,601	715
Sub-Total Corporate	**3,244**	**227**	**224**	**245**	**231**	**304**	**270**	**359**	**468**	**397**	**413**	**428**	**438**	**4,004**	**761**	**5,358**	**7,363**	**2,005**
Central	2,816	246	246	246	246	246	318	318	318	318	318	318	318	3,458	642	3,800	3,457	(343)
DH Surplus/(Deficit)	**19,601**	**692**	**903**	**855**	**977**	**1,206**	**1,149**	**1,901**	**1,576**	**1,411**	**1,726**	**1,770**	**2,011**	**16,177**	**(3,423)**	**32,107**	**31,406**	**(701)**
NHSI Plan - June 2016 submission		707	878	957	1275	1286	1310	1857	1868	1876	2442	2452	2707	19615				
TPRS Plan		848	1019	984	1241	1333	1484	1891	1946	1950	2443	2458	2484	20081				
Planning gap		141	141	27	-34	47	174	34	78	74	1	6	-223	466				
Delivery gap		(156)	(116)	(129)	(264)	(127)	(335)	10	(370)	(539)	(717)	(688)	(473)	(3,904)				

This table shows the Trust's savings target by group and also shows the total savings achieved by month at P11 year to date.

Group level forecasts indicate that £16.2m** of plans are expected to deliver in the full year 2016/17. This is £3.4m short of the Trust target of £19.6m and £1.3m short of the value required to achieve the forecast submitted to the NHSI at P09.

YTD savings delivery of £14.2m being £3.4m behind the Trust's identified plans as at January.

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

Capital

Period 11 2016/17

Programme	Year to Date Flex Plan £'000s	Actual £'000s	Gap £'000s	*Orders Placed £'000s*	Full Year NHSI Plan £'000s	Flex Plan £'000s	Outlook £'000s	Variance £'000s
Estates	6,592	6,732	140	*1,374*	15,390	8,517	8,517	0
Information	5,239	4,488	(751)	*951*	7,746	6,144	6,144	0
Medical equipment / Imaging	1,402	1,259	(143)	*334*	1,950	1,610	1,610	0
Contingency	0	0	(0)	*0*	362	0	0	0
Sub-Total	**13,233**	**12,479**	**(754)**	*2,659*	**25,448**	**16,271**	**16,271**	**0**
Technical schemes	1,147	898	(248)	*0*	3,028	2,722	2,722	0
Donated assets	67	62	(5)	*0*	77	77	77	0
Total Programme	**14,447**	**13,440**	**(1,007)**	*2,659*	**28,553**	**19,070**	**19,070**	**0**

The above table shows the status of the capital programme, analysed by category, at the end of Period 11.
The technical schemes include MES and BTC against which £0.8m and £0.1m of items have been capitalised respectively.
In addition to the YTD spend £2.7m of commitments have been made. The £19.1m outlook requires £5.7m spend in P12.

NHSI have confirmed the CRL.

This reflects the re-phasing of the capital programme that has been undertaken and which moves £9m capex into 2017.18. This is without compromise to the critical path strategic investment plan and supports near term cash remediation. A reduced capital programme may be required if the outlook on I&E surpluses deteriorates or medium term cash remediation is compromised.

Finance Report

SOFP

Period 11 2016/17

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

	Balance as at 31st March 2016	Balance as at 28th February 2017	TDA Planned Balance as at 28th February 2017	Variance to plan as at 28th February 2017	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	197,123	208,044	(10,921)	210,333	201,981
Intangible Assets	386	238	386	(148)	386	305
Trade and Other Receivables	846	39,480	39,565	(85)	44,615	44,497
Current Assets						
Inventories	4,096	4,179	4,139	40	4,139	4,096
Trade and Other Receivables	16,308	24,194	13,307	10,887	13,107	16,308
Cash and Cash Equivalents	27,296	15,790	25,032	(9,242)	23,294	13,646
Current Liabilities						
Trade and Other Payables	(54,144)	(62,993)	(58,425)	(4,568)	(56,307)	(53,317)
Provisions	(1,472)	(1,374)	(373)	(1,001)	(370)	(1,220)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(841)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,095)	(2,955)	(3,716)	761	(3,683)	(3,095)
Borrowings	(25,591)	(25,593)	(24,781)	(812)	(24,681)	(25,928)
DH Capital Loan	0	0	0	0	0	0
	159,705	**186,783**	**202,161**	**(15,378)**	**209,816**	**196,432**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	200,312	200,311	1	205,361	205,361
Retained Earnings reserve	(17,993)	(29,518)	(14,158)	(15,360)	(11,553)	(25,044)
Revaluation Reserve	6,930	6,931	6,950	(19)	6,950	7,057
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,705	**186,783**	**202,161**	**(15,378)**	**209,816**	**196,432**

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

Variance from plan for cash is due to the reduced cash in flows and increased cash outflows resulting from the Trust's I&E pressures.

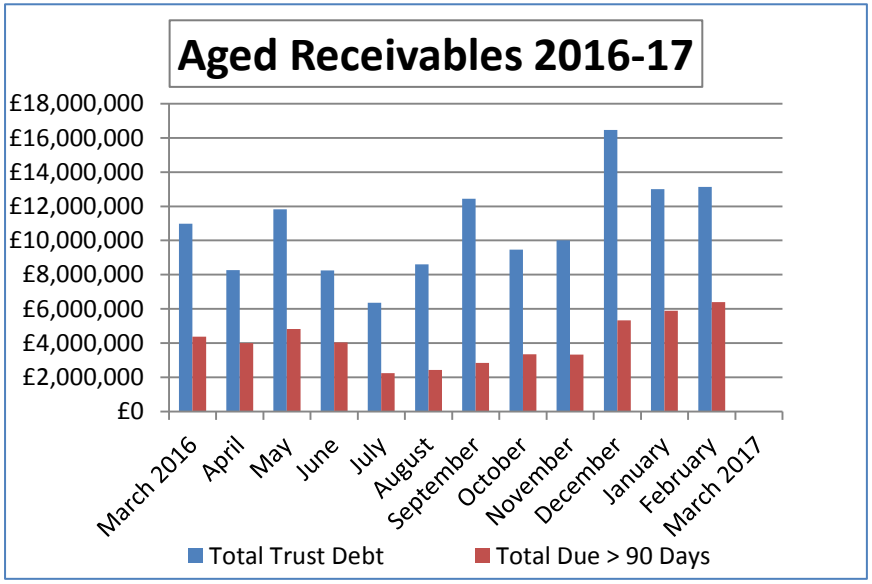
The Receivables variance from plan relates to increases in both the Aged Debt and accruals for NHS contract income, further analysis and commentary on the position is available on the next slide.

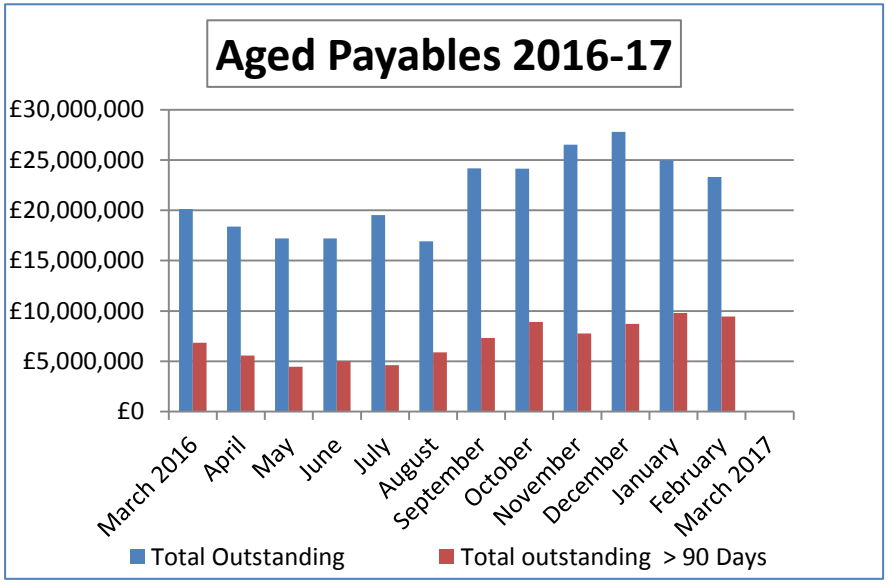
A task & finish plan to resolve significant outstanding receivables & payables issues is in progress with view to close out prior to the formal Agreement of Balances exercise in April 2017.

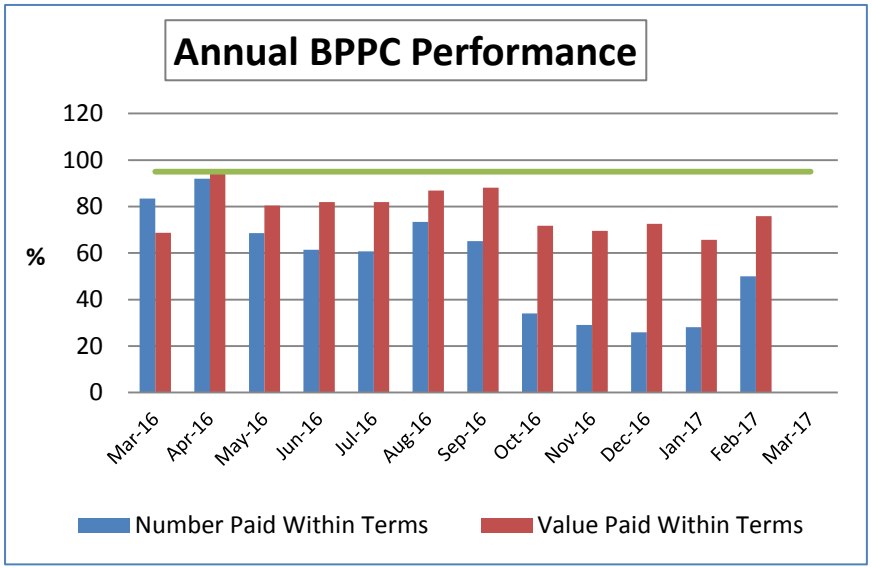
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 11 2016/17







Note

- The February debt position remains largely unchanged from January . The 90 Day debt increased as NHS debts aged further, although this total continues to be predominantly represented by Non NHS and Local Government Customers that are under discussion at Executive Level for resolution in 2016-17.
- The overall Payables position has reduced during February as NHS Invoices were settled. The levels remain high as the Trust continues to manage cash pressures. The overall level of over 90 days liability reduced slightly as NHS debts were settled, although progress continues to be made with clearing historical invoices. Ongoing negotiation at Executive Level will be required to reduce and finalise the remaining aged invoices in 2016-17
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Overall performance is the subject of focussed process improvement work with finance and procurement teams through 2016/17

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Register of Interests
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Gemma Towns, Head of Corporate Governance
DATE OF MEETING:	6th April 2017

EXECUTIVE SUMMARY:

An updated version of the Register of Interests for Board members is presented for approval, which has been amended to take into account notified changes of interests. The Register of Interests is correct as at 6th April 2017.

REPORT RECOMMENDATION:

The Board is requested to approve revised Register of Interests.

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		Legal & Policy	X	Patient Experience	
Clinical		Equality and Diversity		Workforce	

Comments:

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

PREVIOUS CONSIDERATION:

Trust Board 5th May 2016

Name	Interests Declared
Chair	
Richard Samuda	• Trustee – 'Kissing It Better' • Non-Executive Director – Warwick Racecourse
Non-Executive Directors	
Olwen Dutton	• Partner – Anthony Collins LLP • Fellow – Royal Society of Arts • Member – Lunar Society • Member – Council of the Birmingham Law Society • Member – Labour Party • Trustee – Writing West Midlands
Michael Hoare	• Director-Metech Consulting • Director CCL Group • Director of Nobu Ltd
Harjinder Kang	• Management Consultant – Chiesi Pharmaceutica S.p.A. • Management Consultant – Galbraith Wight Ltd • Trustee – Birmingham Botanical Gardens • Director – Abnasia Ltd
Marie Perry	• Head of Finance & Procurement at the Consumer Council for Water
Waseem Zaffar	• Elected Councillor – Lozells & East Handsworth Ward (Birmingham City Council) • School Governor at Heathfield Primary School. • Member of Unite the Union and the Labour Party. • Director at Simmer Down CIC
Executive Directors	
Toby Lewis (Chief Executive)	• Board member – Sandwell University Technical College • Independent Member - Council of Aston University
Rachel Barlow (Chief Operating Officer)	• None
Elaine Newell (Chief Nurse)	• None
Roger Stedman (Medical Director)	• Partner – Excel Anaesthesia (private anaesthesia services)
Tony Waite (Director of Finance & Performance Management)	• None
Raffaela Goodby (Director of Organisation Development)	• None
Kam Dhami (Director of Governance)	• None

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Authority to use Trust Seal
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby, Director of OD Tony Waite, Finance Director
AUTHOR:	Gemma Towns, Head of Corporate Governance
DATE OF MEETING:	6th April 2017

EXECUTIVE SUMMARY:

Seal 230 – Occupational Health Services

The Trust has a contract with Walsall MBC for the supply of Occupational Health Services. The initial contract commenced on 1st April 2014 for a two year term until 31st March 2016 with the option to extend the contract for up to a further year. The contract was extended until 31st March 2017. It is intended the current agreement will be extended again until 31st October 2017 with a 1% increase to the contract price. Each case is charged on a case-by-case basis using a price schedule with no overall contract value. The extension of the contract requires an engrossed deed of variation.

Seal 231 – Cooperative working in the delivery of public health service

The Cooperative working agreement is a multi-year agreement between Sandwell MBC and the Trust with the aim of improving the quality of life of individuals and families concerned and to reduce the economic demand placed on health and social care services in Sandwell. The scope of the arrangement includes, but also goes beyond, the services listed below:

- Health Visiting including Breastfeeding Support
- Family Nurse Partnership
- Genito Urinary Medicine and Contraception & Sexual Health (ISHUS)
- Infection Prevention Services

to enable effective development of prevention services. The value of the contract in 2017-2018 is £8.048m

REPORT RECOMMENDATION:

It is recommended that the Board approves:

(i) the use of the Trust seal to engross the deed of variation regarding Occupational Health services with seal number 230 and;

(ii) the use of the Trust seal to engross the deed regarding cooperative working with seal number 231.

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	**X**	Legal & Policy	X	Patient Experience	

Clinical		Equality and Diversity		Workforce	
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Anne Gibson Board Room, City Hospital **Date:** 2nd March 2017, 0930 – 1300h

Members Present:		**In Attendance:**	
Mr R Samuda, Chair	(RS)	Mrs C Rickards, Trust Convenor	(CR)
Ms O Dutton, Vice-Chair	(OD)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Hoare, Non-Executive Director	(MH)	Ms G Towns, Head of Corporate Governance	(GT)
Mr H Kang, Non-Executive Director	(HK)	Ms A Geary, Group Dir. Of Ops, Women's & Child Health	(AG)
Cllr W Zaffar, Non-Executive Director	(WZ)	Ms S Kelly, Staff Nurse - until end of item 2	(SK)
Mrs M Perry, Non-Executive Director	(MP)	Mr M Beech, Senior Sister/Charge Nurse – until end of item 2	(MB)
Mr T Lewis, Chief Executive	(TL)		
Ms E Newell, Chief Nurse	(EN)		
Dr R Stedman, Medical Director	(RSt)		
Mr T Waite, Finance Director	(TW)		
Miss K Dhami, Director of Governance	(KD)		
Mrs R Goodby, Director of OD	(RG)		

Minutes	**Reference**
1. Welcome, apologies and declaration of interests	**Verbal**

Apologies had been received from Ms Barlow. Ms Geary was welcomed to the meeting.

The members present did not have any interests to disclose.

2. Patient Story	**SWBTB (03/17) 000**

Ms Kelly and Mr Beech were welcomed to the meeting. It was noted the patient had given their consent for their letter and identity to be shared.

Ms Newell stated that Ms Kelly's care of the patient had been genuinely life-changing for the patient and advised how Ms Kelly had gone the extra mile to ensure the patient did not lose their hostel place. Ms Newell stated that the strong leadership provided by Mr Beech had provided Ms Kelly with a good role model and empowered her to act.

The Board commended Ms Kelly and Mr Beech on their work and noted how a small change had made such a big impact. Ms Kelly advised that she tried her best for every patient she cared for, regardless of their circumstances. She stated it could be a challenge when dealing with hostels as hostel beds remained open for a relatively short period of time and this could be problematic when patients had been admitted. Mr Beech advised the Homeless team had been extremely helpful and proactively visited the patient which provided them with some reassurance. Mr Lewis asked what could be done to make a difference for homeless patients; Ms Kelly suggested the homelessness team could be expanded due the large volume of patients requiring their assistance.

The Board extended their thanks to Ms Kelly and Mr Beech, noting their high standard of care and compassion.

3. Questions from the public	Verbal

Mr Hodgetts from HealthWatch enquired after the arrangements for dermatology outpatient appointments. Mr Hodgetts advised letters from the Trust requested patients telephoned for an appointment within two weeks of the date of the letter. When this had been actioned the Trust had advised there were no available appointments and to call back at a later date.

Mr Lewis apologised and confirmed he was aware that the dermatology team had a waiting list of twenty one weeks. Mr Lewis stated it was unacceptable that patients were told to call back at a later date and stated the Trust should be taking patient's contact details and telephoning them when an appointment was available. Mr Lewis advised he would brief the Board on a forward plan for dermatology appointments and a proposed solution. Mr Hodgetts asked if the patient would be discharged as they had been unable to confirm an appointment within two weeks, as the letter directed. Mr Lewis was to clarify this. Mr Lewis confirmed that partial booking would address some of these issues as it reduced the number of DNAs.

The Board discussed procedures with limited clinical value; Mr Lewis agreed to circulate guidance outlining such procedures. Mr Lewis stated that the procedures with limited clinical value were part of a demand strategy by the CCG. Mr Lewis advised the guidance was vague and the Trust would work with the CCG to ensure such guidance was clear to patients. Mr Lewis agreed to circulate the list to the Board and Healthwatch.

Action:

- **Board to be provided with a forward plan for dermatology appointments and a proposed solution (TL)**
- **Clarification to be provided regarding discharge of patients if an appointment is unavailable within two weeks (TL)**
- **Guidance outlining procedures with limited clinical value to be circulated (TL)**

4. Chair's opening comments	Verbal

The Chair commented that the Trust faced considerable financial pressures. Rostering, recruitment and the profile of capital spend all featured on the agenda at the meeting. The Chair also reflected on how the Trust can work with neighbouring Trusts across the Black Country to share ideas and learn from others.

The Chair brought to the Board's attention the work undertaken by Stuart Young, the Trust's LGBT Chair, during LGBT History Month. The Chair advised the LGBT event held earlier that week to celebrate the close of LGBT History Month had been well received and wished to commend the work undertaken by Mr Young.

5. Charitable Funds Committee	SWBTB (03/17) 001 SWBTB (03/17) 002

(a) **Report from the meeting held on 9th February 2017:** Cllr Zaffar highlighted the following matters from his report:

- The Committee had approved the revised business case for 80 volunteers to be recruited by September 2018. The Committee also approved apprenticeships and traineeships;
- Non-Executive Directors would be contacted to explore their networks to identify founding patrons for the Midland Met Hospital;
- A review of charity fundraising on site would be undertaken.

(b) **Minutes of the meeting held on 17th November 2017:** The Board received the minutes.

6. Public Health, Community Development and Equality Committee	SWBTB (03/17) 003 SWBTB (03/17) 004 SWBTB (03/17) 005

(a) Report from the meeting held on 9th February 2017: The Chair highlighted the following matters from his report:

- The nine diversity pledges had been reviewed. The Committee had been of the view that further work was still required for some pledges and had asked this was actioned. Mr Lewis suggested the pledges were returned to a future Trust Board meeting after the Committee had considered them;
- Discussions had been held regarding the content of the initial Public Health Plan v2.

(b) Minutes of the meeting held on 1st December 2016: The Board received the minutes.

(c) Minutes of the meeting held on 20th January 2017: The Board received the minutes.

Action:

- **Diversity Pledges to be returned to a future Trust Board meeting after the Committee has considered them (TL/RG)**

7. Finance and Investment Committee meeting	**SWBTB (02/17)006** **SWBTB (02/17) 007**

(a) Report from the meeting held on 24th February 2017: The Chair advised that NHS Improvement (NHSI) were fully sighted that the Trust would be reporting a deficit at year end. It was forecasted that the Trust would have a cash issue in 17/18; this would be discussed in later items on the agenda. The Chair noted the Trust needed to focus on reducing agency spend and working towards ceasing Thornberry use.

(b) Minutes of the meeting held on 27th January 2017: The Board received the minutes.

8. Quality and Safety Committee	**SWBTB (03/17) 008** **SWBTB (03/17) 009**

(a) Report from the meeting held on 24th February 2017: Ms Dutton highlighted the following matters from her report:

- The Committee had discussed the report on perinatal mortality arising from a CQC notification showing the Trust were an outlier. The Committee had been satisfied that extreme prematurity, fetal abnormality, growth restriction and late presentation of mothers were factors. The Committee had noted Trust's rates compared favourably to the neighbouring Trusts. The Committee were assured by the report;
- The Committee had discussed patient transition from child to adult services. The Committee had noted some areas had not recorded data; this was to be reviewed again at a future meeting;
- Children's health management in schools would be returned to the Committee at a future meeting for further discussion;
- Ms Dutton highlighted that the IPR had a number of new indicators including Deprivation of Liberties (DOLs). The Board directed the Committee to consider the DOLs indicators in greater detail at their next meeting.

(b) Minutes of the meeting held on 27th January 2017: The Board received the minutes.

ACTION:

- **DOLs indicators to be considered in more detail by the March 2017 Quality and Safety Committee (KD)**

9. Major Projects Authority Committee	**SWBTB (03/17) 010** **SWBTB (03/17) 011**

(a) Report from the meeting held on 24th February 2017: The Chair highlighted the following matters from his report:

- The Committee had carefully reviewed the closure of the equipment gap. Further work was required and this would be returned to the next meeting for consideration;
- Capital commitments had been reviewed and there was noted to be a need for maximum flexibility of contracts;
- The Committee had considered taper relief and double running costs. The Committee had approved the transfer of disconnection costs.
- The Committee had discussed the options available for disposal of the surplus City Hospital site. One option remained for the Trust to contract with the Homes & Communities Agency. No arrangement had been entered into. The Board directed Heads of Terms for any land sale were drafted. Membership of that group was to be discussed and identified outside of the meeting.
- The Committee had discussed how digital benefits would be realised and noted the significant investment which had been made in this area.

(b) Minutes of the meeting held on 9th December 2016: The Board received the minutes.

ACTION:

- **Heads of Terms to be drafted. Membership of the group to be identified (TL)**

10. Chief Executive's Report	**SWBTB (03/17) 012**

Mr Lewis highlighted the following matters from his report:

(a) Pop up ward closures: Mr Lewis confirmed that most of the popup wards had been closed. Wards Lyndon 5 at Sandwell General Hospital and D16 at City Hospital both remained open. There had been good collaboration with the West Midlands Ambulance Service who were of the opinion the Trust's protocol was the best in the region. The Trust had shared this feedback and protocol with NHSI for dissemination as part of good practice. Mr Lewis advised Lyndon 5 would be closed on 1st April 2017. Mr Lewis confirmed the matter would continue to be monitored.

(b) Bank rates and Thornberry usage: Mr Lewis confirmed the hourly rate for the Trust Bank had been reduced and would be reduced again in May 2017. He indicated that it was likely that Thornberry usage would cease by 31st May 2017 although a decision had not yet been made. He confirmed that indicators and fill rates would continue to be closely monitored.

(c) 2017/19 contract negotiations with the CCG: Mr Lewis expressed his disappointment that a contract was not in place. Mr Lewis stated the CCG had recently published financial figures the Trust had not recognised. The Trust had written to Dr Harding, Chair of the CCG, asking if those figures were correct. Mr Lewis stated the Trust's position remained unchanged, that the national terms and conditions should apply. He advised the CCG did not share this view. Mr Lewis stated he and the Chair would be meeting with the CCG CEO and Chair within the next week to try and resolve the matter.

(d) CCG cuts to gynae-cancer services: Mr Lewis reminded the Board of the CCG's proposed 40% cut to the gynae-cancer service. Mr Lewis stated the proposal had not been presented to clinical colleagues at the CCG and was of the view this was procedurally incorrect. Mr Lewis stated the Trust could not manage a 40% cut in funding and certainly could not do so at two months' notice. Ms Dutton asked if an equality impact assessment had been completed by the CCG; Mr Lewis was unaware of any such assessment. Mr Lewis advised that in Q1 of 2017/18 there would be no changes made to the service which would represent a £0.5m challenge to the Trust. By early May 2017 the Trust would need to decide how to address the situation if the CCG continued with their proposals.

(e) Consistency of care: Miss Dhami advised that the Trust had previously highlighted its concerns over the medical wards such as incomplete 10 out of 10 standards incomplete, missed VTE assessment, night transfers of patients. Miss Dhami advised that the Trust's own in-house inspection team had rated the medical wards as inadequate/requires improvement. A first 'Listening Into Action' event had been held on 1st March 2017 with a further cohort planned for 9th March 2017. These events were multi-disciplinary and gave medical staff the opportunity to self-assess their basics of care. Miss Dhami advised that many staff had recognised the wards

were not where they should be and had begun to identify ways to address matters. Over the next three weeks each ward would provide a rapid improvement plan with the aim of identifying a clinical model that worked. Miss Dhami advised that each progress was reviewed each Wednesday by key Executive staff. Mr Lewis stated that a review would be undertaken in mid-June to identify the progress of each ward team. This would be presented to the July Trust Board meeting. Trust Board level tracking of the plans would be decided at that time.

(f) **Never Event:** Mr Lewis confirmed that a Never Event had occurred that week in the gynae team where material had been retained in a patient. Mr Lewis advised the patient was unharmed and the material had been removed. The patient had been informed of the error. Due to the recent nature of the event Mr Lewis confirmed a full report would be presented to the April 2017 Trust Board meeting. In addition, the Board requested a review of Never Events over the last few years including the event, how it was resolved, changes in practice that resulted from the Never Event and how the Trust disseminated new policies and changes across the Trust. Ms Dutton confirmed that the Quality and Safety Committee had received a report on an audit of theatre practices at their February 2017 meeting.

ACTION:

- **Consistency of care reviews to be presented to the July 2017 Trust Board meeting (KD)**
- **Report on the gynae Never Event to be presented to the April 2017 Trust Board meeting (KD)**
- **Review of Never Events over the last few years to be presented to the Trust Board including the event, how it was resolved, changes in practice that resulted from the Never Event and how the Trust disseminates new policies and changes across the Trust (KD)**

11. Nursing recruitment, retention and progression | **SWBTB (03/17) 013**

Ms Newell advised that at 1st February 2017 there were over two hundred nursing vacancies across the Trust. All vacancies had been advertised. Thirty eight offers had been made in February. Seventy two nursing students had been given guaranteed conditional offers. Proactive recruitment had been undertaken for the remainder of the vacancies with the launch of a new website and recruitment campaign. The Trust were also in attendance at a nursing job fair that day and conducting interviews for interested individuals at the event. If deemed suitable, candidates would be given a conditional offer that day. Ms Newell confirmed that the Trust anticipated some candidates may accept the offer but withdrawn at a later date and therefore a 10% non-completion allowance was included in the projected figures. Ms Newell advised that the Trust needed to create career progression routes for talented staff to ensure they remained at the Trust. Ms Newell outlined the Trust's incentives for recruiting existing student nurses. The Board discussed how vacancies for nursing staff were approved; Ms Newell confirmed that band 5 nursing roles did not need to go through the vacancy approval channels. A rolling advert for band 5 nurses had been placed on NHS Jobs with suitable candidates being placed within the Trust.

Mr Lewis reflected that there had been a step change from departmental nursing recruitment to Trust-wide nursing recruitment. He stated he would reflect on the reasons for a large number of vacancies and confirmed this was not the fault of the Workforce & OD team.

The Board discussed the reduced Trust Bank rate. Ms Newell was of the view the Trust Bank rate was not a material concern for new starters. Mr Lewis reflected on the Listening Into Action event which had been held the day before with medical staff. He suggested reducing the hierarchy within the Trust and encouraging multi-disciplinary working would contribute to band 5 nurses feeling more empowered. The Board were of the view all staff should be encouraged and supported to develop their careers at SWBH.

The Committee received the report.

12. Aspiring to Excellence | **SWBTB (03/17) 014**

Mrs Goodby outlined the transition to the annual performance cycle and the scoring basis. A score 4A would be the highest available, indicating that staff had achieved their objectives, excelled and demonstrated potential to move to their next role. A score of 1D would indicate performance management measures were required. The Board discussed the cultural aspects of the PDR roll-out and the scoring basis, suggesting the scoring could be revised to 1A rather than 4A. The Board also discussed the benefits of a three point score rather than a four point score; Mrs Goodby confirmed a

four point score had been chosen as it would discourage managers from scoring everyone as a "2".

Mrs Goodby outlined the moderation process for PDRs and confirmed the scheme had steered away from an appeals process to avoid the scheme become bureaucratic. The Board discussed how the PDR process could be embedded within the organisation. Mrs Goodby advised the paperwork for the new PDRs was considerably shorter than the present arrangements. She outlined the role of the HR team and the upcoming SWBH Chartered Manager programme which would ensure that managers had the right skills to manage their team. Mrs Rickards was of the view the PDR was a powerful tool for managers and suggested equality should be considered and monitored; Mr Lewis was in agreement. Mr Lewis advised that Doctors would have two PDRs; despite extensive investigation into this issue it was impossible to collate the PDRs into one document.

The Board discussed the performance of staff, noting that most staff members were likely to fall in the middle of the scoring chart. The Board were of the view the communications accompanying the PDR would need to be pitched correctly to ensure staff were motivated by the PDR process.

The Board approved the PDR programme and requested reviews of the appraisal programme to be brought back to the Board at regular intervals.

ACTION:

- **Regular reviews of the PDR programme to be returned to the Trust Board at regular intervals (RG)**

13. Non-pay procurement plans	**SWBTB (03/17) 015**

Mr Waite advised the plan was being progressed to generate change and savings across the Trust. The plan focused on infrastructure investment and Mr Waite referenced the progress the Trust had made in data analytics. Mr Waite outlined the improvements made to the procurement process with an average six week cycle (reduced from twenty eight days) from idea to implementation of opportunity. The Board discussed the need for strong clinical leadership and were of the view clinical expertise was critical to the plans success. The Board discussed how staff may receive the plan and directed that staff communications must be clear the changes were not only for cost savings and were part of the Trust's wider financial plans.

The Board received the report.

ACTION:

- **Communications to staff should ensure the message that the changes were not only for cost savings but were part of the Trust's wider financial plans (RW)**

14. Production Plan	**SWBTB (03/17) 016**

Mr Waite advised the Production Plan remained a work in progress and would be operational for the start of the 17/18 financial year. Mr Waite advised the Production Plan required a step change to the Trust's productivity scale. Mr Waite confirmed the Trust had a significant order book to draw upon for 17/18 but in 18/19 the Trust would need to increase its market share. A response from surgical specialities was awaited; the Production Plan would be completed within a week and could be viewed by clinical team and clinician. Ms Geary advised the plan needed to be signed off by booking and clinical teams. She reflected on the 16/17 production plan and stated that lessons could be learned and highlighted the need for consistent delivery of targets. The Board noted the number of other initiatives being launched in 17/18 such as EPR and Edocs.

The Board reviewed the proposals and were of the view that 17/18 performance needed to be met as it was crucial to 18/19's performance. The Board discussed the Trust's current and intended market share and the need to capture the local population. Mr Lewis reflected that Q4 performance in 16/17 had improved which indicated that the Trust could meet the targets for 17/18. The Board directed the following to be undertaken by May 2017 to provide assurance over the Production Plan:

(a) Confirmation to be provided that general surgery and ophthalmology are able to meet their activity projections;
(b) Confirmation to be provided that elective access is fit for purpose;
(c) The Production Plan to be returned to the April Trust Board meeting with all specialities and confirmation of the

outpatients position;

(d) Consultants to agree and sign up to the production plan. Those who do not sign the plan are to meet with Mr Lewis and Dr Stedman to discuss their position.

The Board received the plan, noting a final version would be presented to the April 2017 Trust Board meeting.

ACTION:

- **Confirmation to be provided that general surgery and ophthalmology are able to meet their activity projections (RB)**
- **Confirmation to be provided that elective access is fit for purpose (RB)**
- **Production Plan to be returned to the April Trust Board meeting with all specialities and confirmation of the outpatients position (TL)**
- **Consultants to agree and sign up to the production plan. Those who do not sign the plan are to meet with TL & RSt (TL/RSt)**

15. Trust Risk Register	**SWBTB (03/17) 017**

Miss Dhami confirmed there were no new risks or risks to be removed from the register. Miss Dhami advised Risk 221 would be refreshed and updated for the next meeting. Ms Perry asked if IR35 legislation should be added to the risk register; this was to be considered. The Board requested a risk assessment of imaging and pathology results reporting and acknowledging electronically by clinicians was completed and reviewed at the Clinical Leadership Executive Group and presented to Trust Board in April 2017 if required.

The Board received the risk register.

ACTION:

- **Consideration to be given to IR35 legislation being added to the risk register (RG)**
- **Risk assessment of imaging and pathology results reporting and acknowledging electronically by clinicians to be sent to CLE and presented to Trust Board in April if required (KD)**

16. E-rostering arrangements	**SWBTB (03/17) 018**

Ms Newell advised the Trust had implemented Barnacles e-rostering to avoid reporting functionality issues which had resulted in ineffective rostering. Ms Newell advised that since Barnacles' implementation, significant improvements had been identified in a number of areas, such as timely sign off, referrals to Trust Bank, allocation of leave and the recording of sick leave. She advised there were a number of potential saving opportunities which could be created by effective rostering practices. The Board noted that human elements of rostering practice could impact upon performance, noting that poor rostering practices had contributed to elevated agency spend across the Trust. Ms Newell confirmed this data would be available for managers and be RAG rated. Ms Newell advised that training would be required to ensure rosters were being appropriately populated, planned and managed. By 1st April 2017 the Trust would be able to see a forward look for rosters; by June 2017 six week rosters would be in operation and the Trust would be able to identify any inefficiency and associated costs.

The Board discussed the proposals and the need to ensure staff were aware of what good looked like; training was crucial to good rostering and reducing agency spending. Ms Newell agreed and advised where rostering practices were poor, bank and agency spend was elevated. She confirmed this message formed part of the training for staff. Mrs Goodby informed the Board that progress had been made over the past eight to ten weeks. The Directors of Nursing had engaged with the rostering and were supportive of good rostering practices. The Board reflected that better rostering would improve safety, noting the positive impact good rostering will have on the Safety Plan.

The Board received the report.

17. Integrated Performance Report (IPR)	**SWBTB (03/17) 019**

Mr Waite advised that the Trust continued to operate under significant pressure but good performance had been noted across the Trust. Mr Waite drew the following to the Board's attention:

- Caesarean section rates in January 2017 had reduced to 22% and were sitting under the 25% target for the first time in six months;
- VTE performance had been sustained at 95.8% and was compliant with the national target but below the Trust's aspiration of 100% performance;
- Sickness rates remained above target. Mrs Goodby advised in December 2016 there had been 157 cases of long-term sick leave which had reduced to 129 (as at 01/03/17). Mrs Goodby advised a further 32 short-term cases were about to move into long-term sickness. Good practice had been identified with surgery nursing sickness; their best practice would be shared across the Trust. Mrs Goodby advised that she would be changing the reporting of staff sickness to use real-time data;
- Elective operation cancellations had been discussed at the Clinical Leadership Executive meeting. It was anticipated this performance would be improved;
- Stroke thrombosis was noted to have performed as red over the last four consecutive months. Dr Stedman confirmed he had received a report on this matter and advised seven cases were driving the red performance. Dr Stedman advised that on review these cases did not appear to be of material significance and all seven cases fell within the two hour timeframe;
- Re-admissions in December 2016 had increased. Dr Stedman confirmed these had increased over December and January but it was anticipated the February IPR would identify a return to usual performance.

The Board received the report.

18. Capital commitment	**SWBTB (03/17) 020**

Mr Waite reminded the Board they would shortly be required to make a significant decision regarding the Trust's capital programme. Mr Waite confirmed the Executive Team had continued to work through the plan to drive down costs. Plans for the Sandwell Treatment Centre and associated costs would be concluded shortly.

Mr Lewis advised that cancellation clauses would be required for all contracts but the Trust expected at that time to proceed with its capital commitment plans. The Board noted ongoing scrutiny would be required for areas of improvement. Mr Lewis stated that whilst the Executive Team would review the plan, the Executive Team had concluded that the programme could not be reduced further without compromising the programme. Mr Lewis confirmed there was no intention at that time to change the capital programme.

The Board confirmed the capital progamme continued with ongoing scrutiny from the Executive Team.

DECISION:

- **Trust Board agreed the capital progamme continued with ongoing scrutiny from the Executive Team**

19. Downside case	**SWBTB (03/17) 021**

Mr Waite advised that a plausible route to return the Trust to a rating of "2" had been identified but this route had number of associated risks. Mr Waite confirmed that Finance and Investment Committee had directed him to focus on 2021/22 performance and identify what key assumptions the Trust were making; Mr Waite confirmed this was being progressed. Mr Waite confirmed a downside case had not yet been triggered. Extended analysis continued and would be reported to Finance and Investment Committee. The Board discussed ACOs and STP; Mr Lewis was of the view that STP did not have any decision-making powers.

The Board received the paper and directed the Executive Team continue their mitigating actions.

20. Management of Serious Incidents	**SWBTB (03/17) 022**

Miss Dhami advised the Serious Incident (SI) process had been refreshed as the investigation of incidents was taking too long and relatives/patient involvement was limited. Miss Dhami confirmed the new approach tackled these issues but

highlighted that further work was required to strengthen the skills of investigating leads. Miss Dhami referred the Board to Appendix two of the paper and noted that the 45 working day turnaround was quicker than the 60 working day national requirement. Miss Dhami advised there had been eighteen SIs reported to date. Miss Dhami clarified that pressure ulcers and infection control were not reported as SIs unless harm had been suffered. Miss Dhami informed the Board that Mr Lewis, herself, Ms Newell and Dr Stedman would meet each month from April to look at lessons learned and ensure the learning points came together across the organisation.

The Board discussed the changes and were pleased patients and relatives were involved in the investigations. The Board discussed the incident where a Registrar had not challenged a Consultant; Ms Dutton suggested the culture should encourage staff to challenge each other regardless of seniority. The Board discussed near misses which in Q3 were at 9%; Miss Dhami confirmed this was a low number and whilst staff were aware of how to report near misses, this area required further attention. The Board also discussed the skills required for staff to provide feedback to patients and relatives; Miss Dhami confirmed this would be captured in the duty of candour re-launch. Mr Lewis noted that the recent neglect findings from the Coroner were not included as they were not SIs; he asked for this to be addressed. The Board directed that the Quality and Safety Committee considered this area in more detail and returned the matter to the Board.

The Board received the report.

ACTION:

- **Neglect findings from the Coroner to be included in SI reporting (KD)**
- **Quality and Safety Committee to consider this area in more detail and returned the matter to the Board (KD)**

21. Communicating Change	**SWBTB (03/17) 023**

The Board noted the number of initiatives ongoing at that time. Mrs Wilkin advised of the ways staff engagement was undertaken across the Trust to ensure awareness of key matters. Mr Lewis informed the Board of the need for visibility and accessibility of senior leaders across the Trust and advised videos for the intranet had been produced for each Executive Director to raise their profile.

The Board received the report.

22. Minutes of the meeting held on 2nd February 2017	**SWBTB (03/17) 024**

The minutes of the meeting held on 2nd February 2017 were agreed as a true record.

23. Matters arising	**SWBTB (03/17) 025**

The following open actions were updated:

- Minute 10, meeting held on 2nd February 2017, risk assessment on the move from paper to electronic patient records: The deadline was revised to April 2017 and the action remained open.
- Minute 12, meeting held on 5th January 2017, a safe and sustainable bed base: The triggers were to be circulated.

24. Financial Performance: P10 January 2017	**SWBTB (03/17) 026**

The Board received the paper.

25. 2017 Equality Plan	**SWBTB (03/17) 027**

The Board approved the 2017 Equality Plan.

26. Q3: PALS and Complaints	**SWBTB (03/17) 028**

The Board received the report.

27. Any other business	**Verbal**

(a) Mr Lewis advised that Mr Victor Curnin, a member of the ESR team, had passed away at work. On behalf of the Trust Mr Lewis expressed his condolences to the Mr Curnin's family.

(b) Oncology services & University Hospitals Birmingham: Mr Lewis advised NHSI had investigated and confirmed the Trust's numbers. It had been proposed the matter was transferred from NHSI to NHSE to resolve the matter in full. Mr Lewis advised the proposals represented £1.7m of potentially lost funds. Mr Lewis stated the impact of the £1.7m had not been considered by the regulators and it was unclear who would be providing the £1.7m or if the Trust were expected to account for the loss of income. Mr Lewis stated that staff and patients had already been subject to lengthy uncertainty over the service. Mr Lewis requested approval from the Board to proceed with the proposals providing there was no financial loss suffered. **The Trust Board agreed that the oncology proposals with University Hospitals Birmingham should only be accepted provided there is no financial loss to the Trust. The Trust Board authority to Mr Lewis to authorise the agreement, within those parameters.**

There were no additional items of any other business.

The next meeting will be held on 6th April 2017 at 09:30h in the Anne Gibson Board Room, City Hospital.

DECISION:

- **The Trust Board agreed that the oncology proposals with University Hospitals Birmingham should only be accepted provided there is no financial loss to the Trust. Delegated authority to Mr Lewis to authorise the agreement, within those parameters.**

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board

Action Log following meeting held on 2nd March 2017

Minute number	Action	Assigned to	Due Date	Status
From meeting held on 2nd March 2017:				
3	Questions from the public: Board to be provided with a forward plan for dermatology appointments and a proposed solution.	Toby Lewis	April 2017	**Open**
3	Questions from the public: Clarification to be provided regarding discharge of patients if an appointment is unavailable within two weeks.	Toby Lewis	April 2017	**Open**
3	Questions from the public: Guidance outlining procedures with limited clinical value to be circulated to the Board and Health Watch.	Toby Lewis	April 2017	**Open**
6(a)	Public Health, Community Development & Equality Board: Diversity Pledges to be returned to a future Trust Board meeting after the Committee has reviewed them.	Toby Lewis/Raffaela Goodby	June 2017	**Open**
8(a)	Quality and Safety Committee: DOLs indicators to be considered in more detail by the March 2017 Quality and Safety Committee.	Kam Dhami	31st March 2017	**Closed**
9(a)	Major Projects Authority Committee: Heads of Terms to be drafted. Membership of the group to be identified.	Toby Lewis	April 2017	**Open**
10(e)	CEO report/Consistency of care: Consistency of care reviews to be presented to the July 2017 Trust Board meeting.	Kam Dhami	July 2017	**Open**
10(f)	CEO report/Never Event: Report on the gynae Never Event to be	Kam Dhami	April 2017	**Closed**

	presented to the April 2017 Trust Board meeting.			
10(f)	**CEO Report/ Never Event:** Review of Never Events over the last few years to be presented to the Trust Board including the event, how it was resolved, changes in practice that resulted from the Never Event and how the Trust disseminates new policies and changes across the Trust.	Kam Dhami	May 2017	**Open**
12	Aspiring to Excellence: Reviews of the appraisal programme to be brought back to the Board at regular intervals.	Raffaela Goodby	June 2017	**Open**
13	Non-pay procurement plans: Communications to staff should ensure the message that the changes were not only for cost savings but were part of the Trust's wider financial plans.	Ruth Wilkin	May 2017	**Open**
14	Production Plan: Confirmation to be provided that general surgery and ophthalmology are able to meet their activity projections.	Rachel Barlow	May 2017	**Open**
14	Production Plan: Confirmation to be provided that elective access is fit for purpose.	Rachel Barlow	May 2017	**Open**
14	Production Plan: Production Plan to be returned to the April Trust Board meeting with all specialities and confirmation of the outpatients position.	Toby Lewis	April 2017	**Closed**
14	Production Plan: Consultants to agree and sign up to the production plan. Those who do not sign the plan are to meet with TL & RSt.	Toby Lewis/Roger Stedman	May 2017	**Open**
15	Trust Risk Register: Consideration to be given to IR35 legislation being added to the risk register.	Raffaela Goodby	April 2017	**Open**
15	Trust Risk Register: Risk assessment of imaging and pathology results reporting and acknowledging electronically by clinicians to be sent to CLE	Kam Dhami	April 2017	**Open**

	and presented to Trust Board in April if required.			
20	Managing Serious Incidents: neglect findings from the Coroner to be included in SI reporting.	Kam Dhami	May 2017	**Open**
20	Managing Serious Incidents: Quality and Safety Committee to consider this area in more detail and returned the matter to the Board.	Kam Dhami	May 2017	**Open**
CEO report	BCA Pathology Service Proposals: To be presented to the April Trust Board meeting.	Toby Lewis	April 2017	**Closed**
From meeting held on 2nd February 2017:				
9(e)	Chief Executive's Report: Living Wage arrangements to be reviewed in six months' time. The forecast in the paper would be modelled again and if differences were identified, the matter would be returned to the Board.	Raffaela Goodby	August 2017	**Open**
10	Trust Risk Register: A risk assessment to be completed on moving away from paper to electronic records.	Kam Dhami	~~March 2017~~ April 2017	**Open**
11	Volunteer service: Progress report on volunteering to be presented to the June Trust Board meeting.	Ruth Wilkin	June 2017	**Open**
11	Volunteer Service: Consideration of refuges/asylum seekers to be recruited to the volunteer schemes.	Ruth Wilkin	June 2017	**Open**
12	Integrated Performance Review: Staff sickness data to be identified and circulated to the Board.	Raffaela Goodby	March 2017	**Open**
CEO	Overseas visitors – remains a focus for Audit Committee and finance team.	Kam Dhami/Tony Waite	Ongoing	Open
CEO	Children and Young People's Champion – over the summer seek to agree where improvement effort might focus first.	Toby Lewis	July 2017	Open

From the meeting held on 5th January 2017:				
2	**Patient Story:** Second stage mortality reviews to be considered as a route to identifying system-wide failures.	Roger Stedman	February 2017	Closed – Q&S 31.03.17
12	**Safe and sustainable bed base:** Board to identify triggers which would indicate the actions should be abandoned.	Toby Lewis	January 2017	**Open**
14	**Learning Disabilities, People's Parliament:** Matter to be returned to May Trust Board with a progress report.	Toby Lewis	May 2017	**Open**
CEO	Spring 2017 review will be conducted to confirm whether the Trust is on 'bed trajectory' for Midland Met in October 2018.	Toby Lewis	Spring 2017	**Open**
CEO	Track EPR's delivery via MPA.	Roger Stedman	Ongoing	**Open**
CEO	People programme – determine with MPA and Workforce and OD how this will be overseen at Board level.	Raffaela Goodby	April 2017	**Open**
From meeting held on 1st December 2016:				
CEO	Agreed to take steps in Q4 to ensure that all recruitment panels better reflect the diversity of the organisation and our local community.	Raffaela Goodby	April 2017	**Open**
CEO	Sickness absence rates – return to the Q4 projection based on specific targeted support plans for every individual who has been absent for 28 days or more and a clear 'pipeline' plan for anyone entering that capacity.	Raffaela Goodby	April 2017	**Open**
From meeting held on 4th August 2016:				
14	Localised suppliers of multi-cultural / multi-faith meals: matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report

From meeting held on 5th November 2015:				
17	Smoking cessation: Matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report