Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: Conference Room, The Education Centre, Sandwell General Hospital

Date: Thursday 5th April 2018, 0930h – 1245h

Members:

Mr R Samuda	(RSM)	Chair
Ms O Dutton	(OD)	Vice Chair
Mr M Hoare	(MH)	Non-Executive Director
Mr H Kang	(HK)	Non-Executive Director
Ms M Perry	(MP)	Non-Executive Director
Cllr W Zaffar	(WZ)	Non-Executive Director
Prof K Thomas	(KT)	Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Dr D Carruthers	(DC)	Medical Director
Ms E Newell	(EN)	Chief Nurse
Ms R Barlow	(RB)	Chief Operating Officer
Mr T Waite	(TW)	Director of Finance
Mrs R Goodby	(RG)	Director of People & OD
Miss K Dhami	(KD)	Director of Governance

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Mr M Reynolds	(MR)	Chief Informatics Officer
Miss C Dooley	(CD)	Head of Corporate Governance
Mr D Baker	(DB)	Director of Partnership and Innovation

Board support

Ms R Fuller	(RF)	Executive Assistant

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:**	Verbal	**Chair**
0931h	2.	**Patient Story**	Presentation	**EN**
0940h	3.	**Actions from Patient Stories (April 2017 – March 2018)**	SWBTB (04/18) 001	**EN**
0950h	4.	**Questions from members of the public**	Verbal	**Chair**
0955h	5.	**Chair's opening comments**	Verbal	**Chair**
		UPDATES FROM THE BOARD COMMITTEES		
1000h	6a	To: (a) receive the update from the **People and OD Committee** meeting held on 19th March 2018 (b) receive the minutes from **People and OD Committee** meeting held on 26th January 2018	SWBTB (04/18) 002 SWBTB (04/18) 003	**HK** **HK**
1005h	6b	To: (c) receive the update from the **Major Projects Authority** on meeting held on 23rd March 2018 (d) receive the minutes from **Major Projects Authority** meeting held on 16th February 2018	SWBTB (04/18) 004 SWBTB (04/18) 005	**RS** **RS**

Time	Item	Title	Reference Number	Lead
1010h	6c	To: (a) receive the update from **the Quality and Safety Committee** held on 23rd March 2018 (b) receive the minutes from the **Quality and Safety** Committee held on 23rd February 2018	SWBTB (04/18) 006 SWBTB (04/18) 007	**OD** **OD**
1015h	6d	To: a) receive the update from the **Finance and Investment Committee** held on 23rd March 2018 b) receive the minutes from the **Finance and Investment Committee** held on 23rd February 2018	SWBTB (04/18) 008 SWBTB (04/18) 009	**MH** **MH**
	MATTERS FOR APPROVAL OR DISCUSSION			
1020h	**7.**	**Chief Executive's Summary Report on Organisation Wide Issues** ***Annex to follow: Midland Met risk report***	SWBTB (04/18) 010	**TL**
1035h	**8.**	**Trust Risk Register**	SWBTB (04/18) 011	**KD**
1045h	**9.**	**Integrated Quality & Performance Report**	SWBTB (04/18) 012	**TL**
	9.1	**Persistent Reds**	SWBTB (04/18) 013	**TL**
	9.2	**Financial Performance – P11 2017/18**	SWBTB (04/18) 014	**TW**
1100h	**10.**	**Amenable Mortality and Learning from Deaths Trajectory**	SWBTB (04/18) 015	**DC**
1115h	**11.**	**Bed Base Risk Mitigation**	SWBTB (04/18) 016	**RB**
1130h		**BREAK**		
1140h	**12.**	**Decreasing Sickness Absence & Improving Employee Mental Well Being**	SWBTB (04/18) 017	**RG**
1155h	**13.**	**City Site Development Options**	SWBTB (04/18) 018	**TL**
1210h	**14.**	**Financial Plan 2018-20 Update**	SWBTB (04/18) 019	**TW**
1220h	**15.**	**Band 2 – 6 Nursing Career Escalator Programme**	SWBTB (04/18) 020	**EN**
	UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS			
1235h	**16.**	**Minutes of the previous meeting and action log** To approve the minutes of the meeting held on 1st March 2018 as a true/accurate record of discussions, and update on actions from previous meetings	SWBTB (04/18) 021 SWBTB (04/18) 022	**Chair** **Chair**
1240h	**17.**	**Matters Arising**		**Chair**
	MATTERS FOR INFORMATION			
1245h	**18.**	**Any other business**	Verbal	
	19.	**Details of next meeting: The public Trust Board meeting will be held on** Thursday, 3rd May at 09:30h at Rowley Regis Hospital, Moor Lane, Rowley Regis, B65 8DA **Annual General Meeting:** Thursday, 21st June 2018, 18.00-20.00, the Conference Room, Education Centre, Sandwell General Hospital		

Paper ref:	TB (04/18) 001

Sandwell and West Birmingham Hospitals NHS
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Report Title	Actions from Patient Stories (April 2017 – March 2018)		
Sponsoring Executive	Elaine Newell, Chief Nurse		
Report Author	Elaine Newell, Chief Nurse		
Meeting	Public Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the board should focus on]*

Further to feedback at the January 18 Public Board, attention is drawn to the considerable changes and actions taken during the last year in response to a series of very impactful patient stories.
As part of the engagement work currently in progress, the Board are asked to discuss how we might better disseminate the valuable learning and insight, as well as the resulting actions, amongst our employees.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously been discussed?]*

4. Recommendation(s)

The Board is asked to:

a.	Note this report
b.	
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Actions undertaken from previous patient stories (April 2017 – March 2018)

Month	Key focus	Actions taken
April 17	Presentation from LGBT network Lead	Numerous awareness raising sessions throughout the year including LGBT history month; Participation in Birmingham Pride Event. Diversity Lead appointed; Transgender policy approved. The LGBT networks have been represented at a variety of recruitment events to raise awareness of the Trusts commitment to supporting diversity. The Trust has become a Stonewall Diversity Champion thereby improving access to key resources. The Trust has benchmarked against the Workplace Equality Index with a view to submitting to Stonewall in 2018 with an ambition to eventually being ranked within the top 100 employers.
May 17	(**Video**) Transition Diabetic services – young people to adult	Appointment of Children's and Young Peoples Champion to lead on transition arrangements within the Trust. Transition policy approved with agreed standards for young people who are in the process of transition between children's / adult services. 'Ready, Steady, Go' checklist introduced Trust Wide to assess readiness of young people for transition
Jun 17	(**In attendance**) A patient who had experienced care within our Critical Care service and had subsequently stepped down to ward based care. The patient had experienced issues when receiving care from temporary staff members	The Trust has worked proactively to reduce reliance on temporary staff – largely driven by a very successful recruitment campaign, addressing vacancy gaps. More recently, we have introduced a checklist to check the competence of temporary staff at the start of every shift
Jul 17	(**Video**)Spanish patient who spoke English but lost language skills during health crisis	A trial involving clinicians and patients wearing an ear piece which would translate speech, the use of which would be monitored especially when translating complex medical jargon. The interpreter service have renegotiated contracts which has increased the diversity of languages available via our translators
Aug 17	Staff member presented a story on behalf of an end of life care patient for whom service provision was complicated due to cross boundary issues	Equipment needs raised and rectified at time of event.
Sept 17	**Video**: Paediatric patient with severe allergies	Appointment of one Nurse Consultant , now in post The Trust have agreed to support appointment of another Consultant paediatrician with interest in allergy – this will be advertised within the next 2 weeks. The service are currently supporting the in house development and training of a Band 5 nurse who will progress to the role of a Band 7 CNS on completion of training. All of the above roles will enhance and extend service provision to meet the growing demand for this service

Oct 17	**Video**: We heard from a hearing and visually impaired patient who had experienced difficulties when arranging and accessing out patient appointments	Patient letter templates have been changed to ensure that the number for the contact centre is more clearly visible. All template letters further adjusted to include the following wording: *Please let us know if you require any support or have any disabilities that you would like to make us aware of. If you would like to discuss this please contact us on…* The E & D lead has met with all members of the contact centre team to raise awareness around requests for reasonable adjustments. Arrangements are in place to signpost those patients with specific individual requirements to the E & D team who will support the planning and facilitation of reasonable adjustments for these patients where necessary. The Primary Care Liaison Manager is working with GPs to raise awareness about signposting patients with disabilities on referral letters All eye appointments printed on yellow paper. The Trust is exploring the potential for all out patient appointments to be sent on yellow paper 140 staff have received deaf awareness and or BSL training during last 12 months. Funding secured to continue BSL training in 2018/19 Assistance dogs: Policy revised and agreed.
Dec 17	FAB Clinic: A **Video** was presented highlighting how patients learn techniques to deal with panic attacks, anxiety, and anger.	No actions identified
Jan 18	**Video**: Maternity / Cardiology. A patient described her experience as a recent new and breast feeding mother admitted to an area outside of Maternity showing the determined efforts made to ensure that mother and baby were not separated.	New infant feeding policy about to be put on the intranet promotes zero separation when a mother is admitted to any area of the trust. This will be promoted in all areas when it is on the intranet. The Infant Feeding Team are producing posters (currently with medical illustrations) to be put up in all areas of the trust where a mother may be cared for - signposting to local resources and support on all aspects of infant feeding. The emphasis of the poster, being that HCPs should not be the reason a woman stops breastfeeding. IFT and comms team are working on social media campaign to promote '#breastfeedinggoals I will support you' to raise awareness within and outside maternity. Active social media campaign established to raise awareness of the Trusts commitment to supporting Breastfeeding
Feb 18	**Video**: An elderly gentleman described his experience when transferred between our hospital sites out of hours	Work to reduce the non-clinical patient bed moves out of hours will be focussed in orthopaedics as this is a focal point in the data set and in medicine to increase morning discharge rates to 35% - this will improve day time bed moves from the assessment unit to the wards and address the avoidable non-clinical out of hours patient moves. A review of our transport services in Quarter 1 may also give opportunity for improvement
March 18	**Video**: Story from a patient who had used our recently established Level 1 care service	The Group are monitoring the impact of this service on the release of ITU capacity

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PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE UPDATE	
Date of meeting	19th t March 2018
Attendees	Mr Harjinder Kang (Chair), Mrs Raffaela Goodby, Ms Rachel Barlow, Mrs Elaine Newell; Miss Yulander Charles
Apologies	Apologies were received from Mr Toby Lewis
Key points of discussion relevant to the Board	The key areas of focus were: • **Workforce Planning** • **Junior Doctors**
Positive highlights of note	***Workforce Model*** – the report highlighted the current position of headcount against the long term financial plan. The Trust is currently at 687 WTE above the LTWM (inclusive of temp headcount) However with the delay of the Midland Metropolitan Hospital and the delay in moving 300 WTE roles in to the Community there is a need for an interim modification of the workforce plans. It was felt that this will be resolved in the longer term with the development of the Independent Care System and the delay on Midland Met enables the Trust to effectively plan its workforce model based on the new assumptions. Modification of the workforce plan has already begun, in particular the proposal for the medical workforce. The clinical groups are working through the proposal with their respective HR Business Partners in developing the revised workforce plans. This work will develop further in quarter one. Also highlighted was the improvements on reducing the pay-bill spend, particularly in the last 12 months with a reduction in temporary spend. This is broadly in line with the agreed NHSI plan, but still at significant variance to the plan that was made in 2015/16. A robust review of this will take place throughout Q1 of the next financial year.
Matters of concern or key risks to escalate to the Board	There were no matters of concern to escalate to the Board
Matters presented for information or noting	***Junior Doctors*** **-** It was reported that there is a growing sense that junior doctors within the trust are feel unsupported. Although we has received a positive feedback from JEST there is disparity between the level of support received by junior doctors within AMU City v Sandwell. It was highlighted that operational issues were the main contributing factor to them received lack of support. The Rota system will be assessed to ensure that gaps are plugged and that there is a Clinical Director co-ordinator on hand to assist the Junior doctor. It was noted that trainees felt valued i.e. felt they could influenced change when they were able to contribute to the rota design. Further work in this area is planned along with increase investment in the role of the Safe Guardian.
Decisions made	No specific additional decisions beyond those being progressed by management.
Actions agreed	No specific additional actions beyond those being progressed by management.

Harjinder Kang
Chair of People & Organisational Development Committee
For the meeting of the Trust Board scheduled for 5th April 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

Venue: Anne Gibson Committee Room, City Hospital

Date: 26th January 2018; 1300h – 1430h

Members Present:

Mr Harjinder Kang, Chair (HK)
Mr Richard Samuda, Non-Executive Director (RS)
Mr Toby Lewis, Chief Executive (TL)
Mrs Elaine Newell, Chief Nurse (EN)
Ms Rachel Barlow, Chief Operating Officer (RB)

In Attendance:

Mrs Lesley Barnett, Deputy Director of Workforce (*representing R Goodby*) (LB)
Miss Yulander Charles – Executive Assistant (YC)

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	**Verbal**
Apology was received from Mrs Raffaela Goodby, Director of People & OD and	
2. Minutes of the previous meeting	**SWBPOD (09/17) 007**
The minutes of the meeting held on 25th September 2017 was agreed as a true record.	
3. Matters arising from previous meeting	**Verbal**
Workforce Consultation 16 – 18 – Outstanding employees - Mr Lewis sought assurance that all redeployed staff will be in new posts by the 31st March 2018. Mrs Barnett gave reassurance that the work to crystallise this will be done by the end of week. The committee discussed the vacancy process. It was clarified that a new scheme will be initiated from the 1st April which will make it easier for the Directorates to co-ordinate vacancies. Mr Kang enquired as to how the scheme will be monitored. Mr Lewis explained that it the scheme will be monitored via the IPR which will be presented to the Board.	
4. Aspiring for excellence update	**Verbal**
Due to the absence of Mrs Goodby the committee agreed that this item be moved to the next meeting.	
5. WTE against LTWM – redial actions; (Workforce model)	**SWBPOD (01/18) 002**
The committee considered the status of the workforce model, particularly in terms of 7 day working; where we currently are; compared with where we need to be in readiness of Midland Met. The Imaging group have successfully implemented a new workforce model which is transferable to Midlands Met. Both the Urgent Care and A&E departments at Sandwell have incorporated new workforce models, progress is being monitored and will be fed back at future meeting. Several other groups have also initiated workforce model, potential hotspots are being monitored at operational level. Mr Lewis noted that the model has been best implemented when workforce leads are supported by HR. However concerns were raised around the employment market analysis which needs alternate proposition also lead to on the training budget. Further discussion around the plan going forward will be had at the upcoming Board retreat.	

6. Education Plan Priorities 2018 - 2021	SWBPOD (01/18) 003
The programme is due for launch from the 1st April 2018. A further report will be taken to the CLE committee outlining Block booking; PDR figures April – June. Mr Lewis enquired whether it was known if there were managers who will not be able to deliver their appraisal target. The Learning and Development Team are to provide a report pre-empting possible hotspots in term of managers who may not be able to fulfil their appraisal targets so that a plan is in place to handle this. Mr Lewis also recommended the need to for a process for managers to follow when supporting individuals who have performed highly.	
6. People Plan Metrics and delivery	**SWBPOD (01/18) 004**
The People Plan Metrics and delivery was presented to the committee however after some deliberations it was felt that further information to be presented confirmed the number of BME individuals excluding doctors to ensure we meet the 7% target within the trust. Report to also include numbers of impending retirements and a plan as to how we will fill these vacancies.	
8. Nursing Recruitment & retention projections	**SWBPOD (01/18) 005**
There was positive news around the nurse recruitment and retention figures. There was a reported reduction in the number of Band 5 leavers over the months of November and December 2017. Community nursing also reported a significant reduction in vacancies from 160 to around 30. The end of January until March it is expected to see a considerable number of new starters. The Chief Nurse recently met with a section of the September co-hort of student nurses who fed back on their experiences. Many felt that the offer of no fee for DBS checks and the guaranteed job offer at the start were positive factors in them choosing to working with us. A taskforce has been created to ensure that there are enough in-house job roles on offer to encourage career progression of nurses between bands 5 – 7. As well as ensuring that there is scope for Band 2 HCA's to development into higher banded roles. Work is also being done on the development of Mentors and Coaches.	
9. Junior Doctors hours	**SWBPOD (01/18) 006**
The committee was informed of the new Doctor Rostering system will be rolled out over the coming weeks initially within the ENT department. The committee will be updated as to the progression. The committee was assured that our processes as a Trust we are on par with other Trusts within the region following a benchmarking exercise as.	
10. <u>For Information:</u> Audit report and Recommendations	**SWBPOD (01/18) 007**
This was presented to the committee for noting. It was confirmed that the report and recommendations were discussed at the recent Audit committee. No further action was needed.	
11. Matters to take to the Trust Board	**Verbal**
The committee agreed that the following themes will be shared with the Trust Board • Workforce Model • Nurse Recruitment Trajectory • Junior Doctors' hours	
12. Date and time of next meeting The next meeting will be held on Monday 19th March; 1030-1200 Education centre, Sandwell Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
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MAJOR PROJECTS AUTHORITY UPDATE	
Date	23rd March 2018
Attendees	Mr Samuda, Mr Hoare, Mr Lewis, Mr Waite, Mr Kenny, Mr Reynolds, Ms Downing and Ms Dooley
Apologies	Ms Dutton, Ms Barlow and Mrs Goodby
Key points of discussion relevant to the Board	***IT Infrastructure*** Mr Reynolds presented a paper which provided an overview of IT infrastructure risks and clarification of the risk rating assessment methodology for the escalation/de-escalation of risks. The focus of the discussion took place on the action plans to reduce the two red risks (WAN/LAN issues) in the absence of a network specialist and the actions for mitigation of these is anticipated to reduce the risks to amber by Q1 of 2018/19. A progress updated will be reported to the next MPA meeting. ***IT EPR*** Mr Reynolds advised, as discussed at the last public Trust Board meeting the requirement for 2 dress rehearsal dates, which will be smaller scale in April to be led/sequenced for clinical staff by Ms Barlow (to fully explain the product more widely) and then the full dress rehearsal takes place at the end of June as planned. Discussion took place on final decision points for implementation and Mr Reynolds advised this will be clearer (documented) at the end of the first phase dress rehearsal in early May and will be presented to MPA and the Trust Board. Results are in the process of collation on evidence of readiness, from a recent survey and further engagement with clinical sponsors is being finalised and both will be provided to MPA at the next meeting. ***Midland Met*** The update on Midland Met construction delay, following Carillion liquidation was provided in a Private Board meeting prior to the committee and are captured in minutes provided to the Private Trust Board Meeting (for 5th April 2018). ***People and OD Plan 2018/19 Goals Alignment*** The People and OD Plan goals have been aligned for oversight to the People and OD Committee and the Major Projects Authority. The focus of the goals aligned to MPA is cross programme work, shared risks and how these are joined up. It was agreed to ensure that long term workforce modelling is aligned to one committee only and recruitment and retention needs to be added to the goals list
Positive highlights	Sign off of unity implementation action plan next phase.
Matters of concern or key risks to escalate to the Board	Midland Met update – via Private Board minutes
Matters presented for information or noting	-
Decisions made	Sign off of unity implementation action plan next phase.

Richard Samuda
CHAIR OF THE MAJOR PROJECTS AUTHORITY MEETING
For the meeting of the Trust Board scheduled for 5th April 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Major Projects Authority Committee Minutes

Venue Anne Gibson Committee Room, City Hospital Date 16th February 2018 0930 - 1100

Members Present:

Mr Mike Hoare	Non-Executive Director (Chair)		
Mr Toby Lewis	Chief Executive		
Mr Alan Kenny	Director of Estates and New Hospital	In attendance:	
Rachel Barlow	Chief Operating Officer	Miss Claire Wilson	Executive Assistant
Mr Tony Waite	Finance Director		
Mr Mark Reynolds	Chief Informatics Officer		
Mrs Raffaela Goodby	Director of People and OD		

1. Welcome, apologies and declarations of interest	Verbal
Mr Hoare welcomed the members to the meeting. Apologies were received from Mr Samuda. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	SWBMPA (02/18) 001
The minutes of the previous meeting held on 15th December 2017 were agreed as a true record.	
3. Matters arising (action log)	SWBMPA (02/18) 002
All actions were completed prior to this meeting.	
3.1 Taper Relief	SWBMPA (02/18) 003
Mr Waite explained the trust has successfully recovered £7M of taper relief income profiled to 2017/18. The income is proposed to be recognised in full in the trust's accounts for this year and supports the intention to deliver a control total with consequent optimisation of STF incentive funds recovery, worth c£2.6M which will support the trust's capital investment programme. The impact of that income recognition in 2017/18 in P&L terms is that the forward financial plans of the trust shall need to manage c£3.5M of timing recognition of taper relief costs. Mr Waite also explained the consequences from the liquidation of Carillion in relation to the Midland Met project. There is a significant cost consequence to both delay & restructuring. A current estimate of the potential cost consequence is schedule at c£28M. The impact of delay and restructuring is such that the trust shall need to pursue with NHS England, with the support of NHS Improvement, a case of need for additional taper relief support. Mr Lewis asked for the data in the current report to be split by October 18 to summer 19 and summer 19 to April 2020. Mr Lewis as asked if we are confident that we can retain costs against our current year end position or if we need to make adjustments to taper relief? Mr Waite explained he has started to ascertain if we have complied with our control total and if we need to restructure. Another option is for DH/NHSI to provide additional taper relief this year.	
Action: Data in the current report to be split by October 2018 to summer 2019 and summer 2019 to April 2020 - Mr Waite	

4.0 IT: Infrastructure 4.1 Review of Improvement Plan	SWBMPA (02/1) 004

Mr Reynolds advised the improvements set out in the plan will improve the Infrastructure Scorecard which is reported monthly through the Informatics Balanced Scorecard Report. He confirmed that since submitting this paper he can confirm they are on, or ahead of schedule. However, re-visiting networking aspects is required in the non-retained estate due to the Midland Met delays.

Mr Lewis asked when all the red items will be achieved. Mr Reynolds explained:

- Storage – 6 months
- LAN Wifi – end of march 2018
- WAN – substantial improvements by end of March 2018, but should all be completed by end of year (this is reliant on work from NHS Digital to be completed).

Mr Lewis asked for clarity of the meaning behind red, amber and green status and Mr Reynolds agreed to provide a paper on this to the next meeting.

Ms Barlow asked if there is enough storage for "go live" with unity. Mr Reynolds confirmed storage will not be an issue as Unity is not hosted by the Trust. The documents will be made visible in Unity through CDA or Alfresco.

Mrs Goodby queried how the IT team will reflect/learn what and how systems are affected after go live, as recent difficulties with accessing the ESR system for several days had occurred. Mr Reynolds explained that the recent episode was related to the upgrade of Java.

Mr Hoare asked about security web filters and the installation of barracudas. Mr Reynolds explained that they already have blocks in place and are monitored. Mr Hoare asked to review the education and training tool for the staff.

Actions:

- Clarity of red, amber green status via a paper to the next meeting – Mr Reynolds
- Education / Training tool for barracuda to be reviewed by Mr Hoare - Mr Reynolds

5.0 IT: EPR 5.1 Digital Dashboard	SWBMPA (02/18) 004

Mr Reynolds provided an update on the various digital work streams.

Digital plan
Digital Delivery is red pending the successful completion of Winscribe and a plan for paperless. A new transformation manager has been appointed.

Infrastructure
Third Line is now making progress and the backlog of incidents has halved. There are now plans in place for improvements to storage, computer and network configuration. The LAN networking workstream has been re-opened.

Security
The Trust has addressed the key points of Cyber Security Essentials. A review will be held in March (date to be confirmed) by NHS Digital.

Digital delivery
Work has stalled due to the change in senior manager position, and the focus on Unity.

EPR
IT1 has been completed successfully and IT2 has commenced. Significant effort has been undertaken in producing communication and reference material to support the implementation. Training is proceeding to plan.

Collaboration
•Bleep equipment onsite - implementation date needs to be agreed with the supplier.
•The scope of stage 1 of community virtual visiting has been agreed and a request to IT made for the works to start. This is now dependent upon the network works being completed.
•VOIP rollout is on hold pending completion of network works.

Mr Lewis asked about the timescale of the rollout for VOIP. Mr Reynolds explained that the rollout cannot commence until the network issues have been resolved which is scheduled for end of March 2018 and then the VOIP plan can be implemented. Mr Lewis asked for an update on collaboration planning at the next meeting.

5.2 Proposed milestones to 3 months post go live	SWBMPA (02/18) 006

The Unity project has a series of milestones, each with decision making criteria. These are:

- Go-Live Decision
- End of Integration Testing 2 (Cerner payment milestone)
- Full Dress Rehearsal Entry
- Full Dress Rehearsal Exit
- Pre-Conversion Gateway (Cerner payment milestone)
- Conversion Gateway (Cerner payment milestone)
- Unity Stage 1 Project Complete

Once the go-live decision has been made the milestones serve as checkpoints as whether or not to proceed. There are also payment milestones for Cerner in some cases. Mr Lewis asked for the language to be made clear to include whether the milestone is a go or stop decision. Two go live dates to be devised for Cerner so there is a plan B.

- Language to be made clearer in the paper – Mr Reynolds
- Two go live dates to be devised for Cerner so there is a plan B – Mr Reynolds

Estates 6.1 Update on the Hospital Company Progress	Verbal

The CEO, Director of Finance and Director of Estates/NHP are leading on this work.

Construction Services
Mr Lewis explained that:

- there are many risks which need to be carefully managed, these include any revised costs and timescales associated with the development of the hospital
- a number of companies have expressed an interest in undertaking works, these are being followed up by the Hospital Company Board.

Carillon Construction and Carillion FM services are no longer operating. Carillion Private Finance are currently continuing to trade.

Legal and Financial
Mr Lewis explained that:

- Capstick's were advising the Trust.
- PWC were advising the Trust regarding financial models and restructuring

Discussion with funders (banks) other other stakeholders (S&WB, DH, HNT and THC), were being held to understand actual positions and actions being considered.

Mr Hoare asked about the safeguarding of the current staff employed by Carillion. Mr Lewis explained they are exploring ways of working with a contract management agency and looking at incorporating current ex- Carillion staff. The Trust will obtain an employment model for a small number of these employees.

Mr Lewis stated if Hospital Company is placed into insolvency by their lenders then a decision may be required to agree to hospital Company to request termination of Carillion as contractor. However, this will have major impacts on the current contracts and cash flow. Decisions on this process will commence within next few weeks and the Trust Board will be informed of any additional emergency meetings required to make decisions.

6.2 Delivery of the 2018/19 capital plan	SWBMPA (02/18) 008

Mr Kenny explained the paper provided a summary of the Trust's 2018/19 and 2019/20 capital programme and that a review of the estates and medical devises and equipping categories requested by the CEO and Director of Finance have been undertaken.

The principle purpose of the review being to identify up to £15M of expenditure which could be delayed or cancelled/avoided. Mr Kenny reported that 8 projects had been identified which could be delayed or cancelled, this would release up to circa £10M.

i) **Pre** MMH works on the Sandwell site include OPD2, 5 and 6 and the Elizabeth suite which will accommodate the governance team currently based in the DGM building and other administration functions currently based on the City site. The design and specifications of the works have been completed and projects procured. A value engineering exercise had been undertaken prior to any order being made which identified savings of circa £500K.

ii) Fracture clinic and audiology projects planned for the BTC - works associated with these projects are currently being designed. In undertaking these, savings have been identified of £750K.

iii) Cease the provision of Oral Surgery services. These works have an estimated value of £500K.

iv) **Post** MMH works on the Sandwell site. These works include retaining Hallam unit to accommodate therapies and admin services. This will avoid works costs which are currently estimated at £2M. Clinical admin works will be undertaken on the 5th and ground floor, and paediatric OPD accommodation in the main Sandwell block.

v) Caters Green GP Development – funding has been identified for a range of feasibility works to be undertaken and a full planning application with be prepared. Alternate funding (e.g. via Lift Co or Private developer funding) of the construction and commissioning of the development - these works currently have an estimated value of £4,650,000.

vi) Stretch equipment assets by extending the replacement programmes. The works are estimated at £1-2M.

Ms Barlow suggested that the projects were put into a priority list which the committee agreed. Mr Lewis suggested that 4 of the projects are of financial gain and asked for these options are to be explored further. Mr Lewis asked for the stretch of equipment assets to be reviewed by the Chief Nurse and Medical Director prior to the next Board Meeting.

Actions:

- Financial gain options in paper to be explored and ranked (prioritised list) – Mr Kenny
- Stretch of equipment assets to be reviewed by the Chief Nurse and Medical Director review prior to the next Board Meeting – Mr Kenny

7.0 People and Organisational Development 7.1 KPIs for People Plan: 2018/19 Goals	SWBMPA (02/18) 009

The People Plan is one of the Trust's enabling strategies (along with Estates and Digital Plans) that will support SWBH to deliver the 2020 Vision. The People Plan Balanced Scorecard demonstrates progress and performance of specific KPIs at the end of Month 9 (2017/18). The aim is to highlight delivery and areas that continue to provide a challenge to the Trust.

This report sets out further detail on the BME leaders at above AFC Band 8a, and demonstrates a 1.4% increase in number of BME leaders since the launch of the People Plan, and outlines the accelerated interventions that are in place to deliver a forward trajectory by 2020.

Mrs Goodby advised work is commencing on the apprenticeship scheme but there is a risk around the new nursing scheme as the standards have not yet been delivered and a model has not been agreed at national level. This is a key risk for apprenticeship delivery and makes a significant impact on assumed income.

Aspire to Excellence PDR training compliance is at 90%. To ensure all Managers complete the training, and to achieve 100% compliance, two additional training sessions per month are being provided, up to 31st March 2018 and in exceptional circumstances one to one training if required.

Mr Hoare asked about the apprenticeships scheme, as previously discussed SWBH would only engage an apprentice if assured a substantive post was available at the end of the apprenticeship period. Mrs Goodby stated her team are looking at changing the criteria to state there is potential for a job opportunity at the end of the scheme.

9.0 Meeting Effectiveness	Verbal

The members were of the view the meeting had facilitated useful discussions.

10. Matters to raise to Trust Board.	Verbal

- IT dependency
- Progress on DHL

11. Any Other Business	Verbal

Next meeting will take place on 23rd March, 14.00 in Anne Gibson Committee Room, at City Hospital.

Signed …….

Print …….

Date …….

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE UPDATE	
Date of meeting	23rd March 2018, 10.45am – 12.15pm
Attendees	Ms. O. Dutton (Chair), Ms. M. Perry, Ms. R. Barlow, Mr. D. Baker, Ms. E. Newell, Dr. D. Carruthers and Ms. A. Binns.
Apologies	Apologies were received from Mr. R. Samuda, Miss K. Dhami and Ms. C. Parker.
Key points of discussion relevant to the Board	• Purple Point : Delivery Plan Update – An update was provided on the launch of the 'Purple Point' previously referred to as the purple phone. Since *'go live'* date of 27 February 2018 at Sandwell and Rowley Regis Hospitals and the following day (28th February 2018) at City Hospital, 11 calls have been received, of which 5 were compliments. Flyers and posters in various languages are being distributed to all clinical groups and the executive. An automated activity report will be provided on a monthly basis and increased to weekly once numbers start to increase. Ways of promoting the service were briefly discussed and staff will be encouraged to support the service on their wards. • In-house Inspections Feedback – an update was given on the in-house inspections that have taken place around the Trust which have been quite positive. More inspections around the Trust are planned over the coming weeks. • CQC Improvement Plan : Progress Report- 131 actions were detailed in the CQC report from our March 2017 inspection. 57 were identified to be completed by December 2017 with the remaining 74 having a due date of March 2018. 43 of the December deadline actions have been completed. Of the remainder, 11 are currently on track to meet the revised dates. Two are not going to be completed by March 2018 due to requiring external assistance to complete. Both actions have a plan for completion and have Executive oversight. Validation is in progress with some results from early audits showing encouraging results. Data on ED re-admissions is showing very slight improvement and this will hopefully improve month on month. Some actions have already been completed ahead of their March 2018 due date. Monitoring of actions is ongoing through March 2018. • Learning from Deaths : Progress Report (including Mortality Reviews and External Data Submission – The report circulated was an update from the last report sent in February and highlighted the progress with medical examiner recruitment, mortality reviews and external data submission. • Clinic Cancellations : 3-monthly review - The report discussed was an update from the last report sent in February that highlighted the number of clinic cancellations and the cancellations through ERS. At the August Committee we highlighted the clinic cancellation form that had been amended so that every time a clinic is cancelled the speciality has to clearly identify where they are moving the patient to, ensuring the appointment is re-arranged. This process is now embedded and used on every clinic cancellation. The report discussed provided an update on the 3 points above illustrating the on-going improvement to a clinic management and scheduling process. • Neonatal Peer Review Report and Trust Response – The NHSE Quality Surveillance Team visited SWBH neonatal services on the 9/2/18 to complete the scheduled peer review. The visit comprised of observations and a walkthrough of the neonatal services / pathways whilst visiting the neonatal unit, interviews with members of the MDT regarding neonatal service provision and a group discussion with the MDT to explore and answer identified key lines of enquiry. It was reported that comments received back were positive. Staffing issues were picked up as a

QUALITY AND SAFETY COMMITTEE UPDATE	
	concern. The department is functioning at level 3 but staffed for level 2. Discussions are taking place to share work with other Trusts or agree to be an under resourced level 3 department. The team are monitoring safety measures and work is being done to find a solution and get an action plan in place. • Gynaecology/Oncology ward : Quality Issues Case – A summary was given on the staffing shortages and details on how we are currently mitigating the risk of a reduced quality of service delivery to our patients and ensuring that quality and safety remains our primary focus. Work is taking place to look at the patient related quality and safety indicators that we are monitoring and how we can seek assurance. • Sepsis : Briefing Note – A briefing note was provided around the current national and local initiatives in management of sepsis at SWBHT and data from sepsis team to show performance at the Trust.
Positive highlights of note	The meeting discussions were felt to be useful and constructive.
Matters to escalate to the Board	The Committee wished to bring the following matters to Trust Board's attention; • Management of Sepsis • Neonatal Plan Review • Mortality Reviews
Matters presented for information or noting	See above. The Board Assurance Framework will need to presented at the next Quality and Safety Committee.
Decisions made	There were no specific actions beyond those being progressed by management
Actions agreed	No specific additional actions beyond those being progressed by management.

Olwen Dutton
CHAIR OF THE QUALITY AND SAFETY COMMITTEE MEETING
For the meeting of the Trust Board scheduled for 5th April 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 23rd February 2018; 1045 - 1215

Members attending:

Ms. O. Dutton	Non-Executive Director & Chair
Mrs. E. Newell	Chief Nurse
Miss K. Dhami	Director of Governance
Ms. R. Barlow	Chief Operating Officer
Mrs C. Parker	SWBH, CCG

In attendance:

Ms Y. Charles	Executive Assistant

Minutes	**Paper Reference**
1. Welcome, apologies for absence and declarations of interest	***Verbal***
Apologies were received from Mr. R. Samuda, Mr. T. Waite, Ms. M. Perry and Dr. D. Carruthers. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	***SWBQS (02/18) 002***
The minutes of the previous meeting held on the 26th January 2018 were approved as a correct record.	
3. Matters and actions arising from previous meetings	***SWBQS (02/18) 003***
The matters and actions from previous meetings were agenda items.	
4. Patient story for the February Trust Board	***Verbal***
Ms. Newell informed members that the Patient Story at the March Board will be on a patient who has had a complicated pathway of care, but who later returned to receive Level 1 care. The Patient will be discussing their experiences as well as staff feedback on experience via entry level	
5. CQC Improvement Plan: December 2017 – Actions closeouts	***SWBQS (02/18) 004***
A report was presented by Miss Dhami updating the Committee on the progress of actions that were targeted for completion at the end of December 2017. The actions which have been targeted for completion by the end of March 2018 have been circulated to the Clinical groups. A progress report from the groups on their implementation is due in by the end of February 2018. These will be monitored weekly thereafter. Validation of the improvements made is in progress and includes in-house inspections during the week of 5th March 2018, for those actions already implemented. The results of one audit are currently available and centrally held data is available on three of the actions, with two showing early signs of good results. The third is yet to indicate that the action implemented has had a positive result. On-going progress in the delivery of the Improvement Plan will continue to be monitored by the Board Quality and Safety Committee and the Executive Quality Committee.	

6. Purple point: delivery Plan update	***SWBQS* (02/18) *005***

Miss Dhami provided an update on the inception of the 'Purple Point' previously referred to as the purple phone. Purple Point has a scheduled *'go live'* date of 27 February 2018 at Sandwell and Rowley Regis Hospitals and the following day (28th February 2018) at City Hospital.

It was noted that the Purple Point, is not a replacement for locally resolving concerns, enquiries raised informally (PALS) or formal complaints, rather, it gives an alternative route, but with the advantage of a timely response and action for patients who are in our care and have immediate concerns. It will also provide the team with data on trends and themes for concerns of inpatients which we can share and learn from, thereby improving the care and services we provide.

7. Integrated Quality and Performance report	***SWBQS* (02/18) *006***

The IPR and Persistent Reds data were discussed. Concerns were raised as to the incompleteness of the report in certain areas; e.g. The Workforce section. Assurance was given that this would be rectified before the March Board. The following items were discussed in more detail:

Elective Operations Cancellations- There were 37 late cancellations declared for January. 17 cancellations were related to a lack of bed capacity, 7 of which were being access to ICU beds for planned post-operative care. This was due to an increased emergency demand over the period. With this exception, the underlying controls and cancellation rate is improving and the trajectory to improve anticipated to be met at the end of Quarter 4.

3x 28 Day Breaches - In January; regrettably 3 patients operations were cancelled for a second time cases due to lack of beds secondary to exceptional urgent care demand. All these cancellations were approved on a risk assessed basis and were as a result of the share volume of work

Neutropenic sepsis - This remains below the 100% standard, but shows improvement, 7% of patients (3/46) did not receive treatment within the required 1hr timeframe. 2 of these breaches were for clinical reasons. February continues to see breaches out of hours and work continues to ensure sustained improvement in March. It was highlighted however that the breaches were only just outside the regulated time frame e.g. out be a few minutes. This will continue to be monitored via the OMC meetings, chaired by Rachel Barlow.

8. Learning from deaths	***SWBQS (02/18) 007***

Although a summary update on Learning from Deaths Framework was included in the meeting papers for discussion the committee felt that a more thorough discussion would be had with Dr. Carruthers present.

The Chair also stressed her disappointment in the unsuccessful attempt of recruiting to the post of Medical Examiner, to which the committee agreed that this was due to the lack of understanding by the applicants of the scope of the post. This was obvious during the interviews.

Ms Parker raised the issue of the links between the Primary care and suggested efforts are made to consort with the CCG to smooth any concerns. It was also clarified that it was necessary for the applicants to be from a medic background.

ACTION: To be discussed further at the next meeting.

9. Clinical Audit Plan: Progress report	***SWBQS (02/18) 008***

Miss Dhami presented the progress update on the changes made following the audits carried out in 2016/17. It was noted that good progress has been made on many of the key priorities and the modifications are already showing an improvement either in care or patient experience.

Of the 14 key priorities, 7 are on track with piloting, data collection or a report. There have been delays in 6 others, mostly relating to a delay in collecting data, with one area still requiring the collection tool to be designed.

A review of what is needed to ensure audits remain on, or get back on, schedule is being carried out, to include Group leadership. This will ensure that the correct questions are being asked, the data collation method will work and that the correct person is assigned to lead the audit.

The committee discussed at length the changes already in place from 2016/17 audits as well as the progress on the 2017/19 audit plan.

10. NHSI Review of Serious Incidents Processes	***Verbal***

The committee was updated on the NHSI review in response to concerns raised by the UHB Oncology Sis about some concerns reported. They were concerned about the downgrading of the level of seriousness following an incident along with concerns of not having the right level of people involved hence the NHSI were invited to review the Trust processes. This review found no evidence to support these claims.

On the whole the NHSI felt that our governance processes were appropriate although some learning could be had. However the committee were unanimous that the quality of the initial report received from the NHSI lacked quality and clarity nor did it highlight our Safety Quality. Due to a deficiency in quality the overall report it lacked credibility and has not been accepted by the Trust.

11. Worry wards	***Verbal***

It was reported that the Wards which earlier had been noted for concern- i.e. Wards D16 and Lyndon 5 have shown significant turnaround in the levels of quality and safety.

Mrs Newell explained that Ward D16 suffered from a high level of complicated HR issues which are slowly resolved. The quality and safety indicators reflect this. There has also been an increase in support from the senior nursing team, the 2 EDs and the District Nursing team. Mrs Newell is scheduled to meet with each District nurse team leader next week discuss progress being made and how we can continue to maintain and improve the consistency in care.

Mrs Newell also added that an assessment of the each medical ward's early warning triggers shows the best ever results this months as part of the consistency in care; – 98% in terms of the safety plan and outstanding checks in single figures.

The Chair enquired as to where we are in terms of recruitment. Mrs Newell explained that the Advance Senior nursing leader post is currently out to advert. Also all of the Director of Nursing posts have been filled.

Ms Parker suggested initiating an unannounced visit which would help to feed into the CQC feedback. Mrs Newell agreed and commented that there were plans to do this in the near future.

ACTION: Mrs Newell to deliver a verbal report to the next meeting in March.

12. "Moving to Good & Beyond" Feedback	***Verbal***

Mrs Newell feedback to the committee on attending the above seminar. Overall the event was not what was anticipated.

ACTION: Mrs Newell to send Ms Parker information gathered from the event.

13. Matters to raise to the Trust Board	***Verbal***
The Committee wished to bring the following matters to Trust Board's attention: • CQC Improvement Plan: Close out of December actions: • IPR: Persistent Reds: plans to address non-compliance • Purple Point: Delivery Plan update:	
14. Meeting Effectiveness	***Verbal***
The committee agreed that the meeting discussions were useful and constructive.	
15. Any other business	***Verbal***
There were no other business raised	
16. Date and time of the next meeting	
Next meeting: 23rd March 2018 at 10.45h in the Anne Gibson Committee Room at City Hospital.	

Signed ……
Print ……
Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE UPDATE	
Date of meeting	23rd March 2018, 0900h – 1030h
Attendees	Mr Mike Hoare (Chair), Mr Harjinder Kang, Mrs Marie Perry, Mr Tony Waite, Ms Rachel Barlow, Mrs Raffaela Goodby, Ms Dinah McLannahan and Mrs Elaine Quinn.
Apologies	Apologies were noted from Mr Richard Samuda.
Key points of discussion relevant to the Board	<u>Financial Performance P11 February 2018:</u> • The Committee noted that headline year to date surplus is £3.842m, being £8.029m ahead of plan and is a significant positive variance. This was noted as being driven by the use of non-recurrent technical items; mainly the profit on land sale. • The Committee noted the underlying position to date is a deficit of £26.006m, an adverse variance to plan of £9.807m. Underlying pay costs were noted to remain stubborn at £25.928m; with agency spend slightly increased at £1.283m (vs. £1.077m in P10). This was noted as being driven by unfunded beds being open, although the unfunded beds CIP had now been mitigated by the receipt of £0.95m winter money. • Based on the development of the recovery plan, together with the key assumptions, the £8m deficit forecast (pre-STF) was updated to a (pre-STF) deficit of £3.951m compliant with Control Total. The benefit of securing compliance with Control Total would be recovery of £2.6m of STF in respect of Quarter 4. • The Committee noted the key assumptions underpinning that forecast; specifically that the Trust and SWBCCG have agreed a full year contract sum at £264.5m; £17.4m CIP delivery - current projection to year end £15.6m; Production Plan delivery of £110m - £1.779m off track ytd with challenging projection which has been mitigated by emergency activity to some extent and the year-end deal with SBWCCG; £4m additional CIP+ stretch delivery – identified, mostly non-recurrent. Additional non-recurrent opportunity identified through the process of listing risks and upside opportunity. • The Committee challenged and confirmed the prospective delivery of key assumptions and residual scope for mitigation. Specifically, the Committee challenged the financial performance in March that would be compatible with control total compliance and was advised of the potential headroom presented by residual net opportunities. • The Committee considered the merits or otherwise of using any such headroom to over-achieve the Control Total and earn 'bonus' STF. This was noted as likely being of immediate £ for £ benefit and real additional cash. The Committee supported the Finance Director in making such judgement in drawing up the full year results. • Capital spend at £19.3m was noted as being £2.4m behind revised plan to date. The capital Control Total of £26m has now been agreed by NHSI. • Cash balances were noted as being ahead of plan and any borrowing requirement is now expected in 2018/19.

	<u>Financial Plan 2018-19 Update:</u> • Mr Waite reported that there were no significant changes to the construct of the plan previously reported to the Committee. • The Committee received and noted the paper that set out the assumptions, together with the further work required to achieve compliance with its Control Total for 2018/19, prior to final plan submission on 30th April. • The Committee noted the CIP plans and that there was a genuine route to increase activity. Specifically, it noted the assurance piece of work that was being undertaken with the specialities that weren't being fully utilised and the opportunities therein. It was noted that a more detailed CIP update, to include production planning, was to be presented at the Private Board session in April. Ms Barlow committed to providing further information in respect of demand, capacity and productivity underpinning the plan and the reasons for confidence in that generating the margin proposed in the financial plan. • The Committee gave due consideration to the question of whether the trust accepts or rejects its financial control total for 2018.19. Mr Waite advised that this could appropriately be considered as representing two discrete matters – financial incentives and good governance. • In respect of the former he indicated that there was clear merit to accepting the control total – it provided access to a potential £14m of STF payments and moderation of exposure to contract fines & penalties. • This was not, however, sufficient and good governance required that acceptance be based on a credible financial plan. Mr Waite suggested that that could appropriately be a plan with risk but required at least one plausible route to control total achievement to be determined. • Mr Waite drew attention to the progress on CIP development and the plausible commercialisation opportunities that are work in progress and noted that there was a significant gap remaining to be closed. His contention was that further work may provide for a plausible route to control total compliance. • The Committee challenged and confirmed the basis for consideration of the control total compliance question. The Committee agreed that there was no compelling reason for rejection of the control total, however, the output of further work was necessary and the matter should necessarily be considered by the Board. <u>eCommunications & Centralised Printing</u> • The Committee challenged and confirmed the process of procuring a printing and postage service in relation to the Trust's e-Communications and Centralised Printing Project. It noted that the proposal aligns with the Trust's I.T strategy and financial plan. The Committee gave its recommendation to the Trust Board for approval.
Positive highlights of note	• Forecast outturn for 20178/18 remains positive.
Matters to escalate to the Board	The Committee determined that the following matters should be escalated for specific consideration by the Board: • Financial Plan: Control total and STF recovery/undertakings; • Financial Plan: confirm supply and demand plan route to margin;

	• Capital programme commitments and affordability – review on back of Q1 results.
Matters presented for information or noting	None.
Decisions made	None.
Actions agreed	No specific additional actions beyond those being progressed by management.

Mike Hoare
CHAIR OF THE FINANCE AND INVESTMENT COMMITTEE
For the meeting of the Trust Board scheduled for 5th April 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE MINUTES

Venue: Anne Gibson Committee Room, City Hospital **Date**: 23 February 2018, 0900h – 1030h

Members present:		**In attendance:**	
Mr Mike Hoare	Chair		
Mr Harjinder Kang	Non-Executive Director		
Mr Tony Waite	Director of Finance		
Ms Rachel Barlow	Chief Operating Officer		
Mrs Raffaela Goodby	Director of People & Organisation Development	Mrs Elaine Quinn	Executive Assistant

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	**Verbal**
The Chair welcomed all to the meeting. Apologies had been received from Mr Richard Samuda, Mrs Marie Perry and Ms Dinah McLannahan. The members present did not have any interests to declare.	
2. Minutes of the previous meeting held on 26 January 2018	**SWBFI (02/18) 002**
The minutes were agreed as a true record.	
2.1. Matters arising and update on actions from the previous meetings	SWBFI (02/18) 002(a)
The Committee noted that any on-going actions were included for discussion as part of the agenda.	
3. Financial Performance – P10 January 2018	**SWBFI (02/18) 003**
The Committee noted that to date, the Trust is reporting a surplus and a significant positive variance from plan, which was noted as being driven by the use of non-recurrent technical items; mainly the profit on land sale. Specifically, the Committee noted that P10 had traded in surplus. The Committee noted the underlying position to date is a deficit of £23.598m, an adverse variance to plan of £7.754m. Underlying pay costs were noted to remain stubborn at £26.3m, with agency spend slightly reduced at £1.077m (vs. £1.246m in P09). The Committee noted that this was a £1.3m improvement on the P09 position in 2016/17. A recovery plan is being developed by the Trust Executive that is designed to address the underlying position, as well as the incremental challenge for 2018/19. This was as previously reported to the Committee and to the Private Trust Board in February. The forecast pre-STF deficit was noted as being £0.5m, being compliant with Control Total. The benefit of securing compliance with Control Total would be recovery of £2.6m of STF in respect of Quarter 4. The Committee was advised of the key assumptions underpinning that forecast; specifically that the Trust and SWBCCG have agreed a full year contract sum at £264.5m, plus exclusions clearly identified; £17.4m CIP delivery - £1.766m off track year to date at P10 (£3m underperformance allowed for in current projection); Production Plan delivery of £110m	

- £1.28m off track year to date with challenging projection; £4m additional CIP+ stretch delivery – identified, mostly non-recurrent.

The Committee challenged and confirmed the prospective delivery of key assumptions and residual scope for mitigation. The Committee confirmed that out-turn as being objective and consistent with the Trust's commitment to secure the best out-turn possible.

Mr Waite noted that any significant costs arising from the prospective restructuring of the Midland Met contract would potentially challenge control total compliance and advised that he had sought dispensation from NHSI in the recognition of those costs for the purposes of that compliance.

Capital spend at £18.2m was noted as being £2.5m behind revised plan to date. The capital plan has now been formally revised; the forecast of £26m has informed the 2017/18 CRL paper to NHSI. A separate capital update report was to be discussed as part of the agenda later in the meeting.

Cash balances were noted as being ahead of plan and any requirement for loans was confirmed as falling into Quarter 1 in 2018/19.

4. Financial Plan 2018-20 Update	**SWBFI (02/18) 004**

Mr Waite reported that there were no significant changes to the construct of the plan previously reported to the Committee and the Board.

The Committee noted the plans to deliver £25m of cost reduction over corporate and clinical areas in 2018/19. This, together with proposed £6m of margin improvement in 2018/19 provided for a residual gap of c£12m. That gap was proposed bridged by a 'commercialisation' work-stream.

Mr Waite drew attention that, whilst there are plausible opportunities to deliver that shortfall of £12m, those opportunities may crystallise in scale or timing beyond 2018/19. Accordingly, the Committee and Board should give due consideration to that in determining its acceptance or otherwise of the Control Total for 2018/9.

The Committee noted that the 2 year challenge [£72m] would potentially moderate [to an indicative £58m] due to the prospective delay with the new hospital and consequent deferral of commencement of the unitary payment. Any revised scale of challenge shall be confirmed having regard to emergent restructuring of the Midland Met contract and consequent impact on likely timing and nature of service change. Similarly the impact on scale of cost reduction opportunity shall be assessed.

The Committee noted that this would also inform a revised Taper Relief funding proposition which the Trust will submit to NHSE via NHSI in due course.

The Committee noted that the plan will be routinely reported.

5. Capital Update	**SWBFI (02/18) 005**

Mr Waite presented the update and highlighted the areas where the plan could potentially be reduced. This was noted to be subject to a granular level scheme analysis, with clear decision points being set out. Mr Waite stressed the importance of the need for rapid decision making. The Committee noted that a more detailed paper was to be discussed at the Board meeting in March.

The Committee received the update and noted the on-going work to review the capital programme, and challenged and confirmed the emerging pressures and committed state of that programme.

The Committee challenged and confirmed the affordability of the programme and considered the opportunities in light of a downside I&E position.

6. Strategic Board Assurance Framework Q3	**SWBFI (02/18) 006**

Mr Waite reported that the Quarter 3 version of the Strategic BAF had been updated to reflect the risks in relation to the delay with the Midland Metropolitan Hospital. There were no other material changes to what had previously been reported and that were pertinent to the Committee. The Committee received the update and noted the risks aligned to it.

7. Matters to highlight to the Trust Board and Audit & Risk Management Committee	**Verbal**

The Committee wished to highlight the following matters: • Forecast delivery of compliance with Control Total 2017/18; • P10 in month surplus and reduced agency costs; • The Financial Plan for 2018-20 and determination of acceptance or otherwise of Control Total; • Capital programme affordability and prospective 'hard choices'.

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 other items of business.	
Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting will be held on 23rd March 2018 at 0900h – 1030h in the Anne Gibson Committee Room, City Hospital.	

Signed ……..

Print ……..

Date ……..

Paper ref:	TB (04/18) 010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Chief Executive's Summary Report on Organisation Wide Issues		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

We might consider in particular from my report:

- The national pay award currently being consulted upon
- The implications if no funding settlement is reached with NHS England/specialised commissioning in the coming month for oncology, acute oncology and specialise gynae cancer surgery
- The success of our safety plan and nurse recruitment work
- Changes in local pathology services
- Our appetite for risk in relation to setting budgets and accepting the control total

We should note the merger of HEFT and UHB and congratulate partners on their achievement.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Not applicable

4. Recommendation(s)

The Trust Board is asked to:

a.	Note the issues raised in the report
b.	Accept the inclusion of the risks presented in the relevant annex into our risk register
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		To be confirmed after consideration of attached annex					
Board Assurance Framework		Not on this occasion					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Chief Executive's Report to Trust Board

April 2018

We move into the new public sector year. Encouragingly Parliamentary conversation has turned to the idea of a long term settlement for the NHS. To succeed this will need to be matched by similar clarity and consistency in partner bodies, specifically social care. At a local level we are working to strike a two year funding deal with our key commissioners, and to advance the development of an Integrated Care System for over 700,000 local people, grounded in innovation by bringing primary care, social care, mental health and 'secondary' care providers into partnerships in both Sandwell and western Birmingham.

At the same time, we face material short term manifestations of long term issues in our serious funding difficulties with specialised commissioned services, and in the agreement of a final settlement to construct the Midland Metropolitan. We were due to open in October 2018. Every month thereafter adds cost and risk. Today we add to our risk register some proposed specific risks, and begin a month-long conversation with clinicians about how long we can sustain dual site services. It is enormously important in thinking about this scheme that safety and clinical risk are weighted more highly than accounting conventions, however significant those are. I am increasingly personally concerned that the right balance is not being struck in the negotiations in which we are a part. I am optimistic that decency and quality will though prevail in the end.

In this report I cover Trust issues from March, reflect – in advance of our imminent Annual Report and Quality Account – on our 17-18 objectives and consider some key priorities for 'Quarter One': In other words April, May and June, where our actions and outcomes will define the year ahead.

1. Our patients

The organisation continues to deliver in large measure our Safety Plan. This is, by far, the biggest achievement in our Trust over the last 12 months. It comes after a prior two years of seeking to, and not really succeeding with, deliver of our 10/10 promises. Through our safety plan we can be confident that core inpatient safety checks are being undertaken consistently. When we examine the mortality papers in today's meeting, it is the identification and care of sepsis which represents the single largest opportunity for gain. In March our renewed approach to risk assessment and intervention was our "Hot Topic", or big push, and at May's Board we will review to coherence of our approach, which has seen changes implemented in how we assess in ED, and across our wards. Our incoming Chief Nurse, Paula Gardner, will take up the emphasis on the Safety Plan, but also in ensuring that all of our registered and unregistered nurses feel confident and able to escalate concerns about deteriorating patients and insist on action as a result. Tackling Sepsis brilliantly is the bridge between the core standards of our safety plan and the improvement ethos behind our 2020 Quality Plan. David Carruthers is going to drive that latter work forward and the executive reviewed last week how best to mobilise wide-scale support. We know from individual tragedies embodied in avoidable deaths and from routine data on our practices that we have scope to do even better. Going for Good, which is our response to our 2017 CQC report, is all about that improvement. Not just in reducing harm, but in ensuring we have, everywhere, a culture focused on local changes to improve patient experience.

On April 11th we bring together more than a hundred clinicians from across medicine for the next steps in our Consistency of Care journey. Each week we are looking at ward by ward audit data on the calibre of checks being undertaken on each patient. There is a clear upward trajectory, assisted by our recruitment success. We will end the year with 37 ward based nurse vacancies, against a figure of more than 150 before the year started. Retention is improving too. The pay award position is discussed below. For six weeks now we have been evaluating the quality of every single transfer of a patient from an acute bed into a community setting. Such transfers are rated and feedback provided clinician-to-clinician. The last week was the first one in which no 'red' rated discharges took place. Taken together with our continued success in addressing re-admission rates, we should be encouraged by that progress. On the other hand, I am aware of at least two patients discharged with an in-situ cannula still in their arm, and in nightclothes. This is not our standard of care and will not be tolerated.

We apologise unreservedly to the patients concerned. Huge numbers of patients treated well does not 'trade off' against individual errors. Every patient matters. That is why we launched last month our Purple Point service to make sure that unambiguously we could hear from patients and relatives, both about concerns and compliments. It is also why we have working for over twelve months on PJ paralysis, now a national campaign, to combat de conditioning and institutionalisation in care. Every day or night spent in hospital beyond what is really needed is a risk to patients. The Clinical Leadership Executive, whose activities are reported in an annex to this report, spent time this month on the reasons for extended stays, and in particular whether we have unwitting practices which stand in the way of outpatient care, where that represents a better alternative to another night in hospital. Whilst 2017-18 has seen a quadrupling of ambulatory care alternatives to admission, we have yet to make the most of the access we now have to GP booking systems to offer patients access to the right place for their care. This must change in the next three months.

Preparations continue to open our 23 hour specialist elective surgical unit in May. This will help us to expand treatment volumes and reduce waits. But by relying ever more on day case models it will also reduce the risk of cancellation of care. We have not met our cancelled operations reduction ambition for March, and although national NHS planning guidance could be argued to de-emphasise planned care, we are planning a major expansion of services over the next two years. Part of that is working smarter with GP partners, and with colleagues in Modality from April many patients will receive their follow up outpatient care through primary care rather than through hospital medicine. This creates space to expand initial hospital appointments and reduce waiting times further. This in turn means that more local residents will get access to care locally, taking the pressure off neighbouring units like Heartlands or Russell's Hall. Our emerging plans to expand services at the Neptune Health Centre have the same aim of improving local access, even as we centralise some specialised services. Engagement events are taking place now in support of changes to chemotherapy services associated with NHS England's changes to oncology care – and we continue to offer routes to commissioners to re-create a local oncology service in a year's time to replace the departing teams whose care is relocating to Edgbaston.

The Board, and CCG partners, have rightly focused attention on community based nursing care. Over the last eighteen months we have seen huge improvements in health visiting services. Under the banner of our Consistency of Care work we are also targeting changes in district nursing care, and since February every single DN team has shown improvements against the key performance indicators agreed with commissioners. At the same time, we are working with the CCG and Sandwell Metropolitan Borough Council to ensure that the offer wrapped around local Care Homes matches the need of residents. There remains a big opportunity to reduce admissions to hospital from these locations, not to save expense, but to improve quality. When we discuss 'Integrated Care' we know that care homes must become part of what the NHS sometimes calls "the system". Likewise the Trust is working with commissioning partners to see if we can create genuine Urgent Care networks within SWB. The current consultation on the future of services at Parsonage Street in Sandwell and Summerfield in Birmingham represents a chance to develop a more joined up approach.

As our Quality Account will show we end this year with further material reduction in infection rates in our Trust, and improvements in how we address complaints and serious incidents. Board members are aware of work to improve our timeliness and learning from less serious incidents, and to improve feedback to staff who report. Another Speak Up Day will take place in May 2018.

2. Our workforce

More than two thirds of our employees now have next year's appraisal booked and we will end March with our highest ever level of mandatory training compliance, with big improvements in safeguarding and Basic Life Support coverage. This is a strong platform of people management with which to start a year in which great line management will be the defining factor in our success or otherwise. Our innovative Accredited Manager programme nears its conclusion, and every one of our 700 people managers will carry with them a passport of compliance and excellence, which will form part of their appraisal in 2019.

Board members will be aware that for most NHS employees a proposed revised pay deal is now being consulted upon. The final form of that deal will become clear in early June. By then the routing of funds will also be clear as it is not entirely explicit that all funding for it will be new and on top of extant *local* allocations. When we discuss our 2018-19 budget we need to consider what measure of risk might exist in the event of any discrepancy. On the surface the deal appears to be straightforward but it will require us to review our planned approach to both Aspiring to Excellence and the band 6 career escalator in terms of the financial implications. Our approach should, in my view, remain one of rewarding excellence and supporting competence. The significant changes to time served increments very much follow that ethos.

We continue to look to make easier, or certainly simpler, to work here. We have changed the induction and "onboarding" process of new employees. New systems in our finance function from April 1st will give frontline staff better visibility of costing information, but also easier access to the ability to order approved products. With the introduction of Unity in quarter two, all of our prescribing work will go electronic. And we have a massive project in hand to make much bigger use of email as a primary method of communicating with, and from, patients. There is much more we can go, in this vein, and part of our response to the National Staff Survey, and our own data on engagement and involvement will focus on how we can further with this, to take 'hassle' out of getting simple things done. One of the biggest issues for staff remains car parking arrangements and we address that again in our public and private papers.

We have submitted our Gender Pay Gap report in line with national requirements. The Board will recall that we examined issues in this arena earlier in 2018. On the data we hold, the Trust is strongly placed to meet our own and others expectations. Work continues however to address under representation of BME employees in senior positions within the Trust.

3. Our partners (including Unity and Midland Met)

Productive discussions continue with Cerner about go live arrangements for the Unity product. Our current soft target date is now August 2018, which would permit our optimisation window to have full use of the new system by staff would remain inside this calendar year. There is a lot of work to do to be ready but we expect the product to shortly pass out of technical testing. The focus then becomes ever more on frontline training and simulation of a new work style which is paperless, or at least paperlight.

At the time of writing we have not progressed, to a conclusion, interim contractor arrangements for Midland Met. With notice of termination to the prior Carillion Construction having been issued by the SPV, it is clear that the next month must represent a decision moment for our Trust, and for government. We cover in the private Board meeting some of the contractual and commercial issues we are facing. The redundancies announced by PWC, which we had sought to prevent, are deeply regrettable and increase the risk of further delay to the project. The urgency of a new build opening is apparent to us all. Any delay beyond March 2020 has to be considered extremely sub optimal and it is important that the views and pressures of those providing care are clearly heard and responded to in the evaluation of options.

I am pleased to note that the Aston Medical School receive government approval of new places in the latest expansion arrangements for doctors' training. The Trust remains the principle partner for this very exciting high profile venture, and we continue to work to secure wider Black Country participation in this project. At the same time, one of our ophthalmologists has been appointed to a chair within that University. Our Birmingham collaboration is vital to us, and expansion plans are emerging there too.

4. **Our regulators**

In line with briefing at our last meeting we have reviewed and submitted our neonatal network improvement plan. No harms were identified in the report from the peer review, but we were not meeting some desired

standards consistently. Discussions continue to commissioners to ensure that funding arrangements do not force us to close cots at a time when units across the region are under severe pressure.

I am delighted to report that the Trust has achieved, within pathology, full UKAS accreditation. The work that has gone into that is considerable. As we move forward with the Black Country Pathology programme, which is contingent on some funding settlements associated with the Midland Met delay, we need to ensure that we retain this quality of process and output.

The Trust has contributed actively to the CQC plan in response to the system wide review held in Birmingham.

5. **Black Country Sustainability and Transformation Plan**

Recruitment has now commenced for the independent chair, a new senior officer and the programme director. Arrangements for partner involvement in that process are presently being finalised.

Toby Lewis, Chief Executive - March 29th 2018

Annex Summary:

1. Safe staffing summary
2. Halcyon Birth Centre – Equality and Quality Impact Assessments
3. Recruitment scorecard
4. Clinical Leadership Executive (27 March 2018) Outbrief
5. Midland Met risks summary (to be added to Trust Risk Register) – *to follow*

Annex 1

Safe Staffing

February 2018 Summary

The summary level Unify data demonstrates overall % fill rates during the February period at 91.7.3% and 88.5% respectively for (day) and 9o.4.2% and 100% respectively (Night).

Gynaecology staffing demonstrates a significant deterioration, the position on this having been captured on the Group risk register with a discussion paper on quality and safety impact presented to March Q & S committee.

Risk is being mitigated currently by the co-location of EGAU to provide additional support. There are no current indicative quality and safety outcome impacts, but this will continue to be monitored.

Early warning trigger data demonstrates an overall improvement in performance against key quality and safety indicators across all ward areas.

Elaine Newell

Chief Nurse

March 2018

Safe Staffing Return Summary			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff						Cumulative count over the month of patients at 23:59 each day	Registered midwives / nurses	Care Staff	Overall
Month	Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)				
Jul-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2138	2330	526	527	414	500	0	18	109.0%	100.2%	120.8%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	25676	27032	15249	16705	14064	17337	6905	8503	105.3%	109.5%	123.3%	123.1%				
	RXK10	ROWLEY REGIS HOSPITAL	2826	3265	4417	4556	1243	1985	1788	2085	115.5%	103.2%	159.7%	116.6%				
	RXK01	SANDWELL GENERAL HOSPITAL	30666	32776	19123	22015	15612	18588	8817	13232	106.9%	115.1%	119.1%	150.1%				
	Total		61305	65403	39314	43803	31332	38409	17510	23837	106.7%	111.4%	122.6%	136.1%				
Aug-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1839	1807	497	475	472	560	0	28	98.3%	95.6%	118.7%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24155	24753	13808	14687	13967	16362	6858	8233	102.5%	106.4%	117.2%	120.0%				
	RXK10	ROWLEY REGIS HOSPITAL	2964	3200	3816	3937	1176	1794	1553	1860	107.9%	103.2%	152.6%	119.8%				
	RXK01	SANDWELL GENERAL HOSPITAL	28245	29172	16759	19191	14679	16520	7932	11384	103.3%	114.5%	112.5%	143.5%				
	Total		57202	58932	34879	38290	30293	35236	16343	21505	103.0%	109.8%	116.3%	131.6%				
Sep-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2137	2080	454	475	472	532	0	119	97.3%	104.5%	112.8%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24208	27604	14308	17278	13993	20283	6794	10406	114.0%	120.8%	144.9%	153.2%				
	RXK10	ROWLEY REGIS HOSPITAL	1274	1472	1216	1382	403	1185	587	756	115.5%	113.6%	294.4%	128.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	27883	32528	16822	23743	14654	20124	7392	15185	116.7%	141.1%	137.3%	205.4%				
	Total		55501	63684	32800	42877	29521	42124	14773	26466	114.7%	130.7%	142.7%	179.2%				
Oct-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2199	2139.917	546.75	548.5	434.75	519	0	28	97.3%	100.3%	119.4%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	25273	27384.5	14779.5	15814.42	14038.5	16711.07	6797	8913.5	108.4%	107.0%	119.0%	131.1%				
	RXK10	ROWLEY REGIS HOSPITAL	3308	3480.067	3886.5	4283.25	1230	1876.5	1590	2006	105.2%	110.2%	152.6%	126.2%				
	RXK01	SANDWELL GENERAL HOSPITAL	31768.25	33296.75	19265.22	21818.3	16182.5	19034.25	8175	11998.83	104.8%	113.3%	117.6%	146.8%				
	Total		62548	66301	38478	42464	31886	38141	16562	22946	106.0%	110.4%	119.6%	138.5%				
Nov-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2082.5	2122.167	569.75	590.9167	490.25	499.75	0	55.75	101.9%	103.7%	101.9%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26188.75	26959.63	15119	15017.5	14937	16194.5	6939	8142	102.9%	99.3%	108.4%	117.3%				
	RXK10	ROWLEY REGIS HOSPITAL	3040.5	2955.25	3894	3722.75	1306.5	1463	1511.5	1800	97.2%	95.6%	112.0%	119.1%				
	RXK01	SANDWELL GENERAL HOSPITAL	29371	30796.57	18168.5	19839.58	15566	17377.82	7733	11116.5	104.9%	109.2%	111.6%	143.8%				
	Total		60683	62834	37751	39171	32300	35535	16184	21114	103.5%	103.8%	110.0%	130.5%				
Dec-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1963.75	1844.167	554	471.5	518	465.5	0	139.25	93.9%	85.1%	89.9%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26367.75	26839.52	15860.5	15872.08	15638.5	16717.67	7044	7930	101.8%	100.1%	106.9%	112.6%				
	RXK10	ROWLEY REGIS HOSPITAL	3280	3003	3634.5	3553.5	1262.5	1255.5	1501.5	1622.5	91.6%	97.8%	99.4%	108.1%				
	RXK01	SANDWELL GENERAL HOSPITAL	30676	30848.75	17822	19391.08	16710.5	17467	8177.017	10390.08	100.6%	108.8%	104.5%	127.1%				
	Total		62288	62535	37871	39288	34130	35906	16723	20082	100.4%	103.7%	105.2%	120.1%				
Jan-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2123.25	2227.333	505.5	492.25	582.75	555	129.5	157.5	104.9%	97.4%	95.2%	121.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30328.5	30574.63	15962.5	15937.82	18989.5	20653.42	7731	8767.25	100.8%	99.8%	108.8%	113.4%				
	RXK10	ROWLEY REGIS HOSPITAL	2919	3183.5	3472.5	3411.5	1333	1558.5	1429	1542.25	109.1%	98.2%	116.9%	107.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	29286.5	30702.12	17609.5	19883.43	16561.5	18341	8455	11660.25	104.8%	112.9%	110.7%	137.9%				
			64657	66688	37550	39725	37467	41108	17745	22127	103.1%	105.8%	109.7%	124.7%				
Feb-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1867.25	2053.5	464.5	462	490.25	518	129.5	101.75	110.0%	99.5%	105.7%	78.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	27390.25	27677.75	14544.5	14620.48	17409.5	18193.92	6915.5	7414.25	101.0%	100.5%	104.5%	107.2%				
	RXK10	ROWLEY REGIS HOSPITAL	2542	2743.25	3000.5	3185.5	1194.5	1192	1457.5	1407	107.9%	106.2%	99.8%	96.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	25298.5	27136.1	14521.5	16240.82	14720	16798	7292	9867.25	107.3%	111.8%	114.1%	135.3%				
			57098	59611	32531	34509	33814	36702	15795	18790	104.4%	106.1%	108.5%	119.0%				
Mar-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2353.25	2352.417	501.5	447	573.5	565.25	148	139.5	100.0%	89.1%	98.6%	94.3%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	29823.73	30744.15	16727.5	15515.32	18670	21136.23	7507.5	7752	103.1%	92.8%	113.2%	103.3%				
	RXK10	ROWLEY REGIS HOSPITAL	2702.5	3084.9	3546.75	3896.583	1211.5	1717.75	1670.5	2067	114.1%	109.9%	141.8%	123.7%				
	RXK01	SANDWELL GENERAL HOSPITAL	28133.5	30365.28	15989.5	17373.25	15995	20147.07	7760.517	10975.02	107.9%	108.7%	126.0%	141.4%				
			63013	66547	36765	37232	36450	43566	17087	20934	105.6%	101.3%	119.5%	122.5%				
Apr-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1502	1941	305.5	396.25	444	536.5	92.5	101.75	129.2%	129.7%	120.8%	110.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30171.5	31776.33	16684	15468.25	18810.5	20221.75	7285.5	8325	105.3%	92.7%	107.5%	114.3%				
	RXK10	ROWLEY REGIS HOSPITAL	2614	2568.5	3772	3448.067	1116.5	1351.5	1763	1778	98.3%	91.4%	121.0%	100.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	27100	29153.3	15850.25	17460.35	16443.5	18445.28	7508	10431.5	107.6%	110.2%	112.2%	138.9%				
			61388	65439	36612	36773	36815	40555	16649	20636	106.6%	100.4%	110.2%	123.9%				
May-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2034.5	1941	434	402.25	573.5	527.25	138.75	138.75	95.4%	92.7%	91.9%	100.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	32094.5	32675.33	16822.25	16256	19465	21176.25	7493	8437	101.8%	96.6%	108.8%	112.6%				
	RXK10	ROWLEY REGIS HOSPITAL	2645.5	2576.067	3508.5	3169.083	1083.5	1475.067	1842.5	2033	97.4%	90.3%	136.1%	110.3%				
	RXK01	SANDWELL GENERAL HOSPITAL	26561	27802.15	15591.5	17242.17	16839	17383.17	8199.5	10655	104.7%	110.6%	103.2%	129.9%				
			63336	64995	36356	37070	37961	40562	17674	21264	102.6%	102.0%	106.9%	120.3%				
Jun-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2276.25	2172.167	419	426	555	527.25	166.5	184.75	95.4%	101.7%	95.0%	111.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28309.5	29468.17	15410.18	14755.27	18281	19637.77	6748.5	7504.317	104.1%	95.8%	107.4%	111.2%				
	RXK10	ROWLEY REGIS HOSPITAL	2442	2374.75	3676.5	3263	1302.5	1494	1587	1916.5	97.2%	88.8%	114.7%	120.8%				
	RXK01	SANDWELL GENERAL HOSPITAL	26826	28578.08	15516.5	17366.28	15139.5	17222.75	8432.5	10183	106.5%	111.9%	113.8%	120.8%				
			59854	62593	35022	35811	35278	38882	16935	19789	104.6%	102.3%	110.2%	116.9%				
Jul-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	1951.583	465	512.75	589	555	0	166.5	209.8%	110.3%	94.2%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	32069.5	27187.57	13190.5	13134.5	27450.5	19260.02	8199.5	7613.267	84.8%	99.6%	70.2%	92.9%				
	RXK10	ROWLEY REGIS HOSPITAL	3208	2495	3565	2970.667	2139	1486.75	2495.5	1923	77.8%	83.3%	69.5%	77.1%				
	RXK01	SANDWELL GENERAL HOSPITAL	30178.5	26279.73	15686	15236.02	23885.5	17973.25	11764.5	11337.25	87.1%	97.1%	75.2%	96.4%				
			66386	57914	32907	31854	54064	39275	22460	21040	87.2%	96.8%	72.6%	93.7%				
Aug-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	806	465	370.75	573	518.25	0	171	86.7%	79.7%	90.4%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	31861.5	24502	13158.25	11459.75	27419.5	18006.17	7843	7162.517	76.9%	87.1%	65.7%	91.3%				
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	2431.5	3565	3108.117	2139	1589.75	2495.5	2150.5	75.8%	87.2%	74.3%	86.2%				
	RXK01	SANDWELL GENERAL HOSPITAL	29192	24223	14735.5	15146	22765.5	17481.07	11251	11176.75	83.0%	102.8%	76.8%	99.3%				
			65192	51963	31924	30085	52897	37595	21590	20661	79.7%	94.2%	71.1%	95.7%				
Sep-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	900	935	450	378.5	555	472	166.5	194.75	103.9%	84.1%	85.0%	117.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28394	26595.9	11679	13003.83	24495	20277.5	7651	7903	93.7%	111.3%	82.8%	103.3%				
	RXK10	ROWLEY REGIS HOSPITAL	3105	2663	3450	3364.5	2070	1881.25	2415	2336	85.8%	97.5%	90.9%	96.7%				
	RXK01	SANDWELL GENERAL HOSPITAL	27587	25604	14651	16277.83	21016	18495	11561.5	11814.52	92.8%	111.1%	88.0%	102.2%				
			59986	55798	30230	33025	48136	41126	21794	22248	93.0%	109.2%	85.4%	102.1%				
Oct-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	969.3333	465	344.75	573.5	536.75	157.25	178.25	104.2%	74.1%	93.6%	113.4%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30986	34295.28	13485.5	16855.07	26737.5	28120.5	8215	10881.25	110.7%	125.0%	105.2%	132.5%				
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	3267.667	3565	3678	2139	2590.25	2495.5	2913.5	101.8%	103.2%	121.1%	116.8%				
	RXK01	SANDWELL GENERAL HOSPITAL	27183.5	30355.55	15523.5	21546.75	21761	24224.5	10848	16673.5	111.7%	138.8%	111.3%	153.7%				
			62308	68888	33039	42425	51211	55472	21716	30647	110.6%	128.4%	108.3%	141.1%				
Nov-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	191	536	536	157	138	104.2%	74.1%	93.6%	113.4%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24755	23194	9789	9919	22694	21079	7217	7434	110.7%	125.0%	105.2%	132.5%				
	RXK10	ROWLEY REGIS HOSPITAL	2738	2309	1738	1837	1826	1871	1493	1446	101.8%	103.2%	121.1%	116.8%				
	RXK01	SANDWELL GENERAL HOSPITAL	24276	23016	12497	12096	20417	19181	10173	9660	111.7%	138.8%	111.3%	153.7%				
			52204	48954	24241	24043	45473	42667	19040	18678	93.8%	99.2%	93.8%	98.1%				
Dec-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	450	232	195	573	545	185	148	96.8%	84.1%	95.1%	80.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28783	27400	12089	11327	27170	24752	9454	8471	95.2%	93.7%	91.1%	89.6%				
	RXK10	ROWLEY REGIS HOSPITAL	3044	2561	1975	2027	2030	2007	1689	1586	84.1%	102.6%	98.9%	93.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	26109	24203	13225	12669	21872	20396	10342	10095	92.7%	95.8%	93.3%	97.6%				
			58401	54614	27521	26218	51645	47700	21670	20300	93.5%	95.3%	92.4%	93.7%				
Jan-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	198	573	564	148	148	100.0%	85.3%	98.4%	100.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26001	24220	10586	9949	24291	23361	8611	7795	93.2%	94.0%	96.2%	90.5%				
	RXK10	ROWLEY REGIS HOSPITAL	2867	2417	1798	1775	1912	1888	1235	1223	84.3%	98.7%	98.7%	99.0%				
	RXK01	SANDWELL GENERAL HOSPITAL	25861	24488	12914	12728	21731	20994	10454	10439	94.7%	98.6%	96.6%	99.9%				
			55194	51590	25530	24650	48507	46807	20448	19605	93.5%	96.6%	96.5%	95.9%				
Feb-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	420	420	210	195	518	518	148	148	100.0%	92.9%	100.0%	100.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	27047	25992	11249	10768	25705	24916	8501	8412	96.1%	95.7%	96.9%	99.0%				
	RXK10	ROWLEY REGIS HOSPITAL	3906	3279	3664	3960	2604	2557	2779	3098	83.9%	108.1%	98.2%	111.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	25483	23052	12166	12244	21532	19958	9856	9788	90.5%	100.6%	92.7%	99.3%				
			56856	52743	27289	27167	50359	47949	21284	21446	92.8%	99.6%	95.2%	100.8%				
Mar-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	555	465	277	221	462	573	157	194	83.8%	79.8%	124.0%	123.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24357	27553	10043	11106	22770	26280	7890	8653	113.1%	110.6%	115.4%	109.7%				
	RXK10	ROWLEY REGIS HOSPITAL	3936	3194	4367	4836	2625	2530	3224	3693	81.1%	110.7%	96.4%	114.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	28158	25581	13813	13543	23643	21025	10958	10617	90.8%	98.0%	88.9%	96.9%				
			57006	56793	28500	29706	49500	50408	22229	23157	99.6%	104.2%	101.8%	104.2%				
Apr-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	457	225	206	555	555	148	175	101.6%	91.6%	100.0%	118.2%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28863	27928	11830	10759	27267	25879	9244	8557	96.8%	90.9%	94.9%	92.6%				
	RXK10	ROWLEY REGIS HOSPITAL	4185	3631	4702	5260	2790	2754	3417	3881	86.8%	111.9%	98.7%	113.6%				
	RXK01	SANDWELL GENERAL HOSPITAL	27066	24907	13360	13080	21663	20686	10532	10611	92.0%	97.9%	95.5%	100.8%				
			60564	56923	30117	29305	52275	49874	23341	23224	94.0%	97.3%	95.4%	99.5%				
May-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	195	536	536	166	185	100.0%	89.9%	100.0%	111.4%	192	5.1	2.0	7.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29134	29287	11975	11748	27549	27239	9115	8696	100.5%	98.1%	98.9%	95.4%	8856	6.4	2.3	8.7
	RXK10	ROWLEY REGIS HOSPITAL	4323	3879	4858	5417	2883	2871	3605	4005	89.7%	111.5%	99.6%	111.1%	2624	2.6	3.6	6.2
	RXK01	SANDWELL GENERAL HOSPITAL	28077	26369	14260	13294	22336	21643	10737	10506	93.9%	93.2%	96.9%	97.8%	9535	5.0	2.5	7.5
			61969	59970	31310	30654	53304	52289	23623	23392	96.8%	97.9%	98.1%	99.0%	21207.00	5.3	2.5	7.8
Jun-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%	135	7.5	2.5	10.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%	8704	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%	2222	3.0	3.9	6.9
	RXK01	SANDWELL GENERAL HOSPITAL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%	9235	5.0	2.6	7.6
			60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%	20296			
Jul-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	RXK01	SANDWELL GENERAL HOSPITAL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
			61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%	21433	19	11	29
Aug-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	221	573	573	175	175	100.0%	95.3%	100.0%	100.0%	228	4.6	1.7	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29313	27693	12062	12037	27582	25849	8198	8735	94.5%	99.8%	93.7%	106.6%	9155	5.8	2.3	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3967	3395	4972	4965	3439	3310	3067	3079	85.6%	99.9%	96.2%	100.4%	2178	3.1	3.7	6.8
	RXK01	SANDWELL GENERAL HOSPITAL	25853	25600	20636	14598	21640	20464	11640	12846	99.0%	70.7%	94.6%	110.4%	9872	4.7	2.8	7.4
			59598	57153	37902	31821	53234	50196	23080	24835	95.9%	84.0%	94.3%	107.6%	21433	18	10	29
Sep-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	476	225	195	555	555	157	222	105.8%	86.7%	100.0%	141.4%	174	5.9	2.4	8.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29457	28063	12304	12574	27112	25549	8197	8677	95.3%	102.2%	94.2%	105.9%	9026	5.9	2.4	8.3
	RXK10	ROWLEY REGIS HOSPITAL	3028	2638	3851	3963	2773	2726	2426	2426	87.1%	102.9%	98.3%	100.0%	1852	2.9	3.4	6.3
	RXK01	SANDWELL GENERAL HOSPITAL	26309	25107	13815	14727	20919	19649	11129	12282	95.4%	106.6%	93.9%	110.4%	9236	4.8	2.9	7.8
			59244	56284	30195	31459	51359	48479	21909	23607	95.0%	104.2%	94.4%	107.8%	20288	20	11	31
Oct-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	446	232	217	573	573	157	120	95.9%	93.5%	100.0%	76.4%	144	7.1	2.3	9.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	32594	31145	15120	15025	28558	26663	9885	10501	95.6%	99.4%	93.4%	106.2%	9327	6.2	2.7	8.9
	RXK10	ROWLEY REGIS HOSPITAL	2219	2103	2656	2717	2744	1844	2560	2536	94.8%	102.3%	67.2%	99.1%	2262	1.7	2.3	4.1
	RXK01	SANDWELL GENERAL HOSPITAL	28494	27372	14486	16860	22514	21304	12135	13988	96.1%	116.4%	94.6%	115.3%	10266	4.7	3.0	7.7
			63772	61066	32494	34819	54389	50384	24737	27145	95.8%	107.2%	92.6%	109.7%	21999	20	10	30
Nov-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	442	225	210	555	545	166	148	98.2%	93.3%	98.2%	89.2%	557	1.8	0.6	2.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31002	30282	13483	13765	27240	25886	8953	9971	97.7%	102.1%	95.0%	111.4%	8630	6.5	2.8	9.3
	RXK10	ROWLEY REGIS HOSPITAL	3382	3220	4072	4197	3874	3257	2981	2957	95.2%	103.1%	84.1%	99.2%	808	8.0	8.9	16.9
	RXK01	SANDWELL GENERAL HOSPITAL	27689	27013	14098	15959	21701	21057	11727	13140	97.6%	113.2%	97.0%	112.0%	7341	6.5	4.0	10.5
			62523	60957	31878	34131	53370	50745	23827	26216	97.5%	107.1%	95.1%	110.0%	17336	23	16	39
Dec-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	202	573	573	157	138	100.0%	87.1%	100.0%	87.9%	188	5.5	1.8	7.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31106	30016	13528	12482	27055	26094	8854	8909	96.5%	92.3%	96.4%	100.6%	8615	6.5	2.5	9.0
	RXK10	ROWLEY REGIS HOSPITAL	3242	3102	3941	4041	3456	2845	2830	2890	95.7%	102.5%	82.3%	102.1%	2679	2.2	2.6	4.8
	RXK01	SANDWELL GENERAL HOSPITAL	28559	27573	14815	15907	22509	21876	12260	13625	96.5%	107.4%	97.2%	111.1%	10387	4.8	2.8	7.6
			63372	61156	32516	32632	53593	51388	24101	25562	96.5%	100.4%	95.9%	106.1%	21869	19	10	29
Jan-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	322	356	217	210	536	536	37	37	110.6%	96.8%	100.0%	100.0%	180	5.0	1.4	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31579	31020	13938	13564	27429	26766	8904	9225	98.2%	97.3%	97.6%	103.6%	9215	6.3	2.5	8.7
	RXK10	ROWLEY REGIS HOSPITAL	2924	3101	3578	4062	3168	2880	2614	2998	106.1%	113.5%	90.9%	114.7%	2607	2.3	2.7	5.0
	RXK01	SANDWELL GENERAL HOSPITAL	28919	27969	14877	17262	22491	22021	12307	14590	96.7%	116.0%	97.9%	118.6%	10304	4.9	3.1	7.9
			63744	62446	32610	35098	53624	52203	23862	26850	98.0%	107.6%	97.4%	112.5%	22306	18	10	28
Feb-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	270	315	210	191	518	481	0	46	116.7%	91.0%	92.9%	#DIV/0!	175	4.5	1.4	5.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27838	27199	13363	13030	24460	23721	8831	9138	97.7%	97.5%	97.0%	103.5%	8319	6.1	2.7	8.8
	RXK10	ROWLEY REGIS HOSPITAL	2852	2816	3409	3694	3110	2722	2512	2655	98.7%	108.4%	87.5%	105.7%	2242	2.5	2.8	5.3
	RXK01	SANDWELL GENERAL HOSPITAL	26276	25767	13759	15260	19922	19628	12317	13527	98.1%	110.9%	98.5%	109.8%	9359	4.9	3.1	7.9
			57236	56097	30741	32175	48010	46552	23660	25366	98.0%	104.7%	97.0%	107.2%	20095	18	10	28
Mar-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1361	1521	945	615	1642	1430	356	525	111.8%	65.1%	87.1%	147.5%	207	14.3	5.5	19.8
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27241	26683	13748	13163	24777	23662	10047	9645	98.0%	95.7%	95.5%	96.0%	9536	5.3	2.4	7.7
	RXK10	ROWLEY REGIS HOSPITAL	3239	3038	3947	4107	3588	3072	3340	3328	93.8%	104.1%	85.6%	99.6%	2420	2.5	3.1	5.6
	RXK01	SANDWELL GENERAL HOSPITAL	23762	23020	13865	15342	18052	17437	12492	13552	96.9%	110.7%	96.6%	108.5%	9625	4.2	3.0	7.2
			55603	54262	32505	33227	48059	45601	26235	27050	97.6%	102.2%	94.9%	103.1%	21788	26	14	40
Apr-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1335	1416	915	648	1590	1541	345	363	106.1%	70.8%	96.9%	105.2%	210	14.1	4.8	18.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	28695	27561	13723	13252	26964	24779	9890	9750	96.0%	96.6%	91.9%	98.6%	9329	5.6	2.5	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3144	2958	3855	4022	2820	2460	3885	3897	94.1%	104.3%	87.2%	100.3%	2274	2.4	3.5	5.9
	RXK01	SANDWELL GENERAL HOSPITAL	23021	21873	13713	14464	17400	16747	12336	12769	95.0%	105.5%	96.2%	103.5%	9569	4.0	2.8	6.9
			56195	53808	32206	32386	48774	45527	26456	26779	95.8%	100.6%	93.3%	101.2%	21382	26	14	40
May-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	292	337	232	217	573	518	0	55	115.4%	93.5%	90.4%	#DIV/0!	238	3.6	1.1	4.7
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30870	31048	14867	13613	28345	27360	10345	10004	100.6%	91.6%	96.5%	96.7%	9915	5.9	2.4	8.3
	RXK10	ROWLEY REGIS HOSPITAL	3254	3078	4397	4186	2914	2536	4014	3919	94.6%	95.2%	87.0%	97.6%	1536	3.7	5.3	8.9
	RXK01	SANDWELL GENERAL HOSPITAL	26141	25145	14245	14637	22440	22611	12412	12946	96.2%	102.8%	100.8%	104.3%	10047	4.8	2.7	7.5
			60557	59608	33741	32653	54272	53025	26771	26924	98.4%	96.8%	97.7%	100.6%	21736	18	12	29
Jun-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	0	0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	328	0.0	0.0	0.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	32092	31476	15977	14308	29009	27747	11086	11521	98.1%	89.6%	95.6%	103.9%	9390	6.3	2.8	9.1
	RXK10	ROWLEY REGIS HOSPITAL	3157	2937	4381	3949	2825	2476	3890	3867	93.0%	90.1%	87.6%	99.4%	2282	2.4	3.4	5.8
	RXK01	SANDWELL GENERAL HOSPITAL	24642	24373	13973	14438	19970	19498	12336	13033	98.9%	103.3%	97.6%	105.7%	9303	4.7	3.0	7.7
			59891	58786	34331	32695	51804	49721	27312	28421	98.2%	95.2%	96.0%	104.1%	21303	13	9	23
Jul-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	300	345	225	180	555	555	0	0	115.0%	80.0%	100.0%	#DIV/0!	276	3.3	0.7	3.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30894	29888	14741	13461	28584	26702	9817	10265	96.7%	91.3%	93.4%	104.6%	9579	5.9	2.5	8.4
	RXK10	ROWLEY REGIS HOSPITAL	3075	3000	4281	3966	2850	2490	3915	3879	97.6%	92.6%	87.4%	99.1%	2269	2.4	3.5	5.9
	RXK01	SANDWELL GENERAL HOSPITAL	25308	24971	14711	14847	22287	22588	13274	13555	98.7%	100.9%	101.4%	102.1%	9811	4.8	2.9	7.7
			59577	58204	33958	32454	54276	52335	27006	27699	97.7%	95.6%	96.4%	102.6%	21935	16	9	26
Aug-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	292	345	232	183	573	555	0	18	118.2%	78.9%	96.9%	#DIV/0!	249	3.6	0.8	4.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29837	27218	14638	12947	27665	24649	9611	10160	91.2%	88.4%	89.1%	105.7%	9277	5.6	2.5	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3567	3346	4843	4529	2923	2671	4011	3988	93.8%	93.5%	91.4%	99.4%	2571	2.3	3.3	5.7
	RXK01	SANDWELL GENERAL HOSPITAL	27288	24118	15703	14697	19737	22381	14390	13733	88.4%	93.6%	113.4%	95.4%	9906	4.7	2.9	7.6
			60984	55027	35416	32356	50898	50256	28012	27899	90.2%	91.4%	98.7%	99.6%	22003	16	9	26
Sep-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	292	341	225	210	555	555	0	9	116.8%	93.3%	100.0%	#DIV/0!	221	4.1	1.0	5.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29975	29324	14254	13068	27601	25914	9786	9775	97.8%	91.7%	93.9%	99.9%	9578	5.8	2.4	8.2
	RXK10	ROWLEY REGIS HOSPITAL	4077	3925	5520	5029	2790	2790	3825	3802	96.3%	91.1%	100.0%	99.4%	2479	2.7	3.6	6.3
	RXK01	SANDWELL GENERAL HOSPITAL	23096	23380	14607	14929	22186	19522	13397	14684	101.2%	102.2%	88.0%	109.6%	9901	4.3	3.0	7.3
			57440	56970	34606	33236	53132	48781	27008	28270	99.2%	96.0%	91.8%	104.7%	22179	17	10	27
Oct-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	300	307	232	217	573	536	0	55	102.3%	93.5%	93.5%	#DIV/0!	174	4.8	1.6	6.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30867	29794	14429	13236	28148	27059	9541	10173	96.5%	91.7%	96.1%	106.6%	10063	5.6	2.3	8.0
	RXK10	ROWLEY REGIS HOSPITAL	4215	4054	5695	5318	2883	2894	3951	3883	96.2%	93.4%	100.4%	98.3%	2613	2.7	3.5	6.2
	RXK01	SANDWELL GENERAL HOSPITAL	27170	26684	16362	16357	21864	22266	14852	16136	98.2%	100.0%	101.8%	108.6%	11129	4.4	2.9	7.3
			62552	60839	36718	35128	53468	52755	28344	30247	97.3%	95.7%	98.7%	106.7%	23979	18	10	28
Nov-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	285	315	225	210	555	527	0	27	110.5%	93.3%	95.0%	#DIV/0!	142	5.9	1.7	7.6
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29837	29413	14421	13001	27261	26670	9670	9875	98.6%	90.2%	97.8%	102.1%	9713	5.8	2.4	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3951	3772	5319	5175	2698	2686	3687	3675	95.5%	97.3%	99.6%	99.7%	2495	2.6	3.5	6.1
	RXK01	SANDWELL GENERAL HOSPITAL	26841	25880	16620	16475	21943	21656	15566	16284	96.4%	99.1%	98.7%	104.6%	11132	4.3	2.9	7.2
			60914	59380	36585	34861	52457	51539	28923	29861	97.5%	95.3%	98.2%	103.2%	23482	19	11	29
Dec-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	322	367	232	210	573	545	0	27	114.0%	90.5%	95.1%	#DIV/0!	167	5.5	1.4	6.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30881	29460	14839	13013	28229	27029	10254	9650	95.4%	87.7%	95.7%	94.1%	9260	6.1	2.4	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4203	3700	5700	5371	2883	2859	3951	3849	88.0%	94.2%	99.2%	97.4%	2419	2.7	3.8	6.5
	RXK01	SANDWELL GENERAL HOSPITAL	28278	26344	17809	16640	26185	22192	17449	16449	93.2%	93.4%	84.8%	94.3%	11549	4.2	2.9	7.1
			63684	59871	38580	35234	57870	52625	31654	29975	94.0%	91.3%	90.9%	94.7%	23395	18	11	29
Jan-18	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	300	311	232	221	573	555	0	74	103.7%	95.3%	96.9%	#DIV/0!	165	5.2	1.8	7.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE									0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30895	30238	14915	13260	28552	27494	10692	10035	97.9%	88.9%	96.3%	93.9%	10277	5.6	2.3	7.9
	RXK10	ROWLEY REGIS HOSPITAL	4227	4001	5712	5171	2883	2715	3951	3853	94.7%	90.5%	94.2%	97.5%	2650	2.5	3.4	5.9
	RXK01	SANDWELL GENERAL HOSPITAL	29135	26317	17925	16718	26417	23255	16420	16457	90.3%	93.3%	88.0%	100.2%	11747	4.2	2.8	7.0
			64557	60867	38784	35370	58425	54019	31063	30419	94.3%	91.2%	92.5%	97.9%	24839	18	10	28
Feb-18	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	225	225	180	165	592	573	0	18	100.0%	91.7%	96.8%	#DIV/0!	170	4.7	1.1	5.8
	RXKTC	BIRMINGHAM TREATMENT CENTRE									0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	27868	25883	13546	11808	25716	23199	9717	9792	92.9%	87.2%	90.2%	100.8%	8985	5.5	2.4	7.9
	RXK10	ROWLEY REGIS HOSPITAL	3603	3389	4879	4446	2466	2431	3363	3144	94.1%	91.1%	98.6%	93.5%	2338	2.5	3.2	5.7
	RXK01	SANDWELL GENERAL HOSPITAL	25796	23207	15639	14543	24006	20510	14461	14598	90.0%	93.0%	85.4%	100.9%	10576	4.1	2.8	6.9
			57492	52704	34244	30962	52780	46713	27541	27552	91.7%	90.4%	88.5%	100.0%	22069	17	9	26
3-month Avges	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	282	301	215	199	579	558	0	40	106.6%	92.5%	96.3%	#DIV/0!	167	5.1	1.4	6.6
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	#DIV/0!	#DIV/0!	#DIV/0!
	RXK02	CITY HOSPITAL	29881	28527	14433	12694	27499	25907	10221	9826	95.5%	87.9%	94.2%	96.1%	9507	5.7	2.4	8.1
	RXK10	ROWLEY REGIS HOSPITAL	4011	3697	5430	4996	2744	2668	3755	3615	92.2%	92.0%	97.2%	96.3%	2469	2.6	3.5	6.1
	RXK01	SANDWELL GENERAL HOSPITAL	27736	25289	17124	15967	25536	21986	16110	15835	91.2%	93.2%	86.1%	98.3%	11291	4.2	2.8	7.0
	Total	*Latest 3 month average====>*	61911	57814	37203	33855	56358	51119	30086	29315	93.4%	91.0%	90.7%	97.4%	23434	4.6	2.7	7.3

Annex 2

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Equality Impact Assessment

Stage 2
Initial Assessment form

Group:	**Women and Child Health**
Directorate:	**Maternity and Perinatal Medicine**
Speciality/Service Area	**Midwifery Care**
Is it a Service, Policy or Function:	**Halcyon Birth Centre**
Lead officer (enter name and designation):	**Group Director of Midwifery, Rachel Carter**
Title of service , policy or function :	**Freestanding Birth Centre (Halcyon)**

Is this service aimed at: Adults ✓ Paediatrics ✓ Both ✓

Existing: ✓

New/proposed: ☐

Changed: ☐

Equality & Diversity Team

Q1) What is the aim of your service, policy or function (you may want to refer to the Operational Policy for your service)?

Halcyon BC was opened in 2011 as part of the reconfiguration of maternity services after closure and relocation of Sandwell Maternity Services. It was delegated to offer women in Sandwell an alternative to City Maternity department and ensure the baby would have a Sandwell postcode. It provides care for women who are obstetrically low risk and can birth in the presence of a midwife.

Q2) State which Trust strategic objective this service, policy or function relates to:

Safe high quality care

Accessible and responsive

Care closer to home

21st century infrastructure

Q3) Who benefits from your service, policy or function?

Women and their families who live near to and within the vicinity of this location. A very few number of women outside of Trust who have been attracted by reputation of the service and outcomes.

Q4) Do you have any feedback data that influences, affects or shapes this service, policy or function?

Yes	No
✓ Please complete below.	☐ Please go to question 5

What is your source of feedback?

- ☐ Monitoring Data
- ☐ PALS
- ☐ Previous EIAs
- ☐ National Reports
- ☐ Internal Audits
- ☐ Patient Surveys
- ☐ Complaints / Incidents
- ☐ Focus Groups
- ☐
- ☐
- ☐ Other (please state) Verbal reports to care provider and emails

What does this source of feedback reveal?

Reveals that at outset the location of Halcyon may not be conducive to meeting the required activity as a sustainable outcome however of those women who have used this service all positive feedback has been received.

Q5) Thinking about each group below does or could the service, policy or function have a negative impact on members of the protected characteristics below?
(Please refer to pages 3 & 4 for further definitions of protected characteristic)

Protected Characteristic	Yes	No	Unclear
Age	☐	×	☐
Disability	☐	×	☐

Race	☐	x	☐
Sex	☐	x	☐
Gender Reassignment	☐	x	☐
Sexual Orientation	☐	x	☐
Religion or belief	☐	x	☐
Pregnancy & Maternity	✓	☐	☐
Marriage & Civil Partnership	☐	x	☐
Other socially excluded groups	☐	x	☐

If the answer is "yes" or "Unclear" please complete a full EIA

Q6) Who was involved in the EIA and how?

Who:

Yes Staff members
x Consultants
☐ Doctors
x Midwife
☐ Local patient/user groups
☐ Other

Please specify
During preparation of paper to Trust Board, with factual activity information. No engagement consultation has taken place for service users to this point.

It should be noted that this service change does not discriminate against any specific pregnant woman but affects all pregnant low risk women who may have chosen to birth at Halcyon.

How were they involved?

☐ Surveys
☐ Team Meeting
☐ Group Review
x Other

Please specify:

Data collection (income, activity, growth potential)
Quality Impact assessment.

Q7) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

No	☐	yes	✓

Q7a) If 'No' Explain why you have made this decision?

Q7b) If 'yes' explain the negative impact – you may need to complete a full EIA

Choice for low risk pregnant women and recruitment and retention of midwifery staff for whom this is a unique offer within the West Midlands region.

If a negative impact has been identified please continue to Stage 3. If no negative impact has been identified please submit your Initial Equality Impact Assessment to your Group Director of Operations or Corporate Head of Service approval.

Please note: Issues relating to either interpreting/translating, ensuring single-sex accommodation or Bariatric issues have been identified as corporate trends, therefore if the negative impact you have identified falls within these categories a full impact assessment is not required. However you must state what reasonable adjustment you have put in place to mitigate the impact temporarily.

Should you go full impact assessment Corporate trends must be included on the action plan (page 19) along with what actions (reasonable adjustments) are being taken locally whilst the corporate trends are being addressed.

Justification Statement: As member of SWBH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have not identified a negative impact, you are agreeing that the organisation has not discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

Name:	
Designation:	
Date:	
Contact number:	
Head of Service:	

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	
Designation:	
Date:	
Contact number:	

This EIA has been audited by Equality & Diversity:

Name:	
Signature:	
Date:	
Contact number:	

Step 8) Now that you have ensured a full impact assessment does not need to be completed we need to publish your results for the public to view.

Tick list

☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

Equality & Diversity contact details

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Appendix B

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Equality Impact Assessment

Stage 3
Full Assessment Form

Having completed the Initial EIA Screening Form (Appendix A) which identified a negative or potential negative impact, you are required to complete this Full Assessment form. This will involve you questioning aspects of a proposed/existing service policy or function and forecasting the likely effect on different groups.

Step 1) What is the impact?

1) Why have you carried out this Full Equality Impact Assessment?

To determine the impact of closure of Halcyon Birth Centre – a freestanding midwifery facility for women without obstetric and medical complications

Please mention any additional impacts in the box below. This could include contributing factors or conflicting impacts/priorities (e.g. environment, privacy and dignity, transport, access, signage, local demography) that has resulted in indirect discrimination or anyone else who will be impacted on by your service, policy or function.

This facility has been available since 2011 in a location that is away from the main maternity unit

but in a postcode that offers women from Sandwell Borough a postcode for their birth in lieu of closure at the time of Sandwell Maternity as recommended by the review of services. This service change will remove the birth option in Sandwell (with the exception of home births) until the opening of Midland Metropolitan Hospital.

Failure to fully offer all choices for place of birth as outlined in the 2016 implementation of Better Births National Maternity Review.

Step 2) what are the differences?

2a) Identify the Equality group(s) that will be affected by the impact and state what the differences are:

Protected Characteristic	**Negative / Potential Negative Impact**	**Positive / Potential Positive Impact**	**How is the Equality group identified affected in a different way to others as a result of the service, policy or function?**
Age	☐	☐	
Disability	☐	☐	
Race	☐	☐	
Sex	☐	☐	
Gender Reassignment	☐	☐	
Sexual Orientation	☐	☐	
Religion or Belief	☐	☐	
Pregnancy & Maternity	✓	☐	The withdrawal of choice for women as a potential for avoiding harm (inadvertent medicalisation of birth) in a place of birth they are able to choose outside the hospital and other than home. Choice of place of birth
Marriage & Civil Partnership	☐	☐	

Other socially excluded groups	☐	☐	

2b) This EIA indicates that there is insufficient evidence to judge whether there is differential impact. Please state why below.

NA

Step 3) You are almost there - now all you need to do is to consult!

3a) Who have you consulted with on your service, policy or function and when did the consultation take place?

Senior clinicians (midwives) (February 2018)
Directorate management
Group management
Trust Board

3b) As a result of the consultation are there any further changes to the service, policy or function indicated?

No

Step 4) Plan to address your Negative Impact

1. It is now time to complete your action plan using the table below. Please detail how you are going to address the negative impact, stating the timescales involved. Please refer to the matrix on pages 11 and 12. When including the rag rating please state how the score was achieved e.g. severity (S) 3 x Probability (P) 4 = 12.

Protected Characteristic	Negative Impact	Negative Impact Rag Rating	Action Required	Cost Implications	Expected Outcome	Lead (name and designation)	Timescale (specify dates)
Pregnancy and maternity	Reduction in available locations for births outside of hospital setting	2x2 = 4	Consultation and Communication with all stakeholders	None	Women supported with birth choices in remaining settings for birth: home, Serenity BC & Delivery Suite.	R Carter K Gutteridge	In progress Completed by 30th June 2018

Pregnancy and maternity	Reduced adherence for implementation Better Births across LMS	2x2 = 4	Consultation and Communication with all stakeholders	NA	LMS plan revision for submission to NHSE	R Carter K Gutteridge	TBC In line with LMS timeframe
Pregnancy and maternity	Potential for a reduction in the recruitment of / retention of staff attracted to work at SWBH because of the reduced opportunities associated with full range of birth locations reduced	2x2 = 4	Positive recruitment to successful birth centre and promotion of home birth, with University involvement	NA	Recruitment and retention unaffected	R Carter K Gutteridge	Ongoing

NB: As a requirement of the Clinical Group Review process, please ensure that you include the above actions within your Implementation Plan.

Step 5) Congratulations you have made it.

Completed by:

Name:	Kathryn Gutteridge / Rachel Carter
Designation:	Consultant Midwife / Group Director of Midwifery
Date:	13th March 2018
Contact number:	Ext 4989
Head of Service:	Rachel Carter

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	Amanda Geary
Designation:	Group Director of Operations
Date:	14th March 2018
Contact number:	Ext 5082

This EIA has been audited by Equality & Diversity:

Name:	

Signature:	
Date:	
Contact number:	

Step 6) Now we need to publish your results for the public to view.

Please complete the tick list below.

☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

Equality & Diversity contact details

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Scoring your adverse impact

Matrix for Full Equality Impact Assessments (Stage 3)

1. **PROBABILITY -** What is the likelihood of the service, policy or function having an impact on staff or patients of the Trust? Use the table below to assign this incident a category code.

MEASURES OF PROBABILITY		
Descriptor	**Level**	**Description**
Rare	1	The service, policy or function will only impact under exceptional circumstances
Unlikely	2	The service, policy or function is not expected to have an impact but will do in some circumstances
Possible	3	The service, policy or function may have an impact on occasion
Likely	4	The service, policy or function is likely to impact, but not on a persistent basis
Almost Certain	5	The service, policy or function is likely to impact on many occasions and on a persistent basis

Descriptor	Potential Impact on Individual(s)	The Potential for complaint/ Litigation	Potential Impact on Organisation	Number of Persons likely to be affected
Negligible 1	• No impact or adverse outcome	• Unlikely to cause complaint/ litigation	• No risk at all to organisation	0-1 Person
Low 2	• Short term impact	• Complaint possible • Litigation unlikely	• Minimal risk to organisation	2-4
Medium 3	• Semi-permanent impact	• Litigation possible but not certain. • High potential for complaint.	• Needs careful PR • Reportable to SHA • External investigation (e.g. HSE)	5-10 Persons
High 4	• Permanent impact	• Litigation certain expected to be settled for < £1M	• Service closure • Threat to Divisional/Directorate objectives/priorities • Local publicity	10-20 Persons
Very High 5	• Permanent and severe impact	• Litigation certain expected to be settled for > £1M	• National adverse publicity • Threat to Trust objectives/priorities	Over 20 persons

3 **Equality Impact Score** - Use the matrix below to grade the risk.

E.g. S-2 x P-4 = 8 = Yellow or
S-5 x P-5 = 25 = Red

	Severity of Impact				
Probability	Negligible 1	Low 2	Medium 3	High 4	Very High 5
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Examples of Discrimination according to descriptor

Descriptor	
Negligible 1	Patient complaining that their dignity has been infringed due to having to wait in reception after eyes being dilated.
Low 2	Temporary relocation of Clinic due to refurbishment. Patients required to travel longer distance to attend clinic.
Medium 3	Uneven surfaces making it dangerous for wheelchair users to manoeuvre across.
High 4	Service excludes particular patients due to their religious requirements.
Very High 5	Emergency Fire Escape: Lack of accessible escape routes for disabled patients.

Roles and Responsibilities

Lead person completing EIA

- To complete EIA toolkit
- To obtain Group Director of Operations or Corporate Head of Service approval.
- To present EIA at ward / clinical group review

Group Director of Operations / Corporate Head of Service

- To provide support and guidance in the completion EIA
- To review all Full Impact Assessment Action Plans.
- To review each action against the EIA Matrix
- Group Director of Operations / Corporate Head of Service to monitor actions on a quarterly basis and escalate all Medium, High and Very High impacts to the relevant CLE (Clinical Leadership Executive) Committee.

Equality & Diversity

- To randomly audit EIAs on a monthly basis.

CLE (Clinical Leadership Executive) Committee

- To agree and discuss likely outcome and agree actions to follow.
- To monitor all medium, high and very high impact action plans quarterly.

Strategic Objectives Quality Impacts

TITLE: Potential Closure of Halcyon birthing Centre in October 2018.

Strategic Objective 1 – Safe, High Quality Care

We will provide the highest quality clinical care. We will achieve the goals for safety, clinical effectiveness & patient experience set out in our quality strategy

Consider issues such as our ability to deliver safe care: our ability to deliver effective care; and our ability to prevent avoidable harm. Think about measuring and reviewing incidents (and trends), serious incidents, and quality indicators within the area that change is taking place.	Consider issues such our ability to deliver safe care: our ability to deliver effective care; and our ability to prevent avoidable harm. Think about whether services are safe. What are the risks & mitigations? Does the change impact on the staff who work in the service?	What KPIs will you measure to ensure there is no adverse impact on Quality, Safety and Patients and also to monitor risks?
Patient Impact	**Quality and Safety**	**KPI's**
SWBH Trust Board has reviewed the provision of Halcyon and uptake of services by the local population since it opened; Halcyon has not proven to be a popular choice for place of birth with significantly fewer births than required to be sustainable. There is no potential impact on patient safety or the delivery of high quality care in the alternative available birth settings. However women may have a reduced level of satifaction if birthing at Halcyon had been their preference	**Removing the choice for women who could give birth at Halcyon reduces the facilities available to them regarding location for their non medicalised birth care, with home birth being the only remaining choice for a non-hospital located birth. However there is no potential impact on patient safety or the delivery of high quality care in the alternative available birth settings.**	**Types of birth rates Patient complaints**

Strategic Objective 2 – Accessible and Responsible

We will provide services that are quick and convenient to use and responsive to individual needs. They will be accessible to all ages and demographics. Patients will be fully involved in their design.

Consider and describe the impact of the work stream on patients who use these services. Think about access, patient and carer experience metrics. Think about how patients and carers are involved in the design of the service. Think about the impact on equality and link to your EIA (has one been done? what are the potential impacts on equality?	Describe the impact of the work stream on access, convenience, responsiveness and equality. Think about waiting times, access rates, patient choice, complaints & incidents, adverse impact on equality.	What KPIs will you measure to ensure there is no adverse impact on Quality, Safety, Equality and Patients?
Patient Impact	**Quality and Safety**	**KPI's**
Refer to EIA For those women who would have chosen to birth at Halcyon in preference to at the obstetric unit/ Alongside birth centre (Serenity), home birth is the remaining option. Whilst uptake of homebirth is currently low, this needs to be offered as an option equal to Halcyon or Serenity where this is evidently a safe choice for them.	**Home birth will continue to be offered as a suitable alternative to Halcyon. Outpatient activity currently offered in Halcyon will be relocated to alternative community based venues to ensure no impact for women.**	**Patient complaints re. choices for place of birth**

Strategic Objective 3 – Care Closer to Home

Working in partnership with primary and social care we will deliver an increasing range of seamless and integrated services across hospital and community settings

Consider issues such as our ability to deliver safe care closer to home in partnership with primary care colleagues. Think about the impact on patients and their carers who use these services. Think about operational quality performance metrics.	Describe the impact of the work stream on access, convenience and travel times.	What KPIs will you measure to ensure there is no impact on Quality, Safety and Patients?
Patient Impact	**Quality and Safety**	**KPI's**

Strategic Objectives Quality Impacts

Halcyon is situated in Sandwell Borough, the reason for this location was to offer Sandwell residents a lcoation and birth address in that area. Removing this choice for women also raises concerns in respect of Better Births implementation across the local maternity system and the associated maternity transformation plan.	**To focus solely on birth limits the efficacy of a stand alone birth venue however the use of Halcyon has become broader, offering antenatal and postnatal clinics, booking appointments and reflexology clinic for low risk women who wish to avoid induction of labour.**	**Patient complaints re. choices for place of birth**

Strategic Objective 4 – Good Use of Resources

We will make good use of public money. On a set of key measures we will be among the most efficient Trusts of our size and type

Consider and describe the impact of the work stream achieving its financial target on the patient and the local community who use the service.	Consider and describe the impact of the work stream achieving its financial target on the quality and safety elements of the service and on staff.	What KPIs will you measure to ensure there is no impact on Quality, Safety and Patients?
Patient Impact	**Quality and Safety**	**KPI's**
Data has shown that activity for birth has not reached the intended numbers for local women. However a few women who live outside of this borough have changed their bookings and plans for birth to use this service. This has widened the appeal of City Maternity as an option for women who traditionally might have used neighboroughing services. Although birth numbers have disappointed, other activities have widened, this is clear in women who choose to attend midwifery antenatal appointments. The loss of three pool rooms may also limit our scope for offering waterbirths until the opening of Midland Metropolitan Hospital which will have increased facilities of this kind. Use of water in labour and for birth is the optimal intervention to support normal birth.	**The Trust will reduce financial expenditure in the short term if Halcyon ceases to exist however the longer term impact of reputation may be a risk. This may be seen as withdrawing services that generally attract women who do not reside nearby but also midwives who choose to work at the Trust because of our full range of servcies as reflected in the national Better Births recommendations.**	**Reduced expenditure per woman per birth**

Strategic Objective 5 – 21st Century Infrastructure

We will ensure our services are provided from buildings fit for 21st Century health care

Consider and describe the impact of the work stream on patients who use these services and staff.	Consider and describe the impact of the work stream on quality and the delivery of services and operational performance.	What KPIs will you measure to ensure there is no impact on Quality, Safety and Patients?
Patient Impact	**Quality and Safety**	**KPI's**
There is a current demand on maternity services to offer care to women in all four settings as stated by Better Births. We have been in a fortunate position to offer this before any maternity reorganisation. Withdrawal of Halcyon puts the Trust in a equal position to all other units in the West Midlands rather than being unique in ability to offer all options.	**Moving to Midland Met is now delayed however will provide future maternity services for local women. This will offer a modern, fit for purpose building to offer care to childbearing women which are equal in décor and facilities irrespective of need for intervention.**	**Patient satisfaction** **Staff satisfaction, recruitment and retention**

Strategic Objective 6 – An Effective Organisation

An engaged and effective NHS organisation will underpin all we do. We will become a Foundation Trust at the earliest opportunity. We will develop our workforce, promote education, training and research, and make good use of technologies. We will make the most effective use of technology to drive improvements in quality and efficiency.

Strategic Objectives Quality Impacts

Consider and describe the impact to patients through staff being made accountable for the changes in their respective areas.	Consider & describe the impact of new ways of working for our staff. Do they own the change? Are they supported? Has staff impact been considered? How are changes communicated? Think also about Staff Survey results, sickness rates & trends, retention rates, operational performance.	What KPIs will you measure to ensure there is no impact on Quality, Safety and Patients?
Patient Impact	**Quality and Safety**	**KPI's**
Women who may choose this service will be offered Home birth in accordance with place of birth evidence (DoH, 2011) or Serenity Birthing Centre/ Delivery Suite. For women currently in the service, robust communication and the opportunity for questions will be required and provided - to support women as they make their choices for place of birth after potential closure date of Halcyon.	**This may be a challenging time for our staff, particularly those who chose to work at SWBH because of the scope of all options for place of birth and so midwifery practice available.- robust engagement and communication will staff is important as changes in how services offer choice are realised in line with Better Births implementation across the Local maternity System (DoH, 2016).**	**Patient complaints** **Staff satisfaction** **Staff recruitment and retention**

Head Nurse/Clinical Signature

Rachel Carter

Group/Exec Director

Gabrielle Downey / Amanda Geary

Nursing Director Signature

Medical Director Signature

Nursing Director Comments

QIA completed with involvement of Kathryn Gutteridge, Consultant Midwife

Medical Director Comments

Recruitment Activity Report

Annex 3

Report Date: 22/03/2018

Criteria		Measure/Month		Actual						Forecast
				Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Band 5 Nurses	SIP	FTE	Establishment	817.62	817.62	817.62	817.62	818.32	818.32	*817.62*
		FTE	FTE In Post	692.36	689.60	697.08	692.20	683.79	687.42	*690.90*
		FTE	New Starters	43.67	15.33	13.05	0.00	39.00	13.92	*5.00*
		FTE	Leavers	15.80	12.55	6.21	8.13	14.73	9.53	*11.04*
		FTE	Vacancies in month	125.26	128.02	120.54	125.42	134.53	130.90	*126.72*
	Offers External Applicants	FTE	Conditional offers (in month)	15.92	13.80	6.00	1.00	*8.88*	*3.61*	*33.34*
		FTE	Offers Confirmed (in month)	16.74	8.00	8.41	15.00	*11.53*	*5.96*	*4.33*
Band 6 Nurses	SIP	FTE	Establishment	437.83	438.83	445.21	445.21	445.68	445.68	*445.21*
		FTE	FTE In Post	400.83	399.81	403.91	401.47	411.79	411.71	*402.69*
		FTE	New Starters	7.00	7.33	8.80	0.00	3.73	1.00	*2.82*
		FTE	Leavers	5.61	4.57	3.93	3.73	4.00	4.60	*4.29*
		FTE	Vacancies in month	37.00	39.02	41.30	43.74	33.89	33.97	*42.52*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	15.73	9.60	3.61	3.93	*1.00*	*6.82*	*4.00*
		FTE	Offers Confirmed (in month)	2.73	5.95	5.00	5.40	*1.00*	*1.00*	*8.82*
Band 5 Community Nurses	SIP	FTE	Establishment	164.35	164.35	165.47	165.47	165.47	165.47	*165.47*
		FTE	FTE In Post	131.27	132.62	139.82	139.43	142.26	143.26	*139.63*
		FTE	New Starters	2.00	2.20	2.46	0.00	2.20	0.00	*0.00*
		FTE	Leavers	4.48	0.40	0.00	0.00	5.64	0.61	*0.51*
		FTE	Vacancies in month	33.08	33.08	25.65	26.04	23.21	22.21	*25.84*
	Offers External Applicants	FTE	Conditional offers (in month)	1.46	1.00	0.00	0.00	*1.00*	*1.00*	*7.60*
		FTE	Offers Confirmed (in month)	1.46	1.00	2.00	1.00	*1.00*	*0.00*	*0.00*
Band 6 Community Nurses	SIP	FTE	Establishment	143.55	143.55	150.15	150.15	150.15	150.15	*150.15*
		FTE	FTE In Post	133.94	136.02	140.32	139.41	140.41	139.91	*139.66*
		FTE	New Starters	0.00	1.36	2.60	0.00	1.36	0.60	*1.00*
		FTE	Leavers	1.00	1.00	1.00	0.00	1.00	0.70	*1.00*
		FTE	Vacancies in month	9.61	9.61	9.61	10.74	10.74	10.24	*10.49*
	Offers External Applicants	FTE	Conditional offers (in month)	2.00	2.36	0.00	0.00	0.00	*0.00*	*0.00*
		FTE	Offers Confirmed (in month)	0.60	1.96	1.00	1.60	*1.00*	*0.00*	*0.00*
Band 5 Midwives	SIP	FTE	Establishment	8.25	8.25	8.25	8.25	8.25	8.25	*8.25*
		FTE	FTE In Post	31.16	39.16	41.24	41.24	40.64	39.24	*39.94*
		FTE	New Starters	13.76	5.00	3.00	0.00	2.10	0.00	
		FTE	Leavers	1.00	2.00	0.00	0.00	0.00	0.60	*0.30*
		FTE	Vacancies in month	-22.91	-30.91	-32.99	-32.99	-32.39	-30.99	*-31.69*
	Offers External Applicants	FTE	Conditional offers (in month)	3.00	0.00	0.00	0.00	0.00	*0.00*	*0.00*
		FTE	Offers Confirmed (in month)	4.00	3.00	2.00	0.00	*0.00*	*0.00*	*0.00*
Band 6 Midwives	SIP	FTE	Establishment	184.30	184.30	184.14	184.14	184.14	184.14	*184.14*
		FTE	FTE In Post	129.53	125.43	125.85	123.53	121.63	123.43	*124.48*
		FTE	New Starters	2.84	2.00	0.00	0.00	1.05	0.00	*0.00*
		FTE	Leavers	1.00	2.32	1.26	3.44	3.00	0.60	*1.79*
		FTE	Vacancies in month	54.77	58.87	58.29	60.61	62.51	60.71	*59.66*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	0.60	0.00	0.00	3.22	*0.00*	*0.00*
		FTE	Offers Confirmed (in month)	0.00	1.00	0.60	0.00	*0.00*	*0.00*	*0.00*
Consultants	SIP	FTE	Establishment	320.10	320.10	320.10	320.10	320.10	320.10	*320.10*
		FTE	FTE In Post	284.82	291.12	292.25	287.39	286.70	287.65	*287.52*
		FTE	New Starters	6.00	3.00	1.00	0.00	2.39	1.00	*2.00*
		FTE	Leavers	1.00	2.05	0.55	4.00	3.80	2.90	*2.48*
		FTE	Vacancies in month	35.28	28.98	27.85	32.71	33.40	32.45	*32.58*
	Offers External Applicants	FTE	Conditional offers (in month)	2.00	3.00	1.00	6.00	*1.00*	*4.00*	*4.00*
		FTE	Offers Confirmed (in month)	5.00	0.00	1.00	0.00	*1.00*	*1.00*	*2.00*
Band 2 HCAs	SIP	FTE	Establishment	511.56	511.56	517.50	517.50	517.50	517.50	*517.50*
		FTE	FTE In Post	463.12	478.00	484.14	486.32	492.74	493.59	*485.23*
		FTE	New Starters	31.80	15.00	15.80	0.00	4.61	9.82	*4.00*
		FTE	Leavers	9.13	4.51	4.60	1.00	1.00	3.98	*4.25*
		FTE	Vacancies in month	48.44	33.56	33.36	31.18	24.76	23.91	*32.27*
	Offers External Applicants	FTE	Conditional offers (in month)	14.41	4.60	1.60	4.53	*2.62*	*1.00*	*3.00*
		FTE	Offers Confirmed (in month)	22.00	5.00	13.40	8.80	*7.00*	*4.60*	*5.00*
Band 3 HCAs	SIP	FTE	Establishment	92.48	92.48	93.97	93.97	93.97	93.97	*93.97*
		FTE	FTE In Post	84.16	87.71	90.71	91.99	90.95	91.30	*90.83*
		FTE	New Starters	0.00	0.96	2.00	0.00	0.18	0.00	*0.00*
		FTE	Leavers	2.00	0.00	0.00	0.00	1.00	2.47	*0.50*
		FTE	Vacancies in month	8.32	4.77	3.26	1.98	3.02	2.67	*3.14*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	5.24	1.00	2.00	3.00	*0.00*	*0.00*	*0.00*
		FTE	Offers Confirmed (in month)	0.00	0.00	1.00	0.00	*3.00*	*0.00*	*0.00*

Notes:

Establishment: Establishment from Jan 18 has been adjusted to take account of reduction in consultants by 4.00, B5 staff nurses by 5.45 and B2 HCAs by 4.08 as a result of cessation of gynaecology oncology. Establishment from Dec 17 has been adjusted to take account ofof a reduction of 2.24 B3 HCAa as a result of Community Out of Hours restruture

New starters - : Figures based on agreed dates with new hires

New starters forecast: Based on average number of new recruits due to recruitment campaigns and number of student nurses likely to accept offers.

Leavers -: Figures based on terminations received into ESR and assuming that managers are submitting termination data in a timely fashion.

Leavers: With the exception of band 5 staff nurses and midwives, the leaver figure is based on the WTE leaving the organisation. For band 5 staff nurses/midwives, this also includes the WTE moving internally to take into account the impact of internal promotion.

Turnover forecast: Based on average for the staff group/band over the previous year.

Band 5 Midwives: Decision taken to over establish at band 5 and develop post holders to fill band 6 midwifery vacancies.

Band 6 Midwives: New starters includes an assessment of the number of band 5 midwives due to move to band 6 positions following successful completion of training (see note above).

Band 5 Nurses: Report includes data on band 5 nursing posts within the Trust with the exception of midwives. Reporting on external recruitment activity i.e. activity that improves vacancy bottom line given this is an entry level post.

Band 6 Nurses: Figures include all band 6 nurses i.e. charge nurses, sisters, community practitioners with the exclusion of midwives

Recruitment of HCAs: Delays have been identified with appointment of band 2 HCAs to vacancies which has been escalated to Groups

Data source: ESR and Recruitment data base

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CLINICAL LEADERSHIP EXECUTIVE: SUMMARY NOTE	
Date	27th March 2017
Attendees	The Executive Group, Group Triumvirates and Staff Convenor
Key points of discussion relevant to the Board	• **Unity** *[risks/ issues and implementation trajectory]* • **Cost reduction by quarter** *[current plans and finance messaging]* • 2018/19 Plan / Board retreat outbrief *[staff engagement]* • Bed base risk mitigation
Positive highlights of note	• A presentation setting out improvements in imaging services over the last eighteen months
Matters presented for information or noting	• A detailed discussion took place about how to narrate the future financial challenges faced by the organisation • The committee discussed ideas around staff engagement improvements which might be considered
Decisions made	• EQC to establish a deadline and relevant consequences for completing the backlog of web-held incidents requiring investigation
Matters of concern or key risks to escalate to the Board	• The Board is asked to consider the trajectory of improvement in our finances, which is a scheduled item

Toby Lewis, Chief Executive
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 5th April 2018

Paper ref:	TB (04/18) 011

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	Trust Risk Register		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Refeth Mirza, Head of Risk Management		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust. The Executives have identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.

There are two areas where, having implemented the planned mitigating actions, the potential of an adverse impact on the Trust remains significant. These relate to the lack of results acknowledgment and the workforce plan and merit a Board discussion on further actions planned and/or required to reduce the probability or severity of the risks materialising.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Risk Management Committee: 12th March 2018
Clinical Leadership Executive: 27th March 2018

4. Recommendation(s)

The Trust Board is asked to:

a.	consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control
b.	advise on any further risk treatment required
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	Risk Number(s):						
Board Assurance Framework		Risk Number(s):						
Equality Impact Assessment	Is this required?		Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?		Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 5 April 2018

Trust Risk Register

1. Introduction

1.1 The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust. Significant risks which feature in the TRR are those with a risk score of 15 or above, or those with a lower rating but which the Board has decided to keep under surveillance. These risks are currently subject to monthly review at the Risk Management Committee (RMC) and Clinical Leadership Executive (CLE). This report has been updated to capture any decisions made by those Committees.

1.2 The Executives have identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.

1.3 A summary of the main controls and mitigating actions for the significant risks currently identified in each Clinical Group and Corporate Directorate is available in **Appendix A.**

2. Discussion points

2.1 Since the TRR was reported to the Board at its March 2018 meeting the Head of Risk Management has supported risk owners in further reviewing their risks and updated each risk assessment to provide an accurate position against the progress of mitigating actions.

2.2 All risks on the TRR have been reviewed in a timely way ensuring that actions are carried out so that none are overdue and if any are overdue, these are highlighted and escalated. The TRR is being actively monitored and updated with progress to maintain its current position.

2.3 Following discussions at March Trust Board, three areas below have been discussed at March RMC and CLE;

2.3.1 **Risk 114** (Workforce Plan) - The Executive Director of People & Organisation is reviewing this risk and an update with mitigating actions will be presented to the Board in May.

2.3.2 **Risk 2849** (Unfunded beds – Impact on financial delivery of CIP) – The improvements and mitigations were accepted by the Board at the February meeting, with a caveat that it remains on the TRR, for monitoring only. With effect from 1 April 2018 this risk will again escalate to a high 'red' risk as funding was only allocated up until end of Quarter 4. The Chief Operating Officer has therefore put in place mitigating actions and set targets for 3

months and the KPI's will be monitored on the monthly Integrated Performance Report (IPR) and weekly SitRep.

2.3.3 **Risk 1738** (Ophthalmology) – This risk was discussed at length at March RMC, and it was agreed that there are 3 separate issues associated with this risk. The Group Director of Operations for Surgery has agreed to review this risk and the updated risk will be presented to the May Board.

Risk No. 114	Risk. 2849	Risk. 1738
The Trust may experience pay costs beyond that which is affordable and part of the long term workforce model and long term financial model if the delivery of the pay cost improvement programme is delayed or not delivered.	*Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.*	*There is a risk that children under 3 years of age, who attend the ED at BMEC, 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. This could potentially result in severe harm to the patient.*

2.4 This is a new **Risk 2955** relating to unfilled middle grade shifts in Emergency Department). A draft risk assessment was presented to the Clinical Leadership Executive on 27 March 2018. Following the meeting the risk assessment is being revised by the Group Director of Nursing for Medicine and Emergency Care and will be presented to April RMC and subsequently, CLE and the May Board for consideration to be included on the Trust Risk Register.

2.5 Two new risks following the collapse of Carillion and the resulting delay in the opening of the new hospital are included in the CEO's report to the public Board.

3. Recommendations

Trust Board is recommended to:

a) consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control; and
b) Advice on any further risk treatment required.

Refeth Mirza
Head of Risk Management

27 March 2018

Appendix A: Trust Risk Register

TRUST RISK REGISTER - March 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	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 is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary ***Rachel Barlow***	20/01/2018	3x4=12	**Cross charging tariff affecting financial position.** **1**-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. **(28/02/2018))** **2**-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. **(28/02/2018)**	2x4=8	**28/02/2018**	Live (With Actions)
221 22/09/2015	Medical Director Office	Informatics(C)	There is a risk of failure of a trust wide implementation of a new EPR. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	Kulvinder Kalsi ***Mark Reynolds***	05/04/2018	3x4=12	**Insufficient skilled resources within the Trust to deliver the EPR system.** **1**-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee **COMPLETED** **2**-Agree a plan for Unity to go live meeting the needs of clinicians, Informatics and operational staff.. **(28/04/2018)** **3**-Embed Informatics implementation and change activities in Group PMOs and production planning **(31/03/2018)** **4**-Agree and implement super user and business change approaches and review and re-establish project governance **COMPLETED**	1x2=2	31/05/2018	Live (With Actions)
1643 11/02/2016	Corporate Operation	__	Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned. **Additional controls** - Funded bed model approved in Q3 and recruitment on track with substantive staffing improving. Medicine forecast 35 band 5 vacancies at end of Q4 2017. Safety plan and Early warning trigger tools in place on all wards and tracked through Consistency of Care and Executive Performance Committee. Associated risks are managed at group level and tracked through Risk Management Committee.	Rachel Barlow ***Rachel Barlow***	15/03/2018	4x4=16	**Unfunded beds - insufficient staff capacity.** 1. Patient flow programme to be delivered to reduce LOS and close beds. This includes: consultant of the week model for admitting specialties / new push/ ull AMU led MDT/ADAPT pathway / no delay for TTA project/criteria led discharge / OPAU to directly admit from ED - **31/03/2018** Contingency bed plan is agreed in October for winter - L5 to be opened in November.**(31/12/2017) - COMPLETED**	1x4=4	31/03/2018	Live (With Actions)
228 22/09/2015	Medical Director Office	Informatics(C)	There is a risk that a not fit for purpose IT infrastructure as current systems are not flexible to support clinical activity redesign. This will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments.	3x4=12	1-Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) 2-Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 3-Informatics has undergone organisational review and restructure to support delivery of key transformational activities 4-Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities	Dean Harris ***Mark Reynolds***	31/03/2018	3x3=9	**IT infrastructure not fit for purpose.** **1**-Establish infrastructure plan and track progress. **(31/12/2017) - COMPLETED** **2**-Migrate SAN storage and close P4500 and 3PAR **(31/03/2018)** **3**-Migrate VMs from VMware to Hyper-V **- (31/03/2018)** **4**-Standardise network config to resolve performance issues **(31/03/2018)**	1x1=1	31/03/2018	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics(C)	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.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	Mark Reynolds ***Mark Reynolds***	14/02/2018	2x4=8	**Sytems in place to prevent cyber attack.** **1**- Upgrade servers from version 2003. **(31/03/2018)** **2**-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. **(31/03/2018)** **3**-Achieve Cyber Security Essentials **(31/03/2018)** **4**-The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. **(31/03/2018)** **5**-Complete rollout of Windows 7. **(31/03/2018)** Restricted Devices Security Controls **(31/12/2017) - COMPLETED**	2x4=8	31/03/2018	Live (With Actions)
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	***David Carruthers***	15/02/2018	2x5=10	**Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.** **1**-Implementation of EPR in order to allow single point of access for results and audit **(30/03/2018)** **2**-All staff to comply with the updated Management of Clinical Diagnostic Tests policy **(28/02/2018)** **3**-To review and update Management of Clinical Diagnostic Tests **(28/02/2018)**	1x5=5	31/03/2018	Live (With Actions)

TRUST RISK REGISTER - March 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
1738 15/04/2016	Surgery	BMEC Outpatients - Eye Centre	There is a risk that children under 3 years of age, who attend the ED at BMEC, 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. This could potentially result in severe harm to the patient.	3x4=12	1-Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. 2-Agreement with BCH to access paediatric specialists advice. 3-There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up anaesthetic services when required. 4-Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area - potentially Great Ormond Street Hospital 5-The expectation of the department is that a general ophthalmologist should be able to treat to the level of a general ophthalmologist and will be able to deal competently with the majority of cases that present at BMEC ED.	Bushra Mushtaq ***David Carruthers***	15/12/2017	2x4=8	**Limited access to OOH service.** **1**-Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. **(30/11/2017)** 2-Liaise with commissioners over the funding model for the Paediatric OOH service. **(31/03/2018)** 3-Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting).**(31/03/2018) - Awaiting update** 4-Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is. **(22/12/2017) - Awaiting update**	1x4=4	31/03/2018	Live (With Actions)
215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTOC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase. **Additional Controls - Birmingham city council: bed base confirmed and expanded for 2017-18. Package of care service responsive. Sandwell Social Care continue to purchase beds at Rowley Regis to mitigate bed capacity issues. 7 dat social workers on site and DTOC patients in acute beds <10 generally.**	Rachel Barlow ***Rachel Barlow***	13/03/2018	2x4=8	**Lack of EAB beds in nursing and residential care placements and social services.** **1**- The System Resilience plan awaits clarification from Birmingham City Council. The system resilience partners are considering risk and mitigation as part of A&E delivery group. **(31/12/2017) - COMPLETED** **2**- To review and update the ADAPT pathway, with a management data set and KPI standards. The new process to be implemented in September to provide more focused assessments and care planning. **(31/12/2017) - COMPLETED**	2x4=8	**COMPLETED**	Live (Monitor)
2849 28/11/2017	Corporate Operations	Medical Surgical Team	Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.	5x4=20	Design and implementation of improvement initiatives to reduce LOS and EDD variation through establishing consistency in medical presence and leadership at ward level - consultant of the week	Rachel Barlow ***Rachel Barlow***	13/03/2018	5x4=20	**1-** implement at pace the improvement programme to reduce LOS and improve EDD compliance - **(30/06/2018)** **2 -** design local improvement work with clinical teams to reduce bed days in LO sup to 8 days. **(31/05/2018)** **3 -** review ADaPT and integrated health and social care approach to reduce bed days in LOS category > 8 days. **(31/03/2018)** **4 -** revise weekly LOS and bed closure trajectory exceptional weather condition impact on bed base **(31/03/2018)**	4x3=12	31/03/2018	Live (Monitor)
214 18/03/2016	Corporate Operations	Waiting List Management (S)	The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as it results in 52 weeks breaches. There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches	4x3=12	1- SOP in place 2-Improvement plan in place for elective access with training being progressed. 3-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-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. **Additional controls** review of 6 months of 52 week breaches to review themes. consider clinician competency training.	Liam Kennedy ***Rachel Barlow***	13/03/2018	3x3=9	**Lack of assurance on 18 week process.** **1**-Data quality process to be audited - Monthly audits **(31/03/2018)** **2**- E-learning module for RTT with a competency sign off for all staff in delivery chain - to b e rolled out to all staff from October. **(31/03/2018)** **3**-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. **(31/10/2017) - COMPLETED**	2x2=4	31/03/2018	Live (With Actions)
533 29/12/2015	Primary Care And Community Therapies	Oncology Medical	There is a risk of negative impact to cancer waiting times, caused the withdrawal of oncology consultants and transfer of patients to other providers, which may lead to longer waits for oncology treatment.	3x5=15	1- Use of locums to fill staffing gaps. 2- NHS Improvement-seconded UHB manager on site at SWBH to try and facilitate communication with UHB clinical team and improve perception of performance.	Stephen Hildrew ***David Carruthers***	22/02/2018	3x5=15	**Staffing gaps due to non replacement UHB roles.** **1-** Recruitment halted by UHB. Notification of withdrawal not rescinded. Service due to cease **28/02/2018**	1x5=3	28/02/2018	Live (With Actions)
1603 22/01?2016	Finance	Financial Management (S)	The Trust's recent financial performance has significantly eroded cash balances and which were underpinning future investment plans. There is a risk that our future necessary level of cost reduction and cash remediation is not achieved in full or on time and which compromises our ability to invest in essential revenue developments and inter-dependent capital projects	5x5=25	1-Routine & timely financial planning, reporting and forecasting including fit for purpose cash flow forecasting. 2-Routine five year capital programme review & forecast 3-Routine medium term financial plan update 4-PMO infrastructure and service innovation & improvement infrastructure in place & effective Independent controls / assurance 1- Internal audit review of core financial controls 2-External audit review of trust Use of Resources including financial sustainability 3-Regulator scrutiny of financial plans 4-Routine scrutiny of delivery by FIC	Timothy Reardon ***Tony Waite***	28/02/2002	4x5=20	**Lack of assurance on the sufficiency of our plans to achieve cost reduction and cash remediation** **1**- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion **- (31/03/2018)** -Use relevant benchmarks to underpin multi-year & specific CIP plans -Align trust CIP to commissioner QIPP to secure collective system cost reduction -Secure market opportunities to drive financial margin gain **- (31/03/2018)** **2**- Ensure necessary & sufficient capacity & capability to deliver scale of improvement required **3**- Develop and secure alternative funding and contracting mechanisms with commissioners to secure income recovery and to drive the right long term system behaviours **- (31/03/2018)** **4**- Refresh LTFM to confirm scale of cash remediation required consistent with level 2 SOF financial sustainability rating - **((31/03/2018)** **5**- Secure borrowing necessary to bridge any financial gap **- (31/03/2018)**	2x5=10	31/03/2018	Live (With Actions)

TRUST RISK REGISTER - March 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	There is a risk of Trust non-compliance with some peer review standards and impact on effectiveness of tumour site MDTs due to withdrawal of UHB consultant oncologists, which may lead to lack of oncologist attendance at MDTs	3x4=12	Oncology recruitment ongoing. Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings.	Jennifer Donovan ***David Carruthers***	11/02/2018	3x4=12	**Lack of Oncologist attendance at MDTs.** **1-** Review of MDT attendance underway as part of NHS Improvement/ NHS England oversight arrangements for oncology transfer. **31/03/2018**	1x4=4	31/03/2018	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities. Therefore therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	1- Mental health agency nursing staff utilised to provide care 1:1 2- All admissions are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	Heather Bennett ***Rachel Barlow***	16/03/2018	4x4=16	**There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support.** **1**- 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. **(31/03/2018)**	3x4=12	31/03/2018	Monitor (Tolerate)
566 17/10/2017	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that further reduction or failure to recruit senior medical staff in ED will lead to an inability to provide a viable rota at consultant level. This will impact on delays in assessment, treatment and will compromise patient safety.	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	Michelle Harris ***Rachel Barlow***	13/03/2018	3x4=12	**Vacancies in senior medical staff in ED.** **1**- Recruitment ongoing with marketing of new hospital. **(31/03/2018)** **2**- CESR middle grade training programme to be implemented as a "grow your own" workforce strategy. **(31/03/2018)** **3**- Development of recruitment strategy **(31/03/2018)**	4x3=12	31/03/2018	Live (With Actions)
114 04/04/2016	Workforce And Organisational D	Human Resources	The Trust may experience pay costs beyond that which is affordable and part of the long term workforce model and long term financial model if the delivery of the pay cost improvement programme is delayed or not delivered	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2 - Executive led pay cost reduction programme for 18/19 inclusive of 12 work streams tackling temporary and permanent spend. 3 -Scrutiny at Finance and Investment Committee 4 - Scrutiny at People and OD Board Committee 5 - Trust Board oversight of whole pay and non pay programme for 18/19	Raffaela Goodby ***Raffaela Goodby***	07/06/2018	3x5=15	**Delivery of Workforce Plan.** **1.** Groups required to develop and implement additional CIP plans to address identified CIP shortfall if schemes are not successful in year. Must replace schemes with others of same amount - **31/03/2019** **2.** Weekly CIP Board developed and in effect, chaired by Chief Executive, with oversight of pay and non pay plans for 18/19 that are aligned and visible - **01/09/2018** **3.** Implement Spring 2018 consultation and evaluate impact and plan for further consultation if temporary spend reductions are not made in line with the financial plan - **30/06/2018** **3.** Identification of sufficient pay schemes to delivery 18/19 pay position, phased via quarter - **30/04/2018** **4.** Identification of £25m of pay and non pay improvements for 18/19 that are detailed via group with a risk log, effective programme management and executive led oversight - **01/04/2018** **5.** Plans to be developed with a view to commencing an open and transparent consultation process in the spring of 2018 - **31/03/2018** **6.** Implementation of pay improvement plans that are detailed on TPRS with a clear delivery plan via group - **31/03/2018** **7.** Implementation of 2nd year of the 16-18 CIP's monitored via TPRS - **31/03/2018**	3x3=9	31/03/2019	Live (With Actions)
410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Opthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	Laura Young ***Rachel Barlow***	30/01/2018	3x4=12	**Poor building design of SGH Ophthamology OPD** **1**-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. **(31/07/2018)** **2**-Review plans in line with STC retained estate **(31/07/2018)**	2x2=4	29/09/2018	Live (With Actions)

Paper ref:	TB (04/18) 012

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Integrated Quality and Performance Report		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Dave Baker, Director of Transformation and Partnerships		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Three key points for consideration:

1) Very close to successfully delivering the CDiff target for the year;
2) Focus on delivering the IPR on working day 6 at Directorate level so that teams have as long as possible to focus on improvement;
3) Strong work done around theatre cancellations and the trade off between delivering the production plan, theatre cancellations and beds.

Point of note: in the IPR the percentage showing on Neutropenic Sepsis should be 22% rather than 28%, i.e. should read 9/41=22% so 78% compliant. This has been amended in the report attached.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

3. Previous consideration *[Where has this paper been previously discussed?]*

OMC, Q&S, PMC and CLE.

4. Recommendation(s)

The Trust Board is asked to:

a.	Consider and approve the report alongside the progress on persistent reds
b.	
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):					
Board Assurance Framework		Risk Number(s):					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

1.0 IPR – Key indicators summary for P11 February 2018 :

- ✓ **RTT incomplete pathway** trust level performance at 92.04% against the 92% target. However, at granular level there are 4x specialities which are failing to achieve the standard (Card:83.8%, Oral: 86.6%, T&O:82.3%, Plastics: 82.3%). Winter pressures and resulting bed capacity pressures will have contributed to this.
- ✓ **Mortality rate** indicator RAMI is 109. MDO review of emergent divergence between weekday and weekend rates 102 and 130 respectively was reportable to March Q&S.
- ✓ **MRSA** – no cases year to date
- ✓ **CDiff** – compliant with target year to date x26 cases vs 28 target; full year target set for 30, hence tolerating 4 breaches in March
- ✓ **Acute Diagnostic waiting times** within 6 weeks at February at 99.4% compliant to 99% standard.
- ✓ **VTE** assessments were 95.6% for February, delivering target for the last prolonged period of time, but continually just missing a number of assessments (322 were missed in February).
- ✓ **MSA Breaches** – as at February 0 breaches were reported.

× **ED 4 hour performance** for February 79.82% (82.52%) vs STF required standard of 90% with 3,377 breaches of the standard.

× **62 day cancer** non-compliant at 81.9% in January (reporting in arrears) vs. target of 85%; however, recovered for February to 86% (un-validated) and March is also expected to deliver the standard, hence securing Q4 overall performance. Impact of prospective changes to oncology services on measured performance being assessed & could risk future compliance. All other cancer standards continue to perform to required standards.

- × **Neutropenic sepsis** remains below 100% standard, 22% of patients (9/41) patients did not receive treatment within the required 1hr timeframe. Whilst the February breaches are still being investigated more fully, historic analysis of breaches indicate that breaches were only minutes above the 1hr required. The service is working hard to eliminate last few breaches and is continually observing the performance, for example, in the week of 19-25th March the performance was at 100%.
- × **52 week incomplete breaches** x3 in February on the incomplete pathway, 2x Gynae patients and 1x Cardiology patient.
- × **Elective Operations Cancellations** starting to show improvement, 37 declared on sitrep for February of which 27% were avoidable (10). Cancelled for non-clinical reasons as a proportion of elective admissions was 1.0% improving significantly from previous levels, but still further improvement required to achieve the standard of 0.8%. This indicator heavily depends on bed availability including critical care, which were in shortage during the month.
- × **Hip fractures** for February best practice tariff performance at 72%. Whilst improvement visible last month, variation in performance is still ongoing and below the 85% standard.
- × **Sickness rates** as at February month were 4.74% and cumulatively this was at 4.5%. Short term sickness cases reported are 932 and long term cases at 230.
- × **Readmissions** have increased to 7.8%. This compares to peer who report at 7.9%.

2.0 Progress since previous report :

- Cancer successfully achieved its Q1, Q2 and Q3 position, and whilst January 62 days was not achieved, the service aims to recover performance in February and March performance and deliver Q4 which would mean that it has met consistently each quarter in the year. All other cancer indicators are consistently performing and amongst top peers throughout each period.
- Improvements seen in mandatory training levels, which are in February month is at 89.1%, highest performance in the last 18 months, improving further in the last few days in March to 90%.

3.0 Requiring attention – action for improvement :

WHO Safer checklist

- Variation in performance and again improving in February, but requires to be sustainably achieved. Medical Director is overseeing the improvement plan

Neutropenic Sepsis

- As per persistent reds to be resolved by March 2018.
- Neutropenic sepsis breaches increasing in month to 28% of patients failing to receive treatment within the hour in February, breaches confined to ED out of hours.

Theatre Cancellations and Theatre Utilisation

- Performance consistently below set targets. Job planning at the end of March will drive out further productivity to support the 18/19 production plan which should see theatre utilisation increase to required productivity levels.
- Theatre scheduling improvements and early finishes indicate single biggest opportunity in scheduling (clearly coupled with job planning to support this throughput)
- Cancellations improved, but still present against avoidable cases.

RTT

- 52 week breaches depend on fully trained staff to manage pathways appropriately. RTT training is being fully rolled out coupled with face to face training for key staff to ensure all requirements are met. It is however noted that this will not result in all 52 week breaches being stopped immediately, as there is a lag effect to consider.

Community Performance

- Demonstrating pressure in delivering performance across a few indicators
- Discussions with the Group Director of Nursing have been on-going and actions plans are in place together with management of individuals who are not up to speed
- The CCG has agreed revised thresholds from 100% to 95% and has agreed an improvement timeline to June 2018 for the service to hit the revised improvement trajectory of 95%.

Open Referrals

- Decision is required on how to take this forward. A paper has been presented to the COO.

Persistent Reds

- As per separate paper. Detailed plans are required for indicators prioritised to 'improve'

4.0 Recovery Action Plans (RAPs)

The CCG confirmed in the CRM (contract review meeting) that there is only 1x RAP ongoing. We therefore need to continue to show improvements against this monitoring closely each month the performance. The RAP relates to community nursing indicators.

5.0 CQUINs 2017/18 – Q4 Position

- The funding value full year 2017/18 is £8.8m for the trust.
- Whilst Q3 shows a very positive position against possible delivery, there are risks with the Q4 milestones.
- A potential loss value has been calculated at £850k, a 10% of the total annual funding value.
- The risk is across the following schemes:
    - Improvement of health & wellbeing of NHS staff - improvement of 5% against 2 out of 3 specific staff survey questions is unlikely (£452k)
    - Sepsis continuing to partially deliver (£170k)
    - Antibiotic usage unlikely to deliver 1% reduction year on year (£170k)
    - Secondary Care Dental : Audit of Day Case Activity (£55k)

The trust is preparing to report to the commissioners its Q4 position at the end of April.

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: February 2018

Reported as at: 26/03/2018

TRUST BOARD

Contents

February 2018

Infection Control

CDHY - compliant year to date
• x4 C. Diff cases reported during the month of February, above the 2.5 in month target
• x26 cases year to date against trajectory maximum of 28 ; very close to target with a maximum of 4 cases allowable for March in order to hit annual target of 30
• most recent two months exceed trajetory - escalated to DCNO for oversight
• An annual trajectory of 30 has been agreed with the CCG for 17/18.

MRSA - compliant
• Nil cases of MRSA Bacteraemia were reported in February;
• Nil cases on a year to date basis.
• Annual target set at zero.

MRSA Screening - compliant overall, but not in all groups/directorates
February month:
• Non-elective patients screening 90.7%
• Elective patients screening 89.0% •
Both indicators are compliant with 80% target in-month and year to date at Trust level

Elective screening is compliant with standard at trust level, but Medicine & EC are not individually.
Group need to take forward with Infection Control lead to ensure improvement is visible.

MSSA - compliant
MSSA Bacteraemia (expressed per 100,000 bed days)
Year to date rate at 5.2 compared to target of 9.42.

Harm Free Care

Safety thermometer - compliant in month, but not year to date
•95.1% reported for February;
•94.4% year to date:
NHS Safety Thermometer target 95%, improving this month after a persistent marginal failure hence performance inconsistent

•x78 [x79] falls reported in February with x0 [x0] falls resulting in serious injury,
•x831 falls reported year to date against an annual trust target of 804; based on current monthly trends, this projects annual target of 804 to be exceeded by c100 falls, but Deputy Chief Nurse confirms that SWBH is despite this comparing very well against peers
•In month, there were 34 falls within community, 44 falls in acute setting.
•Falls remain subject to ongoing CNO scrutiny and emergent tracking of impact of Safety Plan on falls reduction. • A request for a threshold review has been made to DON to ensure a closer link to admissions or other appropriate metrics. This has not yet been agreed.

•x8 [x13] avoidable, hospital acquired pressure sores reported in February of which there are 1x grade4, x3 grade 3, x4 grade 2
•x6 separate cases reported within the DN caseload.
•CNO keep in view

• x5 [x3] serious incidents reported in February;
routine collective review in place and reported to the Q&S Cttee.

• No never event was reported in February; x3 year to date
• WHO Safer Surgery (Audit - brief and debrief - % lists where complete) as at February at 99.1% (98.6%) vs the 100% target. Improving this month, but persistently some lists are missed.
Clinician/list specific follow up by Group Director of Ops to secure 100% compliance. Improvement plan features as part of persistent reds management

• No medication error causing serious harm in February; x1 case in last 20 mnths

• x30 (x36) DOLS have been raised in February of which 30 were 7-day urgents;

VTE Assessments - compliant
• Venous Thromboembolism (VTE) Assessments at 95.6% [95.9%] compliant with 95% standard; target, however, missed in Medicine & EC group (at 92.7%)
•322 assessments were missed in February; being addressed through Safety Plan roll out to secure 100% compliance. • Indicator delivery showing stable trend for a number of months.

Obstetrics

C-section rate - compliant
• The overall Caesarean Section rate for February is 28.9% (22.1%) and 25.6% year to date just above the 25% target, driven mainly by non-elective cases
•Elective rates are 9.7% (comparing well to historical trend) and non-elective rates are 19.2% in the month (above average historical performance);
• Performance considered at Q&S & Board and to be kept in view.

• Adjusted perinatal mortality rate (per 1000 births) for February 5.16 vs. threshold level 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 5.6 and within the tolerance rate of 8.0.

The level of births has fallen in February to previous month by 121 cases, lower than February last year by c100 cases; this does correspond with lower registrations in Aug 2017; tassed on the increasing level of registrations since Aug2017, the Trust should see increased levels of births over the next few months.

• Post Partum Haemorrhage (>2000ml) nil cases reported in February against a target of 4, year to date there are 19x cases well below a target of 40

• Puerperal Sepsis for February is within normalised range following new sepsis pathways being implemented; Audit is in progress as per CQC action plan.

• No maternal death was reported in January; x1 death last 18mnths recorded in August. • Stillbirth rate (per 1000 babies) for February is 2.58 • Neonatal Death Rate (Corrected) (per 1000 babies) is 2.58 in February

Breastfeeding - compliant
• Breastfeeding initiation performance reports quarterly; December quarterly count is at 76.26% compliant with the 74% target.

Mortality & Readmissions

Mortality - compliant
• The Trust overall RAMI for most recent 12-mth cumulative period is 108 (available data is as at November) reporting now in the IPR a revised RAMI methodology, which needs to be monitored over the next few months to see the impact and comparison to historic approach - clinical effectiveness are monitoring.
• RAMI for weekday and weekend each at 102 and 130 respectively. **MDO review reportable to March Q&S**
• SHMI measure which includes deaths 30-days after hospital discharge is at 108 for the month of September (latest available data). • **RAMI New Methodology effective from 1st Dec17:** CHKS RAMI was developed over ten years ago, it has become more complex, and this along with other reasons, led to a review. The Clinical Effectiveness team will be monitoring changes in methodology and any impact resulting from this on the organisation or benchmark, they are aware of the methodology.

• Deaths in Low Risk Diagnosis Groups (RAMI) - month of November is 120. 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% [1.8%]; the rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period
• There were x178 [x169] deaths in our hospitals in the month of January; similar higher than last year same period which was at 172

Mortality Reviews within 42 Days - not compliant
•Mortality review rate in December at 45% and continually below target; an exception report has been requested from the MD office to identify causes and improvements
• Revised Learning from Deaths arrangements being implemented and which will provide for routine 100% review.

•Readmissions (in-hospital) reported at 7.8% in January, jumping up from 7.0% and 7.6% in the previous two months.

•7.2% rolling 12 mths. The equivalent, latest available peer group rate is at 7.9% .

Stroke Care & Cardiology

Patient Stay on Stroke Ward - compliant • February indicates that 90.9% of patients are spending >90% of their time on a stroke ward, compliant with the 90% operational threshold in the month; year to date 92.8%

Admission to Acute Stroke Ward - not compliant year to date
• February admittance to an acute stroke unit within 4 hours is at 76.7% vs national standard of 80%; year to date the performance is at 74.1%.

Scans - compliant

• Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% [100%] meeting the 95% standard in month and at 97.7% year to date

Thrombolysis - compliant in month
Compliance at 100% in the month of February

Angioplasty - compliant
For February 100% compliance on both Primary Angioplasty Door to balloon time (<90 minutes) and 95.2% Call to balloon time (<150 minutes) & delivering consistently against 80% targets

RACP - compliant RACP performance for February at 100% [100%] exceeding the 98% target for over 2 years

TIA Treatments - compliant • TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at February is at 84.6% against the target of 70%. • TIA (Low Risk) Treatment <7 days from receipt of referral delivery at February is 87% against a target of 75%. Both indicators are consistently delivering over the required standard.

Cancer Care

Cancer standards - not compliant 62 days, compliant across all other cancer access targets
• January delivery across all headline cancer targets other than 62 Days which reports at 81.9%; nationally the trust performs well on cancer access targets and expects to fully deliver Q4 performance meeting therefore on a full year basis
• Highlighting January 2WW times delivering 96.7 % against the 93% standard significantly improving on historical performance levels and putting the trust amongst top peers
• February unvalidated 62 Days delivery at 86%, expected March delivery will therefore secure the Q4 overall delivery for 62 Days. • Impact of prospective changes to oncology & gynae-oncology services on performance being assessed - estimated at c1-2% adverse & which may compromise delivery of standards

Patient Waiting times
• x12.5 patients waited longer than the 62 days at the end of January.
• 3 [x3] patients waited more than 104 days at the end of January. • The longest individual patient waiting time for treatment as at the end of January was 102 days

Neutropenic sepsis - not compliant • The breaches in month are still being RCAed, but historically we show breaches being generally only minutes above the required 1hr.
• (9/32 patients) - 28% of neutropenic sepsis February cases failed to receive treatment within prescribed period (less than 1hr). The breaches are ED driven residual cases, confined to OOH service and lack of patients identifying themselves to be under chemotherapy to allow for appropriate streaming. Actions are being progressed to further address remaining issues, progress is significant in terms of reduction of breaches so far.
• During the week of 19-25th March the delivery was at 100% and the services are working hard to embed continual improvement to eliminate all breaches.

Inter-Provider Transfers - not compliant
• 54% of Tertiary referrals were met within 38 days by the Trust for the month of January; the persistent failure to meet this target requires attention and escalated to GDO for review & assurance. Cancer team track breaches and provide RCAs for each. Fines are being proposed for the failure to achieve this target. The cancer team aim to address with services to ensure that 1st OP appointment happens earlier to allow for the transfer target to be met.

Patient Experience - MSA & Complaints

MSA - compliant
• For February there were no MSA breaches.
• The trust continues to monitor all breaches.

Friends & Family - not compliant • reporting of performance is undergoing a full review as part of 'persistent red' initiative. Performance improvement will be driven through this action plan.
• Scores and response rate remain low, well below regional peers, mainly due to Trust using sub-optimal processes to recover responses, options are being considering including SMS/IVM.

Complaints - partially compliant • The number of complaints received for the month of February is 86 [105] with 2.5 [2.4] formal complaints per 1000 bed days, showing an increase to previous rates, but lower to last year same period (3.9).
• 100% (99%) have been acknowledged within target timeframes (3 days), a full recovery to original levels of performance.
• 19% [21%] in month responses have been reported beyond agreed target time; escalated to DG for remedy.

Patient Experience - Cancelled Operations

Cancelled Ops - not compliant
• 37 sitrep declared late (on day) cancelations were reported in February. Of these 10 (27%) were avoidable; avoidable have started to reduce compared to previous trend
• As a proportion of elective admissions, this represents 1.0% in February. Improvement plans are in place to deliver target (0.8%) by Q1 18/19; last month's was reported at 1.4% hence improvements are visible and the avoidable cancellations are being reviewed robustly with a view to eliminate.

28 Day Breaches - compliant
• There were no breaches of the 28 days guarantee in February; • a correction has been applied to January reported figure in respect of Oral service, who validated the breach after the reporting timetable.
• Year to date x7 28 day breaches were incurred
• No urgent cancellations took place during the month of February

Theatre Utilisation - not compliant
• Theatre in-session utilisation is consistently below the target of 85%; 74.2% in month, 72.5% year to date consistent under-performance across all groups
• A second indicator has been added to the IPR to measure 'overall session utilisation' (outside in-session timings, to sense-check productivity, albeit outside a regular session timing); this will serve as a reality check on whether performance outside the regular sessions delivers. This at February reports 79.7%.
• Intensive planned care focus aims to improve booking rates, scheduling and throughput through enhanced job planning and hence minute utilisation will improve as a result, but will always depend on level of cancellations and bed-capacity in the organisation.
• New theatre dashboards have been released to the management to allow improved visibility of performance; looking at this information, we can see that we have a scheduling opportunity (too many minutes are un-used due to early finishes) without additional cases being put on the lists, as well as low throughput in certain specialities.

Emergency Care

ED 4hr standard - not compliant
• The Trust's performance against the 4-hour ED wait target in February was 79.82% [82.52%] against the 90% STF & 95% national target
• 3,377 [3,249] breaches were incurred in February • Trolley waits .12 hrs were not incurred in February

ED quarterly performance trend for 17/18: Q1 at 83.31% ; Q2 at 87.11%; Q3 at 82.36%

WMAS Handovers - partially compliant •
WMAS fineable 30 - 60 minutes delayed handovers at 160 [163] in February.
• x4 [x5] cases were > 60 minutes delayed handovers in February - the Trust performs very well in this category with only 50 breaches year to date > 60 mins • Handovers >60mins (against all conveyances) are therefore only 0.10% (4 cases)in February against total WMAS conveyances which were 4,081 in February. The target is only 0.02% . • On a year to date basis , handovers >60mins are also at 0.10% against the 0.02% target which shows recovery as well as sustained very low number of cases considering the pressure on the system.

Fractured NOF - not compliant
•Fractured Neck of Femur Best Practice Tariff delivery for February at 72% (84%) just below the 85% target in the month.
• Year to date position at 67.9%.

Bed moves after 10pm not compliant: • there were 48 reported bed moves from 10pm-6am (excluding moves for clinical reasons). • This indicator is being monitored closely over the next few months to ensure that all clinical moves are considered appropriately.

Referral To Treatment

RTT - incomplete pathway - compliant
• RTT incomplete pathway for February at 92.04% against the national target of 92.0%; there are 2,365 patients in the >18 weeks back-log • Whilst overall the performance has been kept up to the standard over the last 12 months, 4 specialities are performing below 92% standard on the incomplete pathway; T&O 82.3%, Oral 86.6%, Plastics 82.3%, Cardiology 83.6%, winter pressures causing lack of bed capacity will have contributed to this.

• Admitted and non-admitted pathways are non-compliant to targets; action plans are in place to delivery these pathways by end of Q1

52 Week Breaches - not compliant
• There is 3x 52 week breaches in February; 2x Gynae patients and 1x Cardiology patient on the incomplete pathway.

Acute diagnostic waits - compliant
• Diagnostic (DM01) performance for February delivered to standard of 99% at 99.4%;

Data Completeness

• The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 98.4.% below operational threshold of 99% ; YTD (98.3%). OP and A&E datasets deliver to target.
• ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Mailing Health will be validated via the Data Quality Department.
• Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.
• Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding

Open Referrals - not compliant
• Open Referrals, referring to patients in the system without a future waiting list activity, stand at 149,000 as at February showing a continuing, increasing trend again as administration / IT processes persistently do not close down referrals/pathways as appropriate.
• Recommendations have been made to COO on short and long-term improvements. This has yet to be agreed. • Low patient risk rated (green risk) amount to c15,000 (which are part of the 149,000 total), are subject to auto-closures since Jan2016 and follow a set protocol.
• **The recommendations to COO include**: - key drivers for removing open referrals issues form the trust sustainably are **a)** IT solutions (developed solutions, but not implemented), **b)** the 'Follow Ups WL' to be complete (open referrals not part of it now) and **c)** that referrals are closed automatically on discharge (a seamless process rather than user dependent which currently fails)

Staff

PDR - not compliant
• PDR overall compliance as at the end of February at 83.1% against the 95% target.
• Medical Appraisal at 81.4% against the 95% target.

Sickness & Return to Work - not compliant
•In-month sickness for February is at 4.74% (5.29%); the cumulative sickness rate is 4.50% [4.51%].
• The number of short term sickness in the month reported at 932 [1,021] cases; long term 230 [267] cases; • Return to Work in month is up to 85.7% from 78.52% last month, but below the 100% target

Turnover rate - not compliant • The Trust annualised turnover rate is at 14.0% [13.3%] in February increasing to previous months,
• The Trust Nursing turnover target has been confirmed at 10.7% and as at February reporting at 13.4%

Mandatory Training - not compliant, but showing significant improvement
• Mandatory Training at the end of February is at 87.6% overall against target of 95%; however, worth noting that this performance is a year to date one and that February in month has increased to 89.1% which is one of the higher trends achieved. Further improvements are expected and on the last few days in March the performance was achieving 90%.
• Health & Safety related training is just below the 95% target at 94.5% in February

CQUINs & Local Quality Requirements 2017/18

CQUINs :Q3 submitted and feedback received from commissioners.
• The funding value full year 2017/18 is £8.8m.
• Q3 cumulative results report a shortfall of £129k against possible delivery at £4.5m, which is a good result. This shortfall is attributable to Sepsis partial delivery.
• However, there are risks with Q4 milestones. A potential loss value has been calculated at £850k, a 10% of the total funding value. • The risk is across the following schemes: Improvement of health & wellbeing of NHS staff - improvement of 5% against 2/3 specific survey questions is unlikely (£452k risk), Sepsis continuing to partially deliver (£170k), Antibiotic usage unlikely to deliver 1% reduction year on year (170), Secondary Care Dental : Audit of Day Case Activity (£55k)

Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. The Trust has now got only a small number of formally agreed RAPs (recovery action plans) in place at this stage which continued into 17/18:
• Community falls & dementia delivery is being addressed, but performance issues remain; following a review with CCG they have agreed to lower the target from 100% to 95% and the service has up to Jun2018 to improve to those new levels.

STF Criteria & NHSI Single Oversight Framework

STF - £2.9m full year estimated cost of non-compliance

• 30% [c£3.1m] performance related STF to be assessed against achievement of ED 4hr improvement trajectory.

• Q1 £236k secured.
• Q2 & Q3 assessed as not secured due to likely non-compliance with 90% standard.
• Q4 assessed as not secured due to likely non-compliance with 95% March standard.

• Balance of STF [c£7.4m] related to achievement of financial plan.

Summary Scorecard - February (In-Month)

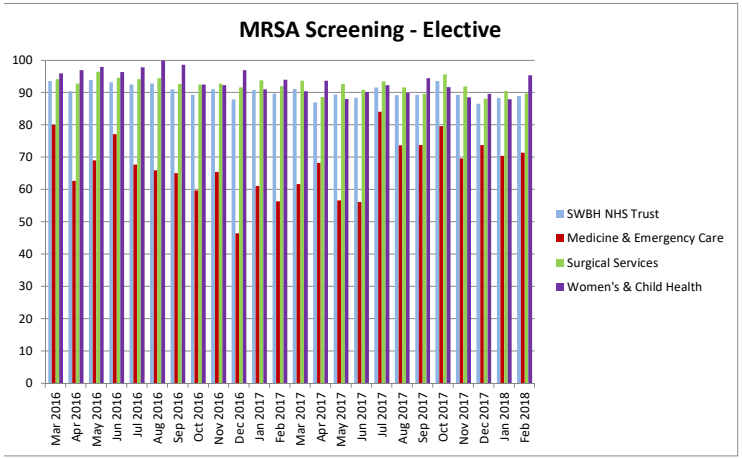
Summary Scorecard

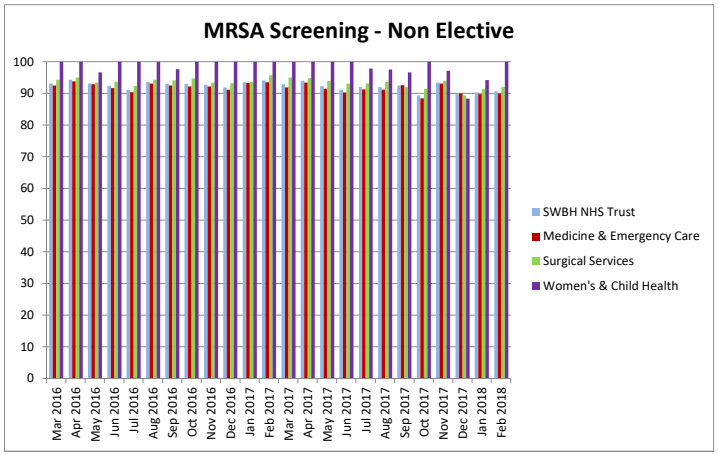
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	8	5	9	22
Obstetrics	4	5	6	15
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	2	9	0	11
Cancer	1	9	5	15
FFT. MSA, Complaints	14	2	8	24
Cancellations	5	4	0	9
Emergency Care & Patient Flow	8	7	5	20
RTT	6	2	6	14
Data Completeness	1	9	9	19
Workforce	7	1	12	20
Temporary Workforce	0	0	28	28
SQPR	10	0	8	18
Total	68	59	107	234

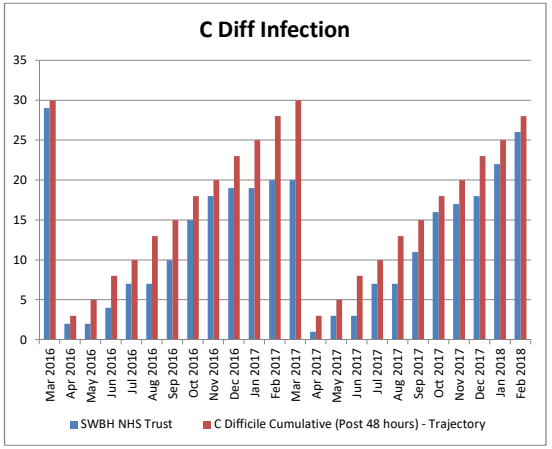
• Persistently red-rated performance (>12months) indicators are subject to improvement trajectories and monitoring; priorities for improvements are being considered as not all indicators carry the same level of significance.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
4		d	C. Difficile	<= No	30	2.5		Feb 2018	3	0	0			1		4	26	
4		d	MRSA Bacteraemia	<= No	0	0		Feb 2018	0	0	0			0		0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Feb 2018								0.0	5.2	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Feb 2018								10.8	9.4	
3			MRSA Screening - Elective	=> %	80	80		Feb 2018	71	90	95			0		89.0	89.2	
3			MRSA Screening - Non Elective	=> %	80	80		Feb 2018	90	92	100			83.33		90.7	91.6	

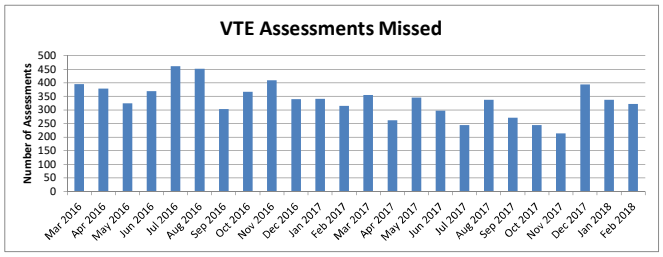


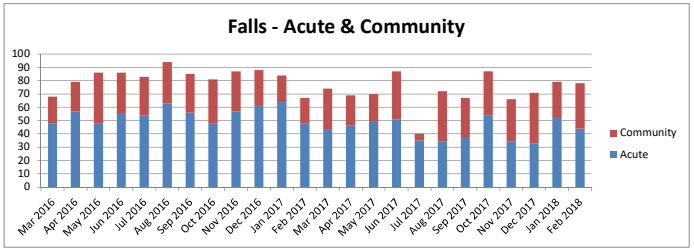


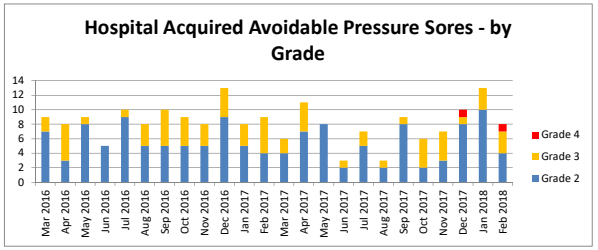


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) 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	PPCT	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Feb 2018								95.1	94.4	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			3.00	1.00	6.00	2.00	2.00	0.00	0.00	3.00	2.00	1.00	3.00	2.00	1.00	4.00	4.00	6.00	0.00	2.00		Feb 2018								0.17	0.22	
			Number of DOLS raised	No			-	-	25	22	15	14	23	15	14	6	27	22	20	48	31	19	36	30		Feb 2018	16	9	0	-	-	5		30	268	
			Number of DOLS which are 7 day urgent	No			-	-	25	22	14	14	23	15	14	6	27	22	20	48	31	19	36	30		Feb 2018	16	9	0	-	-	5		30	268	
			Number of delays with LA in assessing for standard DOLS application	No			-	-	6	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0		Feb 2018	0	0	0	-	-	0		0	3	
			Number DOLs rolled over from previous month	No			-	-	4	15	14	8	8	15	12	9	7	12	5	5	3	7	7	3		Feb 2018	1	0	0	-	-	2		3	85	
			Number patients discharged prior to LA assessment targets	No			-	-	6	6	2	11	6	3	11	7	7	9	9	11	7	2	4	8		Feb 2018	4	3	0	-	-	1		8	78	
			Number of DOLs applications the LA disagreed with	No			-	-	1	0	1	1	0	1	0	2	1	2	1	0	2	1	2	0		Feb 2018	0	0	0	-	-	0		0	12	
			Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	5	2	1	0	0	3	1	1	13	0	0	0	0	0	0	0		Feb 2018	0	0	0	-	-	0		0	18	
8			Falls	<= No	804	67	85	81	87	88	84	67	74	69	70	87	85	72	67	87	66	71	79	78		Feb 2018	35	7	0	1	0	34	1	78	831	
9			Falls with a serious injury	<= No	0	0	3	1	2	3	3	1	2	1	1	1	1	3	2	3	1	0	0	0		Feb 2018	0	0	0		0	0	0	0	13	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	5	9	8	13	8	9	6	11	8	3	7	3	9	6	7	10	13	8		Feb 2018	4	2	0			2		8	85	
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	2	0	2	5	6	8	6	5	8	4	7	4	3	6	4	5	2	6		Feb 2018						6		6	54	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Feb 2018	92.7	97.5	96.6					95.6	96.3	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100																			Feb 2018	99.2	100.0	100.0		0.0			99.7	99.8	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Feb 2018	99	100	100		0			99.4	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Feb 2018	99	100	97		0			99.1	98.6	
9		d	Never Events	<= No	0	0	0	0	1	0	0	1	0	0	1	1	0	1	0	0	0	0	0	0		Feb 2018	0	0	0	0	0	0		0	3	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0		Feb 2018	0	0	0	-	0	0		0	1	
9		d	Serious Incidents	<= No	0	0	4	6	5	10	5	6	5	4	4	3	1	8	5	4	6	4	3	5		Feb 2018	1	0	2	0	0	2	0	5	47	
9			Open Central Alert System (CAS) Alerts	<= No			12	14	10	8	6	5	4	8	9	27	3	3	8	10	6	5	7	6		Feb 2018								6	92	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	2	1	2	0	1	0	0	0	1	1	1	0	0	1	1	2	2		Feb 2018								2	9	



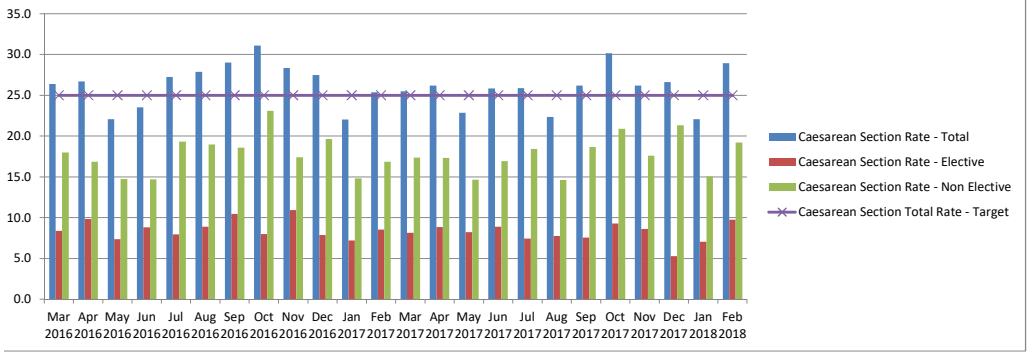




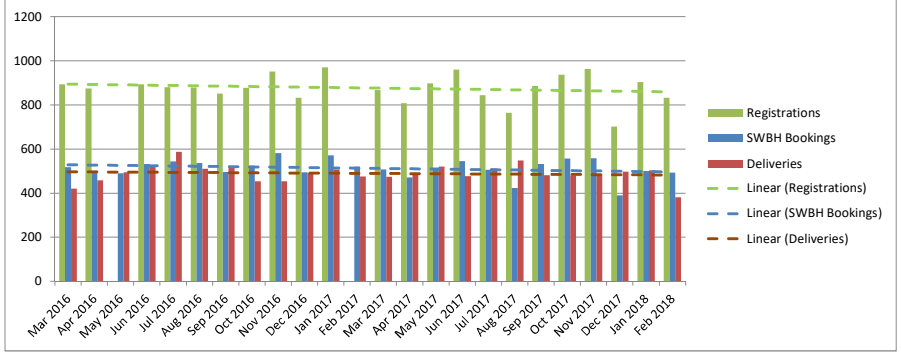
Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Sep 2016) 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																			Feb 2018	28.9	25.6	
3		•	Caesarean Section Rate - Elective	<= %			10	8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	10	Feb 2018	9.7	8.0	
3		•	Caesarean Section Rate - Non Elective	<= %			19	23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	19	Feb 2018	19.2	17.6	
2		•d	Maternal Deaths	<= No	0	0																			Feb 2018	0	1	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Feb 2018	0	19	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Feb 2018	1.57	1.84	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Feb 2018	5.16	5.57	
12	NEW		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			NEW INDICATOR													2.11	2.10	4.02	1.99	2.58	Feb 2018	2.58	2.57	
12	NEW		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			NEW INDICATOR													4.22	2.10	0.00	0.00	2.58	Feb 2018	2.58	1.71	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0											-							-	Jan 2018	74.3	77.2	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Feb 2018	161.2	136.3	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->	Dec-17	-	76.26	
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			3.2	2.9	2.8	3.5	2.9	1.9	2.6	4.4	2.5	2.5	1.8	0.8	0.9	0.5	0.8	-	0.9	1.1	Feb 2018	1.12	1.54	
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			3.0	1.8	1.9	1.7	2.5	1.6	2.3	3.0	1.6	1.6	1.0	0.6	0.6	0.5	0.5	-	0.7	0.4	Feb 2018	0.37	1.03	
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			3.0	1.4	1.3	1.0	2.0	1.6	2.1	2.3	1.4	1.6	1.0	0.0	0.0	0.0	0.0	-	0.2	0.0	Feb 2018	0.00	0.61	

Caesarean Section Rate (%)

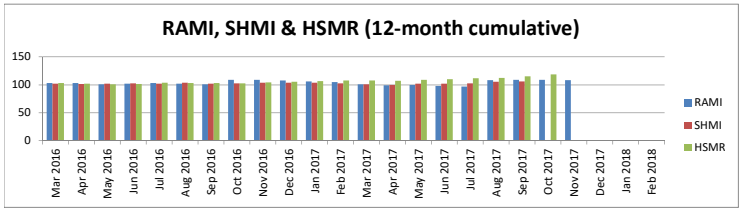


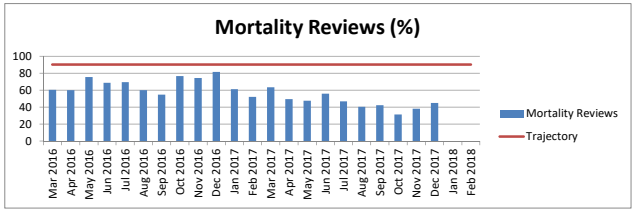
Registrations & Deliveries

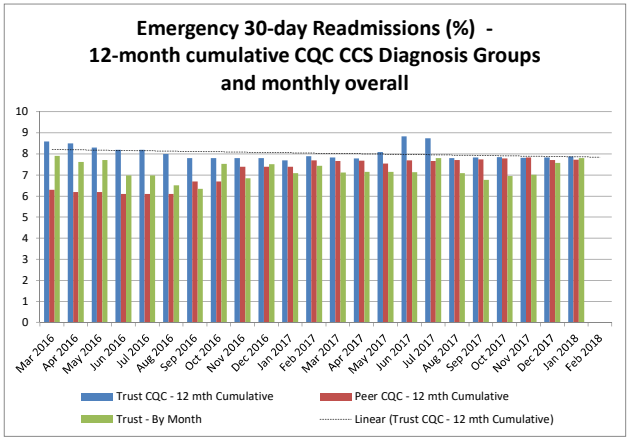


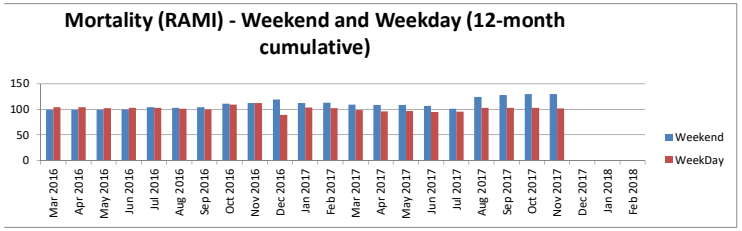
Clinical Effectiveness - Mortality & Readmissions

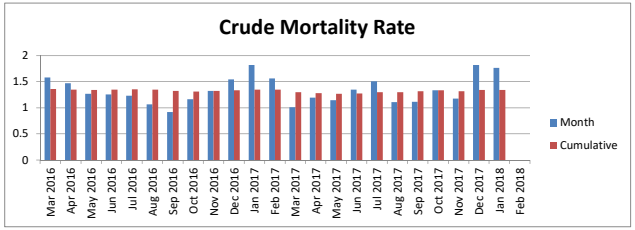
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	101	109	109	108	106	105	101	99	100	98	97	108	109	109	108	-	-	-	Nov 2017									829	
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	100	109	112	89	104	102	98	96	97	95	95	103	103	103	102	-	-	-	Nov 2017									794	
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	104	111	112	119	112	113	109	109	109	106	101	124	128	130	130	-	-	-	Nov 2017									937	
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	102	102	104	104	104	103	101	100	102	102	103	106	106	-	-	-	-	-	Sep 2017									618	
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			103	103	105	106	107	108	108	107	109	110	112	113	115	118	-	-	-	-	Oct 2017									784.4	
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	56	94	139	84	105	72	88	62	61	78	78	71	144	62	120	-	-	-	Nov 2017								120		
3			Mortality Reviews within 42 working days	=> %	90	90																-	-	-	Dec 2017	46	44	0			0		45	44	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			0.9	1.2	1.3	1.5	1.8	1.6	1.0	1.2	1.1	1.3	1.5	1.1	1.1	1.3	1.2	1.8	1.8	-	Jan 2018								1.77		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.3	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	-	Jan 2018									1.31	
			Deaths in the Trust	No			87	108	129	143	172	139	100	105	113	129	142	109	109	133	119	169	178	-	Jan 2018								178	1306	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.3	7.5	6.8	7.5	7.1	7.4	7.1	7.2	7.2	7.1	7.8	7.1	6.8	7.0	7.0	7.6	7.8	-	Jan 2018								7.80		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			7.4	8.0	7.3	7.1	7.2	7.2	7.1	7.1	7.0	7.1	7.1	7.2	7.2	7.2	7.2	7.2	7.2	-	Jan 2018									7.25	
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			7.8	7.8	7.8	7.8	7.7	7.9	7.8	7.8	8.1	8.8	8.7	7.8	7.8	7.8	7.8	7.8	7.9	-	Jan 2018	-	-	-			-			7.87	





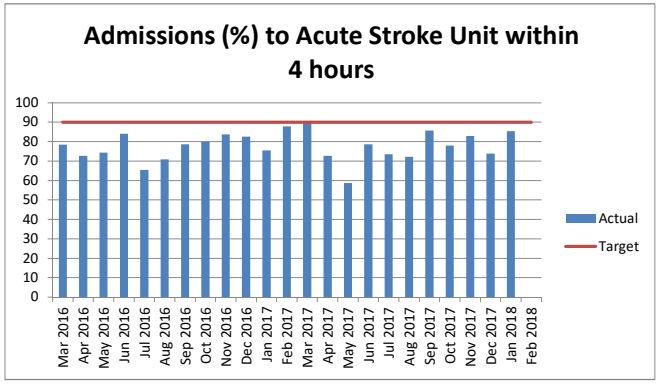


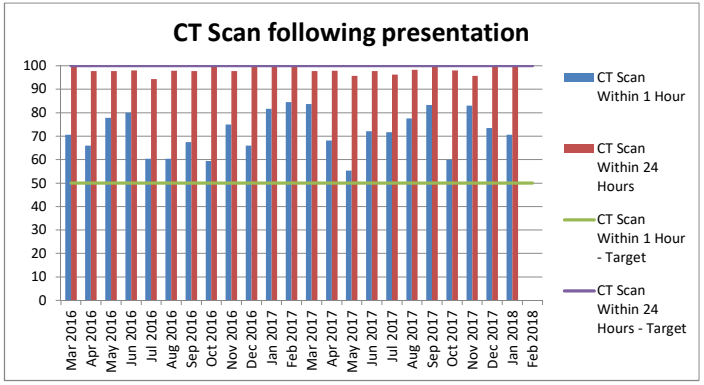


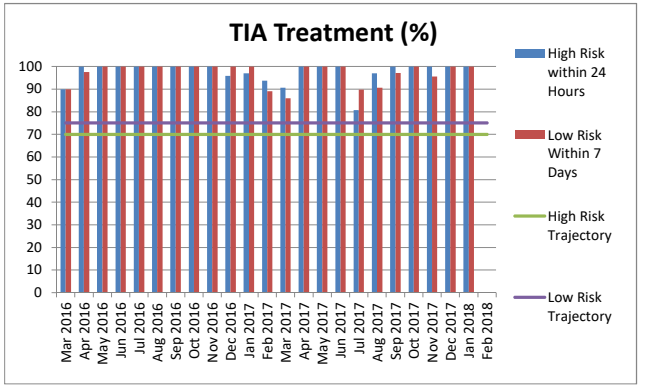


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Sep 2016) 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			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Feb 2018	90.9	92.8	
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0		Feb 2018	76.7	74.1	
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Jan 2018	71.1	72.2	
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Feb 2018	100.0	97.7	
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0		Feb 2018	100.0	65.5	
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0		Feb 2018	84.6	96.7	
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0		Feb 2018	87.0	96.1	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Feb 2018	100.0	100.0	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Feb 2018	100.0	94.2	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Feb 2018	95.2	96.1	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Feb 2018	100.0	100.0	



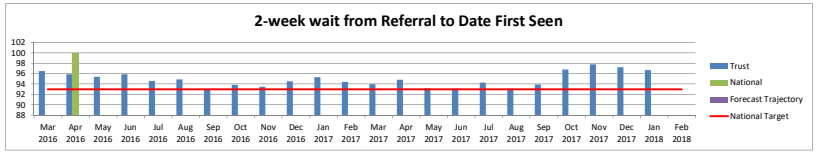


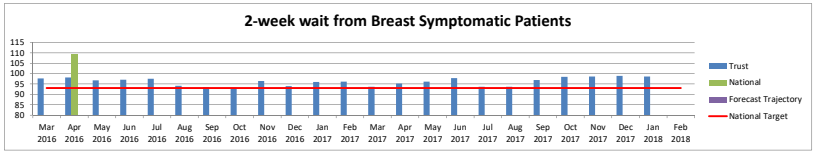


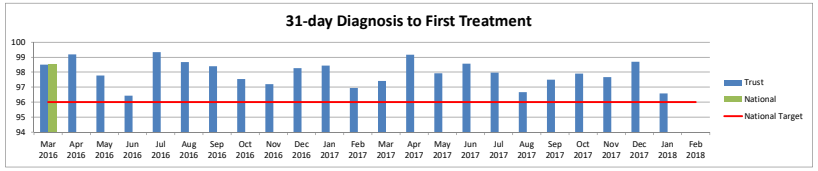
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.
Both are valid but designed for slightly different purposes, however they will align overall, especially over a longer period of time (eg annually)

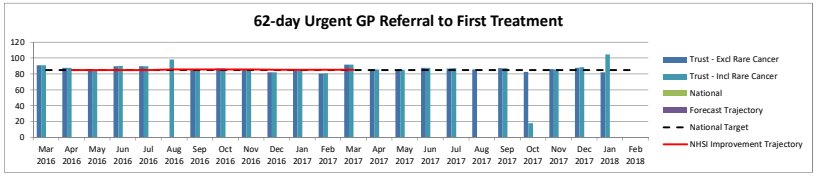
Clinical Effectiveness - Cancer Care

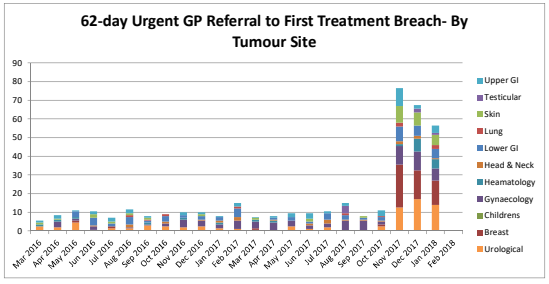
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																		.	Jan 2018	96.4	97.1	95.4			0.0		96.7	95.1	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		.	Jan 2018		-						98.7	96.8	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		.	Jan 2018	94.9	98.8	90.5			0.0		96.6	97.8	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																		.	Jan 2018								100.0	97.6	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		.	Jan 2018								100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		.	Jan 2018								-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		.	Jan 2018	91.7	77.4	81.3			0.0		81.9	85.7	
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																		.	Jan 2018	125.0	100.0	100.0			0.0		104.5	79.9	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		.	Jan 2018	0.0	100.0	100.0			0.0		100.0	96.7	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		.	Jan 2018	80.0	100.0	100.0			0.0		95.2	91.2	
1			Cancer - Patients Waiting over 62 days	No			8.0	9.5	10.5	10.0	8.0	15.0	7.5	8.0	9.5	9.5	10.5	11.0	9.0	11.0	12.0	9.0	12.5	-	Jan 2018	1.5	9.5	1.5			0.0		12.5	102.0	
1			Cancer - Patients Waiting over 104 days	No			4	1.5	1.5	2.5	1.5	4.0	5.0	5.0	2.0	1.0	1.5	5.0	1.0	4.0	2.0	3.0	3.0	-	Jan 2018	0.0	3.0	0.0			0.0		3.0	27.5	
1			Cancer - Longest Waiter in days	No			140	133	77	107	120	150	162	140	139	106	102	184	141	125	173	104	102	-	Jan 2018	102	126	74			0		102		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	15	12	12	19	17	8	6	11	6	4	10	3	7	8	7	7	3	9	Feb 2018	9	0	0			0		9	75	
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			67	50	0	0	33	0	50	0	0	0	25	25	67	0	20	0	54	-	Jan 2018	-	-	-			-		54	26	

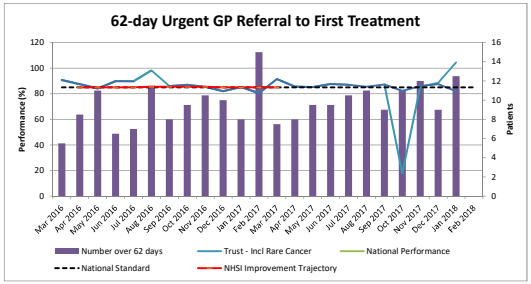






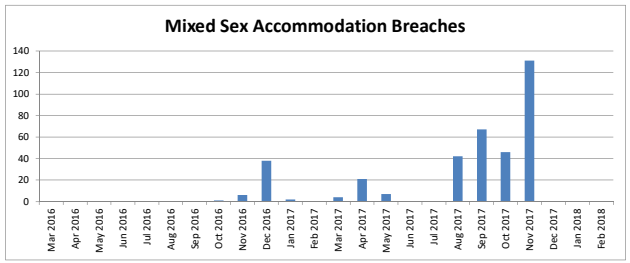


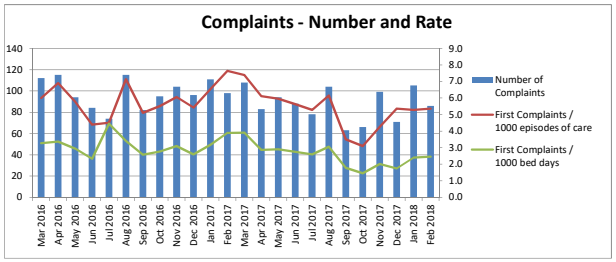


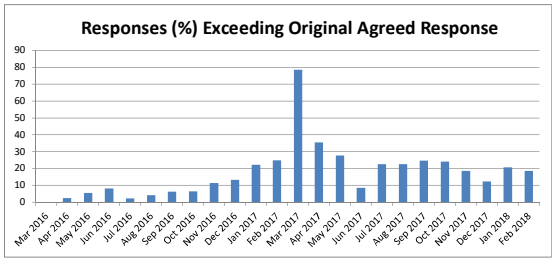


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
8		b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	20	22	17	10	15	9.7	7.9	9.3	11	11	12	13	9.971	19	9.7	8.3	-	9.8	Feb 2018								10	11	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	86	88	94	97	97	95	96	95	92	92	83	83	83.25	82	85	89	-	88	Feb 2018								88		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	7.1	5.6	4.8	5.9	5.4	4.3	4.2	5.5	3.8	2.4	3.8	2.8	3.356	3.3	3.4	3.6	-	3.8	Feb 2018	3.9							3.8	3.5	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	78	73	75	73	77	76	73	75	71	73	72	75	73	73	58	-	-	75	Feb 2018	75							75		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	0.5	0.5	0.3	1.2	0.6	0	0	0.1	0	-	0	-	-	-	-	8.8	-	5	Feb 2018	-							5.0	1.5	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	86	64	100	100	65	0	0	0	0	0	0	0	-	-	-	16	-	0	Feb 2018	-							0		
8			FFT Score - Outpatients	=> No	95.0	95.0	88	88	89	90	88	88	90	90	89	88	91	89	89	91	92	90	-	92	Feb 2018								92		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	79	86	90	86	97	11	95	88	90	75	90	50	90	93	76	75	-	0	Feb 2018								0		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	74	81	93	90	91	29	83	91	86	73	73	81	84.38	89	81	74	-	0	Feb 2018								0		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	91	100	100	50	0	0	80	100	100	0	0	50	0	0	0	0	-	0	Feb 2018								0		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	87	71	88	90	88	23	92	82	83	69	76	58	47.83	83	74	100	-	94	Feb 2018								94		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	15	5.9	17	13	8.2	5.4	21	8.9	11	7	7.1	5.2	5.157	13	6.9	0.2	-	23	Feb 2018								23	9	
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	1	6	38	2	0	4	21	7	0	0	42	67	46	131	0	0	0	Feb 2018	0	0	0		0	0		0	314	
9			No. of Complaints Received (formal and link)	No			82	95	104	96	111	98	108	83	94	88	78	104	63	66	99	71	105	86	Feb 2018	38	25	7	1	2	5	8	86	937	
9			No. of Active Complaints in the System (formal and link)	No			144	152	148	157	176	177	194	205	184	185	184	167	154	136	148	161	187	181	Feb 2018	78	52	23	2	4	11	11	181		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			2.6	2.8	3.1	2.6	3.2	3.9	3.9	2.9	2.9	2.8	2.6	3.1	1.8	1.4	2.0	1.7	2.4	2.5	Feb 2018	1.9	5	1.9			0		2.45	2.36	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			5.1	5.5	6.1	5.4	6.5	7.6	7.4	6.1	6.0	5.6	5.3	6.2	3.5	3.1	4.2	5.4	5.3	5.3	Feb 2018	5.3	7.2	3			0		5.35	5.08	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	99	100	100	99	98	94	100	100	100	100	100	98.04	100	90	92	99	100	Feb 2018	100	100	100	0	100	100	100	100	98	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	6.3	6.6	11	13	22	25	79	36	28	8.6	23	23	24.65	24	19	12	21	19	Feb 2018	31	3.9	13	50	25	18.18	11	19	22	
9			No. of responses sent out	No			110	87	79	79	76	95	84	67	106	87	83	67	85	73	65	38	75	65	Feb 2018	23	14	10	2	0	2	14	65	811	
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 Harm - New Claims	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	Feb 2018	-	-	-	-	-	-	-	11	11	
			Patient Harm - Ongoing Claims	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	491	Feb 2018	-	-	-	-	-	-	-	491	491	
			Patient Harm - Closed Claims	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	Feb 2018	-	-	-	-	-	-	-	26	26	

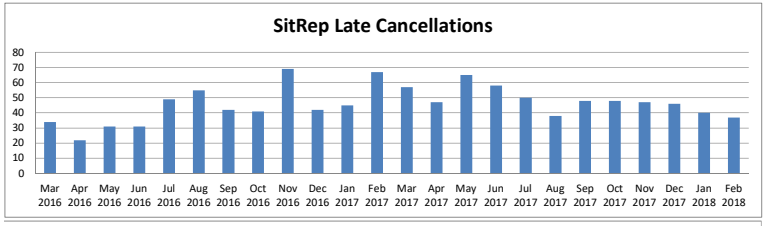


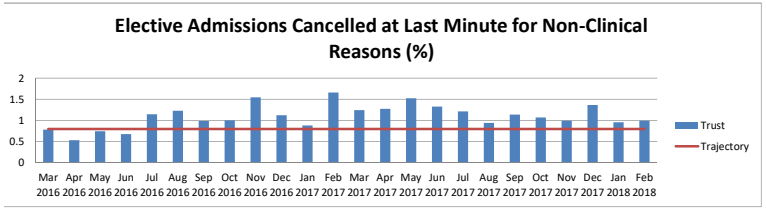


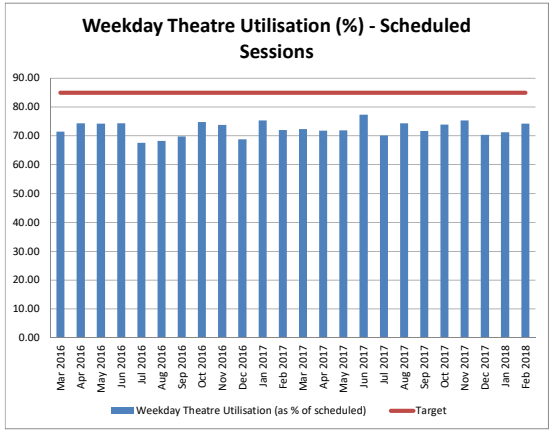


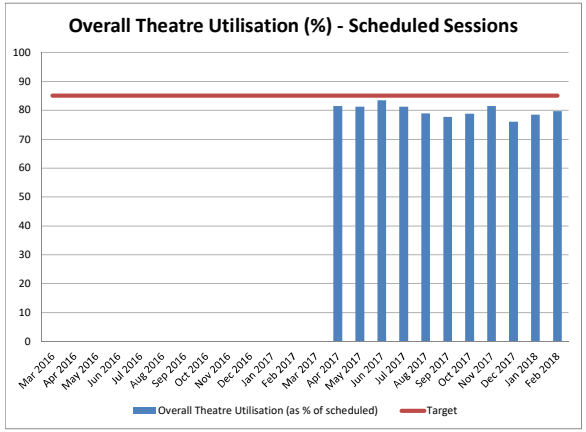
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27	42	41	69	43	45	67	57	47	65	58	50	38	48	48	47	46	40	37	Feb 2018	0	29	8			0		37	533	
2			No. of Sitrep Declared Late Cancellations - Avoidable	No			15	17	28	19	13	19	17	24	27	20	21	12	31	11	14	13	17	10	Feb 2018	0	7	3			0		10	209	
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No			27	22	41	18	29	48	37	23	37	37	29	26	17	31	33	33	23	28	Feb 2018	0	23	5			0		28	317	
2		•	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8	1.0	1.0	1.5	1.1	0.9	1.7	1.2	1.3	1.5	1.3	1.2	0.9	1.1	1.1	1.0	1.4	1.0	1.0	Feb 2018	-	1.44	2.99			-		1.0	1.1	
2		•e•	Number of 28 day breaches	<= No	0	0	0	1	0	3	6	0	0	1	0	0	0	2	0	0	0	0	2	0	Feb 2018	0	0	0			0		0	7	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0			-		0	0	
2			Urgent Cancellations	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0.0	0.0	0.0			0.0		0	0	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	1	3	4	0	3	0	3	1	3	1	1	0	1	1	1	4	3	Feb 2018	0	3	0			0		3	19	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	60	49	50	63	61	62	67	51	45	72	55	53	71	70	62	59	72	59	Feb 2018	6	46	7			-		59	669	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	258	234	273	272	269	284	257	219	230	250	245	213	243	294	244	272	302	212	Feb 2018	19	169	24			-		212	2724	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Feb 2018	0.0	75.0	79.6			57.3		74.2	72.7	
	NEW		Overall Theatre Utilisation (as % of scheduled)	<= %	85.0	85.0	-	-	-	-	-	-	-	•	•	•	•	•	•	•	•	•	•	•	Feb 2018	0.0	80.3	87.5			60.9		79.7	79.9	



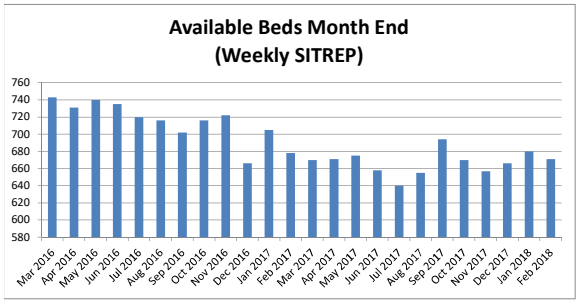


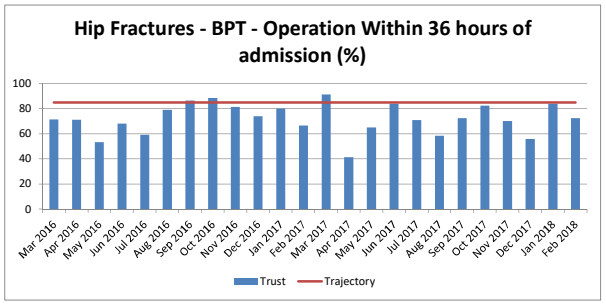




Access To Emergency Care & Patient Flow

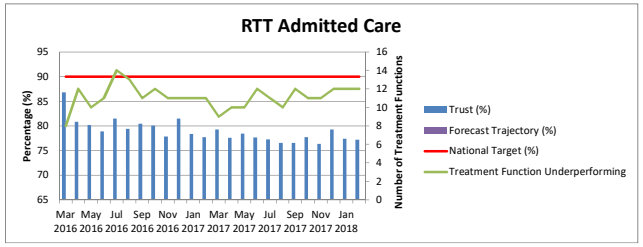
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Feb 2018	73.9	83.0	97.8	79.82	83.70	
2			Emergency Care 4-hour breach (numbers)	No			2051	2676	3237	3324	2821	3046	2875	2814	3549	3014	2686	2177	2150	2800	3168	3814	3249	3377		Feb 2018	1963	1391	23	3377	32798	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Feb 2018	0	0		0	1	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Feb 2018	15	14	30	14	14	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Feb 2018	82	57	25	61	62	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0															-				Feb 2018	8.80	8.19	4.55	7.94	7.88	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Feb 2018	5.26	5.79	0.70	4.83	5.39	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	135	112	162	193	162	129	107	110	159	242	111	127	90	143	207	208	163	160		Feb 2018	115	45		160	1720	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	16	21	19	11	13	5	0	12	6	1	0	1	4	6	11	5	4		Feb 2018	3	1		4	50	
11		•	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Feb 2018	0.14	0.05		0.10	0.10	
11			WMAS - Emergency Conveyances (total)	No			4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561	4081		Feb 2018	2077	2004		4081	47996	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Feb 2018	2.0	4.2		2.8	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Feb 2018	7.5	9.75		17		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available	483	509	503	674	629	512	583	546	501	483	635	539	512	598	545	591	613	541		Feb 2018				541	6104	
	UNDER REVIEW		Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) as % of Available Beds	%	3.5	3.5	2.6	2.7	2.7	3.4	3.1	2.8	2.9	2.9	2.5	2.6	3.4	2.8	2.8	3.2	2.9	3.1	3.1	3.0		Feb 2018				3.05	2.94	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	215	266	272	449	435	309	375	324	258	312	370	256	288	272	149	226	268	193		Feb 2018				193	2916	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			525	546	679	666	682	633	586	584	651	536	580	574	633	674	657	719	769	654		Feb 2018				654	7031	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			248	219	273	251	249	228	221	229	234	205	245	216	233	231	268	291	282	215		Feb 2018				215	2649	
	NEW		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			36	38	59	45	32	43	46	44	33	37	29	23	43	39	54	72	65	48		Feb 2018				48	487	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Feb 2018				72	67.9	

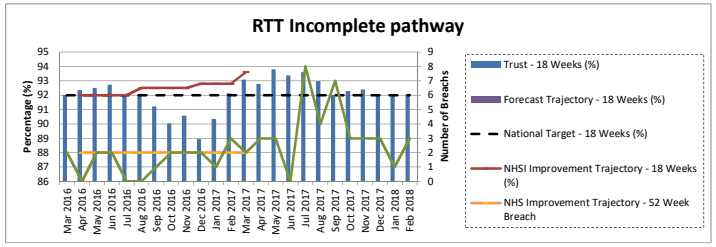


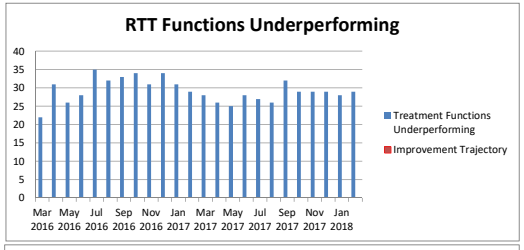


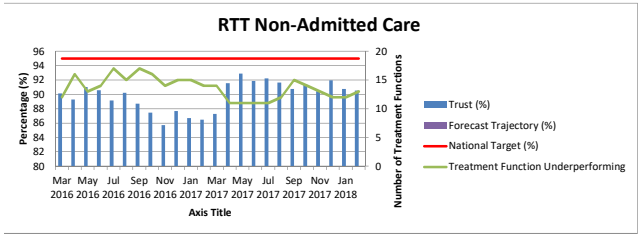
Referral To Treatment

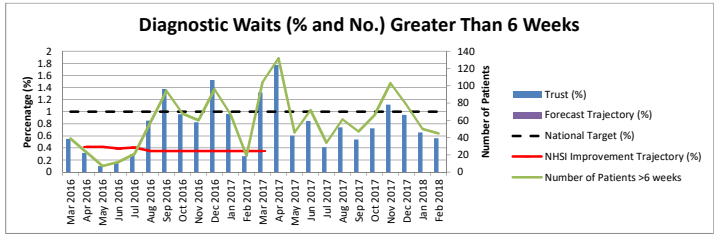
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
2			RTT - Admitted Care (18-weeks)	=> %	90.0	90.0																			Feb 2018	90.0	71.5	88.3			86.6		77.21		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Feb 2018	81.4	89.6	94.6			83.2		90.52		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Feb 2018	90.0	90.9	96.4			95.7		92.04		
			RTT - Backlog	No			3289	3728	3417	3908	3204	2578	2214	2327	2024	2188	2115	2304	2571	2451	2322	2410	2337	2356	Feb 2018	497	1370	50			95		2356		
2			Patients Waiting >52 weeks	<= No	0	0	1	4	3	2	0	3	6	5	3	2	10	10	14	7	7	6	4	6	Feb 2018	1	0	5			0		6	82	
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	2	2	2	1	3	2	3	3	0	8	4	7	3	3	3	1	3	Feb 2018	1	0	2			0		3	43	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	33	34	31	34	31	29	28	26	25	28	27	26	32	29	29	29	28	29	Feb 2018	6	17	2.0			3.0		29		
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	5	6	6	8	5	4	5	5	4	5	5	4	5	4	5	5	4	4	Feb 2018	1	3	0			0		4		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Feb 2018	0.2	1.7	0.0		0.4	0.0		0.56		
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			500	711	817	498	902	387	577	942	931	650	833	652	1336	914	1064	847	1672	531	Feb 2018	156	57	-		318	-		531		

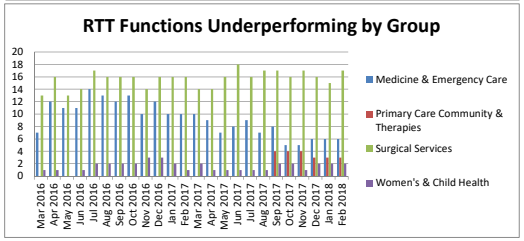


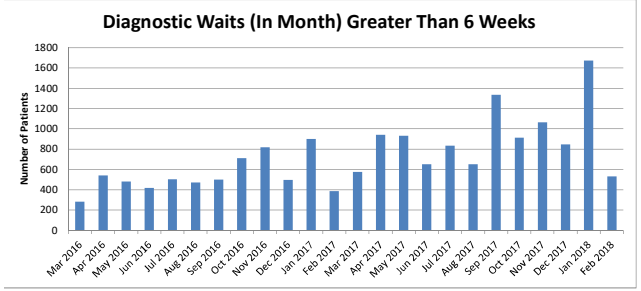


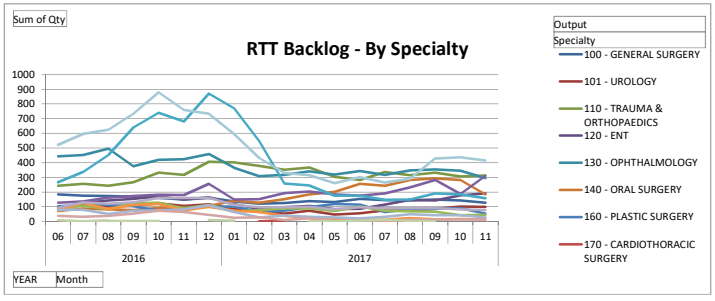






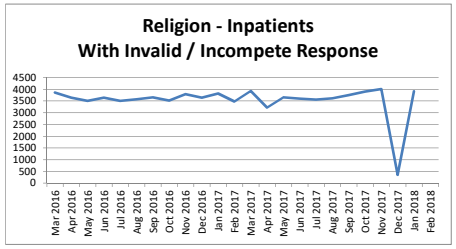


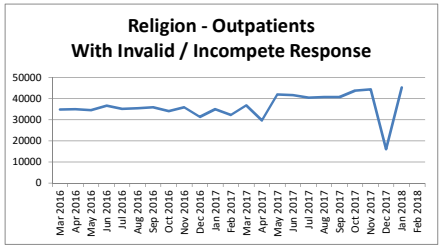


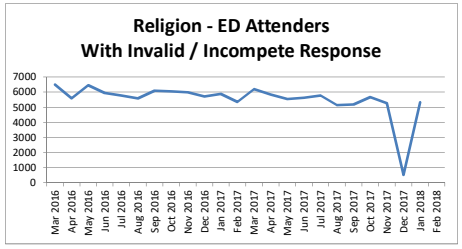


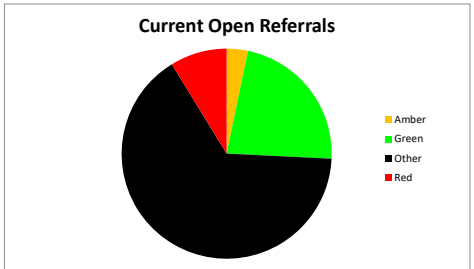
Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Feb 2018							61	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0								-									-	-	Dec 2017								99.6		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0								-									-	-	Dec 2017								99.1		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0								-									-	-	Dec 2017								99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.5	97.3	97.5	98.3	97.7	98.3	97.7	98.2	98.3	97.4	98.4	98.5	99.1	97.6	98.4	96.7	98.1	99.0	Feb 2018								99.0	98.2	
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	99.6	99.6	99.5	99.5	99.4	99.5	99.4	99.5	99.5	99.6	99.6	99.6	99.5	99.6	99.6	Feb 2018								99.6	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.0	97.2	97.6	97.0	97.7	97.3	97.3	97.3	97.4	96.3	97.2	97.0	97.5	97.2	97.6	97.5	97.7	97.5	Feb 2018								97.5	97.3	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Feb 2018								90.7	91.0	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Feb 2018								90.1	90.5	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			68.9	69.6	69.2	69.1	68.7	69.2	68.8	70.3	70.6	69.6	70.1	70.1	69.4	70.4	70.2	66.6	70.3	-	Jan 2018								70.3	70.1	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			57.9	58.1	57.5	56.9	57.0	57.2	56.9	56.7	52.9	53.2	53.1	53.5	54.5	53.8	53.5	63.7	52.8	-	Jan 2018								52.8	54.2	
			Protected Characteristic - Religion - ED patients with recorded response	%			64.0	64.3	64.1	64.7	64.1	64.7	64.2	64.7	67.2	65.3	66.2	66.7	67.0	66.1	67.3	65.2	67.2	-	Jan 2018								67.2	66.4	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	99.9	100.0	99.9	99.9	99.9	100.0	100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	-	Jan 2018								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			40.3	40.4	39.9	35.8	40.8	41.3	41.5	41.3	41.1	41.9	41.4	41.0	40.9	40.4	39.8	41.4	39.4	-	Jan 2018								39.4	40.8	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.6	40.9	41.5	40.8	40.5	41.3	41.1	39.8	42.7	42.0	42.2	40.2	40.6	40.7	41.6	38.6	40.1	-	Jan 2018								40.1	41.1	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Feb 2018								6.8	6.8	
2			Open Referrals	No			215,396	219,866	222,444	225,175	228,846	230,675	235,998	239,934	245,160	250,072	254,761	258,800	262,603	270,519	274,113	277,674	281,624	285,192	Feb 2018	65,888	144,613	36,730	7,676	749	29,556		285,192		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			86,309	87,537	92,360	95,712	99,043	######	######	######	######	######	######	######	######	######	######	######	######	######	Feb 2018	39,394	71,798	21,365	3,953	659	11,361		149221		

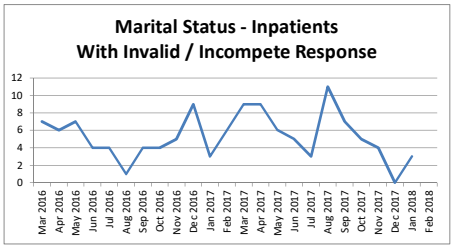


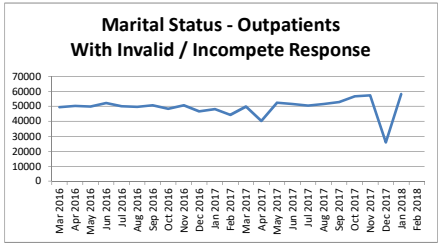


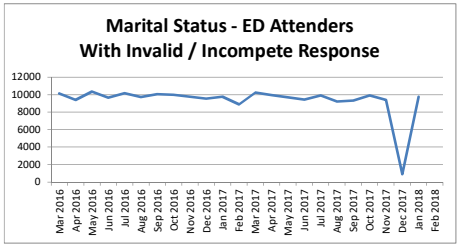




RED : To be Verified and closed By CG's.
AMBER : To be looked at by CG's once RED's are actioned.
GREEN : Automatic Closures.
BLACK- To be Verified and closed By CG's.

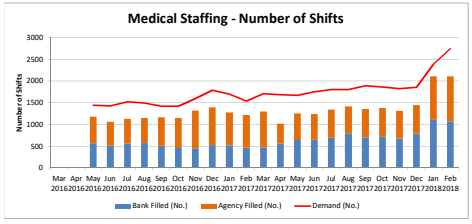


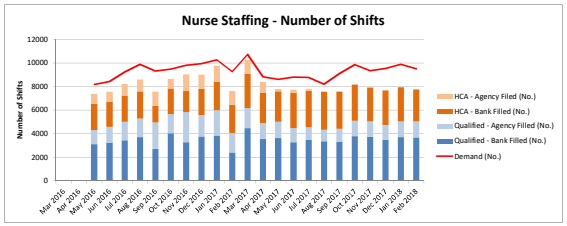




Temporary Workforce

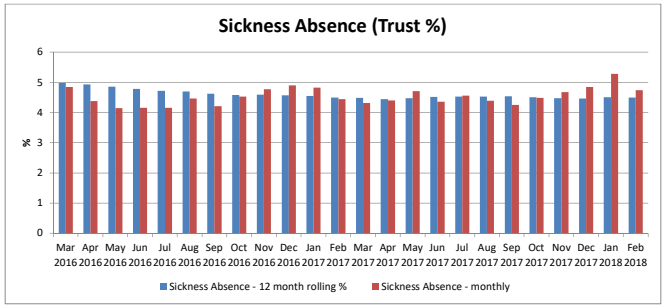
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Medical Staffing - Number of instances when junior rotas not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
			Medical Staffing - Demand	No			1419	1419	1596	1786	1699	1534	1703	1682	1669	1753	1805	1804	1887	1858	1823	1854	2381	2740	Feb 2018	1867	692	148	0	33	0	0	2740	21256.0	
			Medical Staffing - Total Filled	%			81.89	81.25	82.46	77.94	74.93	79.4	76.1	60.4	75.07	70.62	74.52	78.27	71.86	74.33	71.91	78.05	88.37	76.79	Feb 2018	76.59	73.27	92.57	0	90.91	0	0	77	75.1	
			Medical Staffing - Bank Filled	%			44.06	40.07	34.42	37.79	40.93	44.12	36.65	55.51	51.48	52.58	51.75	56.52	51.77	52.06	52.02	54.66	52.52	50.76	Feb 2018	45.87	64.3	57.66	0	23.33	0	0	51	52.7	
			Medical Staffing - Agency Filled	%			55.94	59.93	65.58	62.21	59.07	71.44	63.35	44.49	48.52	47.42	48.25	43.48	48.23	47.94	47.98	45.34	47.48	49.24	Feb 2018	54.13	35.7	42.34	0	76.67	0	0	49	47.3	
			Medical Staffing - Filled Shifts - Snr Consultant	No			177	243	237	187	152	217	270	120	214	219	258	320	312	329	324	334	311	181	Feb 2018	137	21	0	0	23	0	0	181	2922.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			998	951	1108	1196	1144	1001	1026	896	394	1019	1087	1092	1074	1052	987	1113	1793	855	Feb 2018	637	160	58	0	0	0	0	855	11362.0	
			Nursing - Demand	No			9312	9476	9802	9935	10261	9268	10708	8825	8616	8784	8760	8197	9080	9849	9335	9535	9866	9500	Feb 2018	4601	2165	1337	26	21	1241	109	9500	100347	
			Nursing - Total Filled	%			81.13	91.18	92.03	90.68	92.75	95.55	95.8	95.29	90.22	87.78	89.1	92.59	83.87	83.29	85.1	80.62	80.64	81.5	Feb 2018	79.7	86.93	72.85	100	100	85.9	96.33	81	86.1	
			Nursing - Qualified - Bank Filled	%			35.83	46.77	36.3	41.77	40.3	27.07	43.52	42.07	46.67	42.61	44.43	44.12	43.91	46.36	47.21	45.52	46.72	47.7	Feb 2018	43.31	42.77	58.52	57.69	0	62.57	41.9	48	45.2	
			Nursing - Qualified - Agency Filled	%			29.95	18.76	28.38	20.17	22.55	18.71	16.76	16.32	17.77	15.48	13.94	13.03	13.92	15.87	16.39	16.29	16.67	17.6	Feb 2018	22.01	22.69	3.8	0	0	8.54	0	18	15.8	
			Nursing - HCA - Bank Filled	%			18.6	25.02	19.83	24.59	25.29	27.18	28.13	30.44	33.05	39.06	39.63	41.94	41.6	37.36	36.03	38.01	36.44	34.7	Feb 2018	34.69	34.43	37.68	42.31	100	28.89	58.1	35	37.1	
			Nursing - HCA - Agency Filled	%			15.62	9.444	15.49	13.48	14.48	12.91	11.59	10.74	2.509	2.84	1.999	0.909	0.46	0.402	0.378	0.182	0.176	0.0	Feb 2018	0	0.11	0	0	0	0	0	0	1.9	
			AHPs - Radiography - Demand (Shifts)	No			269	332	321	290	526	332	525	332	372	315	334	335	231	235	198	176	309	349	Feb 2018	0	0	0	0	349	0	0	349	3186	
			AHPs - Radiography - Filled (Shifts)	No			249	324	299	256	496	302	502	329	359	315	290	323	230	232	190	170	253	232	Feb 2018	0	0	0	0	232	0	0	232	2923	
			AHPs - Physiotherapy - Demand (Shifts)	No			63	38	190	186	276	478	356	180	242	257	104	99	100	108	88	75	33	113	Feb 2018	0	0	0	0	0	113	0	113	1399	
			AHPs - Physiotherapy - Filled (Shifts)	No			63	38	190	186	274	478	346	180	242	257	104	99	98	107	87	74	33	113	Feb 2018	0	0	0	0	0	113	0	113	1394	
			AHPs - Other - Demand (Shifts)	No			96	139	96	567	413	530	1009	459	527	471	511	536	482	532	460	451	519	385	Feb 2018	120	14	4	1	79	60	107	385	5333	
			AHPs - Other - Filled (Shifts)	No			95	95	200	567	412	527	885	457	527	471	508	534	476	520	445	440	502	371	Feb 2018	120	5	2	1	79	60	104	371	5251	
			Admin - Demand (Shifts)	No			2765	2839	2479	2442	2381	4128	5135	4198	4228	4423	4054	4429	4091	4015	3928	3535	3778	3493	Feb 2018	589	572	86	267	55	325	1599	3493	44172	
			Admin - Filled (Shifts)	No			2450	2589	2452	2405	2348	4026	5079	4162	4184	4423	4031	4412	4025	3951	3838	3412	3707	3412	Feb 2018	576	554	79	267	55	315	1566	3412	43557	
			Facilities - Demand (Shifts)	No			2160	2185	1997	2172	2066	1971	2485	1795	2031	2101	1996	2182	2025	2059	2122	2008	2111	2226	Feb 2018	22	62	7	0	3	6	2126	2226	22656	
			Facilities - Filled (Shifts)	No			1942	2135	1969	2107	1992	1926	2425	1737	1999	2101	1966	2165	2006	2019	2098	1951	2054	2170	Feb 2018	17	61	1	0	3	5	2083	2170	22266	
			Interpreters - Demand (Shifts)	No			5321	5026	5508	4803	5159	4983	5634	4511	5139	5291	5101	4905	5116	5343	5699	4595	5354	4862	Feb 2018	-	-	-	-	-	-	-	4862	55916.0	
			Interpreters - Total Filled	%			99.44	99.58	99.46	99.46	99.5	99.64	99.57	99.89	99.71	99.7	99.76	99.9	99.77	99.57	99.74	99.65	99.87	99.55	Feb 2018	-	-	-	-	-	-	-	100	99.7	
			Interpreters - Bank Filled	%			76.68	78.62	77.58	76.93	78.38	79.52	78.02	77.34	78.45	77.67	76.99	76.96	78.29	77.86	78.66	77.81	78.89	77.8	Feb 2018	-	-	-	-	-	-	-	78	77.9	
			Interpreters - Agency Filled	%			23.3	21.4	22.4	23.1	21.6	20.5	22.0	22.7	21.5	22.3	23.0	23.0	21.7	22.1	21.3	22.2	21.1	22.2	Feb 2018	-	-	-	-	-	-	-	22	22.1	
			Interpreters - Unfilled	%			0.6	0.4	0.5	0.5	0.5	0.4	0.4	0.1	0.3	0.3	0.2	0.1	0.2	0.4	0.3	0.3	0.1	0.5	Feb 2018	-	-	-	-	-	-	-	0	0.3	

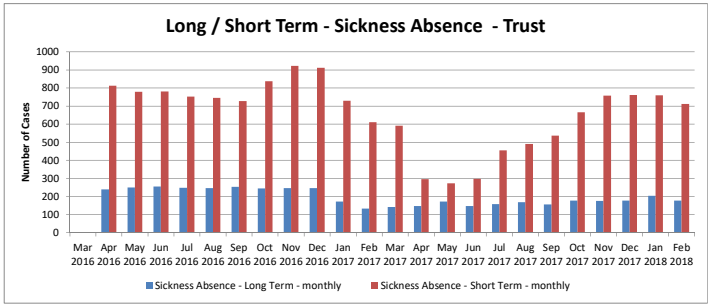




Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
7		b	WTE - Actual versus Plan (FTE)	No			866	790	783	845	786	730	768	772	796	816	847	816	816	756	741	762	728	744	Feb 2018	189.8	155.2	120	41.16	31.89	86.82	119	744		
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	63.7	75.3	75.7	73.9	60.4	84.2	71.8		83.1	
7		b	Medical Appraisal	=> %	95.0	95.0																			Feb 2018	74.7	74.1	76.0	81.8	96.8	122.7	50.0	79.3	81.4	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Feb 2018	4.8	4.7	4.4	3.7	3.7	4.1	4.7	4.50	4.5	
3			Sickness Absence (Monthly)	<= %	3.15	3.15																			Feb 2018	4.8	5.2	5.2	4.8	4.0	4.5	4.4	4.74	4.6	
3			Sickness Absence - Long Term (Monthly)	No			253	245	247	246	253	205	213	214	241	218	225	232	216	251	246	247	267	230	Feb 2018	46	42	35	12	8	32	2	230	2587	
3			Sickness Absence - Short Term (Monthly)	No			727	837	922	911	956	808	785	414	445	444	612	664	706	889	962	963	1021	932	Feb 2018	203	160	127	40	38	133	11	932	8052	
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	100.0	100.0																			Feb 2018	66.5	91.1	81.8	89.1	80.8	85.0	82.6	81.0	79.5	
	NEW		Return to Work Interviews following Sickness Absence (In Month)	=> %	100.0	100.0	NEW INDICATOR																		Feb 2018	78.3	87.0	78.0	97.6	89.7	89.2	91.3	85.7	81.8	
3			Mandatory Training	=> %	95.0	95.0																			Feb 2018	83.4	88.2	88.9	91.4	88.8	92.2	93.0		87.6	
3			Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Feb 2018	90.4	0.0	93.5	96.0	91.5	0.0	97.8		94.5	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Feb 2018								14.0	12.7	
			Nursing Turnover	<= %	10.7	10.7	11.9	12.4	11.7	11.4	11.6	11.2	11.7	11.7	11.7	12.0	12.6	12.7	12.8	12.9	12.6	12.9	13.3	13.4	Feb 2018								13.4	12.6	
7			New Investigations in Month	No			4	3	0	3	4	3	9	14	1	3	4	4	2	7	4	5	4	3	Feb 2018	0	1	0	0	0	0	2	3		
7			Vacancy Time to Fill	Weeks			21	25	21	21	21	22	21	20	21	23	25	20	21	21	21	23	25	23	Feb 2018								23		
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 2018	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			341	313	293	305	268	246	257	256	276	281	289	287	269	252	244	265	248	243	Feb 2018								243		
15			Your Voice - Response Rate	No			-->	-->	-->	-->	16.0	-->	-->	-->	-->	-->	18.8	-->	-->	-->	-->	-->	-->	-->	Jul 2017	11.8	15.3	15.9	23.7	23.8	29	21.2	18.8		
15			Your Voice - Overall Score	No			-->	-->	-->	-->	3.70	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		





CQUINs 2017/18 Schemes - Q3 Reporting (page 1 of 2)

Ref	CQUIN	Annual Plan Values (£)	Funding missed YTD (£)	Funding at Risk FY (£)	Indicator	CQUIN Period	Provider Setting	Description of Indicator	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Monthly Trend (A M J J A S O N D J F M)	Q2 Comments and Trust View on Delivery (not confirmed by commissioners as yet)	Data Period	FULL YEAR	Trend	Next Month	3 Months
1a	National			£452,594k	**Improving Staff Health & Wellbeing : Improvement of health & wellbeing of NHS staff**	2017-19	Acute & Community	Annual Staff Survey results to improve by 5% in two of the three NHS annual staff survey: on health & well-being, MSK and stress	Baseline 2015/16: Q9a, 9b and 9c			2016/17 Results to 2xQs to improve by 5% for full payment	n/a / Report	MSK survey question remains the single biggest issue in respect of delivery; 15/16 survey indicated that the trust has worsened year on year in respect of MSK based survey; the focus therefore is on the other 2 questions to be targeted for improvement by 5%.	Dec-17				
1b	National	£1,357,782			**Staff Health & Wellbeing : Healthy food for NHS staff, visitors and patients**	2017-19	Acute & Community	Firstly, maintain the four outcomes that were implemented in 2016/17. Secondly, introducing three new chances to food and drink provision in year 1, 17/18 : 70% of drinks tockked must be sugar free, b) 50% of confectionary and sweets do not exceed 250 kcal c) 60% or pre-packed sandwiches and other savoury pre-packed meals available contain 400kcals or less and do not exceed 5.0g saturated fat	No submissions, ensure deliverables are in place			All four outcomes delivered	n/a / Report	Steve Clarke is the lead and confirms general compliance with this scheme, more to be done on the confectionary and sandwiches front.	Dec-17				
1c	National				**Staff Health & Wellbeing : Improving uptake of flu vaccination for front line staff within Providers**	2017-19	Acute & Community	Year 1 - achieving update of flu vaccination for frontline clinical staff of 75%	No returns		Report %age achieved	Report %age achieved	n/a / Report	79% of front line staff were vaccinated by the end of Q3. 80% expected by end of Q4. This is comfortably meeting the target.	Dec-17				
2a	National		£63,646k	£84,861k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Timely identification of sepsis in emergency departments and acute inpatient settings**	2017-19	Acute	The percentage of patients who met the criteria for sepsis screening (needed it) and were screened for sepsis (applies to all adult and child patients arriving in ED & IP wards)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Partially met / Partially met / Partially met / Report	Only 64% (66% Q2, 74% Q1) of the sample patients that NEEDED sepsis screening were screened. This needs Exec support and intervention required. The Sepsis team informs that a new documentation process will ensure higher delivery going forward. EPR is expected to deliver a system based recording of patients, but is delayed. The CCG have asked for an exception report.	Dec-17				
2b	National	£678,891	£63,646k	£84,861k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Timely treatment for sepsis in emergency departments and acute inpatient settings**	2017-19	Acute	The percentage of patients who were found to have sepsis in 2a and received IV antibiotics within 1 hour (applies to all adult and child patients arriving in ED & IP wards).	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Partially met / Partially met / Partially met / Report	Of the above screened sample patients, 86% (76% Q2, 57% Q1) of septic patients receive their antibiotics within one hour. This has improved in Q3. Outliers need to be understood and improvements to be led by the ward teams Requires Exec team attention and focus on improvement. MQuAC in August tabled an agenda item on why the mortality rate due to sepsis is going up; potentially the lack of screening and timely treatment may be a factor. EPR is expected to deliver a system based recording of patients, but has been delayed.	Dec-17				
2c	National				Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Antibiotic review**	2017-19	Acute	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Met / Met / Met / Report	Delivered for Q3 at 95% (sample patient cohort performance) based on sampled patients notes.	Dec-17				
2d	National			£169,723k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Reduction in antibiotic consumption per 1,000 admissions**	2017-19	Acute	There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions 2. Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions 3. Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients)	No returns			Reduction of 1% or 2%	n/a / Report	Funding at risk due to higher than expected antibiotic usage. We appear to be almost at the same level of antibiotic consumption in the first 9 months of 2017/18 as the entire 2016 calendar year, with still 3 months of consumption to go; therefore I think that our chance of meeting the 1% reduction in total antibiotic consumption is at risk. Much of the increase in consumption has been driven by a shortage of a key antibiotic (pip/taz) and our need to use alternative agents. Our target to reduce carbapenem consumption by 1% is in the balance, as we are using more of this because of the shortage of pip/taz.	Dec-17				
4	National	£678,891			**Improving services for people with mental health needs who present to A&E**	2017-19	Acute		Outline Plan & Baseline data 16/17	DQ data, confirm partnerships in place	Report Progress	20% reduction in A&E attendances of those within the selected cohort	Met / Met / Met / Report	The Trust submitted a robust and well progressed plan, the improvement trajectory is tracking against the plan we re-attenders reducing and partnerships in place to support patients across the system.	Dec-17				
6	National	£678,891			**Offering Advice & Guidance**	2017-19	Acute	Providers to set up and operate A&G services for non-urgent GP referrals; A&G support should be provided either through the ERS platform or local solutions where systems agree this offers a better alternative.	Timetable & Introduction	Report	Report	Report	Met / Met / Met / Report	The Trust offers A&G for all services. The GP referrals to this facility need encouraging.	Dec-17				
7	National	£678,891			**NHS e-Referrals CQUIN**	2017-18	Acute	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. It is not looking at percentage utilisation of the system.	Supply plan to deliver Q2, Q3 and Q4 targets to include	80% of Referrals to 1st O/P Services able to be received through e-RS.	90% of Referrals to 1st O/P Services able to be received through e-RS.	100% of Referrals to 1st O/P Services able to be received through e-RS.	Met / Met / Met / Report	**a)** The plan has delivered at this stage to open up 90% of available slots in eRS. However, this is after a number of slots have been removed from the denominator. The CCG will want to validate the exclusions and therefore this may impact on performance delivery. **b)** Discussions with CCG took place about 'unrealistic' expectations of 4% ASIs by year end which the CQUIN proposes; this is unrealistic based on paper referrals still ongoing taking slots which would be otherwise visible in eRS hence ASI calculated are high (if GPs were to stop paper referring then all slots would be available to them in eRS therefore reducing ASIs). Deputy COO Planned Care is in discussions with CCG.	Dec-17				
8	National	£1,357,782			**Supporting proactive and safe discharge (Acute & Community Trusts)**	2017-19	Acute & Community	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from baseline (Q3 and Q4 2016/17).	Type 1 or 2 A&E provider has demonstrable and credible planning in place to make the required preparations so that the Emergency Care Data Set (ECDS) can be collected and returned from 1st October 2017	Map and streamline existing discharge pathways across acute and community, and roll-out protocols in partnership across local whole-systems.	Providers returning ECDS with at least 95% of completed, valid diagnosis codes	By the end of Q4 2.5% point increase from baseline in no. patients discharged to usual place of residence.	Met / Met / Met / Report	**a)** The Trust has now the ability to submit ECDC as required, head of information is working on this **b)** discharge processes are reviewed and improved via the 'Patient Flow' project which includes EDD and ADAPT looking specifically at discharges; for Q3 the 2.5% base point improvement had been met already.	Dec-17				
9	National	£1,357,782			**Preventing ill health by risky behaviours - alcohol & tobacco: 9a: Tobacco Screening**	2018-19	Acute & Community	n/a for 2017/18						**SCHEME REMOVED FOR 2018-18:** Clarification received from NHSE that this scheme will now not apply until 2018/19. The impact of this will be that the CCG will have to spread the 1.35m across the other schemes which means there is more funding at stake if other schemes do not deliver. **From a Q1 payment perspective, the funding of £448k will be payable to the Trust.**					
					Preventing ill health by risky behaviours - alcohol & tobacco 9b: Tobacco brief advice	2018-19	Acute & Community												
					Preventing ill health by risky behaviours - alcohol & tobacco 9c: Tobacco referral & medication offer	2018-19	Acute & Community												
					Preventing ill health by risky behaviours - alcohol & tobacco 9d: Alcohol Screening	2018-19	Acute & Community												
			£792,040 £59,978 £848,018																

CQUINs 2017/18 Schemes - Q3 Reporting (page 2 of 2)

Ref	CQUIN	Annual Plan Values (000s)	Full Year Delivery	Funding missed YTD (£)	Funding at Risk FY (£)	Indicator	CQUIN Period	Provider Setting	Description of Indicator	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Monthly Trend A M J J A S O N D J F M	Q2 Comments and Trust View on Delivery (not confirmed by commissioners as yet)	Data Period	FULL YEAR	Trend	Next Month	3 Months
10	National	£678,891				Improving the assessment of wounds	2017-19	Community	The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	Establish Clinical Audit plan	Clinical Audit of wound assessments	Improvement Plan	Repeat Clinical Audit	n/a Met Met Report	The community team have produced a plan which captures the baseline position based on 6 months up to Sept17, assessing wounds older than 4 weeks having audited all resulting patients. Based on this audit a clear training and improvement plan will be produced for Q3 with a repeat audit in Q4 to measure improvements. A monthly review cycle has been put in place to ensure this is embedding plans.	Dec-17	●	●	●	●
11	National	£678,891				Personalised Care / support planning	2017-19	Community	This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers.		Submission of a plan to ensure care & support planning is recorded by providers will be a yes/no requirement. Likewise local commissioners will need to confirm whether the plan has been received and accepted (yes/no).	Provider to identify the number of patients as having multiple LTCs and who will be prioritised for personalised care and support planning (establishment of cohort) compared to the total number of patients served	Provider to confirm what proportion of relevant staff have undertaken training in personalised care and support planning.	n/a Met Met Report	CQUIN lead has produced a plan which has been agreed with the host commissioner.	Dec-17	●	●	●	●
	Specialised	£150,000				Haemoglobinopathy improving pathways	2017-19		Ongoing	Baseline Report, annual Q1	Evidence of governance arrangements (quarterly reports)	% of total registered patients in ODN attending for annual review at the Lead / Specialist Centre and plan to demonstrate performance to target of 85% by end of Yr 3 (quarterly reports)	Improvement in agreed patient satisfaction and outcome measure(s) (quarterly against baseline)	Met Met Met Report	This is a well-established scheme, which has been in place over the last couple of years and tracking well.	Dec-17	●	●	●	●
	Specialised	£130,000				Paediatric Networked Care to Reduce Recourse to Critical Care Distant from Home	2017-19			Trigger 1 - Part 1: Ensure full and ongoing completion of PICANet as per Information Standards Notice SCI/0076 Amd 113/2015 – Paediatric Critical Care Minimum Data Set, Version 2.0'. The full conformance date as per the ISN is 1st December 2016.	Trigger 2 - To provide support to the lead PICU centre in conducting a review of the Provider against the Paediatric Intensive Care (PICS) standards prior to July 2017.	Trigger 3 - Ongoing participation with West Midlands Paediatric Critical Care Network meeting, including representation at meetings and implementation of clinical protocols as agreed by the Network. This may include (but is not limited to): • Condition specific treatment and referral protocols • Incident Reporting System (Pediatrid)		n/a Partially met Partially met Report	The data set provision is outstanding as Cerner development is awaited, we are now submitting a partial data set which appears to be accepted across the network.	Dec-17	●	●	●	●
	Specialised	£141,197				Activation systems for patients with long term conditions	2017-18		HIV					n/a Met Met Report	Scheme progressed with HIV Long Term Conditions within PCCT and delivering. Unpopular though with the patients and this has been raised with the commissioner for a decision on whether to carry forward to next year.	Dec-17	●	●	●	●
	Public Health	£55,978			£55,978k	Secondary Care Dental : Audit of Day Case Activity	2017-18		A prospective audit and re-audit of day-case activity carried out in the department in accordance with the Terms of Reference issued by the service commissioner.		Initial audit report by 21 July 2017. Plan to address any identified issues by 20 October 2017, report of Follow up Audit by 20 April 2018.		Follow up Audit to be carried out by 31 March 2018 and reported by 20 April 2018.	n/a Not Met Not Met Report	Not progressed as yet, but PH are aware that trust is progressing this; at this stage they have not confirmed that they will withdraw any funding due to the missed Q2 milestone.	Dec-17	●	●	●	●
	Public Health	£31,228				Bowel Screening	2017-19			Report	Report	Report	Report	Met Met Met Report	Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●
	Public Health	£39,417				Bowel Scoping	2017-19			Report	Report	Report	Report	Met Met Met Report	Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●
	Public Health	£92,044				Breast Screening	2017-19			Report	Report	Report	Report	Met Met Met Report	Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●

£55,978

Local Quality Indicators - 2017/2018

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Sep 2016) 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	PCCT	CO	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	80	80	81	81	80	79	81	81	81	79	83	86	85	85	86	88	89	89	Feb 2018	PERFORMANCE LEVELS SUSTAINED OVER A PERIOD OF SEVERAL MONTHS, WITH JUST A COUPLE OF SMALL % POINTS REQUIERD TO RECOVER THE YEAR TO DATE BASIS							89.276	84.92	
			Safeguarding Adults Basic Training	=> %	85	85	98	98	98	98	96	98	98	98	96	97	96	98	97	97	97	97	97	98	Feb 2018								97.562	97	
			Safeguarding Children Level 1 Training	=> %	85	85	99	98	98	98	97	98	98	98	97	98	96	98	98	98	98	98	98	98	Feb 2018								98.1	97.8	
			Safeguarding Children Level 2 Training	=> %	85	85	71	71	73	75	76	77	77	78	79	78	78	83	86	86	87	88	88	88	Feb 2018								88.1	83.6	
			Safeguarding Children Level 3 Training	=> %	85	85	73	73	75	78	78	81	84	85	88	89	88	87	85	85	90	90	90	90	Feb 2018								89.5	87.7	
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	100	98	97	95	97	99	99	98	98	98	99	99	99	99	98	100	99	99.1	Feb 2018	99	100	97			0		99.1	98.6	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	16	16	17	17	20	17	16	16	15	17	17	15	16	15	15	18	17	17	Feb 2018	15	13	29			37		17.4	16.1	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	87	85	86	86	86	86	87	86	86	85	84	84	84	84	85	85	83	0	Feb 2018								0.0	76.4	
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90	76	83	92	80	78	93	87	80	86	76	82	82	85	79	80	100	100	100	Feb 2018	RECOVERING TREND FOR 3 MONTHS							100.0	85.9	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	87	86	82	81	84	81	77	78	80	79	88	92	94	93	96	97	97	98	Feb 2018	RECOVERING TREND FOR 3 MONTHS							98.3	89.9	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	75	76	76	75	73	78	79	76	75	75	74	71	74	80	76	79	76	77	Feb 2018	DENOMINATOR CHANGES AGREED WITH CCG - PERFORMANCE WILL IMPROVE FROM MARCH							76.5	75.5	
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90	29	25	8	11	33	66	83	93	95	92	67	38	13	20	65	-	-	-	Nov 2017	INVESTIGATION ONGOING							65.5	65.0	
			Community Gynae - New to follow-up Ratio Less than 1 to 2	=> %	95	95	97	95	96	96	95	96	92	97	98	97	94	94	97	86	89	-	-	-	Nov 2017								89.2	94.6	
			Community Gynae - Onward Referral Rate	<= %	10	10	4	3	12	7	6	7	4	2	4	5	7	5	1	2	5	-	-	-	Nov 2017								5.2	4.2	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	65	42	77	69	60	62	58	69	-	57	58	57	54	55	52	60	67	78	Feb 2018	CCG AGREED 3 MONTHS IMPROVEMENT TRAJECTORY WITH SERVICE AND REVISED THRESHOLD TO 95%							77.9	59.6	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	71	47	80	71	63	65	63	77	-	63	65	66	62	63	63	70	78	81	Feb 2018								81.5	67.9	

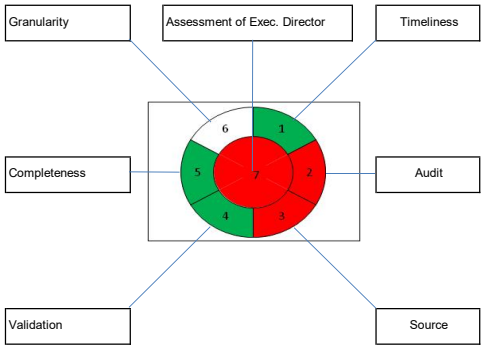
Legend

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
PCCT	Primary Care, Community & Therapies
CO	Corporate

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Feb 2018	3	0	0	3	18	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Feb 2018	84	71	40	71.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Feb 2018	90	90	86	90.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	19	20	14	14	16	9	7	5	12	13	9	19	15	9	19	16	Feb 2018	3	13	0	16	133	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	19	20	12	14	16	9	7	5	12	13	9	19	15	9	19	16	Feb 2018	3	13	0	16	133	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	3	14	12	8	8	11	6	6	4	8	3	2	1	3	2	1	Feb 2018	0	1	0	1	47	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	5	6	2	11	5	1	6	3	1	3	5	6	3	2	2	4	Feb 2018	4	0	0	4	36	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	1	0	1	1	0	0	0	2	1	2	0	0	1	1	1	0	Feb 2018	0	0	0	0	8	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	5	2	1	0	0	1	1	1	5	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	44	34	41	47	50	38	34	36	39	34	34	28	31	48	22	23	35	35	Feb 2018	9	26	0	35	365	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	2	0	2	3	3	1	2	1	1	0	0	1	1	3	0	0	0	0	Feb 2018	0	0	0	0	7	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	4	5	7	9	5	5	4	5	4	2	4	2	6	3	4	9	9	4	Feb 2018	0	4	0	4	52	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2018	91.5	90.4	97.7	92.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2018	99.2	100.0	0.0	99.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2018	99	100	0	98.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2018	99	97	0	98.5		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2018	0	1	0	1	21	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Dec 2017	46	49	39	46		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.3	10.0	9.7	9.9	9.5	9.4	9.4	9.5	9.2	9.2	10.2	9.1	10.7	11.4	11.1	12.0	12.7	-	Jan 2018				12.7		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			9.2	10.0	9.3	9.4	9.4	9.4	9.4	9.4	9.3	9.3	9.4	9.4	9.6	9.7	9.8	10.0	10.2	-	Jan 2018					9.6	

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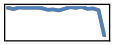
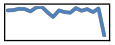
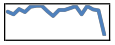
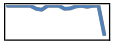
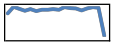
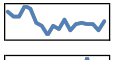
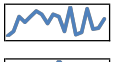
Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																		-	Jan 2018		88.1		88.1	93.0	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																		-	Jan 2018		85.3		85.3	75.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	Jan 2018		70.6		70.6	71.3	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																		-	Jan 2018		100.0		100.0	97.8	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																		-	Jan 2018		50.0		50.0	68.6	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Feb 2018		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																		-	Jan 2018		100.0		100.0	97.8	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																		-	Jan 2018		100.0		100.0	97.1	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Feb 2018		100.0		100.0	94.2	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Feb 2018		95.2		95.2	96.1	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Feb 2018		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jan 2018			96.4	96.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2018			94.9	94.9		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jan 2018			91.7	91.7		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3.5	1	2.5	2	1.5	3	2.5	2	2	4.5	1	2.5	2	3.5	2.5	0.5	1.5	-	Jan 2018	-	-	1.50	1.50	22	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	0	0	1	1	1	1	1	0	1	0	0	0	2	2	0	0	-	Jan 2018	-	-	0.00	0.00	6	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			140	75	71	107	111	135	105	140	91	106	97	99	81	125	173	104	102	-	Jan 2018	-	-	102	102		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	15	12	12	19	17	8	6	0	6	4	10	3	7	8	7	7	3	9	Feb 2018	-	-	9	9	64	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	6	30	2	0	4	21	7	0	0	3	61	46	129	0	0	0	Feb 2018	0	0	0	0	267	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			23	27	40	35	40	45	42	34	42	40	27	49	24	26	47	29	30	38	Feb 2018	23	10	5	38	386	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			55	56	63	62	66	61	75	79	79	91	83	82	74	59	75	67	73	78	Feb 2018	42	29	7	78		

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	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Feb 2018	-	-	-	-		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	Feb 2018	0.0	0.0	0.0	0	3	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	1	0	6	2	4	6	2	3	11	3	5	2	8	2	3	4	6	0	Feb 2018	0.0	0.0	0.0	0	47	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	28	57	44	29	51	37	41	28	35	63	31	62	41	#####	#####	#####	#####	#####	Feb 2018	0.0	0.0	0.0	0.0		
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 2018	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Feb 2018	73.9	83.0	Site S/C	78.6	82.7	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1280	1579	1750	1866	1776	1769	1721	1662	1742	1580	1483	1280	1257	1636	1714	2188	2257	0	Feb 2018	0	0	0	0	16799	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Feb 2018	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 2018	15.0	14.0	Site S/C	14	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Feb 2018	82.0	57.0	Site S/C	68	60	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0															-				Feb 2018	8.8	8.2	Site S/C	8.5	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Feb 2018	5.3	5.8	Site S/C	5.5	5.7	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	135	112	162	193	162	129	107	110	159	242	111	127	90	143	207	208	163	160	Feb 2018	115	45		160	1720	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	16	21	19	11	13	5	0	12	6	1	0	1	4	6	11	5	4	Feb 2018	3	1		4	50	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Feb 2018	0.14	0.05		0.10	0.10	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561	4081	Feb 2018	2077	2004		4081	47996	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Feb 2018	0.0	89.9	90.0	90.0		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Feb 2018	0.0	71.5	94.6	81.4		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Feb 2018	0.0	86.2	96.4	90.0		
RTT	RTT - Backlog	<= No	0	0	1172	1319	1168	1500	1154	897	622	610	479	497	467	538	407	288	398	504	480	497	Feb 2018	0	432	65	497		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	2	1	0	0	1	1	2	1	7	4	1	0	0	0	0	1	Feb 2018	0	1	0	1		
RTT	Treatment Functions Underperforming	<= No	0	0	12	13	10	12	10	10	10	9	7	8	9	7	8	5	5	6	6	6	Feb 2018	0	4	2	6		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Feb 2018	0	0.2	0.33	0.22		

Medicine 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		EC	AC	SC			
Data Completeness	Open Referrals	No			72,581	74,142	75,046	75,926	75,925	76,880	78,278	78,984	79,971	81,548	83,160	84,417	85,453	62,769	63,236	64,194	65,058	65,868	Feb 2018	14,704	27,015	24,149	65868		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			28,710	27,787	30,150	31,585	32,319	33,572	35,739	36,247	36,822	37,760	39,488	40,216	40,844	35,242	36,135	37,044	37,620	39,394	Feb 2018	12,535	15,806	11,053	39394		
Workforce	WTE - Actual versus Plan	No			231	229	231	244	202	194	208	205	199	227	236	223	223	204	200	218	191	190	Feb 2018	99.66	87.13	0	190		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Feb 2018	62.55	64.4	0		75.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2018	60.98	85.19	0		77.6	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Feb 2018	4.89	4.82	0.00	4.84	4.74	
Workforce	Sickness Absence - In month	<= No	3.15	3.15																			Feb 2018	4.00	5.24	0.00	4.80	5.20	
Workforce	Sickness Absence - Long Term - In month	No			43	45	40	39	39	33	40	53	59	48	45	54	49	51	49	63	64	46	Feb 2018	14	32	0	46	581	
Workforce	Sickness Absence - Short Term - In month	No			162	194	206	243	223	207	182	66	68	80	131	145	157	173	233	236	219	203	Feb 2018	72	129	0	203	1711	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Feb 2018	58.4	72.7	0.0		68.87	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Feb 2018	82.88	83.88	0		82.1	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	1	2	3	0	0	1	1	0	0	1	2	2	0	Feb 2018	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	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			-->	-->	-->	-->	8	-->	-->	-->	-->	-->	11.8	-->	-->	-->	-->	-->	-->	-->	Jul 2017	10.9	9.6	20.5	11.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.68	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

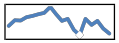
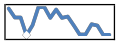
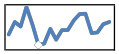
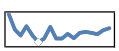
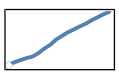
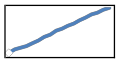
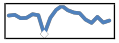
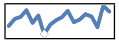
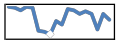
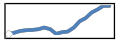
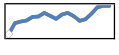
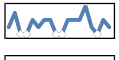
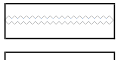
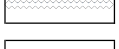
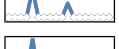
Surgical Services Group

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		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Feb 2018	0	0	0	0	0	0	6	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2018	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Feb 2018	90.1	94.5	0	0	84.4	89.8		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Feb 2018	91.9	94.6	0	100	78.1	92.1		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	9	Feb 2018	4	0	0	5	0	9	81	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	9	Feb 2018	4	0	0	5	0	9	81	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	0	0	0	0	0	1	4	0	3	1	2	1	1	0	0	0	Feb 2018	0	0	0	0	0	0	13	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	0	0	0	0	1	0	3	0	6	5	2	2	1	0	0	3	Feb 2018	3	0	0	0	0	3	22	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	Feb 2018	0	0	0	0	0	0	3	
Patient Safety - Harm Free Care	Falls	<= No	0	0	9	10	12	13	8	6	6	10	7	11	11	4	5	5	10	10	17	7	Feb 2018	2	3	0	0	2	7	97	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	4	0	1	1	2	1	1	3	0	2	0	0	2	2	1	2	2	Feb 2018	1	1	0	0	0	2	15	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2018	97	97.9	0	98.8	97.8	97.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2018	99.8	100	100	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2018	0	100	100	0	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2018	0	100	100	0	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	Feb 2018	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 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2018	0	0	0	0	0	0	8	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	.	.	Dec 2017	31	80	0	0	0	44.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.9	6.0	5.1	5.9	6.0	6.3	5.7	6.2	6.5	6.3	7.3	6.9	6.0	6.0	5.4	6.1	6.1	-	Jan 2018						6.1		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.5	6.99	6.3	6.11	6	5.95	5.84	5.83	5.86	5.92	5.98	6.09	6.1	6.1	6.21	6.23	6.24	-	Jan 2018							6.1	

Surgical Services 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		GS	SS	TH	An	O			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jan 2018	97.1	-	0.0	-	-	97.1		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jan 2018	98.7	-	-	-	-	98.68		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2018	98.8	-	0.0	-	-	98.82		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jan 2018	77.4	-	0.0	-	-	77.38		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	7	4	5	5	8	2	2	5	3	8	3	2	6	4	8	10	-	Jan 2018	-	-	-	-	-	9.5	48	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	2	2	2	0	2	1	1	1	0	2	2	0	2	0	3	3	-	Jan 2018	3	-	0	-	-	3	14	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			245	351	191	158	103	193	105	119	114	98	134	108	84	110	0	119	126	-	Jan 2018	126	-	0	-	-	126		
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	0	0	0	0	0	0	0	Feb 2018	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	1	0	8	0	0	0	0	0	0	0	39	6	0	2	0	0	0	Feb 2018	0	0	0	0	0	0	47	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			30	37	29	26	32	25	36	24	29	20	28	29	18	16	28	22	24	25	Feb 2018	7	5	2	0	11	25	263	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			47	51	39	45	62	63	66	78	61	51	57	50	38	40	36	47	47	52	Feb 2018	11	20	3	2	16	52		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Feb 2018	2.2	3.32	0	-	0.54	1.44		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	2	0	Feb 2018	0	0	0	0	0	0	2	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	32	29	57	31	35	49	45	32	49	38	41	28	37	35	35	24	20	29	Feb 2018	18	7	0	0	4	29	368	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	73.7	75.3	75.7	73	77.1	75.3	75.3	76.4	75.8	77.9	73.9	74.7	74.8	75.8	77.1	71.1	72.6	75	Feb 2018	73.1	75.6	0.0	93.2	74.5	75.04		
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	0	0	Feb 2018	0	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	98.6	99.4	99.4	99.7	99.3	99.3	98.1	97.6	96.8	96.7	97.5	97.5	99.2	99.8	99.4	99.6	99.5	97.8	Feb 2018	-	-	-	-	97.8	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	63	92	76	109	70	68	112	137	109	93	106	69	73	84	80	89	66	0	Feb 2018	0	0	0	0	0	0	906	
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 2018	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	2.2	2.9	3.5	2.6	4.1	3.0	3.3	3.3	3.0	3.7	3.6	4.3	5.4	3.9	-	5.0	5.1	4.6	Feb 2018	-	-	-	-	4.55	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	2.5	2.1	1.4	1.1	1.0	1.1	1.7	2.0	2.4	2.7	2.8	2.3	2.0	1.0	2.4	1.3	1.8	0.7	Feb 2018	-	-	-	-	0.7	-	-	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	15	26	14	14	0	0	0	0	0	-	0	0	0	0	0	0	0	0	Feb 2018	-	-	-	-	30	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	103	107	100	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	25	-	-	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																			Feb 2018						72.4	67.9	

Surgical Services 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 GS	SS	TH	An	O	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Feb 2018	72.7	55.9	0.0	0.0	74.9	71.5		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Feb 2018	81.6	91.9	0.0	0.0	94.1	89.6		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Feb 2018	91.4	82.3	0.0	0.0	93.5	90.9		
RTT	RTT - Backlog	<= No	0	0	1254	1369	1328	1514	1344	1153	1167	1304	1204	1293	1293	1385	1443	1447	1254	1271	1348	1370	Feb 2018	590	395	0	0	385	1370		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	2	0	1	0	2	2	4	1	1	1	5	9	4	7	5	2	0	Feb 2018	0	0	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	16	16	14	16	16	16	14	14	16	18	16	17	17	16	17	16	15	17	Feb 2018	9	6	0	0	2	17		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Feb 2018	1.7	0.0	0.0	0.0	0.0	1.71		
Data Completeness	Open Referrals	No			110,630	112,597	113,840	115,090	116,146	118,262	121,184	123,687	126,992	129,204	131,460	133,412	135,263	136,924	139,237	140,979	142,818	144,613	Feb 2018	49,665	16,080	0	5,755	73,133	144613		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Rec	No			40,451	42,937	44,084	45,279	47,179	48,985	51,471	53,057	55,792	57,290	59,198	60,880	63,030	64,953	67,111	68,385	70,228	71,798	Feb 2018	27,129	8,445	0	3,848	32,376	71798		
Workforce	WTE - Actual versus Plan	No			152	146	140	151	185	157	166	168	172	176	196	181	180	172	169	158	150	155	Feb 2018	53	22.8	37.8	17.5	29.1	155.18		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	74.4	76.9	85.9	64.5	76.6		83.4	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2018	75	75	0	66	81.6		77.4	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Feb 2018	4.4	5.7	6.4	4.5	2.2	4.7	4.7	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Feb 2018	5.0	6.4	8.1	3.8	2.5	5.2	4.9	
Workforce	Sickness Absence - Long Term - In Month	No			53	52	50	53	52	33	32	30	41	38	51	50	47	49	47	34	47	42	Feb 2018	12.0	10.0	13.0	4.0	0.0	42.0	476.0	
Workforce	Sickness Absence - Short Term - In Month	No			169	181	173	181	166	149	138	61	50	55	96	96	119	159	170	172	151	160	Feb 2018	42.0	37.0	39.0	40.0	0.0	160.0	1289.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Feb 2018	87.7	89.5	95.7	93.2	90.3	91.1	86.8	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2018	89.2	88.1	91.6	89.0	82.6		86.9	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			1	3	0	0	2	1	2	2	0	0	2	2	2	4	1	0	2	1	Feb 2018	0	0	1	0	0	1		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						88.03	88	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016						238	238	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						-	-	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	30	-->	-->	-->	-->	-->	15.3	-->	-->	-->	-->	-->	-->	-->	Jul 2017	20.5	13.2	5.2	18.4	14.3	15.3		
Workforce	Your Voice - Response Score	%			-->	-->	-->	-->	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 2018	0	0	0	0	1	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Feb 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Feb 2018	95			95.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Feb 2018	0	100		100.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	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	0	0	0	0	0	0	0	0	0	0	0	0	Jan-00	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	2	3	1	1	2	1	1	0	3	1	0	0	0	1	1	0	0	0	Feb 2018	0	0	0	0	6	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Feb 2018	99	94		96.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Feb 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Feb 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Feb 2018	97	100		97.1		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2018	2	0	0	2	6	

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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		G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Feb 2018		29		29.0	25.6	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			10	8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	10	Feb 2018		9.7		9.7	8.0	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			19	23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	19	Feb 2018		19		19.2	17.6	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Feb 2018		0		0	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Feb 2018		0		0	19	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Feb 2018		1.6		1.6	1.8	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Feb 2018		5.2		5.2		
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	1	Feb 2018		2.6		2.6		
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	0	0	1	Feb 2018		2.6		2.6		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0											-							-	Jan 2018		74		74.3		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Feb 2018		161		161.2		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A						N/A	N/A	N/A			N/A	N/A				-	-	Dec 2017	0	0	0	0.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			3.9	5.4	5.9	5.0	4.0	5.4	4.7	4.6	4.5	4.8	4.3	3.7	4.3	4.3	5.5	4.8	5.0	-	Jan 2018				5.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.1	5.4	5.0	5.0	5.0	4.9	4.8	4.8	4.7	4.7	4.7	4.7	4.7	4.6	4.6	4.6	4.7	-	Jan 2018					4.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0			#DIV/0!															-	Jan 2018	95		100	95.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jan 2018	90			90.5		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jan 2018	81			81.3		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	1.5	4	3	2	4.5	3.5	4.5	3	2	2	5.5	5.5	1.5	6	1	1.5	-	Jan 2018	1.5	-	0	1.5	32.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0.5	1.5	3.5	3	1	0	0	3	1	0	0	0	0	-	Jan 2018	0	-	0	0	8	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			97	76	98	98	120	150	162	126	139	95	102	184	141	90	0	86	74	-	Jan 2018	74	-	0	74		
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	0	0	0	0	0	0	0	Feb 2018	0	-	0	0	0	

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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		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 2018	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			15	12	9	12	14	14	12	13	8	12	6	12	8	8	7	4	19	7	Feb 2018	2	3	2	7	104	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			23	23	16	21	24	24	22	19	12	15	14	14	17	15	13	19	29	23	Feb 2018	0	0	0	23		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Feb 2018	3.9		-	3.0		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	9	12	6	10	6	12	10	12	5	17	4	8	3	10	8	14	11	8	Feb 2018	8			8	100	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	79	79	71	80	83	81	83	82	82	80	79	77	73	79	75	73	80	Feb 2018	80	-		79.6		
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 2018	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			43	18	38	38	20	23	15	9	10	7	11	4	13	15	32	27	21	0	Feb 2018	0	0	0	0	149	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Feb 2018	88			88.3		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Feb 2018	95			94.6		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Feb 2018	96			96.4		
RTT	RTT - Backlog	<= No	0	0	129	161	161	160	111	96	96	98	81	97	91	91	90	81	77	56	47	50	Feb 2018	50			50		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	5	Feb 2018	5			5		
RTT	Treatment Functions Underperforming	<= No	0	0	2	2	3	3	2	1	2	1	1	1	1	1	2	2	1	2	2	2	Feb 2018	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Feb 2018	0			0.0		

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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		G	M	P			
Data Completeness	Open Referrals	No			25,985	26,671	27,018	27,523	27,970	28,605	29,483	30,091	30,838	31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,199	36,730	Feb 2018	9,217	18,340	9,173	36730		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			11,488	11,421	12,342	12,816	13,222	13,822	14,698	15,253	15,849	16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	21,365	Feb 2018	5,649	12,481	3,235	21365		
Workforce	WTE - Actual versus Plan	No			116	107	109	126	119	111	116	119	124	116	117	108	96.9	92	94.5	105	120	120	Feb 2018	18	64	37	120.0		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	79	68	84		83.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2018	79	86	67		83.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2018	3.5	5.2	3.7	4.4	4.4	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2018	2.3	5.6	5.6	5.2	4.5	
Workforce	Sickness Absence - Long Term - in month	No			44	43	43	30	30	23	29	27	36	28	31	30	29	34	30	30	38	35	Feb 2018	2	21	12	35.0	348.0	
Workforce	Sickness Absence - Short Term - in month	No			106	113	125	114	142	83	105	50	41	40	88	89	91	128	135	131	137	127	Feb 2018	6	85	34	127.0	1057.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2018	86	80	83	81.83	83.5	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2018	87	89	0		87.9	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	1	3	1	0	0	0	0	1	1	1	0	0	Feb 2018	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			-->	-->	-->	-->	13	-->	-->	-->	-->	-->	16	-->	-->	-->	-->	-->	-->	-->	Jul 2017	14	13	25	16		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.66	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.5	3.7	3.6	3.7		

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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		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			255	119	131	109	126	-	-	157	250	268	-	-	-	-	-	-	-	-	Jun 2017		-		268	675	
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	87.6	85.3	84.6	95.7	90.5	88.3	-	83.9	80.8	87.2	88	87	81.6	92.5	88.9	90.7	88.9	-	Jan 2018		-		88.89	86.94	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			10.5	7.71	1117	3.23	7.22	9.56	4.81	13.5	16.9	9.89	10.5	9	11.4	7.99	6.48	7.91	6.5	-	Jan 2018		-		6.5	10.04	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	95.8	90.1	93.9	94.6	95.6	97.2	96.2	89.6	92.2	94.6	93.8	89.8	91.7	95.9	95.1	93.7	93.2	-	Jan 2018		-		93.22	92.94	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			99.5	98.8	98.4	98.5	99.3	1.29	95.8	92.1	89.2	88.7	80.3	97.8	89.1	0	96.7	97.2	97.1	-	Jan 2018		-		97.07	83.74	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	94.3	91.5	95.4	94.1	93	92.1	90.1	86.1	80.5	88	86.8	81.3	89.2	92.7	93.8	93.1	93.4	-	Jan 2018		-		93.4	88.62	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			91.5	92.8	89.4	89.2	89.7	82.5	84.2	84.6	78.2	84.5	84.2	80.2	85.5	87.1	81	91.7	92.4	-	Jan 2018		-		92.42	85.12	
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	-	-	-	-	-	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	97	95	95.9	93.9	96.9	-	95.5	100	98.8	98.7	99.7	100	98.6	99.7	98.9	99.3	99	-	Jan 2018		-		99.02	99.25	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	99.3	94	93.6	87.9	98.6	-	86.1	99.4	100	98.7	99.1	98.8	99.3	99.2	97	98	97.3	-	Jan 2018		-		97.3	98.66	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			39.6	40.7	37.6	43.5	43.5	-	42.2	37.6	43.5	37.8	42.9	35.6	42.2	37.9	23.3	18.4	20.1	-	Jan 2018		-		20.1	33.99	
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	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017		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			413	313	132	306	377	-	357	365	390	361	401	403	329	386	388	343	342	-	Jan 2018		-		342	3708	
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	96.3	92.4	91.3	93.5	97.2	-	91.3	-	-	-	97.4	-	-	-	-	-	-	-	Jul 2017		97		97.45	97.45	
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			409	347	330	310	342	-	322	205	197	212	210	326	263	223	246	209	290	-	Jan 2018		-		290	2381	
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	94.9	89.4	86.6	86.5	88.6	-	97.9	-	-	-	98.4	-	-	-	-	-	-	-	Jul 2017		98		98.41	98.41	
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			346	347	339	323	343	-	-	26	20	19	28	317	24	21	27	20	26	-	Jan 2018		-		26	528	
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	86.3	83.6	86.7	82.4	89.8	-	-	-	-	-	97.8	-	-	-	-	-	-	-	Jul 2017		98		97.77	97.77	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			45	41	34	31	63	-	-	125	171	151	134	193	125	135	141	102	174	-	Jan 2018		-		174	1451	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	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 2018	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	2	3	2	4	1	2	1	1	1	0	1	0	3	1	3	2	1	Feb 2018	1	0	0	0	0	1	14	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	3	3	1	3	4	4	3	2	2	3	3	3	4	2	3	4	2	Feb 2018	2	0	0	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			5,764	5,995	6,051	6,140	6,284	6,387	6,495	6,601	6,770	6,960	7,039	7,180	7,354	7,427	7,455	7,473	7,588	7,676	Feb 2018	2,355	0	2,648	0	2,673	7,676		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			2,275	2,407	2,444	2,478	2,613	2,685	2,791	2,845	2,956	3,034	3,321	3,246	3,387	3,495	3,631	3,725	3,752	3,953	Feb 2018	1,398	0	1,322	0	1,233	3,953		
Workforce	WTE - Actual versus Plan	No			38.4	40	37	31	34.7	30.3	23.7	18.7	28.1	27.9	30.2	30.1	38.5	41.1	45.5	44.1	40	41.2	Feb 2018	9.97	3.78	12.9	6.4	1.3	41		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	19.6	94.6	87.6	76.1	95.7		86.37	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	50	100	66.7	100	100		76.72	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	3.26	1.41	4.6	3.93	2.25	3.72	3.6	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	2.1	2.6	6.3	6.4	5.3	4.75	3.71	
Workforce	Sickness Absence - Long Term - In Month	No			13	12	14	6	5	6	8	6	6	6	8	5	3	9	5	10	12	12	Feb 2018	1.0	1.0	7.0	2.0	0.0	12	82	
Workforce	Sickness Absence - Short Term - In Month	No			30	43	49	41	36	35	45	30	30	39	40	51	49	50	48	45	50	40	Feb 2018	8.0	3.0	16.0	5.0	5.0	40	472	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	92.7	100	84	96.1	93	89.1	86.7	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	94.7	81.1	90.1	94	97.3		91.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2018	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			-->	-->	-->	-->	22	-->	-->	-->	-->	-->	23.7	-->	-->	-->	-->	-->	-->	-->	Jul 2017	14.8	31.4	20.2	35.7	33.3	24		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.82	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82		

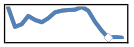
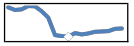
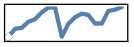
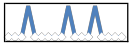
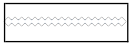
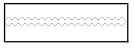
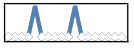
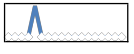
Imaging Group

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		DR	IR	NM	BS			
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2018	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Feb 2018	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	1.0	-	2.0	2.0	1.0	-	1.0	1.0	2.0	2.0	2.0	4.0	2.0	2.0	1.0	1.0	1.0	-	Jan 2018					2.5		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	13.0	15.0	17.0	17.0	15.0	16.0	15.0	16.0	16.0	17.0	18.0	19.0	21.0	20.0	19.0	19.0	-	Jan 2018						5.17	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	Jan 2018			70.59		70.59	71.34	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																		-	Jan 2018			100		100	97.84	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-		
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 2018	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	1	4	5	4	1	1	4	2	2	3	1	3	2	1	1	4	2	Feb 2018	2	0	0	0	2	25	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			0	1	4	9	3	2	2	1	3	4	5	2	4	3	3	1	4	4	Feb 2018	2	1	1	0	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			54	55	60	55	66	54	100	102	128	94	106	100	97	122	111	140	84	0	Feb 2018	0	0	0	0	0	1084	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Feb 2018	0.4				0.4		
Data Completeness	Open Referrals	No			376	399	428	438	461	481	488	512	532	545	560	577	608	623	666	707	736	749	Feb 2018	749	0	0	0	749		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			331	346	373	386	403	421	438	454	474	492	506	531	553	570	596	621	645	659	Feb 2018	659	0	0	0	659		
Workforce	WTE - Actual versus Plan	No			45	41	40	38	32	31	32	35	39	36	35	30	25	20	24	28	24	32	Feb 2018	19	2.1	3.6	1.8	31.9		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	57.5	72.7	76.9	69.5		80.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2018	96.6	0	100	0		88.2	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2018	2.8	11.3	2.0	2.8	3.67	4.16	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2018	3.8	14.4	0.0	1.6	3.95	4.04	
Workforce	Sickness Absence - Long Term - in month	No			6	7	13	10	15	13	9	6	10	7	7	4	6	8	6	4	6	8	Feb 2018	4.0	1.0	0.0	0.0	8.00	72.00	
Workforce	Sickness Absence - Short Term - in month	No			26	29	41	40	53	36	32	29	22	24	22	22	34	31	39	36	41	38	Feb 2018	23.0	1.0	0.0	7.0	38.00	338.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2018	86	0	66.7	83.1	80.8	74.5	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2018	84.9	92.6	93	93.9		87.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	Feb 2018					0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	20	-->	-->	-->	-->	-->	24	-->	-->	-->	-->	-->	-->	-->	Jul 2017	20	10	52	23	23.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.4	0	4.1	4.2	3.58		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Primary Care, 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 2018	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	2	2	1	0	5	4	4	1	3	2	5	14	4	1	10	5	Feb 2018	0	5	0	5	53	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	2	2	2	0	5	4	4	1	3	2	5	14	4	1	10	5	Feb 2018	0	5	0	5	53	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	1	1	2	0	0	3	2	3	0	3	0	2	1	4	5	2	Feb 2018	0	2	0	2	25	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	1	0	0	0	0	2	2	4	0	1	2	3	3	0	2	1	Feb 2018	0	1	0	1	20	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	Feb 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Falls	<= No	0	0	29	33	30	27	20	19	31	23	21	36	36	38	30	33	32	38	27	34	Feb 2018	1	30	3	34	348	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	0	0	0	0	0	0	0	0	1	2	1	0	1	0	0	0	Feb 2018	0	0	0	0	5	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	0	1	3	2	2	1	5	1	1	1	0	3	1	1	0	2	2	Feb 2018	0	2	0	2	17	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Feb 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Feb 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Feb 2018	0	2	0	2	10	
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 2018	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	3	8	4	6	1	1	4	3	8	4	10	2	7	6	4	14	5	Feb 2018	3	1	1	5	67	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	5	5	6	6	6	6	9	10	12	9	11	8	8	8	9	14	11	Feb 2018	7	3	1	11		

Primary Care, 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			135	104	109	122	115	112	118	128	130	131	132	136	130	112	97.9	86.7	87.8	86.8	Feb 2018	34	29	23	86.82		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	77	87	86		89.4	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2018	3.1	5	4	4.11	4.05	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2018	3.3	6	3.7	4.47	4.16	
Workforce	Sickness Absence - Long Term - in month	No			29	22	23	29	32	24	24	24	19	19	15	24	21	26	36	35	36	32	Feb 2018	6	-	-	32	287	
Workforce	Sickness Absence - Short Term - in month	No			53	74	104	101	102	93	82	57	60	57	78	84	76	121	128	135	146	133	Feb 2018	25	65	43	133	1075	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2018	83	87	83	85.02	80.44	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2018	0	92	0		90.5	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	Feb 2018				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	29	-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	-->	-->	Jul 2017	31	24	31	29		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.83	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.7	3.7	4	3.83		

Primary Care, 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			
Community & Therapies Group Only	DVT numbers	=> No	730	61	-	-	-	-	-	-	-	41	54	59	70	54	56	55	55	29	53	35	Feb 2018				35	561	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	9.22	7.88	7.37	12.2	12.2	8.97	8.04	8.47	8.18	8.5	7.79	8.04	-	-	-	-	-	-	Aug 2017				8.0	8.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	1.29	0	1.42	0.87	3.94	1.15	-	-	-	-	-	14.3	10.2	8.91	-	-	-	-	Oct 2017				8.9	10.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.5	14.9	14.7	11.5	Feb 2018				11.5	12.9	
Community & Therapies Group Only	STEIS	<= No	0	0	2	1	1	0	0	0	0	0	0	-	1	2	3	0	-	0	0	2	Feb 2018				2	8	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	-	-	-	-	-	-	-	15.5	16.7	18.3	18.5	19.4	15.5	14.7	12.4	15.3	13.2	19.6	Feb 2018				19.6	178.85	
Community & Therapies Group Only	DNA/No Access Visits	%			2	2	2	2	1	2	-	-	-	1	1	1	1	1	-	1	1	-	Jan 2018				0.77		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	60.1	36.8	53	57.3	55.8	59.2	56.3	66.8	58.2	51.8	56.3	56.1	52.4	52	61.7	59.2	70.4	76.4	Feb 2018				76.42	59	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			65	42	77	69	60	62	58	69	63	57	58	57	54	50	60	60	67	78	Feb 2018				77.89		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			71	47	80	71	63	65	63	77	68	63	65	66	62	59	72	70	78	81	Feb 2018				81.47		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			37	26	52	46	48	36	46	58	52	46	49	49	49	43	54	55	61	77	Feb 2018				76.63		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			45	14	53	53	52	62	44	55	-	-	60	38	63	41	50	47	59	70	Feb 2018				70.24		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			86	94	93	93	69	93	94	92	-	93	92	93	93	94	96	94	95	-	Jan 2018				95.26		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			270	177	251	369	308	382	460	488	467	453	428	420	369	556	398	337	424	365	Feb 2018				76.84	60.25	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			2	0	2	5	6	8	6	5	8	4	7	4	3	6	4	5	2	6	Feb 2018				6	54	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			1	0	2	2	4	6	3	5	8	4	7	4	3	3	4	4	2	3	Feb 2018				3	47	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			1	0	0	3	2	2	2	0	0	0	0	0	0	1	0	1	0	3	Feb 2018				3	5	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	Feb 2018				0	2	

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			8	13	11	12	11	11	14	3	9	5	10	2	8	4	9	8	12	8	Feb 2018	1	0	0	0	0	4	3	8	78	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			10	13	18	13	12	17	19	16	17	10	13	5	10	7	11	15	16	11	Feb 2018	1	0	0	0	1	5	4	11		
Workforce	WTE - Actual versus Plan	No			146	123	118	133	98.6	94.5	105	99.5	103	102	102	107	123	114	111	122	116	119	Feb 2018	7.08	-3.04	-0.68	19.5	-2.73	46.9	52	119.03		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Feb 2018	79	69	63	90	68	67	80		84.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2018			95					50.0	58	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Feb 2018	2.89	2.58	3.19	3.58	4.85	5.87	4.35	4.70	4.67	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Feb 2018	3.97	1.79	1.13	3.82	4.75	5.78	3.79	4.37	4.52	
Workforce	Sickness Absence - Long Term - in month	No			65	64	64	79	0	1	0	2	1	2	2	2	2	1	2	1	1	2	Feb 2018	1.00	0.00	0.00	0.00	0.00	1.00	0.00	2.00	18.00	
Workforce	Sickness Absence - Short Term - in month	No			181	203	224	191	7	8	8	3	2	3	1	4	10	4	5	7	15	11	Feb 2018	11.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00	65.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Feb 2018	91.1	67.0	71.7	76.5	82.6	85.7	83.9	82.6	80.6	
Workforce	Mandatory Training	=> %	95.0	95.0																			Feb 2018	0	93	0	97	97	91	95	93.0	91	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			1	0	0	2	1	1	4	6	0	2	1	1	0	0	1	1	0	2	Feb 2018	0	0	1	0	0	1	0	2		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	18	-->	-->	-->	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	Jul 2017	67.7	41.5	42.9	30.4	30.3	6.6	21.9	21.2		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	3.64	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

Paper ref:	TB (04/18) 013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Persistent Reds		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Dave Baker, Director of Transformation and Partnerships		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Three areas for potential discussion:

1. Neutropenic Sepsis are isolated now to minor changes and minutes so just need to push through;
2. Successful performance with Patient Safety Thermometer;
3. Sharp improvement on Mandatory training;

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

3. Previous consideration *[Where has this paper been previously discussed?]*

OMC, Q&S, PMC and CLE.

4. Recommendation(s)

The Trust Board is asked to:

a.	challenge and confirm progress
b.	
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):						
Board Assurance Framework		Risk Number(s):						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

1.0 Categorisation

Over recent months the persistent reds have been categorised as follows:

- Resolve (restore to standard by 31/3/18)
- Improve (a reduced improvement target has been agreed to build up to required standard)
- Tolerate (a reduced standard has been agreed based on circumstances which justify the decision)
- TBC (where prioritisation has yet to be confirmed)

Resolve x3	Improve x13	TBC x7	Tolerate x4
• Neutropenic Sepsis • Emergency Care Patient Impact - Unplanned Reattendance Rate (%) • Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	• Patient Safety Thermometer - Overall Harm Free Care • Falls • Mortality Reviews within 42 working days • Emergency Care 4-hour waits • Emergency Care 4-hour breach (numbers) • Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%) • PDRs - 12 mths rolling • Medical Appraisals • Sickness Absence (Rolling 12 Months & Monthly) • Return to Work following sickness • Mandatory Training • Nursing Turnover • Friends & Family Test	• WHO Safer Surgery - Audit - brief and debrief (% lists where complete) • Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions) • No. of Sitrep Declared Late Cancellations - Total • Weekday Theatre Utilisation • Non clinical bed moves all (10pm -6am) • Patients Waiting >52 weeks • Open Referrals without Future Activity	• Caesarean Section Rate - Total • Early Booking Assessment (<12 + 6 weeks) - SWBH Specific • RTT - Admittted Care (18-weeks) • RTT - Non Admittted Care (18-weeks)

2.0 Month 11 performance for resolve and improve is as follows:

Resolve by 31 March 2018

Indicator	Target	Month 11	Comments
Neutropenic Sepsis door to needle time <1 hour	100%	78% amended from 72% as per IPR paper	Dipped this month and lower than expected compared to month 10, however, an audit of the patients who breached showed that all them were isolated to ED out of hours and that they were only a few minutes over the hour which suggests we are nearing resolution. Potential to break through in March.
Access to emergency	<5%	7.9%	Drifted up over the last few months from 7% to

care and flow – emergency care patient impact – unplanned re-attendance rate			7.6% to 7.9%. Although this is moving in the wrong direction 7.9% is precisely in line with the latest peer group and the March performance looks to be in line with the trajectory set out post the audit and subsequent themed improvements set out in December. Potential to break through in March.
Referral to Treatment – treatment functions underperforming	0	4	The performance of the 4 areas suggests a lack of capacity. This is partly impacted by beds. It is early days working with the Primary Care Networks but there is potential to utilise the broader delivery chain to enhance follow up capacity and release capacity of our teams to deliver more news and procedures. Resolution likely to go beyond March.

It is likely that these areas will require longer to resolve on a recurrent basis but potential breakthroughs in March/April after good work by the Groups. RTT for underperforming specialties likely to take longer, especially in light of increasing referrals (RTT).

Improve

Indicator	Target	Month 11	Comments
Patient Safety Thermometer	95%	95.1% (Target Achieved)	Breakthrough success in February. Now looking to maintain
Falls	804 so assume this is 67 per month	78 – improvement achieved	Improvement in month. Trust performs well versus peers. Looking to move falls measure to a % of occupied bed days. Action plan in place to improve further.
Mortality reviews within 42 working days	90%	45.1% - improvement achieved	Improvement in month from 38% to 45%. Under review through learning from deaths framework so expect new plans to be put in place shortly along with new measures.
Emergency Care - 4 hour waits	95%	79.8%	Some deterioration from last month with poor weather not helping. Improvement is based on implementation of patient flow programme in particular the admit/pull model and the Consultant of the Week approach which is showing improving signs.
Emergency Care – 4 hour breaches	0	3377	3249 – this is correlated to the above indicator. Is a zero target realistic. Should we set a step target to get below for 2018/19 in the first instance?
Hip Fractures – Best Practice Tariff – operation <36 hours	85%	72%	Fluctuating performance with challenges coming from acuity, volume of demand, pathway management and snow. Plans are

from admission			to review the trauma planning meeting and review effectiveness of snow and bad weather response in imaging and theatre team planning.
PDRs 12 months rolling	95%	72.8%	Fluctuating performance but plans to close down all PDRs and complete 18/19 PDRs before end of June. Accredited manager training happening and focus on having all PDR dates in diary by 16/3.
Medical Appraisals	95%	79.3% - improvement achieved	Slight improvement with revised escalation process now implemented which signals escalations to Group Directors and GDOPs monthly. All appraises have reminder 1 month prior to date.
Sickness absence – 12 month rolling	3.15%	4.5%	Static at 4.5% between last two months. General Training, WCH specific workshops and Return to work interviews being used.
Return to work following sickness	100%	81%	Overall improvement over the last 6 months. Director of OD now writing to any manager who reports an RTW compliance less than 85%.
Mandatory Training	95%	89.1% – improvement achieved	Sharp improvement over last few months with March looking stronger still.
Nursing Turnover	10.7%	13.4%	0.1% increase. Improvement plans to be agreed in March.
Friends and Family Test	Response rate targets 50%. Score targets 95%.	No measure for February	SWBH prefer use of "Your Voice survey" as indicator. Decision required as to what we want/need to do about FFT and what interim targets we want to set. Extending approach of SMS repsonses.

3.0 Tolerate and TBCs

In March the TBC section will be reallocated to either resolve, improve or tolerate.

The areas being tolerated at present are further described in the persistent reds attachment.

4.0 Timing, Reprioritisation and pragmatic planning

Plans are in place to produce IPR on working day 6 to help Groups to act on change more quickly. We will continue to evolve a focussed approach and broaden analysis to compare to mid and long term trends and comparitors. Also looking to set rules for highlighting positive and negative variances so that reporting is by exception.

Persistent Red Recovery Plan

	Indicator	Measure	2017-2018 Year	Responsible Lead	Plan In Place Yes / No	Root Cause of Issue	Treatment	Actual Performance Jan-18	Feb-18	Mar-18	Current Position	What are we doing to recover / monitor the position?	Specific Actions
Obstetric	Caesarean Section Rate - Total	<= %	25	Amanda Geary	Yes	Clinical decision making in line with clinical presentation, clinical need, clinical guidelines (local and national) and patient choice.	Tolerate	22.0%	28.9%		**Agreed to Tolerate** • The performance against this target fluctuates on a monthly basis which is solely driven by patient need. •The performance is monitored across elective and non-elective patients; elective CS rate follows a long term average of 8.2% against which Feb is slightly increased to 9.7% (this is not deemed unusually high); non-elective long term average is at 17.8% against February actual of 19.2%. •Whilst both are up in the month, the year to date performance is at 25.6% close to the target of 25%. •Monthly variation is therefore tolerated within reasonable levels determined by clinical decision and intervention to yield safe outcome for mother and baby.	•Where CS rate exceeds 25% assurance is sought that appropriate guidelines have been followed, emergency CS are reviewed by MDT within 24 hours of case taking place •Good practice also highlighted with strong focus remaining on outcomes (i.e. reduction in perinatal mortality and morbidity). • Review in place to determine whether increase in locums impacts rate.	• Review in place to determine whether increase in locums impacts rate • Continue to monitor cases and embed learning as appropriate
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90	Amanda Geary	Yes	External patient factors, primary care referral processes and other organisation's capped bookings impacts on timeliness of patient referral and receipt by Trust for processing and booking within 12+6 to meet 90% hence targets adjust to 80% in line with outcome of local review.	Tolerate	81%	78%		**Agreed to Tolerate** • Target threshold of 90% exceeds influence and SWBH control owing to external factors. •170 breaches in February result from : 'out of area' women presenting late, women transferring after to our care after 12+6, GPs referring late, only 5/170 are within SWBH control to influence and on that basis the trust would have delivered performance well above 90%. •A proposal to adjust the indicator target to a more realistic level of 80% **or** to tolerate under-performance due to those reasons is recommended	•Any internal data quality/booking have been addressed and continue to be monitored. • The indicator count now excludes transfers past 12+6 weeks • If indicator performance is validated to be persistently outside of trust control, the trust will discuss CCG to either reduce the target or support improvement in areas outside of trust control. • The indicator is monitored monthly at patient level with a March stock take and audit to follow to ensure breaches are solely SWBH out of control.	• Monitor breaches to ensure outside of SWBH control and keep our own breaches to its current low levels •Continue to influence timely referrals from GPs and other trusts
Harm Free Care	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	Debbie Talbot	Yes	failure to implement preventative strategies via person centred risk assessment and care planning	Improve	93.7%	95.1%		**Improve:** stop the pressure' to focus on wards with high numbers of pressure ulcers - commencing with D16, email from medical director re VTE compliance , reinforce safety plan and accountability's	•extend 'stop the pressure' and use of safety cross	•study day for tissue viability(includes continence training_) - wards targeted for attendance
	Falls	<= No	804	Debbie Talbot	Yes	as above (no falls lead)	Improve	79	78		**Improve :** whilst performance is red against the current target, it is acknowledged that the trust performs well on falls against peers; '• targets to be revised and based on occupied bed days (8% target for community beds etc.), '•detailed review of incidents to determine trends , new dementia team to reduce falls from intentional wandering 20 hi lo beds ordered (10 disseminated to date); '• DT to meet with C&T GDON re improvement plan	•replace non mechanical beds at Leasowes, staff training '• revise trust targets '•review against local and national benchmark	•falls lead to start ward based activity (awaiting confirmation of funding)
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	David Carruthers	Yes	1. Different processes have been needed to gather compliance data for non-ORMIS areas and for the Brief & Debrief elements in the ORMIS areas. 2. Data quality issues have been identified through clinical effectiveness department. 3. Missed brief/debriefs	TBC	98.6%	99.1%		**Re-confirm plans:** A further sample of data for November is currently being analysed.	•The majority of cases where a Debrief was not recorded as being undertaken were for consultants in Cardiology (16/31). •A specific audit examining the consent taking within cardiology has been included in the Trusts Clinical Audit Plan for 2017/19. The audit is planned to be completed in Q4 of this financial year.	•The fundamental challenge in collecting the data in one system is that the 3 sections requires to be collected at a patient level and the Team Brief and Team debrief collected at organisational (list) level. •To take this forward it is recommended that a small working group is convened, with representation from the Theatre management team, Communications, Medical Directors Office, Hospital Information Services and Clinical Effectiveness.
	Mortality Reviews within 42 working days	=> %	90	David Carruthers	Yes	1. Intermittent problems with mortality review system with consultants not received reviews to complete. 2. Sometimes the review is automatically routed to the wrong consultant e.g. surgery routed to medicine consultant. If this is not highlighted it won't get reviewed. 3. Some consultants are not completing their allocated mortality reviews. This could be due to clinical competing demands on time or non-engagement in the process. 4. There is no dedicated support for the administration of mortality reviews therefore reliant on ad hoc checks of compliance progress. 5. When consultants leave or CDs change if the system isn't updated then consultants who have left will be assigned rev iews and they will not be completed. 6. Sometimes the scanned notes are not available for the review to be completed.	Improve	38.0%	45.1%		**Re-confirm plans in line with current position:** 1. Manual requests for reviews will be sent out once so we are sure all reviewers are receiving their allocated reviews.		•The mortality process is currently being reviewed as part of the Learning From Deaths framework. It is expected that the processes currently in place will change and therefore the manual processes in place will be for the interim period. •The new policy for Learning from Deaths will indicate the deaths that are required to be reviewed. • The KPI should be reviewed to reflect this change.
	Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0	Michelle Harris	Yes	non compliance with designed process	Resolve	93.0%	72.0%		**Resolve**: • February performance is lower than expected based on improvements made. •The 9 patients who breaches and had the antibiotic administered above the 1 hour, minutes after the 1h timeframe currently audited • The breaches are confined to ED out of hours	• Encourage chemo patients presenting in ED, with an unrelated presentation, to identify themselves as having Chemo or have no associated issues. • Also seeking advice in regard to antibiotic stewardship.	• Continue to RCA each breach and continually embed improved process
Cancelled Operations	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	Tina Robinson	Yes	non compliance with policy and delay in improvement opportunities related to scheduling and theatre efficiency	TBC	1.0%	1.0%		**TBC:** • February performance just under target and consistent to January showing focus. •In February 37 patients breached, about 8 patients more than what would have delivered the target. • However, 27% of the cancellations have been avoidable (10/37) and hence without those, it would have been possible to achieve performance • This indicator performance is impacted to a large degree by staff sickness, bed availability (including critical care) all difficult to balance during a winter pressure period which are all factors that the surgical departments have been experiencing in this period	• Priority improvement areas Oral, ENT, Ophthalmology for scheduling and efficiency in theatres • Anticipating breaches in line with projected elective activity to ensure focus is maintained • Further training to staff in validation of cancellations to ensure accurate breaches are reported • Control the number of avoidable breaches	• Work through the avoidable breaches and embed learning and expectations for performance • Scheduling improvements for a number of specialities planned and delivered
	No. of Sitrep Declared Late Cancellations - Total	<= No	320		Yes	non compliance with policy and delay in improvement opportunities related to scheduling and theatre efficiency	TBC	40	37		• Same as above	• Same as above	• Same as above
	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	Liam Kennedy	Yes	In principle under utilised theatres will be removed for cost savings. There has been a delay in design and implementation of improvement programme to remove theatres in year at scale. In Q4 the programme will be modelled through to end of 2019 with a clear implementation plan.	TBC	71.2%	74.2%		**TBC:** • February performance for in-session utilisation at 74.2% • Improvements are driven by Theatre Improvement Programme • Benchmarking is indicating opportunities across most specialities including scheduling efficiency and other productivity	• Complete modelling and outline programme design • Connect trajectories for improvement in line with production plan	• Start implementation of utilisation programme '• Modelling needs to accommodate 2018-19 contract uplift in activity and have time and resource to deliver this change at scale '• Review benchmarking and implement an overall improvement plan using this to baseline performance
Access To Emergency Care & Patient Flow	Emergency Care 4-hour waits	=> %	95	Rachel Barlow	Yes	Delay in implementation of ED and Patient Flow improvement plans; increased demand over winter	Improve to consistently beyond 85%?	82.5%	79.8%		• **Improve:** Implement Patient Flow programme particularly admit pull and COW model	• Implement Patient Flow programme gaining benefit from admit pull and COW model and implementing on call rota	• Full implementation of improvement programmes
	Emergency Care 4-hour breach (numbers)	No	0	Rachel Barlow	Yes			3249	3377		Correlated to the above indicator	Correlated to the above indicator	Correlated to the above indicator
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	Michelle Harris	Yes	underperformance analysed in 6 month audit which has informed improvement focus as follows: gynae pathway, GP direct bookings, catheter pathway to SAU, frequent attenders MDT	Resolve	7.7%	7.9%		**Resolve:** • Audit completed in December and themes for improvement agreed. '• Performance on track in March18 against improvement trajectory	• Implement improvement approach	
	Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	Caroline Rennalls	No	IPR is reporting red performance due to the fact that there is no target set, when this is set the performance may switch to green and therefore will be removed from persistent red flagging	Evaluate				**Evaluate indicator**: • Meeting to discuss threshold vs performance & count to be re-scheduled. This will inform whether indicator needs to be on the persistent red report.		•Meeting to be re-schedule by Head of Capacity
	Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	0	Caroline Rennalls	No		Evaluate						
	Patient Bed Moves (10pm - 6am) (No.) - exc. ALL moves for clinical reasons	=> %		Rachel Barlow	Yes	This indicator has definition has been redefined. The bench mark data will be assessed. An initial goal of 25% reduction will be set and reviewed at end Q4.	Improve	118	86		**Improve**: • This indicator definition has been re-defined. It now counts all bed moves between 10pm-6am for non-clinical reasons. The count excludes all moves which are considered to be for clinical patient need. An initial goal of 25% reduction will be set and reviewed at end Q4.	• Realise benefits of admit pull and COW improvement in flow • redesign flow into community beds i.e. book in advance	• Continue to review at patient level each month and finalise the count if necessary • in Q4 reduce non-clinical bed moves by 25% (currently at 86) •in Q1 18-19 all non-clinical moves will be eliminated • Continue improvement work and evaluate progress to inform further trajectory •establish benchmark to inform trajectory
	Hip Fractures - Best Practice Tariff - Operation < 36 hours of admission (%)	=> %	85	Tina Robinson	Yes	Challenges in acuity and pathways management . Recent challenge with snow and large demand.	Improve	84.0%	72.0%		**Improve:** • Performance continuous to fluctuate from month to month	• Implement agreed improvement plan	• Review of Trauma planning meeting for improvement in January • review of effectiveness of snow and bad weather response in imaging and theatre team planning

Persistent Red Recovery Plan

	Indicator	Measure	2017-2018 Year	Responsible Lead	Plan In Place Yes / No	Root Cause of Issue	Treatment	Actual Performance Jan-18	Feb-18	Mar-18	Current Position	What are we doing to recover / monitor the position?	Specific Actions
Workforce	PDRs - 12 month rolling	=> %	95	**Raffaela Goodby**	**Yes**	PDR completion fluctuates over the year to reach 95% by the end of March. During 2018/19 all PDR's will be completed during Apr-June	**Improve**	73.9%	72.8%		**Improve:** • Accredited manager training rolled out inclusive of Aspiring to Excellence Training for managers.		• Close down PDR's ready for new PDR year and objective setting in April to June
	Medical Appraisal	=> %	95	**David Carruthers**	**Yes**	Late medical appraisals.	**Improve**	78.1%	79.3%		**Improve:** • Revised escalation process implemented. • Information from PReP is now used to update IPR frontsheet for medical appraisal compliance. • All appraisees receive a reminder in the month before their appraisal is due.	1. Summary of doctors in escalation process to be distributed to GDs and GDOPs monthly. 2. Copies of escalation letters will be sent to appropriate HR Business Partners, Clinical Director and Specialty Lead.	
	Sickness Absence (Rolling 12 Months)	<= %	3.15	**Raffaela Goodby**	**Yes**	Sickness has remained consistent during September - Jan but overall 12 months rolling sickness has improved.	**Improve**	4.50%	4.50%		**Improve:** Launch of manager training on sickness absence & well being. Group review scrutiny on sickness, incl long term sickness cases. Review of hot spot areas in medicine by DON & HRBP	•Further manager training on sickness and well being. •WCH specific workshops for managing absence. •Focus on RTW interviews.	• Escalations to group directors through group reviews for LT sickness cases. • Review of sickness policy. • Training & Development
	Sickness Absence (Monthly)	<= %	3.15	**Raffaela Goodby**	**Yes**	In month sickness has remained high with short term sickness increasing in Q3 and Q4. Long term sickness has reduced over the past 12 months.	**Improve**	5.30%	4.74%		**Improve:** Launch of manager training on sickness absence & Well being. Group review scrutiny on sickness, incl long term sickness cases. Review of hot spot areas in medicine by DON & HRBP	•Further manager training on sickness and well being. •WCH specific workshops for managing absence. •Focus on RTW interviews.	• Escalations to group directors through group reviews for LT sickness cases. • Review of sickness policy. • Training & Development
	Sickness Absence - Long Term (Monthly)	No	0	**Raffaela Goodby**	**Yes**	In month sickness has remained high with long term sickness has reduced over the past 12 months.	**Improve**	267	230		as above	as above	as above
	Sickness Absence - Short Term (Monthly)	No	0	**Raffaela Goodby**	**Yes**	In month sickness has remained high with short term sickness increasing in Q3 and Q4.	**Improve**	1021	932		as above	as above	as above
	Return to Work Interviews following Sickness Absence	=> %	100	**Raffaela Goodby**	**Yes**	Return to work interviews had a rapid improvement at the end of 2016 then have remained stubbornly at 80% since then. Q4 will see a key focus on RTW interviews through the Accredited Manager Roll out and through the Director of OD focus	**Improve**	80	81		**Improve**: • performance longer term average at 79% rising to around 80% in last 6 months; • in order to implement an improvement trajectory of 10% in Q4 the director of People and OD is : writing to every line manager in January, who reports a RTW compliance rate of below 85%.	Accredited manager training contains focus on health and well being, including the importance of return to work interviews.	• Follow up and communications around importance of return to work interviews, through accredited manager communications and corporate communications
	Mandatory Training	=> %	95	**Raffaela Goodby**	**Yes**	Past 12 months transition year for mandatory training, including a lack of focus around safeguarding training and a performance notice from the CCG. This is in turnaround since August last year.	**Improve**	89.0%	89.1%		**Improve:** • Performance in last few months have seen a sharp improvement measuring 90% in the last few days of March so far which is great success story • Safeguarding training improved across all levels of this training and now stable for a number of months • Launch of new corporate induction	• BLS Delivery as part of CQC Improvement plan will impact figures • Corporate Induction Changes embedded.	• BLS Delivery as part of CQC Improvement plan will impact figures• Safeguarding improvements will be embedded.
	Nursing Turnover	%	10.7	**Raffaela Goodby**	**Yes**	Target agreed at 10.7% as recommended to the Trust Board in March 2017	**Improve**	13.3%	13.4%		**Develop and update plans :**		
Referral to Treatment (RTT)	RTT - Admitted Care (18-weeks)	=> %	90	**Liam Kennedy**	**Yes**	Trajectory to deliver in Q4 impacted by winter pressure and cancellation of elective activity	**Tolerate**	77.4%	77.2%		**Tolerate :** • the performance on these pathways has been impacted by winter pressures and cancellations most recently • focus will be on 18-19 production plan will form a base for improvement trajectories to this pathway	• The focus will be on delivering the production plan and provide the required capacity to service it • consider seasonal implications and try to remove the effect by front-loading activity where possible	• Delivery of activity plan
	RTT - Non Admitted Care (18-weeks)	=> %	95	**Liam Kennedy**	**Yes**	Trajectory to deliver in Q4 impacted by winter pressure and cancellation of elective activity	**Tolerate**	90.7%	90.5%		**Tolerate :** • the performance on these pathways has been impacted by winter pressures and cancellations most recently • focus will be on 18-19 production plan will form a base for improvement trajectories to this pathway	• The focus will be on delivering the production plan and provide the required capacity to service it • consider seasonal implications and try to remove the effect by front-loading activity where possible	• Delivery of activity plan
	Patients Waiting >52 weeks	<= No	0	**Liam Kennedy**	**No**	Year to date analysis completed to inform improvement activities. Training 56% completed successfully. Improvement trajectory TBC	**TBC**	1	n/a		**TBC:** • The indicator performance is subject to historic lack of correct patient clock stop applications which is being addressed through a number of different and effective training programmes • Improvement plans are progressed and clear trajectories will be part of this • PDR focus on accurate RTT rule applications to be considered as a core PDR element	• Training delivery is being evaluated •PDR focus being considered	• Deliver full training programme for all relevant staff
	Treatment Functions Underperforming (Incomplete)	<= No	0	**Liam Kennedy**	**Yes**	Trajectory to deliver in Q4 impacted by winter pressure and cancellation of elective activity	**Resolve**	4	4		**Resolve :** • 4 specialities are under the 92% incomplete pathway standard at this stage, but some are close to the target • there are plans for recovery in progress which depend on ability to carry out activity as planned this is highly dependent on winter pressure and cancellations	• Delivery of activity plan	• Delivery of activity plan
Open Referrals	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		**Liam Kennedy**	**Yes**	These are open referrals for which there is no future activity or waiting list in the system	**TBC**	144,564	149,221		**TBC:** • an ongoing issue which is not specific to our Trust • sustainably improvement is possible but depends on IT development to enable open referrals to be managed better through the system and improve visibility of these patients/referrals	• Delivery of proposed improvement action plan which will delivery PAS improvements, waiting list management	•Agree next steps and support for backlog and agree with IT the development implementation
Friends and Family	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50	**Elaine Newell**	**Yes**	Initial targets may have been unrealistic: Q3 22% west midlands , Q4 26% national due to low scoring baseline , absence of senior nursing in clinical groups, lack of corporate nursing lead (due to absence for Q3) , inconsistent technical and telecomms support /sign in	**Improve**				**Improve**: • The performance currently for response and score rates is very poor. • The performance features unfavourable against our regional peer group who all apply SMS/IVM patient approach methods • Our trust is behind this which results in limited patient contact, this in turn driving low response rates and hence scores are limited to a small number of responses • An improvement plan has been put in place for a number of initiatives including a) disseminate and collect cards for defined areas, b) escalate need for IVM to Chief Nurse c) ensure wards have functioning IPAds and connectivity d) meet with volunteers on wards to gain support to undertake	• Chief Nurse to enable the agreed approach for SMS/ IVM and patient contacts to be widened via the external company that we use • dementia lead nurse to review wider patient experience including FFT and ensure views of vulnerable adults accessed, named technical support and telecomms to action IVM • Deputy Chief Nurse to agree on realitic targets and co-relation to patient discharges so that the indicator becomes more relevant	•Clarify realistic and appropriate targets • Progress full action plan in terms of data and patient contact methods
	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95		**Yes**		**Improve**						
	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50		**Yes**		**Improve**						
	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95		**Yes**		**Improve**						
	FFT Response Rate: Type 3 W/U Emergency Department	=> %	50		**Yes**		**Improve**						
	FFT Score - Outpatients	=> No	95		**Yes**		**Improve**						
	FFT Score - Maternity Birth	=> No	95		**Yes**		**Improve**						
	FFT Response Rate - Maternity Birth	=> %	50		**Yes**		**Improve**						

Paper ref:	TB (04/18) 014

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Financial Performance – P11 2017/18		
Sponsoring Executive	Tony Waite, Finance Director		
Report Author	Tim Reardon, Associate Director of Finance (Compliance) Dinah McLannahan, Deputy Director of Finance		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The key messages in this paper are that:

- The forecast remains delivery of pre-STF control total consistent with that necessary to recover Q4 STF funds of £2.8m. This reflects a judgement that non-recurrent opportunities sufficiently exceed residual risks.
- The focus of organisational effort is on run rate improvement at scale & pace consistent with securing sustainable finances across 2018-20. There is not yet a complete plan to do that but significant progress is being made. This is considered further in the papers on financial plan & detailed in the CIP report to private board.
- The cash position & outlook remains consistent with any borrowing requirement being deferred to the new financial year. A focus on recovery of receivables to further strengthen that position.

The key points of focus:

- Optimisation of any over-delivery opportunity such as to potentially secure 'bonus' SFT funds now as distinct from carrying forward any such opportunity to benefit future financial years
- Keep in view issues emergent from Carillion / Midland Met and which could have a bearing on the reported financial position and annual accounts audit

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Finance and Investment Committee, 23rd March 2018

4. Recommendation(s)

The Trust Board is asked to:

a. NOTE the report and REQUIRE those actions necessary to secure the "best possible" out-turn for FY 2017/18.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): 1603					
Board Assurance Framework		Risk Number(s): BAF 5 and BAF 6					
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

Finance Report

Period 11 2017/18
February 2018

Trust Board
Thursday 5th April 2018

Contents

Finance Report

Summary & Recommendations

Period 11 2017/18

Statutory Financial Duties	Value	Outlook	Note
I&E control total surplus	£7.0m	√	1
Live within Capital Resource Limit	£23.0m	√	2
Live within External Finance Limit	£36.7m	√	3

1. **Forecast surplus £7.0m formally reported. Achievement expected.**
2. **CRL confirmed by NHSI in line with application. Plan £46.6m, now revised.**
3. **EFL based on £7.0m surplus and opening cash of £14.4m. Impact of P&L downside mitigated by asset disposal proceeds.**

Outlook

- NHSI P11 return forecast surplus £7.0m, consistent with achieving control total due to non-operational financial support.
- Risk to delivery of pre-STF control total now mitigated and this is reflected in forecast.
- Step reduction in operational exit run rate costs required to avoid compounding scale of 2018.19 financial challenge.
- Expedient mostly non-recurrent CIP+ measures have been initiated during Q3 and Q4.
- Capacity & capability build now incorporated into Board agreed financial recovery action plan.

P11 key issues & remedial actions

- P11 YTD headline performance reported as £8m ahead of plan due to profit on land sale.
- Position is reliant on significant technical support and looking forward requires remediation through I&E improvement.
- Planned care income significantly off NHSI plan target ytd.
- Pre-STF £8m deficit forecast dependant on production plan (£110m) and CIP delivery (£17.4m), plus £4m expedient CIP+ measures was the original route to pre-STF £4m deficit forecast. Increased dependence on NR measures.
- Additional winter funding provides £1.1m improvement to pre-STF £4m deficit forecast.
- Non-recurrent measures provide increased confidence in 2017/18 reported out-turn. Implications for underlying run rate into 2018/19.
- CIP+ measures largely identified – albeit most non-recurrently.
- Remediation plan requires accelerated step cost reduction in pay, which remains stubborn.
- Capex programme has been revised to £26.2m. CRL confirmed in P11 monitoring by NHSI following paper submitted requesting confirmation of CRL.
- No revenue loan is required until Q1 2018/19.

Recommendation

- Challenge and confirm:
  - reported P11 position and the current assumptions relating to the £7.0m post STF surplus forecast
  - arrangements to recover the position from a previously forecast £8m (pre-STF) deficit.

Finance Report

Performance to date – I&E and cash

Period 11 2017/18

Financial Performance to Date

For the period to the end of February 2018 the Trust is reporting:

- P11 year to date reported ahead of plan excluding STF
- Headline I&E surplus of £3.8m, exceeds NHSI plan by £8m as a result of £16.3m land sale profit, offsetting STF A&E failure and operational performance.
- I&E deficit £26m before non-recurrent and technical support, being £9.8m adverse to plan.
- Capital spend of £19.3m being £2.4m behind forecast;
- Cash at 28th February £7.7m being £6.3m more than plan.
- Use of resources rating at 3 year to date.

I&E

P11 year to date reported as ahead of plan due to profit on sale of land. A&E waiting time STF performance failure reported at £2.542m .

The reported delivery is dependent on the benefits from £23.1m of contingencies and flexibility. This excludes STF but includes the land sale which was intended to provide the mitigation against the £13m ask included in P12 plan.

Patient related income, and pay are the main drivers of underlying I&E underperformance. Planned Care is significantly behind internal plan to date and faces a step up which remains to be fully secured.

Savings

Savings forecast for 2017/18 are £36.6m. Of this total £33.7m have been delivered to date. This includes the £16.3m N/R profit on disposal of surplus assets. Non-recurrent CIPs account for £20m of the YTD delivery and £20.9m of the total forecast for the year 2017/18. The requirement in the business plan submitted for the planning period beginning in 2017/18 was for the full CIP value to have a recurrent full year effect. This gap will have implications for the level of risk associated with the 2018/19 planning submission.

Capital

Capital expenditure to date stands at £19.3m against a revised full year forecast of £26.2m. Key variance to date is in respect of timing of EPR and MMH. The full year programme has previously forecast at £26.2m and the application for CRL to NHSI reflects this number. The impact of this, cost pressures on future years and the appointment of a liquidator for Carillion PLC has been assessed and incorporated into the CRL paper.

Cash

The cash position is £6.3m above plan at 28th February. This is due to deferred capex spend and asset disposal proceeds.

Based on a revised capital forecast for 2017/18 the revenue borrowing requirement anticipated for January is now expected to crystallise in Q1 2018/19. This has been communicated to NHSI.

EFL compliance at risk from P&L downside and any under-recovery of STF funds. Asset disposal proceeds provide potential mitigation, as does the revised capital programme. Any risk to compliance is expected to be managed through working capital balances.

Better Payments Practice Code

Performance in February was maintained when measured in both volume and value terms. However, both continue to be below the target of 95%. It is expected that this target will not be achieved in FY 2017/18 given the cash position.

Finance Report

I&E Performance – Full Year – As reported

Period 11 2017/18

Period 11	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	35,369	33,359	(2,010)	389,036	379,829	(9,207)	424,405	415,406	(8,999)
Other Income	4,581	5,400	819	46,214	54,587	8,373	59,706	57,358	(2,348)
Income total	**39,950**	**38,759**	**(1,191)**	**435,250**	**434,416**	**(834)**	**484,111**	**472,764**	**(11,347)**
Pay	(24,567)	(25,928)	(1,361)	(279,170)	(287,660)	(8,490)	(300,666)	(310,973)	(10,307)
Non-Pay	(12,184)	(13,092)	(908)	(137,417)	(137,629)	(213)	(155,280)	(146,395)	8,885
Expenditure total	**(36,751)**	**(39,020)**	**(2,269)**	**(416,587)**	**(425,289)**	**(8,703)**	**(455,946)**	**(457,368)**	**(1,422)**
EBITDA	**3,199**	**(261)**	**(3,460)**	**18,663**	**9,127**	**(9,536)**	**28,165**	**15,396**	**(12,769)**
Non-Operating Expenditure	(2,099)	(880)	1,219	(23,045)	(5,369)	17,676	(9,271)	(8,588)	683
Technical Adjustments	18	19	1	194	84	(110)	(8,961)	216	9,177
DH Surplus/(Deficit)	**1,118**	**(1,122)**	**(2,240)**	**(4,188)**	**3,842**	**8,029**	**9,933**	**7,024**	**(2,909)**
Add back STF	*(1,223)*	*(856)*	*367*	*(9,261)*	*(6,718)*	*2,542*	*(10,483)*	*(7,574)*	*2,909*
Winter Monies		*(238)*	*(238)*		*(714)*	*(714)*		*(1,079)*	*(1,079)*
Adjusted position	***(105)***	***(2,216)***	***(2,111)***	***(13,448)***	***(3,590)***	***9,858***	***(550)***	***(1,629)***	***(1,079)***
Technical Support (inc. Taper Relief)	*(250)*	*(192)*	*58*	*(2,750)*	*(22,415)*	*(19,665)*	*(3,000)*	*(21,048)*	*(18,048)*
Underlying position	***(355)***	***(2,408)***	***(2,053)***	***(16,198)***	***(26,006)***	***(9,807)***	***(3,550)***	***(22,677)***	***(19,127)***

The trust reported a headline surplus for P11 YTD of £3.8m being £8m ahead of plan having taken account of the STF failure related to A&E 4hr waiting times performance.

This surplus continues to be driven by the land sale in P05. This generated a £16.3m I&E surplus.

In addition the position has also utilised the benefit of £13.5m of contingency and support of which £4.1m was not in the original plan. (see Appendix 1)

The table shows performance against the **NHSI planned** levels of income, pay and non-pay spend. Internal plans have flexed budgets between these headings (e.g. to reflect NHSE commissioning Oncology rather than it being provided by UHB) but maintain the year to date phasing of the bottom line surplus / deficit.

The underlying deficit for P11 YTD is therefore recorded as £26.0m. In order to maintain the integrity of the forecast to year end underlying position of the Trust, and to achieve the control total, the implication is that no more technical support will be fed into the position, or that the recurrent position will improve. This is unlikely to be the case, and therefore presents a risk of a deterioration in the underlying position of the Trust, driven mainly by CIP slippage (estimated to be circa £3m).

NB: P11 actuals include a YTD adjustment for depreciation and PDC. This reflects the latest position based on the revised forecast. While not technical support the in month position is reported as £1.1m better as a consequence. The year to date is unaffected.

Finance Report

I&E Performance – Revised Plan Delivery

Period 11 2017/18

	Actuals											Forecast	
	£'000s Apr-17	£'000s May-17	£'000s Jun-17	£'000s Jul-17	£'000s Aug-17	£'000s Sep-17	£'000s Oct-17	£'000s Nov-17	£'000s Dec-17	£'000s Jan-18	£'000s Feb-18	£'000s Mar-18	£'000s Total Outturn
1 - Patient Related Income	31,894	34,323	35,389	35,057	34,557	33,409	35,491	35,975	34,633	35,450	34,248	34,982	**415,406**
2 - Other Income	4,445	3,996	4,184	4,853	3,529	4,091	4,078	4,132	4,132	4,101	4,121	4,121	**49,785**
3 - Pay	(26,452)	(26,375)	(26,431)	(26,188)	(26,218)	(25,511)	(26,247)	(25,506)	(25,643)	(25,480)	(25,366)	(25,555)	**(310,973)**
4 - Non Pay	(9,871)	(12,495)	(12,903)	(13,057)	(12,849)	(12,083)	(13,083)	(12,791)	(12,735)	(12,711)	(12,662)	(12,557)	**(149,799)**
5 - Non Operational Costs	(2,064)	(2,098)	(2,037)	(2,079)	14,235	(2,038)	(2,049)	(2,049)	(2,049)	(2,049)	(2,049)	(2,049)	**(8,373)**
Grand Total	**(2,048)**	**(2,650)**	**(1,799)**	**(1,414)**	**13,254**	**(2,131)**	**(1,809)**	**(238)**	**(1,661)**	**(689)**	**(1,708)**	**(1,058)**	**(3,951)**
Actual							(2,197)	136	(1,663)	470	(1,122)		
Variance - Month							(388)	374	(2)	1,159	586		
Variance - Cumulative							(388)	(14)	(16)	1,143	1,729		

Notes

- The implication of the above table is that the Trust is cumulatively £1.7m ahead of delivering the previously advised likely £4m deficit. The live list of Month 12 downside risks and list of opportunities to improve the year to date position remains in place and suggests significant upside opportunity. The conclusion therefore remains that the Trust will be able to reach the NHSI control total of £0.55m deficit. The Trust intends to review in detail the opportunity to over-achieve against control total as part of year end reporting.

- The intended operational recovery has not materialised and so additional technical support has been utilised to achieve the reported position. Although this has been manageable this year, this means that any headway into addressing the underlying deficit or the ask for 18.19 has not happened.

- A consequence of this is that the Trust's P11 underlying deficit exceeds the level forecast for the full year. There is a risk that this will not be recovered, and may deteriorate further, prior to the year end. This will place a greater demand on the 2018/19 CIP schemes. The extent to which this is an issue for the Trust will depend on the recurrent versus non-recurrent mix of Month 12 income and expenditure.

Finance Report

I&E Performance – Forecast and remediation plans - Pay

Period 11 2017/18

	Actual											Forward Look Month 5 and 6		
	Apr-17 £000's	May-17 £000's	Jun-17 £000's	Jul-17 £000's	Aug-17 £000's	Sep-17 £000's	Oct-17 £000's	Nov-17 £000's	Dec-17 £000's	Jan-18 £000's	Feb-18 £000's	Mar-18 £000's	Total Expected £000's	Apr-18
Pay P06 forecast	(26,452)	(26,375)	(26,431)	(26,188)	(26,218)	(25,511)	(26,267)	(26,086)	(26,243)	(26,080)	(25,966)	(26,155)	(313,973)	(26,155)
Required Improvement	0	0	0	0	0	0	0	600	600	600	600	600	3,000	0
Target for Pay	**(26,452)**	**(26,375)**	**(26,431)**	**(26,188)**	**(26,218)**	**(25,511)**	**(26,267)**	**(25,486)**	**(25,643)**	**(25,480)**	**(25,366)**	**(25,555)**	**(310,973)**	**(26,155)**
ACTUALS against forecast							**(26,416)**	**(25,515)**	**(26,330)**	**(26,295)**	**(25,928)**			
Variance - actuals to forecast							**(149)**	**(29)**	**(687)**	**(815)**	**(562)**			

April 2018 target run rate	**(24,076)**
Gap to close	**(2,079)**

Notes

- There were £175k technical, non-recurrent mitigations processed against pay in Month 11. The underlying pay position was therefore consistent with prior months and higher than required. There were also fewer working days in February which reduced the pay bill.
- Since October 2017, the only other month with a technical improvement was November (£871k). This shows that the pay bill remains challenging to reduce.
- Despite this, work is ongoing to reduce the pay bill and identify recurrent cost reduction plans for 2018.19.
- Group headlines;
  - £120k adverse pay variance in Medicine; keeping beds open
  - £91k adverse to plan in PCCT, agency staff in iCares
  - Imaging GPDA and nuclear medicine, £200k
  - Women's and Children's – pay costs of Gynae-Oncology, more than compensated by income

Finance Report

Pay bill & Workforce

Period 11 2017/18

Pay and Workforce	Current Period	Previous Period	Change between periods	%	Plan YTD	Actual YTD	Variance YTD
Pay - total spend	£25,928k	£26,295k	-£367k	-1%	£279,170k	£287,660k	£8,490k
Pay - substantive	£21,857k	£22,340k	-£483k	-2%	£242,556k	£242,761k	£205k
Pay - agency spend	£1,283k	£1,077k	£206k	19%	£12,478k	£14,354k	£1,876k
Pay - bank (inc. locum) spend	£2,787k	£2,878k	-£91k	-3%	£24,136k	£30,545k	£6,409k
WTE - total	6,982	6,943	39	1%	6,701	6,982	282
WTE - substantive	6,092	6,097	-5	0%	5,960	6,092	132
WTE - agency	166	143	23	16%	160	166	7
WTE - bank (inc. locum)	725	703	22	3%	581	725	144
Memo: locum spend	£939k	£909k	£30k	3%	£465k	£8,512k	£8,048k
Memo: locum WTE	67	71	-4	-6%	4	67	63

NHSI locum spend target	£6,307k

Paybill & Workforce

- Total workforce at the end of February of 6,982 WTE [being 282 higher than plan] and including 166 WTE of agency staff.
- Total pay costs (including agency workers) were £25.9m in February. NHSI plan pay spend for February is £24.6m.
- Significant reduction in temporary pay costs required to be consistent with FY 2017/18 plan assumptions. Focus on reduction in capacity and improved roster management, leading to reduced temporary staffing spend.
- The Trust did not comply with 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's agency cap for 2017/18 is £11,672k and at the end of P11 the Trust had spent £14,354k on agency.
- Despite this expected performance at £16m for agency spend, the full year forecast represents an £8m reduction compared to 2016/17. Nursing and HCA agency spend is down and HCA vacancies are approaching zero. These results reflect the combined sustained efforts of the Deputy Director of HR and the Trust bank office .

Finance Report

I&E Performance – Forecast and remediation plans – Non Pay

Period 11 2017/18

FORECAST	Actual											Forward Look Month 5 and 6		
	Apr-17 £000's	May-17 £000's	Jun-17 £000's	Jul-17 £000's	Aug-17 £000's	Sep-17 £000's	Oct-17 £000's	Nov-17 £000's	Dec-17 £000's	Jan-18 £000's	Feb-18 £000's	Mar-18 £000's	Total Expected £000's	Apr-18 £000's
Non Pay original £8m deficit forecast	(9,871)	(12,495)	(12,903)	(13,057)	(12,849)	(12,083)	(13,043)	(13,051)	(12,955)	(12,931)	(12,882)	(12,777)	(150,898)	(12,777)
Required improvement	0	0	0	0	0	0	220	220	220	220	220	220	1,320	
Revised non-pay	**(9,871)**	**(12,495)**	**(12,903)**	**(13,057)**	**(12,849)**	**(12,083)**	**(12,823)**	**(12,831)**	**(12,735)**	**(12,711)**	**(12,662)**	**(12,557)**	**(149,578)**	**(12,777)**
ACTUAL against Forecast							**(13,224)**	**(13,033)**	**(12,328)**	**(12,694)**	**(13,092)**			
Revised Plan Target non-pay Trajectory							**(401)**	**(202)**	**407**	**17**	**(430)**			**(11,300)**

Gap to close - current M13 view versus required	**(1,477)**

Notes

- Non-pay spend in P11 reflects the current run rate. The technical support utilised benefited pay and Non operating Expenditure lines within the I&E during P11.
- Group headlines;
  - PCCT – old year invoices and OBI training related to winter beds
  - Medicine and Emergency Care – increase in MSSE/Stents in Cardiology (activity related) as well as internal recharges above M6 baseline
  - Women's & Child Health - £121k adverse due to Gynae Oncology service not moving as forecast and additional pass through (offset by income)
  - Surgery – non-pay benefited from lower levels of activity

Finance Report

I&E Performance – Forecast and remediation plans – Income

Period 11 2017/18

	Apr-17 £'000	May-17 £'000	Jun-17 £'000	Jul-17 £'000	Aug-17 £'000	Sep-17 £'000	Oct-17 £'000	Nov-17 £'000	Dec-17 £'000	Jan-18 £'000	Feb-18 £'000	Mar-18 £'000	Total £'000
Income: NHS Trusts	124	104	142	140	121	141	122	122	122	122	122	122	1,508
Income: Other NHS Bodies	229	156	37	172	82	167	140	140	140	140	140	140	1,684
Other Non Protected Income	132	(38)	115	102	72	(7)	66	66	66	66	66	66	775
Private Patients Income	8	50	118	261	365	269	184	184	184	184	184	184	2,173
SLAs: Main Healthcare Contracts	31,401	34,051	34,976	34,381	33,916	32,838	34,978	35,462	34,120	34,938	33,735	34,469	409,266
Grand Total - PRI target	**31,894**	**34,323**	**35,389**	**35,057**	**34,557**	**33,409**	**35,491**	**35,975**	**34,633**	**35,451**	**34,248**	**34,982**	**415,406**
Actuals against forecast							35,241	36,306	34,421	35,873	33,359		
Variance to forecast							(250)	331	(212)	422	(889)		

Notes

- The SLA income assumed in the forecast is matched back monthly to the SLA monitoring (SLAM) system to ensure movements are tracked. The comparable final month 10 view (final month 11 not yet available) of the forecast outturn in relation to main healthcare contracts remains in line with this forecast.
- The key assumptions within this is receipt of £264.5m from SWBCCG, and delivery of a production plan of £110m (below). This sum is agreed and has been invoiced.
- Production Plan – behind plan year to date with a large step up required in the last month. This is mitigated to a large extent by the year end deal agreed with the CCG

Agreed Production Plan Forecast by Group	Apr-17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Nov-17 Actual	Dec-17 Actual	Jan-18 F'cast	Feb-18 F'cast	Mar-18 F'cast	TOTAL
Imaging	20,838	25,617	23,978	20,880	38,828	22,254	23,545	23,545	20,334	23,545	21,405	22,475	287,245
Medicine & Emergency Care	1,463,665	1,882,696	1,841,314	1,875,841	1,906,101	1,764,047	1,950,522	1,950,522	1,696,011	1,950,522	1,780,848	1,865,685	21,927,774
Pathology	290,059	301,184	350,350	391,554	356,141	318,155	341,618	341,618	295,716	341,618	311,017	326,317	3,965,347
Primary Care, Community and Therapies	707,734	859,777	936,096	869,734	781,111	847,712	896,907	896,907	774,601	896,907	815,370	856,138	10,138,995
Surgical Services	4,382,067	5,333,964	5,503,529	5,226,160	5,278,775	5,227,395	5,777,991	5,884,322	5,134,324	5,884,322	5,384,323	5,634,323	64,651,495
Women's & Child Health	739,860	709,615	860,632	853,920	744,144	748,604	792,047	792,047	684,041	792,047	720,043	756,045	9,193,045
TOTAL	**7,604,224**	**9,112,853**	**9,515,898**	**9,238,089**	**9,105,100**	**8,928,166**	**9,782,630**	**9,888,962**	**8,605,027**	**9,888,962**	**9,033,005**	**9,460,984**	**110,163,900**
ACTUALS ACHIEVED	**7,653,717**	**9,167,627**	**9,577,803**	**9,290,271**	**9,154,225**	**9,019,256**	**9,789,516**	**9,934,218**	**7,609,120**	**9,192,555**	**8,535,205**	***9,114,829***	***108,038,342***
VARIANCE TO PLAN						**91,090**	**6,886**	**45,256**	**(995,907)**	**(696,407)**	**(497,800)**	***-346,155***	
	£53.504m						£56.659m						

Notes

- Production plan activity recovered during Month 11 but was still behind the original £110m trajectory, due to ongoing non-elective disruption. Financially, minimal impact due to over-recovery on emergency activity and agreement of a year end deal with SWBCCG. There is an amount provided for under-performance against the forecast for other commissioners.

Finance Report

Income Analysis

Period 11 2017/18

Performance Against SLA by Patient Type	Activity					Finance			
	Annual Plan	Planned	Actual	Variance		Annual Plan £000	Planned £000	Actual £000	Variance £000
A&E	226,873	207,053	199,759	-7,294		£24,194	£22,080	£22,936	£856
Emergencies	45,400	41,537	42,455	918		£85,899	£78,612	£84,520	£5,908
Emergency Short Stay	10,217	9,421	6,770	-2,651		£7,536	£6,950	£5,095	-£1,855
Excess bed days	10,495	9,543	14,752	5,209		£2,906	£2,645	£3,808	£1,163
Urgent Care						**£120,535**	**£110,287**	**£116,359**	**£6,072**
OP New	169,764	156,122	171,579	15,458		£25,597	£23,540	£25,112	£1,571
OP Procedures	61,597	56,647	66,404	9,756		£10,487	£9,644	£10,903	£1,259
OP Review	387,088	355,977	313,097	-42,880		£27,394	£25,191	£22,851	-£2,340
OP Telephone	12,965	11,922	14,034	2,112		£298	£274	£294	£20
DC	39,887	36,681	32,677	-4,004		£32,844	£30,204	£26,197	-£4,006
EL	6,408	5,893	5,704	-189		£16,430	£15,108	£13,684	-£1,424
Planned Care - production plan						**£113,049**	**£103,962**	**£99,042**	**-£4,920**
Planned care outside production plan	28,884	27,362	34,618	7,256		£4,683	4,402	£4,810	£409
Maternity	20,284	18,634	18,073	-562		£19,193	£17,632	£17,183	-£449
Renal dialysis	565	518	610	92		£68	£62	£73	£11
Community	619,003	567,846	587,924	20,078		£36,658	£33,622	£33,954	£332
Cot days	12,932	11,824	13,758	1,933		£6,782	£6,201	£6,362	£160
Other contract lines	3,630,049	3,328,355	3,726,684	398,329		£95,766	£88,083	£90,770	£2,687
Unbundled activity	72,583	67,421	67,074	-348		£8,512	£7,983	£8,158	£175
Other						**£171,662**	**£157,985**	**£161,311**	**£3,325**
Sub-Total: Main SLA income (excl fines)						**£405,246**	**£372,234**	**£376,711**	**£4,477**
Year to date refresh of prior months' data						£0	-£23	£0	£23
Income adjustment - pass through drugs						£334	£154	-£794	-£948
Fines and penalties						-£600	-£592	-£2,933	-£2,341
Cancer Drugs Fund						£2,636	£2,417	£784	-£1,632
Pass Through Drugs Accrual						£412	£412	£70	-£342
NHSE Oncology top up						£231	£89	£0	-£89
UHB Oncology						£924	£357	£0	-£357
National Poisons						£734	£673	£770	£97
SLA income -interpreting						£255	£234	£289	£55
SLA income -Neurophys / Maternity etc						£1,735	£1,591	£1,436	-£154
Mental Health Trust SLA						£29	£27	£30	£3
Individual funding requests						£0	£0	£23	£23
Private patients						£236	£216	£145	-£71
Overseas patients						£768	£704	£1,570	£866
Overseas patients Non EEA						£0	£0	£672	£672
Prescription Charges Income						£39	£36	£40	£4
Injury cost recovery						£1,249	£1,145	£593	-£551
NHSI Plan phasing adjustment						£7	-£706	£0	£706
Other adjustments						£1,062	£1,098	£422	-£676
GRAND TOTAL patient related income						**£415,298**	**£380,065**	**£379,829**	**-£236**

Notes

- This table shows the Trust's year to date patient related income including SLA income performance by point of delivery as measured against the contract price & activity schedule.
- Planned care within the production plan is behind by £4.9m for the year to date as measured against the [CCG] contract plan profile. This contract plan is different from the internal production plan. This is subject to regular review and re-phased based on YTD performance.
- Recovery of year to date underperformance requires £1.7m over performance in P12. Failure to achieve this represents a risk to the 2018/19 start point rather than the 2017/18 outturn.

Finance Report

CIP achievement

Period 11 2017/18

Cost Improvement Programmes	Annual Plan £'000	CIP Delivery Achieved YTD £'000	CIP Delivery Forecast £'000	Likely Achievement (excl. £'000	Variance from plan £'000
Medicine and Emergency Care	6,862	3,807	465	4,444	(2,418)
Surgical Services	3,343	2,102	283	2,451	(892)
Women and Child Health	909	644	229	857	(52)
Primary Care,Community and Therapies	2,485	2,522	292	2,723	238
Pathology	1,321	897	128	1,010	(311)
Imaging	1,807	1,285	213	1,525	(282)
Sub-Total Clinical Groups	**16,727**	**11,256**	**1,610**	**13,011**	**(3,716)**
Strategy and Governance	170	156	14	170	(0)
Finance	289	265	24	289	(0)
Medical Director	403	369	34	403	(0)
Operations	711	582	89	677	(34)
Organisation Development	162	87	26	137	(25)
Estates and NHP	562	479	43	522	(40)
Corporate Nursing and Facilities	682	430	63	501	(181)
Sub-Total Corporate	**2,979**	**2,369**	**293**	**2,699**	**(280)**
Central	13,294	20,062	820	20,882	7,588
Total CIPs	33,000	33,687	2,722	36,591	3,591
Annual Target 17/18	33,000			33,000	
(Deficit)/Excess of Schemes Above Plan	0			3,591	

Notes

- In the assumed delivery of control total, the trust has allowed for circa £3m in CIP under-delivery against likely achievement. This relates directly to a risk assessment of forecast outturn against defined schemes at Month 9.
- Operational under-performance continued during February. Both the reported current overachievement and the forecast over achievement are attributable to non-recurrent items. Given that the £13m of central schemes needed to be recurrent in the original plan this presents a risk to the 2018/19 plan in terms of entry run-rate. This has been allowed for in 2018/19 planning.

Finance Report

Capital

Period 11 2017/18

Programme	Year to Date Plan £'000s	Year to Date Actual £'000s	Year to Date Gap £'000s	*Orders Placed £'000s*	Full Year NHSI Plan £'000s	Full Year Forecast £'000s	Full Year Variance £'000s
Estates	13,508	12,085	(1,424)	*5,837*	20,624	14,340	6,284
Information	5,439	4,909	(530)	*2,269*	10,572	8,330	2,242
Medical equipment / Imaging	1,816	1,311	(505)	*827*	5,006	2,266	2,740
Contingency	0	0	0	*0*	0	0	0
Sub-Total	**20,763**	**18,305**	**(2,458)**	*8,933*	**36,202**	**24,936**	**11,266**
Technical schemes	880	879	(1)	*0*	10,386	986	9,400
Donated assets	76	124	48	*0*	84	78	6
Total Programme	**21,719**	**19,308**	**(2,411)**	*8,933*	**46,672**	**26,000**	**20,672**

Notes

- The plan has now been formally revised, and NHSI has been notified of the expected forecast outturn and associated CRL request.
- Spending is £2.4m behind revised plan year to date due to delays on the major projects within Information and Estates. The impact of this delay on the unplanned balance of PDC funding at 31st March 2018 is being assessed.
- In line with good practice a stock take of the capital programme has been undertaken. The latest forecast indicates an outturn of £26m. It is this forecast that is summarised in the table above.
- The previous forecast stood at £26.2m. It is this forecast that secured the 2017/18 CRL of £23m and is included in the subsequent NHSI monthly returns.
- The impact of the Carillion liquidation was reflected in this forecast and modelled into the Trust's five year capital forecast. These revised timings have been submitted to NHSI.

Finance Report

SOFP

Period 11 2017/18

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2017/18

	Balance as at 31st March 2017	Balance as at 28th February 2018	NHSI Planned Balance as at 28th February 2018	Variance to plan as at 28th February 2018	NHSI Plan as at 31st March 2018	Forecast 31st March 2018
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	207,434	210,163	229,753	(19,590)	242,166	220,917
Intangible Assets	166	704	239	465	239	239
Trade and Other Receivables	43,017	63,012	84,187	(21,175)	92,045	69,710
Current Assets						
Inventories	5,268	5,559	4,179	1,380	4,177	4,177
Trade and Other Receivables	25,151	48,737	20,946	27,791	20,946	25,946
Cash and Cash Equivalents	23,902	7,701	1,359	6,342	309	4,500
Current Liabilities						
Trade and Other Payables	(68,516)	(75,999)	(58,191)	(17,808)	(38,646)	(63,249)
Provisions	(1,138)	(823)	(1,196)	373	(1,196)	(1,196)
Borrowings	(903)	(1,306)	(1,903)	597	(3,353)	(2,187)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,404)	(3,301)	(2,955)	(346)	(3,012)	(3,012)
Borrowings	(33,954)	(32,052)	(44,163)	12,111	(50,077)	(31,767)
DH Capital Loan	0	0	0	0	0	0
	197,023	**222,395**	**232,255**	**(9,860)**	**263,598**	**224,078**
Financed By						
Taxpayers Equity						
Public Dividend Capital	205,362	226,765	246,204	(19,439)	252,540	232,055
Retained Earnings reserve	(24,972)	(21,213)	(30,198)	8,985	(5,822)	(24,857)
Revaluation Reserve	7,575	7,785	7,191	594	7,822	7,822
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	197,023	**222,395**	**232,255**	**(9,860)**	**263,598**	**224,078**

Notes

- The table is a summarised SOFP for the Trust including the actual and planned positions at the end of February and the full year.
- Capital Receipts, slippage on capital expenditure and working capital management, including long-term debtors, account for the variance from plan for cash. Continued use of capital cash to support I&E under-performance will continue through to March 2018.
- The Receivables variance from plan relates an improved position to the original NHSI plan, in addition the total Payables and Receivables variance reflect the new trajectory to achieve the revised forecast. Analysis and commentary in relation to working capital is available on the next slide.
- A task & finish group initiated a cash remediation plan in 2017/18. The actions of this are reflected in the favourable variance on cash.

Finance Report

SOCF

Period 11 2017/18

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW 2017/18

PLAN, ACTUAL AND YEAR END FORECAST 2017-18

ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Actual £000s	October Actual £000s	November Actual £000s	December Actual £000s	January Actual £000s	February Actual £000s	March Forecast £000s
Receipts												
SLAs: SWB CCG	22,627	22,930	22,303	22,269	22,216	22,327	22,372	22,556	23,376	15,569	22,409	22,361
Associates	6,278	6,675	6,356	6,393	6,500	6,418	6,509	6,176	6,277	14,601	6,684	6,466
Other NHS	1,980	750	646	1,151	1,204	856	487	925	1,476	916	729	1,772
Specialised Services	3,583	3,374	3,838	6,668	4,327	3,373	3,536	3,787	3,364	3,161	3,689	5,420
STF Funding and Taper Relief	0	0	0	0	0	1,337	0	0	8,467	0	0	0
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	353	0	4,353	0	4,352	0	0	0	4,689	3	0	4,405
Public Dividend Capital	5,050	5,138	0	5,500	0	0	0	0	3,290	2,215	210	2,700
Loans	0	0	0	0	0	0	0	0	0	0	0	0
Other Receipts	1,769	4,237	2,759	2,770	3,138	2,661	2,413	2,737	1,459	3,679	2,800	2,075
Land Sale Receipt					18,800							
Total Receipts	41,641	43,105	40,255	44,751	60,538	36,973	35,318	36,181	52,397	40,145	36,521	45,200
Payments												
Payroll	13,431	13,789	14,017	13,567	14,042	14,023	13,877	13,627	14,290	14,074	13,953	13,804
Tax, NI and Pensions	9,910	10,133	10,202	10,047	10,062	9,867	9,789	10,232	10,197	10,223	10,092	9,930
Non Pay - NHS	2,342	2,929	2,230	1,911	2,628	1,093	3,606	1,844	1,588	1,960	2,200	2,200
Non Pay - Trade	3,100	12,869	13,105	10631	14,311	11,662	12,608	9,666	9,257	13,663	9,142	8,917
Non Pay - Capital	11,368	4,422	1,720	1,645	1,179	3,155	2,244	2,600	1,656	771	1,329	6,503
MMH PFI	3,397	2,055	2,552	2,022	1,587	735	630	2,549	2,075	2,778	0	2,699
PDC Dividend	0	2	0	0	3	3,447	0	2	0	1	0	3,637
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	514	710	186	133	464	285	117	138	173	880	921	240
Total Payments	45,595	48,442	45,544	41,487	45,809	45,799	44,402	42,190	40,768	45,882	38,077	48,370
Cash Brought Forward	23,873	19,919	14,582	9,292	12,556	27,285	18,459	9,375	3,366	14,995	9,258	7,701
Net Receipts/(Payments)	(3,954)	(5,337)	(5,290)	3,264	14,729	(8,826)	(9,084)	(6,009)	11,628	(5,737)	(1,556)	(3,170)
Cash Carried Forward	19,919	14,582	9,292	12,556	27,285	18,459	9,375	3,366	14,995	9,258	7,701	4,531

Notes

- This cash flow reconfirms at month 11 that the Trust will not have to borrow this financial year.
- The main reasons for this remain the receipt of £7m of Taper Relief in December, and delays in the planned capital programme compared to plan.
- This cash flow is based on actual cash flows for April to February. The future months forecast incorporates intelligence in relation to capital planning, income and contracting, exchequer services and estates.
- Consequently this cashflow statement reflects the latest collective view of cashflows and incorporates the land sale.
- STF is forecast for receipt at the end of the following quarter in which it is earned.

Finance Report

Use of Resources Rating

Period 11 2017/18

Finance and use of resources rating	Expected Sign	03PLANYTD Plan 31/01/2018 YTD Number	03ACTYTD Actual 31/01/2018 YTD Number	03VARYTD Variance 31/01/2018 YTD Number	03PLANCY Plan 31/03/2018 Year ending Number	03FOTCY Forecast 31/03/2018 Year ending Number	03VARCY Variance 31/03/2018 Year ending Number	Maincode Subcode
Capital service cover rating	+	2	4		1	3		PRR0160
Liquidity rating	+	4	3		4	4		PRR0170
I&E margin rating	+	4	1		1	1		PRR0180
I&E margin: distance from financial plan	+		1			2		PRR0190
Agency rating	+	2	3		2	3		PRR0200

Overall finance and use of resources risk rating	Expected Sign	03PLANYTD Plan 31/01/2018 YTD Number	03ACTYTD Actual 31/01/2018 YTD Number	03VARYTD Variance 31/01/2018 YTD Number	03PLANCY Plan 31/03/2018 Year ending Number	03FOTCY Forecast 31/03/2018 Year ending Number	03VARCY Variance 31/03/2018 Year ending Number	Maincode Subcode
Overall rating unrounded	+		2.40			2.60		PRR0202
If unrounded score ends in 0.5	+		0.00			0.00		PRR0204
Plan risk ratings before overrides	+		2			3		PRR0206
Plan risk ratings overrides:								
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text		Trigger			Trigger		PRR0208
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+		3			3		PRR0210
Control total override - Control total accepted	+		YES			YES		PRR0212
Control total override - Planned or Forecast deficit	Text		No			No		PRR0214
Control total override - Maximum score (0 = N/A)	+		0			0		PRR0216
Is Trust under financial special measures	Text		No			No		PRR0218
Risk ratings after overrides	+		3			3		PRR0220

Notes

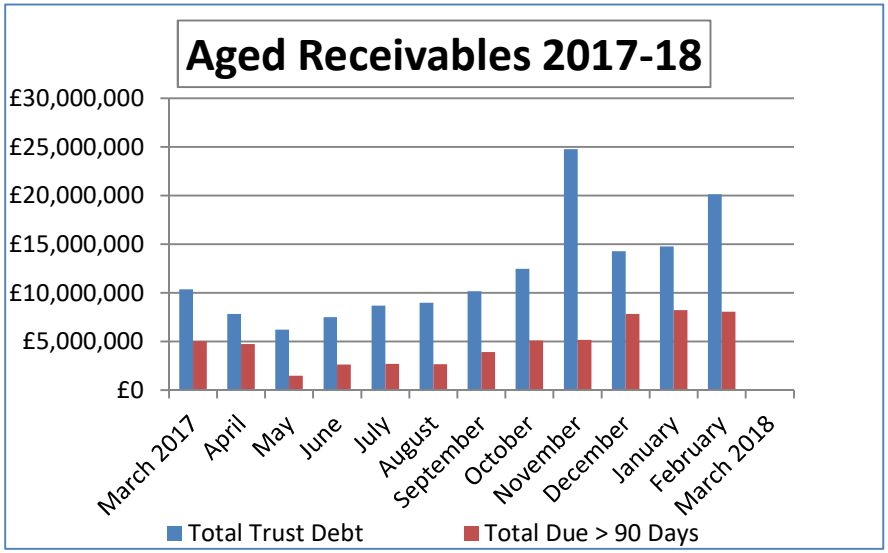
- The Trust's latest* use of resources rating year to date is 3 (amber) with a number of metrics showing 1 or 2 as previously reported. This is related to the profit generated on land which has been reported since the land sale transaction. However, not all metrics are affected:
- Capital service cover is calculated using margin before profit on sale and so is unaffected and consequently remains red;
- Agency spend remains more than plan resulting in a score of 3.

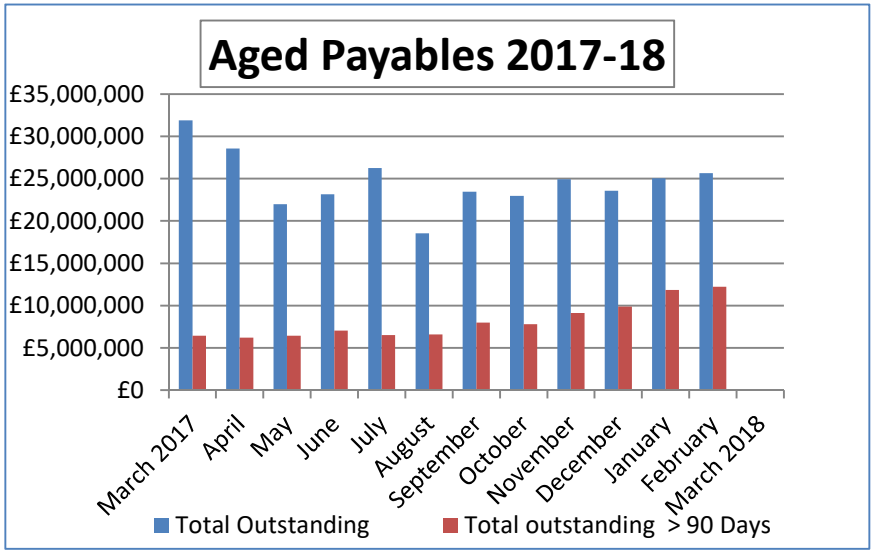
*This is P10 and is consistent with P09. P11 is not yet available.

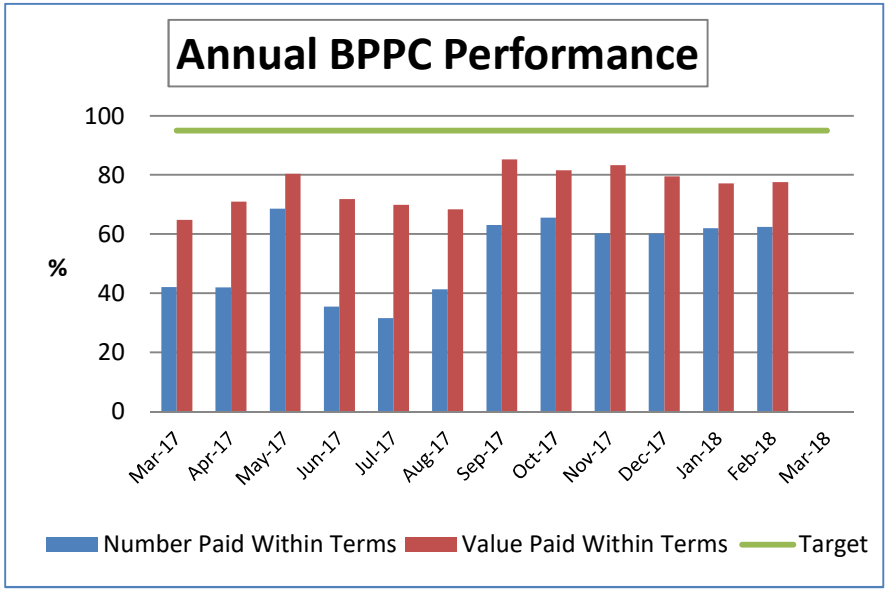
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 11 2017/18







Note

- The February debt increased as quarterly invoices for education contracts have been raised for Q4. Overall Non NHS debt decreased although the age profile increased the >90 day debt position. There remains a substantial NHS debt, the invoices for which will be discussed prior to the end of the financial year.
- The overall Payables position has marginally increased in February as the Trust balances the utilisation of cash to reduce working capital pressures against the requirements to maintain minimum cash balances to NHSI expected levels. Forecasts for the remainder of 2017/18 however will reflect a cash pressure and the requirement to increase the Payables balances to minimise future borrowing requirements. The overall level of over 90 days liability has increased as some historical NHS invoices aged further.
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Underlying performance remains the subject of improvement work with finance and procurement teams.

Appendices

Finance Report

Appendix 1 - Technical support

Period 11 2017/18

Contingency & flexibility utilised in delivering actual performance to date

	P11 Month	P11 YTD
Unplanned contingency & flexibility	**£k**	**£k**
GRNI accrual released from balance sheet		808
Relase of pay accrual for Medical staffing		480
Accrual for winter pressures income	238	714
Release EDF Invoice accrual		177
Release Sandwell MBC Invoice accrual		79
Release invoices under £1k accrual		278
Relase of pay accrual for Admin, Nursing and Scientific staff groups		391
EPR accrual released from balance sheet		743
Taper relief - timing - income excess over costs accrued	(233)	233
Other contingency & flexibilities utilised	175	175
Profit on sale		5,728
	180	9,807
Planned contingency & flexibility		
Taper relief - income used to fund planned capex	250	2,750
Other contingency & flexibilities utilised	0	0
	250	2,750
Contingency & flexibility required to delivered YTD plan	**430**	**12,557**
Residual profit on sale currently available for £13m risk mitigation in March		10,572
Total contingency & flexibility utilised	**430**	**23,129**

*2

*1

It is considered that, taking the high risk and lower risk technical support in the round that the assumptions made are reasonable.

Crucially management contend that the treatment does not mis-inform decisions and triggers in relation to STF monies.

Notes

This details the non-operational support that has been utilised to achieve the reported month & YTD I&E positions*1. Also shown is the support required to maintain alignment with pre-STF plan *2 and is subject to the following risks:

- Taper relief income is being accrued at the lower level originally assumed and therefore represents upside in managing to the control total position
- GRNI of £808k has been assumed. The Trust is working through the balance sheet including GRNI prior to September 2016. This is considered a balanced and prudent approach.
- Fines and penalties in relation to main commissioner contract performance have now been anticipated in the position.
- The finance team continue to maintain a log of risks to the financial position, alongside further technical and non-recurrent opportunities. This is being used to manage the financial position against forecast and informed the decision to forecast control total compliance formally with NHSI at Month 9.

Finance Report

Appendix 2 - Group I&E Performance

Period 11 2017/18

Period 11	Current Period			Run rate change	Year to Date			Full Year
	Plan	Actual	Variance	since P10	Plan	Actual	Variance	Plan
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine & Emergency Care	1,570	946	(624)	(1,273)	18,981	15,175	(3,805)	20,962
Surgical Services	1,610	332	(1,279)	(476)	16,904	8,268	(8,636)	18,484
Women's & Child Health	1,798	1,535	(263)	(821)	21,400	17,675	(3,725)	23,375
Primary Care, Community and Therapies	951	336	(615)	(126)	9,239	5,851	(3,388)	10,308
Pathology	399	430	31	387	3,952	3,793	(159)	4,338
Imaging	338	213	(125)	(235)	3,256	2,254	(1,002)	3,593
Clinical Groups	**6,667**	**3,792**	**(2,875)**	**(2,543)**	**73,732**	**53,017**	**(20,715)**	**81,060**
Strategy and Governance	(1,282)	(1,215)	67	43	(14,344)	(13,727)	617	(15,632)
Performance & Insight	(108)	(111)	(3)		(1,189)	(1,136)	53	(1,298)
Finance	(357)	(368)	(10)	204	(3,946)	(3,967)	(21)	(4,284)
Medical Director	(841)	(827)	14	18	(9,229)	(9,157)	72	(10,212)
Operations	(1,085)	(1,033)	51	254	(12,196)	(12,371)	(176)	(13,709)
Workforce & Organisation Development	(476)	(503)	(27)	(71)	(5,872)	(5,521)	351	(5,975)
Estates & New Hospital Project	(1,091)	(1,121)	(31)	86	(11,617)	(11,871)	(254)	(12,552)
Corporate Nursing & Facilities	(1,376)	(1,708)	(333)	(132)	(15,926)	(17,457)	(1,531)	(17,284)
Corporate Directorates	**(6,616)**	**(6,886)**	**(270)**	**402**	**(74,319)**	**(75,207)**	**(888)**	**(80,945)**
Central	939	549	(389)	(527)	996	13,040	12,045	1,041
Income	1,341	1,363	22	287	13,955	13,829	(126)	16,017
Reserves	(1,230)	41	1,271	(40)	(18,742)	(921)	17,821	(7,449)
Technical Adjustments	17	19	2	(0)	191	84	(107)	208
DH Surplus/(Deficit)	**1,118**	**(1,122)**	**(2,240)**	**(2,422)**	**(4,188)**	**3,842**	**8,030**	**9,933**

Notes

- While the bottom line Trust variance year to date is £8m favourable (vs budget) related to land sale, the underlying Group variance of £20.7m adverse is highlighted as being offset by central items and release of reserves.
- Achievement of the control total will require significant use of non-recurrent measures, recognition of non-recurrent income, and further non-commitment of reserves.

Finance Report

Appendix 2 - Group I&E Variances

Period 11 2017/18

Period 11	Year to Date Variances													
	Main SLA excl P/T £'000s	Pass Thru SLA Inc £'000s	CDF and FP10s £'000s	Other PRI £'000s	STF £'000s	Other Income £'000s	Pay Substantive £'000s	Pay Bank £'000s	Pay Agency £'000s	Pay Other £'000s	Non Pay Pass Thru £'000s	Non Pay Other £'000s	Non Opex £'000s	TOTAL £'000s
Medicine & Emergency Care	7,449	2,010	0	(1,216)		(240)	7,866	(8,636)	(7,907)	(458)	(2,010)	(662)	0	(3,805)
Surgical Services	(6,317)	(87)	(111)	507		154	5,626	(3,976)	(2,210)	(1,019)	197	(1,401)	0	(8,636)
Women's & Child Health	(768)	92	0	(826)		18	4,365	(1,955)	(876)	(2,648)	(92)	(1,035)	0	(3,725)
Primary Care, Community and Therapie	1,247	1,164	(1,632)	(546)		(142)	4,095	(2,665)	(1,400)	(2,673)	468	(1,304)	0	(3,388)
Pathology	(21)	0	0	(64)		547	1,415	(291)	0	(1,364)	(0)	(382)	0	(159)
Imaging	(365)	0	0	73		(174)	876	(670)	(475)	57	0	(325)	0	(1,002)
Clinical Groups	**1,225**	**3,179**	**(1,743)**	**(2,072)**	**0**	**162**	**24,244**	**(18,192)**	**(12,867)**	**(8,104)**	**(1,436)**	**(5,110)**	**0**	**(20,715)**
Strategy and Governance	0	0	0	1,544		496	(41)	(139)	(127)	74	0	(1,190)	0	617
Performance & Insight	0	0	0	0		0	160	(8)	(103)	0	0	4	0	53
Finance	0	0	0	0		6	331	(158)	(142)	(7)	0	(50)	0	(21)
Medical Director	0	0	0	74		(335)	791	(400)	(2)	37	0	(94)	0	72
Operations	0	83	(354)	358		506	1,698	(597)	(500)	(7)	271	(1,261)	0	198
Workforce & Organisation Developmer	0	0	0	0		340	(199)	(190)	(11)	97	0	(59)	0	(23)
Estates & New Hospital Project	0	0	0	0		116	112	(41)	(50)	7	0	(397)	0	(254)
Corporate Nursing & Facilities	4	0	0	(7)		79	1,908	(1,789)	(98)	(930)	0	(698)	(0)	(1,531)
Corporate Directorates	**4**	**83**	**(354)**	**1,969**	**0**	**1,208**	**4,761**	**(3,324)**	**(1,031)**	**(729)**	**271**	**(3,745)**	**(0)**	**(888)**
Central	(0)	0	0	(859)	(2,542)	(916)	224	242	527	0	0	(2,327)	17,697	12,045
Income	(4,718)		0	3,051		1,476	87	0	0	0	0	(0)	(22)	(126)
Reserves	0	0	0	0		1	0	0	0	6,041	0	11,779	0	17,821
Technical Adjustments	0	0	0	0		0	0	0	0	0	0	0	(107)	(107)
DH Surplus/(Deficit)	**(3,490)**	**3,262**	**(2,097)**	**2,089**	**(2,542)**	**1,930**	**29,315**	**(21,274)**	**(13,372)**	**(2,792)**	**(1,165)**	**597**	**17,568**	**8,030**

Notes

- This shows the Group variances from their internal control totals in more detail. The adverse income variance due to the NHSI plan phasing adjustment is shown in central – income. The net impact of STF failure and profit on sale driving the bottom line variance is seen in Central.

- The significant reliance on bank and agency staff is shown. Work streams to tackle pay include rostering, waiting list initiative and recruitment practices. The favourable variance seen in Central pay is a non-recurrent adjustment. Other pay relates to unidentified CIPs in Groups and the benefit of the reserve held for incremental drift. The pass through variance including cancer drugs fund and FP10 prescribing is net nil with Group overspends on other non-pay and the release of non-pay reserves benefitting the position.

Paper ref:	TB (04/18) 015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Amenable Mortality and Learning from Deaths Trajectory		
Sponsoring Executive	David Carruthers, Medical Director		
Report Author	Mumtaz Goolam, Clinical Effectiveness Facilitator, Mortality		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Mortality data is monitored by several different measures (HSMR, SHMI and RAMI) which are reported and monitored regularly by the Trust to identify areas of concern. Some changes in recording of some data such as palliative care and the number of co-morbidities may affect the expected number of deaths, thus adversely influencing the Trust position

Current RAMI data identifies a higher mortality rate from patients admitted at weekends with some clinical diagnoses identified with death rates higher than peers. Sepsis and pneumonia are amongst the disease groups with the highest number of deaths.

Introduction of Learning from Deaths process and development of the Quality plan should both contribute to an improvement in these data.

The information provided in the paper will be used to clarify and further develop reporting mechanisms so that clear processes exist to action identified risks.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan	x	People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan	x	Digital Plan	x	Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Update of learning from deaths provided at Q+S meeting (Feb 2018)

4. Recommendation(s)

The Trust Board is asked to:

a.	Note the updated mortality data and revised trajectory for learning from deaths process
b.	Receive an action plan at May Trust Board meeting to respond to identified mortality risks
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):						
Board Assurance Framework		Risk Number(s):						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

Mortality

Mortality data is now extracted from:

- the CHKS (Casper Healthcare Knowledge) System, which reports
  - the Risk Adjusted Mortality Index (RAMI) as the principle measure of our organisation's mortality
- the HED (Healthcare Evaluation Database) System which reports
  - the Hospital Standardised Mortality Ratio (HSMR)
  - the Summary Hospital-level Mortality Indicator (SHMI).

HSMR (Hospital Standardised Mortality Ratio)

The HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in population structure. The ratio is of (observed) to (expected) deaths, multiplied conventionally by 100. Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. This information is derived from the HED system, which is rebased monthly to providing the most up to date data.

- Our HSMR is currently (November 2017) 118 for SWBH and outside statistical confidence limits.

- There is ongoing scrutiny and oversight of Mortality statistics at the Mortality and Quality Alerts Committee.

- A report was commissioned with HED, analytics provider which concluded:
  - Sandwell General Hospital is a statistically significant HSMR outlier.
  - City Hospital remains within expected limits.

- A trust-wide investigation of the following diagnoses group was conducted:
  - Pneumonia
  - Pleurisy
  - Respiratory failure; insufficiency; arrest (adult)

- There were no significant quality of care issues identified.

- Changes in Palliative Care practice, i.e establishment of the Connected Palliative Care Hub and the coding of this change, look to be impacting on SWBHT's HSMR. This is demonstrated by the HSMR model without palliative care. This is being be addressed by:
  - Reviewing the numbers of patients being seen in hospital by the palliative care team to ensure that HES coding accurately reflects practice.
  - Ensuring that the appropriate distinction between supportive care and palliative care is being made during coding.

- There is ongoing close monitoring of Palliative Care coding practice to understand the reason for the reduction and establishing if this is consistent with the 'on the ground' view of patients seen at SWBHT.

- All comorbidities may not be captured as evidenced by a slightly reduced comorbidity rate (although still on a par with national) and high HSMR for patients with 0 comorbidities.
    - Further investigation and external audit was commissioned by the Trust Information team which concluded that the coding practices at SWBH NHS Trust is robust and is inclusive of multiple co-morbidities in all spells of care.

The broadening gap between HSMR for weekend and weekday admissions is subject to close monitoring at the monthly Mortality and Quality Alerts Committee. However, this may be simply due to the types of emergency patients admitted at weekends being different to that experienced in the week.

SHMI (Summary Hospital-level Mortality Indicator)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

- It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.
- Our SHMI score is currently 105.5 (August 2017) for SWBH Trust.
- This data is derived from HED (Healthcare Evaluation Database) for the Summary Hospital Level Mortality Indicator (SHMI).

Mortality comparisons against national results
Data Period: July 2016- June 2017

Provider:	**RXK - SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**
Data covering period:	**July 2016 - June 2017**
Number of spells:	**67,263**
Expected number of deaths:	**1,958**
Observed deaths:	**2,029**
SHMI banding:	**as expected**
SHMI value:	**1.036**
Control limits adjusted for over-dispersion 95% upper: 95% lower:	 **1.121** **0.892**

RAMI (Risk Adjusted Mortality Index)

This is a methodology developed by Casper Healthcare Knowledge Systems (CHKS) to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data.

- It is a ratio of the observed number of deaths to the expected number of deaths that occur within a hospital.

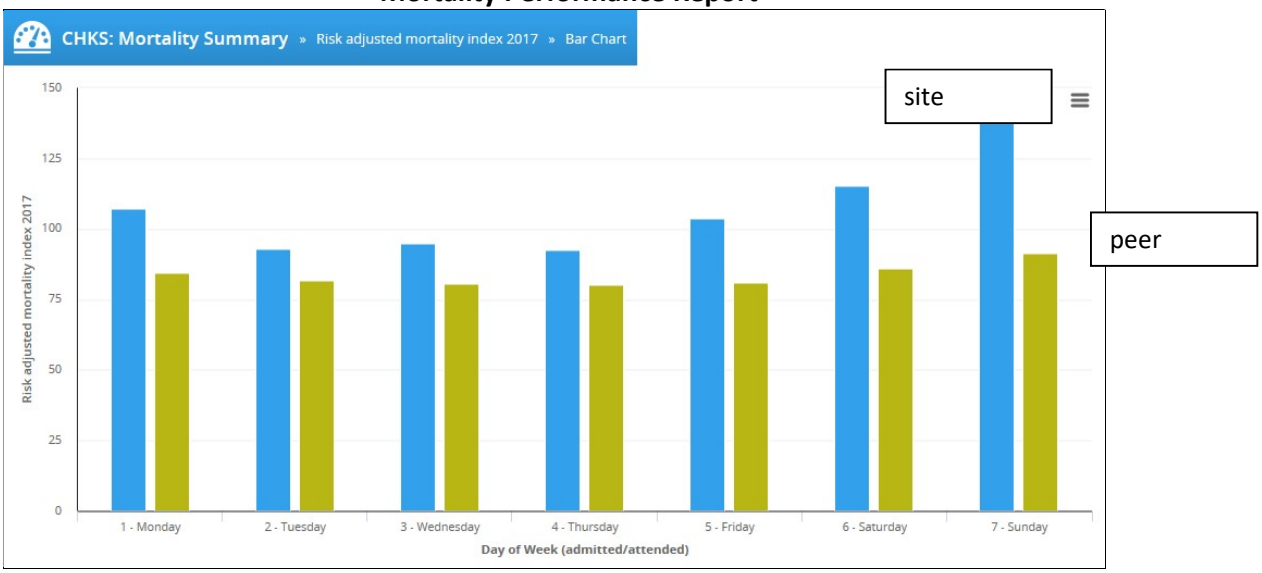
- The Trust's RAMI for the most recent 12 month cumulative period (December 2017) is 108 and outside of statistical confidence limits. It is also above the National HES peer RAMI of 89.
    - The aggregate RAMI for the City site is within statistical confidence limits with a RAMI of 100,
    - the Sandwell site with a RAMI of 115, which is outside of statistical confidence limits.
    - Mortality rates for the weekday and weekend low risk diagnosis groups are within or beneath the statistical confidence limits.

A review into a raised mortality ratio (RAMI) value for weekend admissions to Sandwell and West Birmingham Hospitals NHS Trust

Background

The Risk Adjusted Mortality Index or RAMI values for the Trust for weekend admissions reported in the Mortality Performance Report have shown a higher value in comparison to weekday admissions for the last six consecutive month's cumulative data periods (See Graph 1 below). This has been above the Peer Value.

Graph 1- Weekend & Weekday RAMI values for the Trust reported in the Mortality Performance Report



Standard mortality ratios

Standardised mortality ratios (SMR's) including RAMI are methods of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in population structure. The ratio is (observed) to (expected) deaths, multiplied conventionally by 100. Thus if mortality levels are higher in the population being studied than would be expected, then the value will be greater than 100.

Expected number of deaths

Although in calculating the expected number of deaths there are slight differences in the methodologies between the ratios and between the providers, in principle they all aim to place a probability of dying on each patient admitted after making adjustments for differences in risk among specific patients. In making these adjustments and establishing the patient risk profile SMR's will be influenced by how well comorbidities are captured and also whether the patient was receiving palliative care and therefore be expected to die.

Adjustments made for palliative care

Adjustments are made for when patients receive Palliative Care, but the extent of this is different across the indicators. For example, under RAMI patients coded as receiving palliative care (Z515) are excluded from the numerator, whilst for the HSMR adjustments are made for this. Changes have been introduced to the RAMI indicator from December 2017. Following rebasing, the new RAMI methodology includes patients coded as receiving palliative care (Z515). The purpose of this paper is to provide further analysis of this Alert and to indicate whether any additional action is required.

Current position - Weekend mortality

The Trust value for weekend mortality in the period April 2017 to September 2017 is 126.24 (Figure 1), outside statistical confidence limits (Figure 2) and above the Peer value of 88.57. There were 203 deaths when 161 were expected, calculating a total of 42 excess deaths.

Figure 1

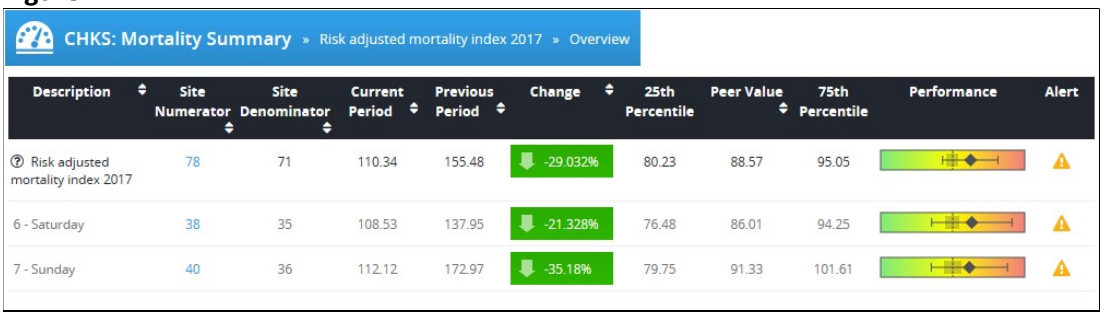
CHKS: Mortality Summary » Risk adjusted mortality index 2017 » Overview

Description	Site Numerator	Site Denominator	Current Period	Previous Period	Change	25th Percentile	Peer Value	75th Percentile	Performance	Alert
Risk adjusted mortality index 2017	203	161	126.24	130.80	-3.487%	80.23	88.57	95.05		
6 - Saturday	95	82	115.36	128.15	-9.984%	76.48	86.01	94.25		
7 - Sunday	108	78	137.67	133.57	3.0706%	79.75	91.33	101.61		

City site

The City site value for weekend mortality in the period April 2017 to September 2017 is 110.34 (Figure 2), within statistical confidence limits and above the Peer value of 88.57. There were 78 deaths when 71 were expected, calculating a total of 7 excess deaths.

Figure 2

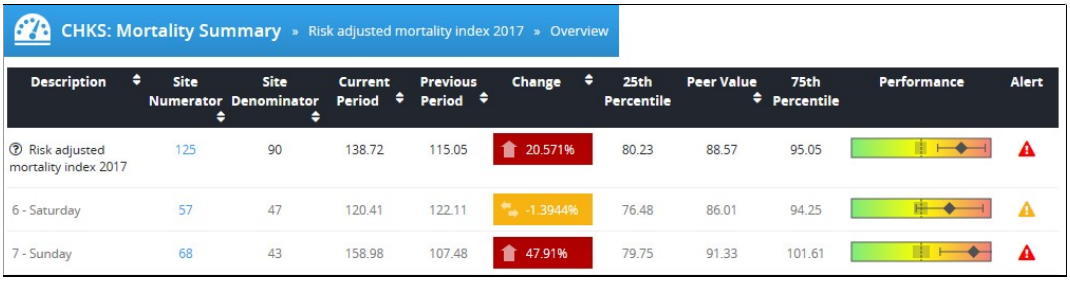


Description	Site Numerator	Site Denominator	Current Period	Previous Period	Change	25th Percentile	Peer Value	75th Percentile	Performance	Alert
Risk adjusted mortality index 2017	78	71	110.34	155.48	-29.032%	80.23	88.57	95.05		
6 - Saturday	38	35	108.53	137.95	-21.328%	76.48	86.01	94.25		
7 - Sunday	40	36	112.12	172.97	-35.18%	79.75	91.33	101.61		

Sandwell site

The Sandwell site value for weekend mortality in the period April 2017 to September 2017 is 138.72 (Figure 3), outside statistical confidence limits and above the Peer value of 88.57. There were 125 deaths when 90 were expected, calculating a total of 35 excess deaths.

Figure 3



Description	Site Numerator	Site Denominator	Current Period	Previous Period	Change	25th Percentile	Peer Value	75th Percentile	Performance	Alert
Risk adjusted mortality index 2017	125	90	138.72	115.05	20.571%	80.23	88.57	95.05		
6 - Saturday	57	47	120.41	122.11	-1.3944%	76.48	86.01	94.25		
7 - Sunday	68	43	158.98	107.48	47.91%	79.75	91.33	101.61		

Weekday Mortality

The Trust value for weekday mortality in the period April 2017 to September 2017 is 97.97 (Figure 4), marginally within statistical confidence limits, however above the Peer value of 81.46. There were 497 deaths when 507 were expected.

- The City site value is 87.15, within statistical confidence limits
- the Sandwell site value is 105.69, marginally within statistical confidence limits.
    - There were 313 deaths at the Sandwell site when 296 were expected, calculating a total of 17 excess deaths.

Figure 4

Description	Site Numerator	Site Denominator	Current Period	Previous Period	Change	25th Percentile	Peer Value	75th Percentile	Performance	Alert
Risk adjusted mortality index 2017	497	507	97.97	107.23	-8.637%	75.09	81.46	88.89		

Trend over time

The weekend RAMI value for 2014/15 was also above weekday values, but the position reversed in 2015/16. The weekend values for City have been slightly above weekday values for the last 3 financial years.

Findings

Palliative care coding trend

- There has been a reduction in the percentage of patients coded as receiving palliative care who have died in the Trust over the 6 month reporting period: April 2017- September 2017. This reflects the implementation of the SWB Connected Palliative Care hub and the drive for patients to receive specialist care in a place of their choice other than in hospital.

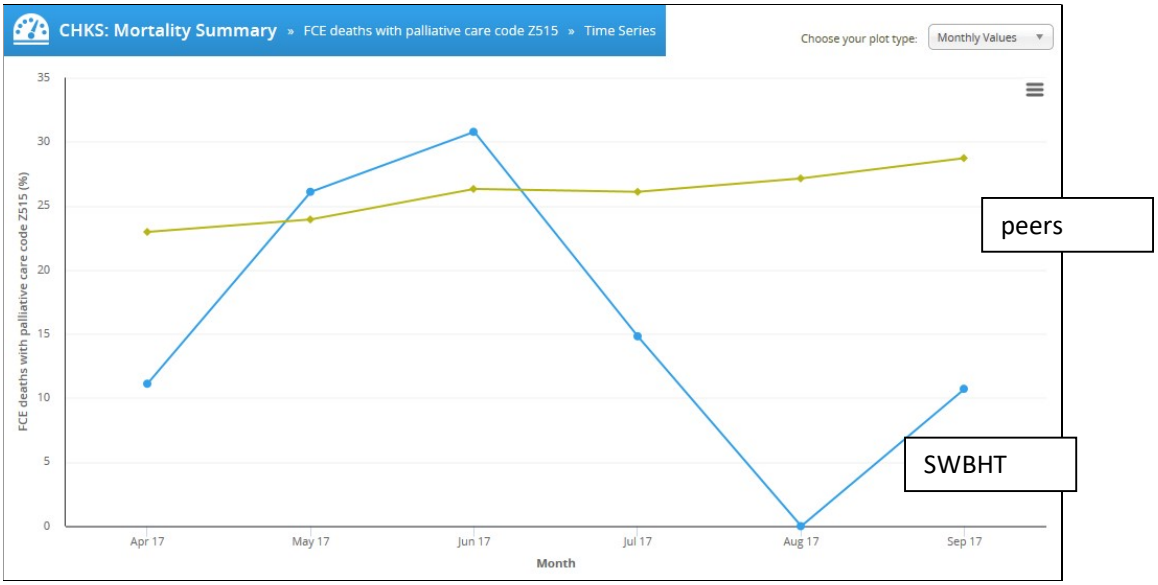
- This has coincided with an increase in mortality ratios.

This trend is reflected in the data for the Trust which is shown in Graph 5 below.

- The level of coding for the Trust (Blue line) is shown to be well below the level reported by peers (Green Line).

- Palliative care coding at the weekend is proportionally lower than in the week and in relation to peers

Graph 5 - Palliative care coding (Z515) for the Trust for the 6 month cumulative period ending in September 2017 for weekend admissions

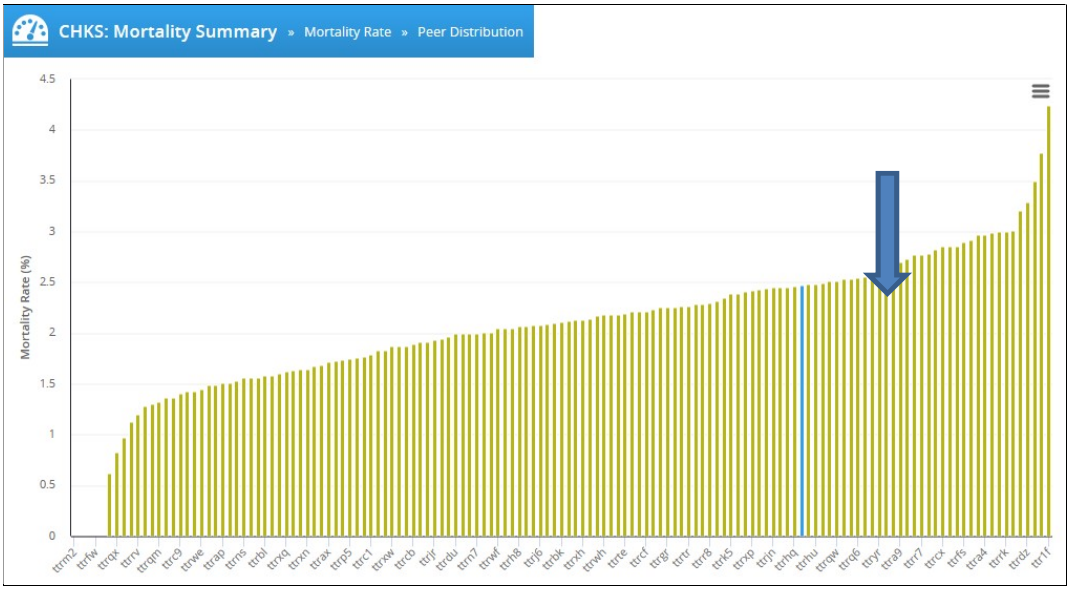


Crude Mortality Rate

Crude mortality rate amongst weekend admission has seen an upward trend (Graph 6), but the Trusts position is in the mid quartile when shown in relation to peers (Graph 7).

Graph 6 – Crude mortality rate for weekend admissions in the period April 2017- Sept 2017

Graph 7 – Crude mortality rate for weekend admissions in the period April 2017- Sept 2017 in relation to peers



Mortality Dashboards
Weekend admissions in the period April 2017- Sept. 2017

CHKS: Mortality Summary » Scorecard

Description	Site Numerator	Site Denominator	Current Period	Previous Period	Change	25th Percentile	Peer Value	75th Percentile	Performance	Alert
SHMI	140	118	118.54	106.20	11.619%	90.28	97.41	104.13		⚠
Mortality Rate	203	8220	2.4696%	2.2014%	12.184%	1.7331%	2.0092%	2.4821%		
Rate of Deaths in hospital within 30 days of elective surgery	0	526	0%	0%		0.11574%	0.05713%	0.24038%		
Rate of Deaths in hospital within 30 days of Non elective surgery	14	990	1.4141%	1.4299%	-1.1044%	0.9191%	1.3897%	1.6883%		
% Deaths in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74	5	51	9.804%	6.780%	44.61%	3.333%	3.402%	6.897%		⚠
Rates of deaths in hospital within 30 days of emergency admission with a stroke	13	73	17.808%	4.478%	297.72%	9.375%	12.766%	16.129%		⚠
% Deaths in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)	3	38	7.895%	9.375%	-15.789%	3.175%	4.551%	6.122%		⚠
FCE deaths with palliative care code Z515	23	141	16.312%	14.400%	13.278%	17.470%	25.802%	32.56%		
Sign and Symptoms as Primary Diagnosis (Episode 2)	192	1358	14.138%	13.216%	6.981%	8.284%	11.140%	12.968%		⚠
% Uncoded FCEs (Blank Primary Diagnosis)	0	10124	0%	0.029904%	-100%	0.03216%	0.7864%	0.3849%		
Risk adjusted mortality index 2017	203	161	126.24	130.80	-3.487%	80.23	88.57	95.05		⚠

Discussion from Mortality Dashboard

The crude mortality rate for weekend admissions remains high and is above the peer value. Deaths coded to Palliative (Z515) remain below the peer value.

Mortality rates amongst specific diagnoses groups

Weekend admissions deaths rates for patients admitted with an MI, Stroke and Fractured Neck of Femur are all above the peer value.

Top 3 CCS (clinical classification system) Diagnosis Groups with the highest number of observed deaths for weekend admissions for the 6month cumulative period ending in September 17

Diagnostic Group (CCS)	Expected number of deaths	Number of deaths	RAMI	Obs. - Exp.
109 - Acute Cerebrovascular Disease	15	10.1	148.41	4.9
2- Septicaemia (except in labor)	9.4	11	117.14	1.6
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	32	32	101.13	0

2 - Septicaemia (except in labor)

The data indicates that the crude mortality rate for this diagnosis basket has increased slightly. Deaths related to Sepsis are being scrutinised at the Trust Monthly Mortality Committee and a Corporate workstream is in place to monitor compliance with the Sepsis bundle.

122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

The data indicates that the crude mortality rate for this diagnosis basket remains the same compared to the last analysis. There was a recent outlier investigation and report submitted to the Care Quality Commission and this diagnostic basket is being closely monitored the Trust Monthly Mortality Committee meeting and through national and local audits.

109 - Acute Cerebrovascular Disease

The data shows that the crude mortality rate has increased. The processes of care are closely monitored through participation in the Sentinel Stroke National Audit Project (SNNAP). As a result, assurance can be provided that any adverse trends will be detected and acted upon.

Conclusions

- There has recently been a rising trend in the values for mortality indicators for the Trust (RAMI) when examining a rolling 6 month cumulative period.

- The weekend RAMI values have also shown to be in excess of weekday values for the last 6 consecutive months cumulative data periods.

- The latest weekend RAMI value shows the Trust to be in the upper quartile in relation to peers.

- RAMI values are influenced by
    - the levels of palliative care coding which have been decreasing for the Trust and which have been significantly lower than those reported by peers. This reflects a drive for patients to receive this specialist care in a place of their choice other than in hospital.
    - The number of comorbidities recorded which has also reduced

- The data indicated a rise in the crude mortality rate. This is also reflected in peer values, albeit the percentage rate for the Trust for weekend admissions is above the peer rate.

- A review of the weekend and weekday mortality values indicates there is a slight variation between weekend and weekday admissions and perhaps a review of access to seven day services will provide further insight into this difference..

A review of the top three CCS diagnoses groups where there has been the highest number of observed deaths for weekend admissions to the Trust, has shown some effects of the reduced palliative care coding. These also show that there has been slight increase in mortality rates for weekend admissions for these diagnoses, which is reflected in overall Trust value.

Deaths of patients with involvement from palliative care services

A Trusts Mortality data is affected by palliative care and specialist palliative coding as well as comorbidity coding. Changes in external mortality data calculation methods and rebasing, changes in palliative care provision (eg focusing on community care) and coding can affect our data and comparison with peer Trusts.

- In April 2016, SWBH implemented the Connected Palliative Care service for patients in the last year of life, which has shown improved quality of care for patients.

- Sandwell & West Birmingham Hospitals NHS Trust is the lead provider for this new service and we are working with different partners to provide seamless care including Birmingham St Mary's Hospice, John Taylor Hospice, Age Concern and Crossroads.

- Our clinical staff are leading the service development working collaboratively with patients, carers and colleagues to join up services and support improvements in care. New Supportive Care Plan has been implemented.

Summary

There is a raised mortality rate shown by HSMR and RAMI data, with a difference in weekend and site related mortality. There are some data recording factors that may need to be considered, around coding of co-morbidities and palliative care but data suggests that sepsis, pneumonia, MI, stroke and fractured neck of femur are clinical groups to focus on.

Conclusion

Introduction of the Trust mortality review system and quality plan where there is already a planned focus on the diagnostic groups referred to above should lead to an improvement in the data.

Trust Mortality Review System

For the year 2017/18 we set ourselves a target of reviewing 90% of all hospital deaths within 42 days and 100% of all hospital deaths within 60 days. By reviewing the care provided we can identify areas where learning can take place to improve outcomes for our patients. Mortality Review compliance has been set as a local Quality Standard for 2017/2018. We have not been able to achieve this target and have put some manual processes in place to improve our position between now and the implementation of Unity.

For 2018/2019 EPR/Unity implementation and a new focused review through the Structured Judgmental Review methodology will reset cases for review and timescales. Future targets will be set in line with NHSI national guidance on Learning from Deaths and Trust priorities.

2017-18

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD
Death	101	105	120	326	134	111	106	351	130	115	164	409	176	138	45	359	**1445**
Reviewed	51	50	67	168	63	45	46	154	43	45	74	162	72	27	2	101	**585**
% Reviewed	50	47	55	51	47	40	43	43	33	39	45	39	40	19	4	28	**40**
% Cumulative Reviewed	50	49	51	51	50	48	47	47	45	44	44	44	44	41	40	40	**40**

(NB. The data highlighted in yellow for February and March 2017 will need to be updated to reflect accurate numbers) Updated 11th March 2018

Learning from Deaths progress:

The updated policy is now available on the Trust website. Medical examiner recruitment has required 2 advertising episodes with options of more than a single session being offered by one soon to retire consultant. A total of 9 consultants have been offered a session a week. Options in primary care and links with opportunities as part of career development being identified during PDR process will continue to be explored for other medical examiners.

Medical examiners will identify deaths requiring review case reviews (this is expected to be around 80 reviews per month across medicine and surgery). Currently there are case reviewers from all specialties who will be asked to identify a smaller number of committed reviewers from the current reviewer cohort to undertake the new review process using the on-line tool which will become available when UNITY is introduced. There should be less work overall for the specialties due to the role of the medical examiners initial review of all deaths. Plans for other components of the process indicated in table below.

Learning From Deaths Plan

		2017 / 2018								2018/2019						
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Project Objective	**Lead**															
Outline requirements for Medical Examiner and Chief Medical Examiner Roles and write JDs	CC															
Write revised policy for Learning from Deaths to be published in September	CC															
Advertise, interview and appoint ME roles	RS/CC															
Give notice to LNCC regarding changes to payments for part 1 and part 2 of the crem fees forms	RS															
Meet with coroner to discuss learning from deaths programme																
Liaise with funeral directors re the change in payment for crem fees	HM/JD															
Medical Examiners in post	CC															
ME triage deaths using new criteria for LfD guidelines	CC/ME															
New method for allocating reviews	CC/ME															
Review of existing CARES office function and how it fits in with the LfD framework	CC/Cares/ME															
Membership and terms of reference confirmed for LfD committee	CC															
Annual report to Trust board on reviews and learning outcomes	CC/MG/DC															
Learning from Deaths data included in Quality Account for 2017/18	CC/MG/DC/HM															
Review of existing CE facilitator role and how it should support LfD agenda	CC/AB/HM/MG															
Identify pool of case reviewers	CC/Lead ME															
Train case reviewers	CC															
Implement new SJR process	CC/Lead ME															
Plan for engagement with relatives, carers and the public on LfD programme	CC															
Group directorate and specialty M&M SOP	CC															
QI learning and sharing structure																

Paper ref:	TB (04/18) 016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Bed Base Risk Mitigation		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Based on the information provided:

- clarity of current situation and contributory drivers to the additional beds
- improvement opportunity
- reflection on why we are struggling to mobilise an improvement response
- propose a resolution approach

The Trust Board are asked to discuss and consider for Quarter 1:

- Whether to tolerate the unsubstantiated bed position and the associated risks
- To support a refreshed programme and approach to reducing bed days to deliver a reduced bed stock
- To support immediate bed closures

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan		Research and Development		Estates Plan	
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	x

3. Previous consideration *[where has this paper been previously discussed?]*

Previous Trust Board subject

4. Recommendation(s)

The Trust Board is asked to:

a.	Cover discussion points and raise any other exceptional lines of challenge or enquiry
b.	To conclude consideration of approach to be taken in Quarter 1 to close or tolerate unsubstantiated beds
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): 1643 and 2849					
Board Assurance Framework		Risk Number(s):					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Bed base risk mitigation

1. Introduction

This paper aims to:

- clarify current situation and contributory drivers to the additional beds
- describe improvement opportunity - describe what to do to reduce bed days
- reflect on why we are struggling to mobilise an improvement response
- propose a resolution approach

2. Current situation and contributory drivers to the additional beds

Over winter the Length of Stay (LOS) for medicine has been above plan and the group have operated between 40 and 100 beds above plan with medical outliers in surgical beds. Very recently in the last 2 weeks and by exception, Surgery has had more patients in beds than expected. This follows unprecedented admissions following repeated snow and icey conditions causing increase in trauma work. The Surgery Group are on track to return to their funded bed base by 16th April.

Admission demand and increased Length of Stay (LOS) are contributing to the unsubstantiated beds being required to support medicine (Appendix 1). The Trust Board is familiar with the admission demand of 50 admissions a day into the in-patient bed base, being above 2017/18 original planning assumptions of 45 admissions a day into the bed base. March last year saw 39 patients admitted a day into the in-patient bed base, compared to 49 this year month to date. Acknowledging this demand, we adjusted our LOS goals to accommodate this activity to 6.6 days in medicine.

Our medicine LOS over winter has been persistently higher than we intended and peaked in early March in line with our highest admission rates and maximum bed state. Admission acuity over this period was reportedly high.

Comparing the last 3 months December to February inclusive to the same period last year for all specialities within the Trust:

- WMAS arrivals have remained stable at Trust level. Sandwell has seen growth of 6%.
- Sandwell ED attendances has increased by 6.4%. City has increased by 1% in the same period.
- Emergency admissions have increased by 7% on each site comparing December to February 2016/17 with 2017/18. In the same period the new Ambulatory Assessment activity has nearly doubled.
- There has been a 10% increase in over 65 year olds at Sandwell over 3 years. At Trust level this age profile is static over that period.
- Emergency LOS in acute beds across all specialties at Sandwell increased bed days by 12% November to January comparing 2016/17 to 2017/18.

The impact of admission demand and higher than planned LOS results in unsubstantiated beds which is referenced twice on the Trust Risk Register:

Risk 1643 Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.

There has been no evidence that the bed base has resulted in underperformance on safety plan indicators. Emergency readmission is a balance indicator of potentially unsafe discharges. Emergency readmissions have reduced by 14% over a 3 year period comparing November to January and the cute hospital site performance is now undifferentiated. We are in line with peers over the period and track readmission rates closely. Our 12 month cumulative readmission rate has increased by 0.1% over the last year. Monthly trends have varied by a maximum of 0.2% over winter with the same period last year with the exception of January, which has increased by 0.7%. This position will be monitored and analysed if the readmission rate persists, but is not thought to be a significant exception at this point.

The Quality and Safety Committee debated at length the safety elements of winter and were satisfied at the time of no undue harm had been caused to patients but acknowledged their experience was less than desirable at times.

Risk 2849 Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.

The cost of unsubstantiated beds in 2017-18 above the financial plan was £1.7 million.

In addition to these risks there is an experiential impact to patients and staff of unsubstantiated beds. In some instances the admission experience has been of a lesser standard than we would strive for, with long waits for emergency admission in our Emergency Departments. Some elective operations have been cancelled to accommodate emergency admission demand.

Staff impact has been that our substantive teams are asked to do more, for example additional sessions to support 7 day flow or to fill gaps on existing rotas. We should acknowledge and thank our staff who have worked incredibly hard over the winter period. The challenging winter however has a potential risk of affecting morale and the improvement culture locally, due to a lack of belief in the opportunity and ability to reduce LOS. We must establish fully populated staff rotas to ensure safe staffing and to achieve engagement levels that align with a vigorous improvement culture. There is likely need for a fundamental change in rotas of acute medicine and General Medicine supporting specialities to match demand, the design of which will be concluded in May. Ward nursing recruitment forecasts remains strong.

3. Improvement opportunity and challenges to mobilisation

Unequivocally there remain opportunities to improve LOS in the organisation. Any demand changes should and must not distract from the necessary LOS reduction. The intended implementation of key components of the patient flow project in medicine has been delayed as we have struggled with implementation.

The design principles we believe remain sound:

- Consultant of the week achieving consistency in care and discharge planning across 7 days to achieve Expected Dates of Discharge (EDD) and Length of Stay (LOS) aligned to the bed model
- An admit-pull model matching admission demand with discharge planning
- Establishing a bed base with speciality hubs, elderly care wards caring for patients over 75 years old and other wards taking general medicine admissions below 75 years old

These design principle changes requirments are challenging. It was intended they be supported by service developments that include effective Advanced Discharge Planning (ADaPT) ensuring all patients are identified in AMU for social care support, establishing a direct admission pathway from ED to an Older Peoples Assessment Unit (OPAU) and ongoing pathway to dedicated elderly care wards, ensure TTAs are ready in advance of discharge and implement criteria led discharge. Of these 4 improvements only 1 is completely implemented against the original scope.

Appendix 2 summarises the original design and performance against impact assumptions. Consultant of the Week has received investment and rotas are now in place. However the impact measured through key success indicators of Expected Date of Discharges (EDD) and Length of Stay (LOS) has not been seen. The intended admit/pull model is not yet effective. Morning discharge rates remain relatively unchanged.

The service improvement requires mobilisation of integrated multi professional working teams. The Consistency of Care programme has overseen the forming of clinical ward based leadership teams in the last 14 months. Some progress has been evidenced and made through this particular programme in terms of consistency of practice on wards and empowering local teams to oversee ward based and clinical cluster joint working. The work to reduce LOS is expectant of clinical teams to take local ownership of implementation of LOS reduction, particularly for those patients with a LOS below 10 days and the Directorate and Group leaders to ensure a cluster approach for consistency in a team's organisation and effectiveness of a working day.

The perceived lack of leadership 'buy in' and belief to reduce bed opportunities is a risk to this project. Professional silos still prevail despite investment and timetables ensuring consistency of commitment free consultants on the wards as part of the clinical ward team. Notwithstanding this investment to the ward team, there is evidence of lack of effective discharge planning and a bias towards changing the goal discharge date rather than coordinate care and planning to effect timely discharge. This is extraordinary placed next to overwhelming opportunity and observations of unnecessary pathway delays, as well as new improvement ideas. Nursing leadership in medicine appears passive in the main and a step up from nursing leaders to constructively challenge multi-professional peers within their ward clinical team and demonstrate effective and consistent leadership at team level across 7 days is essential.

4. A refreshed improvement approach

The failed improvement approach was led through a project office approach, with operational leadership, allied health professional and PMO support. Integrated clinical engagement was anticipated to take place locally. Executive oversight has been via the Chief Operating Officer.

Achievements over that time included workforce planning, progress with criteria led discharge and ward dispensing of TTAs. What failed was the mobilisation of multi professional teams to affect local change, which required an organised ward day as well as the associated impact of service developments such as the admit/ pull model, ADaPT and OPAU. The commonality of effective and engaged leadership, behavioural alignment and effective 'Plan, Do, Study, Act' (PDSA) improvement cycles are deficits in the implementation approach to date.

In March a refreshed project team of key executives and senior clinical leaders has formed to oversee delivery in an initial 3 month period akin to the consistency of care improvement work. This started with a QIHD session and will oversee cluster based improvement efforts and maturity of the admit / pull model. The delivery team at Group, Directorate and cluster level will be coached, supported and held to account over the period. Other leaders are also recruited to the project team to influence the improvement culture.

The first cluster improvement focus will be on the respiratory and gastroenterology wards. The approach includes necessary focus and delivery in the following areas:

- Limiting admissions by providing two specific new alternatives to the bed base, those being GP appointments and AMAA expansion. Further hot clinics might be worthwhile.
- Addressing 2-10 day LOS by improving the efficiency and efficacy of ward multi professional working, including reducing red days. This will include TTA readiness in advance of discharge.
- Ensuring we hit daily AMU and SAU discharge goals, again by providing alternatives.
- Tackling long LOS patients by better management of MFFD and DTOC pathways.

In early April, the Clinical Director led team will present back the scope of the local improvement focus. The intention is to work through PDSA improvement cycles and wrap necessary support around the team and improvement items to enable success to be demonstrated. This approach will then be rolled out to other clusters.

In parallel ADaPT evaluation has demonstrated only 50% of the patients anticipated to be placed on an ADaPT pathway are tracked on this pathway. The recommendations of this review will be considered with partners to revise the model to achieve full coverage of relevant patient pathways in Quarter 1.

The Admit Pull model still requires full implementation alongside stopping the traditional capacity approach. This will be transitioned by the end of May.

Other improvement activities

a) Implementation of a 23 hour Elective Unit in Surgery

A 23 Hour Elective Surgical Unit will manage the patient's surgical admission within a 23 hour period. Patients will be admitted, prepared for their surgical intervention, monitored and provided with the appropriate pain relief post-surgery. A 23 hour ward is particularly beneficial when managing high volume, low complexity surgical cases. Expected benefits include:

- Reduced percentage of cancelled elective surgery
- Reduced waiting lists

- Improved efficiency of operating theatres
- Reduced access block within the emergency department
- Improved patient experience
- Reduced length of stay for surgical patients

Having a proactive, protocol based system of planned surgical care will support the key objectives of the 23 Hour Elective Unit. The unit at City is due to open by end of July.

b) Community bed profile

The Primary Care, Community and Therapies (PCCT) Clinical Group intend to close 20 beds this in 2018. Initially 8 beds will be closed in April, through optimising occupancy levels. Further bed closures are reliant on LOS improvements. Social services are integral to this improvement focus and the teams are working in partnership to design change for implementation in May. The PCCT leadership team joins the weekly executive and senior leadership improvement focus.

5. Trajectory for bed closures

At the time of writing there are 7 medical outliers in surgical beds. There are 56 additional beds open, 18 surgery and 38 in medicine. The scale of unsubstantiated beds has significantly improved over the last fortnight in medicine. Our seasonal planning includes a further reduction in 20 beds for Quarter 1 and 2. Anticipating use of additional beds over Easter Bank holiday* the scale of unsubstantiated beds used by medicine requiring closures in Q1 is potentially circa 78.

Medicine trajectory: aspiring to close the 78 beds over Q1, the phasing of which will be informed by the cluster improvement work, the impact of admit pull model effectiveness and ADaPT.

Intervention	April				May					June			
Respiratory / gastro cluster improvement													
Cardiology Stroke/Haematology cluster improvement													
Elderly care cluster improvement													
ADaPT optimisation													
Admit/pull optimisation													
Bed reduction			22* Easter			15 Resp/ gastro				16 Cardio/ stroke			25 Elderly
Cumulative unsubstantiated beds	78		56			41				25			0
Unfunded costs (‘000)	73	73	45	45	45	31	31	31	31	19	19	19	0
Cumulative unfunded costs	73	146	191	236	281	312	343	374	405	424	443	462	462

Costs and financial risk

The above incremental phasing if achieved would have a £462,000 risk in Quarter 1 to the financial plan.

The worst case financial scenario would be if no beds were closed and medicine remained using 78 unfunded beds. This would result in a £975,000 cost pressure in Quarter 1.

Surgery trajectory: the intention is to close a further 11 beds by the 26th March and have all additional beds closed by 16th April. This is on track.

Primary Care Community and Therapies trajectory: 8 beds will close in medically fit wards at Rowley in April through improved occupancy.

6. Conclusion

Given the current situation and contributory drivers to the additional beds, the challenges with improvement and the described refreshed improvement approach, the Trust Board is asked to discuss and consider the preferred approach for Quarter 1:

a) Whether to tolerate the unsubstantiated bed position and the associated risks
b) To support a refreshed programme and approach to reducing bed days to deliver a reduced bed stock
c) To support immediate bed closures

Appendix 1 Bed model assumptions vs actuals 2017/18					
Daily numbers	**bed model assumption**	**December**	**January**	**February**	**March to date**
Average daily ED attendances Type 1		576	568	562	536
WMAS arrivals per day		158	153	152	155
Admissions to AMU	75 / day	74/day	76 /day	73 / day	70 / day
Medicine admission to inpatient	50 /day	50/ day	51/day	48 / day	49 / day
Average LOS (including AMU)	6.7 days	8.13 days	8.15days	7.99 days	9.17 days

Appendix 2 Original High impact improvement	KPIs vs performance	Improvement approach Current status	Bed reduction impact goal
Embed revised ADAPT (Advanced Discharge Planning Team) approach • Complete MDT admission in AMU • EDD planned with social and therapy assessment • EDD handed over to ward team with named social worker	100% admission completion in AMU – evidence in audits 80% compliance with EDD – circa 25% compliance	Local project team. Staffing in place. Good engagement from partners. Admission completeness in AMU improved. Evaluation demonstrated < 50% of patients have ADaPT flag vs expectation. Plan to review workforce profile vs admission activity. Multiagency workshop scheduled in May.	10
Admit pull model • Consultant of the week who will be commitment free and based on a single ward in main admitting specialities – gastroenterology, respiratory, geriatrics and cardiology • Daily MDT meeting on AMU, facilitating early specialist review where necessary and planning admission to the in-patient bed base 24 hours in advance. Planning discharge with will enable the patient to be admitted to the right type of bed	80% EDD compliance – circa 25% Compliance with board round / job plan	COW rosters in place. Variability in MDT with interest bias towards clinical opinion to discharge from AMU rather than matching admission and discharge profiles. Patients not always in right bed as intended in the bed base design. Lack of forward planning of capacity and patient flow.	15
Implement OPAU at scale with direct admissions from ED Establish an ambulatory pathway pilot from WMAS to AMAA to avoid admission and ED attendance	Reduce LOS by 1 day for this group – LOS reduction Admission avoidance goal TBC – not progressed	OPAU designed with flow from AMU. Some in reach to ED if staffing permits. LOS improvements made. Demand higher than expected. No additional admission avoidance or ambulatory pathways implemented.	5
Implement solution for 'No delays for TTAs'	TTA readiness before day of discharge - TTAs not consistently prescribed before day of discharge.	Turnaround of TTAs improved on all wards from time of prescription up to 3 hours. TTAs not consistently prescribed before day of discharge.	10
Criteria led discharge	Reduce LOS by 0.5 day on selected pathways – to be evaluated.	Criteria led discharge implemented for fast track end of life pathways and chest pain. Results to be evaluated.	5
Agree and start delivery of 6 week programme to refresh red to green by end October	Further improvement themes informed through red themes	Red to green in place with corporate support. Improvement themes not progressed locally .	

Paper ref:	TB (04/18) 017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Decreasing Sickness Absence & Improving Employee Mental Well Being		
Sponsoring Executive	Raffaela Goodby, Director of People and Organisation Development		
Report Author	Lesley Barnett, Deputy Director - Human Resources		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The board are invited to discuss:

- the 'time to be well' initiative proposed in the January 2018 Trust Board paper with a cost of £2160 per year modelled for 20 colleagues from high risk areas.
- the potential sickness absence reduction that should be achieved from the interventions outlined in the January '18 report with a concern around under reported mental health absences. Shows that the Trust will need to reduce absence associated with mental health by 2.88% to achieve its target.
- a clear strategy on pre-emptive actions for staff employed in high risk areas for work related stress/anxiety and gives a legal view
- an LIA event in the next 8 weeks to crowdsource solutions for reducing absence, involving colleagues from high performing and low performing areas, Staffside and exec colleagues.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board November 2017 & January 2018
People and Organisation Development Delivery Committee – monthly
JCNC - Monthly through discussion of the IPR

4. Recommendation(s)

The Trust Board is asked to:

a.	Discuss the report and the proposed interventions
b.	Confirm and challenge the approach to mental health
c.	Receive a similar report on MSK absence following the LIA event in July Board 2018

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk 114						
Board Assurance Framework		BAF 8 BAF 9						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

1.0 Time to be well

To recap, the January 2018 Trust Board paper set out the following:

The Occupational Health and MOPS service recommend employees attend certain exercise and other wellbeing classes or services for positively managing physical and mental health conditions. We welcome comments on the proposal for colleagues to attend these classes / sessions in "work time", with sensible rules, audits and limitations built in for operating this approach. This reflects and would support the primary care focus on 'social prescribing' where exercise, weight management, stopping smoking, mindfulness or holistic well-being interventions are prescribed instead of traditional medicine.

The aim of the above to move the focus from one of sickness absence management to one of employee attendance and positive well-being.

The Trust Board approved the above in principle and asked for the proposals to be modelled in readiness for further consideration at the April 2018 meeting as

The January 2018 report highlighted that the staff groups most affected by mental health absence episodes per WTE are administrative and clerical, nursing and midwifery and additional clinical services.

The table below sets out the current range of services currently offered by the organisation to support well-being.

In view of this, it is proposed that the services shaded in grey below be targeted, for up to 20 staff from the given staff groups to be given time off work to attend the sessions and or encouraged to attend on their days off/during time in lieu. **In so doing it has been assumed that of the 20 staff approximately 50% will require backfill in order to be released which at 1 hour per week at a cost of £18 per hour will incur an additional cost of £180 per month/£2,160 per year.**

This effort will be focussed in quarter one and quarter two of 2018/19 – to ensure that pay CIP's are delivered.

1.1 Mental Health Wellbeing Services		
24-hour advice	External	24-hour anonymised telephone advice for all employees plus management specific advice available 8am-8pm seven days a week.
Counselling service	External	Counselling and Support.
	HEE WM – Phoenix Psychology	Counselling and Support for Doctors.
Grief and loss	SWBH	Structured course teaching self-help techniques to detail with bereavement and loss.

Workplace Stress Management	SWBH	Half day session to provide self-management tools to reduce stress in the workplace, including identifying triggers for stress and building resilience.
Stress management	Health for Living	4 week course on stress management. Free to Sandwell residents.
Mindfulness	SWBH	Half day course focusing on relaxation and coping strategies.
	Health for Living	6-8 week course to manage feelings of anxiety, stress, depression and low mood. Free to Sandwell Residents.
Managing Emotions	Health or Living	6 week course on managing a variety of challenging emotions.
Bullying and harassment mediation	SWBH	Network of Bullying and Harassment mediators within the Trust.
Speak Up Guardians	SWBH	Nominated individuals to provide support for whistle-blowers.
Health Improvement and condition management	Health for Living	6-8 week programme to manage stress and anxiety, build confidence and communication skills. Further 6 week programme on condition management. Free to Sandwell residents.
Sleep and Relaxation	SWBH	Half day sleep and relaxation seminar.
Physical Wellbeing Services		
Physical Activity Rehabilitation	SWBH (Sandwell) and Active Health Club (City)	4-week physical and mental wellbeing rehabilitation programme delivered at the on-site gyms.
NHS Healthchecks	Mytime Active	Offers free NHS Heathchecks for staff aged 40-74 without chronic conditions.
	Active Health Club GYM (£)	Mini health checks.
Early Intervention Referral	SWBH	Support for employees who may benefit from early intervention services, expediting appointments for staff accessing services as a patient.
Yoga	Sandstone Yoga	Weekly late afternoon yoga classes available on the Sandwell site.
Yoga	MYC	Lunchtime 45 minute Yoga and Mindful Yoga at 5pm-6pm at City site.

Gym	SWBH (Sandwell) and Active Health Club (City - £)	On-site gym.
Cycling	SWBH	Cycling incentive scheme offering cycle parking on all sites and free cross-site pool bike. A cycle to work scheme is due to be launched in the new year.
Walking	SWBH	Weekly lunchtime walks from both the Sandwell and City sites. Participate in 5 lunchtime walks and received a free healthy meal voucher.
Pilates	Freelance Provider/Sandwell Council	Mid-day City site, provided in direct response to a Trade Union request. Weekly late afternoon classes on Sandwell site.
Hydrotherapy	West Bromwich Arthritis Care (£)	Fortnightly hydrotherapy exercise class offered in Oldbury.
Weight management	Weigh2GO	Self-directed 6 month weight management programme/
	Mytime Active	Weight loss support; 1:1 access to support worker for 24 weeks, 12 weeks weigh-in; 12 weeks WeightWatchers vouchers; discounted access to Sandwell leisure services.
Fresh vegetable stall	Ideal for All	Weekly fresh vegetable stall available on the Sandwell site.
Local public and third sector services		
Financial Wellbeing Hub	Neyber	Offers advice and support to build financial knowledge and confidence; direct salary deduction loans.
Debt referral service	Pay Plan	Referral via Occupational Health for debt advice (UNISON endorsed).
Holistic and Beauty therapies	Tracey (£)	Offering beauty therapy, aromatherapy and reflexology on the City site.
	Lynne Tandy (£)	Facial and Massage on the Sandwell site.
Alcohol support	External – Swanswell (Sandwell) and CGL (Birmingham)	Alcohol support service that Sandwell and Birmingham residents can self-refer into.

	Alcohol Concern	Alcohol advice and resources.
Smoking cessation*	SWBH	12-week smoking cessation support programme (cross-site).
	Health Exchange	Stop smoking services for Sandwell residents.
Mental Health support	Mind	Range of mental health support services and resources.
Support community	Elefriends	On-line support community offering 1:1 support.
Variety of mental health and wellbeing community services	Kaleidoscope	Wide range of services including bereavement support, fitness classes and social networking (via Occupational Health referral).

*smoking cessation – staff release during working hours currently in place.

2.0 Impact of Interventions on Sickness Absence Percentage

The Trust Board asked for information on the impact of the potential reduction in sickness absence through the interventions contained within the January 2018 report.

As the Trust Board will be aware the two primary causes of sickness absence in the Trust are combined musculoskeletal problems followed by mental health. Further analysis of the Musculoskeletal Occupational Physiotherapy Service (MOPS) activity is required via the People and OD Delivery Committee prior to feedback to the Trust Board with outcomes/future plans for addressing occupational musculoskeletal issues. This report therefore focuses on the opportunities for reducing sickness absence through improvements in mental health, the second largest cause of absence.

The tables below set out the ESR data for absence over the preceding 12 months. As previously noted, mental health related absence is considered to be significantly under reported within ESR, and will feature either as not known, not declared or other categories such as migraine.

Table No 1 sets out the absence data as reported in ESR for the last 12 months. Assuming the improvement in sickness absence is shared solely between MSK and mental health and weighted 50:50 between the two categories, it sets out the scale of improvement required for the Trust to have achieved the 3% target using the past 12 month's data.

Table No 2 shows an adjusted set of figures to take into account the assumption that two thirds of our mental health absence is currently under reported and 'hidden' within the one of the 'other' categories within ESR.

The table demonstrates that mental health related sickness needs to reduce by 0.89% with current reporting, and 2.66% taking in to account under reported sickness absence – in order to reach the target 3%. This will require relentless application (in Q1 and Q2) of the interventions outlined above.

Table No 1: 12 Month Rolling Sickness Absence by Primary Reason.

		Current %	% Adjustment Required
		Total %	**Total %**
Overall Total	Mental Health	0.89	0.14
	MSK	0.87	0.12
	Others	*2.74*	*2.74*
Grand Total		**4.50**	**3.00**

Table No 2: 12 Month Rolling Sickness Absence by Primary Reason – Data Adjusted to Reflect Concern the Mental Health Absence is under reported in ESR by up two thirds (appearing within 'other' reason codes).

		Current %	% Adjustment Required
		Total %	**Total %**
Overall Total	Mental Health	2.66	1.91
	MSK	0.87	0.12
	Others	*0.96*	*0.96*
Grand Total		**4.50**	**3.00**

ESR Data: 12 month rolling sickness absence, March 2017 – February 2018.

HR business partners and managers will be asked to focus on the hot spot areas for mental well being and MSK related absence, and will proactively work with local managers to encourage people back to work, shorten the length of absence, and prevent colleagues from going off sick.

Through the analysis above, it is felt that the current interventions will not be sufficient to meet the hidden sickness absence on mental health. Therefore we suggest a large scale LIA within the next two months, to crowdsource the solutions (and share best practice) then work to remove barriers and put in personalised support that is suggested.

3.0 Strategy on Pre-Emptive Actions for Staff Employed in High Risk Areas

Our approach is to ensure that managers and staff working in high risk areas are fully aware of the range of support available to them and are proactively encouraged to access the support.

The board expressed the wish to mandate some form of assessment, and after undertaking further research there are a number of factors that would need to be considered before taking this serious step.

- Employees mandated to attend a health care assessment would need to be willing to share/divulge mental health concerns with their health care professional and not to lie in order for the assessment to have any meaning.
- Legally the Trust as an employer cannot mandate an employee to attend a health assessment. Technically, for new employees contractually we could bind them to a contractual clause that requires them to attend, but it would take many years before the clause would cover a meaningful number of employees.

- Mental health still carries a heavy stigma, particularly within the workplace. The board would need to consider whether imposing a mandatory attendance for an assessment would help to address this
- It may be considered discriminatory to be targeting mental health for mandated checks when MSK related absence which is the primary reason for absence is not given the same focus.

In view of the above it therefore proposed that the proposal of proactively targeting the high risk areas be continued, but with a much higher profile, to ensure that employees/mangers feel well supported, understand the range of programmes on offer to them and how to access them.

4.0 Engaging the workforce and managers in reducing absence

4.1 Following consultation with managers and Staffside colleagues, it is proposed that OD host a **LIA centred about sickness absence and well being.**

Audience – managers, staffside, staff from top 50 areas, leaders from areas with sickness absence CIP's in 18/19, colleagues from top 50 areas of sickness absence, executive and relevant non- executive colleagues
Purpose – to jointly look at sickness absence in the Trust, examine the reasons why, share good practice, and jointly remove barriers to returning to work. To promote and communicate the mental well being offer and gain ownership and support of proactively managing absence at a local level.
When – At the beginning of the new roster period, so around 7 weeks time.

4.2 Accredited Managers

Over 500 managers have already taken part in the Trust's mandatory accredited manager training programme, which sets out the requirements for proactively managing sickness absence in the Trust, and outlines the well being support on offer.

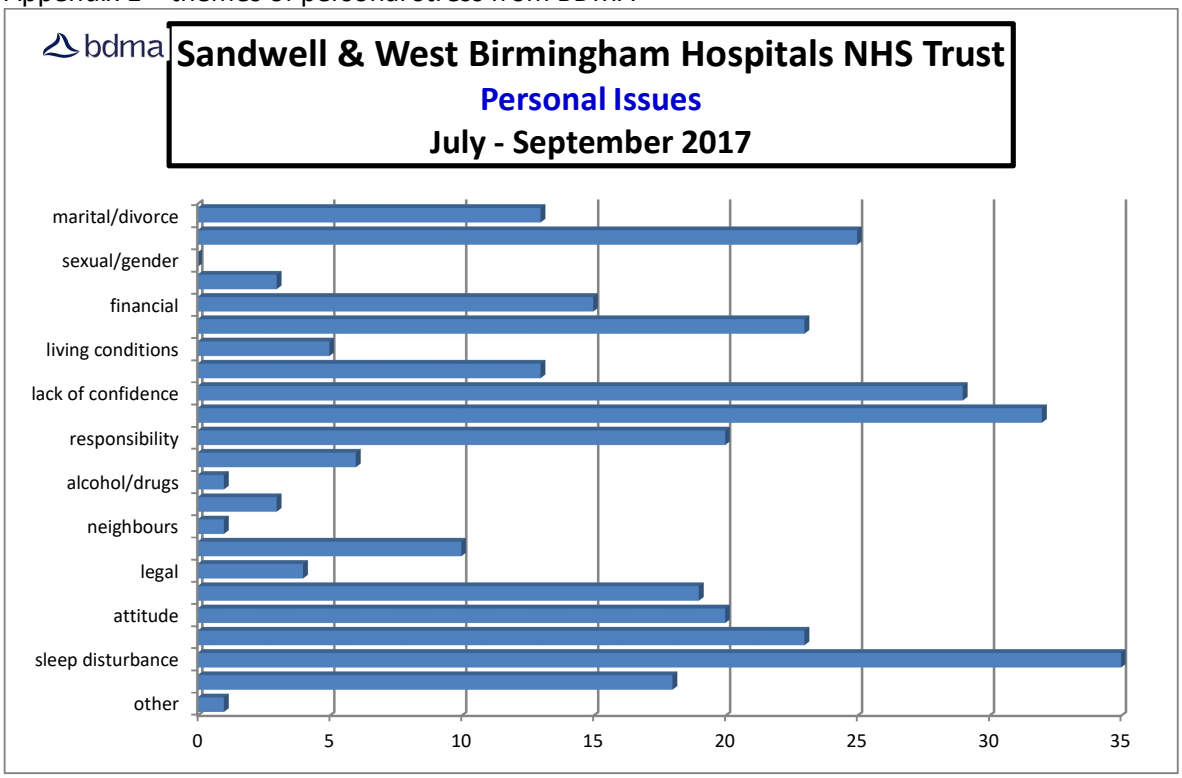
During 2018/19 financial year, the OD team plan to run a series of supportive modules including 'Having a Difficult Conversation' and 'Coaching your team'. This will contribute towards reducing sickness absence in the Trust.

4.3 Communications

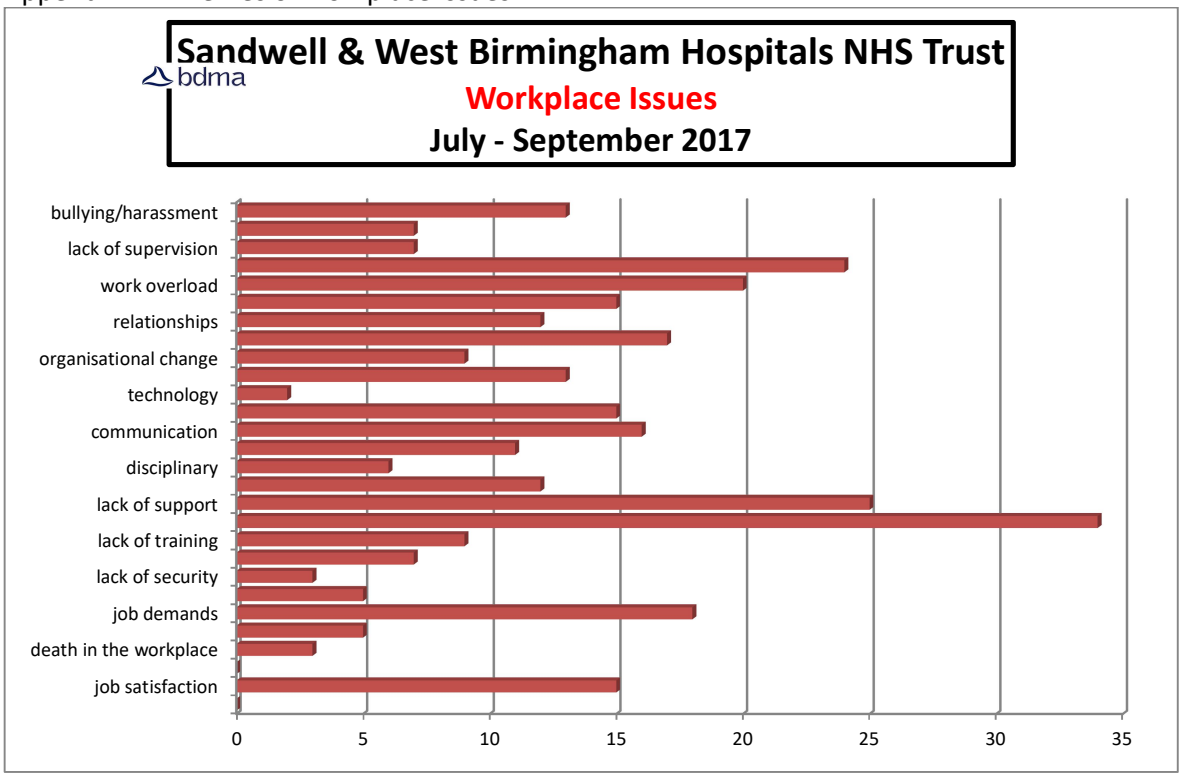
The Trust will continue to work closely with communications to ensure that well being messages are available to all staff. OD are also working closely with Staffside to give full access to staff who have limited access to digital communications, through posters, flyers and working with the Trade Union stewards.

The Trust will also take part in Time to Talk Day (a day promoting talking about mental health) and the national campaigns.

Appendix 1 – themes of personal stress from BDMA



Appendix 2 – Themes of workplace issues



Paper ref:	TB (04/18) 018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	City Site Development		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Chris Archer, Jim Pollitt: Assistant Directors of Strategic Development		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Confirm objectives to develop health and social care campus at City and commercialisation of land [recommendation (a)]. Note this may involve further transfer of land to Homes England.

Consider commercialisation: to get externally funded developments is likely to mean charging peppercorn rents (at least for an initial period).

Identify any further proposals for development / commercialisation. Examples might include commercial opticians and hearing testing – consider impact (or benefit to) Trust services.

Confirm parking arrangements [recommendation b]. Detailed parameters for the procurement are already in place.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

None

4. Recommendation(s)

The Trust Board is asked to:

a.	Note and approve the strategic direction for City site development.
b.	Approve the proposals on car parking building and operation across the Trust.
c.	Note the outline proposals on pharmacy developments.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):					
Board Assurance Framework		Risk Number(s):					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	In due course
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	In due course

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CITY SITE DEVELOPMENT STRATEGY

Report of the Chief Executive and Director of Estates and New Hospital Project

April 2018

DRAFT: LAST UPDATED: 26 Mar 2018 14.00

1 EXECUTIVE SUMMARY

1.1 This report sets out proposals to develop the Trust's City Hospital retained estates site as a health and social care campus supporting the Trust's objective of becoming renowned as the best integrated care provider in the NHS and by maximising the commercialisation of the available land.

1.2 The Birmingham Treatment Centre, Sheldon Block and Birmingham Eye Centre will be retained. A new energy centre has been developed which will become operational at the end of March enabling the above properties to operate on a stand-alone basis.

1.3 Other health and social care services will be introduced to the campus. Initial plans include a GP practice, a pharmacy and a care home with associated small scale commercial ventures. To free up land for these developments a multi-storey car park will need be provided on site.

1.4 The pharmacy development and the car parking are part of Trust-wide proposals on those matters as is the commercialisation of trust assets.

1.5 Trust Board is recommended to:

- Note and approve the strategic direction for City site development.
- Approve the proposals on car parking building and operation across the Trust.
- Note the outline proposals on pharmacy developments.

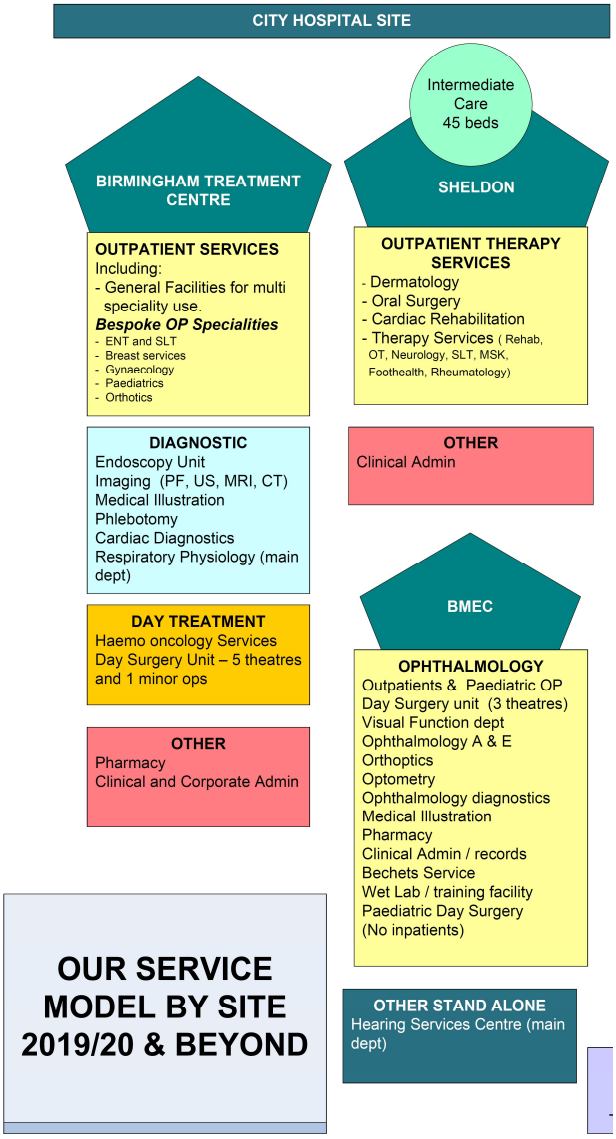
2 CITY SITE LAND DISPOSAL

2.1 Appendix 1 is a map of the current City site. 13.5ha of the site was transferred to the then Homes and Communities Agency (HCA) now Homes England (HE) in 2017 with agreements in place for continued Trust occupation up until 31st December2019. The Trust intention was to develop the site, to provide circa 750 units of residential accommodation. The HE has advised that it will be submitting a revised planning application to increase the development to circa 800 units.

2.2 The original timeline for Midland Metropolitan Hospital saw services transferring to their new locations in October 2018 Most staff in workforce, finance and IT have relocated to Sandwell hospital. Once the development has been completed the existing Hospital service

road will be adopted by the local authority.

2.3 A masterplan of the retained estate site will be prepared with suggested locations of new buildings. This will also consider whether there is any opportunity to dispose of additional unused land to Homes England.



3 CITY SITE DEVELOPMENT

3.1 A health and social care campus will be developed on the remaining 6.5ha of the City site. The existing Birmingham Treatment Centre, Sheldon Block and Birmingham Eye Centre will be retained with services provided as set out in the table.

3.2 The Trust will retain the land and grant leases for each development. Developers will fund buildings to limit the calls on the Trust's capital programme.

3.3 The developments currently envisaged include a GP practice, pharmacy and care home provision. There will be limited commercial developments.

3.4 To enable development a multi-storey car park will be built on the retained estate site.

3.5 Indicative timelines for the developments are set out in Appendix 2. Availability of a multi-storey car park is planned from summer 2019 to enable building developments to proceed on the rest of the site.

3.6 While sub-surface routes for utilities and services are known across the site, feasibility studies will be required to determine particular obstacles or constraints exist on the site. Similarly while there are HE plans for buildings up to 4 storeys, planning consent will have a bearing on the height of Trust developments.

3.7 The Trust will work up a development plan to allow the planning authority (Birmingham City Council) to take a view on the direction of proposals, including any planning. conditions attached to any approvals.

3.8 It is proposed to liaise with Homes England, Birmingham City Council and other local developers such as Urban Splash (developers on the Icknield Loop site on the other side of the Dudley Road) to identify appropriate development options which may for example

include leisure or office accommodation.

4 GP PRACTICE

4.1 Discussions are underway with an existing GP practice to relocate to a new build development on the City site. The practice has a list size of 3,000 which it will look to expand to 5,000 as the City site and Icknield Loop housing developments proceed.

4.2 The practice involved has appointed a Quantity Surveyor to work up the business case to secure support from Sandwell & West Birmingham CCG and approval of the GMS rent payable to the practice.

4.3 The preferred location for the practice is on the Western Road frontage of the site in the area currently occupied by the hearing services. Plans for that service to move into BTC may need to be accelerated to meet the build timescale. Alternatively, depending on timescales other parts of the site may need to be considered

4.4 If the size of the build were 500m2 this would generate a net rental income of some £80,000pa for GP services. Service charges to cover any agreed hard or soft facilities management (FM) services would be in addition and would likely include a margin for the Trust.

5 PHARMACY

5.1 Hospital pharmacy dispensing at City is currently on the main spine and in BMEC. Proposals are being developed to change pharmacy dispensing and align it with a commercial offering across the Trust, bringing operational, workforce and financial advantages.

5.2 At City the intention is to develop a dispensing pharmacy operated by a third party in a new location. This may be part of the proposed GP practice or the car park build and may be aligned to a commercial pharmacy and / or wider commercial offering.

5.3 If build costs are effectively met by the Trust (through a reduction in any bullet payment received for future car parking income flows), Indicative rent for a 100m^2 retail pharmacy is in the order of £20kpa. If build costs are met by a third party then rent may be foregone for the initial period of the lease (say 10 years). Retail income profit share at £45kpa has been assessed as a benchmark sum by the Chief Pharmacist.

6 CARE HOME

6.1 There is an appetite from the private sector to build new care homes within the NHS estate by using the NHS brand to attract capital investment from overseas investors. Contact has been made with several developers regarding the opportunities on both the City and Sandwell sites. Providers and their commercial business partners would require long term assurances regarding bed commissioning from the local authority.

7 COMMERCIAL AND OTHER DEVELOPMENTS

7.1 The proposed developments are likely to provide opportunities for associated small commercial offerings including retail outlets on the site to support the growing community

and to service the workforce of the organisations on site and in the local area. Several have been approached and others will be approached in the near future. A commercial pharmacy alongside the hospital dispensing arrangement is one example. The Trust will consider such proposals favourably if they support the overall objective of site development.

7.2 Due to the increased number of families that will be housed on the former Hospital site and the nearby on the Icknield Loop development there may be a need for childcare or early years education facilities.

7.3 It may be appropriate to encompass commercial space within the other builds on the estate, such as the GP practice and the multi-storey car park.

8 CAR PARKING

8.1 The Trust currently operates 3,200 car parking spaces across its three sites, rising to 4,071 once Mid Met opens, the City site disposal has come into effect and after the proposed disposal of Hallam Hospital part of the Sandwell site. Demand will exceed supply at City and Sandwell. To resolve this and free up space for site development, multi-storey car parks are proposed to be built at City (450 spaces) and Sandwell (400 spaces).

8.2 To facilitate the build and improve operation of the Trust's car parks the Trust will enter into a design-build-finance-operate arrangement. The developer will erect the multi-storeys and the Trust will outsource its parking operation. The Trust will retain control over tariff setting for staff and patients.

8.3 The Trust is procuring the development partner using the existing NHS national framework. Three developer / operator partnerships have been asked to submit their proposals. The Trust will then decide its preferred partner and will proceed to detailed design and implementation phase. This will include establishing the preferred location for the build.

8.4 It is expected that the new builds can be operational by the end of 2019, subject to approval timings, including planning.

9 NEXT STEPS

9.1 A master / development site plan will be worked up to support future planning applications.

9.2 The car parking procurement including detailed design and planning will continue.

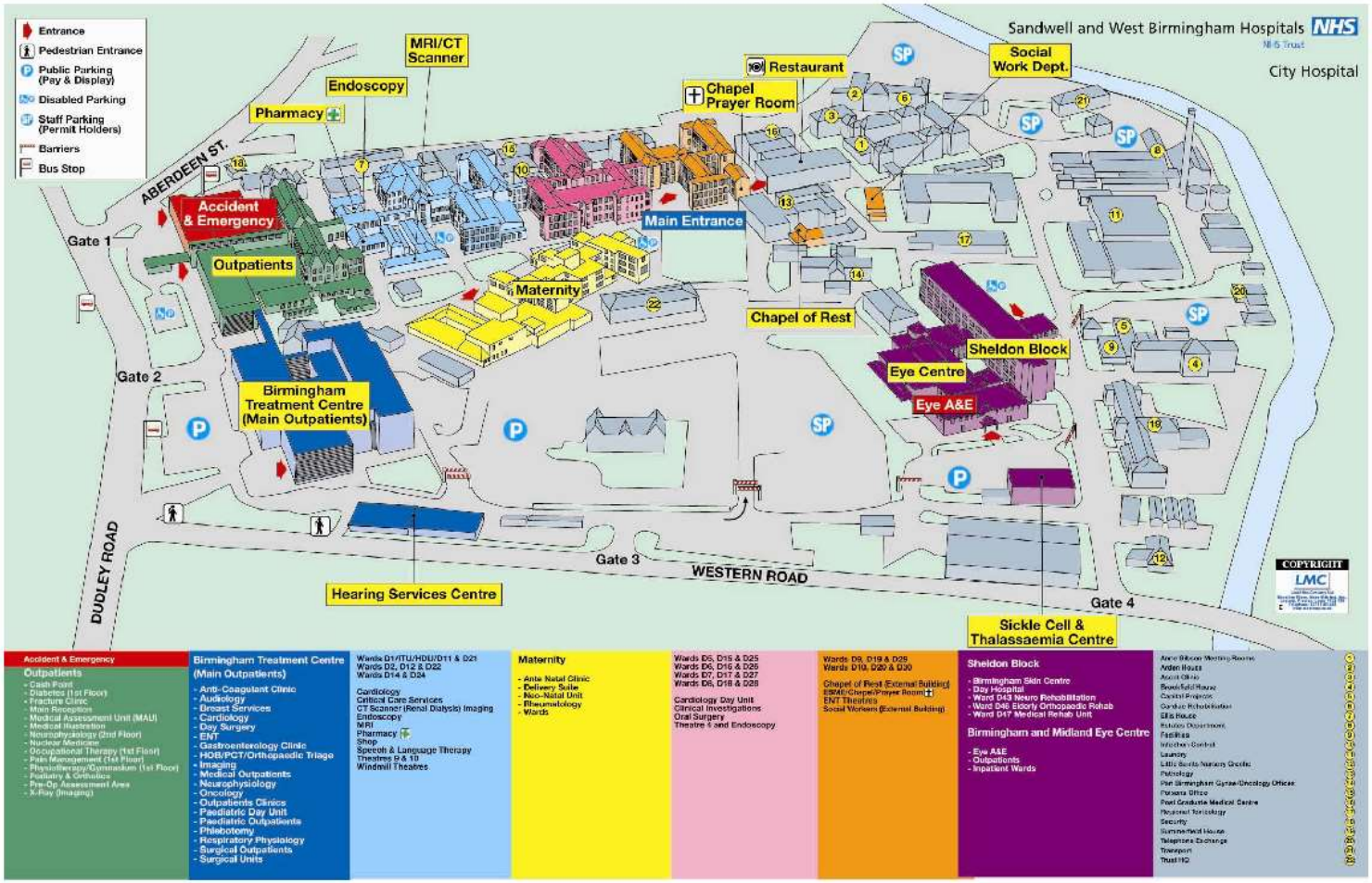
9.3 The Trust will continue to work with the City GP practice on development of their proposals.

9.4 Pharmacy proposals will be worked up for consideration by the Executive Group.

9.5 Contacts with appropriate commercial organisations will be established to facilitate taking advantage of light commercial opportunities as part of the new build arrangements.

9.6 Further development work will be undertaken on care homes and education / nursery facility opportunities.

Appendix 1: City site map



Appendix 2: Indicative timeline of City developments

City Site Development	v1.0 at 7th March 2018	month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	26
Stage	**Duration / End point**	**Lead**	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Apr-2020	May-2020	Jun-2020
Context - Midland Metropolitan																												
Midland Metropolitan build	21 months TBC	AK																										
Midland Metropolitan commissioning	3 months	AK																										
Midland Metropolitan open	April 2020 TBC	RB																										
Transferred City Estate																												
HE (HCA) planning application	August 2018	HE																										
HE phase 1 site clearance	[unknown]	HE																										
Traffic works - rear road	[unknown]	HE																										
Traffic works - Western Road	[unknown]	HE																										
Traffic works - junction of Western Rd / Dudley Rd	[unknown]	HE																										
Site strategy development																												
Site strategy paper to Board	April 2018	TL AK																										
Site development plan workup	2 months TBC	[TBC]																										
Bham City Council approval	July 2018 TBC	Bham CC																										
Car parking - build																												
Procurement - Pagabo process	2 months	JP CA																										
NHSI confirmation	June 2018	CA DM																										
Feasibility studies to planning approval	4 months	Developer																										
Design and mobilisation	5 months	Developer																										
Decant arrangements in place	8 months	SC																										
Build	8 months	Developer																										
Open	June 2019 TBC	Developer																										
Car parking - operation																												
Procurement - Pagabo process	2 months	JP CA																										
Communication plan	3 months TBC	RW																										
NHSI confirmation	June 2018	CA DM																										
Agree operating contract	4 months TBC	SC																										
Transfer operation	2 months TBC	SC																										
Operating contract start (if not contingent on build)	Jan 2019 TBC	Operator																										
Bullet payment	Jan 2019 TBC	Operator																										
GP practice																												
Practice proposal work up to CCG approval	4 months	Practice																										
CCG approval of GMS rent / DV valuation	August 2018 TBC	SWB CCG																										
Planning application	4 months	Bham CC																										
Builder procurement	3 months	Practice																										
Finalise design, build and commission	12 months	Practice																										
Opening	April 2020	Practice																										
Pharmacy																												
Trust agree operating model	April / May 2018	PS																										
Procurement of commercial partner	4 months	PS																										
Transfer to new operating model	4 months	PS																										
New operating model commences	Jan 2019	Operator																										
Occupation of new accommodation	[see parking / practice build]	Operator																										
Commercial developments																												
Informal market engagement	4 months	JP CA																										
Confirmation of accommodation - car park	Oct 2018	Developer																										
Confirmation of accommodation - GP practice	June 2019	Practice																										
Availability of accommodation - car park	June 2019	Developer																										
Availability of accommodation - GP practice	April 2020	Practice																										
Tendering process	4 months	JP CA																										
Leases commence	[when accommodation ready]																											
Care Home																												
Informal market engagement	4 months	JP																										
Work up Trust business model	4 months	JP CA																										
Begin procurement	April 2019	JP CA																										
[Remainder depends on business model]																												

Paper ref:	TB (04/18) 019

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Financial Plan 2018-20 update		
Sponsoring Executive	Tony Waite, Finance Director		
Report Author	Dinah McLannahan, Deputy Director of Finance		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

- Acceptance or otherwise of the financial control total for 2018.19
- If deferred decision then determination of the conditions precedent for acceptance
- The construction of the financial plan on a basis which takes a prudent presentation of prospective revenue borrowing requirements so as to avoid any surprises for regulators

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	x
Quality Plan		Research and Development		Estates Plan	x
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Finance and Investment Committee, 23rd March 2018.

4. Recommendation(s)

The Trust Board is asked to:

a.	To determine the acceptance or otherwise of the 2018.19 Control Total offered by NHSI in the final plan submission due in by 30th April 2018, and where necessary, to require further work to support the recommendation.
b.	To delegate to the Chief Executive and Finance Director the budget allocation process at directorate level sufficient to report month 2 results locally.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):					
Board Assurance Framework		Risk Number(s): BAF 5 and BAF 6					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	25.04.18
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	25.04.18

FINANCIAL PLAN 2017.18

Summary

The key issue for the trust is cash.
Cash sufficient to afford its necessary forward investment programme.
That cash can be generated if the trust balances its books year on year and through that secures year on year STF funds.

To do that requires the trust to achieve very significant year on year improvements in productivity with consequent reduction in costs and to secure margin on additional work. That to be complemented with a series of commercial opportunities bringing either significant one-off gains or recurrent revenue streams.

The sufficiency and robustness of those improvements is key to the governance question of whether the trust accepts, or rejects, its financial control total for 2018.19.

The in-year delivery of those improvements, specifically in Q1, shall be key to the Board's re-consideration and re-commitment to its investment programme. The five year programme totals £105m but £65m of that is contractually committed as we enter the financial year. Of the residual £40m management has identified tranches of that investment which could be culled.

The trust does not have a large cash balance as it enters the new financial year.
Accordingly, it is likely that the trust shall have to secure revenue borrowing – either for short-term timing or to cover any deferred delivery of improvements.
The financial plan is prudent in its approach to the presentation of that potential borrowing such as to avoid any surprises for regulators.

Background

The Trust submitted a draft plan to NHSI on the 8th March 2018. The key components of the submission were as follows;

- One year (2018.19) financial plan
- Five year (2018.19-2022.23) capital plan
- One year activity (2018.19) plan
- One year workforce (2018.19) plan

The Trust submitted a draft plan which met the control total offered by NHSI to the Trust for 2018.19. The Trust confirmed before submission that it would not be held to this, or the phasing of the plan, for final plan submission on the 30th April. Given the key dependency of the capital programme funding to STF receipt, it is important to understand in detail what control total compliance looks like for the Trust, and it must now debate and ultimately decide whether it can achieve the requirements inherent within before the final plan submission on 30th April.

There is further work to develop the detail of the plan for the Trust, specifically the setting of group control totals, being income, expenditure and CIP budgets and targets for clinical groups and corporate directorates, against which an accountability framework and robust delivery measurement can be in place for the 2018.19 financial year. This accountability is an important part of the Trust's cultural leadership transformation and OD programme, including a new process for Personal Development Reviews, the Accredited Managers Programme, and the refreshed Mandatory Training programme.

Key features of the plan submission and Trust plan development are as follows;

- Trust Board has been sighted previously on the scale of the financial challenge, £58m over 2018.19 and 2019.20; assuming an underlying exit 2017.18 deficit of £26m, incremental costs of circa £18m in 2018.19, less a £2m notified reduction in the 2018.19 control total, and £16m incremental cost in 2019.20. This assumes no additional or incremental costs in respect of the Midland Met new hospital project before 31st March 2020.
- The plan proposes solutions to the ask; with CIP capped at 4% average across the two years, but front loaded into 2018.19 to address cash-flow issues, a contribution from contracted income, and commercialisation opportunities.
- If assumptions within the plan are delivered; this would result in control total achievement, and at least £10.3m of STF (as in 2017.18, 70% of the total STF available, being the element relating to financial plan compliance, the other 30% being attached to aspirational A&E 4 hour performance improvement). Achieving this would likely mean that the capital programme would not require external borrowing during 2018.19.
- The Trust has, at the date of writing this report, plans totalling £27.9m of CIP against a target of £42m for 2018.19. This is made up of;
    - £6m contracted income over budgeted expenditure (allows for £5.7m for cost of contract expenditure);
    - £9.7m of pay plans
    - £12.2m of non-pay plans
- Whilst there is a relatively robust degree of granularity behind these plans, they are not without risk, and there remains a lot of work to translate into delivery commensurate with these values.
- The main gaps are in relation to;
    - £2m-£3m of pay plans
    - £3.7m of non-pay plans
    - £11m commercialisation opportunities miss-match of timing
- The Trust does not have plans for this gap at the time of writing this report. The paper details the downside and upside potential to the financial plan. If downside risks are managed, and upside realised, and non-recurrent opportunities identified to the value of £11m, in the final quarter of the financial year, the control total compliant plan could be delivered.
- As previously reported to the Board, a control total compliant financial plan would fund the current capital programme for 2018.19 and beyond, based on assumptions

relating to spend, STF and internal funding sources. It is possible that the capital programme may slip in 2018.19, and/or full STF is not earned, which could result in external loan financing being required. This could be a time consuming process that puts the timing of and sequencing of the capital programme and Midland Met project delivery at risk.

- Also as previously reported to Board, a control total compliant plan with full delivery in Q4 of 2018.19 is likely to result in in year revenue borrowing to supplement the timing of cash flows, with the majority of the borrowing being repaid by the end of the financial year with the commercial element of the CIP plan phased to deliver in Q4.
- It is proposed that a plan is submitted which provides for a scale of borrowing consistent with not securing STF funding such that there are no surprises with regulators as to the potential scale of such borrowing. This is consistent with the approach adopted in 2017.18 and which was acceptable to & appreciated by NHSI.
- As routinely challenged and confirmed by the FIC, this borrowing is relatively straightforward to secure, on the submission of cash flow forecasts that demonstrate effective treasury management and a genuine need to continue effective and safe operations.
- The paper sets out the implications of acceptance of the control total, or otherwise.

<u>Control total compliance</u>

- The question of whether the trust accepts or rejects its financial control total for 2018.19 can appropriately be considered as representing two discrete matters – financial incentives and good governance.
- In respect of the former there is clear merit to accepting the control total – it provides access to a potential £14m of STF payments and moderation of exposure to contract fines & penalties.
- This is not, however, sufficient and good governance requires that acceptance be based on a credible financial plan. That could appropriately be a plan with risk but requires at least one plausible route to control total achievement to be determined.
- The above paragraphs set out the progress on CIP development and the plausible commercialisation opportunities that are work in progress. Importantly, at the current time there is a significant gap remaining to be closed. It is likely that further work shall provide for credible schemes to close that gap and may provide a plausible route to control total compliance.
- The FIC has challenged and confirmed that there is no compelling reason for rejection of the control total at this time, however, the output of further work was necessary to inform a final determination and the matter should necessarily be considered by the full Board.

SWBH NHST Trust
Financial Planning update
2018.19-2019.20

Trust Board

5th April 2018

Contents

Recap and context

- The purpose of this paper is to;
  - Provide the Board with details of the draft 2018.19 plan submission made to NHSI on 8th March
  - Provide clarity on further work required during April to finalise the plan prior to final plan submission on 30th April 2018.
  - Provide relevant context to allow the Board to debate the acceptance or otherwise of the Control total for 2018.19 offered by NHSI

- The Board is asked to;
  - Confirm and challenge the assumptions contained within the paper and further work required
  - To make a recommendation relating to the acceptance of the NHSI Control total or otherwise, in the final plan submission due in by 30th April 2018.

Recap on the construct of the financial challenge and proposed solutions

	2018.19	2019.20	2020.21
Challenge:			
Underlying	26	0	0
National Efficiency - circa 2%	11	11	11
Local Efficiency - estimated	2	2	2
Developments / Other	5	1	2
Control Total	(2)	2	0
Midland Met	0	0	20
Total Challenge:	**42**	**16**	**35**
2 year challenge	**58**		
3 year challenge	**93**		
Solutions:			
CIP (max 4% per annum average)	25	13	19
2 year CIP	**38**		
3 year CIP	**57**		
Margin - income plans over expenditure plans	6	11	8
2 year margin	**17**		
3 year margin	**25**		
Commercialisation (assume non recurrent)	11	3	11

- The Trust is working with partners in development of an integrated care system approach, in the context of Midland Met timescales, to frame the financial planning approach across the next two years, whilst also dealing with the underlying 2017.18 financial deficit.
- The assumption remains that the Trust will outturn 2017.18 with an underlying deficit of £26m. Budgets for next year will be set at this amount.
- This will mean delivery of income plans, remaining within expenditure budgets and delivery of CIP will be the route to delivering the control total, if the Trust accepts it at final plan submission.

2018.19 Financial Plan on a page

	1a - Contract PRI	1b - Contract PRI (Pass Through)	1c - Other PRI	2 - Other Income	3 - Pay	4 - Non Pay	5 - Non Operational Costs	6 - Planned Surplus	Grand Total
Normalised FOT	392,025	20,007	6,148	48,958	(312,159)	(148,855)	(24,584)	0	**(18,460)**
Adjustments back to original normalised overall posi	12	1,445	0	492	(1,695)	(4,470)	0		**(4,216)**
March x 12 (ie £1,890 x 12)	**392,037**	**21,452**	**6,148**	**49,450**	**(313,854)**	**(153,325)**	**(24,584)**	**0**	**(22,677)**
2018/19 Income Changes									
Oncology	(6,878)	(3,836)			2,905	4,358			**(3,450)**
Gynae Oncology	(1,888)	0			1,322	566			**0**
Other Movements to balance to normalised 7+5 position									**0**
IK Normalisation	(1,200)				900	300			**0**
IK Full Year Effect	1,318				(988)	(330)			**0**
IK Data Chalenges	(2,126)				1,595	531			**0**
Movement to IK Normalised Position	872				(654)	(217)			**1**
Normalised Position	**382,135**	**17,616**	**6,148**	**49,450**	**(308,774)**	**(148,116)**	**(24,584)**	**0**	**(26,126)**
	Total Contract	*399,751*							
Pricing	*138*				(104)	(34)			**0**
Group Review	*(2,800)*				2,100	700			**0**
Developments	*1,368*				(226)	(342)			**800**
Production Plan	*11,442*				(4,081)	(1,361)			**6,000**
Other Growth	*5,439*				(4,079)	(1,360)			**0**
	397,722	**17,616**	**6,148**	**49,450**	**(315,164)**	**(150,513)**	**(24,584)**	**0**	**(19,326)**
	Total Contract	*415,337*							
2018/19 Plan Changes									
Taper Relief Income/Expenditure						(100)			**(100)**
National Inflation					(5,926)	(3,017)	(1,232)		**(10,175)**
Local Inflation					(600)	(127)	(1,000)		**(1,727)**
Developments						(1,950)			**(1,950)**
Investments					(1,000)				**(1,000)**
Planning Contingency						(2,000)			**(2,000)**
Gynae Onc Stranded Costs					(332)				**(332)**
Additional STF Cost Reserves (CNST)						(1,449)			**(1,449)**
	397,722	**17,616**	**6,148**	**49,450**	**(323,022)**	**(159,156)**	**(26,816)**	**0**	**(38,059)**
2018/19 Savings									
Group Ask				1,432	11,268	11,500			**24,200**
Commercialisation				11,292		0			**11,292**
GRAND TOTAL	**397,722**	**17,616**	**6,148**	**62,174**	**(311,754)**	**(147,656)**	**(26,816)**	**0**	**(2,567)**
STF				14,742					**14,742**
SURPLUS/(DEFICIT)	**397,722**	**17,616**	**6,148**	**76,916**	**(311,754)**	**(147,656)**	**(26,816)**	**0**	**12,175**
	Total Contract Inco.	*415,337*							

Budget setting approach

- The trust has a baseline budget consistent with the pre-CIP plan. That reflects a normalised 2017.18 out-turn position.
- The key residual issue is securing sufficient of the CIP and improvement plans at a necessary level of granularity to make Group & Directorate level budgets meaningful and 'fixed'.
- Work to 'groupify' those plans shall be completed by 13 April.
- QIA / EIA shall be as normal and complete by 25 April.
- Any residual unallocated CIP sum shall be held centrally. That must be modest in scale and be the subject of on-going work to meaningfully distribute it or to identify specific mitigations.
- Reserves are held for sign off by the CEO & FD and shall be given routine visibility at each PMC & FIC.
- Accordingly, a budget will be in place from 1 April and shall be complete and confirmed at a granular level with control totals aligned to CIP by the end of April.

Planned Income by POD

	POD Group Code	Price Inc MFF
Base Excluding Production Plan	A&E	£25,551,040
	Emergencies	£92,198,895
	Emergency Short Stay	£5,846,498
	XBD	£2,709,059
	OP New	£3,165,425
	OP Procedures	£156,297
	OP Review	£671,768
	OP Telephone	£58,273
	DC	£27,040
	EL	£225,110
	ARD	£78,559
	Maternity	£19,148,528
	Community	£38,391,876
	OCD	£7,298,245
	OCL	£88,018,814
	Unbundled	£6,288,964
	CQUIN	£9,064,988
	Sub-total	**£298,899,378**
Production Plan	DC	£32,517,544
	EL	£15,173,289
	OP New	£30,706,524
	OP Procedures	£12,347,241
	OP Review	£25,290,570
	OP Telephone	£402,756
	Sub-total	**£116,437,924**
Total		**£415,337,303**

- Activity volumes for the contract proposals to commissioners have been based on a rolling 12 month forecast; being September 2016 – August 2017
- Normalisation adjustments to include the full year effect of known activity changes during the data period
- Specific changes to activity identified by individual Groups
- Application of HRG4+ and the specialised services allocation rules as they stand at present
- Application of 2018-2019 published national tariffs where applicable
- Application of 0.1% tariff inflation on local tariff lines, except where otherwise indicated
- Net commissioner identified demographic growth of 1% across activity driven contract lines (being a gross 2% demographic activity growth less 1% commissioner led demand management initiatives)
- Full year effect of agreed CCG data challenges not otherwise wrapped into the baseline or normalisation adjustments
- Removal of solid tumour oncology activity and associated income
- Removal of gynaecological oncology centre activity and associated income
- Delivery of production plan targets for 2018-19
- New service developments in 2018-19
    - ISHUS service expansion
- Other proposed changes to pricing and activity
    - AMAA tariff correction
    - Proposed activity and tariff for non-emergency patient transport NEPT
    - Breast Surgery DIEP procedure removal
    - Proposed tariff for anticoagulation NOAC
    - Paediatric allergy activity expected growth
    - Paediatric allergy pricing proposal
    - Paediatric community

Planned Income by CCG

Purchaser Cluster Group Code	Purchaser Cluster Description	Activity	Price	CQUIN	Price Inc CQUIN
SWB CCG	NHS SANDWELL AND WEST BIRMINGHAM CCG	4,583,807	£267,325,689	£6,482,731	£273,808,420
SWB CCG Total		**4,583,807**	**£267,325,689**	**£6,482,731**	**£273,808,420**
BSOL	NHS BIRMINGHAM CROSSCITY CCG	486,764	£42,242,844	£975,058	£43,217,903
	NHS BIRMINGHAM SOUTH AND CENTRAL CCG	440,677	£22,500,919	£540,612	£23,041,531
	NHS SOLIHULL CCG	14,890	£2,907,098	£65,380	£2,972,478
BSOL Total		**942,331**	**£67,650,861**	**£1,581,051**	**£69,231,912**
Associate CCG	NHS CANNOCK CHASE CCG	1,461	£353,655	£7,481	£361,135
	NHS COVENTRY AND RUGBY CCG	1,843	£471,877	£10,070	£481,946
	NHS DUDLEY CCG	47,154	£5,090,143	£116,508	£5,206,652
	NHS EAST STAFFORDSHIRE CCG	516	£97,743	£2,173	£99,916
	NHS HEREFORDSHIRE CCG	510	£106,898	£2,660	£109,558
	NHS NORTH STAFFORDSHIRE CCG	281	£69,087	£1,474	£70,561
	NHS REDDITCH AND BROMSGROVE CCG	7,133	£1,489,261	£31,761	£1,521,023
	NHS SHROPSHIRE CCG	1,138	£285,663	£6,365	£292,028
	NHS SOUTH EAST STAFFS AND SEISDON PENINSULAR CCG	5,290	£1,280,283	£26,457	£1,306,739
	NHS SOUTH WARWICKSHIRE CCG	1,707	£373,622	£8,466	£382,087
	NHS SOUTH WORCESTERSHIRE CCG	2,952	£608,970	£13,416	£622,386
	NHS STAFFORD AND SURROUNDS CCG	776	£198,496	£4,212	£202,709
	NHS STOKE ON TRENT CCG	523	£107,024	£2,676	£109,700
	NHS TELFORD AND WREKIN CCG	941	£195,547	£4,394	£199,941
	NHS WALSALL CCG	22,676	£4,907,003	£113,406	£5,020,409
	NHS WARWICKSHIRE NORTH CCG	1,823	£382,353	£7,669	£390,022
	NHS WOLVERHAMPTON CCG	4,725	£982,432	£22,686	£1,005,118
	NHS WYRE FOREST CCG	2,381	£518,914	£11,672	£530,586
Associate CCG Total		**103,831**	**£17,518,972**	**£393,544**	**£17,912,516**
NHS England	PRESCRIBED SPECIALISED SERVICES NHSE WEST MIDLANDS	128,029	£33,305,507	£442,467	£33,747,974
	PUBLIC HEALTH NHSE WEST MIDLANDS	4,638	£6,040,196	£120,804	£6,161,000
	SECONDARY CARE DENTAL NHSE WEST MIDLANDS	8,326	£2,219,576	£44,392	£2,263,967
NHS England Total		**140,994**	**£41,565,279**	**£607,663**	**£42,172,941**
Sandwell MBC	SANDWELL METROPOLITAN BOROUGH COUNCIL	0	£8,536,908	£0	£8,536,908
Sandwell MBC Total		**0**	**£8,536,908**	**£0**	**£8,536,908**
Other	BIRMINGHAM CITY COUNCIL	1,474	£136,568	£0	£136,568
	CAPE HILL MEDICAL CENTRE	11,017	£262,526	£0	£262,526
	NON CONTRACTED ACTIVITY	29,252	£3,217,665	£0	£3,217,665
	POWYS TEACHING LHB	198	£48,547	£0	£48,547
Other Total		**41,941**	**£3,665,306**	**£0**	**£3,665,306**
Grand Total		**5,812,903**	**£406,263,014**	**£9,064,988**	**£415,328,002**

- Draft price activity matrices have been sent to commisssioners, and negotiations continue
- Possible upside opportunity include prices agreed to continue provision of gynae-oncology surgery, and any funding for Oncology related stranded costs
- In the plan there is a £5.7m cost of contract reserve over and above expenditure budgets

CIP Plans

- The CIP programme has been organised into Pay, Non-pay and Income workstreams.
- The “financial plan on a page” indicates;
  - PR Income contribution of £6m (assumes income budgets deliver within expenditure budgets)
  - Other income £2.232m (on TPRS)
  - Non-pay CIP of circa £11.5m (plan of £13m being developed)
  - Pay CIP of £11.2m (circa £10m visible)
  - Commercialisation non-recurrent opportunities of £11.2m (gap to close)
- If the above targets are delivered – the control total will be met and finance element of the STF earned

Non- pay savings plan

	Apr-18 £000's	May-18 £000's	Jun-18 £000's	Jul-18 £000's	Aug-18 £000's	Sep-18 £000's	Oct-18 £000's	Nov-18 £000's	Dec-18 £000's	Jan-19 £000's	Feb-19 £000's	Mar-19 £000's	Total Expected £000's	Category and other narrative
Non Pay current forecast and target	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(12,777)**	**(153,324)**	
1. Finance	12.42	12.42	12.42	16.62	16.62	16.62	16.62	16.62	16.62	16.62	16.62	16.62	186.80	As per detailed analysis
2. Imaging	20.56	20.56	20.56	20.56	20.56	20.56	20.56	20.56	20.56	20.56	20.56	20.56	246.75	As per detailed analysis
3. Medical Director	22.15	22.15	22.15	22.15	34.65	34.65	34.65	34.65	34.65	34.65	34.65	34.65	365.80	As per detailed analysis
4. Operations	9.33	9.33	9.33	9.33	9.33	9.33	23.03	25.03	79.03	79.03	79.03	79.03	420.20	As per detailed analysis
5. Pharmacy	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	31.25	31.25	125.00	As per detailed analysis
6. Corporate nursing	18.75	18.75	18.75	18.75	18.75	18.75	18.75	18.75	18.75	18.75	18.75	18.75	225.00	As per detailed analysis
7. Performance and Insight	9.94	9.94	9.94	9.94	9.94	9.94	9.94	9.94	9.94	9.94	9.94	9.94	119.25	As per detailed analysis
8. PCCT	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	100.00	As per detailed analysis
9. Pathology	2.83	2.83	3.23	3.23	3.23	41.23	3.23	3.23	3.23	3.23	3.23	3.23	76.00	As per detailed analysis
10. WCC	58.47	58.47	58.47	58.47	58.47	58.47	75.17	75.17	75.17	75.17	75.17	75.17	801.85	As per detailed analysis
11. Estates	40.00	40.00	40.00	42.80	45.30	45.30	45.30	45.30	45.30	45.30	45.30	45.10	525.00	As per detailed analysis
12. MEC	17.56	17.56	17.56	17.56	17.56	17.56	17.56	17.56	17.56	17.56	17.56	17.56	210.74	As per detailed analysis
13. Workforce and OD	8.63	8.63	8.63	8.63	8.63	8.63	8.63	8.63	8.63	8.63	8.63	8.63	103.50	As per detailed analysis
14. Strategy and Governance	13.33	13.33	13.33	23.33	13.33	13.33	13.33	13.33	13.33	13.33	13.33	13.33	170.00	As per detailed analysis
15. Surgery	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	1.50	As per detailed analysis
SUB-TOTAL - group specific plans	**248.68**	**248.68**	**249.08**	**266.08**	**271.08**	**309.08**	**301.48**	**303.48**	**357.48**	**357.48**	**382.48**	**382.28**	**3,677.39**	**Reconciled to TPRS 23.3.18**
16. Stop external consultancy spend	13.42	13.42	13.42	13.42	13.42	13.42	13.42	13.42	13.42	13.42	13.42	13.42	161.00	Budget is £1.335m, however on analysis of historic spend, the majority is CQC (which will not stop), miscoding to consultancy, or Black Country Alliance costs which were in part covered by income. Finance team confirming final value which feels low.
17. Stop Minor Works	137.00	137.00	137.00	137.00	137.00	137.00	137.00	137.00	137.00	137.00	137.00	137.00	1,644.00	This assumes all spend against this budget line will stop
18. Stop Furniture and Fittings expenditure	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	300.00	This assumes all spend against this budget line will stop
19. Stop stationery apart from pens and paper	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	66.00	For CIP Board decision
SUB-TOTAL - Trust wide category - stop	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**180.92**	**2,171.00**	
20. Procurement workplan	28.48	54.21	76.83	141.17	155.42	174.01	182.41	199.27	199.52	211.73	212.57	212.56	1,848.17	As per procurement workplan
21. Procurement stretch	71.75	72.00	72.00	72.00	72.00	72.00	72.00	72.00	72.00	71.00	71.00	71.00	860.75	£2.7m in year target
SUB-TOTAL - Procurement savings	**100.23**	**126.21**	**148.83**	**213.17**	**227.42**	**246.01**	**254.41**	**271.27**	**271.52**	**282.73**	**283.57**	**283.56**	**2,709**	
22a. Surgery	20.00	30.00	40.00	50.00	60.00	70.00	80.00	100.00	120.00	130.00	140.00	160.00	1,000	
22b. Medicine and Emergency Care	15.00	20.00	40.00	50.00	60.00	70.00	75.00	80.00	80.00	110.00	120.00	130.00	850	
22c. WCC	20.00	30.00	40.00	55.00	63.00	65.00	65.00	65.00	65.00	65.00	70.00	70.00	673	
22d. PCCT	20.00	30.00	40.00	55.00	63.00	63.00	63.00	63.00	63.00	63.00	70.00	70.00	663	
22e. Pathology	22.50	22.50	22.50	22.50	22.50	22.50	22.50	22.50	22.50	22.50	22.50	22.50	270	
22f. Imaging	20.83	20.83	20.83	20.83	20.83	20.83	20.83	20.83	20.83	20.83	20.83	20.83	250	
SUB-TOTAL - Grip and Control	**118.33**	**153.33**	**203.33**	**253.33**	**289.33**	**311.33**	**326.33**	**351.33**	**371.33**	**411.33**	**443.33**	**473.33**	**3,706**	
TOTAL MONTHLY SAVINGS	**648.16**	**709.14**	**782.17**	**913.50**	**968.75**	**1,047.35**	**1,063.14**	**1,107.01**	**1,181.25**	**1,232.46**	**1,290.30**	**1,320.09**	**12,263.31**	

Pay CIP Summary

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Substantive Staff	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	-22,805	**-273,655**
Bank Staff	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	-1,985	**-23,820**
Agency Staff	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	-1,224	**-14,684**
TOTAL - proposed start point budgets by staff type	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-26,013**	**-312,159**
Substantive Staff	194	210	215	241	260	262	328	328	328	330	330	330	**3,356**
Bank Staff	99	132	135	147	147	150	153	153	153	153	153	153	**1,726**
Agency Staff	91	128	131	138	175	175	211	211	211	211	211	209	**2,104**
TOTAL Pay CIPs on TPRS by Staff Type	**384**	**471**	**480**	**527**	**582**	**587**	**692**	**692**	**692**	**694**	**694**	**692**	**7,185**
Substantive Staff	19	19	19	19	19	19	19	19	19	19	19	19	**233**
Bank Staff	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Agency Staff	19	218	218	218	218	218	196	196	196	196	196	196	**2,282**
TOTAL: Pay CIPs Not on TPRS by Staff Type	**39**	**237**	**237**	**237**	**237**	**237**	**215**	**215**	**215**	**215**	**215**	**215**	**2,515**
Substantive Staff	-22,591	-22,575	-22,571	-22,544	-22,525	-22,523	-22,457	-22,457	-22,457	-22,455	-22,455	-22,455	**-270,067**
Bank Staff	-1,886	-1,853	-1,850	-1,838	-1,838	-1,835	-1,833	-1,833	-1,833	-1,833	-1,833	-1,833	**-22,095**
Agency Staff	-1,114	-877	-875	-867	-831	-831	-817	-817	-817	-817	-817	-819	**-10,299**
TOTAL expected pay bill post CIPs	**-25,591**	**-25,305**	**-25,296**	**-25,249**	**-25,194**	**-25,189**	**-25,107**	**-25,107**	**-25,107**	**-25,104**	**-25,104**	**-25,106**	**-302,460**

- The table above sets out the current stage of development of pay CIPs by staff type
- There is group level analysis behind the £7.2m of pay CIPs reflected on TPRS
- In terms of the CIPs not on TPRS, this is made up of 2 items. First is the balance of the Ward Savings (difference from related schemes on TPRS), the second is the medical annual leave hypothesis.
- Both carry a degree of risk;
  - The Ward savings because the costing assumes no bank and agency usage in the ward areas and maximum effectiveness on volume management (perfect rostering, sickness and annual leave management)
  - The Medical annual leave because it has not yet been validated with the Groups, to confirm that it is a real saving
- There is further opportunity of £1.7m being scoped in relation to pay.

Commercialisation Workstream

	Net income				£ bullet	£ rec
	2018.19	2019.20	2020.21			
	£000	£000	£000		£000	£000
1 Car parking		£8,981k			£8,981k	
2 Hotel			£80k			£80k
3 Pathology						
4 GP surgery - SGH		£125k	£250k			£250k
5 GP surgery - City			£80k			£80k
6 IT infrastructure						
7 Hallam						
8 City						
9 MMH retail						
10 MMH 9th floor						
11 MMH other [eg advertising]						
12 Hallam Court						
14 Pharmacy – retail [eg GP surgery]	£11k	£45k	£45k			£45k
IN YEAR TOTAL	£11k	£9,151k	£455k		£8,981k	£455k
CUMULATIVE ONGOING	£11k	£181k	£636k			

- The above workstreams are all work in progress; the values associated with each will be updated as the schemes are progressed.
- Risks include the ability to accurately confirm the accounting treatment of such schemes at the planning stage; as each one will need to be worked through to confirm the I&E impact as well as cash receipts.
- The key point to note is that the Trust does not currently have plans to meet the £11.2m required for the commercialisation workstream contribution to CIP for 2018.19.

CIP plans – Trust summary versus draft plan

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Trust plans	1,571	1,917	1,999	2,177	2,288	2,371	2,470	2,514	2,588	2,641	2,699	2,727	**27,963**
Plan CIP saving	1,800	1,800	1,800	1,800	1,800	1,800	3,210	3,209	3,209	3,524	3,524	14,818	**42,294**
Difference	**(229)**	**117**	**199**	**377**	**488**	**571**	**(740)**	**(695)**	**(621)**	**(883)**	**(825)**	**(12,091)**	**(14,331)**

- The above table shows that the Trust has plans to deliver £27.9m of CIP, subject to development of detail in some areas and then oversight to ensure delivery.
- The Trust Board paper on CIP plan development and degree of "visibility" on these plans should be read in conjunction with this paper.
- This compares to the plan submission outlining the requirement for £42.3m in year delivery to reach the control total.
- The phasing of the CIP delivery in the plan also forms the basis for the plan's assumptions around cash borrowing.
- The above table shows that the assumptions in relation to cash, subject to CIP delivery, hold true for the for the first six months of the year, until delivery in the plan ramps up to required levels.
- There is a particular gap in Month 12 in relation to lack of plans to deliver the commercialisation CIP requirement reflected in the plan submission to enable control total compliance.

Capital plan

HEADLINES All PROGRAMME	CAPITAL PROGRAMME					TIMELINE	Additional Plan Year	
	2017/2018 £000's	2018/2019 £000's	2019/2020 £000's	2020/2021 £000's	2021/2022 £000's	TOTAL £000's	2022/2023 £000's	Plan Total 18/19 to 22/23
REVISED EMERGING NEEDS								
ESTATES CAPITAL PROGRAMME	£14,340	£18,336	£8,904	£1,050	£1,754	£44,384	£2,800	32,844
IT CAPITAL PROGRAMME	£8,330	£8,442	£1,766	£2,485	£2,513	£23,536	£1,000	16,205
EQUIPMENT CAPITAL PROGRAMME	£2,266	£3,533	£5,989	£1,772	£4,122	£17,682	£4,280	19,696
TECHNICAL CAPITAL PROGRAMME	£1,064	£4,361	£10,565	£1,714	£2,136	£19,840	£2,000	20,776
TOTAL CAPITAL PROGRAMME	£26,000	£34,671	£27,224	£7,021	£10,525	£105,441	£10,080	89,521
		Plan	*Plan*	*Plan*	*Plan*		*Plan*	

- The above reflects the latest board approved capital programme, and is phased on the same quarterly basis as the Trust's internal phasing.
- There may be further adjustments / slippage in 2018.19 plans, subject to ongoing review.
- The Committee has previously received iterations of modelling which demonstrates that the internal funding of the capital programme (i.e. avoiding borrowing) is reliant on receipt of STF monies.
- The draft plan submission confirms that view, and the following slide sets out the funding sources for the above programme.

Capital plan source and apps

£'000s	
34,672	Gross Capital Expenditure (including IFRIC12 impact)
-4,281	Less IFRS impact of PFI/IFRIC 12 schemes
30,391	**Gross Capital Expenditure (excluding PFI/IFRIC12 impact)**
	SUMMARY OF AVAILABLE CAPITAL FUNDING, OTHER CAPITAL COMMITMENTS AND PLANNED FINANCING OF GROSS CAPEX (exc IFRIC 12)
	Internal/Approved Sources
17,077	Planned Total Depreciation
-3,169	Less capital element of payments relating to IFRIC 12/PFI schemes
13,908	**Total Internal/Approved Non-Discretionary Sources**
	Grants/Donations/Disposals
0	Net Book Value of Non Current Assets Disposed Of to NHS and non-NHS Orgs
80	Grants and Donations
80	**Total Grants/Donations/Disposals**
	Funding Sources Pending Approval
12,175	Cash Reserves - 18/19 I&E Surplus attributed to Capex (exc gain/loss on disposals)
4,228	Cash Reserves - cash available to Trust from previous years and recognised in opening cash balances.
16,403	**Total Discretionary/External Funding Sources for Approval**
30,391	**Total Capital Cash Financing**
0	Total Capital Cash Financing Available minus Gross Capital Expenditure (excl. IFRS Impact)
OK	Check: capital plan matched by funding sources

- This confirms that the planned capital programme of £34.672m is affordable from internal funds if the control total is achieved and STF earned.
- The affordability would be compromised if the control total is not achieved and borrowing would need to be secured to keep the capital programme on track.
- It is possible that the capital programme timing may change which may mitigate a borrowing requirement.

Cash

- Cash balances, given the above capital programme and assuming the monthly I&E bottom line is achieved, would be (£478) by the end of the year, before a revenue loan.

	Opening	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Cash Balance before revenue support loan	4,228	2,491	(6,072)	(11,748)	5,900	1,092	(7,935)	2,122	(6,144)	(15,205)	(15,326)	(14,265)	(478)

- A revenue support loan is required, although this would be largely repaid by the end of the year (outstanding balance of £3.2m with a closing cash balance of £2.7m). The repayment happens as profiled assuming full delivery of CIP as outlined in the plan.

	Opening	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Net Loan
Interim Revenue Support Loans - Received	0	0	8,600	5,700	0	1,500	9,100	0	8,200	9,000	0	0	0	42,100
Interim Revenue Support Loans - Repaid	0	0	0	0	(14,300)	0	0	(10,000)	0	0	0	0	(14,600)	(38,900)
Revised Cash Balance after revenue support loa	4,228	2,491	2,528	2,552	5,900	2,592	2,665	2,722	2,656	2,595	2,474	3,535	2,722	3,200

STF 2018.19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Finance	516	516	516	688	688	687	1,032	1,032	1,033	1,204	1,204	1,204	10,319
A&E	221	221	221	295	295	295	442	442	443	516	516	516	4,423
Total	**737**	**737**	**737**	**983**	**983**	**982**	**1,474**	**1,474**	**1,475**	**1,720**	**1,720**	**1,720**	**14,742**

- STF is phased in the same profile as for 2017.18 – and as previously, 70% relates to achieving the financial plan, and 30% to achieving A&E performance improvement

Control Total Compliance

- Why sign up?
  - STF cash of at least £10.3m (finance related element) to fund the SWBH capital programme if achieved
  - NHSI would not expect the Trust Board to sign up to something it knew it could not deliver
  - Control total acceptance this year specifically requires a conscious Board decision to be reported to NHSI
  - Reputationally positive
- Why not sign up?
  - NHSI would not expect a Trust to sign up to something it knew it could not deliver
  - To not sign up definitely foregoes any STF cash

Control Total Compliance

- Is there a scenario for SWBH that meets CT?
  - Yes: if;
    - All CIP is delivered in year;
    - The Trust does not have detailed plans for the full £42m required at this point in time. It is likely that other providers are in a similar place at this stage in the planning cycle;
    - The trust needs to conclude all contracting negotiations to secure planned income under contract (and then deliver it within expenditure budgets) to secure the £6m income contribution;
    - Ensure it has granular plans to deliver £25m of CIP in year;
    - And secure £11m of in year non-recurrent commercial or other opportunities ;
    - Remain within expenditure budgets
    - Manage any other currently unforeseen or unquantified cost pressures. All current known pressures are identified in the plan, with the exception of costs in relation to the delays to the Midland Met project.

Control Total Compliance

- What are the potential downsides to the plan?
  - Any movement away from the forecast outturn budget setting methodology, e.g. non-delivery of CIP relating to bed closures. Work to date suggests that the value of £26.126m holds; but within this there could be a mix issue, e.g. pay may be worse than previous outturn overall but offset by additional emergency income. The value of not achieving the planned bed closure programme is circa £180k per month, £540k for Q1. The extent to which this will be an issue will be determined by the confirmation by GSFMs that budgets can be set within the available envelope.
  - Additional costs in relation to the Midland Met project delays. The Trust will be seeking compensation in relation to any incremental costs in the form of additional taper relief income.
- What are the potential upsides?
  - Funding agreed for stranded costs of Oncology or income for the continued provision of Gynae-Oncology services.

Planning timetable

Timetable

Item	Date
ICS system control total changes and assurance statement submitted	By 1 March 2018
Local decision to enter into mediation for 2018/19 contract variations	2 March 2018
Draft 2018/19 Organisational Operating Plans submitted	**8 March 2018**
Draft 2018/19 STP Contract and Plan Alignment template submitted	8 March 2018
National deadline for signing 2018/19 contract variations and contracts	23 March 2018
2018/19 Expert Determination paperwork completed and shared by all parties	27 April 2018
Final Board or Governing Body approved Organisation Operating Plans submitted	**30 April 2018**
2018/19 Winter Demand & Capacity Plans submitted	30 April 2018
Final 2018/19 STP Contract and Plan Alignment template submitted	30 April 2018
Final date for experts to notify outcome of determinations for 2018/19 update	8 June 2018

Next Steps – before plan submission 30th April

1. Confirm cost pressures and service developments to be funded from the planning contingency / developments reserve in the plan
2. Confirm Oncology funding implications on the plan
3. Finalise CIP plans and work out group control totals, and monthly phasing of such
4. Finance team to reconfirm that budgets will be set within their share of normalised month 12 x 12 budget (normalised). Any variance to this to be contained within the £22.7m deficit envelope
5. Draft accounts due in 24th April – will confirm outturn position

Appendices / old slides

2018.19 Control Total

Narrative	£'000s
Previously notified Control Total	11,273
Less previously assumed STF	(10,483)
Sub-total – pre-STF existing control total surplus	**790**
Flexibility offered if Trust delivers 2017.18 control total – to be offset against commercialisation CIP	(790)
Assessed Net impact of CNST income and spend changes (needs validating)	(1,449)
Risk reserve (available for deployment) – Trust share of excess of change in cost nationally versus income provided for in tariff (£116m versus £300m) – to be offset against commercialisation CIP	(1,118)
Sub-total – pre STF new control total	**(2,567)**
Add back increased STF	14,742
Headline Surplus Position	**12,175**

2018.19 Financial Plan [Draft]	Annual sum £000s	Notes
Revised starting point	**(26,126)**	
National Inflation	£(11.624)m	1% pay award + 1% local increments 2.1% non-pay + 2.9% non-opex 0.1% tariff inflation [implies 2% CIP] Assumes £1.449m CNST pressure (assumes majority of cost pressure funded through tariff, leaves residual c£300k)
Local inflation	£(1.727)m	£350k Living wage + £250k CEAs £1m PDC dividends re MMH investment
Investments	£(2.950)m	£1.050m EPR £0.900m Imaging MES BTC £1.000m 24/7 ward clerks & other developments
Reserves	£Nil	No provision for restructuring / cost of change No build up of reserve to fund MMH UP in 2019.20
Planning contingency	£(2.000)m	Provision to cover omission & risk e.g. QIPP erodes flat real assumption on PRI Cost pressures in groups on bottom up budgeting
Allowance for other items	£(0.432)m	£332k Other service stranded costs £100k Reduction in net taper relief contribution
TOTAL ASK – deals with underlying 2017/18 position, and "new incremental cost" above, and achieves Control Total	**£42.292m**	
Pre-STF Control Total deficit	£(2.567)m	Confirmed control total
STF	£14.742m	Available STF to earn through compliance with financial and operational performance standards [4hr ED if as 2017.18]
Current Control Total 2018/19, as advised	**£12.175m**	

Paper ref:	TB (04/18) 020

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report title	Band 2 – 6 nursing career escalator programme		
Sponsoring Executive	Elaine Newell, Chief Nurse		
Report author	Elaine Newell, Chief Nurse		
Meeting	Trust Board	**Date**	5th April 2018

1. Suggested discussion points *[two or three issues you consider the board should focus on]*

Further to previous Board discussions, this paper is submitted for final approval. The Board is asked to:

1). Discuss the implementation plan and associated timings

2). Consider whether the recommended KPI's provide sufficient assurance regarding equity of access and the success of this project

3). Note and discuss the variance from the original proposal in relation to accelerated salary progression. This is due to the newly announced revised pay structure which has necessitated consideration of alternative means of reward.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously been discussed?]*

Trust Board February 2018

4. Recommendation(s)

This board is asked to:

a.	Support in principle a revised recommendation relating to financial incentivisation – pending legal advice and consultation at PPAC
b.	Request progress reports to the People and OD committee in June and Sept.
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register								
Board Assurance Framework								
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	5th April 2018	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

Bands 2 – 6 Nursing Career escalator programme

Introduction:

Nursing turnover data, demonstrates that nurses leave SWBH at 2 key points - in their first year (preceptor year) and then in years 2-5.The Trust Board asked for consideration to be given to the career opportunities and development available to retain those nurses within our Trust, and avoid the £32-42k recruitment cost per head that recruiting a band 5 or band 6 nurse generates. Our development offer to HCA's has historically been relatively limited. In addition, there is national evidence to suggest that the pipeline supply for nursing is reducing, posing a potential threat to the future nursing workforce. This paper seeks to resolve both the former and latter issues by linking HCA development to nurse supply thereby setting out an overarching career pathway for Band 2 – 6 nursing staff.

Objectives:

1. To define the routes for HCA development and set out entry routes to nursing careers for unqualified staff within the Trust
2. Defines the Band 5 'career escalator' process for Band 5 staff.
3. Sets out the menu of learning available / to be commissioned for each staff group detailed above.
4. Proposes in principle an alternative 'bonus scheme' for Band 5 nursing staff who undertake the escalator programme. This follows recent announcements relating to the 2018 pay award which means that the original plan for salary progression cannot now be applied.
5. Sets out Key Performance indicators against which success will be measured.
6. Defines the process by which Equality and Diversity monitoring is undertaken.
7. Defines the implementation timetable against which this project will be delivered Appendix 2).

Health Care Assistants/ unqualified Staff

There are currently limited development opportunities for HCA staff and these do not automatically link to routes into nursing careers. However the following opportunities have been explored / can be made available and would link to a progressive route into a nursing career

These include:

- HCA entry level apprenticeship at Band 2
- Health Care Assistant / Senior Health care Assistant apprentice programmes (Band 2 / 3 staff)

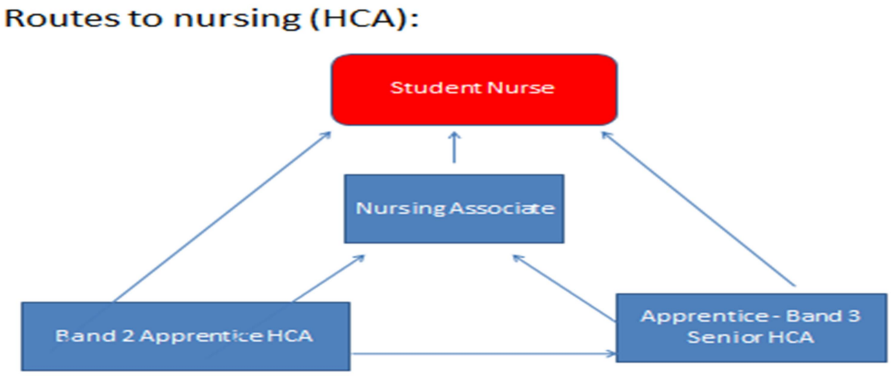
- Nurse associate programme (entry at band 3, exit at Band 4 with foundation degree)
- Team leader apprenticeship

All of the above programmes can be provided by the Trust or as part of the BCA partnership

As part of the recently revised aspiring for excellence programme, line managers must be able to demonstrate that they have discussed opportunities with all staff as part of a career development conversation. This process aligns perfectly with the 2018 revised pay award contract, which links salary progression to successful performance and development. The Trust already adopts an 'Apprentice First' policy which supports the employment of Apprentice HCA's at Band 2. The following diagram demonstrates how career development and progression can be supported internally for unregistered staff at Bands 2 – 4 and how this might link to the nursing supply pipeline.

In the first instance, progression to Band 3 and beyond will be ring-fenced to internal staff who score at Band 4A / 4B at their annual aspiring to excellence review, therefore recognising and harnessing internal talent and reducing the risk of attrition from associated development programmes. This will be evaluated and reviewed after 12 months. It should be noted that current alternative development opportunities for staff below this level of performance will continue to be available via the Trusts Learning and Development offer.

Band 3 posts are limited within the Trust, however going forward, it is proposed that completion of the Senior HCA apprenticeship will be a requirement of this role, thereby creating greater distinction between these roles. (This will not impact staff currently occupying Band 3 roles). All Band 3 and 4 vacancies will be initially ring fenced to internal staff with preference given to those staff who have completed additional formal development. The Trust will commit to support internal unqualified staff thorough HCA apprentice programmes, via Nursing Associate and eventually, through Nurse Apprentice programmes. The Trust has committed to supporting 20 Trainee nurse Associate places per academic intake, funded via the levy.



Band 5 – 6 Nursing career escalator:

During their first year (preceptorship year) staff will be supported by an identified preceptor and will complete the nursing preceptorship programme supported by the Nurse Education Team (NET). A PDR will be undertaken within 3 months of commencement with clear objectives set by the line manager. This will be revisited in line with the Aspiring for Excellence guidance. The objectives for newly qualified nursing staff will focus on completion of the competencies outlined in the preceptor pack.

A second full PDR will be undertaken to review completion of Year 1 objectives, award a score and establish objectives for year 2.

Upon completion of year 2, the line manager will review progress against objectives, ensure mandatory training requirements are met and identify high performing staff scoring at 4a or 4b. In addition to a discussion with their line manager, those staff will be identified via monthly reports, contacted by the Nurse Education Team (NET) and offered the opportunity to opt in to the career escalator programme. Information will be available via the Trusts CONNECT page, and provided by Ward Managers, NET and L & D teams.

Following announcement of the proposed 2018 pay award, it has been necessary to reconsider the financial incentive which supports this scheme. Legal advice is currently being sought on this matter. Consideration could be given to support of a one off bonus payment, which would act as the financial incentive to retain Band 5 staff which formed the basis of the USP for the original proposal. The bonus sum should equal the salary uplifts that would have been awarded in the original proposal and therefore would pose no additional financial risk to the Trust. Existing Band 6 staff who wish to access the programme can do so but will not benefit from any financial incentive aligned to this scheme. This will be reviewed following project evaluation and cost analysis at the end of year 1 implementation.

Staff Commitment:

Staff who opt into this programme will be required to complete and sign a learning contract which will include a commitment to remaining an employee with SWBH for a minimum of 2 years following completion of this programme.

At the outset of the Band 5 – 6 programme, staff will complete a 360 review which will serve to identify their own individual learning needs. Feedback will be provided by an accredited feedback facilitator within the L & D team. This feedback will inform the tailored development programme offer. The NET will co-ordinate and signpost participants to coaches / mentors according to their individual learning and development needs.

During the programme period, staff will commit to 3 monthly tripartite meetings with their line manager and a member of the NET, in order to access support and monitor progress. Staff will maintain a portfolio of evidence reflecting:

- experiential learning log
- Attended learning and development events
- Reflective accounts relevant to identified personal learning / development needs

This evidence portfolio will support the triennial revalidation requirements.

It is proposed that staff who fail to complete the programme commitments will be managed in accordance with their individual circumstances – to be agreed with staff side but which might include:

- Staff who voluntarily exit the programme prior to completion will be required to pay back any financial payment aligned to this.
- Staff who for other reasons fail to complete the requisite programme and / or objectives, will agree with their line manager a revised, time limited, supported timescale for completion – according to individual circumstances (such circumstances may apply to staff who are on maternity leave or long term sick leave), In the event that they still fail to complete, they will be required to pay back any financial payment

Development of existing Band 6 staff:

In order to improve the development offer and bandwidth of our existing Band 6 workforce, access to the development provision within the escalator framework will be made available and replicated for these staff. However there will be no link to financial incentives for this group. The training and development framework for the Band 5 career escalator will form the basis of CPD for existing Band 6 staff thus firmly establishing and closing an existing gap on L&D provision for this group.

Decision making and budget:

The costs of any one off incentive payments will sit within groups. Based on the modelled assumptions previously reported, the resulting reduction in turnover costs will more than comfortably pay for the career escalator incentive. Equity of access within Directorates and Clinical Groups will be monitored by the NET and reported to the People and OD Committee.

Key Performance indicators:

The following metrics will be collated by Directorate / Clinical Group in order to determine success and efficacy of this programme.

1. The number of HCA accessing apprenticeship programmes.
2. Number of HCA directed through the Nurse associate programmes
3. Attrition rates from above programmes
4. The number of HCA's accessing nurse training programmes
5. Reduction in Band 5 nursing turnover rates at year 1 and year 3 from baseline
6. The number of staff appraised at 4 a / b, matched to numbers accessing career escalator programme by Group
7. Attrition rates from career escalator programme
8. Increased recruitment to Band 5 posts
9. Reduction in number of external appointments to Band 6 posts
10. Improved Staff experience surveys

Equality and Diversity monitoring:

An Equality Impact Assessment has been completed and is shown in **Appendix 1**.

In order to ensure that this programme is being offered equitably the following data will be collated:

1. The number of staff **accessing** the programme by professional Group
2. The number / type of staff **accessing** the programme by Directorate / Clinical Group
3. The number of staff **accessing** the programme by gender and ethnic characteristics.
4. The number of staff **completing** the programme by Directorate / Clinical Group
5. The number of staff **completing** the programme by gender and ethnic characteristics
6. The number of staff promoted to Band 3/4 roles by Group and by gender / ethnic characteristics
7. The number of staff promoted to Band 6 roles by Group and by gender / ethnic characteristics

Implementation plan:

The project implementation plan with timescales and responsible leads can be found in A**ppendix 2**. It is anticipated that the first cohort to access the structured programme will commence in August 2018 following completion and collation of information from the Q1 PDR process. Implementation will be led by the Deputy Chief Nurse and monitored via the People and OD committee.

Frequently asked questions.

1. **What opportunities are offered for bands 3 and 4?**

Opportunities for Band 2 - 4 staff will be aligned to apprenticeship programmes and our utilisation of the new nursing associate role. SWBH are part of the Black Country pilot on nursing associates, being led by Walsall currently. The Trust will commit to support internal unqualified staff thorough HCA apprentice programmes, via Nursing Associate and eventually, through Nurse Apprentice programmes. The Trust has committed to supporting 20 Trainee Nurse Associate places per academic intake, funded via the levy.

2. **Is it just for newly qualified staff?**

No, the career escalator will be available to all Bands 2 – 6 staff who wish to develop their skills within the organisation, although the development offer will differ between HCA and registered nursing staff.

3. **How we will recruit to higher banded positions.**

Staff who are assessed in their annual Aspiring to Excellence appraisal with a score of 4a or 4b will be considered for entry onto the escalator programme. Upon completion of their development programme, these staff will be considered more favourably when recruiting to more highly banded positions. This will ensure that we are prioritising our internal talent pool (i.e. those on the career escalator programme) and gaining return on investment. In order to achieve this, Managers who advertise Band 3, 4 and 6 posts will be provided with a list of staff who have completed or are nearing the end of their development programmes. These posts will not be released for external advert unless managers can clearly demonstrate that those staff undertaking the programme do not meet the essential criteria for the post

4. **How will this be paid for?**

Our financial modelling has demonstrated that the resulting reduction in turnover – with associated backfill and recruitment costs, will more than comfortably pay for the career escalator incentive, training and attended study time.

5. **Are the skills and capacity in place to build competency packages for the development needed?**

The majority of required study sessions are already provided ‘in house’. In some cases, the courses or programmes are accessed via established apprentice routes and therefore can be supported by established trainers and funded by drawing on the apprenticeship levy. Those

nursing staff wishing to undertake a clinical expert programme may need to access modular sessions or study days external to the Trust and 40k has been ring fenced within the Trust training budget to support funding for this.

6. **How can we be assured that our managers have the skills and capacity to have development conversations, set SMART objectives and appropriately 'score' our staff? How can we be sure this will be fair and equitably applied?**

Each manager will have undertaken the foundation modules of the Accredited Manager programme, which sets out how to establish SMART objectives. The programme is established to recognise and build upon the talent of our best performing nursing staff (Band 2 – 6) within our organisation and nursing and OD will work closely with clinical group leaders to ensure that the process is fair and equitable in terms of those who can opt in to the career escalator. There is also a moderator role already in place through the existing Performance and Development Review Process. The Trust will monitor applications in terms of its equality reporting objectives (WRES and others).

7. **As a Band 5 nurse, will I be guaranteed a band 6 role after I complete the programme?**

Completion of the programme does not entitle you to automatic promotion, however Nurses who have completed the career escalator programme will be better equipped to progress to more highly banded positions as these arise. Managers who advertise Band 6 posts will be provided with a list of staff that have completed or are nearing the end of the programme. Band 6 posts will not be released for external advert unless managers can clearly demonstrate that those staff undertaking the programme do not meet the essential criteria for the post. This will ensure that we are prioritising our internal talent pool.

8. **As a Band 2 HCA, will I be guaranteed a band 3 or 4 role after I complete my development?**

Completion of the programme does not entitle you to automatic promotion, however you will be better equipped to apply for more highly banded positions as these arise. Band 3 and 4 posts will not be released for external advert unless managers can clearly demonstrate that those staff undertaking the programme do not meet the essential criteria for the post.

8. **What if I want to drop out during the programme?**

Pastoral support, mentorship and coaching will be provided throughout the programme to support staff to complete. It is proposed that:

- Staff who voluntarily exit the programme prior to completion will be required to pay back any financial payment aligned to this.
- Staff who fail to complete the programme commitments will be managed in accordance with their individual circumstances but will agree with their line manager a revised, time limited, supported timescale for completion (such circumstances may apply to staff who are on maternity leave or long term sick leave), In the event that they still fail to complete, they will be required to pay back any financial payment

9. Will I be given time to study?

The Trust has committed to support attendance for training. However, much of the programme will be focussed upon experiential and workplace based learning. As with any training programme, there is an expectation that some preparatory and reflective work will be undertaken in your own time.

Appendix 1

Sandwell and West Birmingham Hospitals NHS

NHS Trust

Equality Impact Assessment

Stage 2

Initial Assessment form

The Initial Impact Assessment is a quick and easy screening process. It should:

1. Identify those services, policies, or functions which require a full EIA by looking at:

   - Negative, positive or no impact on any of the protected characteristics.
   - Opportunity to promote equality for the protected characteristics.
   - Data / feedback prioritise if and when a full EIA should be completed

2. Justify reasons why a full EIA is not going to be completed

Group:	**Trustwide**
Directorate:	**All**
Speciality/Service Area	**All areas of Nursing**
Is it a Service, Policy or Function:	**Policy**

Lead officer (enter name and designation): **Elaine Newell**

Title of service , policy or function : Band 2 – 6 nursing career escalator

Is this service aimed at: Adults ☐ Paediatrics ☐ Both x☐

Existing: ☐

New/proposed: x☐

Changed: ☐

Equality & Diversity Team

Q1) What is the aim of your service, policy or function (you may want to refer to the Operational Policy for your service)?

To improve access to development for nursing staff Bands 2 – 5 inc', thereby improving quality of care, reducing turnover rates and improved succession planning

Q2) State which Trust strategic objective this service, policy or function relates to:

People Plan

Q3) Who benefits from your service, policy or function?

Nursing staff Bands 2 – 6 inclusive

Q4) Do you have any feedback data that influences, affects or shapes this service, policy or function?

Yes	No
x☐ Please complete below.	☐ Please go to question 5

What is your source of feedback?

☐ X Monitoring Data
☐ PALS
☐ Previous EIAs
☐ National Reports
☐ Internal Audits
☐ Patient Surveys
☐ Complaints / Incidents
☐ Focus Groups
☐ Equality & Diversity Training
x☐ Equality & Diversity Team
x☐ Other (please state) Staff surveys; Exit interviews. Anecdotal feedback from recruitment sessions

What does this source of feedback reveal?

Nursing turnover data, demonstrates that nurses leave SWBH at 2 key points - in their first year (preceptor year) and then in years 2-5. Exit interview information demonstrates that Band 5 staff are leaving to seek development and / or promotion to Band 6.

The Trust Board asked for consideration to be given to the career opportunities and development available to retain those nurses within our Trust, and avoid the £32-42k recruitment cost per head that recruiting a band 5 or band 6 nurse generates.

Staff surveys and anecdotal feedback suggests that HCA staff feel that they do not currently have access to career development opportunities. This programme addresses

that issue.

Q5) Thinking about each group below does or could the service, policy or function have a negative impact on members of the protected characteristics below?

(Please refer to pages 3 & 4 for further definitions of protected characteristic)

Protected Characteristic	Yes	No	Unclear
Age	☐	x☐	☐
Disability	☐	x☐	☐
Race	☐	x☐	☐
Sex	☐	x☐	☐
Gender Reassignment	☐	x☐	☐
Sexual Orientation	☐	x☐	☐
Religion or belief	☐	x☐	☐
Pregnancy & Maternity	☐	x☐	☐

Marriage & Civil Partnership	☐	x☐	☐
Other socially excluded groups	☐	x☐	☐

If the answer is “yes” or “Unclear” please complete a full EIA

Q6) Who was involved in the EIA and how?

Who:

x☐ Staff members

☐ Consultants

☐ Doctors

x☐ Nurses

☐ Local patient/user groups

x☐ Other

Please specify

Student Nurses via recruitment events

How were they involved?

☐ Surveys

x☐ Team Meeting

☐ Group Review

x☐ Other

Please specify:

Recruitment events feedback

Q7) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

No	x☐	yes	☐

Q7a) If 'No' Explain why you have made this decision?

The programme focusses on staff who perform at a higher level in relation to their Aspiring to Excellence PDR and therefore sits within existing policy arrangements

Q7b) If 'yes' explain the negative impact – you may need to complete a full EIA

If a negative impact has been identified please continue to Stage 3. If no negative impact has been identified please submit your Initial Equality Impact Assessment to your

Group Director of Operations or Corporate Head of Service approval.

Please note: Issues relating to either interpreting/translating, ensuring single-sex accommodation or Bariatric issues have been identified as corporate trends, therefore if the negative impact you have identified falls within these categories a full impact assessment is not required. However you must state what reasonable adjustment you have put in place to mitigate the impact temporarily.

Should you go full impact assessment Corporate trends must be included on the action plan (page 19) along with what actions (reasonable adjustments) are being taken locally whilst the corporate trends are being addressed.

Justification Statement:

As member of SWBH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have not identified a negative impact, you are agreeing that the organisation has not discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

Name:	Elaine Newell
Designation:	Chief Nurse
Date:	26th March 2018
Contact number:	
Head of Service:	

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	
Designation:	
Date:	
Contact number:	

This EIA has been audited by Equality & Diversity:

Name:	
Signature:	
Date:	
Contact number:	

Step 8) Now that you have ensured a full impact assessment does not need to be completed we need to publish your results for the public to view.

Tick list

☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

Equality & Diversity contact details

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Where EVERYONE Matters

Nurse Escalator Programme - February to August 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

	Week Commencing Date	29/02/2018	05/03/2018	12/03/2018	19/03/2018	26/03/2018	02/04/2018	09/04/2018	16/04/2018	23/04/2018	30/04/2018	07/05/2018	14/05/2018	21/05/2018	28/05/2018	04/06/2018	11/06/2018	18/06/2018	25/06/2018	02/07/2018	09/07/2018	16/07/2018	23/07/2018	30/07/2018	06/08/2018	13/08/2018	20/08/2018	27/08/2018
	Lead																										
Establish task and finish Group	**Elaine Newell**																										
Comms Plan agreed	**Elaine Newell**																										
Presentation - Senior Nurse Forum	**Elaine Newell**																										
Proof of concept tested at recruitment event	**Paul Hooton**																										
Development of information leaflet	**Helen Cope / Tammy Davies**																										
Equality Impact Assessment	**Elaine Newell**																										
Letters to Ward Managers	**Elaine Newell**																										
Comms launch	**Ruth Wilkin / Elaine Newell**																										
PDR's / PDR Moderation	**Bethan Downing**																										
Grading info collated and released to NET / L & D Team	**Bethan Downing**																										
Letters issued to all 4a/b staff advising of offer to participate in programme	**Helen Cope / Bethan Downing**																										
KPI monitoring	**Helen Cope / Bethan Downing**																										
Leaflet Publication	**Helen Cope / Tammy Davies**																										
Pay progression policy to PPAC	**Steph Coates / Elaine Newell**																										
360 preparation	**Helen Cope**																										
360 Feedback	**Bethan Downing**																										
Pathway confirmed - Tripartite meetings held / individual development plans agreed	**Helen Cope**																										
Portfolio Development	**Helen Cope**																										
Structured programme launch	**Helen Cope**																										
Final Numbers confirmed	**Helen Cope / Bethan Downing**																										
Evaluation report to Board	**Paul Hooton / Paula Gardner**																										
Graduation celebration	**TBA**																										

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: The Cap Centre, Smethwick. B66 3LX **Date:** 1st March 2018

Members Present:

Mr R Samuda, Chair	(RS)
Ms O Dutton, Vice Chair	(OD)
Cllr W Zaffar, Non-Executive Director	(WZ)
Mrs M Perry, Non-Executive Director	(MP)
Ms M Hoare, Non-Executive Director	(MH)
Mr H Kang, Non-Executive Director	(HK)
Prof K Thomas, Non-Executive Director	(KT)
Mr T Lewis, Chief Executive	(TL)
Mr T Waite, Finance Director	(TW)
Dr D Carruthers, Medical Director	(DC)
Ms R Barlow, Chief Operating Officer	(RB)
Ms E Newell, Chief Nurse	(EN)
Miss K Dhami, Director of Governance	(KD)

In Attendance:

Mr M Reynolds, Chief Informatics Officer	(MR)
Mr D Baker, Director of Partnership and Innovations	(DB)
Mrs C Rickards, Trust Convenor	(CR)
Mrs R Wilkin, Director of Communications	(RW)
Dr D Carruthers, Medical Director designate	(DC)
Miss Clare Dooley, Head of Corporate Governance	(CD)
Mrs L Barnett, Deputy Director of HR	(LB)

Board Support

Miss R Fuller, Executive Assistant	(RF)

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

Apologies were received from Mrs Goodby.

Mr Samuda thanked Pat Rodney and the team at the Cap Centre for providing today's off-site venue.

Declaration of Interests

Mr Lewis declared the following:

- Reappointment to Aston University Council
- New appointment as Chair to the Local Maternity System on behalf of the STP.

2. Patient Story	**Presentation**

Winfred (patient) is a 74 year old women who has complex surgical needs. Her daughter spoke of their experience after surgery and admitted to Priory 2 on a monitored bed. The patient was cared for on Priory 2 for approximately 10 days with regular checks and observations carried out by the team. The patient's daughter spoke of a similar experience last year when Winifred was admitted to critical care for 36 hours, and the service received was very similar, only this time it was improved as Winfred spent her recovery time in a monitored bed. Winifred's daughter spoke of the good care they have received by the staff. The only negative point was the bay could be a little noisy, compared to experience in critical care.

Senior Sister Angela Dudley informed the Board, on the video/film, that the Unit was set up on the 4th December 2017. Each bay has 1 Nurse and 1 HCA and they undertake 2 daily ward rounds at 8am with the parenting team, and at 11.30am by the MDT. The feedback back received from patients and clinicians to-date has been very positive/successful, supporting reduction for ITU admissions.

Mrs Newell commented that the patient has now experienced 2 care routes following surgery (critical care and monitored beds). Priory 2 is a level 1 ward and the investment made in that ward has alleviated the need to have costly ITU intervention. The issue of the bay area being noisy needs further management, as the noise levels are similar to critical care due to staff, visitors and monitors all located in each bed space area.

Mrs Dutton queried if visitors have the same visiting rights as critical care. It was confirmed there is open visiting and families are encouraged to visit patients. Dr Carruthers asked if there were any reserved surgical/medical outlier beds on the monitored ward. Mrs Newell replied that there are NIV beds on Priory 5 but was unsure about Priory 2 and would speak to Dr Carruthers outside of the meeting further on this. Mr Lewis stated these monitored beds are part of the Quality Plan along with the NIV Unit, which also has received investment. Mr Lewis also noted there will be a scorecard generated for these Units, and the executive team will discuss how to monitor this information going forward.

3. Questions from the public	**Verbal**

The following questions were taken from the public:

Update on Midland Met. Mr Lewis reiterated it has been 6 weeks since Carillion announced their insolvency and no work on the Midland Met site has taken place since that date. Unfortunately, the Administrators yesterday announced a number of staff would be made redundant. However, there is a key list of core staff that have been retained with the project, and work over the next few days is to provide employment security for those key staff. Work continues to ensure securing a contract through The Hospital Company to enable work to re-commence on the site in May 2018. However, at this point it is too early to say when the building will be fully completed given this delay. Notwithstanding a new contractor in place the Trust are working towards a 2019/20 opening and by the next Board meeting this position is hoped to be clearer. Mr Lewis informed the Board that yesterday in Parliament the Prime Minister announced a commitment to get the building completed. Mr Samuda stated work is continuing with key trust directors and government officials, however if the build is to be delayed for an extended period then clinical risks would need to be reviewed.

Oncology. Mr Bill Hodgetts queried if GPs have access to the Queen Elizabeth Hospital records (for SWBH oncology patients), as his GP could not tell him the results of a recent scan. Mr Hodgetts also queried blood testing, as the current system provided by the Queen Elizabeth is an allocated appointment for blood taking, rather than flexibility to attend Sandwell General Hospital if more convenient. Mr Lewis confirmed blood tests have now changed from the Queen Elizabeth appointment system and patients can now have their bloods taken locally. Mr Lewis would write separately to Mr Hodgetts on clarity of the GP scan access issues. Mr Lewis stated once Unity goes live, an enhancement of this system would follow. Dr Carruthers informed Mr Hodgetts that there is the patient portal available for patients to access results and letters themselves if the GP does not have access to this information.

Mr Lewis suggested he would look into setting up an email account with University Hospital Birmingham where queries and responses can be logged on oncology matters. This would speed up responses to patients and help provide assurance on issues raised by Mr Hodgetts over recent months.

ACTION:

- Mr Lewis to contact Mr Hodgetts and provide clarity on GPs access to UHB patient results electronically.
- Mr Lewis to investigate a query/response page in conjunction with UHB for patients to ask questions on oncology.

4. Chair's opening comments	**Verbal**

Mr Samuda reflected on the first Trust Board retreat that took place this week in Central Birmingham. The focus of the retreat was to plan for our 2020 to 2025 vision with the Board joined on Tuesday by colleagues from the Clinical Leadership Executive for their monthly meeting, which was observed by non-executive board members. The Trust Board were able to reflect on recent achievements and spend focused time on the development of integrated care working to support secondary/primary/social care and inform staff what integrated care looks like in the future.

Mr Samuda thanked the Board and Clinical Leadership Executive members for their engagement during a very intensive 24 hour period.

5a. Update Charitable Funds Committee : 15th February 2017 & Charitable Funds Committee minutes 16th November 2017	**SWBTB (03/18) 001 & 2**

Cllr Zaffar highlighted three areas that the Charitable Funds Committee focused on:

1. **Payroll Giving -** there will be a re-energising of the scheme to allow staff to pay to Your Charity and others through the payroll.
2. **IDVA Project** - domestic violence project run in partnership with the Black Country Women's Aid have been allocated 6 month's funding and are looking at external sources to secure further future funding.
3. **Midland Met** - the appeal, due to commence in April 2018, has been delayed and the implications of the delay will be monitored.

Minutes of meeting held on the 16th November 2017

Mr Lewis queried the minutes and the action on Item 3 (income streams) asking how confident the Charity are that other income streams are being routed correctly. Mr Waite confirmed there is nothing of scale to note, with the exception of pathology services, where robust governance arrangements are now in place. There is also the payment of courses, but this element is very small. Mrs Wilkin assured the Board that as part of the committee's structure, income up to £80k can be agreed by the committee. Mr Lewis was satisfied that the comments and should be reflected in the Charity's annual accounts.

Clarity was also requested on the static collection boxes, and when they would be visible across organisation. Mrs Wilkin commented the collection boxes were part of the Midland Met appeal which has been delayed. However, it was noted with the Prime Minister's commitment to re-commence the Midland Met build the plan for the collection boxes should continue.

5b. Update Major Projects Authority – 16th February 2018 & Major Projects Authority minutes 15th December 2017	**SWBTB (03/18) 003 & 4**

Mr Hoare reported from the Major Projects Authority on the following items:

- Midland Met and associated impact and update was provided on the current status;
- Digital arrangements and the challenges the organisation is facing;
- Estates and the delivery of the 2018/19 Capital plan.

Minutes of the meeting on the 15th December 2017

Mr Reynolds advised the Board an action plan is in place to move the amber infrastructure plans to green which will be discussed at the next MPA meeting. Mr Lewis asked for the plans to be checked to ensure amber plans will not move to red as all red plans have been signed off to move to amber by 31st March and will continue throughout the year on amber until they move to green. It was noted that Mr Reynolds and team would be providing a forward plan on the network and delays due to Midland Met and the impact on the retained estate. A clinical and other risks assessment will be completed during the next few weeks.

Mr Lewis requested for the Major Projects Authority Committee to meet monthly until the summer 2018 due to delegated responsibility from the Trust Board on Midland Met and Unity issues. The Board agreed for the committee to meet monthly and Mr Samuda and Mr Lewis will discuss this action outside of this meeting.

AGREEMENT:

- The Trust Board agreed for the Major Projects Authority Committee to meet monthly until the summer 2018.

5c. Update Quality and Safety Committee – 23rd February 2018 & Quality and Safety Committee minutes 26th January 2018	**SWBTB (03/18) 005 & 6**

Mrs Dutton informed the Board that the frequency of this committee was discussed and the committee confirmed it would continue to meet monthly but would consider frequency regularly, as part of its agenda cycle.

The committee discussed in detail the CQC improvement plan and close-out of actions. Two actions are proving challenging to implement (Midland Met and Registrar cover). The committee was informed the Trust are actively recruiting for a second overnight post noting national difficulty in the recruitment of registrars.

The committee discussed the IPR and persistent reds. The committee were informed neutropenic sepsis reporting is missing the 100% target by minutes and staff will be reminded again of the importance of hitting this target. Mr Lewis stated, as part of the quality plan, it was not clear from some wards on figures and asked for a further discussion to be held in 3 – 4 months by the committee. Dr Carruthers agreed he would issue a note of the approach to ensure the 100% target is met and he will be reviewing the latest recent guidance in detail.

The purple point project has been rolled out across City and Sandwell sites, and goes live today. Mr Samuda queried if ward staff were proactively explaining the purpose of the phone station and informing patients how to locate a telephone point. Miss Dhami confirmed there has been training and promotional posters have been displayed on wards so staff know how to direct a patient to a purple phone. Leaflets have also been produced in different languages, along with the poster located with phone. The Board were informed a leaflet for purple point would be included in the new patient welcome, along with other vital information from admittance until discharge.

Mr Kang asked if the purple phones could be used to receive compliments from patients. Miss Dhami confirmed the phones could be used to record compliments and feedback will be provided to staff and monitored through the Quality and Safety committee.

Miss Dhami continued to report that during the first few weeks, usage of the phones is expected to be lower until it has started to embed across the organisation. However, volunteers (non-medical) will be used to hand out leaflets to patients and this may encourage patients to be more comfortable about using the service.

Cllr Zaffar welcomed the scheme and stated next week a South Asian Community network would use its media network to promote the service to its community.

Minutes of the meeting held on the 26th January 2018 were noted.

ACTION:

- A sepsis update would be provided to the Quality and Safety Committee in 4 months' time.

6d. Update Public Health, Community Development & Equality Committee – 15th February & Public Health, Community Development & Equality Committee minutes 16th November 2017	**SWBTB (03/18) 007 & 8**

Prof Thomas advised the Board that the committee in February had discussed:

- Halal Food - Halal food is now available and work will continue to raise awareness of other specialist diets. There is a Trust App now available which allows you to order and pay for food for collection at an agreed time.

- Community Map – a map has been produced showing the different communities served by the Trust and it was agreed that all communications will now feature the top 5 languages of patients that access services at the Trust. The Trust will also be taking part in the Windrush 70 and the NHS 70th birthday celebrations (summer 2018).

- Diversity Pledges - the patient pledges now require development over the next 6 months and progress will be monitored through the Public Health, Community Development and Equality Group (Clinical Leadership Executive sub-committee). The therapy dog policy is nearing approval and these dogs will soon be seen around Trust sites.

- Volunteers - the Trust is one of 5 pilot test sites chosen by Helpforce to work on mobility of patients, particularly older people to support them in moving, befriending and social engagement, whilst an inpatient.

Minutes of the meeting held on 16th November 2017 were agreed.

6e. Update Finance & Investment Committee – 23rd February 2018 & Finance & Investment Committee 26th January 2018	SWBTB (03/18) 009 & 10

Mr Hoare reported the latest financial position was discussed by the committee and they focused on getting the control total work completed and on trajectory to hit compliance, which to hit that target there is a dependence on the production plan and CIP delivery. The committee discussed Midland Met and the costs incurred to do a restructuring contract, which would potentially challenge control total compliance. Therefore, Mr Waite would make a case to NHS Improvement to secure dispensation costs in recognition of this pressure.

The committee discussed the 2018/19 financial challenge to address its £25m cost reduction over corporate and clinical areas. Many opportunities have been identified, however, there was a gap of £12m which could be bridged by a commercialisation workstream. Mr Lewis confirmed before the Board agrees the 2018/19 budgets they would need to see a plausible route for the £12m, which would be available at the next Board meeting.

The minutes of the meeting held on the 21st January 2018 were noted.

ACTION:

- The Board to presented with a plan for the residual gap for £12m in cost reductions

6. Chief Executive's Report	SWBTB (03/18) 011

Mr Lewis reported on the following items from his report:

Emergency Care. Demand continues with increases in arrivals and admitting demand. There are some material staff challenges amongst nursing and consultant staff, however the Trust is now supporting the CESR programme. This is an investment in medical staff development within ED and will enhance continuity, skills and reduce agency spend. The Board discussed the risk with recruitment and agreed the programme would overlap with other non-training grades and could in future be linked with other specialities.

Maternity Safety Summit. Mr Lewis reported a very positive summit took place, noting this external review of perinatal mortality did not find underlying weaknesses in the service, but a Trust review did find a small spike in CESDI 3 rated deaths. An action plan from the summit will be developed by the team to include practices and new ways of working. The plan will be monitored via the usual governance channels but would be overseen by Mrs Newell and Mr Lewis.

Gynae oncology services. Some progress is being made but finances for gynae oncology has not been settled by the Trust, the CCG and NHS Improvement NHS England. Approximately £2m has been removed from the service by the commissioners. However, as the Trust is providing an interim service for 6 months, some of that money should be returned to the trust.

Oncology. There is no funding for acute oncology, and the risk to the Trust is c.£400k.

Pathology Update. Following the Trust Board, the decision to proceed with general pathology moving to Black Country Pathology and specialist pathology services will be further discussed at the Private Board. TUPE arrangements have begun at other Trusts. However SWBH staff will not be disadvantaged by the move. Mr Lewis stated there is more work to do to resolve some issues but Black Country Pathology should be functioning by Summer 2019. This was based on SWBH with one ED and now the delay of Midland Met there will be 2 EDs and pathology requirements will be over-expected on target, which will need resolution.

Mrs Rickards queried if there were any SWBH job losses on the Midland Met project. Mr Lewis confirmed the workers on Midland Met were sub-contractors. 65 staff worked for Carillion, 10 are still based with Carillion, the remaining 55 staff have moved to PWC, and 30 of those staff were made redundant yesterday. The staff with PWC would be expected to move to the new contracting arrangement, but there were no SWBH staff affected by the collapse of Carillion.

Mrs Dutton queried the data on safe staffing and fill rates as Lyndon 1, D27 and D19 levels were much lower and asked for assurance on the rates. Mrs Newell stated Lyndon 1 and D19 are paediatric wards and staffing is flexed up and down according to patient requirements following a cross-site rotation. This model is also used in maternity and critical care where staff are rotated where needed. Going forward the unify data, along with the safety plan and early warning trigger data will be used to assure that there is no quality and safety impact and staff are used effectively. Mrs Newell continued to state D27 was a gynaecology ward which had staffing problems but following the decision to cease providing the service from November 2017, the ward remains open. The service on that ward has diminished and it is difficult to recruit to a closing service, noting there are no immediate incidents or risks but a report will be provided for the March Quality and Safety Committee and Trust Board in April.

Halcyon Standalone Birth Centre. Mr Lewis continued to report on the Halcyon Standalone Birth Centre and stated if the Board agreed in principle the recommendation to close Halcyon, it would then discuss this with the CCG to begin a consultative process by the Overview and Scrutiny Committee.

Mr Lewis highlighted the Centre was established in Oldbury but has never been fully utilised as expected and there is an opportunity to terminate the lease arrangements. Mr Lewis stressed the decision to close has not been made on safety grounds but due to the lack of use from expectant mothers. Mrs Newell stated the centre was established to offer choice to mothers, following the closure of Sandwell maternity unity, and for them to have a birthing experience similar to giving birth at home. However, notwithstanding the increase in birth rates, home births and standalone centre births continue to decline. The current maternity service will still continue to promote home births for low risk mothers as part of their choice. The non-executives and executive directors were sadden by the news and asked for the lessons learnt to be shared, once completed. Mr Lewis agreed and confirmed when Midland Met opens the residents of Sandwell will have a location for birthing and Midland Met will provide sufficient options to expand if birthing rates increase. Mr Lewis also informed the Board that consideration has been given for the building to be used by other services, such as a 2 person GP surgery, but there is no market for that at the moment. The end of life team have also been approached, but due to its location it does not suit the service. It was also noted the lease is provided by NHS Properties and queried if the building can be used for another service via NHS PropCo.

AGREEMENT:

- The Board agreed to close the Halcyon Birthing Centre

ACTION:

- Mrs Newell to provide a follow up report on the D27 for the next Quality and Safety Committee and Trust Board.

7. Trust Risk Register	**SWBTB (03/18) 012**

Miss Dhami reported, following the Clinical Leadership Executive meeting, 2 risks have been identified as:

- Results Acknowledgement – which will be discussed at part of the agenda at today's Board meeting.
- Workforce Plan – this will be reframed and reworded by Mrs Goodby and will be presented to the next Risk Management Committee

Miss Dhami reported no new risks to the Board.

7.1 Results Acknowledgement Risk 2642	**SWBTB (03/18) 013**

Dr Carruthers reported on a concern of electronic (imaging) and blood testing (pathology) reports being missed or red flagged as not acted upon. There are different processes in place, but discussions on a standard operating practice are taking place to reduce the current risk of an ordering doctor not being presented when results become available.

When Unity is introduced there will be mandatory results acknowledgement required by the doctor who ordered the test for all pathology and radiology reports. This has been one of the key design queries for Unity and clinical emergency systems.

Mr Lewis asked if there was another Hospital using Unity who could be approached to see how results acknowledgement is received and he asked for the Executive Quality Committee to monitor this risk until it is satisfied it has been resolved.

Mr Lewis also queried for discussion outside of the Board the issues raised in the paper that needs to be addressed as identified risk. He asked the operational team to obtain confidence in the standard operating procedures for existing staff to access another staff member's results. Dr Carruthers commented that leavers, locums and other staffing issues in relation to viewing ERA all results, including those that are red flagged, has been recognised and will be resolved. The Board asked for an update on these risks at the May 2018 Board meeting.

ACTION:

- Dr Carruthers to present an update on results acknowledgement to the May 2018 Board.

8. Integrated Quality & Performance Report	**SWBTB (03/18) 014**

Mr Waite asked the Board to review the tabled version of the IPR, which has been updated to include the January workforce data.

The positives to note were RTT, 62 day cancer, mortality rate, no MRSA cases reported this year, acute diagnostic waiting times, VTE assessments and the Trust was compliant with its reporting of CDiff cases.

It was noted the mixed sized accommodation has not formally breached and the assessment units, surgery and medicine are considered as monitored beds. The CCG are supportive of the accommodation which is in line with national standards.

Mrs Barnett discussed the sickness rate has increased to 5.29% throughout the Trust with the exception of Imaging who have a sickness level recorded at 3.51%. Sickness, both short and long term, have been effected and the Medicine group are recording sickness at 6%. The hot-spot areas have been identified and during February 2018 work has taken place with them to address the issues. The increase has also been attributed to improved recording efforts from doctors, but as part of business continuity Mrs Barlow and the team will review any material impact in areas that are affected. Mrs Barnett also stated the flu infection this year has been virulent despite the Trust having reached its target for herd immunity.

Mrs Newell reported a table top review will take place reviewing pressure ulcers associated with the frail and elderly and the Tissue Viability team are conducting an analysis on pressure ulcers in the Trust and using that information to benchmark against other hospital data.

Ms Dutton commented the cancer target has not been met and Ms Barlow provided assurance that the 62 day target has seen some over performance in February and March 2018 compared to national reporting making sure that quarterly delivery is achieved.

The Board were informed at the next meeting there will be a report on mortality data, including an update on learning from deaths, as the numbers appeared high, even though at tolerable national target level.

ACTION:

- A report to be presented to the next Trust Board on mortality data

8.1 Financial Performance – P10 January 2018	**SWBTB (03/18) 015**

Mr Waite reported the current financial year is on track to meet the control total on a non-recurrent basis and there are still opportunities to ensure the forecast is delivered as planned. Mr Waite drew attention to an emergent caveat relating to significant costs on the restructuring of the contracts surrounding Midland Met, and a dispensation has been sought from NHS Improvement regarding those costs. The production plan has improved and the benefits from the pay bill and agency costs are now starting to show positive results.

Mr Waite continued to report that capital is behind the revised plan but commented the Trust is showing real improvement in its financial performance and ownership within the organisation. A new financial system is on track for implementation and staff from the surgical group have attended the non-pay workshops to assist with grip and control and both corporate and operational teams are working in synergy.

Mr Hoare noted the agency spend has reduced over the last 12 months from £2.4m to just over £1m and are on trajectory to reduce further which is commendable. Mr Lewis informed the Board that as Accountable Officer he has been refusing break glass requests for agency locums. Mr Lewis has only supported break glass for a limited period until the service can organise an alternative method for the agency request.

9. CQC Improvement Plan Progress	**SWBTB (03/18) 016**

Ms Dhami reported on the 57 actions to be closed by December 2017. 42 have been completed which is being verified to ensure the action has been closed. Ms Dhami brought to the attention of the Board 2 actions that are proving challenging to complete within the set time limits. They are, middle grade staff cover overnight in ED and Paediatric ophthalmology out of hours cover

Dr Carruthers stated the paediatric ophthalmology out of hours provision is a regional programme linked with the Birmingham Children's Hospital but due to the difficulties in organising the rota this will now be escalated to the Regulator to oversee. Dr Carruthers continued to inform the Board the alternative option would be for the anaesthesiologist, who is trained to look after under 3 year olds, continues until the Regional rota is completed. Mr Lewis stated this process is ongoing and the CQC may influence the Regulator to move at pace to get this resolved.

Ms Dhami reminded the Board that in-house inspections will be undertaken in March 2018 and the teams will have specific questions to ask ward areas (aligned to the improvement plan). Mr Lewis queried if bank shift assessments were being completed on the quality of agency staff. Mrs Newell confirmed this recording of evaluation and quality of bank staff will take place by the end of March 2018. The onus will be on the bank staff to ensure the evaluation is complete by their supervisor, otherwise the bank shift will not be authorised for payment. This will ensure nursing and junior doctors touch base with their supervisor at the end of a shift.

10. Unity: Implementation and Approval Journey	**SWBTB (03/18) 017**

Mr Reynolds informed the Board that the Unity project has a series of milestones which are progressing towards full deployment of the system, the date of which is yet to be agreed (noting late Summer 2018 is still the preferred timeframe). There will be a session led by Mrs Barlow to analyse the current status and control measures of risk, change requests and clinical hazards and this will form a view on any material residual risk when the deployment is made.

Mr Reynolds continued to update the Board that the training of 5000 staff, integration testing, technical fit for purpose assessment, clinical testing and dress rehearsals will be taking place until stage one of the project is complete, which is estimated by September. Once stage 1 is complete, stage 2 theatre plans will commence.

The Board discussed at which stage could the project be stopped or rescheduled. Mr Reynolds stated the project could be rescheduled with an 8 week notice period but the impact on reputation and time would be severe. However, the training of staff and preparing/supporting the organisation would still continue, especially for direct patient facing staff. Mr Lewis stated June/July 2018 is the deadline for the organisation to be ready and Cerner will be informed that this timeline must be met.

The system will enhance cyber security, as many of the clinical systems are nearing end of use or the system is not being supported going forward. However, Mr Reynolds agreed to seek assurance (report) from Cerner on both cyber and performance and this will be provided to MPA and the Board.

11. Capital Plan: Affordability and Hard Choices	SWBTB (03/18) 018

Mr Waite reported on the financial challenge to achieve year on year break even and the criticality of maintaining an affordable capital programme. The Private Board meeting will discuss the progress to achieve the balancing of budgets as the Trust will be required to deliver significant improvements in its productivity to secure margin at scale on new business and to reduce its costs.

There is progress on two thirds (2 cohorts) of the £100m commitment and some hard choices will be required to remove schemes or defer expenditure. Within the paper there are 6 recommendations to progress work over the coming weeks, which will be monitored via the Finance Investment Committee and the Trust Board. Mr Waite suggested a 7th recommendation where by alternative financing solutions might be sought if a scheme is not achieving value for money, or will not meet its obligation.

The Board discussed aspects of the paper, especially in obtaining a clinical view if schemes require deferment and what the impact of deferring or cancelling works would be. Mr. Waite instructed the Board it was imperative the organisation achieved its plans in 2018/19 Q1 to ensure the future of capital schemes.

12. Nurse Establishment Review	SWBTB (03/18) 019

Mrs Newell informed the Board of the work completed in December 2017 on nursing establishments and how to achieve budgeted pay reductions successfully, to feature as part of a 12 monthly review. The Board heard how the outturn actual cost for 2018/19 was costed at £44.5m against a costed model of £41m and a saving of £3.5m almost £4m has been achieved.

Mrs Newell explained to the Board the work has been undertaken on a "bottom-up" basis (review of each ward ratio) to provide this establishment review. Some of the wards achieved better ratios but typically it came out at 1:8 which was achieved through nursing staff now recruited to clusters rather than a specific ward. This approach enables staff to be moved around the sites with ease to ensure staff are deployed to the right places in a timely manner. It was explained the cluster groups did not reduce staff, but rather, ensured the requirements of the patients are met and all activities can be safely achieved through clinical staff with support from HCAs.

It was noted that future staff to be appointed will join a cluster, which is different to the Trust's current/previous deployment approach. The skill mix of 50:50 within clusters has been assessed and agreed/accurate, noting guidance from the Royal College of Nursing sets out a mix of 60:40 qualified/unqualified staff, however this has not been reflected in NICE or other guidance to-date.

Mrs Newell also reported on the investment over the last 12 months on a bank nursing hit team. These are staff who work the majority of the time out of hours to support areas that have gaps due to sickness, maternity, leave and areas that require enhanced focused care. The initiative has been successful and has helped drive down the reliance on bank, agency and increased focused care staff numbers. Mrs Newell requested the Board approve a further £500k to reinvest in the team, to allow for substantive employment of these staff members, and to invest in the need for evaluation and monitoring of the scheme. It was recommended the Board review this again in 6 months.

Mrs Rickards expressed concern that HCAs employed in clusters would be undertaking work of a higher band and efforts should be made to ensure HCAs are only doing work according to their pay banding. Mrs Newell stressed that as part of the nurse escalator, AFC Band 2 HCAs could be identified to work at bank level 3, and the escalator would identify those individuals for job progression.

The non-executives queried would the cluster of wards work geographically for specialities and Mrs Newell confirmed the requirements of the clusters would be site based or based on-cross site working for specifically agreed/appropriate services, such as critical care, D11 and D26 (elderly care wards). Staff in clusters would be asked to cover the opposite site when necessary. Mrs Barlow commented this model would work well at night making it easier to move staff effectively, and a future QIHD would feature this model as a topic for discussion across the Trust.

Mrs Newell stated a further piece of work would be undertaken to ensure this work is triangulated with work ongoing in relation to pay cost improvement schemes, led by HR, to ensure there is no double counting. The risk is driven by the assumptions within the work that sickness targets are met a 5%, rostering is managed effectively and no temporary staffing, over and above allowance is required.

Following further discussion the Board were informed nursing shifts would not change and staff would continue to work longer days, as these changes were not contractual changes to staff terms and conditions. The information contained in the report on community based wards would change in April 2019. Therefore there was a need to be clear on what savings will be achieved, in addition to the finances already contained in the report. Mr Lewis asked for a robust trajectory for the April Trust Board meeting to be reconciled with the level of overnight moves to be consistent with the recommendation.

ACTION:

- Mrs Newell and Ms Barlow to provide a reconciled trajectory of the level of overnight moves that are required.

13. Winter Plan: Bed Closures to 31st March 2018	**SWBTB (03/18) 020**

Mrs Barlow reported on the current urgent care demand and length of stay against the winter planning assumptions. Formal risk assessments would be presented to the Risk Management Committee and escalated from the weekly clinical lead meetings chaired by Dr Usman and Dr Chilvers. The meeting also oversees the supervising, training developments and communications to junior doctors, and continued planning on safe staffing will continue through to March 2018. Unfortunately, there are a number of un-substantiated beds that remain open and are under-performing on key success indicators of EDD and length of stay. At the recent Board retreat the executive team were assured that there is sufficient clinical representation at weekly implementation team meetings to improve trajectory.

The worst-case scenario was discussed, which is costed at a loss of £500k per month, and would put capital schemes at risk if not addressed in Q1 of 2018/19. Mrs Barlow confirmed the consultant of the week model is now operational, along with the work on consistency of care. Mrs Newell and Dr Carruthers continue to be part of ward rounds to ensure clinical leadership is focused on targets and ensure clinical teams are engaged and energised towards delivery.

Mr Samuda asked for a further discussion on the pressures the teams are facing at the next meeting.

ACTION:

- A further discussion on winter planning and pressures for clinical teams

14. Forward Look on Trust and Health Economy Financing	**SWBTB (03/18) 021**

Mr Samuda asked for this paper to be moved to the Private Trust Board for discussion due to the public Trust Board meeting over-running.

15. Minutes of last meeting and action log	**SWBTB (03/18) 022 & 023**

Mr Lewis commented the remark on page 2 regarding the Royal Liverpool Hospital was incorrect and he would slightly re-word this following the meeting.

Mr Lewis asked for the word “gynaecological” be removed from the oncology paragraph at the bottom of page 2. Notwithstanding the above comments the minutes were agreed as a true reflection of the meeting.

Action Log - Ms Dhami agreed to review the action log and update it for the next meeting.

16. Matters arising	

There were no matters arising for discussion.

16.1 Overnight Bed Moves	**SWBTB (03/18) 024**
The paper was noted by the Board following a discussion on nursing establishments.	
17. Any other business	**Verbal**
No other items of business were received.	
18. Date and time of next meeting	**Verbal**
The next public Trust Board will be held on 5th April 2018 in the Conference Room at The Education Centre, Sandwell General Hospital.	

Signed …….

Print …….

Date …….

Sandwell and West Birmingham Hospitals NHS Trust

Public Trust Board Action Log – 1st March 2018

	Action	Assigned to	Due Date	Status / Response
From Meeting held on 1st March 2018				
1	Questions from the Board. Mr Lewis to contact Mr Hodgetts to provide clarity on GPs accessing oncology patient electronic results	TL	April 2018	Open – verbal update to April Board meeting
2	Questions from the Board. Mr Lewis to investigate a Q&A page/email address for patients to leave queries for addressing by SWBH and/or QE	TL	May 2018	Closed - QE considering how best to manage the process to ensure all queries are responded to in a timely manner. FAQs are displayed on Trust
3	Update Quality & Safety Committee – 23.2.18. Q&S Committee to receive an update on Sepsis (to April Meeting) and Board (May Meeting)	KD	May 2018	Open (not due) – update will be provided to May Board
4	Update Finance & Investment committee – 23.2.18. The Board to be presented with a plan on the residual gap of £12m in cost reductions	TW	April 2018	Open – financial plan provided for discussion at April Board meeting
5	Chief Executive's Report - update staffing report following decision to reconfigure ward D27	EN	April 2018	Open – updated statistics provided with CEO report
6	Risk 2642 (results acknowledgement) - update to the May 2018 board	DC	May 2018	Open (not due) – Update to be provided to May Board
7	Integrated Quality & Performance Report. Trust Board to receive report on mortality data	TW	April 2018	Open – paper provided for April meeting
8	Nurse Establishment Review. The Board to be provided with trajectory of what level of overnight moves may be required.	EN/RB	April 2018	Open – paper provided for April Board
From Meeting held on 1st February 2018				
1	Audit & Risk Management Committee – 24th January 2018. The Trust Board to receive the action plan on the GDPR.	KD	May 2018	Open (not due) – update to be provided to May Board
From Meeting held on 4th January 2018				

	Action	Assigned to	Due Date	Status / Response
1	Patient Story: ➢ The communication of breast feeding awareness strategy for staff when treating patients who are breastfeeding mothers. ➢ Clarity to be provided to staff on who to contact regarding contra-indications of drugs when treating breastfeeding mothers. ➢ Appropriate arrangements to be put in place outside of neonatal unit and paediatrics for mothers storing breast milk.	EN	April 2018	Open – paper provided for April Board meeting
2	Previous Patient Story: A review of using yellow paper for all patients correspondence	EN	April 2018	Open – verbal update to April Board
3	Decreasing Sickness Absence and Improving Employee Mental Wellbeing: ➢ Authorisation given to mode the "time to be well" initiative ➢ The board to be informed of the percentage of sickness reduction would be achieved from the interventions contained in the report ➢ Have a clear strategy on pre-emptive actions for staff employed in high risk areas.	RG	April 2018	Open – paper provided for April Board meeting
From Meeting held on 5th October 2017				
1	Perinatal Mortality Peer Review: Provide an update to the Trust Board in 6 months to highlight improvements actions which have taken place	EN	May 2018	Open (not due) – update to be provided to May Board meeting
2	Financial performance: P05. Outstanding debt of Birmingham City Council to be progressed with Graham Betts.	TL	~~Nov 2017~~ ~~Feb 2018~~ May 2018	Open (not due) – update will be provided to May Board
From Meeting held on 6th July 2017:				
1	Smoking cessation: matter to be resolved and reported to Trust Board. This will be discussed at the Public Health, Community Development and Equality Committee	TL	~~Dec 2017~~ ~~Feb 2018~~ May 2018	Open (not due) – update will be provided to May Board