Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue Anne Gibson Boardroom, City Hospital **Date** 28 March 2013; 1530h

Members

Mr R Samuda	(RSM)	[Chairman]
Dr S Sahota OBE	(SS)	[Non-Executive Director]
Mrs G Hunjan	(GH)	[Non-Executive Director]
Prof R Lilford	(RL)	[Non-Executive Director]
Ms O Dutton	(OD)	[Non-Executive Director]
Ms C Robinson	(CRO)	[Non-Executive Director]
Mr H Kang	(HK)	[Non-Executive Director]
Mr M Sharon	(MS)	[Acting Chief Executive]
Mr R White	(RW)	[Director of Finance]
Dr R Stedman	(RST)	[Medical Director]
Miss R Overfield	(RO)	[Chief Nurse]
Miss R Barlow	(RB	[Chief Operating Officer]

In attendance

Mrs J Dunn	(JD)	[Acting Director of Strategy]
Mr G Seager	(GS)	[Director of Estates & New Hosp Project]
Miss K Dhami	(KD)	[Director of Governance]
Mrs J Kinghorn	(JK)	[Head of Communications & Engagement]
Mrs C Rickards	(CRI)	[Trust Convener]
Mr B Hodgetts	(BH)	[Sandwell LINks]

Guests

Mrs L Pascall	(LP)	[Assistant Director of Nursing]

Secretariat

Mr S Grainger-Payne	(SG-P)	[Trust Secretary]

Time	Item	Title	Reference Number	Lead
1530h	1	**Apologies**	Verbal	SGP
	2	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting*	Verbal	All
	3 Pg 4	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 28 February 2013 as a true and accurate record of discussions*	SWBTB (2/12) 037	Chair
	4Pg 16	**Update on actions arising from previous meetings**	SWBTB (2/13) 037 (a)	SG-P
	5	**Chair and Chief Executive's opening comments**	Verbal	Chair/ CEO
	6	**Questions from members of the public**	Verbal	Public
1540h		**PRESENTATION**		
	7	**Patient story**	Presentation	LP
1600h		**MATTERS FOR APPROVAL**		
	8 Pg 18	**Trust Board cycle of business – 2013/14**	SWBTB (2/12) 046 SWBTB (2/13) 046 (a)	SG-P
	9 Pg 24	**Workforce & Organisational Development Assurance Committee Terms of Reference**	SWBTB (2/12) 047 SWBTB (2/13) 047 (a)	RO

	10 Pg 31	**Contract for supply of Natural Gas from 1st April 2013 to 31st March 2015**	**SWBTB (2/12) 048**	**GS**
	11 Pg 32	**Annual financial plan 2013/14**	**SWBTB (2/12) 049** **SWBTB (2/13) 049 (a)**	**RW**
1620h	**MATTERS FOR CONSIDERATION AND NOTING**			
	12	**Safety, Quality and Governance**		
	12.1 Pg61	Update from the meeting of the Quality & Safety Committee held on 21 March 2013 and minutes from the meeting held on 21 February 2013	SWBQS (2/13) 031	OD
	12.2 Pg71	Quality report	SWBTB (3/13) 051 SWBTB (3/13) 051 (a)	RO/ KD/ RST
	12.3	Update on performance of the Emergency Departments	To follow	RB
	12.4 Pg 110	Trust Board and Committee structure	SWBTB (3/13) 052 SWBTB (3/13) 052 (a)	MS
	12.5	Board Assurance Framework – Quarter 3 update	To follow	SG-P
1700h	**13**	**Performance Management**		
	13.1	Draft minutes from the meeting of the Finance & Performance Management Committee held on 22 March 2013	Hard copy	CRO
	13.2 Pg 112	Monthly finance report	SWBTB (3/13) 054 SWBTB (3/13) 054 (a)	RW
	13.3 Pg 128	Monthly performance monitoring report	SWBTB (3/13) 055 SWBTB (3/13) 055 (a)	RW
	13.4 Pg 135	NHS Performance Framework & FT Compliance Framework report	SWBTB (3/13) 056 SWBTB (3/13) 056 (a)	RW
	13.5 Pg 138	Performance Management Regime – monthly submission	SWBTB (3/13) 057 SWBTB (3/13) 057 (a)	MS
	13.6 pg 151	Update on the delivery of the Transformation Plan	SWBTB (3/13) 058 SWBTB (3/13) 058 (a)	RB
1720h	**14**	**Strategy and Development**		
	14.1	Foundation Trust application programme		
	▶ Pg 158	Monitoring report	SWBTB (3/13) 059 SWBTB (3/13) 059 (a)	MS
	15	**Any other business**	**Verbal**	**All**

	16	**Details of next meeting** *The next public Trust Board will be held on 25 April 2013 at 1530h in the Boardroom, Sandwell Hospital* *Non-routine agenda items due to be considered at the meeting are:* • Health & Wellbeing update (DSOD) • Research strategy update (MD) • Assurance Framework update (Q4) (DG) • Register of seals (DG) • Register of directors' interests (DG) • Progress against corporate objectives (Q4) (DSOD)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MINUTES

Trust Board (Public Session) – Version 0.2

Venue Boardroom, Sandwell Hospital **Date** 28 February 2013

Present	**In Attendance**
Mr Richard Samuda [Chair]	Miss Kam Dhami
Ms Clare Robinson	Mr Graham Seager
Mrs Gianjeet Hunjan	Mrs Jayne Dunn
Dr Sarindar Sahota OBE	Mrs Jessamy Kinghorn
Prof Richard Lilford	
Mr Mike Sharon	**Guest**
Mr Robert White	Dr Bill Thompson
Dr Roger Stedman	
Miss Rachel Overfield [Part]	**Secretariat**
	Mr Simon Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
Apologies were received from Ms Olwen Dutton, Mr Harjinder Kang and Miss Rachel Barlow.	
2 Declaration of Interests	**Verbal**
There were no interests declared.	
3 Minutes of the previous meeting	**SWBTB (1/13) 019**
The minutes of the Trust Board meeting held on 31 January 2013 were approved.	
AGREEMENT: The minutes of the last meeting were approved	
4 Update on actions arising from previous meetings	**SWBTB (1/13) 019 (a)**

The Board reviewed the meeting action log and noted that there were no matters requiring escalation or that needed to be raised for the Board's attention. It was noted that in terms of the action regarding the implementation of the revised ward leadership model, this should be considered within the wider context of the work to address nurse staffing ratios across the Trust. Mr Sharon advised that a key influence on the nurse staffing situation related to the significant number of infection outbreaks which had resulted in the revised model not delivering the full range of benefits within the Trust that had been anticipated.	
5 Chair and Chief Executive's opening comments	**Verbal**
The Chairman advised that he had met with some of the Trust Chairs from across the region, including those of organisations due to be authorised as Foundation Trusts shortly. It was reported that a meeting had been held with Councillor Barnett, who would be visiting the Trust in due course. The Chairman also reported that a walkabout with Harjinder Kang had been undertaken, which had proved to be a positive experience. It was reported that a conference had been attended following the recent publication of the outcome of Robert Francis QC's inquiry into failings at Mid Staffordshire NHS Foundation Trust. The Board was asked to note that the report suggested that the Care Quality Commission (CQC) adopted a closer focus on safety and clinical effectiveness, in addition to ensuring that robust clinical leadership was in place. Miss Dhami pointed out that this revised remit was significantly different to that currently held by the CQC. It was further highlighted that the report emphasised the need for openness and underlined the role of the Board in managing operational pressures. It was reported that against some recommendations, a national response would need to be developed. Prof Lilford asked whether there had been any discussion about the financial pressures and the impact of these on quality & safety. The Chairman confirmed that this had been included within the briefing. Mr Sharon advised that the Trust continued to operate under significant operational pressure at present, however every effort continued to be directed into treating patients safely and within the most appropriate environment. It was highlighted that the recent infection outbreaks had exacerbated the impact of the operational pressures. The Board was advised that Mr Sharon had met with the CEO of the local Community Trust to discuss how best practice might be shared. It was reported that a visit from the Department of Health was planned in connection with the Midland Metropolitan Hospital (MMH) project. The Board was advised that accreditation against the Clinical Negligence Scheme for Trusts (CNST) accreditation had been achieved at Level 2 for the Maternity area. The Board offered its congratulations on this success. Miss Dhami added that 45 out of 50 standards had been achieved. The financial benefit associated with the accreditation was reported to be a 20% discount on the Trust's premium payable to the NHS Litigation Authority in respect of maternity services. The Board was advised that the majority of trusts which provided maternity services were accredited at Level 2.	

6 Questions from members of the public	**Verbal**
There were no questions.	
7 Acquisition of Leasowes Intermediate Care Centre	**SWBTB (2/13) 021** **SWBTB (2/13) 021 (a) - SWBTB (2/13) 021 (c)**
Mr Seager reported that Leasowes Intermediate Care Centre was currently the property of Sandwell PCT, however following the disestablishment of Primary Care Trusts from 1 April 2013, the facility would transfer to Trust. The key parameters of the transfer were outlined to the Board. It was highlighted that the transfer would not be classed as material under Monitor's REID guidance given that it's value was less than 10% of the Trust's annual income. Mr White highlighted that the Trust did not need to purchase the asset as the transfer had been agreed as part of the Transforming Community Services programme in 2011. Mr Seager was asked whether leases needed to be signed for other properties. He advised that this was not the case as the Leasowes facility was the only property which would transfer. It was reported that community services would continue to be delivered from a number of other properties however. Ms Robinson asked whether the staff working in the Leasowes facility would transfer to the Trust. Mr Seager advised that the staff were already Trust employees. The Trust Board accepted the implications of the property becoming part of the Trust's asset base and agreed the transfer.	
AGREEMENT: The Trust Board accepted the implications of Leasowes Intermediate Care Centre becoming part of the Trust's asset base and agreed the transfer	
8 Safety, Quality & Governance	
8.1 Update from the meeting of the Quality & Safety Committee held on 21 February 2013 and the minutes from the meeting held on 25 January 2013	**SWBQS (1/13) 012**
Mrs Hunjan, in Ms Dutton's absence, provided an outline of discussions that had occurred at the meeting of the Quality & Safety Committee. The Chairman reported the Birmingham Overview and Scrutiny Committee was undertaking a review of falls. Ms Robinson asked whether a process for assessing patients for the risk of fall was in place within the Trust. Dr Stedman advised that this was the case and that falls were monitored as part of the ward review process and the Safety Thermometer audit, the results from which were included in the Quality Report. Ms Robinson asked whether the increase in falls lay with the fewer staff being available to monitor patients or if it reflected risk assessments not being robustly undertaken. It was highlighted that due to the ward configuration at Sandwell Hospital, visibility of patients was not as clear as it was at City Hospital. The Board was also advised that the high use of agency staff meant that potentially the protocols put in place to prevent falls may not be being	

as rigorously followed as they would be should the wards be staffed by substantive individuals. Ms Robinson asked whether the wards were aware of their respective positions concerning falls. Dr Stedman advised that the position would be determined as part of the ward review process, however he advised that given that these were performed on a quarterly basis, the results were somewhat in retrospect. It was reported that in addition to the ward reviews, local intelligence was used and triangulation of evidence provided a view of the significance of the falls position.	
8.2 Quality Report	**SWBTB (1/13) 002** **SWBTB (1/13) 002 (a)**
The Board was asked to consider the Quality Report, which it was advised had been discussed in detail at the Quality & Safety Committee on 21 February 2013. Miss Overfield who joined the meeting for this item, was asked whether the level of falls was reflective of lower that desired nurse staffing levels, meaning that patients could not be observed as robustly or whether the position reflected that risk assessments were not being routinely undertaken. The Board was advised that the risk assessments were undertaken comprehensively, however the mitigations to prevent the falls needed further review. It was highlighted that given the position with nurse staffing, patients needing particular attention could not be supported routinely at present. Miss Overfield was asked why some of the information on the ward performance boards was out of date. She advised that the boards were updated every other month, with some of the information updated quarterly in line with the agreed review cycle for particular indicators. The Board was advised that staffing levels and infection control matters were a particular focus at present. It was highlighted that the lack of a decant facility at Sandwell Hospital, unstable staff establishments and the level of Norovirus were all exacerbating the infection control position. Given the smaller wards and the availability of a decant facility at City Hospital, it was reported that the site was in a better position to handle the outbreak. It was highlighted that agreement had been reached with the Trust's commissioners that patients could be admitted onto wards affected by infections on a risk-assessed basis. The Chairman asked whether jointly with the Trust's commissioners, the key messages regarding infection control were being promulgated through the local community. Miss Overfield advised that this was not the case at present. It was reported that some wards had opened to visitors and that patients on closed wards had been provided with complimentary access to television and telephones. Dr Stedman advised that the target concerning treatment of 80% of fractured neck of femur cases within 24 hours was being met at present and that there was good compliance with the use of the World Health Organisation checklist. It was highlighted that the current performance against the stroke care indicators was poorer than required at present. In terms of performance against the VTE target, the Board was advised that there was a need to improve further, an aim that would be addressed through the use of IT solutions. The current level of mortality	

reviews was reported to be at a position behind that anticipated, however the Board was informed that plans were in place to achieve an improvement in this respect. Dr Stedman advised that a 'task and finish' group would be established to investigate the difference in mortality rates between different parts of the Trust. Mr Sharon advised that the position concerning mortality reviews would need to be included within the Quality Account for 2012/13.	
8.3 Trust's initial response to the report of the Mid Staffordshire NHS Foundation Trust public inquiry	**SWBTB (2/13) 032** **SWBTB (2/13) 032 (a)**
Miss Dhami advised that the recent report by Robert Francis QC following the Mid Staffordshire NHS Foundation Trust public inquiry had painted a picture of poor standards of care at Stafford Hospital and more widely of the systems supporting the operation of the Trust. The Board was advised that the Trust had welcomed the report, which it was highlighted presented 290 recommendations. Miss Dhami asked the Board to note the key themes of the recommendations and asked the Board to accept them with a view to reaffirming the Trust's position against them on an annual basis as a minimum. The Board agreed with this approach. It was highlighted that the report had suggested that Patient Care should be a top priority for the Trust. It was agreed that good progress had been made by the Trust in this respect. The Board was asked to note the plan for handling the report and the Trust's response to it. It was reported that a baseline assessment against the recommendations, together with the evidence supporting the suggested position would be presented to the Board at the meeting planned for March 2013. Miss Dhami advised that subsequent to this, an action plan would be developed to address any gaps or areas where further work was needed to strengthen compliance with the recommendations. It was reported that the Trust's response would also be included within the agenda of the Board 'Time Out' session planned for April 2013. The Board was informed that initial conversations about the report had been undertaken through the 'Hot Topics' briefing and it was the subject of the recent discussion topic on which all teams were mandated to reply. It was reported that an article on the Francis report would be included within the next edition of 'Heartbeat', the staff newspaper and would also feature within the forthcoming Leadership Conference. The Board was advised that a number of lessons learned were included within the 'Francis' report. The Board was asked whether the suggested approach to handling the 'Francis' report was thought to be appropriate. It was agreed that this was the case. Dr Steadman advised that there was a need to reflect on the current position against some core values and assess how they were embedded within the Trust. Prof Lilford provided an example of how this view might be gained from staff, which Miss Dhami advised was analogous to that used as part of the 'Listening into Action' approach in place within the Trust.	

Ms Robinson suggested that there was already much good practice in place which would address the recommendations from the 'Francis' report, however there was a need to identify which other activities or processes needed to be improved or introduced. She added that within the action plan, it would be useful to include accountabilities for the actions and the expected dates for completion. Miss Dhami agreed and advised that Executive and Operational leads would be identified within the plan. The Chairman underlined the need for the work to be treated as a top priority for the Board and the Trust as a whole.	
ACTION: **Miss Dhami to present the baseline assessment against the recommendations within the 'Francis' report at the next meeting of the Quality & Safety Committee and Trust Board** **AGREEMENT: The Board accepted the report of the Mid Staffordshire NHS Foundation Trust public inquiry and agreed with the proposed approach to handling the Trust's response to it**	
8.4 Update on performance of the Emergency Departments	**Hard copy paper**
Mr Sharon asked the Board to note the performance against a set of quality indicators pertaining to care in the Trust's Emergency Departments. It was highlighted that there had been no serious incidents since September 2012 and that there appeared to be no particular trends in terms of the complaints received in connection with the area. In terms of performance, it was highlighted that a number of peer organisations were achieving a higher level of performance than the Trust, although this Trust was not the worst performer and that although performance had improved in January, the position had deteriorated recently. It was reported that the Emergency Departments had seen a significant increase in activity in January, the impact of which had been compound by the Norovirus outbreak. The Board was advised that work was underway to understand the reason for the breaches to the national waiting time targets for Emergency Care and that an action plan had been developed to address the breach position. It was reported that much effort was being diverted into reviewing capacity and focussing on patient flow. Mr Sharon advised that a trajectory had been set for improving the performance of the Emergency Departments, however achievement of this was highlighted to be predicated on a number of actions, including resolving the access to a permanent GP-led service within the area to allow better focus on those patients who were more acutely ill. It was highlighted that funding for the existing GP service was only in place until March 2013 and therefore a transitional arrangement might need to be put in place. A new IT solution was also reported to be being installed by mid May 2013, which would assist with the operation of	

the area. Dr Steadman clarified that this timescale reflected the time by which the new system was expected to have an impact on performance in the area.

The Board was advised that the required 95% waiting time target would not be met for the final quarter of 2012/13, however it was anticipated that the target would be achieved for the first quarter of the new financial year. It was reported that a plan to meet this requirement had been presented recently to the Clinical Commissioning Group (CCG). The Board was advised that a bed plan was also being developed at present. Ms Robinson highlighted that the CCG was keen to gain assurance that the plans for winter capacity and bed management would be prepared earlier than they had been for the current financial year.

Prof Lilford asked what progress was being made to attract consultants into the Emergency Departments. Dr Stedman advised that recruitment agencies had been engaged with securing appropriate candidates to staff the Emergency Departments and advertisements would be issued in March to ensure that medical staff were in post in sufficient time to support the winter operational plan. It was also reported that amount of hours per shift had been extended to provide additional consultant cover in the department at present. Mr White highlighted that the funding for the recruitment was reliant on a satisfactory settlement with commissioners on the contract for 2013/14.

Ms Robinson noted that there was a seasonal influence on the operations in the Emergency Departments and asked whether this was being factored into the plans. Mr Sharon advised that Quarter 3 was typically a challenging period due to the impact of winter, however he advised that for the current year more patients were being admitted with a higher level of acuity. The position was reported to be being exacerbated by changing personnel and a reduction in the number of beds within the Trust. It was highlighted that a reduction in the number of Delayed Transfers of Care might assist with the overall position. Miss Overfield advised that winter beds would be kept open until the end of March 2013. Prof Lilford observed that the key factors affecting the situation were a lack of beds and delays associated with individual departments taking time to identify opportunities for admission. Mrs Hunjan asked whether sufficient monitoring was in place to identify when more patients were being admitted and matching staff levels appropriately. She also asked whether medical staff were being used appropriately to facilitate admissions. Miss Overfield advised that this was the case. She added that the availability of Primary Care services was also poor at this point in the day. Ms Robinson suggested that the Trust considered identifying a number of beds in ‘step down’ facilities to provide contingency. Miss Overfield highlighted the difficulty with engaging Social Services with assessing patients for discharge. Prof Lilford suggested that the use of generic physicians with the Emergency Departments might assist with the position. Dr Stedman advised that this model was not in place as yet, although he acknowledged that internationally this had been trialled. He drew the Board’s attention to the success of the work to improve capacity and flow and advised that in terms of the bed reconfiguration work, this was having an impact.

The Chairman asked for an indication of staff morale in the area. Miss Overfield

advised that morale was low and sickness absence levels were deteriorating. Mr Sharon advised that sign off of the trajectory for the required improvements in Emergency Department performance would be through the annual planning process with the Trust Development Authority. It was reported that the ongoing joint approach with the CCG was helpful. The Board asked that its thanks be communicated to the staff in the Emergency Departments for their continued commitment under the current circumstances. The Board agreed to accept the reported position and the intended plans to deliver the forecast trajectory to achieve an acceptable level of performance against the Accident & Emergency waiting time target.	
8.5 Radiation Protection annual report	**SWBTB (2/13) 023** **SWBTB (2/13) 023 (a)**
Dr Bill Thompson joined the meeting to present an annual update on radiation protection matters. The Board was advised that staff working in Radiopharmacy and those supporting the krypton generator service were more exposed to ionising radiation than other staff across the Trust. Therefore staff doses in these areas, both whole body and extremity, were reviewed centrally for trends and compliance with the relevant legislation governing this practice. It was reported that Imaging equipment was regularly quality assured and monitored. Dr Sahota noted that there had been a noticeable increase in patients doses in the Catheterisation laboratory and asked for clarification of the impact of this position. He was advised that as detectors deteriorated in the area the doses received would have increased slightly. The Board was advised that detectors were regularly calibrated and any increased doses were detected before a level of significance for patients was reached. Dr Thompson emphasised that although the doses were determined to have increased, the levels were well within the acceptable tolerance limits. In terms of inspections, Dr Thompson advised that the Care Quality Commission (CQC) had reviewed protocols within the remit of IRMER regulations. Mr Seager asked what relationship the area had with the Health & Safety Executive. Dr Thompson advised that the body had reviewed staff exposure and equipment failure. He advised that the CQC had made a number of recommendations following the visit, but had also identified some areas of good practice. The Board was advised that Dr Thompson continued to run some training courses on a national basis and that Cardiologist were targeted specifically for these. Mrs Hunjan asked whether a charge was made for the courses. She was advised that this was the case on a notional basis. It was reported that the krypton generator service was offered on a national	

basis. The Chairman asked whether best practice was shared. Dr Thompson confirmed that he met with colleagues from other organisations for this purpose. Dr Thompson was thanked for his attendance and informative report.	
9 Performance Management	
9.1 Draft minutes from the meeting of the Finance & Performance Management Committee held on 22 February 2013	**Hard copy**
Ms Robinson provided a summary of the discussions held at the meeting of the Finance & Performance Management Committee held on 22 February 2013. It was highlighted that the Committee had recognised the benefit of using IT solutions to address performance in some areas, such as e-rostering. Miss Overfield advised that this facility was in place on most wards, however the fluctuation in establishments at present had introduced some delay with implementing the technology. The Board was advised that the outcome of the second phase of the Historical Due Diligence audit had been presented to the Committee by Price Waterhouse Cooper, which had highlighted that good progress had been made with the recommendations raised as part of the first phase of the audit.	
9.2 Monthly finance report	**SWBTB (2/13) 024** **SWBTB (2/13) 024 (a)**
Mr White advised that there was optimism that the year-end forecast position could be achieved. It was reported that delivery of the Transformation Savings Plan targets was on track. The Board was advised that there was some delay in spending capital funds, particularly associated with the acquisition of the land for the Midland Metropolitan Hospital, however an accrual would be made in respect of the contractual obligations under the General Vesting Declaration.	
9.3 Monthly performance monitoring report	**SWBTB (2/13) 025** **SWBTB (2/13) 025 (a)**
Mr White presented the key exceptions in terms of performance across all major internal and external targets. It was highlighted that the report had been discussed in detail by the Finance & Performance Management Committee at its recent meeting. Performance against the referral to treatment time in Trauma & Orthopaedics and Plastic Surgery specialities was reported to be behind the required position. It was highlighted that there had been an in month breach against the 31 day cancer target due to patient choice. The Chairman asked whether there were any concerns to highlight in relation to performance against CQUIN targets. Mr White advised that there was no issue of	

significance which would be likely to materially impact on the financial position and that any areas of shortfall would be discussed as part of the ongoing contract discussions.	
9.4 NHS Performance Framework and FT Compliance Framework report	**SWBTB (2/13) 026** **SWBTB (2/13) 026 (a)**
Mr White advised that according to the NHS Performance Framework the Trust was classified as 'performing' and that the rating against the FT Compliance Framework was 'Amber/Green'.	
9.5 Provider Management Regime monthly return	**SWBTB (2/12) 027** **SWBTB (2/12) 027 (a)**
Mr Sharon presented the proposed Provider Management Regime (PMR) return for submission to the Strategic Health Authority. It was reported that the Trust was currently declaring non-compliance with the Board Statement concerning meeting all key operational targets in reflection of the current issues with performance against the Accident & Emergency waiting time target. The Board was pleased to note that given that in excess of 95% of staff had been trained in Information Governance matters, compliance could be declared against the Board statement related to this. It was reported that one avoidable pressure ulcer had occurred during the month.	
AGREEMENT: The Trust Board gave its approval to the submission of the Provider Management Regime return	
9.6 Update on the delivery of the Transformation Plan	**SWBTB (2/13) 028**
The Board was advised that the latest progress with the delivery of the Transformation Plan concerned reviewing the reporting processes and the Key Performance Indicators used to determine the progress with delivery of the Plan.	
10 Strategy & Development	
10.1 Clinical Reconfiguration Board update	**SWBTB (2/13) 029**
Mrs Hunjan presented an update from the recent Clinical Reconfiguration Board meeting. She advised that a review of Clinical Haematology was planned, following a recent external review with a view to potentially consolidating the service. It was reported that it had been agreed to progress to the next stage of consultation for this service in order to better understand the benefits of the plans, although the need for public consultation was still to be identified. It was reported that reconfiguration of a number of other services was also underway, including that of Stroke services, which would be completed on 11 March 2013.	
10.2 Foundation Trust application: programme director's report	**SWBTB (2/13) 030** **SWBTB (2/13) 030 (a)**

The Trust Board received and accepted the Foundation Trust programme director's report. Mr Sharon advised that the scope of the update would be broadened to cover all aspects which could influence the timeline for the Trust's Foundation Trust application. It was reported that the formal approval of the proposed amendments to the timescales for the application remained awaited from the Trust Development Authority.	
11 Update from the Committees	
11.1 Audit Committee	**SWBAC (12/12) 068**
Mrs Hunjan presented the key highlights from the meeting of the Audit Committee held on 14 February 2013 and the special meeting that had been convened earlier that day to handle outstanding business. The Board was advised that the latest position concerning the work to resolve the Data Quality issues related to the 18 week referral to treatment time targets had been presented to the Committee. It was reported that a presentation had been given by Finnamore Ltd. providing the outcome of the assessment against the Board Governance Assurance Framework. Mrs Hunjan advised that the proposed changes to the Trust's Standing Orders/Standing Financial Instructions and Scheme of Delegation would address the suggestion made at the previous meeting of the Trust Board that contracts needing signature did not need to be presented to the Trust Board unless of a sufficiently significant value as would warrant Board oversight. It was reported that the Estates Department assurance report had been received by the Committee, which had conveyed a positive position, with 90% of all possible successes having being achieved. The Board was advised that this report would be considered by the Committee on an annual basis. It was reported that an update on the wider Data Quality agenda had been received.	
11.2 Charitable Funds Committee	**SWBCF (12/12) 026**
Dr Sahota presented the key highlights from the meeting of the Charitable Funds Committee that had been held on 14 February 2013. The Committee was advised that the Head of Fundraising had presented a strategy to provide a framework for fundraising in the organisation. It was reported that the meetings of the Committee would receive an update from the Investment Adviser from Barclays Wealth at alternate meetings, with the interim meetings focussing on progress with fundraising.	
The revised terms of reference for the Charitable Funds Committee were presented, which it was highlighted had been amended to reflect that the corporate body of Charitable Funds Trustees would be represented at meetings by a subset of the Trustees. Mr White asked whether the position had been	**SWBCF (12/12) 031** **SWBCF (12/12) 031 (a)**

clarified in respect of whether a subset of Trustees could legally represent the corporate body. Mr Grainger-Payne advised that the position had been confirmed as being lawful.	
AGREEMENT: The Trust Board approved the revised terms of reference for the Charitable Funds Committee	
12 Any other business	**Verbal**
There was none	
13 Details of the next meeting	**Verbal**
The next public session of the Trust Board meeting was noted to be scheduled to start at 1530h on 28 March 2013 and would be held in the Anne Gibson Boardroom at City Hospital.	

Signed: …….

Name: …….

Date: ……

Next Meeting: 28 March 2013, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

28 February 2013, Boardroom @ Sandwell Hospital

Members present: Mr R Samuda (RSM), Ms C Robinson (CR), Dr S Sahota (SS),Mrs G Hunjan (GH), Prof R Lilford (RL), Mr M Sharon (MS), Mr R White (RW), Dr R Stedman (RST), Miss R Overfield (RO) [Part]

In Attendance: Mrs J Dunn (JD), Miss K Dhami (KD), Mr G Seager (GS), Mrs J Kinghorn (JK)

Apologies: Ms O Dutton, Mr H Kang, Miss R Barlow, Mr B Hodgetts

Secretariat: Mr S Grainger-Payne (SGP)

Last Updated: 22 March 2013

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.233	Update on actions arising from previous meetings	SWBTB (9/12) 231 (a)	25-Oct-12	Present an update on the effectiveness of the ward leadership model at the December 2012 meeting of the Trust Board	RO	~~20/12/2012~~ 25/04/2013	Deferred to the ~~January February~~ ~~March~~ April 2013 meeting	Y
SWBTBACT.235	Execution of a contract as a Simple Contract: building works for a Blood Sciences Laboratory at Sandwell Hospital	SWBTB (12/12) 287	20-Dec-12	Amend the SFIs/Sos to provide for more practical arrangements regarding contract signing	SG-P	~~14/02/2013~~ 09/05/2013	Included in version of SFIs presented to Audit Committee meeting on 14 February 2013 and due for ratification at the meeting of the Audit Committee planned for May 2013	G
SWBTBACT.236	Workforce strategy	Hard copy paper	20-Dec-12	Provide an update on steps being taken to attract a greater number of apprentices into the Trust	RO	~~28/02/2013~~ 30/04/2013	Will be discussed at Workforce Assurance Committee as part of its cycle of business	G
SWBTBACT.243	Monthly performance monitoring report	SWBTB (1/13) 005 SWBTB (1/13) 005 (a)	31-Jan-13	Arrange for open bed information to be reinstated within the corporate performance report	RW	~~28/03/2013~~ 25/04/2013	Format and content of corporate quality & performance dashboard is currently under review and a proposal is to be considered by the Finance & Performance Management Committee at its meeting scheduled for April 2013	G
SWBTBACT.245	Trust's initial response to the report of the Mid Staffordshire NHS Foundation Trust public inquiry	SWBTB (2/13) 032 SWBTB (2/13) 032 (a)	28-Feb-13	Present the baseline assessment against the recommendations within the 'Francis' report at the next meeting of the Quality & Safety Committee and Trust Board	KD	26/04/13	Handling of the Francis report response discussed at the Q & S Committee on 21/03/13. Agreed further work was needed to fully inform the response, particularly on those areas where a national positon needed to be agreed and soundings from staff needed to be taken. Further discussion about the response to the Francis report recommendations to be held at the Trust Board 'Time Out' session on 26/4/13. In the meantime, however work continues in parallel to address the areas that can be progressed, particularly those specific to professional groups.	G

KEY:

R	Outstanding action due for completion more than 6 months ago. Completion has been deferred more than once or there is no firm evidence that it is being progressed towards completion
A	Oustanding action due for completion more than 6 months ago. Completion has been deferred more than once but there is substantive evidence that work is progressing towards completion
Y	Outstanding action raised more than 3 months ago which has been deferred more than once
G	Action that is scheduled for completion in the future and there is evidence that work is progressing as planned towards the date set
B	Action that has been completed since the last meeting

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Trust Board annual cycle of business**
SPONSOR (EXECUTIVE DIRECTOR):	**Kam Dhami, Director of Governance**
AUTHOR:	**Simon Grainger-Payne, Trust Secretary**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

The Trust Board reporting cycle for 2013/14 is presented for approval.

The reporting cycle is similar to that for the previous year, being based on the model included in the Appointment Commission's 'The Intelligent Board' publication, together with some items of specific relevance to the Trust.

Given the new Quality Committee structure and the wider remit of the Quality & Safety Committee agreed in year, a number of items have been removed for consideration by these bodies with a view to escalating any concerns or reporting highlights to the Trust Board by exception.

Matters requiring the Board's urgent attention will continue to be presented at the earliest opportunity outside of the standard cycle of business.

The Board is asked to note that additional amendments to the reporting cycle may need to be made in year when the full implications and assessment of the recommendations from the recent 'Francis 2' report are clarified.

REPORT RECOMMENDATION:

The Trust Board is asked to approve its annual reporting cycle.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	

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

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

Comments:

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

Covers all Trust objectives

PREVIOUS CONSIDERATION:

Presented annually for approval

TRUST BOARD REPORTING CYCLE 2013/14

QUARTER 1

	APRIL	MAY	JUNE
QUALITY, SAFETY AND GOVERNANCE	▪ Patient Experience – themed report (CN) ▪ Assurance Framework update (Q4) (DG) ▪ Register of seals (DG) ▪ Register of directors' interests (DG) ◆ ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Agree 2013/14 Assurance Framework (DG) ◆ ▪ Audit Committee annual report (CoAC) ▪ Finance & Performance Mgt Committee annual report (COFPC) ▪ Quality and Safety Committee annual report (CoQSC) ▪ Approve changes to the SOs/SFIs (DFPM) ◆ ▪ Trust Board Committees' Terms of Reference (DG) ◆ ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Annual risk report (DG) ▪ Annual complaints report (DG) ▪ National patient surveys (HCE) ▪ Quality report (CN/MD/DG) ▪ Update on Medical Education (MD) ▪ Approval of annual report and accounts 2011/12[#] (DFPM) ◆ ▪ Approval of Quality Account 2012/13 ◆ ▪ Approval of the external audit plan 2013/14[#] (DFPM) ◆
STRATEGY AND DEVELOPMENT	▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Update on delivery of the Workforce strategy (DSOD) ▪ Transformation Plan progress report (COO)	▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Communications and engagement update (HCE) ▪ Reconfiguration update (DSOD) ▪ Research strategy update (MD)	▪ 'Right Care, Right Here' programme: progress report (DSOD) ▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Listening into Action update (CEO)
PERFORMANCE MANAGEMENT	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Progress against corporate objectives (Q4) (DSOD) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆
OPERATIONAL MANAGMENNT		▪ Staff survey report and action plan (CN)	

NOTE: Policies and strategies may be presented for approval as required throughout the year

◆ Denotes items for approval

[#] Special meeting held in early June 2013

	QUARTER 2		
	JULY	**AUGUST**	**SEPTEMBER**
QUALITY, SAFETY AND GOVERNANCE	▪ Patient Experience – themed report (CN) ▪ Assurance Framework update (Q1) (DG) ▪ Annual Health and Safety report (DG) ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ National patient surveys (CN) ▪ Quality report (CN/MD/DG)
STRATEGY AND DEVELOPMENT	▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Transformation Plan progress report (COO)	▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Annual plan process for 2013/14 (DSOD) ◆	▪ 'Right Care, Right Here' programme: progress report (DSOD) ▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Update on the delivery of the IM & T strategy (CEO) ▪ Reconfiguration update (DSOD)
PERFORMANCE MANAGEMENT	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Progress against Annual Plan priorities (Q1) (DSOD) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆
OPERATIONAL MANAGMENNT	▪ Sustainability (DENHP)		

NOTE: Policies and strategies may be presented for approval as required throughout the year

◆ Denotes items for approval

	QUARTER 3		
	OCTOBER	**NOVEMBER**	**DECEMBER**
QUALITY , SAFETY AND GOVERNANCE	▪ Patient Experience – themed report (CN) ▪ Assurance Framework update (Q2) (DG) ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Nursing annual report (CN) ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Fire safety annual report (DENHP) ▪ Radiation protection annual report (COO) ▪ National patient surveys (CN) ▪ Quality report (CN/MD/DG)
STRATEGY AND DEVELOPMENT	▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Estates strategy annual review (DENHP) ▪ Transformation Plan progress report (COO)	▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP)	▪ 'Right Care, Right Here' programme: progress report (DSOD) ▪ FT application update (DSOD) ▪ Midland Metropolitan Hospital programme: progress report (DENHP) ▪ Communications and engagement update (HCE) ▪ Reconfiguration update (DSOD) ▪ Research strategy update (MD)
PERFORMANCE MANAGEMENT	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Progress against Annual Plan priorities (Q2) (DSOD) ▪ Sign off annual audit letter (DFPM) ◆ ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆
OPERATIONAL MANAGMENNT			

NOTE: Policies and strategies may be presented for approval as required throughout the year

◆ Denotes items for approval

	QUARTER 4		
	JANUARY	**FEBRUARY**	**MARCH**
QUALITY, SAFETY AND GOVERNANCE	▪ Patient Experience – themed report (CN) ▪ Assurance Framework update (Q3) (DG) ▪ Quality report (CN/MD/DG) ▪ Update on Medical Education (MD)	▪ Patient Experience – themed report (CN) ▪ Quality report (CN/MD/DG)	▪ Patient Experience – themed report (CN) ▪ Annual cycle of business for Trust Board (DG) ◆ ▪ National patient surveys (HCE) ▪ Quality report (CN/MD/DG) ▪ Declaration of compliance with CQC essential standards (DG)
STRATEGY AND DEVELOPMENT	▪ FT application update (DSOD) ▪ New acute hospital programme: progress report (DENHP) ▪ Transformation Plan progress report (COO)	▪ FT application update (DSOD) ▪ New acute hospital programme: progress report (DENHP) ▪ Health and Wellbeing update (DSOD) ▪ Reconfiguration update (DSOD) ▪ Business Development update (DSOD)	▪ 'Right Care, Right Here' programme: progress report (DSOD) ▪ FT application update (DSOD) ▪ New acute hospital programme: progress report (DENHP)
PERFORMANCE MANAGEMENT	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Progress against Annual Plan priorities (Q3) (DSOD) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Performance Management Regime return (DSOD) ◆	▪ Financial performance (DFPM) ▪ Performance monitoring report (DFPM) ▪ NHS performance framework update (DFPM) ▪ Annual corporate plan (DSOD) ◆ ▪ Annual financial plan and budget (DFPM) ◆ ▪ Performance Management Regime return (DSOD) ◆
OPERATIONAL MANAGMENNT	▪ Sustainability (DENHP)		

NOTE: Policies and strategies may be presented for approval as required throughout the year

◆ Denotes items for approval

KEY

DFPM	Director of Finance and Performance Management
DSOD	Director of Strategy and Organisational Development
COO	Chief Operating Officer
CN	Chief Nurse
MD	Medical Director
DG	Director of Governance
DENHP	Director of Estates/New Hospital Project
HCE	Head of Communications and Engagement
CoAC	Chair of Audit Committee
CoQSC	Chair of Quality and Safety Committee
CoFPC	Chair of Finance and Performance Management Committee

NOTE: Policies and strategies may be presented for approval as required throughout the year

◆ Denotes items for approval

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Workforce & Organisational Development Assurance Committee Terms of Reference**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Overfield, Chief Nurse**
AUTHOR:	**Rachel Overfield, Chief Nurse**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

There is currently no formal Trust Board assurance structure around workforce issues. Workforce matters are generally raised with the Board on an ad hoc basis or via the Finance and Performance Committee. As a consequence the Board has little insight or assurance that matters relating to workforce are being appropriately managed. As a result a Workforce & OD Assurance structure has been developed and is presented as part of the overall new Committee structure to the Trust Board and the Terms of Reference for the proposed Workforce & OD Assurance Committee are attached for approval.

REPORT RECOMMENDATION:

The Trust Board is asked to resolve to establish a Committee of the Board to be known as the Workforce and Organisational Development Assurance Committee and is asked to approve its terms of reference.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	

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

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

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

Strategic Objectives:

- Effective use of resources and associated workforce priorities

It also links to a number of CQC and NHSLA standards.

PREVIOUS CONSIDERATION:

No previous consideration.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

WORKFORCE AND ORGANISATIONAL DEVELOPMENT ASSURANCE COMMITTEE

Terms of Reference

1. CONSTITUTION

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Workforce and Organisational Development Assurance Committee (The Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

2. AUTHORITY

2.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

2.2 The Workforce and Organisational Development Assurance Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.

2.3 The Workforce and Organisational Development Assurance Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3. PURPOSE

3.1 The Committee will enable the Board to obtain assurance that the Trust has the organisational capacity and capability to achieve the Trust's vision/strategic objectives and the right people with the right skills and values in the right places at the right time and, in particular, that adequate and appropriate workforce governance structures, processes and controls are in place throughout the Trust:

3.1.1 To improve the effectiveness, efficiency and capability of the Trust over the long term with special regard to workforce matters.

3.1.2 To promote and ensure a culture in which high quality staff deliver high quality safe patient care;

4. MEMBERSHIP

4.1 The Committee will comprise of two Non-Executive Directors, the Chief Nurse (Executive Lead for Workforce), Director of Strategy and Organisational Development and the Chief Operating Officer together with relevant Senior Trust staff:

- Deputy Director of Workforce (Operations)

4.2 A quorum will be 4 members, of which there must be at least one Non-Executive Director and one Executive Director.

4.3 The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair. If the Chair of the Committee is absent from the meeting then another Non-Executive Director shall preside

5. ATTENDANCE

5.1 Trust Board members, who are not members of the Committee, may attend for all or part of the meeting by prior agreement with the Chair of the Committee.

5.2 Chairs of subgroups, Trust staff or advisers from outside the Trust will be required to attend relevant sections of meetings as appropriate.

5.3 The Executive Assistant for the Director of OD & Strategy shall be secretary to the Committee and will provide administrative support and advice. The duties of the Executive Assistant in this regard are:

- Agreement of the agenda with the Chair of the Committee and attendees with the collation of connected papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward

6. FREQUENCY OF MEETINGS

6.1 Meetings will be held bi-monthly.

6.2 Additional meetings may be held on an exceptional basis at the request of the Chairman or any three members of the Workforce and Organisational Development Committee.

7. DUTIES

7.1 In particular, in respect of general governance arrangements:

7.1.1 To ensure that all statutory elements of workforce governance are adhered to within the Trust;

7.1.2 To agree Trust-wide workforce and organisational development priorities and give direction to the Trust's services and divisions;

7.1.3 To agree Trust-wide priorities for learning and development activity (including leadership development)

7.1.4 To ensure that strategies and plans are in place to ensure effective staff communication and to maintain and increase levels of staff engagement

7.1.5 To approve workforce and employment policies and procedures, ensuring that they support the delivery of the Trust's strategic objectives and are in line with relevant legislation and best practice;

7.1.6 To foster links with RCRH Partners, Sandwell and West Birmingham CCG, West Midlands Local Education and Training Board (LETB) and the Black Country Local Education Training Council (LETC), trade unions and other stakeholders as appropriate.

7.1.7 To receive and approve the annual work programme and plans for implementing the Trust's Workforce and OD Strategies (including strategic workforce planning, human resources management, learning and development and leadership development) ensuring consistency with the delivery of the Trust's strategic objectives;

7.1.8 To approve the Terms of Reference and membership of its reporting sub- committees (as may be varied from time to time at the discretion of the Workforce and Organisational Development Committee) and oversee the work of those sub-committees, receiving reports from them as specified by the Committee in the sub-committees' Terms of Reference for consideration and action as necessary;

7.1.9 To consider matters referred to the Workforce and Organisational Development Committee by the Board;

7.1.10 To consider matters referred to the Workforce and Organisational Development Committee by its sub-committees;

7.2 In respect of Workforce and OD performance and assurance, in particular:

7.2.1 To ensure that internal standards and best practice are set and monitored

7.2.2 To ensure the most effective and efficient use of human resources through evidence-based and best practice;

7.2.3 To ensure that workforce and employment risks are minimised through the application of a comprehensive assurance and governance system including, without limitation:

- to review the Trust's Workforce and OD Strategies prior to their presentation to the Board of Directors for approval;
- to receive reports from the Trust's Senior Workforce and OD leads;
- to identify areas of significant workforce risk, set priorities and place actions using the Board Assurance Framework;
- to ensure the Trust incorporates the recommendations from external bodies as well as those made internally e.g. in connection with serious incident reports and adverse incident reports relating to employment practices and staffing issues, into practice and has mechanisms to monitor their delivery;
- to maintain and monitor the Trust's Human Resources policies and procedures;
- to ensure those areas of workforce risk within the Trust are regularly monitored and that effective contingency plans are in place;
- to ensure implementation of the effective workforce assurance methodologies including the TDA Workforce Assurance Tool
- to assure that there are processes in place that safeguard the health, safety and wellbeing of staff within the Trust; and
- to escalate to the Executive Team and/or Board any identified unresolved risks arising within the scope of these Terms of Reference that require executive action or that pose significant threats to the operation, resources or reputation of the Trust.

7.2.4 To agree the NHS Staff Survey action plan and monitor progress

7.2.5 To assure that the Trust has reliable, up-to-date workforce information so as to aid decision making, workforce planning and development and identify areas for improvement and ensure that these improvements are effected

7.3 In particular, in respect of efficient and effective use of human resources through evidence-based and best practice:

7.3.1 To agree the annual Workforce priorities and monitor progress;

7.3.2 To ensure that the Trust's approach to workforce planning and development, learning and development and human resources management (including leadership development, staff engagement and staff recognition) is based on evidence of best practice/national guidance;

7.3.3 To ensure that there is an appropriate process in place to monitor and promote compliance with Trust HR policies, procedures and processes ;

7.3.4 To assure the implementation of all new procedures and processes according to Trust policies;

7.3.5 To review the implications of changes in national policy and new directives and to endorse, approve and monitor the internal action plans arising from them;

7.3.6 To monitor trends in organisational effectiveness and human resources performance and commission actions in response to adverse trends where appropriate;

7.3.7 To generally monitor the extent to which the Trust meets the workforce requirements of commissioners and external regulators;

7.3.8 To identify and monitor any gaps in the delivery of the Trusts OD and workforce programmes ensuring progress is made to improve these areas;

7.3.9 To ensure that audits and reviews are prioritised, recorded, appropriately completed and action is taken to implement and sustain change

7.3.10 To ensure that there is an appropriate mechanism in place for action to be taken in response to the results of any relevant external reports (e.g. from the Care Quality Commission);

7.3.11 To oversee the processes within the Trust to ensure that appropriate action is taken in response to workforce planning risks, adverse employment trends, complaints and litigation and that examples of good practice are disseminated within the Trust and beyond if appropriate;

7.3.12 To ensure that where human resources practice is of high quality, that practice is recognised and propagated across the Trust; and

7.3.13 To ensure the Trust is outward- looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

7.3.14 To ensure the Trust has a realistic and relevant training and development plan.

7.3.15 To monitor spending on training and development activity.

7.3.16 To ensure the Trust influences the LETC and LETB to ensure appropriate staff training commissions and fair share of innovation funding.

7.3.17 To monitor all education monies via the Learning Development agreement.

7.3.18 To monitor the work of the Trust education faculty and Learning Works.

7.3.19 To monitor the Trusts Widening Participation Programme.

8. REPORTING

8.1 The minutes of all meetings of the Committee shall be recorded and submitted, together with recommendations where appropriate, to the Board. The submission shall include details of any matters in respect of which actions or improvements are needed. To the

extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Board, in addition to submission of the minutes.

8.2 Following each Committee meeting, the minutes shall be drawn up and submitted to the Chair of the Committee in draft format. The draft minutes will then be presented at the next Committee meeting where the person presiding at it will sign them. The approved minutes will be presented to the next immediate public Trust Board meeting for information.

8.3 The Committee will report to the Board after every meeting in respect of the fulfilment of its functions in connection with these terms of reference.

9. REVIEW

9.1 The terms of reference of the Committee shall be reviewed by the Board annually.

10. REQUIRED FREQUENCY OF ATTENDANCE BY MEMBERS

10.1 Members of the Committee must attend at least four meetings each financial year, but should aim to attend all scheduled meetings.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Contract for supply of Natural Gas from 1st April 2013 to 31st March 2015**
SPONSOR (EXECUTIVE DIRECTOR):	**Graham Seager- Director of Estates/ New Hospital Project Director**
AUTHOR:	**Rob Banks - Head of Estates**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

- The purpose of this paper is to request the use of the Trust's Seal in executing a 24 month gas supply contract with Eni Trading & Shipping Sp A (UK Branch).
- The Board approved the entering into contract with Eni Trading & Shipping Sp A (UK Branch) at its February 2013 meeting.
- At the time of Board approval of the award of contract the use of the Trust's Seal was not clarified

REPORT RECOMMENDATION:

Authorise the use of the Trust's Seal in executing the contract with Eni Trading & Shipping Sp A (UK Branch)

PURPOSE OF REPORT:

Accept	Approve	Discussion
	X	

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

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

Comments: Risks- Not entering into supply contract exposes the Trust to supply uncertainty and to pay premium price for future gas supply.

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

Good Use of Resources

PREVIOUS CONSIDERATION:

The commercial details of the contract were presented to the Trust Board at its private session on 28 February 2013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	2013/14 & Medium Term Draft Financial Plan
SPONSORING DIRECTOR:	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Chris Archer, Associate Director of Finance - Corporate
DATE OF MEETING:	28 March 2013

SUMMARY OF KEY POINTS:

This paper presents the final 2013/14 & medium term draft financial plan for consideration and approval by the Trust Board.

The financial plan was reviewed and scrutinised by the Finance & Performance Management Committee on 22nd March 2013. The financial forecasts will be used to inform the final submission to the TDA (Trust Development Authority) on 5th April 2013. The plans presented meet all necessary thresholds to deliver a balanced financial governance risk rating.

The plan caters for a number of risks including plans to keep bed capacity open for a period beyond the end of March given the clinical pressures in the system. Further risks relate to the fines regime not the least of which concerns ambulance turnaround times, A&E targets and meeting referral to treatment times. The intention is to mitigate a significant element of risk through a combination of specific staffing measures, development of clinical decision capacity areas, intelligent patient cohorting and contract risk sharing provisions. The transparency of commissioning resources needs to improve in order to move to a finalised contract position during March. For the purpose of compiling the financial plan estimates have been included consistent with meeting required financial targets and risk ratings as measured by the department of health and in shadow form for aspirant Foundation Trusts.

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies)*:

Approval	Receipt and Noting	Discussion
X		

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

RECEIVE the final draft budget

APPROVE the 13/14 Budget and medium term plan as part of the 3 year financial plan as recommended by the Finance & Performance Management Committee

AGREE to receive in-year monitoring of financial performance

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

Strategic objectives	Delivery of Transformation plan savings and financial surplus target.
Annual priorities	Supports achievement of strategic and operational objectives
NHS LA standards	
Core Standards	
Auditors' Local Evaluation	

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column)*:

Financial	**X**	Provides the basis for delivering volumes and quality patient care within predefined resources
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

PREVIOUS CONSIDERATION:

The Finance & Performance Management Committee has considered the draft plan during January to March 2013.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

28th MARCH 2013

2013/14 BUDGET AND MEDIUM TERM FINANCIAL PLAN

REPORT OF THE DIRECTOR OF FINANCE AND PERFORMANCE

1 Summary

1.1 The Trust is planning for a surplus of £4.6m in 2013/14, a margin of 1.1% of turnover. The budget includes income of £431.0m and a Transformation Plan (TP) target of £22.2m, 5.2% of income (5.5% of operational expenditure). The plans deliver satisfactory risk ratings. The revenue, staffing, capital and cash plans are summarised in the table and are explained in more detail in the report.

Sandwell & West Birmingham Hospitals NHS Trust – Financial Plan 2013/14	
INCOME & EXPENDITURE	**2013/14**
	£m
Income	**431.0**
Operating Expenditure	**(403.3)**
Financing Costs	**(23.1)**
NET SURPLUS (deficit)	**4.6**
SURPLUS MARGIN	**1.1%**
Technical Adjustments	**-**
SURPLUS for DH reporting	**4.6**
Memo items	
Staffing (whole time equivalent staff, WTE plan at March 2014)	**6,954**
Transformation plan (included above)	**£22.2m**
CAPITAL EXPENDITURE	**£20.5m**
CASH BALANCE (at March 2014)	**£22.2m**
Monitor risk rating	**3 (of 5)**

1.2 Appendix 1 sets out the Statement of Comprehensive Income (SOCI, previously the Income and Expenditure Statement) for 2013/14 in the context of historical actual and planned performance and outlines the plan for 2014/15.

1.3 There are a number of uncertainties and risks associated with these plans which are described in more detail below together with strategies to mitigate those risks. The key risk areas are:

- Contract agreement – in the context of uncertainty over allocations between commissioning bodies;
- Contract penalties – ambulance turnaround fines;
- Operational capacity plans – including winter capacity;
- TSP target not yet fully identified by division of medicine;
- Capital programme slippage;
- Financing arrangements for the Midland Metropolitan Hospital

1.4 Next steps include:

- Contract closure with CCGs and others before the end of March.
- Submission by the Trust of its updated financial plans to the Trust Development Authority (TDA) by 5th April
- Agreement by divisions of their startpoint budgets
- Distribution of reserves to divisions (subject to final contract settlement)
- Implementation of contracted service developments, mobilisation of TSP plans and capital expenditure
- Consideration of how a planned service line profitability statement might be constructed.
- Trust Board approving the financial plan for 2013/14

2 2012/13 Forecast Outturn I&E performance

2.1 The Trust is forecasting an outturn surplus of £6.3m for 2012/13 which exceeds the planned surplus of £3.9m after technical adjustments. The Finance Report elsewhere on the agenda sets out the detailed position.

3 Long Term Financial Strategy

3.1 The Trust's Integrated Business Plan (IBP), published November 2012, set out the long term financial objectives of the Trust. The IBP is being refreshed to reflect a longer term planning horizon that includes development of the Midland Metropolitan Hospital (MMH), but these overarching financial parameters are unlikely to change:

- Reductions in acute income from commissioners requiring service redesign and operational efficiency;
- Application of a transitional funding framework (TFF) to support time-limited investments required prior to the commissioning of the new hospital
- Continuing to meet the Trust's statutory and regulatory duties including break even (at minimum), capital resource limit, external financing limit and capital cost absorption;
- Meeting Foundation Trust financial compliance metrics;
- Ensuring capital resources are available to support reconfiguration
- To optimise cash holdings to meet the Monitor Financial Risk Rating (FRR) liquidity requirements;
- To be in a position to manage risks and meet governance ratings requirements including prudential borrowing requirements;
- Driving forward the use of service line management as a tool to improve financial governance;
- Ensuring the capacity of financial management systems and staffing is sufficient to meet the financial governance regime;
- Use of technology to streamline financial transactions and supply chain management.

4 Context for 2013/14

4.1 The key features of the landscape are:

- The **new commissioning landscape** with Clinical Commissioning Groups (CCGs), the Local Authority Team (LAT) of the National Commissioning Board (NCB) and local authorities taking on responsibilities from Primary Care Trusts (PCTs) operating in clusters.
- **Uncertainties about the national allocation of resources to different commissioning bodies**, in particular for "Prescribed" (previously "Specialised") services which now include cancer services (but not gynaecological oncology);

- **Revisions to the national Payment By Results (PbR) scheme**, including introduction of pathway tariffs for maternity care;
- Introduction of a **revised national acute and community contract** which includes significant penalties for not achieving national quality and operational targets, such as ambulance turnaround times;
- The requirements of the national planning guidance(for CCGs) **"Everyone Counts: Planning for Patients 2013/14"** including improving dementia care, reducing inappropriate face to face contact and fluid monitoring; the guidance also includes requirements for CCGs to make a 2% surplus, establish a 0.5% risk reserve and make non-recurrent investments of 1% of their allocations; There is guidance on use of funds withheld from acute trusts for emergency readmissions and the balance of the marginal rate used to fund emergency activity over the levels seen in 2008/09.
- The requirement of the national planning guidance **"Towards High Quality, Sustainable Services: Planning guidance for NHS Trust Boards for 2013/14"** which sets out a long list of quality and operational requirements which are embedded in the contract for services.
- **Local health economy pressures** include the renegotiation of the contractual risk share arrangements and the level of QUIPP requirement. Some services will be subject to tendering (eg pathology) which will impact on services during the year.

4.2 These result in risks and uncertainties for the planned position which are drawn out below.

5 Income and Expenditure Plan 2013/14

Surplus

5.1 The planned surplus for 2013/14 is £4.600m, reflecting Monitor financial risk rating requirements.

5.2 The plan is expected to be broadly flat over the year, though detailed phasing will reflect activity, the Transformation Plan, investments and commissioner quality, innovation, productivity and prevention (QUIPP) plans.

Healthcare Income and Activity

5.3 The Trust is planning healthcare income of £385.2m as set out in Appendix 2. At the time of writing agreement has not yet been reached with the main commissioner Sandwell & West Birmingham Clinical Commissioning Group (CCG). An update will be provided at the meeting on the progress of negotiations.

5.4 The change in commissioning bodies means that the Trust's major contract for acute and community services will be with Sandwell and West Birmingham CCG as the lead body with Associates to the contract including CCGs, the National Commissioning Board and Local Authorities. The Trust will continue to have a separate contract for Specialised Services (now known as Prescribed Services). The scope of prescribed services has changed significantly from 2012/13 which has resulted in significant uncertainty on the part of both CCG commissioners and the Trust.

5.5 The settlement takes forecast outturn activity 2012/13 as its startpoint, repriced according to national Payment by Results (PbR) tariffs and pricing structures alongside locally negotiated prices and other arrangements. Key changes include maternity pathway tariffs and unbundling of diagnostic imaging associated with outpatient attendances.

5.6 The final settlement will include agreement about how service developments and QUIPP schemes are to be taken forward. It will also reflect appropriate levels of risk sharing in relation to under and over performance and in meeting the costs of reductions in (particularly acute) activity.

5.7 The new national contract form determines a more stringent approach to performance penalties which is reflected in the risk analysis in section 9. In particular, fines for breaching ambulance turnaround targets will require robust management action to minimise. Any fines incurred will require non-recurrent funding which will may impact on how quickly desired developments can be taken forward.

5.8 The Trust has contract negotiation meetings in the last week of March with the mutual intention of agreement being reached. Both parties will seek to avoid the use of third party (usually pendulum) arbitration.

Divisional Budgets

5.9 Baseline divisional budgets are set out in Appendix 3. For clinical and corporate divisions these largely reflect latest recurrent 2012/13 budgets ("rollover"). Budgets will be distributed from central reserves and income during quarter 1 reflecting:

- Divisional healthcare income budgets
- Expenditure consequences of the contract income settlement
- Strategic Investment Group (SIRG) decisions taken in 2012/13
- Approved and funded cost pressures identified by divisions as part of the budget setting process;
- Inflation as its impact is confirmed (such as pay awards being agreed);
- Transformation Programme changes

5.10 Finance staff will liaise with divisional management on the detailed allocation of budgets that will govern final quarter 1 reserve allocations.

5.11 The plan allows for additional bed capacity to remain open for a limited time and is funded non-recurrently from assumed slippage in developments. A clear capacity plan including contingency arrangements (eg for the effects of norovirus) and exit plans to close capacity are required from the operational team.

Transformational Savings Plans

5.12 Appendix 4 summarises Transformation Plans analysed both by division and by workstream. The Transformation Plan targets set for divisions total £22.2m

5.13 Each scheme in the TP is subject to a quality impact assessment (QIA) and an equality impact assessment (EIA) signed off by the Medical Director and Chief Nurse before being included in the programme. As a separate process, schemes from the Medicine Division will be reviewed by the Quality and Safety Committee.

Reserves

5.14 Appendix 5 sets out the reserves held centrally at the start of the year. The intention is to distribute these to divisions as appropriate. Slippage on developments will be retained centrally to mitigate risks that manifest as the year unfolds. Divisions will be expected to manage slippage on delivery of TSP targets internally.

Staffing establishment

5.15 The Trust had 6,856 whole time equivalent (WTE) staff in post at the end of February 2013 against an establishment of 7,071 WTE. Opening budgets reflect the 2012/13 "rollover" position plus staffing for additional capacity, 6,959 WTE.

5.16 Appendix 6 sets out the staffing establishment both by division and by staff group as it is expected to move over the coming financial year. At the end of Q1 additional capacity is closed and by Q2 the recurrent impact of the Transformation Programme and developments are in place. By the end of the year establishments are planned to total 6.954 WTE.

5.17 The outline plan for 2014/15 reflects an across the board assumption about how pay budgets and staffing will change from the 2013/14 closing position.

Service Line Reporting

5.18 Reporting of the profitability (and contribution to overheads) of service lines has hitherto been based on actual income and expenditure and a planned position has not been established. The Service Line Management (SLM) steering group will consider how planned SLR might be introduced.

6 Capital Expenditure Plan 2013/14

6.1 The Trust is expecting to spend £18.5m in 2012/13 against a planned programme of £21.5m, a significant underspend of 14%. This has contributed to the anticipated year end cash balance of £26.3m.

6.2 The Trust capital programme for 2013/14 is planned at £20.5m. This is funded by £15.1m of depreciation charge, £2.4m of capital cash not spent in previous years, £100k of donations and the remaining £3.0m from cash from operating surpluses.

6.3 The programme for 2013/14 is set out in detail in appendix 7 and totals £20.5m for 2013/14.. The Strategic Investment Review Group (SIRG) will approve individual schemes subject to business cases within the overall control total.

6.4 Appendix 8 sets out the indicative capital plan for the coming five year period. The planned spend each year of approximately £15.2m reflects internally generated funds.

7 Planned Statement of Financial Position (Balance Sheet) 2013/14

7.1 The Trust is expected to end 2012/13 with non-current assets (previously known as fixed assets) with a net value of £228.5m, cash of £26.3m and a deficit on the retained earnings reserve of £12.5m. The cash position reflects the anticipated year end surplus together with the underspend on the capital programme.

7.2 Appendix 9 sets out the SOFI for the year. This reflects an increase in net worth to £201.9m, cash at £22.2m reflecting capital spending of £20.5m and an improvement in the retained earnings position to £7.9m deficit.

8 Cash Flow Plan 2013/14

8.1 The Trust's cashflow plan results in a planned cash balance at the end of 2013/14 of £22.2m, a £1.5m decrease from the forecast opening position.

8.2 The key movements during the year are the profile of capital expenditure and the requirement to pay dividends and loans at the end of September 2013 and March 2014.

9 Risks

9.1 Appendix 11 sets out a full risk schedule together with the mitigating actions required. Of particular note are:

- Contract agreement – in the context of uncertainty over allocations between commissioning bodies;
- Contract penalties – ambulance turnaround fines;
- Operational capacity plans – including winter capacity;
- TSP target not yet fully identified by division of medicine;
- Capital programme slippage;
- Financing arrangements for the Midland Metropolitan Hospital

10 Risk Ratings 2013/14

10.1 The unweighted Monitor risk rating score is 3.3 as shown in appendix 12, resulting in a score after application of overriding rules of 3 (out of 5). This is satisfactory.

10.2 Monitor has recently proposed a revised approach to financial risk rating, the continuity of risk service rating (CSR). The Trust plan scores a 3.0 out of 4 which is satisfactory.

11 Financial Plans 2014/15 to 2017/18

11.1 Appendix 13 shows the forward look financial plans for the subsequent three years using the draft Monitor Long Term Financial Model (LTFM) format. The key features are:

- Revenue surpluses of £4.7m rising to £6.7m;
- Planned acute activity declines over the planning period while emergency activity increases; community activity is expected to increase;

- Savings plans that cover tariff efficiency and limited cost pressures such as incremental drift of staff salaries;
- Capital expenditure rises significantly in the period;
- Cash balances rise by £7m;
- Financial risk rating of3 for each year and Prudential Borrowing Code tests passed in each year

11.2 The plan is being refreshed in quarter 1 to reflect latest planning assumptions around MMH.

11.3 Options for determining Transformation Plan targets for divisions for 2015/16 have been developed and considered by Executive Group. Appendix 14 shows the agreed initial targets by division.

12 Next Steps

12.1 Next steps include:

- Contract closure with CCGs and others before the end of March.
- Submission by the Trust of its updated financial plans to the Trust Development Authority (TDA) by 5th April which will be consistent with the financial plan here.
- Distribution of reserves to divisions
- Agreement by divisions of their startpoint budgets
- Divisions bringing forward proposals for implementation of contracted service developments, mobilisation of TSP plans and capital expenditure.
- Consideration of how a planned service line profitability statement might be constructed.

12.2 Finance and Performance Committee will continue to receive regular reports monitoring the financial position. A review of the content and format of reporting is being undertaken the results of which will be reflected in the approach taken during the year.

13 Recommendation

The Trust Board is asked to:

RECEIVE the final draft budget

APPROVE the 13/14 Budget and medium term plan as part of the 3 year financial plan as recommended by the Finance & Performance Management Committee

AGREE to receive in-year monitoring of financial performance

APPENDIX 1

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Statement of Comprehensive Income

	Accounts 2009/10 £000's	Accounts 2010/11 £000's	Accounts 2011/12 £000's	Budget 2012/13 £000's	Forecast 2012/13 £000's	Budget 2013/14 £000's	Outline 2014/15 £000's
INCOME							
Category A Income							
Main Commissioner Contracts	336,509	337,782	382,636	376,316	381,058	385,153	391,471
Other SLA Income	6,043	6,840		5,976	5,884	4,495	
Sub-total Category A Income	**342,552**	**344,622**	**382,636**	**382,292**	**386,942**	**389,649**	**391,471**
Non NHS Clinical Income							
Private Patient Income	164	170	91	129	160	211	126
Other Non Protected Income	2,375	3,574	3,318	2,024	2,408	2,218	0
	2,539	**3,744**	**3,409**	**2,153**	**2,568**	**2,428**	**126**
Other Income							
Education and Training	18,473	18,116	20,526	18,173	17,762	17,794	16,701
Research & Development	1,889	1,826		1,719	1,924	1,129	1,164
Other Income	19,321	19,562	17,573	19,124	18,876	19,961	20,010
	39,683	**39,504**	**38,099**	**39,016**	**38,563**	**38,884**	**37,876**
TOTAL INCOME	**384,774**	**387,870**	**424,144**	**423,461**	**428,073**	**430,961**	**429,473**
EXPENDITURE							
Pay	(252,557)	(259,889)	(292,716)	(285,155)	(282,073)	(285,306)	(281,611)
Non Pay	(101,341)	(104,274)	(108,379)	(111,687)	(117,476)	(117,985)	(119,781)
TOTAL OPERATING COSTS	**(353,898)**	**(364,163)**	**(401,095)**	**(396,842)**	**(399,549)**	**(403,291)**	**(401,392)**
EBITDA	**30,876**	**23,707**	**23,049**	**26,619**	**28,524**	**27,670**	**28,081**
Profit / loss on asset disposals	(102)	(234)	(168)	0	(200)		(148)
Fixed Asset impairments	(36,463)	(9,532)	2,395	0	0		0
Depreciation & Amortisation	(13,913)	(13,266)	(13,092)	(14,738)	(14,640)	(15,350)	(15,713)
Total interest receivable	80	87	115	100	140	100	113
Total interest payable on Loans and Leases	(2,179)	(1,902)	(2,156)	(2,157)	(2,151)	(2,163)	(2,008)
PDC Dividend	(6,945)	(5,745)	(5,603)	(5,594)	(5,543)	(5,656)	(5,594)
NET SURPLUS/(DEFICIT)	**(28,646)**	**(6,885)**	**4,540**	**4,230**	**6,130**	**4,600**	**4,732**
IFRS/Impairment Related Adjustments	35,906	9,078	(2,677)	(353)	200		
SURPLUS/(DEFICIT) FOR DH TARGET	**7,260**	**2,193**	**1,863**	**3,877**	**6,330**	**4,600**	**4,732**
Surplus Margin	1.9%	0.6%	0.4%	0.9%	1.5%	1.1%	1.1%

APPENDIX 2

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Main Commissioner Contracts

Commissioning Organisation		Budget 2012/13 £000's	Forecast 2012/13 £000's	Budget 2013/14 £000's	Outline 2014/15 £000's
Previous	New				
Sandwell PCT		191,094	191,125		
	Sandwell & West Birmingham CCG				
Heart of England Teaching PCT		90,234	90,592		
Birmingham East and North PCT		23,174	23,272		
	Birmingham CrossCity and North East Birmingham CCG				
South Birmingham PCT		18,935	18,863		
	Birmingham South and Central CCG				
West Midlands Specialised Commissioning Team		23,917	23,917		
	National Commissioning Board				
	Local Authorities				
Other Contracts		26,301	30,626		
Non Commissioned Activity		2,660	2,662		
Total		**376,316**	**381,058**	**385,153**	**391,471**

APPENDIX 3

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Divisional Baseline Budgets and Transformation Programme Target

Division	Income from Activities	Other Income	Pay	Non-Pay	Financing (incl depreciation)	TOTAL	Transformation Plan
	£000	£000	£000	£000	£000	£000	£000
Medicine & Emergency Care	929	856	(66,286)	(24,787)	0	(89,288)	3,480
Surgery A, Anaesthetics & Critical Care	16	42	(47,884)	(12,290)	0	(60,117)	3,269
Surgery B	266	2,729	(17,228)	(8,311)	0	(22,545)	1,767
Womens & Childrens	457	1,118	(40,279)	(5,642)	0	(44,346)	2,799
SCHS Adult Services	0	130	(17,800)	(6,028)	0	(23,698)	1,771
Pathology	616	2,605	(13,626)	(5,839)	0	(16,246)	1,444
Imaging	2,146	90	(13,937)	(3,470)	0	(15,170)	1,224
Nursing & Therapies	0	769	(9,102)	(591)	0	(8,924)	712
Operations	89	373	(11,853)	(1,563)	0	(12,954)	1,043
Facilities (Nursing)	16	5,764	(16,523)	(6,987)	0	(17,730)	1,556
Estates	0	540	(3,302)	(9,329)	0	(12,091)	658
Post Graduate Centre	0	64	(485)	(403)	0	(824)	68
Research & Development	0	438	(508)	(147)	0	(216)	0
Chief Executive	0	0	(2,440)	(468)	0	(2,908)	181
Finance	51	202	(4,144)	(772)	0	(4,663)	341
Governance	15	187	(2,668)	(634)	0	(3,100)	229
Workforce	0	1,288	(3,947)	(398)	0	(3,056)	267
Health Informatics Service	0	52	(4,151)	(1,524)	0	(5,622)	347
Miscellaneous	1,973	2,149	(381)	(11,998)	(22,490)	(30,747)	1,084
Reserves	2,883	1,849	(8,764)	(16,805)	(680)	(21,518)	
Income	382,622	17,640	0	0	100	400,362	
TOTAL	**392,077**	**38,884**	**(285,306)**	**(117,985)**	**(23,070)**	**4,600**	**22,241**

APPENDIX 4

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Transformation Programme - Summaries

Analysis by Division	Original Plan 2013/14 £000	Revised Plan 2013/14 £000
Medicine and Emergency Care	3,480	2,169
Surgery, Anaesthetics & Critical Care	3,269	3,269
Surgery B	1,767	1,767
Women and Child Health	2,799	2,799
SCHAD	1,771	1,771
Pathology	1,444	1,444
Imaging	1,224	1,224
Nursing	712	712
Operations	1,043	1,043
Facilities	1,556	1,556
Estates	658	658
Post Grad	68	68
Chief Exec	181	181
Finance	341	341
Governance	229	229
Workforce	267	267
Health Informatics	347	347
Corporate – Other	1,084	1,084
GRAND TOTAL	**22,241**	**20,930**

Analysis by Workstream	Original Plan 2013/14 £000	Revised Plan 2013/14 £000
Workforce	5,731	5,114
Workforce Efficiency	0	299
Medical Workforce	1,093	1,093
Patient Flow	1,432	1,432
Urgent Care	86	86
Outpatients	2,037	908
Theatres	556	556
Diagnostics	211	211
Community	1,771	1,771
Estates	271	271
IT Enablement	347	347
Corporate Services	690	690
Procurement	3,175	3,311
SLR Improvement	4,548	4,548
Other	294	294
GRAND TOTAL	**22,241**	**20,930**

Target as % of total income	5.2%
Target as % of operating expenditure	5.5%

Detailed scheme by scheme analysis is included as Annex 2

APPENDIX 5

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Reserves

	Total £000
TSP	
TSP Stretch Reserve	
SIRG approvals 2012/13	
TSP Rebasing	
Pay Award	
Pay Inflation	
Income Related TSPs	
Non Pay Inflation	
Contract Related Issues	
Divisional Projections	
Other Reserves	
RCRH Reserve	
TOTAL	**21,518**

APPENDIX 6

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Divisional Workforce Budgets (Whole Time Equivalents)

	Feb 2013 Budget	Feb 2013 In Post	Opening Budget 2013/14	June 2013	Sept 2013	Dec 2013	March 2014	Outline 2014/15
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
ANALYSIS BY DIVISION								
Medicine & Emergency Care	1,573	1,558	1,504	1,317	1,558	1,558	1,558	1,467
Surgery A, Anaesthetics & Critical Care	1,000	967	1,000	1,000	968	968	968	911
Surgery B	354	346	351	351	355	355	355	334
Womens & Childrens	966	925	936	936	905	905	905	852
SHCS: Adult Services	509	475	505	505	516	516	516	486
Pathology	331	314	343	343	331	331	331	312
Imaging	292	274	305	305	310	310	310	292
Nursing & Therapies	256	258	244	244	248	248	248	233
Operations	389	374	380	380	370	370	370	348
Facilities	742	747	743	743	728	728	728	685
Estates	103	93	103	103	99	99	99	94
Post Graduate Centre	18	18	15	15	15	15	15	15
Research & Development			41	41	40	40	40	37
Chief Executive	35	35	34	34	36	36	36	33
Finance	107	87	111	111	117	117	117	110
Governance	85	84	77	77	81	81	81	76
Workforce	130	117	127	127	125	125	125	117
Health Informatics Service	124	128	120	120	129	129	129	121
Other	58	58	19	19	24	24	24	23
Reserves			0	0	0	0	0	0
Income			0	0	0	0	0	0
TOTAL	**7,071**	**6,856**	**6,959**	**6,771**	**6,954**	**6,954**	**6,954**	**6,546**

Numbers exclude agency staff

ANALYSIS BY STAFF GROUP								
Medical Staffing	796	775	786	786	794	794	794	747
Qualified Nursing and Midwifery	2,185	2,078	2,066	1,954	2,046	2,046	2,046	1,926
Bank Staff			2	2	2	2	2	2
Agency Staff			2	2	2	2	2	2
Scientific, Therapeutic and Technical	1,211	1,139	1,229	1,229	1,210	1,210	1,210	1,139
HCAs and Support Staff	1,380	1,397	1,389	1,314	1,399	1,399	1,399	1,317
Administration and Estates	1,236	1,231	1,201	1,201	1,203	1,203	1,203	1,132
Management	263	236	284	284	299	299	299	281
Other Pay			0	0	0	0	0	0
TOTAL	**7,071**	**6,856**	**6,959**	**6,771**	**6,954**	**6,954**	**6,954**	**6,546**

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Draft Capital Programme

		2012/13 Programme		2013/14 Planned Programme				
		2012/13 Programme £000	Forecast Outturn £000	Apr - Jun £000	Jul - Sep £000	Oct - Dec £000	Jan - Mar £000	2013/14 Programme £000
Capital Resources	Internally Generated Cash (depreciation)	13,525	13,525	3,764	3,764	3,764	3,764	15,054
	Additional CRL	7,973	7,973	1,363	1,363	1,363	1,363	5,453
Total Resources		**21,498**	**21,498**	**5,127**	**5,127**	**5,127**	**5,127**	**20,507**
Brought Forward Commitments	Capitalised Salaries	475	475	119	119	119	119	475
	Other Slippage and Retentions B/F	500	526	375	125	0	0	500
	Sub-Total Brought Forward	975	1,001	**494**	**244**	**119**	**119**	**975**
Land Acquisition				0	500	1,000	386	1,886
	Acquisition Costs	1,800	2,399					
	Demolition and Safety	500	500					
	Contingency	700						
Statutory Standards	Statutory Standards and Estates Risk Related Expenditure	3,450	3,450	300	300	1,000	1,970	3,570
	Sandwell Ward Block - relocation of non-clinical functions from wards	150	80					
	Replace washer/disinfectors in Endoscopy Unit at SGH	1,000	1,000	400	200	0	0	600
	Review location of paediatric surgery for low complexity work. Working towards privacy and dignity for paediatric patients recovering from surgical procedures.	100	0					
Estates Rationalisation/TSP Enablers	Estates Rationalisation TSP - Office moves and closure of peripheral buildings	2,920	1,893	0	100	300	300	700
	Dermatology - sanitary facilities, enhancement and relocation	10	0					
	Provision for T&O reconfiguration - clean air theatre systems	250	250					
Imaging Equipment	Imaging - GC diagnostics and facility reconfiguration	1,482	1,482					
	Ultrasound Machines	235	235					
	Imaging equipment replacement and renewal programme			0	0	200	1,250	1,450
Other Medical Equipment	Outline provision for medical equipment committee - replacement/renewal inc. TCS	1,176	1,136	300	600	700	1,653	3,253
	EMG Machine	36	36					
	ICP-MS Analyser	154	154					
	Slit Lamp - Bechets	20	20					
	Ambulatory Syringe Pumps	179	179					
Other Equipment	PTS and GTS Vehicles (year 3 replacement programme)	150	150					
	Replacement of transport control system	135	135					
	Cleaning Equipment	50	50					
	Non medical equipment replacement programme			0	0	0	150	150
IM&T	Schemes linked to HIS plan improvements	1,170	1,166	0	0	400	1,600	2,000
	Medical Staffing		34					
Strategic Investment	Phase 1 pathology reconfiguration	1,450	1,460					
	Residual contingency	1,685						
	Blood sciences rationalisation			600	900	0	0	1,500
Service Reconfiguration	Stroke Reconfiguration	1,460	1,460	0	800	600	0	1,400
	Vision Lane - Research Facility	11	0					
	DR X-Ray Room & Kit	250	250					
Other Building Related Work	Ophthalmology service accommodation			0	0	0	222	222
Other	Slippage			0	0	(80)	(120)	(200)
	Contingency			0	1,000	1,000	1,000	3,000
Total Expenditure		**21,498**	**18,520**	**2,094**	**4,644**	**5,239**	**8,530**	**20,506**
Net under/(Over) Spend Against Capital Resources		**0**	**2,978**	**3,033**	**483**	**(112)**	**(3,403)**	**1**

APPENDIX 8

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Future Outline Capital Programme

		2013/14 Programme £000	2014/15 Programme £000	2015/16 Programme £000	2016/17 Programme £000	2017/18 Programme £000
Capital Resources	Planned Depreciation	15,054	15,050	15,050	15,050	15,050
	Grants and Donations	100	100	100	100	100
	Unspent Capital Cash Brought Forward	2,353				
	Internally generated other cash	3,000				
Total Resources		**20,507**	**15,150**	**15,150**	**15,150**	**15,150**
Brought Forward Commitments	Capitalised Salaries	475	475	475	475	475
	Other Slippage and Retentions B/F	500	500	500	500	500
	Total Brought Forward	**975**	**975**	**975**	**975**	**975**
Land Acquisition	Land Acquisition and Clearance Costs	1,886	2,015	2,458	1,483	446
Statutory Standards	Statutory Standards and Estates Risk Related Expenditure	3,570	3,600	3,600	3,600	3,600
	Replace Washer/Disinfectors in Endoscopy Unit at SGH	600				
Estates Rationalisation/TSP Enablers	Estates Rationalisation TSP - Office moves and closure of peripheral buildings	700				
Imaging Equipment	Imaging Equipment Replacement/Renewal Programme	1,450	1,000	1,800	2,000	2,000
Other Medical Equipment	Medical Equipment Committee - Replacement/Renewal Programme	3,253	2,850	2,750	2,600	3,500
Other Equipment	Non Medical Equipment Replacement Programme	150	200	184	342	0
IM&T	HIS Planned Improvements	2,000	2,000	2,000	2,000	2,000
Strategic Investment	Blood Sciences Rationalisation	1,500				
Service Reconfiguration	Stroke Services Reconfiguration	1,400				
	Intermediate Care Facility		1,700			
	Urgent Care			600	1,300	
	Ward Reconfiguration					950
Other Building Related Work	Ophthalmology Service Accommodation	222	528			
Other	Slippage	(200)				
	Contingency	3,000	280	783	850	1,679
Total Expenditure		**20,506**	**15,148**	**15,150**	**15,150**	**15,150**
Net Under/(Over) Spend Against Capital Resources		**1**	**2**	**0**	**0**	**0**

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Statement of Financial Position

	Balance at 1st April 2012 £000	Planned Balance at 1 April 2013 £000	Planned Balance at 30 Jun 2013 £000	Planned Balance at 30 Sep 2013 £000	Planned Balance at 31 Dec 2013 £000	Planned Balance at 31 Mar 2014 £000	Balance as at 31 Mar 2015 £000
Non Current Assets							
Property, Plant and Equipment	201,235	209,827	209,385	211,506	214,236	220,291	219,657
Property, Plant and Equipment (PFI)	18,430	17,700	17,564	17,428	17,291	17,155	18,308
Trade and Other Receivables	650	950	950	950	950	950	865
Current Assets							
Inventories	3,584	4,050	4,050	4,050	4,050	4,050	3,899
Trade and Other Receivables	14,863	13,500	13,500	13,500	13,500	13,500	12,407
Investments	0	0	0	0	0	0	
Cash	28,367	26,310	26,479	23,269	23,293	22,197	30,013
Current Liabilities							
Trade and Other Payables	(37,717)	(32,622)	(32,622)	(32,622)	(32,622)	(32,622)	(32,676)
Loans	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(1,000)
PFI and Finance Leases	(996)	(914)	(914)	(914)	(914)	(914)	(1,017)
Provisions for Liabilities and Charges	(4,958)	(9,489)	(8,489)	(7,489)	(6,489)	(8,489)	(15,211)
Non Current Liabilities							
Trade and Other Payables	0	0	0	0	0	0	0
Loans	(5,000)	(3,000)	(3,000)	(2,000)	(2,000)	(1,000)	0
PFI and Finance Leases	(30,190)	(29,262)	(29,123)	(28,984)	(28,844)	(28,705)	(26,901)
Provisions for Liabilities and Charges	(2,337)	(2,500)	(2,500)	(2,500)	(2,500)	(2,500)	(2,130)
	183,931	192,550	193,280	194,194	197,951	201,914	206,214
Financed by: Taxpayers Equity							
Public Dividend Capital	160,231	160,231	160,231	160,231	160,231	160,231	160,231
Retained Earnings	(25,535)	(12,492)	(11,342)	(10,192)	(9,042)	(7,892)	(3,328)
Revaluation Reserve	38,672	35,753	35,333	35,097	37,704	40,517	40,253
Donated Asset Reserve	0	0	0	0	0	0	
Other Reserves	10,563	9,058	9,058	9,058	9,058	9,058	9,058
	183,931	192,550	193,280	194,194	197,951	201,914	206,214

APPENDIX 10

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Cash Flow

	Period												Show	
	April	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**		**Year**
Opening Balance	**26,310**	**26,333**	**26,256**	**26,479**	**27,168**	**27,683**	**23,269**	**23,384**	**23,738**	**23,293**	**23,627**	**23,732**		**26,310**
EBITDA	2,306	2,306	2,306	2,306	2,306	2,306	2,306	2,306	2,306	2,306	2,306	2,306		27,670
Other increases/(decreases) to reconcile to profit/(loss) from operations														
Operating cash flows before movements in working capital	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**	**2,306**		**27,670**
Movement in Working Capital														
(Increase)/decrease in Inventories	0	0	0	0	0	0	0	0	0	0	0	0	x	0
(Increase)/decrease in NHS Trade Receivables, Current	0	0	0	0	0	0	0	0	0	0	0	0	x	0
(Increase)/decrease in Non NHS Trade Receivables, Current	0	0	0	0	0	0	0	0	0	0	0	0	x	0
(Increase)/decrease in Trade Payables, Current	0	0	0	0	0	0	0	0	0	0	0	0	x	0
(Increase)/decrease in Other Payables, Non Current	(46)	(46)	(46)	(46)	(46)	(46)	(46)	(46)	(46)	(46)	(46)	(46)	x	(557)
(Increase)/decrease in Provisions, Current			(1,000)			(1,000)			(1,000)			2,000	x	(1,000)
(Increase)/decrease in Trade and Other Payables and Accruals, Current	0	0	0	0	0	0	0	0	0	0	0	0	x	0
Increase/(decrease) in working capital	**(46)**	**(46)**	**(1,046)**	**(46)**	**(46)**	**(1,046)**	**(46)**	**(46)**	**(1,046)**	**(46)**	**(46)**	**1,954**		**(1,557)**
Increase/(decrease) in Non Current Provisions	0	0	0	0	0	0	0	0	0	0	0	0	x	0
Net cash inflow/(outflow) from operating activities	**2,259**	**2,259**	**1,259**	**2,259**	**2,259**	**1,259**	**2,259**	**2,259**	**1,259**	**2,259**	**2,259**	**4,259**		**26,113**
Cash flow from investing activities														
Capital Spend	(2,065)	(2,165)	(865)	(1,398)	(1,573)	(1,673)	(1,973)	(1,733)	(1,533)	(1,753)	(1,983)	(1,794)		(20,506)
PFI residual interest	0	0	0	0	0	0	0	0	0	0	0	0		0
Cash receipt from asset sales	0	0	0	0	0	0	0	0	0	0	0	0		0
Net cash inflow/(outflow) from investing activities	**(2,065)**	**(2,165)**	**(865)**	**(1,398)**	**(1,573)**	**(1,673)**	**(1,973)**	**(1,733)**	**(1,533)**	**(1,753)**	**(1,983)**	**(1,794)**		**(20,506)**
Cash Flow before Financing	**195**	**95**	**395**	**861**	**686**	**(414)**	**286**	**526**	**(274)**	**506**	**276**	**2,465**		**5,607**
Cash flow from financing activities														
Public Dividend Capital received	0	0	0	0	0	0	0	0	0	0	0	0		0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0	0	0	0		0
Dividends paid	0	0	0	0	0	(2,828)	0	0	0	0	0	(2,828)		(5,656)
Interest (paid) on loans and leases	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)		(67)
Interest element of PFI Unitary Charge	(175)	(175)	(175)	(175)	(175)	(175)	(175)	(175)	(175)	(175)	(175)	(175)		(2,096)
Interest received on cash and cash equivalents	8	8	8	8	8	8	8	8	8	8	8	8		100
Drawdown of loans and leases	0	0	0	0	0	0	0	0	0	0	0	0		0
Repayment of loans and leases						(1,000)						(1,000)		(2,000)
Movement in Other grants/Capital received	0	0	0	0	0	0	0	0	0	0	0	0		0
Net cash inflow/(outflow) from financing	**(172)**	**(172)**	**(172)**	**(172)**	**(172)**	**(4,000)**	**(172)**	**(172)**	**(172)**	**(172)**	**(172)**	**(4,000)**		**(9,720)**
Net cash outflow/inflow	**23**	**(77)**	**223**	**690**	**515**	**(4,414)**	**115**	**355**	**(445)**	**335**	**105**	**(1,535)**		**(4,113)**
Closing Balance	**26,333**	**26,256**	**26,479**	**27,168**	**27,683**	**23,269**	**23,384**	**23,738**	**23,293**	**23,627**	**23,732**	**22,197**		**22,197**

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Risk and Sensitivity Analysis

Category	Area of Risk/Sensitivity	Likelihood (RAG)	Mitigating Actions	Mitigated Risk (RAG)
Contract income				
	Contract agreement being less than the budgeted sum.	High	Contract terms and conditions negotiated to reward overperformance where this transpires. Post contract agreement negotiation on service developments and on QUIPP schemes. Introduction of service thresholds or capacity limits to enable capacity to remain in line with demand. Service development expenditure limited until income streams manifest. Service lines not funded by commissioners at the planned level to be tasked with reducing expenditure to maintain contribution. The Trust will support CCGs in seeking redress for allocation changes (such as those for Specialised Services) that unfairly disadvantage them.	Medium
	Contract actual activity differs materially from the planned activity.	Medium	Contract proposals are based on forecast outturn 2012/13 with particular service lines having growth beyond that where run rate or market pressures indicate. Appropriate risk share arrangements are being built into the terms and conditions of the contract. In year development of activity currencies for previously block sums to inform contracting 2014/15.	Low
	Commissioner QUIPP schemes reduce acute activity faster than planned	Medium	Clear improvement trajectory mutually agreed with commissioners. Transitional funding to protect Trust where cost release is slower than income loss. Maximising opportunities for SWBH community services to pick up lost acute work.	Low
	Performance targets within the contract are not met.	High	CQUIN schemes will be agreed with clear management and clinical leadership with appropriate trajectories that are able to be met. Operational plans to meet at risk targets (A&E four hour waits, 18 week waits in orthopaedics) are being drawn up. Suspension of application of penalties for missed targets will be negotiated where a clear timescale for action is in place. Internal non-recurrent funding would be found to offset the effect of fines incurred.	Medium
	Performance penalties for Ambulance Turnaround times are incurred	High	Fines are £1,000 for each breach of 60 minute turnaround and £200 for each breach of 30 minutes. Estimated potential value £6m pa. Representations from the Trust to DH / LAT to revise the Turnaround fines regime, which apply without any phasing to allow operational changes to be made. Operational plans required to minimise turnaround times, including improvement of Trust measurement of performance which is currently based on ambulance systems. In year contract negotiation to take place to reduce fines based on legitimate mitigating factors. Internal non-recurrent funding would be found to offset the effect of fines incurred. The scale of fines to be met may compromise operational developments.	Medium
	Other performance penalties within the contract are incurred.	High	Contract penalties include: 18 weeks, diagnostics 6 weeks, A&E, cancer, mixed sex accommodation, cancelled operations, infections, publication of formulary, duty of candour, never events. Risk analysis to identify particular targets at risk; in year monitoring and robust action plans to rectify performance before breaches. Improved data collection and monitoring of performance. In year contract negotiation would take place to reduce fines based on legitimate mitigating factors. Internal non-recurrent funding would be found to offset the effect of fines incurred.	Medium
	Loss of market share	Medium		Low

Category	Area of Risk/Sensitivity	Likelihood (RAG)	Mitigating Actions	Mitigated Risk (RAG)
			Monitoring of market share over the year. Targetting communication efforts with CCGs and GP practices where market share falls. Net promoter score kept under review and underperforming services tasked with improvement.	
	Tendering of services currently provided (eg district nursing)	High	Clear framework to be developed for considering whether to tender for existing work. Clear framework for operational and commercial parameters to be applied to Trust bid for work Use of NHS, other public sector and private sector partners to maximise the strength of the Trust bid. Identification of alternative markets or clear exit plan where loss of tenders is a significant risk. Robust use of TUPE where services are lost.	Medium
Operational Expenditure				
	Capacity plans not adhered to (including closure of winter capacity)	High	Robust management of capacity including monitoring of lengths of stay, delayed discharges and medical outliers. Clear timetable in place for release of capacity. Clear timetable for recruitment of staff to winter capacity. Contingency plans to be drawn up for infection outbreaks.	Medium
	Payments to other Trusts for their element of the maternity pathway tariff exceed planned sums.	Medium	Internal data capture of mothers-to-be in the pathway will be closely monitored. Charges from other Trusts will be subject to close scrutiny before payments are released. Support from CSUs to validate patient flows will be sought.	Low
	Planned TSP Targets not being achieved.	High	Robust management of TSP; divisions challenged to replace savings schemes that are not taken forward, to identify additional schemes where there is slippage. Use of non-recurrent schemes to meet in year target. Slippage contingency in place.	Medium
	Assumptions underpinning staffing establishments are not met. (Includes sickness absence, use of agency, turnover)	Medium	Establishments clearly linked to underlying staff rotas and assumptions understood by budget holders. Monitoring arrangements to check use of annual leave and other vacancy elements of budgets to be introduced for poor performers. Robust use of sickness management policy.	Low
	Redundancy contingency deviating from planned levels.	Medium	Contingency sum is based on detailed understanding of likely impact.	Low
	Service developments fail to make planned financial contribution.	High	Consideration of developments to include Service Line Contribution. Development reserve for quality initiatives.	Medium
Capital Expenditure	Programme not in line with plan: Slippage on capital programme. Overspend on individual schemes.	High	Contingency list of schemes to bring forward. Clear management responsibility for each scheme. Contingency element of programme.	Medium
Long Term Plans				
	Bullet payment for Midland Metropolitan Hospital uncertain or not approved.	High	Relationship building with key DH decision makers. Clarity of consequences of non-receipt of payment.	Medium
	Cost reductions not being achieved during the Transitional Stage.	High	Long term cost reduction plan in place with regular review.	Medium

APPENDIX 12A

Sandwell & West Birmingham Hospitals

Financial Plan 2013/14

Monitor Financial Risk Ratings

Financial Risk Rating

Risk rating parameters:							Plan 2013/14	
Metric	**Weight**	**5**	**4**	**3**	**2**	**1**	Rating	Metric
EBITDA margin	25%	11%	9%	5%	1%	<1%	6.9%	3
EBITDA, % achieved	10%	100%	85%	70%	50%	<50%	100.0%	4
NRAF (Net return after financing)	20.0%	3%	2%	-1%	-5%	< -5%	2.8%	4
I&E surplus margin	20.0%	3%	2%	1%	-2%	< -2%	1.1%	3
Liquid ratio	25.0%	60	25	15	10	<10	16.7	3
Weighted Average	100%							3.3

Overall Rating **3**

Continuity of Service Risk Rating

Risk rating parameters:						Rating	Metric
Metric	**Weight**	**4**	**3**	**2**	**1**		
Capital service capacity	50%	2.50	1.75	1.25	<1.25	2.8	4
Liquidity	50%	-2	-7	-12	<-12	-7.4	2
Weighted Average	100%						3.0

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Medium Term Financial Plan: Extract from Long Term Financial Model

	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18
Income Statement				
Protected/Mandatory Clinical Revenue				
Elective	53.7	52.9	51.8	51.1
Non elective	95.0	95.2	95.8	96.5
Outpatient	76.2	71.7	69.9	67.7
A&E	19.5	19.5	19.5	19.6
Other clinical - Tariff	0.0	0.0	0.0	0.0
Other clinical - Non Tariff	107.4	111.0	114.4	119.0
Other block or Cost and Volume contract	36.9	36.6	36.3	36.0
Other block or Cost and Volume contract	2.9	4.0	5.3	6.7
Clinical Partnerships providing mandatory services (including S75 agreements)	0.0	0.0	0.0	0.0
Clinical income for the Secondary Commissioning of mandatory services	0.0	0.0	0.0	0.0
Other clinical income from mandatory services	0.0	0.0	0.0	0.0
Total	391.5	390.9	393.1	396.6
Non Protected/Non Mandatory Clinical Revenue				
Private patient revenue	0.1	0.1	0.1	0.1
Other non protected revenue	0.0	0.0	0.0	0.0
Total	0.1	0.1	0.1	0.1
Other Operating Revenue				
Education and Training	16.7	16.5	16.2	16.0
Research & Development	1.2	1.2	1.2	1.2
PFI Specific revenue	0.0	0.0	0.0	0.0
Other Operating Revenue	20.1	19.5	19.8	19.9
Other Operating revenue, Total	38.0	37.2	37.1	37.1
Operating Revenue and Income, Total	**429.6**	**428.2**	**430.4**	**433.8**
Operating Expenses				
Employee Benefit Expenses	(281.6)	(277.7)	(275.0)	(273.5)
Drug expenses	(32.7)	(34.4)	(36.3)	(38.2)
Clinical supplies and services expenses	(40.0)	(39.9)	(40.0)	(40.0)
Shared services expenses	0.0	0.0	0.0	0.0
CNST Premium	(8.1)	(8.5)	(8.9)	(9.3)
Other expenses	(37.7)	(37.5)	(37.4)	(37.2)
Secondary Commissioning Expenses	0.0	0.0	0.0	0.0
PFI operating expenses	(1.2)	(1.3)	(1.0)	(1.7)
Operating Expenses, Total	**(401.4)**	**(399.4)**	**(398.5)**	**(400.0)**
Surplus/(Deficit) from operations	**28.2**	**28.8**	**31.9**	**33.8**
Surplus/(Deficit) from operations margin	*7%*	*7%*	*7%*	*8%*
Adjustment for donated asset income	(0.1)	(0.1)	(0.1)	(0.1)
EBITDA	**28.1**	**28.7**	**31.8**	**33.7**
EBITDA margin	*7%*	*7%*	*7%*	*8%*
Non-Operating revenue				
Gain/(loss) on asset disposals	(0.1)	0.1	0.1	0.1
Income from NHS Charitable Funds				
Other Non-Operating income				
Non-Operating revenue, Total	**(0.1)**	**0.1**	**0.1**	**0.1**
Non-Operating expenses				
Impairment Losses (Reversals) net	0.0	0.0	0.0	0.0
Total Depreciation & Amortisation	(15.7)	(16.5)	(16.9)	(17.3)
Interest expense on overdrafts and working capital facilities	0.1	0.1	0.1	0.1
Total interest payable on Loans and leases	(2.0)	(2.1)	(2.2)	(2.1)
PDC Dividend	(5.6)	(5.6)	(6.8)	(7.9)
Other Non-Operating expenses				
Non-Operating expenses, Total	**(23.2)**	**(24.2)**	**(25.8)**	**(27.2)**
Surplus (Deficit) before Tax	**4.8**	**4.8**	**6.2**	**6.7**
Tax expense/ (income)	0.0	0.0	0.0	0.0
Net Surplus/(Deficit)	**4.8**	**4.8**	**6.2**	**6.7**
Net margin	*1%*	*1%*	*1%*	*2%*

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Medium Term Financial Plan: Extract from Long Term Financial Model

Balance Sheet

Balance sheet

	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18
ASSETS, NON CURRENT				
Property, Plant and Equipment and intangible assets, Net	219.7	222.4	259.4	290.1
Property, plant & equipment (PFI)	18.3	17.0	15.5	13.8
PFI Other Assets	0.0	0.0	0.0	0.0
Investments, Non-Current	0.0	0.0	0.0	0.0
Trade and Other Receivables, Net, Non-Current (including prepayments)	0.9	0.9	0.9	0.9
Other Assets, Non-Current	0.0	0.0	0.0	0.0
Assets, Non-Current, Total	**238.8**	**240.3**	**275.8**	**304.7**
ASSETS, CURRENT				
Inventories	3.9	3.4	3.0	2.7
NHS Trade Receivables, Current	8.5	7.3	7.0	6.6
Non NHS Trade Receivables, Current	(1.1)	(0.8)	(1.0)	(1.2)
Other Receivables, Current	2.1	2.1	2.1	2.1
Other Financial Assets, Current (e.g. accrued income)	2.2	2.1	2.0	1.9
Prepayments, Current, PFI related	0.0	0.0	0.0	0.0
Prepayments, Current, non-PFI related	0.7	0.7	0.6	0.6
Cash and Cash Equivalents	30.0	24.0	28.2	36.8
Other Assets, Current	0.0	0.0	0.0	0.0
Assets, Current, Total	**46.3**	**38.7**	**41.9**	**49.4**
ASSETS, TOTAL	**285.1**	**279.1**	**317.7**	**354.2**
LIABILITIES, CURRENT				
Bank Overdraft and Working Capital Facility	0.0	0.0	0.0	0.0
Interest-Bearing Borrowings , Current (including accrued interest)	(1.0)	0.0	0.0	0.0
Deferred Income, Current	(1.3)	(1.2)	(1.1)	(1.0)
Provisions, Current	(15.2)	(15.1)	(16.2)	(16.2)
Trade Payables, Current	(11.1)	(2.9)	(2.9)	(2.8)
Other Payables, Current	(6.5)	(6.4)	(6.5)	(6.4)
Capital Payables, Current	(5.8)	(5.9)	(6.1)	(4.0)
Accruals, Current	(8.0)	(7.4)	(6.8)	(6.2)
Payments on Account	0.0	0.0	0.0	0.0
Finance Leases, Current	0.0	0.0	0.0	0.0
PDC dividend payable, Current	0.0	0.0	0.0	0.0
Other Liabilities, Current	(1.0)	(1.3)	(0.9)	(1.2)
Liabilities, Current, Total	**(49.9)**	**(40.2)**	**(40.4)**	**(37.8)**
NET CURRENT ASSETS (LIABILITIES)	**(3.6)**	**(1.5)**	**1.5**	**11.6**
LIABILITIES, NON CURRENT				
Interest-Bearing Borrowings, Non-Current	0.0	0.0	0.0	0.0
Deferred Income, Non-Current	0.0	0.0	0.0	0.0
Provisions, Non-Current	(2.1)	(2.3)	(2.1)	(2.3)
Trade and Other Payables, Non-Current	0.0	0.0	0.0	0.0
Finance Leases, Non-current	0.0	0.0	0.0	0.0
Other Liabilities, Non-Current	(26.9)	(25.6)	(24.7)	(23.5)
Liabilities, Non-Current, Total	**(29.0)**	**(27.9)**	**(26.8)**	**(25.8)**
TOTAL ASSETS EMPLOYED	**206.2**	**211.0**	**250.5**	**290.5**
TAXPAYERS' EQUITY				
Public dividend capital	160.2	160.2	193.6	226.9
Retained Earnings (Accumulated Losses)	(3.3)	1.4	7.7	14.3
Charitable Funds	0.0	0.0	0.0	0.0
Donated asset reserve	0.0	0.0	0.0	0.0
Revaluation reserve	40.3	40.3	40.3	40.3
Miscellaneous Other Reserves	9.1	9.1	9.1	9.1
TOTAL TAXPAYERS EQUITY	**206.2**	**211.0**	**250.5**	**290.5**
Balance sheet check	*TRUE*	*TRUE*	*TRUE*	*TRUE*
KPIs				
NHS Trade receivable Days	7.8	6.7	6.4	6.0
Non NHS Trade receivable Days	9.8	13.0	12.0	11.0
Trade payable Days	33.3	8.7	8.5	8.0
WC Facility level	27.0	27.0	27.0	27.0

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Medium Term Financial Plan: Extract from Long Term Financial Model

Cash flow

	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18
Surplus/(Deficit) from operations	**28.2**	**28.8**	**31.9**	**33.8**
Non cash adjustments	(0.1)	(0.2)	(0.2)	(0.1)
Operating cash flows before movements in working capital	**28.1**	**28.5**	**31.7**	**33.6**
Movement in working capital:				
(Increase)/decrease in inventories	0.0	0.5	0.4	0.3
(Increase)/decrease in NHS Trade Receivables	0.0	1.2	0.3	0.4
(Increase)/decrease in Non NHS Trade Receivables	0.1	(0.3)	0.1	0.1
(Increase)/decrease in other receivables	(0.0)	0.0	(0.0)	0.0
(Increase)/decrease in Other financial assets (e.g. accrued income)	0.3	0.1	0.1	0.1
(Increase)/decrease in prepayments	0.1	0.1	0.1	0.1
(Increase)/decrease in Other assets	0.0	0.0	0.0	0.0
Increase/(decrease) in Deferred Income & Payments on account	(0.1)	(0.2)	(0.1)	(0.1)
Increase/(decrease) in provisions	0.5	(0.0)	1.2	0.0
Increase/(decrease) in Trade payables	0.0	(8.1)	(0.0)	(0.1)
Increase/(decrease) in Other payables	(0.2)	(0.1)	0.1	(0.1)
Increase/(decrease) in PDC Dividend payable				
Increase/(decrease) in accruals	(1.0)	(0.5)	(0.5)	(0.5)
Increase/(decrease) in Other liabilities				
Increase/(decrease) in working capital	**(0.3)**	**(7.3)**	**1.5**	**0.2**
Increase/(decrease) in Non Current Provisions	(0.2)	0.2	(0.2)	0.3
Net cash inflow/(outflow) from operating activities	**27.6**	**21.4**	**33.0**	**34.1**
Cash flow from investing activities				
Mai Property, plant and equipment and intangible asset expenditure (including investment property)	(18.6)	(17.8)	(52.1)	(48.2)
Proceeds on disposal of property, plant and equipment and intangible assets (including investment property)	(0.1)	0.1	0.1	0.1
Other cash flows from investing activities, e.g. expenditure or proceeds from Investments & Dividends				
Net cash inflow/(outflow) from investing activities	**(18.7)**	**(17.7)**	**(51.9)**	**(48.1)**
CF before Financing	**8.9**	**3.7**	**(18.9)**	**(14.0)**
Cash flow from financing activities				
Public Dividend Capital received	0.0	0.0	33.3	33.3
Public Dividend Capital repaid	0.0	0.0	0.0	0.0
Dividends paid	(5.6)	(5.6)	(6.8)	(7.9)
Interest (paid) on loans and leases	(2.0)	(2.1)	(2.2)	(2.1)
Interest (paid) on bank overdrafts and working capital facilities				
Interest received on cash and cash equivalents	0.1	0.1	0.1	0.1
Drawdown of loans and leases	0.0	0.0	0.0	0.0
Repayment of loans and leases	(3.0)	(2.0)	(1.3)	(0.9)
Other cash flows from financing activities				
Net cash inflow/(outflow) from financing	**(10.5)**	**(9.7)**	**23.1**	**22.5**
Taxes paid	0.0	0.0	0.0	0.0
Net cash outflow/inflow	**(1.6)**	**(6.0)**	**4.2**	**8.5**

APPENDIX 13D

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2013/14

Medium Term Financial Plan: Extract from Long Term Financial Model

		Forecast 2014/15		Forecast 2015/16		Forecast 2016/17		Forecast 2017/18	
Risk rating									
Metric									
EBITDA margin			6.2%		6.2%		6.2%		6.2%
EBITDA, % achieved			100.0%		100.0%		100.0%		100.0%
ROA			5.1%		5.1%		5.1%		5.1%
I&E surplus margin			1.1%		1.1%		1.1%		1.1%
Liquid ratio			15.9		15.9		15.9		15.9
Risk Rating									
Financial Risk Rating									
Metric									
EBITDA margin		6.2%	3	6.2%	3	6.2%	3	6.2%	3
EBITDA, % achieved		100.0%	5	100.0%	5	100.0%	5	100.0%	5
ROA		5.1%	4	5.1%	4	5.1%	4	5.1%	4
I&E surplus margin		1.0%	3	1.0%	3	1.0%	3	1.0%	3
Liquid ratio		15.9	3	15.9	3	15.9	3	15.9	3
Weighted Average			3.4		3.4		3.4		3.4
Financial Criteria									
Underlying Performance			3		3		3		3
Achievement of Plan			5		5		5		5
Financial Efficiency			4		4		4		4
Liquidity			3		3		3		3
Overriding rules									
One financial criterion scored at '1'		NO		NO		NO		NO	
One financial criterion scored at '2'		NO		NO		NO		NO	
Two or more financial criteria scored at '2'		NO		NO		NO		NO	
Two or more financial criteria at '1'		NO		NO		NO		NO	
PBC breached		1.0		1.0		1.0		1.0	
Less than 1 year as an Foundation Trust		YES	4	YES	4	YES	4	YES	4
Overriding rules rating			**4**		**4**		**4**		**4**
Overall Rating			**3**		**3**		**3**		**3**
Risk Rating to calculate maximum debt to assets ratio			**3**		**3**		**3**		**3**
Maximum Debt/ Assets Ratio			15%		15%		15%		15%
Key Ratios									
Data									
Revenue			410.0		410.0		410.0		410.0
Revenue available for debt service			25.5		25.5		25.5		25.5
Annual dividend payable			5.6		5.6		5.6		5.6
Annual Debt Service			5.5		5.5		5.5		5.5
Annual Interest payable			2.3		2.3		2.3		2.3
Debt			32.0		32.0		32.0		32.0
PBC Ratios									
Dividend Cover			4.2x		4.2x		4.2x		4.2x
Interest Cover			11.1x		11.1x		11.1x		11.1x
Debt Service Cover			4.6x		4.6x		4.6x		4.6x
Debt Service to Revenue			1.3%		1.3%		1.3%		1.3%
Tier 1 Test	Limits								
Minimum Dividend Cover	1.0x		TRUE		TRUE		TRUE		TRUE
Minimum Interest Cover	3.0x		TRUE		TRUE		TRUE		TRUE
Minimum Debt Service Cover	2.0x		TRUE		TRUE		TRUE		TRUE
Maximum Debt Service to Revenue	2.5%		TRUE		TRUE		TRUE		TRUE
Tier 1 PBC ratio test passed			TRUE		TRUE		TRUE		TRUE
Tier 2 Test	Limits								
Minimum Dividend Cover	1.0x		TRUE		TRUE		TRUE		TRUE
Minimum Interest Cover	2.0x		TRUE		TRUE		TRUE		TRUE
Minimum Debt Service Cover	1.5x		TRUE		TRUE		TRUE		TRUE
Maximum Debt Service to Revenue	10.0%		TRUE		TRUE		TRUE		TRUE
Tier 2 PBC ratio test passed			TRUE		TRUE		TRUE		TRUE

APPENDIX 14

Sandwell & West Birmingham Hospitals NHS Trust

Financial Plan 2012/2013

Transformation Savings Plan Targets 2015/16

SWBH TSP TARGET 2015/16	SLR + Differential targets + cap £000	TARGET TSP 2015/16 as % of Opex £000	Difference from prorated target (- = target is LOWER than prorata target) £000
Medicine & Emergency Care	£4,092	4.5%	-£329
Surgery A, Anaesthetics & Critical Care	£3,610	6.0%	£689
Surgery B	£1,247	4.9%	£7
Womens & Childrens	£2,393	5.2%	£164
SCHS Adult Services	£1,131	4.7%	-£25
Pathology	£1,130	5.8%	£185
Imaging	£737	4.2%	-£108
Nursing & Therapies	£395	4.1%	-£75
Operations	£602	4.5%	-£49
Facilities (Nursing)	£1,160	4.9%	£19
Estates	£610	4.8%	-£3
Post Graduate Centre	£53	6.0%	£10
Research & Development	£36	5.5%	£4
Chief Executive	£174	6.0%	£33
Finance	£295	6.0%	£56
Governance	£198	6.0%	£38
Workforce	£243	5.6%	£32
Health Informatics Service	£340	6.0%	£65
Sub-Total	**£18,448**	**0.0%**	**£713**
Miscellaneous	£537	3.8%	-£148
Reserves	£15	0.1%	-£565
Income	£0	0.0%	£0
TRUST TOTAL	**£19,000**	**0.0%**	**£0**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee – Version 0.1

Venue Meeting Room 3, Mgt Centre, City Hospital **Date** 21 February 2013; 0930h – 1130h

Members Present

Mrs O Dutton [Chair]
Mrs G Hunjan
Mr R Samuda
Dr S Sahota OBE
Mr M Sharon
Miss K Dhami
Miss R Overfield
Dr R Stedman
Miss R Barlow
Mrs D Talbot

In Attendance

Ms A Binns

Guests

Mrs G Deakin

Secretariat

Mr S Grainger-Payne

Minutes	**Paper Reference**
1 Apologies for absence	**Verbal**
The Committee received apologies for absence from Richard Lilford, Robert White and Simon Parker.	
2 Minutes of the previous meeting	**SWBQS (1/13) 012**
The minutes of the Quality and Safety Committee meeting held on 25 January 2013 were approved as a true and accurate reflection of discussions held.	
AGREEMENT: The minutes of the previous meeting were approved	
3 Matters arising from the previous meeting	**SWBQS (1/13) 012 (a)**
The updated actions list was noted by the Committee. Miss Dhami advised that an alert had been received from the Care Quality Commission (CQC), highlighting that the Trust was an outlier in terms of elective caesarean mortality rates. The Committee was advised that a response to the alert needed to be sent to the CQC by 18 March 2013. It was reported that the issue	

might reflect the current way in which the clinical coding of caesarean cases was currently undertaken and therefore in this respect, there was unlikely to be a substantive issue. Dr Sahota asked whether, given the disestablishment of the Maternity Taskforce, attention to the area had slipped. Miss Overfield advised that the Maternity Taskforce had considered the position in respect of emergency caesarean rates, which was not the focus of the CQC alert. The Committee was advised that the CQC had confirmed that it was satisfied with the Trust's response in connection with the Perinatal mortality alert, however evidence that the action plan had been completed would need to be provided.	
3.1 Progress with Down's Syndrome screening action plan	**Verbal**
Miss Overfield reported that no new cases of missed Downs Syndrome screens had been identified and all women that had not been offered a screen previously, now had been. As a next step, the Committee was advised that where women had not responded to the offer, their GPs would be approached. It was reported that a national IT solution was being developed for maternity and the Trust had been identified as a pilot site. Mr Sharon advised that the issue was being handled jointly with commissioners.	
4 Update on Quality Committees – approval of the Terms of Reference	**SWBQS (2/13) 027** **SWBQS (2/13) 027 (a) - SWBQS (2/13) 027 (c)**
Miss Dhami presented the terms of reference for the newly established quality committees which would report into the Quality & Safety Committee. Ms Dutton asked for clarity on whether the members listed counted towards the quorum. She was advised that this was the case. Miss Dhami was asked into which committee the Organ Donation Committee reported. She advised that a report would be received by the Compliance & Assurance Committee. Mr Samuda asked whether the work of the committees would rationalise that of the Quality & Safety Committee. Miss Overfield advised that ultimately this was the desired outcome when the operation of the committees had fully embedded. Ms Dutton asked whether the minutes of the committees would be received by the Quality & Safety Committee. She was advised that a report would be presented from each of the bodies at the first subsequent meeting after the committees had met. It was requested that an organisational chart, showing the reporting lines for the committees in the wider context be presented at the next meeting.	
ACTION: Mr Grainger-Payne to prepare a structure chart, showing the relationships between the main corporate bodies for presentation	

at the next meeting	
5 Quality Report	**SWBQS (2/13) 026** **SWBQS (2/13) 026 (a)**
Miss Overfield reported that results of the Safety Thermometer audit had improved to 95%. It was noted that the CQUIN around this had been achieved by virtue of the tool being implemented. The level of falls at Sandwell Hospital was reported to be higher than expected. It was noted that this situation was symptomatic in part due to the inability to observe patients robustly as a consequence of lower staffing levels in the Trust at present. In terms of infection control, the Committee was advised that there had been a number of outbreaks of Norovirus. It was highlighted that these were more readily handled at City Hospital than at Sandwell Hospital due to the different ward configuration and size. It was reported that decontamination of the assessment units was problematic. Ms Dutton asked what implications this held for the new acute hospital. Mr Sharon advised that a greater number of single rooms would be incorporated into the new hospital. Regarding nurse staffing levels, Miss Overfield advised that there were a number of concerns. She reported that despite an acceptable number of actual staff being in place, the trained to untrained staff ratios were not adequate in some cases. The Committee was made aware that some wards were operating with less than 30% trained staff and high levels of bank & agency staff, a position she highlighted was concerning. It was reported that additional capacity remained open at present, with the delay to the implementation of the bed reconfiguration plan impacting significantly by creating a gap in staffing levels. The Committee was advised that an additional 60 nurses had been recruited into the Medicine & Emergency Care division, thereby highlighting that recruitment schemes were underway, although the pace of filling vacant posts was insufficient to address the gap in staffing levels. It was highlighted that it was challenging to attract nurses from outside of the Trust's usual catchment, although nurses from training school could be recruited more easily. It was noted that the performance against the quality measures was not deteriorating significantly, aside from the numbers of falls. Mr Samuda asked whether greater consideration needed to be given to reviewing the patient admission criteria to ensure that they were more stringent. Miss Overfield advised that there were considerable risks to this approach. Mr Sharon reported that the nurse staffing situation was reflective in some cases of the high levels of sickness absence, which in turn generated a high level of bank and agency staff usage. The Committee was advised that work with the Clinical Commissioning Group (CCG) and the development of the revised bed plan would assist with the position. Mrs Hunjan remarked that the increase in the level of falls was concerning and that she had expected that the level would have improved, given the reduced number of patients in the Trust and increased vigilance by ward staff during and after the recent Norovirus outbreaks. Mrs Talbot advised that the high levels of temporary staff had not assisted the position in this respect. Miss Barlow added that the position was further exacerbated by staff contracting Norovirus. Mr Samuda asked whether the Trust should attempt to over recruit nurses to address the position. Miss Overfield advised that in hindsight, this should have been pursued, however	

the implications financially would be felt keenly. To mitigate the financial pressure, it was reported that bank staff were being used where possible, rather than agency staff. Mr Sharon advised that there was a need for a coherent and realistic bed plan to be developed as a matter of priority, together with a bed flow programme. Miss Overfield advised that a virtual ward had been established, which would be used to deploy nurses placed at risk of redundancy to wards where staffing levels needed to be addressed. Ms Dutton asked what measures were being put in place to address the risks associated with the current staffing issues. Miss Barlow advised that a bed plan was being developed by the Medicine & Emergency Care division. Miss Dhami suggested that the substantive action to mitigate the position need to be agreed as a matter of urgency. Mr Sharon advised that the wards were continuing to largely operate safely, albeit using a level of staffing less than desired at present. Miss Overfield confirmed that basic nursing care continued to be delivered, however a number of auxiliary functions could not be completed. Ms Dutton suggested that the entire system needed to be reviewed from a risk perspective, to include the mortality situation. Miss Overfield asked the Committee to note that on occasion, wards were not operating safely, however all possible measures to address the position were being completed. Dr Stedman advised that measures were in place to detect poor quality. Mrs Hunjan asked whether a basic routine training programme was in place for nurses joining the Trust from agencies. Miss Overfield advised that staff sourced from agencies on national frameworks were required to comply with prescribed governance arrangements as part of their registration and that local induction arrangements were in place for agency staff joining a ward. It was reported however, that recently staff from non-framework agencies had needed to be used. Ms Dutton asked with what frequency these agencies were used. She was advised that at present staff from these agencies were being accessed on a daily basis. Ms Dutton asked whether performance of the nurses used was assessed and feedback provided to the agencies. Miss Overfield advised that this was the case in exceptional cases, where negative feedback needed to be provided. Ms Dutton asked whether an induction into the culture of care was undertaken for all staff. She was informed that this was not the case yet, however in line with the recommendations of the recent report by Robert Francis QC, this would need to be introduced.

Dr Stedman advised that performance against the fractured neck of femur target had improved, which it was highlighted had shown marked improvement over the last twelve months. Mr Sharon added that there was also good evidence of improved outcomes in this respect. It was reported that the Trust was achieving the required target of assessing 90% of patients for venous thrombosis embolism. The Committee was informed that slightly fewer mortality reviews had been undertaken recently than was required, particularly during October 2013 as a result of the operational pressures experienced at the time. It was highlighted that the majority of deaths were confined to a small number of specialities and that unlike a number of peer organisations, the Trust did not experience higher mortality rates at weekends than during the week.

The position concerning completion of Performance Development Reviews was reported to be improving.

Miss Dhami advised that in terms of the Care Quality Commission's Quality Risk Profile (QRP), the Trust was reported to be at low red status against Outcome 4, the care and welfare of patients using the services, and therefore a discussion around this would be held at a forthcoming meeting of the Executive Team to better understand the position. Mrs Hunjan asked, in connection with the cases of contaminated blood cultures, whether a repeat sample needed to be taken from a patient. Miss Overfield advised that this was dependent on the contaminant identified and was assessed on a case by case basis. Mr Samuda asked what process was in place for handling the results of stroke audit outcomes. He was advised that the report would be handled in accordance with the Trust's Policy on National Reports. It was suggested that the outliers from the report needed to be identified for the Board where necessary.	
6 Francis inquiry – Trust's initial response	**Hard copy**
Miss Dhami presented the Trust's initial response to the publication of the report recently issued which detailed the outcome of the inquiry into failings at Mid Staffordshire NHS Foundation Trust by Robert Francis QC. The Committee was advised that the report would also be presented at the next meeting of the Trust Board. Miss Dhami highlighted that the 290 recommendations had been clustered to provide an overview of the key themes. She also advised that a detailed response to the recommendations needed to be developed, however a baseline assessment and the proposed evidence to confirm the position would be presented to the Trust Board at its March 2013 meeting. It was reported that a number of areas for early improvement had been identified. Mr Samuda commented that the response was a credible initial view and encouraged an attitude of openness towards addressing the recommendations. Miss Dhami agreed and acknowledged that an addition around the Trust's Duty of Candour needed to be added into the response. It was reported that a series of 'Hot Topics' briefings had been held and a quality-related theme would be incorporated into the agenda of the Leadership Conference. Ms Dutton suggested that a review to determine whether 'gagging' clauses were included in contracts was needed. She was advised that following an initial review by the Deputy Director of Workforce, it appeared that there were no such clauses included in the Trust's contracts. Ms Dutton noted that the Trust was treating a significant number of frail and elderly patients and asked whether the design for the new hospital accommodated this group of patients adequately. Mr Sharon advised that part of the Dementia bid would address this, however the detail of the new hospital plans was not sufficient	

at present to identify how the design would accommodate frail and elderly patients.	
7 Mortality update	**SWBQS (2/13) 014** **SWBQS (2/13) 014 (a)**
Dr Stedman advised that mortality had been brought into sharp focus as a consequence of the recent report by Robert Francis QC. He was asked how mortality was measured in the Trust. The Committee was provided with an explanation of the differences between Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) methods of measuring mortality. It was highlighted that the measurement using SHMI took into account deaths 30 days following discharge. Miss Dutton noted that there was a significant variance in mortality rates between different parts of the Trust. Dr Stedman confirmed that this appeared to the case, however he advised that the reason for the position was not fully clear at present. It was suggested however that a contributing factor could be the demographic differences between the populations served by the Trust, with Sandwell being markedly less healthy than Birmingham. Mr Sharon questioned whether the adjustments made to the data would take this difference into account. Dr Stedman provided an explanation based on diagnostic weightings according to co-morbidities, where it was highlighted that where there was a significant difference from the national average, the usual adjustments would be less effective. It was emphasised that the difference in the mortality rates in the Trust was not related to reconfiguration of the estate or services, however the way in which mortality was clinically coded might be a contributing factor. Ms Dutton asked whether a fresh start was needed in the Trust in terms of establishing mortality review procedures. Dr Stedman advised that this was not the case given that the Mortality & Quality Alerts Committee remained operational and effective and the Trust remained committed to reducing mortality rates. He added that there were also specific programmes in place aimed at improving mortality associated with some diagnoses. He suggested that a 'task and finish' group might needed to be established to understand the reason for the variations between areas of the Trust. Mr Sharon supported this approach and agreed that coding, late presentation, local demographics, public health factors and quality of care were key factors that need to be taken into account when considering the position. Ms Dutton noted that the work linked in with the remit of the Health and Wellbeing Boards from a public health perspective. Dr Stedman advised that actions from the original mortality action plan had been reviewed internally and that lessons learned arising from these would be presented at the next meeting. Dr Sahota noted that some specialities appeared to be unrepresented within the Dr Foster analysis. Dr Stedman explained that the information was presented by diagnostic categories rather than by speciality. Mrs Hunjan, noting that coding appeared to be a potential contributory factor to the position in this instance, remarked that this had been raised in other fora and therefore it might be worth consideration by the Audit Committee as part of the Data Quality updates. She also highlighted that the mortality position would need to be reported within the annual Quality Account. Ms Binns asked the Committee to note that at present the Trust did not review every death. Dr Stedman added however, that the review process did look at the	

entire episode of care in some depth. Ms Dutton encouraged Dr Stedman to review practice in other organisations to determine whether there were any processes which could be usefully adopted by the Trust in terms of reviewing mortality. Miss Overfield advised that there were a number of specific diagnoses where there was a recognised need for improvement in the mortality review process, such as sepsis and management of diabetes. Miss Dhami emphasised that there was much intelligence available which suggested that the Trust did not have a significant issue regarding preventable deaths. Ms Binns agreed and added that the Trust's current review process was rigorous. Dr Stedman confirmed that the Trust's position was in line with that of other organisations and that there did not appear to be an issue of concern in relation to preventable deaths.	
ACTION: Dr Stedman to present the mortality review lessons learned at the next meeting	
8 Patient Experience strategy	**SWBQS (2/13) 015** **SWBQS (2/13) 015 (a)**
It was agreed that this item would be deferred for discussion to the next meeting.	
9 Complaints Development Plan	**SWBQS (2/13) 025** **SWBQS (2/13) 025 (a)**
Miss Dhami advised that a monthly update on the complaints development plan would be presented to the Committee.	
10 National Inpatient survey results	**SWBQS (2/13) 019** **SWBQS (2/13) 019 (a) -** **SWBQS (2/13) 019 (c)**
It was agreed that this item would be deferred for discussion to the next meeting.	
11 Staff survey results	**SWBQS (2/13) 029** **SWBQS (2/13) 029 (a)**
Mrs Deakin joined the meeting to present the outcome of the recent staff survey. She advised that overall the results presented a positive position, where scores against the majority of indicators were highlighted to have remained unchanged. The Committee was asked to note that there had been deterioration against the indicator concerning staff working additional hours and staff experiencing stress at work, a position which Mrs Deakin advised was consistent with the national position. The position against the indicator where staff were asked to comment on the quality of care being one of the Trust's top priorities was highlighted to have deteriorated significantly, in addition to the score against the indicator where staff were asked to comment on whether they would recommend the Trust as a good place to work. The position against the indicator where staff were asked to comment on whether the Trust was a good place for patients to be treated was also observed to have dipped. Mrs Deakin advised that as the results related to only the core element of the staff survey and a further analysis would be undertaken when the results related to the additional set of questions was received.	

Miss Overfield suggested that an additional mechanism needed to be implemented which harnessed staff views in real time around the net promoter indicator. It was agreed that this matter could be considered by the Workforce Assurance Committee when it was established. Mr Samuda commented that where staff opinion was adverse, they should also be asked to provide a view on what they would regard as a positive position. Mrs Hunjan suggested that an analysis by site would be useful. Miss Overfield advised that work would begin to target the areas where a deterioration in the score was clear.	
12 Compassionate Care (outputs of Senior Nurses 'away day')	**SWBQS (2/13) 020** **SWBQS (2/13) 020 (a) -** **SWBQS (2/13) 020 (c)**
It was agreed that the Committee should receive and accept the report.	
13 Whistleblowing policy implementation plan	**SWBQS (2/13) 030** **SWBQS (2/13) 030 (a)** **SWBQS (2/13) 030 (b)**
It was agreed that this item would be deferred for discussion to a future meeting.	
14 Corporate Performance dashboard	**SWBQS (2/13) 018** **SWBQS (2/13) 018 (a)**
It was agreed that the Committee should receive and accept the report.	
15 National Quality dashboard	**Verbal**
Dr Stedman advised that a webinar had been attended which had been organised by the National Trust Development Agency. He advised that the event had covered the use of statistical techniques and the tools to be able to populate a Trust-specific performance dashboard.	
16 Serious Incident report	**SWBQS (2/13) 016** **SWBQS (2/13) 016 (a)**
Miss Dhami asked the Committee to note that the serious incident report included a number of ward closures due to the infection outbreak. Mrs Talbot was asked whether the issue concerning lack of awareness of the services a learning disability nurse was an isolated matter. She advised that an awareness raising exercise had been undertaken, however there was a need to refresh this shortly.	
17 Serious graded complaints report	**SWBQS (2/13) 017** **SWBQS (2/13) 017 (a)**
It was agreed that the Committee should receive and accept the report.	
18 CQC action plan update	**SWBQS (2/13) 028** **SWBQS (2/13) 028 (a)**

	SWBQS (2/13) 028 (b)
It was agreed that the Committee should receive and accept the report.	
19 Health Visiting implementation plan progress report	**SWBQS (2/13) 021** **SWBQS (2/13) 021 (a)**
It was agreed that the Committee should receive and accept the report.	
20 Dementia action plan	**SWBQS (2/13) 022** **SWBQS (2/13) 022 (a)** **SWBQS (2/13) 022 (b)**
It was agreed that the Committee should receive and accept the report. The Chairman suggested that charities for dementia should be accessed where possible.	
21 Foundation Trust Quality Governance	**Verbal**
Miss Dhami advised that a teleconference with Deloitte LLP had been held, during which it was highlighted that a change in approach to the assessment against the Quality Governance Framework was planned, whereby a memorandum test was planned rather than a full review of evidence.	
22 Clinical Audit Forward Plan: monitoring report	**SWBQS (2/13) 023** **SWBQS (2/13) 023 (a)**
It was agreed that the Committee should receive and accept the report.	
MINUTES FOR NOTING	
14 Minutes from the Clinical Quality Review Group	**SWBQS (2/13) 024**
14.1 Minutes from the meeting held on 7 January 2013	
The Quality and Safety Committee received and noted the minutes from the Governance Board meeting held on 7 December 2012.	
15 Any other business	
There was none.	
16 Details of the next meeting	**Verbal**
The date of the next meeting of the Quality and Safety Committee was reported to be 21 March 2013 at 0930h in the D29 (Corporate Suite) Meeting Room, City Hospital.	

Signed ……

Print ……

Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Quality Report
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Overfield (Chief Nurse), Dr Roger Stedman (Medical Director) and Kam Dhami (Director of Governance)
AUTHOR:	Various
DATE OF MEETING:	28 March 2013

EXECUTIVE SUMMARY:

The attached report presents a composite picture of performance against a number of key Quality metrics and qualitative information, responsibility for which currently sits within the remits of three members of the Executive Team.

- The Committee is invited to accept the report, noting in particular the key points highlighted in Section 2 of the report.

REPORT RECOMMENDATION:

The Board is recommended to ACCEPT the contents of the report.

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

Accept	Approve the recommendation	Discuss
✓		

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

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

Comments:

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

- Improve and heighten awareness of the need to report and learn from incidents.
- NHSLA Acute and Community risk management standards – 'Learning from experience'
- Includes performance against a number of CQuIN targets and national & local targets and priorities
- Aligned to the priorities set out within the Quality Account

PREVIOUS CONSIDERATION:

Trust Management Board on 19 March 2013 and Quality & Safety Committee on 21 March 2013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY REPORT

A monthly report presenting an update on Patient Safety, Clinical Effectiveness and Patient Experience in the Trust

March 2013

Where EVERYONE Matters

CONTENTS

QUALITY REPORT

1 INTRODUCTION

This report presents a composite picture of the performance against the various key Quality metrics to which the Trust works, both in terms of those mandated at a national or regional level and those set by the organisation.

The report has been populated with latest performance information for the period up until this Board meeting, across a range of areas within three domains: patient safety, clinical effectiveness and patient experience.

2 KEY POINTS TO NOTE

The Trust Board's attention is drawn to the following this month:

PATIENT SAFETY

- Safety Thermometer results in February improved to 96%. This is the first month that the Trust has achieved the 95% harm free target. The largest reduction in harm events is within pressure damage. No patients experienced more than one harm event.
- Falls in January decreased from the November and December position. The biggest reduction in falls events occurred at Sandwell.
- Infection rates – there have been further problems with Norovirus in February with a different and more virulent strain affecting the community and hospital. *C diff* rates increased, especially at Sandwell although both *C diff* and MRSA remain within trajectory for the year.
- Pressure Damage – There were 14 avoidable hospital acquired pressure sores reported in December. Of these there were no grade 4 sores and a total of 3 grade 3 sores. This represents a continuing improving picture over the year.
- Nutritional assessments on admission are back to an acceptable level but repeat assessments still need improvement.
- Bank/agency (nursing) increased in February to just under 7000 shifts. This is related to additional staffing requirements for 'specialling patients' in the EDs and to cope with lack of flexibility around outbreak wards.
- Staffing ratios – the vacancy position and sickness absence position improved in February as a result of recruitment, closing of some beds and robust absence management. There has also been some improvement in quality measures with less wards showing concerning trends. Actual staffing levels are being maintained but often with high bank/agency use and poor skill mix.

CLINICAL EFFECTIVENESS

- Compliance with the use of the World Health Organisation (WHO) checklist was 99.83%. The qualitative audits will be piloted by the theatres matrons within the next month. Notes audits are being added to the schedule of audits for next year by clinical effectiveness.
- Stroke Care - Performance has recovered against the stroke indicators with 82.14% patients spending 90% of their stay on the stroke unit.
- VTE performance remains above 90% during February for all admitted patients.
- Mortality Reviews Performance for December was 66% which is below the target of 74% in month. This is an improvement on November's performance but still behind trajectory. A plan has been put in place to recover and restore target achievement with the introduction of a modified mortality review system.
- Fractured Neck of Femur being operated on within 24 hours of admission during January was 81.82%, exceeding the local target of 70%.
- Ward Performance review results are included for Q3 (compared to Q2)

PATIENT EXPERIENCE

- The Net Promoter reduced slightly to 66 (target 65)
- Preferred place of death for patients fell in January but still exceeded the target.

WORKFORCE QUALITY

- The Trust is currently meeting its overall mandatory training target – 88.14% (85%). PDR rates however, are lower than our target rate at 69.49%.
- Sickness absence is 4.44% (January)

3 TARGETED AREAS OF SUPPORT

- Many of the Trust's medical wards are giving rise for concern especially with regard to staffing arrangements – we are taking additional steps to try to resolve this issue and have this month seen signs of improvement with a reduction in sickness absence on many wards, improved vacancy rate and positive signs with key quality metrics. L4 is alerting in several areas and is therefore receiving targeted assistance.

4 EMERGING TRENDS/NOTICEABLE PATTERNS

- None specifically

5 OF SPECIFIC NOTE

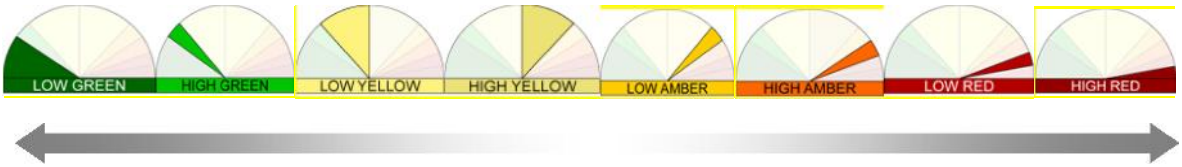
- There is nothing specific to note over and above the other matters highlighted above.

6 KEY CLINICAL RISKS

- Staffing arrangements on some wards

7 CARE QUALITY COMMISSION'S QUALITY AND RISK PROFILE

The Care Quality Commission (CQC) publishes a QRP for each registered provider which is used to support the day to day work of CQC Inspectors. The QRP provides the Trust with a risk estimate for each outcome of the 16 Essential Standards of Quality and Safety. These risk estimates are produced by the CQC using a statistical model that aggregates individual pieces of information which the CQC holds about the Trust. The risk estimates are displayed as dials as shown below:



The current risk estimates for the essential standards of quality and safety for the Trust published by the CQC on 6th February 2013 are:

Risk estimate	Frequency	Outcomes
No Data	-	-
Insufficient data	-	-
Low Green	2	**21** and **11**
High Green	**1**	**14**
Low Yellow	**11**	**1, 5, 6, 7, 8, 9, 10, 12, 13, 16, and 17**
High Yellow	**1**	**2**
Low Amber	**-**	**-**
High Amber	**-**	**-**
Low Red	**1**	**4**
High Red	**-**	**-**

There are currently no outcome risk estimates in Amber and one in Red. This shows the Trust as being at a low risk of non-compliance with the CQC's 16 essential standards of quality and safety, with the exception of Outcome 4 which relates to the '*care and welfare of people who use services*'.

These are details of the individual pieces of data that contributes towards the risk estimate for Outcome 4.

	Quantitative Items: 262							Qualitative Items: 56	
	Much worse than expected	Worse than expected	Tending towards worse than expected	Similar to expected	Tending towards worse than expected	Better than expected	Much better than expected	Negative Comment	Positive Comment
Number of items*	**14** (9)	**7** (6)	**11** (7)	**185** (162)	**18** (17)	**6** (8)	**21** (13)	**40** (38)	**16** (20)

* The figure in brackets indicates the number of items in the November version of the QRP

The indicators where the Trust's position is shown to be worse than compared with the expected or moving in that direction have been reviewed and further details will be presented to the Quality & Safety Committee. The data sources include the Stroke Improvement National Audit Programme, PROMs (groin hernia surgery and knee replacement), the CQC A&E Survey and Dr Foster Intelligence.

In the majority of cases the risk estimate are based on data that relates to a period some way in the past (e.g. September 2010) with the most recent being September 2012. In light of this local intelligence has been used, together with that available in the QRP, to establish the up-to-date position. If this has not improved priority action will be taken and reported to the Quality and Safety Committee.

8 CQuINs

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST CORPORATE DASHBOARD - FEBRUARY 2013

Exec Lead			PATIENT SAFETY				October	November	December	January			February			To Date (*=most recent month)	TARGET		Note	THRESHOLDS			12/13 Forward Projection	10/11 Outturn	11/12 Outturn
							Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	12/13							
RS	A	3	Acute CQUIN	VTE Risk Assessment (Adult IP)	396	%	91.5 ▲	91.7 ▼	90.2 ▼	→		91.5 ▲	→		91.0 ▼	91.0*	90	90	a	=>90		<90	●	92.3	92.4
RB	K	20		Appropriate Use of Warfarin	372		→	→	Compliant	→		→	→		→	Compliant	Comply with audit			No variation		Any variation	●		
RO	H	8		Safety Thermometer	396	%	Data Submitted	Data Submitted	Data Submitted	→		Data Submitted	→		Data Submitted	Data Submitted	Monthly data collection			No variation		Any variation	●		
RB	H	20		Antibiotic Use	743	Score	→	→	→	→			→			83	70	80		No variation		Any variation	●		
RO	D	8		Reducing Avoidable Pressure Ulcers	372	No.	Compliant	Compliant	Compliant	→		Compliant	→		Compliant	Compliant	Comply with audit			No variation		Any variation	●		
RO	H	8		Nutrition and Weight Management	743		Compliant	Compliant	Compliant	→		Compliant	→		Compliant	Compliant	Comply with audit			No variation		Any variation	●		
RS	H	9		Safe Surgery - Operating Theatres	743	%	99.8 ■	99.8 ■	99.8 ■	→		99.8 ■	→		99.9 ▲	99.9	99	100	a	No variation		Any variation	●		
RS	H	9		Safe Surgery - Other Areas		%	99.8 ▼	99.5 ▼	99.5 ■	→		99.5 ■	→		99.7 ▲	99.7	98	98		No variation		Any variation	●		
RS	H	10		Stroke Care	743	%	→	→	Met Q3 req's	→		→	→		→	Met Q3 req's	Comply	Comply		No variation		Any variation	●		
RO	H		Community CQUIN	Safety Thermometer	88	%	Data Submitted	Data Submitted	Data Submitted	→		Data Submitted	→			Data Submitted	Monthly data collection			No variation		Any variation	●		
RO	D	11		Reducing Avoidable Pressure Ulcers	176		Compliant	Compliant	Compliant	→		Compliant	→			Compliant	Comply with audit			No variation		Any variation	●		
RO	H			Nutrition and Weight Management	176		Compliant	Compliant	Compliant	→		Compliant	→			Compliant	Comply with audit			No variation		Any variation	●		
EFFECTIVENESS OF CARE																									
RO	H	8	Acute CQUIN	Dementia	396	%	Meeting Q3 req's	Meeting Q3 req's	Met Q3 req's	→		Meeting Q4 req's	→		Meeting Q4 req's	Meeting Q4 req's	90	90		No variation		Any variation	●		
RS	H	3		Mortality Review	743	%	53.9 ■	63.9 ▲	65.4 ▲	→			→			65.4	74	80	a	No variation		Any variation	●●		66.9
RO	H	11	Community CQUIN	Dementia	44	%	Not Meeting Q3 req's	Not Meeting Q3 req's	Met Q3 req's	→		Meeting Q4 req's	→			Meeting Q4 req's	80	90		No variation		Any variation	●		
PATIENT EXPERIENCE																									
RO	H	8	Acute CQUIN	Personal Needs	396	%	→	→	→	→		→	→		→	66.9	71.6	71.6		No variation		Any variation			
RO	H	8		Net Promoter	372	No.	64 ▲	65 ▲	67 ▲	→		66 ▼	→			66	65	65		No variation		Any variation	●		
RO	H	8		End of Life Care	372	%	59 ▼	65 ▲	62 ▼	→		56 ▼	→			56	53	53		No variation		Any variation	●		
RS	H	10		Every Contact Counts - Alcohol	372	%	→	61 ▲	→	→			→			61	66	80		No variation		Any variation	●		
RO	H	12		Every Contact Counts - Smoking	372	%	→	→	→	→			→			Baseline established				No variation		Any variation	●		
RO	H	11	Community CQUIN	Pt. (Community) Exp'ce - Personal Needs	44	Score	96.0 ▲	93.0 ▼	94.0 ▲	→		93.5 ▼	→			93.5	90	90		No variation		Any variation	●		
RO	H	11		Net Promoter	88	No	88 ▲	86 ▼	85.0 ▼	→		86.0 ▲	→			86	75	75	a	No variation		Any variation	●		
RO	H	11		Every Contact Counts	132	%	Met Monthly requirement	Met Monthly requirement	Met Monthly requirement	→		Met Monthly requirement	→			Met Monthly requirement	Comply with KPI trajectories			No variation		Any variation	●		
RO	H	11		Smoking Cessation	132	%	Met Monthly requirement	Met Monthly requirement	Met Monthly requirement	→		Met Monthly requirement	→			Met Monthly requirement	Comply with KPI trajectories			No variation		Any variation	●		
RS	H		Specialised Commissioners	Clinical Quality Dashboards	49		→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Submit Data	Submit Data		No variation		Any variation	●		
RS	H	13		Neonatal - Hypothermia Treatment	73	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Derive Base	Derive Base		No variation		Any variation	●		
RS	H	13		Neonatal - Discharge Planning / Family Experience and Confidence	122	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Derive Base	Derive Base		Met		Not Met	●		
RS	H	12		HIV - Optmum Therapy	147	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Submit Data	Submit Data		No variation		Any variation	●		

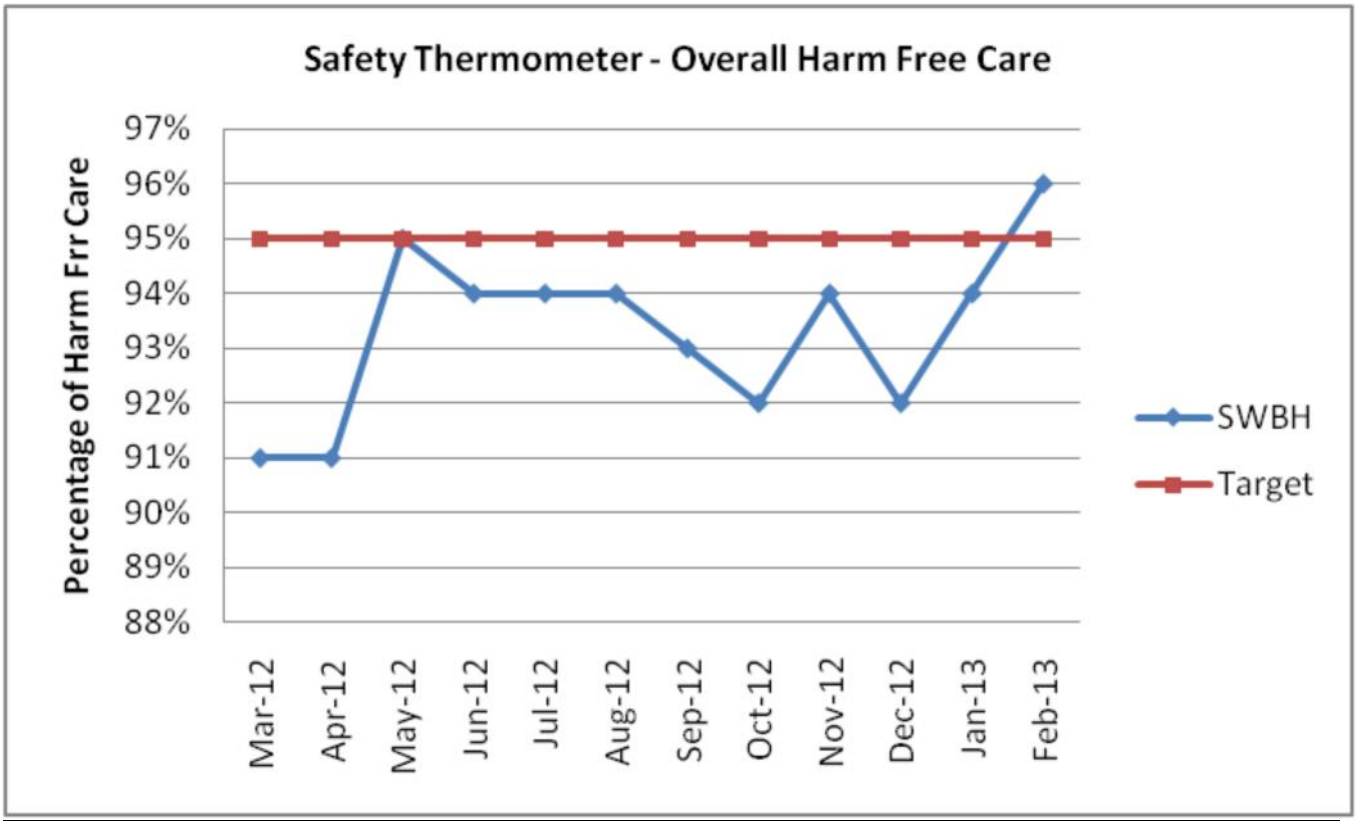
9 PATIENT SAFETY

9.1 Safety Thermometer

CQUiN for 2012/13 – requires introduction of the tool in acute and community in patient areas. *CQUiN*

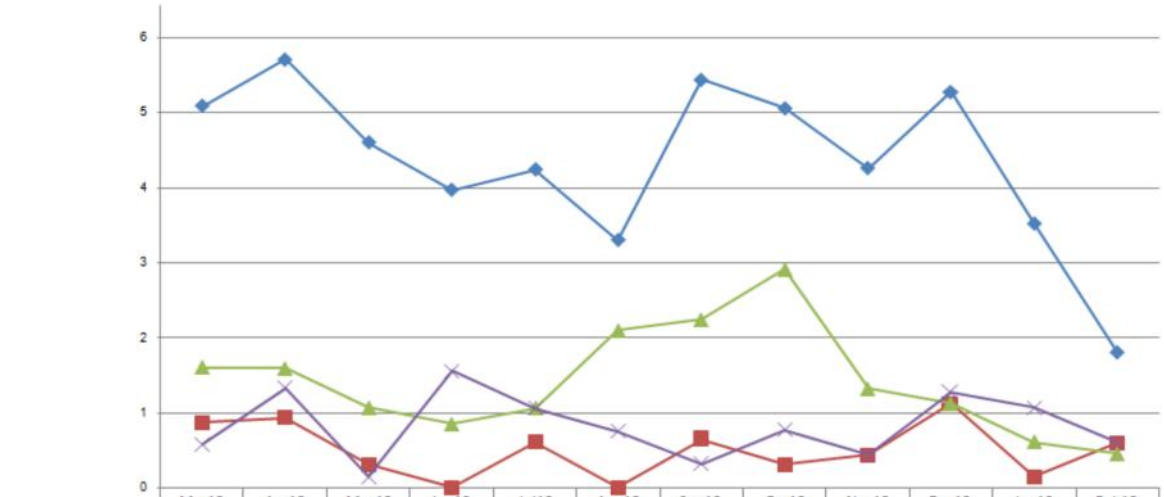
Conducting monthly whole Trust census of patients for 4 harm events (falls, pressure damage, CAUTI and VTE) continues to go well with good engagement of nursing staff. Work has commenced to add other harm measures to the tool, eg avoidable weight loss.

The SHA ambition is for Trusts to achieve 95% harm free care.



Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
91.12% ë	94.75% ë	93.74% í	93.55% í	93.79% ë	93.43% í	91.52% í	93.78% ë	92.47% í	94% ë	96% ë

Figure 1: *Harm free care trend*



	Mar12	Apr12	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Jan13	Feb13
Pressure Ulcers	5.09	5.71	4.6	3.97	4.24	3.3	5.44	5.06	4.26	5.28	3.53	1.8
Falls	0.87	0.93	0.31	0	0.61	0	0.64	0.31	0.44	1.12	0.15	0.6
Catheter & UTI	1.6	1.59	1.07	0.85	1.06	2.1	2.24	2.91	1.32	1.12	0.61	0.45
New VTE	0.58	1.33	0.15	1.56	1.06	0.75	0.32	0.77	0.44	1.28	1.07	0.6
Patients	687	753	652	706	661	667	625	652	680	625	652	666

Figure 2: *Number of patients by type*

	Mar12	Apr12	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Jan13	Feb13
All	25	15	12	13	11	12	9	9	5	9	4	5
Category 2	20	9	8	10	7	5	9	7	4	8	3	5
Category 3	5	6	4	3	4	4	0	2	1	0	1	0
Category 4	0	0	0	0	0	3	0	0	0	1	0	0
Patients	1071	1205	1142	1166	1210	1192	1278	1155	1237	1089	1200	1101

Figure 3: *Trust overall numbers (new pressure ulcers which developed 72 or more hours after the patient was admitted to a ward)*

Acute Divisions **11** patients experienced **1 new harm**. **No** patients experienced **2, 3 or 4 harms**
Community Division **6** patients experienced **1 new harm** and **0** patients experienced **2, 3 or 4 harms**

a) Falls

There are no formal targets set for falls for 2012/13 other than the safety thermometer but we will continue to aim to reduce avoidable falls across the Trust by a further 10%. Our audits will continue to monitor risk assessment compliance, appropriate use of care bundles and numbers of falls. Falls with injury continue to be reported as adverse incidents and TTRs conducted.

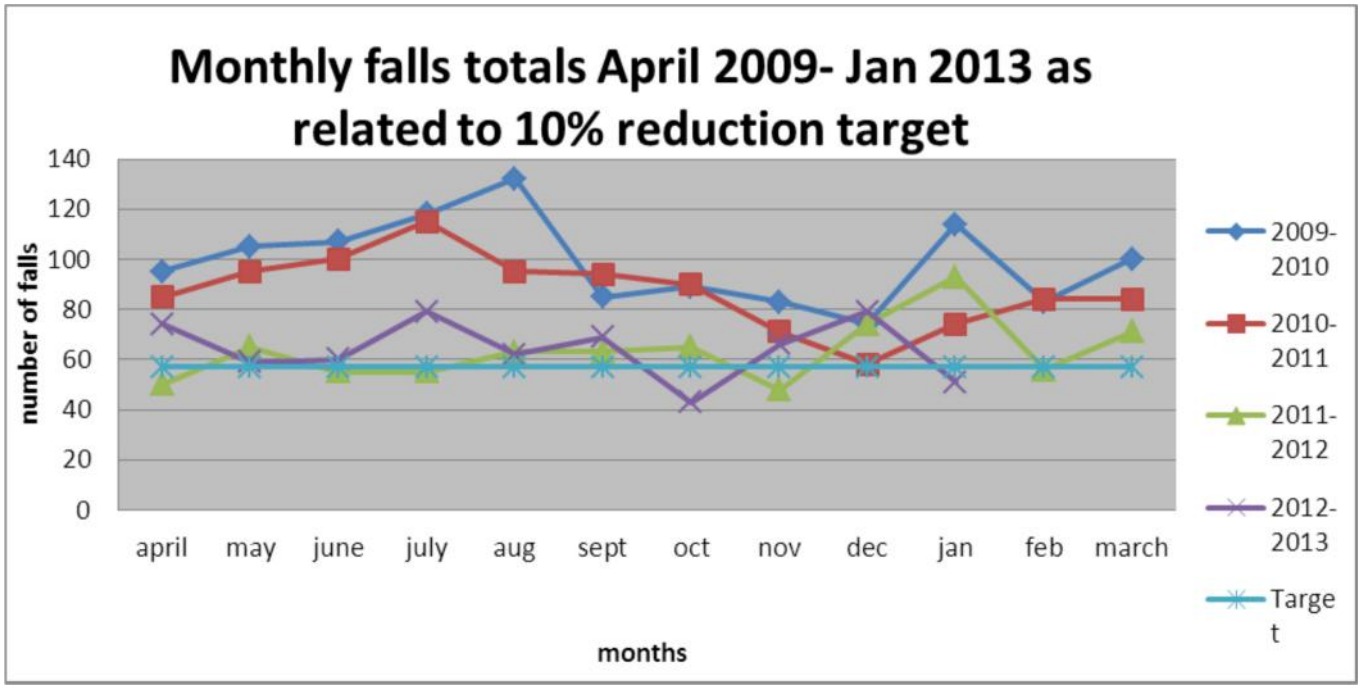


Figure 4: *Trend of falls*

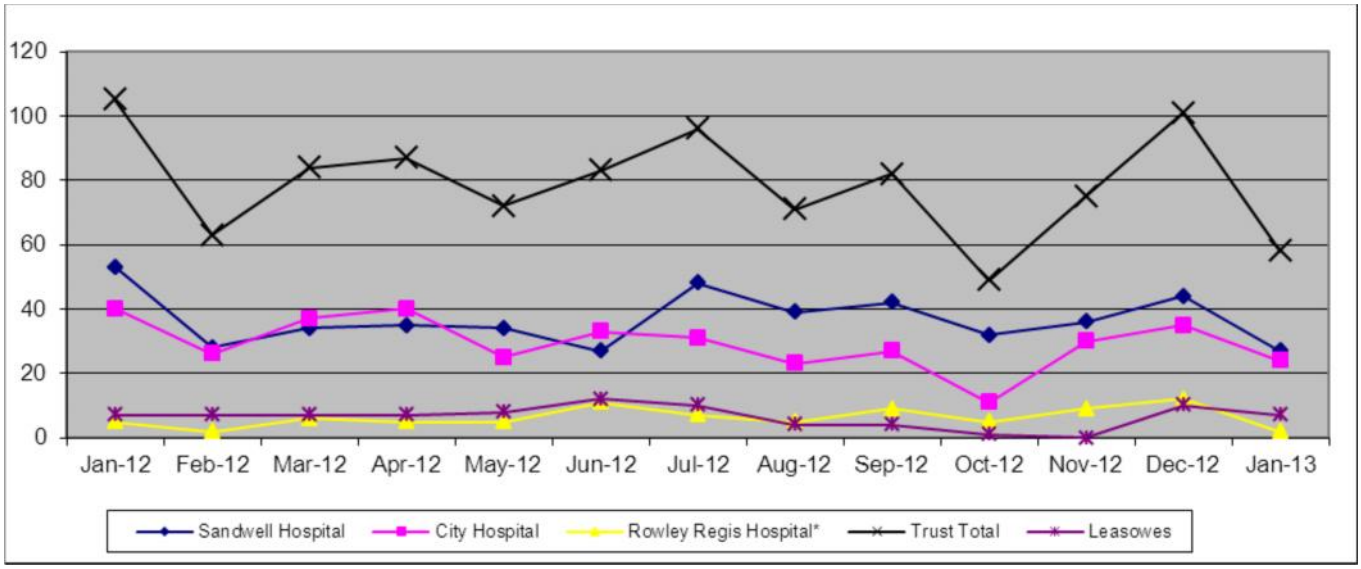


Figure 5: *Incidence of falls per 1000 bed days across Acute Inpatient Divisions*

Sandwell continues to have a higher number of falls compared to City.

b) Pressure Damage

Target 2012/13: Eradication of all avoidable pressure damage *SHA Priority and CQUiN.*
Target to assess patients for risk, introduce appropriate care bundle and conduct TTRs on all grade 3 and 4 sores.

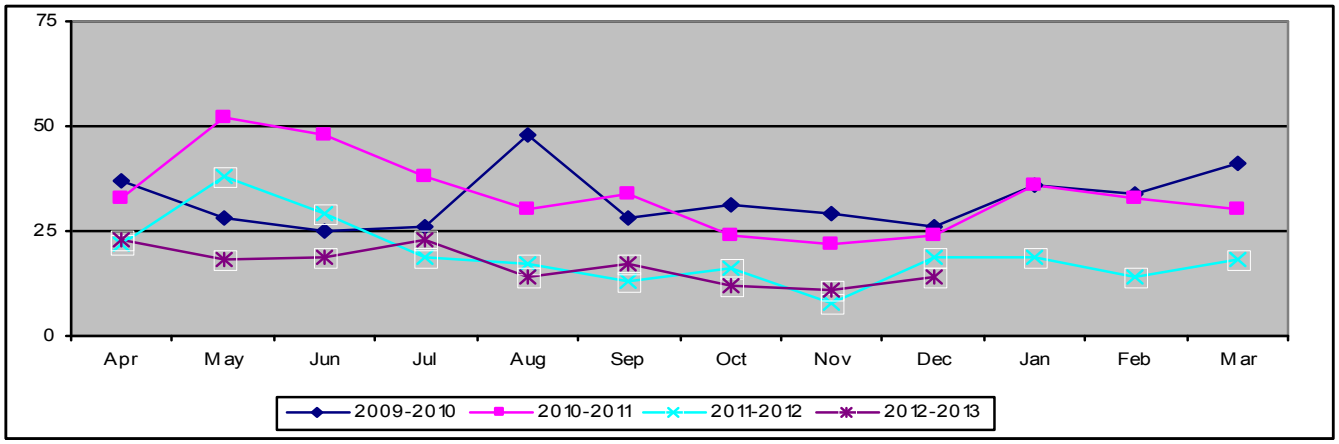


Figure 6: *Number of hospital acquired pressure damage Grade 2, 3 & 4, April 2009 - July 2012*

Grade of Sore	2012-2013									
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	12/13 Total
Grade 2	21	16	17	21	11	14	11	11	11	133
Grade 3	2	2	2	2	3	3	1	0	3	18
Grade 4	0	0	0	0	0	0	0	0	0	0
Trust Total	**23**	**18**	**19**	**23**	**14**	**17**	**12**	**11**	**14**	**151**

Figure 7: *Table of avoidable hospital acquired pressure ulcers by grade*

c) VTE Risk Assessment

The VTE Risk Assessment CQUIN target continued from 2011/12. Performance of at least 90% each month is required to trigger payment. Performance during February was 90.97% has met the required 90% standard. *CQUiN*

9.2 Nutrition/Fluids

Target 2012/13: Reduction of avoidable weight loss in patients on 8 Trust wards where vulnerable adults are nursed. *CQUiN*
90% patients MUST assessed within 12 hours admission *Internal Priority*

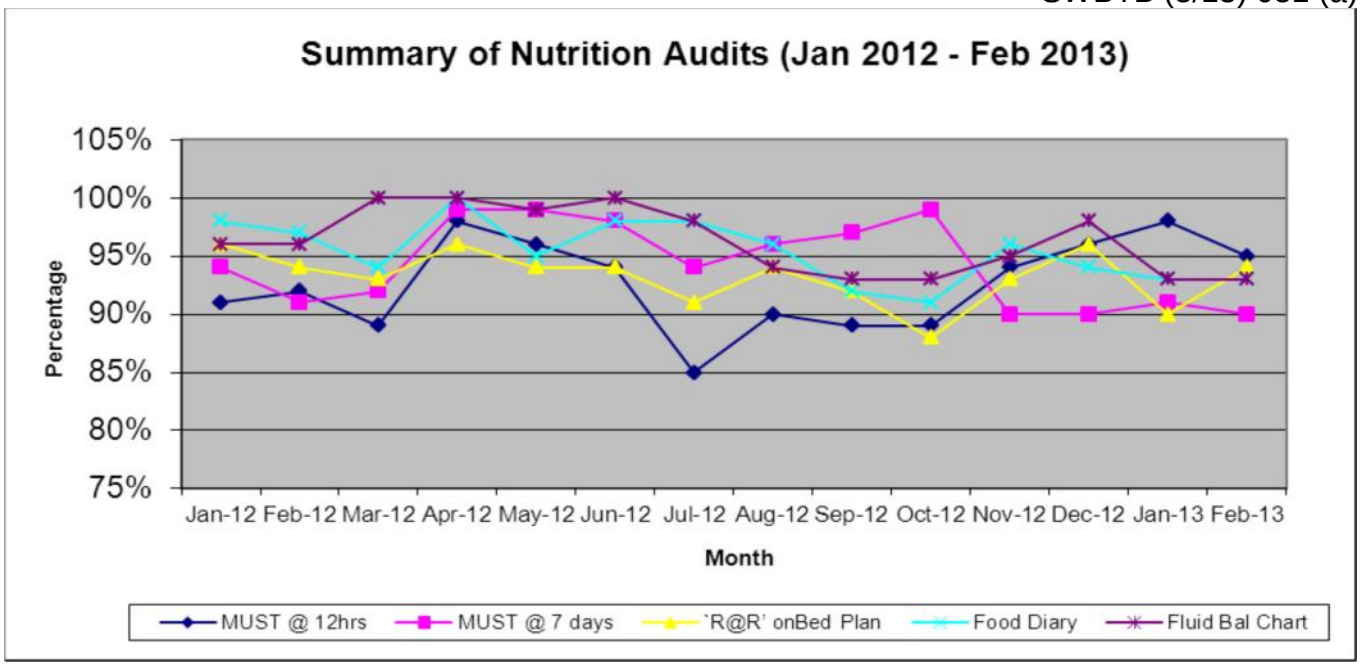


Figure 8: *Nutrition Audit Results*

9.3 Infection Control – report expected on Wednesday

Targets 2012/13: (National Priority Local contract)	*C difficile* – 57 cases (post 48 hours, using SHA testing methodology) MRSA – 2 cases (post 48 hours) MRSA Screening – 85% eligible patients Blood culture contaminants – 3% or less E Coli and MSSA – Continue to record and TTR device related infections National cleanliness standards – 95%

MRSA

There were no post-48 hour MRSA bacteraemia for Febuary. The total number of MRSA bacteraemias against the Trust target to date is 1.

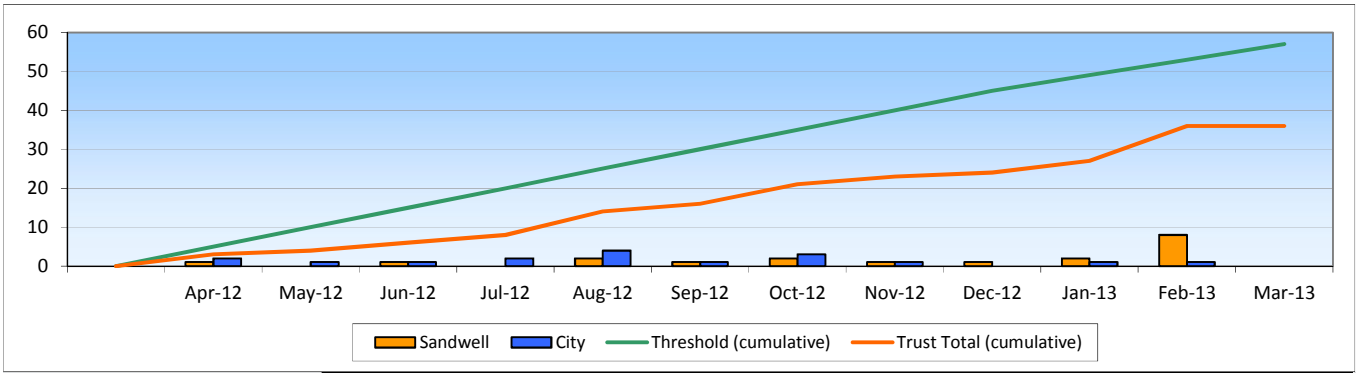
MRSA Screening

Target: 85% eligible patients by March 2013.

			To Date (*=most recent month)	TARGET YTD	TARGET 12/13
MRSA Screening - Elective	Patient Not Matched	%	193.6*	82	85
	Best Practice - Patient Matched	%	72.4*	82	85
MRSA Screening - Non Elective	Patient Not Matched	%	82.3*	82	85
	Best Practice - Patient Matched	%	64.6*	82	85

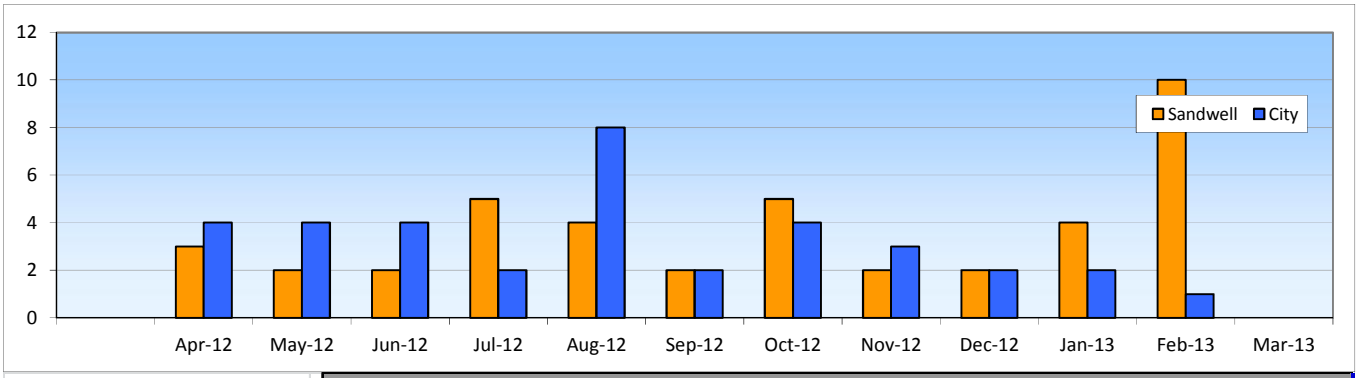
Figure 9: *MRSA screening eligibility*

Clostridium difficile



	2012-2013												
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total
Sandwell	1	0	1	0	2	1	2	1	1	2	8		**19**
City	2	1	1	2	4	1	3	1	0	1	1		**17**
Trust	3	1	2	2	6	2	5	2	1	3	9	0	**36**
Intermediate Care	0	0	0	0	0	0	0	0	0	0	0		**0**
DoH Trajectory	5	5	5	5	5	5	5	5	5	4	4	4	**57**
Trust Total (cumulative)	3	4	6	8	14	16	21	23	24	27	36	36	-
Threshold (cumulative)	5	10	15	20	25	30	35	40	45	49	53	57	-

Figure 10: *SHA Reportable CDI*



	2012-2013												
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total
Sandwell	3	2	2	5	4	2	5	2	2	4	10		**41**
City	4	4	4	2	8	2	4	3	2	2	1		**36**
Trust	7	6	6	7	12	4	9	5	4	6	11	0	**77**
Intermediate Care	0	0	0	0	0	0	0	0	0	0	0		**0**
Trust Total (cumulative)	7	13	19	26	38	42	51	56	60	66	77	77	-

Figure 11: *Trust Best Practice Data*

Blood Contaminants

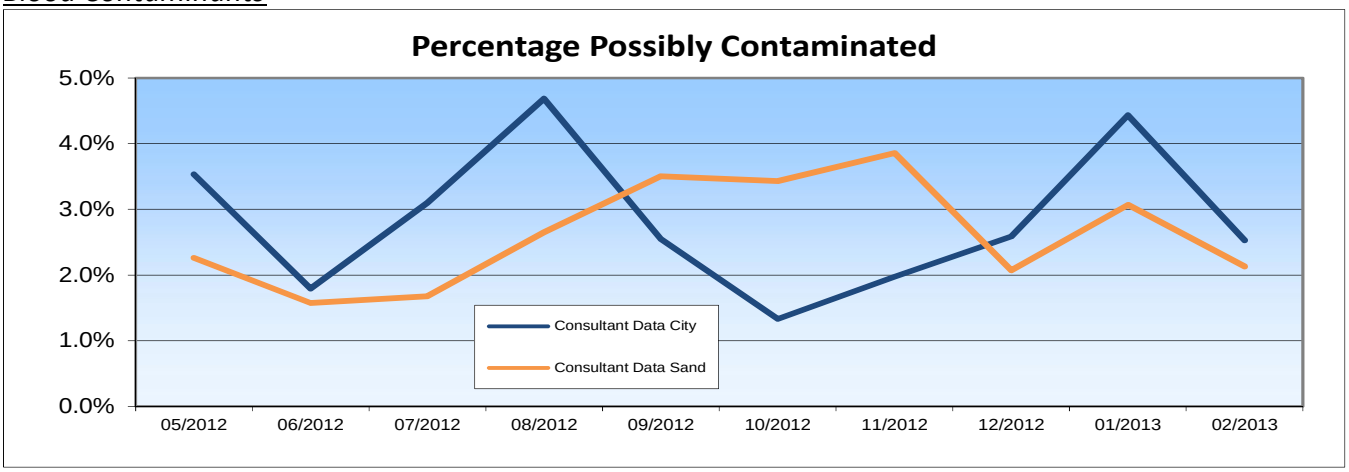


Figure 12: *Blood Contaminants*

E Coli Bacteraemia

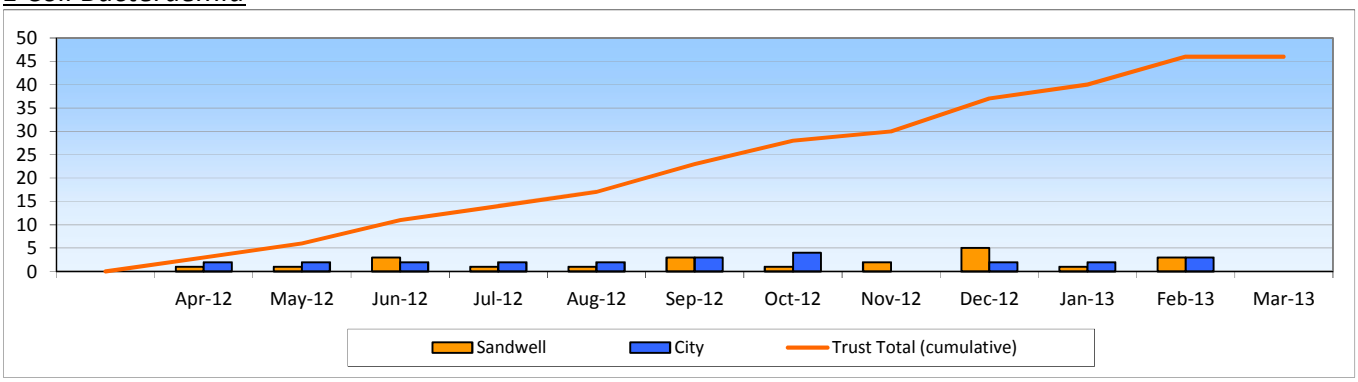


Figure 13: *E Coli Bacteraemia*

MSSA

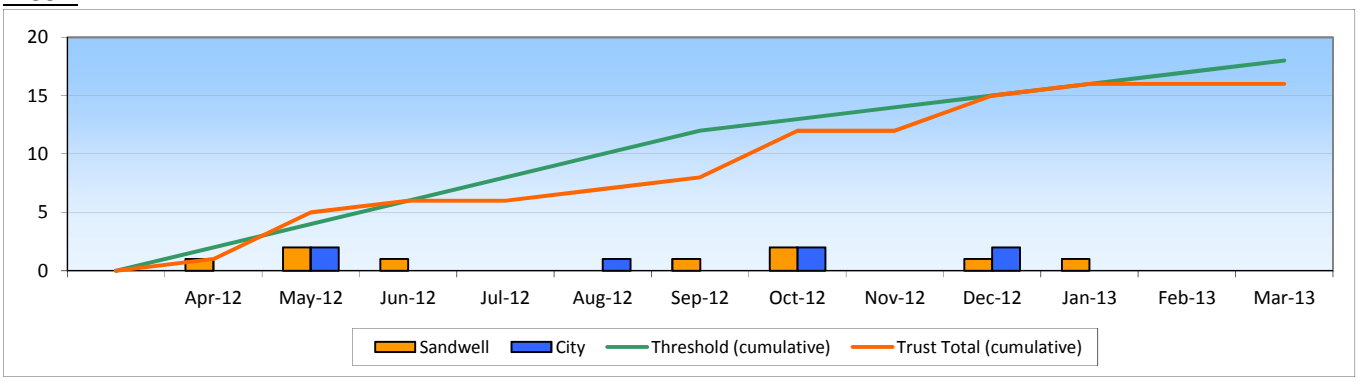


Figure 14: *MSSA*

Outbreak and Other Infection Control Activity

- There were more outbreaks of diarrhoea and/or vomiting across both sites in February, mostly due to confirmed norovirus. This is thought to be due to a more virulent strain of the virus, and is causing an unprecedented number of incidents both within the community and in many trusts in the region.
- The number of confirmed cases of Influenza A continues to rise, with many patients requiring Critical Care. The majority of cases are due to H3N2, not H1N1 (swine flu),
- A patient was admitted with a respiratory illness which was later confirmed to be due to novel coronavirus. He had travelled from Pakistan to the UK via Saudi Arabia. Another two family members who had not been abroad were subsequently found to be positive for novel coronavirus, confirming the ability of the virus to be transmitted from person to person. It is imperative that staff follow HPA guidelines on patients returning from abroad with signs of a respiratory illness to ensure that they are not at risk of having contracted novel coronavirus.

PEAT

National Standards of Cleanliness average scores 96%.

9.4 Maternity

The Obstetric Dashboard is produced on a monthly basis. Of note:

*Post Partum Haemorrhage (PPH)(>2000ml): t*here were 0 patients recorded to have had a PPH of >2000ml in January.

Adjusted Perinatal Mortality Rate (per 1000 babies): the adjusted perinatal mortality rate for December was 7.2 which was below the trajectory (8) and was lower than the previous month. Perinatal mortality rates must be considered as a 3 year rolling average due to the small numbers involved and the significant variances from month to month. **(Please note the January data was not available at the time of writing the report)**

Caesarean Section Rate: the number of caesarean sections carried out in January was 22.7%, which is below the trajectory of 25% over the year and lower than the previous month.

Delivery Decision Interval (Grade I, CS) >30 mins: the delivery decision interval rate for December was 4% which is below the trajectory (15). **(Please note the January data was not available at the time of writing the report)**

Community Midwife Caseload (bi-monthly): The community midwife caseload in December reduced to 134 from the previous month (138), which is below the trajectory of 140. **(Please note the January data was not available at the time of writing the report)**

9.5 Emergency Department highlights

A separate report is provided for the Trust Board this month.

9.6 Medicine Management

Warfarin CQUIN.

An audit of patients admitted taking warfarin with an INR above 5 whose dosage had been adjusted or reviewed prior to the next dose, was carried out over a 1 week period in December. Compliance of 100% was achieved.

Drug Storage Audits

Ward drug storage audits were carried out in January and the early results are summarised below.

General Drugs:
Compliance of between 90-100% was evident against 93% of standards, compared to 70% in November 2012
Compliance of 70% or higher was evident against 100% of standards which is the same as in November

Controlled Drugs:
Compliance of between 90-100% was demonstrated against 80% of standards, compared to 75% in November 2012.
Compliance of 70% or higher was demonstrated against 90% of standards, compared to 85% in November.

9.7 Never Events

There were no Never Events reported in February 2013.

9.8 National Patient Safety Agency (NPSA) alerts

1. Overdue alerts:

- NPSA 2011/PSA001 – Safer spinal (intrathecal) epidural and regional devices. This alert will continue to remain as "ongoing" on the Central Alert System until all of the components we require to safely convert to the new neuraxial devices are available.

2. New alerts: No new alerts have been received.

9.9 Medical Devices Agency (MDA) alerts

1. Overdue alerts:

- MDA 096 – Resuable laryngoscope handles All Models, All Manufacturers. Process have been put in place to address this alert but a final solution for ongoing compliance is being discussed currently.
- MDA 075(r) – Medical devices and medicinal products containing chlorhexidine. Awaiting confirmation from 2 areas that they are compliant.

9.10 Incident reporting

Reporting of incidents continues to rise year on year which evidences an improving safety culture. This has been helped by the introduction of the electronic reporting system. Management of incidents within an agreed timeframe is important to understand trends and themes and allow for actions to be taken at the appropriate time. Incidents remain in a "holding" file until they are managed and closed. This may cause delays in addressing issues if not corrected. A targeted plan is in place to assist managers with managing their unmanaged incidents.

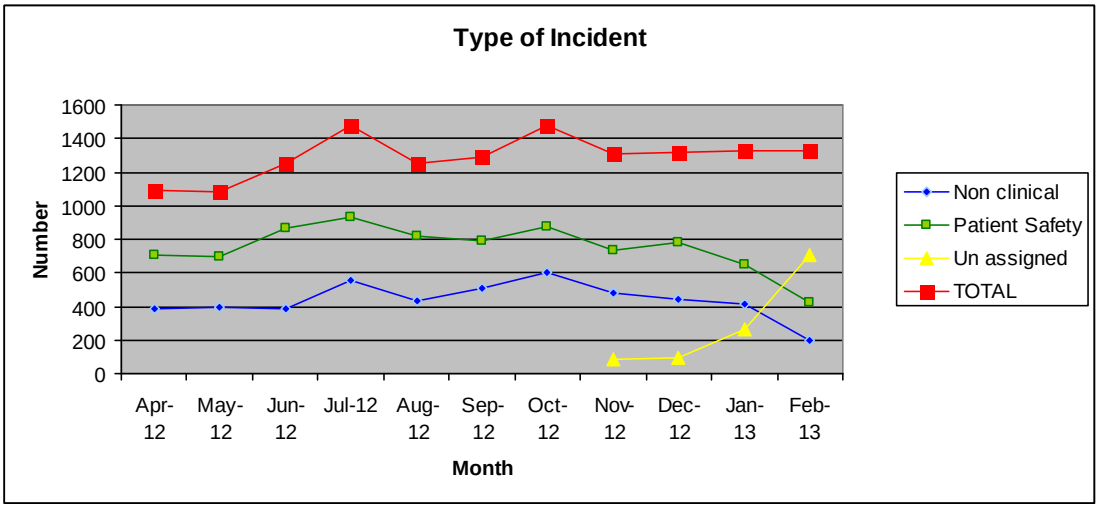


Figure 15: *Incidents by type*

9.11 Lessons Learned

The key to a positive safety culture within the organisation is to learn from incidents through sustainable actions.
Following a review of a patient who had a delayed diagnosis within the specialty of gynaecology, actions were put in place to implement:

- Review of patient notes/letters if appointments cancelled either by the patient or the Trust
- Patient details to be checked on outpatient attendance.
- Utilisation of results acknowledgement within the electronic reporting system.
- Develop a process for patients to be contacted by phone rather than post for urgent appointments

9.12 Significant Risks

Significant risks are presented on a monthly basis at the Risk Management Group (RMG). These risks are being proposed for inclusion onto the corporate risk register.
A summary of existing risks on the Corporate Risk Register are presented monthly to the Quality and Safety Committee.
No new risks were presented to the RMG for inclusion in February 2013. However, the risk associated with nurse staffing of wards has been raised and will be added to the corporate risk register in March 2013.

9.13 Patient & Staff Safety Listening into Action

- A guide on good examples of feedback is being developed to send to assist managers via staff communication.
- A snapshot audit shows that incident and risk issues are being discussed at 70% of staff meetings. There is some concern that some staff say that they do not have team meetings and this will further be addressed through a hot topics questionnaire.

9.14 Nurse Staffing Levels

Key

▯	No previous score available
➲	Stayed the same/on target
⇧	Improved
⇩	Deteriorated
	Off Plan
	Significantly off plan
Data in blue	Indicates previous months data
Red text	Of concern

Compared to last month sickness absence rates have improved and although there remain some very high rates, these are lower than previous months.

Vacancy rates have also improved and will improve further in April when 30 more nurses join ward establishments.

Recruitment events continue to be run on a regular basis.

Quality measures are also showing signs of improvement with less wards showing deterioration in key metrics.

However, it should still be noted that actual staffing levels are being maintained with a high reliance on bank/agency and with very low skill mix in many areas. Please note staffing on D11, N1 and N4 are reflective of plans for stroke reconfiguration.

Feb-13																			
Medicine	Budgeted Posts & Funded Beds				Actual Bed Usage		Actual In Post				Sickness	SNCT	Bed Occupancy	Complaints	Falls	Pressure sores	MUST	ST (Target 95%)	FFT (Target 65)
	Total WTE	% Trained Staff	No. Funded Beds	Budgeted Staff per bed	Average Actual Bed Usage	Budgeted Staff: Actual Bed Ratio	Total WTE In Post	% Trained Staff	% Bank & Agency Staff	Actual Staff:Bed Ratio	% (previous Month)	Most Recent SNCT Ratio	%	Number	Number	Number	%	%	Score
D5 (CCU/PCCU)	39.65	92.43%	17	2.33	17	2.33	36.63	89.63%	7.07%	2.15	12.54%	46.4	98	0	0	0	100	100	69
CCU Sandwell	19.13	85.94%	10	1.91	10	1.91	16.86	68.20%	25.87%	1.69	8.72%	18.43	93	0	2	2	89	100	82
D7 (13base/12 ww)	44.37	47.89%	25	1.77	25	1.77	46.73	39.59%	24.11%	1.87	6.91%	42.81	88	0	0	0	100	92	63
D11	32.77	58.38%	21	1.56	21	1.56	27.6	51.44%	15.96%	1.31	9.66%	27.43	94	1	6	2	89	95	36
D12	17.12	64.95%	10	1.71	10	1.71	15.66	63.22%	12.52%	1.57	2.81%	11.76	85	0	0	0	100	100	0
D15	26.55	58.19%	24	1.11	24	1.11	26.57	45.92%	23.96%	1.11	9.35%	29.9	95	1	0	0	100	91	68
D16	30.66	44.75%	23	1.33	23	1.33	35.21	34.05%	29.59%	1.53	1.93%	18.62	92	0	5	0	100	100	71
D17	29.14	65.55%	26	1.12	26	1.12	31.65	54.08%	15.33%	1.22	0.00%	19.62	70	1	2	1	87	89	0
D18	23.68	45.95%	16	1.48	16	1.48	27.6	34.38%	35.58%	1.73	5.60%	21.07	100	0	1	0	100	94	60
D41	29.57	75.89%	19	1.56	19	1.56	28.06	65.39%	10.13%	1.48	3.98%	29.99	91	0	0	0	100	100	58
D43	33.58	54.23%	28	1.20	10	3.36	27.13	31.48%	36.09%	2.71	8.63%	34.98	93	0	3	0	100	100	100
MAU	65.2	67.98%	28	2.33	28	2.33	74.63	58.58%	12.45%	2.67	4.87%	NA	NA	2	0	0	70	100	80
PRIORY 3	31.98	50.09%	29	1.10	29	1.10	31.58	40.53%	15.40%	1.09	4.99%	27.83	87	0	1	1	86	100	83
EAU	60.09	50.52%	32	1.88	32	1.88	69.92	44.32%	33.96%	2.19	4.34%	NA	NA	3	4	0	90	90	0
NEWTON 4	27.7	48.34%	22	1.26	24	1.15	40.41	40.19%	33.26%	1.68	6.17%	42.97	100	0	2	2	100	100	57
NEWTON 1	20.83	83.25%	12	1.74	14	1.49	23.4	73.18%	15.92%	1.67	8.94%	19.15	89	0	1	0	100	81	0
LYN5 (base med)	15.64	58.25%	14	1.12	14	1.12	16.5	51.99%	8.14%	1.18	2.02%	40.95	99	0	3	0	97	na	na
LYN5 (winter)	22.65	57.48%	20	1.13	20	1.13	34.89	28.66%	42.68%	1.74	2.02%	40.95		0	0	0		na	na
LYN4(13 base,20ww	38.94	56.83%	33	1.18	33	1.18	42.15	45.27%	19.72%	1.28	9.09%	NA	NA	2	4	0	93	87	57
NEWTON 5	22.46	69.63%	15	1.50	15	1.50	23.28	71.85%	13.54%	1.55	1.78%	15.37	91	0	1	0	100	100	40
D30 (winter)	24.27	60.16%	19	1.28	19	1.28	29.28	38.18%	28.69%	1.54	6.08%			0	3	0	95	89	86
PRIORY 5	37.8	50.93%	34	1.11	34	1.11	45.81	42.78%	23.01%	1.35	5.33%	68.99	99	1	3	0	100	100	0
LYNDON 2			0		6	Staffed by Medicine and costed to Bank													

Lyndon 5 is being used as part Base Medicine beds (14) and part winter capacity (20)

Lyndon 2 was used by Medicine for 6 winter beds *Total winter capacity= 77 beds*

Figure 16: *Medicine nurse staffing position*

Feb-13

Surgery	Budgeted Posts & Funded Beds				Actual Bed Usage		Actual In Post				Sickness	SNCT	Bed Occupancy	Complaints	Falls	Pressure sores	MUST	ST (Target 95%)	FFT (Target 65)
	Total WTE	% Trained Staff	No. Funded Beds	Budgeted Staff per bed	Average Actual Bed Usage	Budgeted Staff: Actual Bed Ratio	Total WTE In Post	% Trained Staff	% Bank & Agency Staff	Actual Staff:Bed Ratio	% (previous Month)	Most Recent SNCT Ratio	%	Number	Number	Number	%	%	Score
D21(was D30)	28.84	56.80%	23	1.25	23	1.25	25.94	45.96%	14.72%	1.13	11.95%	NA	92	0	2	0	100	95	69
D25	28.28	60.04%	19	1.49	19	1.49	28.94	49.45%	9.61%	1.52	5.75%	NA	83	0	1	0	88	100	72
SAU/D42	22.98	73.89%	14	1.64	14	1.64	22.22	69.27%	3.72%	1.59	12.93%	NA		0	0	0	100	75	78
ASU	24.6	72.36%	20	1.23	29	0.85	22.57	69.87%	0.31%	0.78	12.23%	NA		1	0	0		na	91
LYNDON 2	27.93	56.57%	26	1.07	20	1.40	30.27	40.77%	22.52%	1.51	18.54%	NA	93	2	1	0	85	100	68
LYNDON 3	39.8	58.27%	33	1.21	33	1.21	39.17	49.86%	10.01%	1.19	3.17%	NA	81	0	0	0	94	100	43
PRIORY 2	26.87	61.11%	26	1.03	26	1.03	31.65	41.40%	26.40%	1.22	8.71%	NA	97	0	0	1	90	95	80
NEWTON 3	41.27	57.98%	33	1.25	33	1.25	42.45	52.34%	7.99%	1.29	4.08%	NA	93	0	4	0	96	100	69

***Newton 2 is funded as a 5 day ward.*

Newton 2 was used by Medicine 6 days during February (staffed by Medicine).

Whilst Newton 2 was used medically- Newton 2 staff were dispersed across Lyn and Priory 2.

Priory 2 was over the planned 20 bed use due to capacity constraints within Medicine.

Lyndon 2 had 6 beds in use by Medicine for this month-these are not included in Surgical stats)

Figure 17*: Surgery A nurse staffing position*

Community - Bed Ratio Report

Sandwell and West Birmingham Hospitals NHS Trust

Feb-13

	Budgeted Posts & Funded Beds				Actual Bed Usage		Actual In Post				Sickness
	Total WTE	% Trained Staff	No. Funded Beds	Budgeted Staff per bed	Average Actual Bed Usage	Budgeted Staff: Actual Bed Ratio	Total WTE In Post	% Trained Staff	% Bank & Agency Staff	Actual Staff:Actual Bed Ratio	% (previous Month)
HENDERSON	28.67	49%	22	1.30	24	1.19	20	49%	32.00%	0.83	8.15%
LEASOWES	25.58	40%	20	1.28	20	1.28	20.14	38%	20.00%	1.01	5.05%

Figure 18: *Community nurse staffing position*

Women and Children - Bed Ratio Report

Feb-13

	Budgeted Posts & Funded Beds				Actual Bed Usage		Actual In Post				Sickness
	Total WTE	% Trained Staff	No. Funded Beds	Budgeted Staff per bed	Average Actual Bed Usage	Budgeted Staff: Actual Bed Ratio	Total WTE In Post	% Trained Staff	% Bank & Agency Staff	Actual Staff:Actual Bed Ratio	% (previous Month)
D27	26.94	66.59	22	1.22	22	1.22	25	67.24%	4.76%	1.14	0.13%

Figure 19: *Women & Children nurse staffing position*

Bank & Agency

The Trust's nurse bank/agency rates are detailed in the tables below and show year on year comparison from 2008/9 to date. Notably we are now using more nurse bank/agency than we have for the past 4 years.

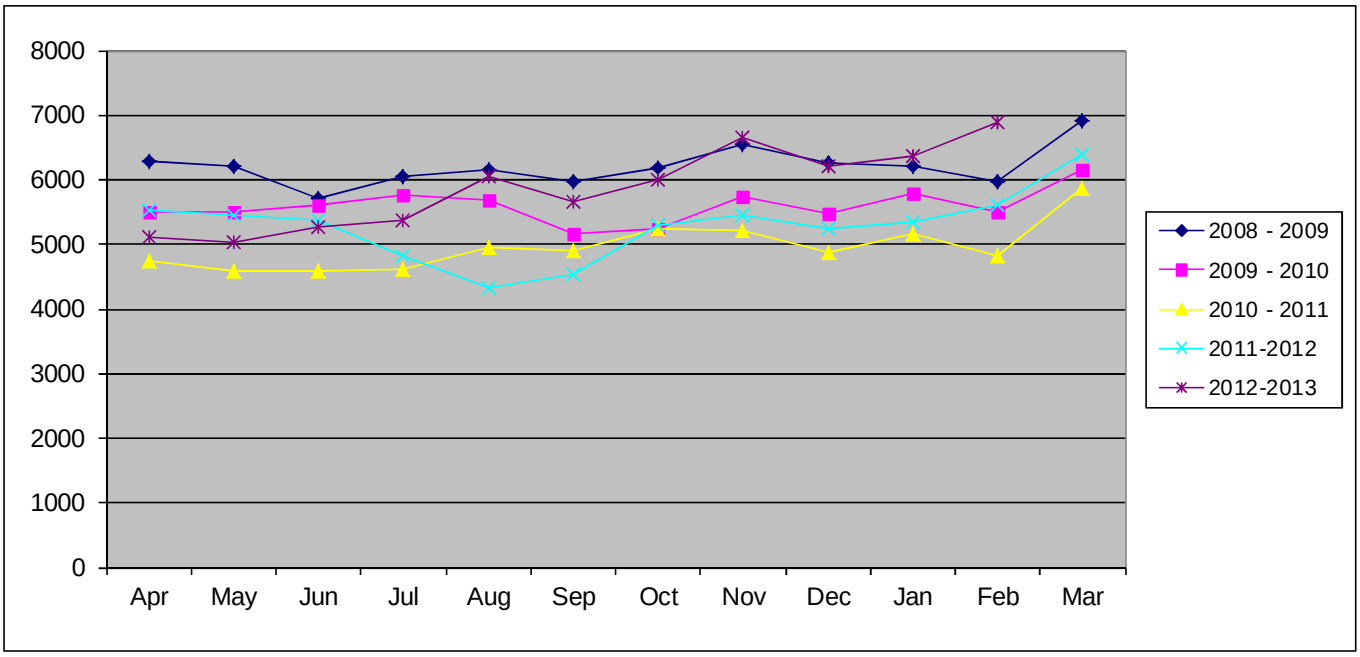


Figure 20: *Total Bank & Agency Use Nursing April 2008 –date.*

10 CLINICAL EFFECTIVENESS

10.1 Mortality

CQUIN Target

As part of the Trust's annual contract agreement with the commissioners the Trust has agreed a CQUIN scheme with an end year target to review 80% of hospital deaths within 42 working days.

During the most recent month for which complete data is available (December) the Trust reviewed 66% of deaths compared with a target trajectory for the month of 74.0%. The Trust has failed to meet the trajectory for December. Operational pressures within the trust have had effects on many parts of the organisation and carrying out mortality reviews has not escaped.

In addition, the Trust has developed and implemented a revised Mortality Review System which will spread the burden of carrying out reviews more equitably across the medical specialities. This is planned to result in more deaths being reviewed as required.

The Medical Director's Team is working closely with the Medical Clinical Managers to reinforce the importance of carrying out mortality reviews and learning from the findings.

The value of this CQUIN for 2012 / 2013 is approximately £743K.

2012/13	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	60	60	60	62	64	66	68	71	74	74	77	80
% reviewed 42 days	59	64	68	64	65	69	53	63	66			
DEATHS (all trust)	133	146	126	121	132	121	139	108	136	150	143	

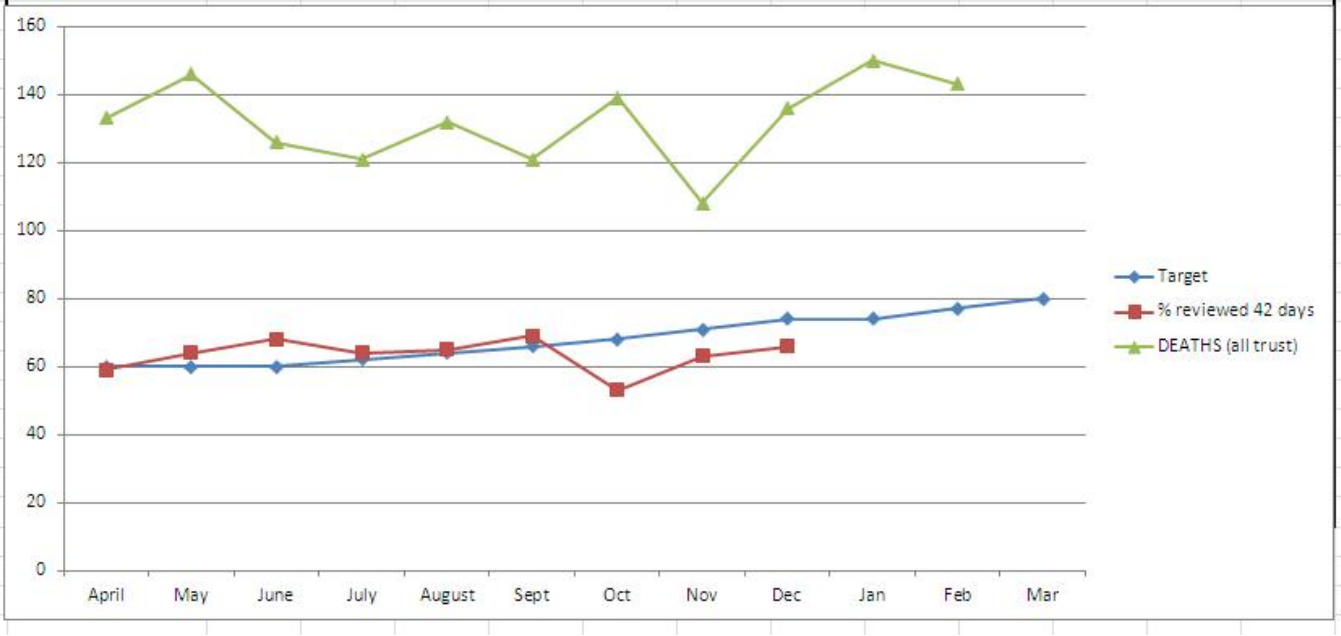


Figure 21: *Data from QMF dashboard, CDA 13/3/12*

HSMR (Source: Dr Foster)

The Hospital Standardised Mortality Ratio (HSMR) is a standardised measure of hospital mortality and is an expression of the relative risk of mortality. It is the observed number of in- hospital spells resulting in death divided by an expected figure.

The Trusts 12-month cumulative HSMR (89.1) remains below 100, and is less than the lower statistical confidence limit and continues to remain lower than that of the SHA Peer (96.8). The in-month (December 12) HSMR for the Trust has increased
to 83.3 (Figure ( ).

Summary Hospital – Level Mortality Indicator (SHMI)

The SHMI is a national mortality indicator launched at the end of October 2011. The intention is that it will complement the HSMR in the monitoring and assessment of Hospital Mortality. One SHMI value is calculated for each trust. The baseline value is 1. A trust would only get a SHMI value of 1 if the number of patients who die following treatment was exactly the same as the number expected using the SHMI methodology. SHMI values have also been categorised into the following bandings.

1	where the Trust's mortality rate is 'higher than expected'
2	where the trust's mortality rate is 'as expected'
3	where the trust's mortality rate is 'lower than expected'

Further SHMI data was published on 24/01/13 for the period July 11 – June 12. For this period the Trust has a SHMI value of 0.97 and was categorised in band 2.

- 11 trusts had a SHMI value categorised as 'higher than expected'
- 16 trusts had a SHMI value categorised as 'lower than expected'
- 115 trusts had a SHMI value categorised as 'as expected'

In addition**,** the UHBT Healthcare Evaluation Data (HED) tool provides data in month based on the SHMI criteria. The SHMI includes all deaths up to 30 days after hospital discharge. The Trust SHMI for the most recent period for which data is available is 93.5

Mortality table 2012/13

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Internal Data:									
Hospital Deaths	133	146	126	121	132	121	139	106	140
Dr Foster 56 HSMR Groups:									
Deaths	110	129	111	100	113	101	124	89	126
HSMR (Month)	84.6	89.2	89.7	85.5	83.9	84.8	91.1	64.2	83.3
HSMR (12 month cumulative)	89.7	88.3	96.4	95.5	94.2	93.1	92.5	90.4	89.1
HSMR (Peer SHA 12 month cumulative)	94.9	93.3	101.3	100.2	98.7	97.8	96.7	96.4	96.8
Healthcare Evaluation Data (HED) SHMI (12 month cumulative)	96.2	96.0	96.3	95.3	94.2	95.6	94.9	-	-

Figure 22: *Mortality statistics*

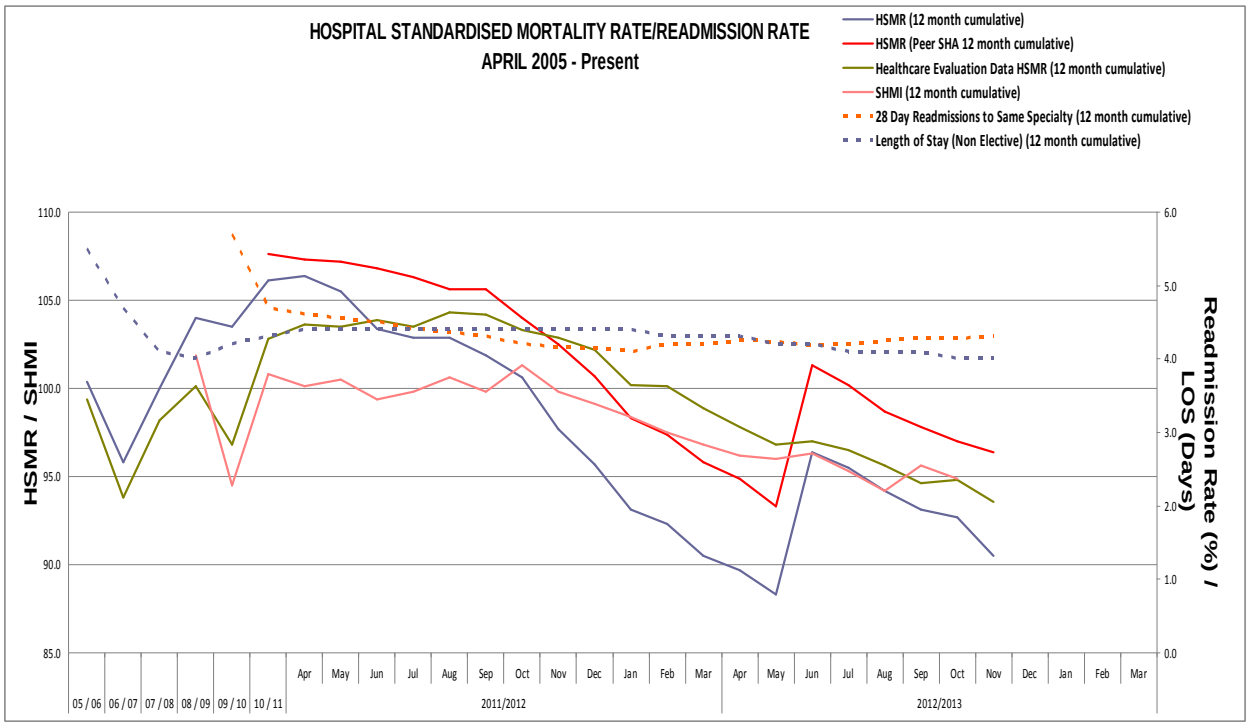


Figure 23: *HSMR/Readmission rate data April 05 - November 12*

CQC Mortality Alerts received in 2012/13

Perinatal Mortality

The Trust received notification from the CQC on 18th December 2012 of being an outlier for perinatal mortality. An investigation report has been submitted to the Commission on 7th January. A response from the CQC was received on 18th February indicating that they did not wish to undertake any further enquiries at this time.

Elective Caesarean Section rates

The Trust received notification from the Care Quality Commission on the 18th February 2013 of being an outlier for elective caesarean section rates. The Commission indicated that following the consideration of maternity indicators, their analysis had indicated significantly high rates of elective caesarean section at the Trust and it required further information from the in order to consider the matter further. A review of relevant cases in underway and the findings will be reported to the Commission.

Dr Foster generated alerts (RTM)

There were no new diagnoses or procedures alerting with significant variation in terms of mortality when the data period January 2012 – December 2012 is considered (see table below).

Mortality (in-hospital) - Diagnoses										Alert	
Team	Diagnoses	Superspells	Deaths	%	Expected	%	Relative Risk	Low	High	-	+
ALL	HSMR Basket of 56 Diagnosis Groups	40372	1439	3.6%	1615.6	4.0%	89.1	84.5	93.8		8
ALL	Acute and unspecified renal failure	315	42	13.3%	62.3	19.8%	67.4	48.6	91.1		2
ALL	Acute bronchitis	1355	29	2.1%	39.2	2.9%	74.0	49.5	106.2		1
ALL	Acute cerebrovascular disease	616	94	15.3%	116.5	18.9%	80.7	65.2	98.8		1
ALL	Aspiration pneumonitis, food/vomitus	164	50	30.5%	56.4	34.4%	88.6	65.8	116.8		1
ALL	Congestive heart failure, nonhypertensive	810	70	8.6%	99.6	12.3%	70.3	54.8	88.8		4
ALL	Diabetes mellitus with complications	382	9	2.4%	14.2	3.7%	63.2	28.8	119.9		1
ALL	Nonspecific chest pain	3712	1	0.0%	3.7	0.1%	27.1	0.4	150.6		1
ALL	Other psychoses	180	9	5.0%	5.5	3.1%	163.4	74.6	310.3	1	
ALL	Pneumonia	1726	342	19.8%	352.7	20.4%	97.0	87.0	107.8		1
ALL	Pulmonary heart disease	280	21	7.5%	13.7	4.9%	153.3	94.9	234.3	1	
ALL	Residual codes, unclassified	632	4	0.6%	6.7	1.1%	59.5	16.0	152.4		1
ALL	Septicemia (except in labour)	127	18	14.2%	27.7	21.8%	65.0	38.5	102.8		1
ALL	Short gestation, low birth weight, and fetal growth retardation	799	8	1.0%	18.8	2.3%	42.6	18.4	84.0		1
Mortality (in-hospital 30 days) - Procedures										**Alert**	
Team	Procedures	Superspells	Deaths	%	Expected	%	Relative Risk	Low	High	-	+
ALL	Puncture of joint	499	3	0.6%	4.1	0.8%	73.0	14.7	213.3		1
ALL	Reduction of fracture of bone (upper/lower limb)	831	3	0.4%	4.1	0.5%	73.4	14.7	214.3		1

Significantly worse than benchmark
Significantly better than benchmark
No significant variation from benchmark

Figure 24: *Mortality in hospital diagnoses*

National Clinical Audit Supplier – Potential Outlier Alerts
The Trust has not been notified of any new potential outlier alerts.

10.2 Patient Related Outcome Measures (PROMs)

Provisional data in the form of experimental statistics was published on 17/01/13 for the 2011/12 financial year and also for the period April 12 to August 12 for the current financial year. The data is being interrogated to determine the differences between the pre and post -op scores. This data will be forwarded to the relevant specialties to assist them in identifying more specific areas for improvement.

10.3 Clinical Audit

Clinical Audit Forward Plan 2012/13
The Clinical Audit Forward Plan for 2012/13 contains 83 audits that cover the key areas recognised as priorities for clinical audit. These include both the 'external must do' audits such as those included in the National Clinical Audit Patient Outcomes Programme (NCAPOP), as well as locally identified priorities or 'internal must do' audits.

Status as at end of December 2012	Total
0 - Information requested	5
1 - Audit not yet due to start	0
2- Significant delay	2
3- Some delay - expected to be completed as planned	3
4- On track - Audit proceeding as planned	39
5- Data collection complete	19
6- Finding presented and action plan being developed	4
7- Action plan developed	7
A - Abandoned	4
Grand Total	83

The status of the audits that have been included in the plan as at the end of February 2013 is shown in the table above. No further audits have been indicated as experiencing significant delay.

10.4 Compliance with the 'Five Steps for Safer Surgery'

Compliance with the "Five Steps to Safer Surgery" process is reported using the Clinical Systems Reporting Tool (CSRT).

The reported compliance with the 3 sections in the checklist for February 2013 is shown in the table below (data source CDA) .

2012/13	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
WHO Checklist Safer Surgery Audit - 3 Sections (All areas)	99.45 %■	99.65% ▲	99.83 %▲	99.46% ▼	99.82 %▲	99.80 %▼	99.72 %▼	99.83 %▲	
WHO Checklist Safer Surgery Audit - 3 Sections and Brief	92.89 %■	93.90% ▲	93.50 %▼	93.55% ▲	94.17 %▲	96.75 % ▲	95.27 % ▼		
WHO Checklist Safer Surgery Audit - 3 Sections, Brief and Debrief	80.61 %■	80.67% ▲	76.33 %▼	81.71% ▲	81.61 %▼	89.19 %▲	84.32 % ▼		

Figure 25: *WHO checklist compliance (data source CDA SHA submission and CQUIN Compliance Report 13/3/13)*

The WHO Checklist Steering Group will be meeting quarterly from March 2013 onwards. The qualitative reviews focussing on the culture of patient safety in areas where interventions will be tested by the Theatre Matrons during the next month. The Clinical Effectiveness Team is scheduling audits of theatre care plans for WHOCL compliance during 13/14.

Performance management of non-compliant lists continues.

10.5 Stroke care

Performance against the principal stroke care targets to which the Trust is working in 2012/13 is outlined in the table below.

Stroke Care- Source- CDA Dashboard 13/3//13	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
% Spending >= 90% of stay on stroke unit	91.18 %▼	93.88 %▲	94.12 %▲	85.11 %▼	85.19 %▲	86.96% ▲	84.91 %▼	86.79% ▲	80.70 %▼	83.02 %▲	82.14 %▼
Admitted to stroke unit within 4 hrs of arrival at hospital	76.67 %▲	72.22 %▼	72.55 %▲	65.31 %▼	68.75 %▲	67.44% ▼	52.08 %▼	60.87% ▲	44%▼	50%	41.38
CQUIN: % pts receiving brain imaging in 24 hrs of admission	94.74 %■	98.11 %▲	98.33 %▲	95.00 %▼	88.37 %▼	96.23% ▲	100.00 %▲	91.84% ▼	92.31 ▲	100	93.33 % ▼
Pts scanned within 1 hr of arrival at hospital	70.00 %▲	61.11 %▼	58.33 %▼	52.63 %▼	53.13 %▲	58.97% ▲	45.45 %▼	55.%32 ▲	56.00 %▲	51.52 ▲	48.15 %▼
TIA - ABCD2 >= 4 treated within 24 hours	61.54 %▼	50.00 %▼	100.00 %▲	66.67 %▼	80.00 %▲	60.00% ▼	84.62 %▲	76.47% ▼	57.89 %▼	66.67 %	54.14 %▼
TIA - ABCD2 < 4 treated within 7 days	57.14 %▼	48.15 %▼	68.42 %▲	66.67 %▼	88.37 %▲	96.77% ▲	86.49 %▼	100.00% ▲	87.50 %▼	77.23 %▼	91.67 %▲

Figure 26: *Performance against stroke care targets (data CDA Stroke & TIA Dashboard 13/3/13)*

The Stroke Unit opened at Sandwell on 11th March 2013.It is anticipated that the new unit will facilitate an even higher quality of stroke care and patient experience.

10.6 Treatment of Fractured Neck of Femur within 48 hours

The Trust has an internal Clinical Quality target whereby 70% of patients with a Fracture Neck of Femur receive an operation within 24 hours of admission. Data for January (Source CDA –QMF Dashboard 13/3/13) indicates 81.82% of patients with a Fractured Neck of Femur received an operation within 24 hours of admission, resulting in a year to date performance of 68.23%. Performance has improved significantly throughout the year from 45.83% in April 2012. *Internal Priority*

10.7 Ward Reviews

Medicine and Emergency Care					increase or decrease against key performance targets			
	Q3- Jan 2013				Q2- Oct 2012			
WARD	RED	AMBER	GREEN	WARD	RED	AMBER	GREEN	▲or ▼
D5	0	0	7	D5	0	0	7	▬
D7/ D41	0	0	7	D7	1	0	6	▼
D11	0	2	5	D11	1	0	6	▲
D12/D15	0	0	7	D12/D15	1	0	6	▲
D16/D18	0	2	5	D16/D18	0	1	6	▲
D17	0	0	7	D17	0	0	7	▬
D7	1	0	6	D7	0	2	5	_
D5	0	3	4	D5	1	0	6	_
D41	0	0	7	D41	1	0	6	▲
D43	0	0	7	D43	0	0	7	▲
MAU	0	1	6	MAU	1	0	6	▲
Endoscopy	Tool	Under	Review	Endoscopy	Tool	Under	Review	
Lyndon 4	0	4	3	Lyndon 4	0	1	5	▼
Priory 4	0	5	2	Priory 4	0	5	2	_
Newton 1	0	2	5	Newton 1	1	0	6	▼
Newton 4	0	0	7	Newton 4	1	0	6	▲
Newton 5	0	0	7	Newton 5	0	0	7	▲
Priory 5	0	5	2	Priory 5	1	5	1	▲
EAU	0	5	2	EAU	1	3	3	▲
CCU	0	0	7	CCU	0	0	7	_
Unit	Tool	Under	Review	Case Unit	Tool	Under	Review	
A&E- CHT				A&E- CHT	0	4	3	
A&E- SDGH	0	4	3	A&E- SDGH	Special measures			▲
Total	2	22	69	Total	7	20	70	

	QUARTERLY ANALYSIS				
	RED	AMBER	GREEN	N/A	All
Q3 – Jan 2013	2	22	69		93
Q2- Oct 2012	7	20	70		97

Figure 27: Comparison ward review results for Medicine and Emergency Care

Surgery A/B & Anaesthetics	Q2 - Oct 2012				Q3 - Jan 2013			Ward Comparison indicating movement in terms ▲or ▼
	RED	AMBER	GREEN		RED	AMBER	GREEN	
D6	0	0	7	D6	0	0	7	▬
D21/D24	Ward	is	closed	D21/D24	Ward	is	closed	
D25	2	3	2	D25	0	3	4	▲
D26/D28	Ward	is	closed	D26/D28	Ward	is	closed	
D30 [D21]	0	0	7	D21	0	2	5	▼
SAU	0	2	5	SAU	0	1	6	▲
ASU-BTC	0	3	4	ASU-BTC	2	2	3	▼
Eye	Tool	Under	Review	Eye				
Lyndon 2	0	5	2	Lyndon 2	4	1	2	▼
Newton 2	0	2	4	Newton 2	0	1	6	
Priory 2	0	4	3	Priory 2	0	3	4	▲
Newton 3	2	4	1	Newton 3	3	3	1	▼
Lyndon 3	1	5	1	Lyndon 3	3	4	0	▼
SDU	1	0	5	SDU	0	1	6	
Critical Care-CHT	0	3	4	Critical Care-CHT	0	2	5	▲
Critical Care-SGH	0	1	5	Critical Care-SGH	0	2	5	
Theatres City	0	6	1	Theatres City	0	4	3	▼
Theatres SGH	0	6	1	Theatres SGH	1	5	1	▼
Total	6	44	52	Total	13	34	58	

	QUARTERLY ANALYSIS				
	RED	AMBER	GREEN		All
Q2- Oct 2012	6	44	52		102
Q3- Oct 2012	13	34	58		105
Q2- Total wards/depts per division					15
Q3- Total wards/depts per division					16

Figure 28: Comparison ward review results for Surgery

10.8 Quality Audits

The Quality Audits are not due for reporting this month.

11 PATIENT EXPERIENCE

11.1 Net Promoter

The Trust's overall Net Promoter Score (NPS) decreased to 66, but is still above the SHA target of 65.
CQUiN
SHA ambition requires both the improvement on score plus weekly reporting.

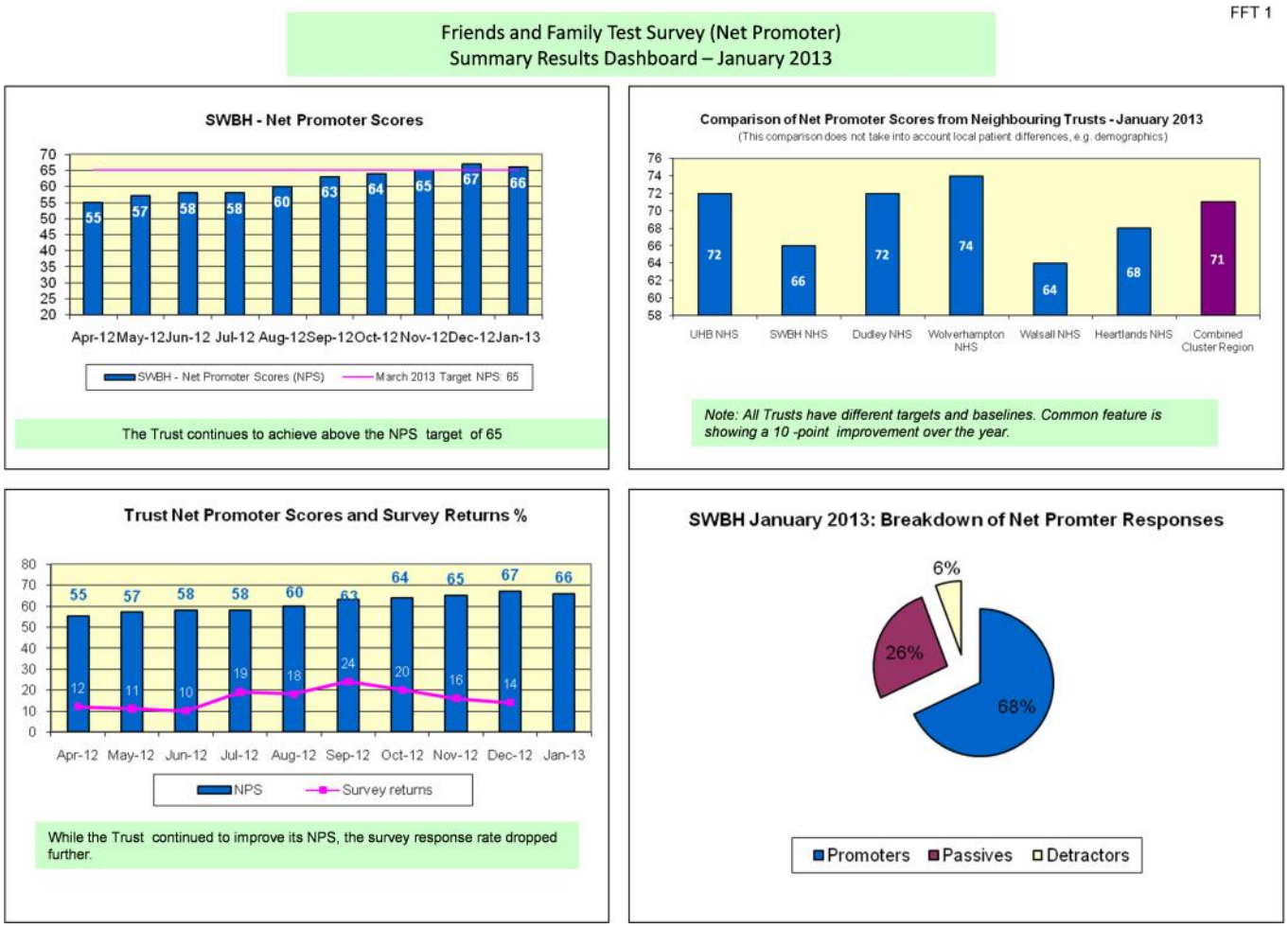


Figure 29: *Net Promoter position*

Resources have now been identified to expand the Patient Experience Team which will enable a more robust and co-ordinated approach to improvements in patient experience and bringing patient experience to the Trust Board.

Friends and Family test Accident and Emergency

Hospital Site Details		Total responses in each category for A&E Department						Total Number of people eligible to respond	Total number of responses for each A&E department	Response rate for each A&E department
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	1 - Extremely Likely	2 - Likely	3 - Neither likely or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know			
	City Hospital - RXK02	55	11	10	8	0	1	5747	85	1.5%
	Sandwell General Hospital - RXK01	38	5	6	4	0	0	3866	53	1.4%
	Birmingham Midland Eye Centre (Bmec) - RXK03	101	8	7	9	1	0	1834	126	6.9%
	Total	194	24	23	21	1	1	11447	264	2.3%

Figure 30: Friends & Family Test results for A&E

11.2 Complaints/PALS

a) Complaints Data

Complaints: The following table sets out the complaints data for February 2013 with reference to previous months where relevant.

MONTH	Complaint type: RECEIVED			Complaint type: SENT		
	First contact*	Link*[2]	TOTAL	First contact*	Link*[2]	TOTAL
Oct 2012	**62**	**12**	**74**	**97**	**19**	**116**
Nov 2012	**68**	**11**	**79**	**113**	**15**	**128**
Dec 2012	**39**	**5**	**44**	**76**	**17**	**93**
Jan 2013	**60**	**14**	**74**	**47**	**7**	**54**
Feb 2013	**70**	**6**	**76**	**56**	**10**	**66**

First Contact complaint: *where the Trust's substantive (i.e. initial) response has not yet been made.*

*[2] **Link complaint**: the complainant has received the substantive response to their complaint but has returned as they remain dissatisfied/or require additional clarification.*

Pilot

In January and February 2013 the complaints team undertook a pilot to resolve all complaints within 40 working days whilst also ensuring that those currently in the system are responded to either by their agreed date or by the failsafe date. The results from this pilot are now being collected and analysed and the results will be summarised in the next quality report. However, early indications are that this trial has been successful.

Complaints Review

Following the decision to devolve a proportion of complaints (approximately 70%) to divisions and directorates an action plan has been produced and approved by the Quality & Safety Committee. The action plan has also taken into account the recommendations which relate to complaints within the Francis report. A project lead has been secured and commenced work in March 2013.

Breach cases

Some complaints continue to accrue "active" days as they have not yet been concluded and closed. This is for varying reasons and include:

- 6 cases where the complainant has requested a meeting
- 1 case where the complainant is considering their next steps
- 1 case where the complainant wishes to wait for the outcome of an inquest prior to receiving a response

Parliamentary and Health Service Ombudsman (PHSO) cases

õ The NHS Complaints Procedure comprises 2 stages. The first or 'local resolution' stage involves the Trust investigating the complaint and providing a substantive response to the complainant. Where the complainant remains dissatisfied with the Trust's response given at the local resolution stage, the complainant can progress their complaint to the second stage, that is, referral to the Parliamentary and Health Service Ombudsman (PHSO). The PHSO provides a service to the public by undertaking independent investigations into complaints that the NHS has not acted properly fairly or has provided a poor service.

õ The Trust currently has 9 active cases with the PHSO.

b) PALS Data

- Contacts and general enquiries: In February 2013 PALS recorded 196 PALS enquiry contacts and 174 general enquiry contacts. In comparison, to January 2013, where we received 196 PALS enquiry contacts and 203 general enquiry contacts. The general informal enquiries are not captured on the PALS database but relate to enquiries taken at the PALS reception desk.
- Chart A provides a breakdown of the themes identified via PALS contacts in February 2013. The main categories reported during the month of February 2013 were issues relating to:
- Clinical Treatment PALS received 36 enquiries this month in comparison to 29 issues reported during January 2013. These relate to queries compromising the categories of clinical care, low staffing levels, and medicines. In addition, issues relating to a delay in the following: investigations, results, surgery treatment and x-ray/scan.
- During February 2013 there was reduction in the number of appointment queries where 26 were reported this month, in comparison to 34 enquiries during January 2013. Appointment related enquiries relate to appointments cancelled, delay, notification and time.
- There has also been a reduction in the number of formal complaint issues which comprise the categories of handling, advice, process, referral and response time from 31 enquiries received this month in comparison to 44 enquiries reported during January 2013.

11.3 End of Life

End of Life Report

Targets/Metrics: *CQuIN* 10% increase in number of patients achieving preferred place of death who are on a supportive care pathway – Acute and Community. This is also a national nursing high impact action and nurse sensitive indicator. The target for this year is 53%.

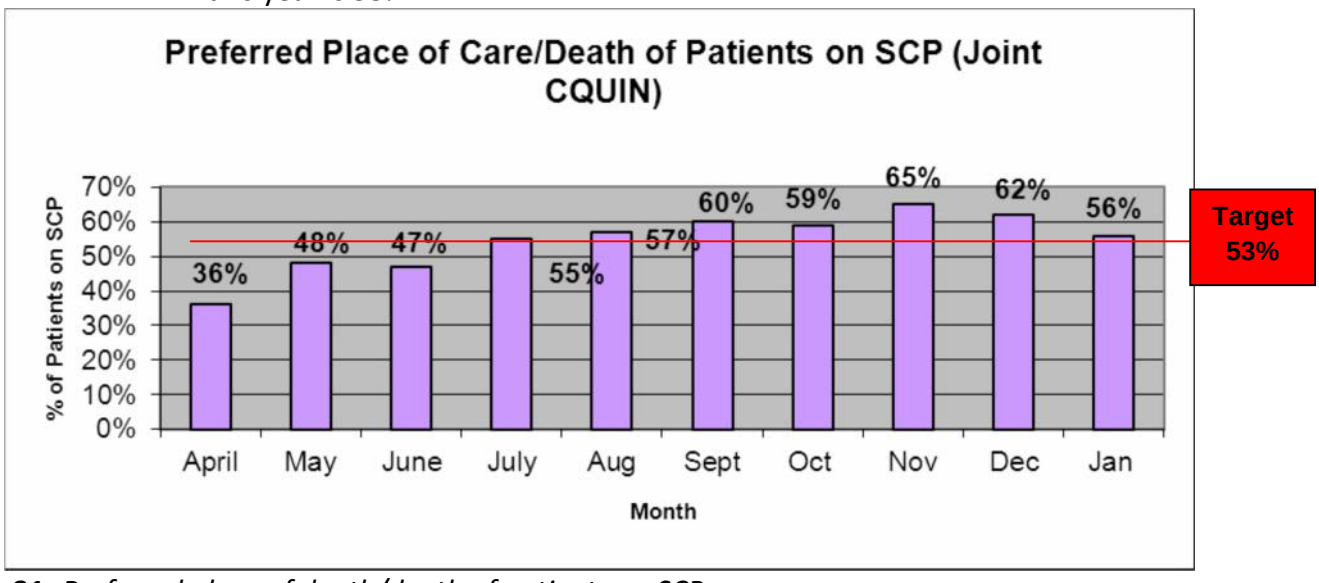


Figure 31: *Preferred place of death/death of patients on SCP*

12 WORKFORCE QUALITY

The Board is asked to note key headlines from the workforce dashboard for February 2013.

	% Trust	% Target
Mandatory Training	88.14%	(85%)
PDR	69.49%	(85%)
Turnover (leavers)	10.23%	-
Sickness absence	4.44% January, (compared to the same time last year 4.34%)	(3.5%)

13 RECOMMENDATION

The Trust Board is asked to:

- **NOTE** in particular the key points highlighted in Section 2 of the report and **DISCUSS** the contents of the remainder of the report.

APPENDIX 1

Glossary of Acronyms

Acronym	Explanation
CAUTI	Catheter Associated Urinary Tract Infection
C Diff	*Clostridium difficile*
CRB	Criminal Records Bureau
CSRT	Clinical Systems Reporting Tool
CQC	Care Quality Commission
CQuIN	Commissioning for Quality and Innovation
ED	Emergency Department
DH	Department of Health
HED	Healthcare Evaluation Data
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ID	Identification
LOS	Length of Stay
MRSA	Methicillin-Resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NPSA	National Patient Safety Agency
OP	Outpatients
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
RAID	Rapid Assessment Interface and Discharge
RTM	Real Time Monitoring
SHA	Strategic Health Authority
SHMI	Summary Hospital-level Mortality Indicator
TIA	Transient Ischaemic Attack ('mini' stroke)
TTR	Table top review
UTI	Urinary tract infection
VTE	Venous thromboembolism
Wards:	
EAU	Emergency Assessment Unit
MAU	Medical Assessment Unit
D	Dudley
L	Lyndon
N	Newton
P	Priory
A&E	Accident & Emergency
ITU	Intensive Therapy Unity
NNU	Neonatal Unit
WHO	World Health Organisation
WTE	Whole time equivalent
YTD	Year to date

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Revised Board and Committee structure**
SPONSOR (EXECUTIVE DIRECTOR):	**Mike Sharon, Acting Chief Executive & Kam Dhami, Director of Governance**
AUTHOR:	**Simon Grainger-Payne, Trust Secretary**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

A number of key recommendations from the external assessments of the Trust's readiness for Foundation Trust status suggested that there was a need to refine the Board and Committee structure that was in place within the Trust.

In response to the recommendations and to provide better focus for discussion of quality & safety and workforce assurance matters some key changes to the Trust's Board and Committee structure have been made, which are reflected on the attached structure chart.

To provide the necessary focus on quality & safety matters, in place of the Executive-led Governance Board, four new committees have been established: the Patient Safety Committee; Clinical Effectiveness Committee; Patient Experience Committee; and Compliance & Assurance Committee, all of which are Executive-led and report to the Quality & Safety Committee.

In addition, to address the previous gaps in the provision of assurance to the Board on workforce related matters, a Workforce & OD Assurance structure has been developed. The terms of reference for the Committee reporting to the Board have been presented to the Board earlier on the agenda for approval.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and accept the changes made to the Trust Board and Committee structure.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

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

Supports delivery of the Trust's agenda on quality & safety and workforce-related matters

PREVIOUS CONSIDERATION:

No previous consideration.

Board & Committee structure

Sandwell and West Birmingham Hospitals NHS Trust

Trust Board

INTERIM COMMITTEES
- FT Programme Board
- MMH Project Board
- Clinical Reconfiguration Board

Audit Committee

- Information Governance Steering Group
- Organ Donation Committee
- Policy Assurance Group
- Research & Development Committee

Quality & Safety Committee

Executive Team

Compliance & Assurance Committee

Patient Safety Committee

Patient Experience Committee

Clinical Effectiveness Committee

- Medical Devices Committee
- Risk Management Group
- Medicines Safety Committee
- Radiation Protection Committee
- IRMER Committee
- Safeguarding Committee
- Resuscitation Committee
- Infection Control Committee
- Care of the Critically Ill Child Committee
- WHO Checklist Group
- Trust Transfusion Committee
- Healthcare Records Committee

- High Impact Nutrition Committee
- Dementia Steering Committee
- Equality & Diversity Steering Group

- Mortality & Quality Alerts Committee
- Thrombosis Committee
- Drugs & Therapeutics Committee
- NICE Implementation Group
- Sepsis Committee

Charitable Funds Committee

Finance & Performance Management Committee

Performance Management Board

- Strategic Investment Review Group

Trust Management Board

- Contingency Planning Group

Remuneration & Terms of Service Committee

Workforce and Organisational Development Assurance Committee

Workforce and Organisational Development Executive Committee

- Learning & Development Committee
- Staff Engagement Committee
- Workforce and Operational and Planning Committee
- JCNC
  - LNCC
  - PPAC

Key

- **Board Committees**
- **Executive Boards and Committees**
- **Corporate Boards and Committees**

Where EVERYONE Matters

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial Performance Report – February 2013
SPONSOR (EXECUTIVE DIRECTOR):	Robert White, Director of Finance and Performance Management
AUTHOR:	Robert White/Tony Wharram
DATE OF MEETING:	28 March 2013

EXECUTIVE SUMMARY:

The report presents the financial performance for the Trust and operational divisions for the period to 28th February 2013.

Measured against the DoH target, the Trust generated an actual surplus of £1,184,000 during February against a planned surplus of £530,000. For the purposes of its statutory accounts, the in month surplus was slightly lower at £1,167,000. This performance is consistent with the revised target agreed with the Strategic Health Authority of £6,330,000.

REPORT RECOMMENDATION:

The Trust Board is requested to RECEIVE the contents of the report and ENDORSE any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

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

Accept	Approve the recommendation	Discuss
x		

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

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

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

Good use of Resources (under 12/13 OfE, key Strategies & Programmes)

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 19 March 2013 and Finance & Performance Management Committee on 21 March 2013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013

EXECUTIVE SUMMARY

• For the month of February 2013, the Trust delivered a "bottom line" surplus of £1,184,000 compared to a planned surplus of £530,000 (as measured against the DoH performance target). Actual in month performance is consistent with the revised year end target agreed with the Strategic Health Authority of 1.3% of turnover.

• For the year to date, the Trust has produced a surplus of £5,882,000 compared with a planned surplus of £3,410,000 so generating an positive variance from plan of £2,472,000, again in line with the Trust's revised target.

• At month end, WTE's (whole time equivalents), excluding the impact of agency staff, were 215 below planned levels. After taking account of the impact of agency staff, WTE's were 40 above plan. Total pay expenditure for the month, inclusive of agency costs, is £283,000 above the planned level.

• The month-end cash balance was approximately £24.3m above the planned level.

Financial Performance Indicators - Variances

Measure	Current Period	Year to Date	Thresholds		
			Green	Amber	Red
I&E Surplus Actual v Plan £000	654	2,472	>= Plan	> = 99% of plan	< 99% of plan
EBITDA Actual v Plan £000	742	2,019	>= Plan	> = 99% of plan	< 99% of plan
Pay Actual v Plan £000	(283)	1,906	<=Plan	< 1% above plan	> 1% above plan
Non Pay Actual v Plan £000	483	(3,371)	<= Plan	< 1% above plan	> 1% above plan
WTEs Actual v Plan	(40)	38	<= Plan	< 1% above plan	> 1% above plan
Cash (incl Investments) Actual v Plan £000	24,335	24,335	>= Plan	> = 95% of plan	< 95% of plan

Note: positive variances are favourable, negative variances unfavourable

Performance Against Key Financial Targets

Target	Year to Date Plan £000	Year to Date Actual £000
Income and Expenditure	3,410	5,882
Capital Resource Limit	17,840	9,580
External Financing Limit	---	24,335
Return on Assets Employed	3.50%	3.50%

2011/2012 Summary Income & Expenditure Performance at February 2013	Annual Plan £000's	CP Plan £000's	CP Actual £000's	CP Variance £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's
Income from Activities	384,445	32,486	32,765	279	353,743	357,169	3,426	389,510
Other Income	39,016	3,149	3,412	263	35,861	35,919	58	38,563
Operating Expenses	(396,842)	(33,205)	(33,005)	200	(365,291)	(366,756)	(1,465)	(399,549)
EBITDA	26,619	2,430	3,172	742	24,313	26,332	2,019	28,524
Interest Receivable	100	8	13	5	92	134	42	140
Depreciation, Amortisation & Profit/(Loss) on Disposal	(14,738)	(1,228)	(1,349)	(121)	(13,510)	(13,658)	(148)	(14,840)
PDC Dividend	(5,594)	(466)	(466)	0	(5,128)	(5,128)	0	(5,543)
Interest Payable	(2,157)	(185)	(203)	(18)	(2,034)	(1,985)	49	(2,151)
Net Surplus/(Deficit)	**4,230**	**559**	**1,167**	**608**	**3,733**	**5,695**	**1,962**	**6,130**
IFRIC12/Impairment/Donated Asset Related Adjustments	(353)	(29)	17	46	(323)	187	510	200
SURPLUS/(DEFICIT) FOR DOH TARGET	**3,877**	**530**	**1,184**	**654**	**3,410**	**5,882**	**2,472**	**6,330**

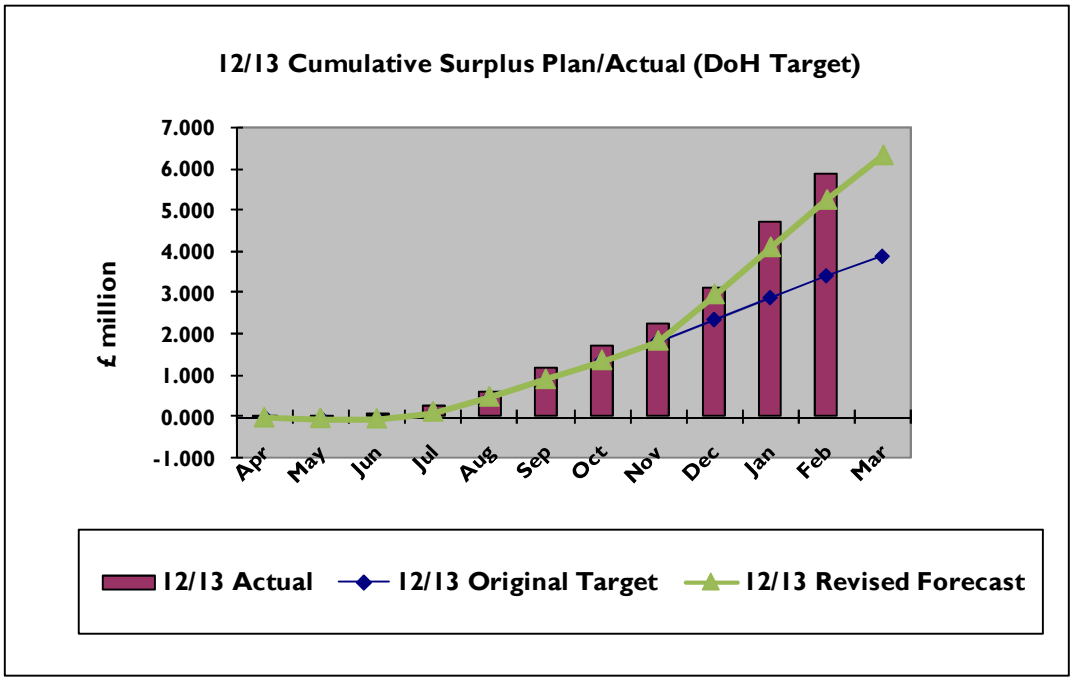
The Trust's financial performance is monitored against the DoH target shown in the bottom line of the above table. Some adjustments are technical, non cash related items which are discounted when assessing performance against this target.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013

Overall Performance Against Plan

• The overall performance of the Trust against the DoH planned position is shown in the graph below. Net bottom-line performance delivered an actual surplus of £1,184,000 in February against a planned surplus of £530,000. The resultant £654,000 positive variance moves the year to date position to £2,472,000 above targeted levels which is consistent with the revised target agreed with the Strategic Health Authority.



Divisional Performance

• For February, only Pathology, Surgery B and, very marginally, Community - Adults have posted in month deficits against plan and these deficits are small when viewed against overall performance or the planned position.

• Performance in non operational areas reflects a cautious view of a number of uncertain items, including patient related SLA income where appropriate.

• SLA performance which is based on fully costed information for January shows an ongoing significant overall positive variation from plan particularly within Medicine (although a significant element of this relates to high cost drugs for which there is an equivalent higher level of expenditure) and some smaller variations in other areas.

• There continues to be no material year to date adverse variances from plan although Surgery A and Facilities continue to have relatively small adverse variances.

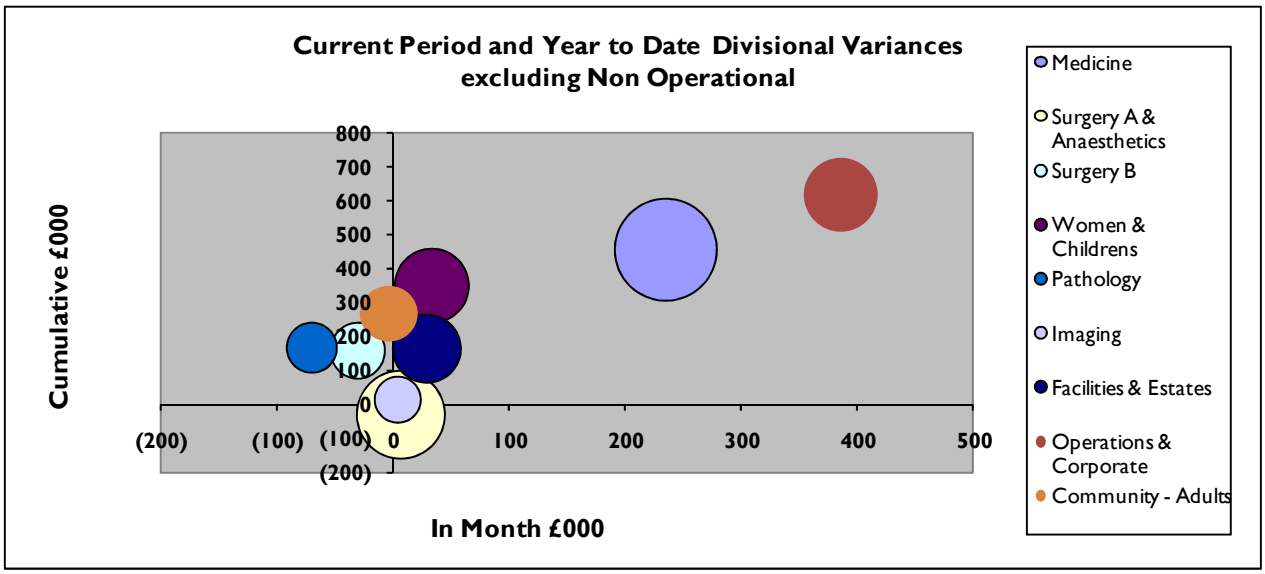
Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – February 2013

The adjacent table and graph below show small adverse year to date variances for Surgery A and Facilities (although the latter is combined with Estates in the adjacent graph and shows a year to date surplus).

Divisional Variances from Plan

	Current Period £000	Year to Date £000
Medicine	235	456
Surgery A & Anaesthetics	8	(29)
Surgery B	(30)	158
Women & Childrens	33	349
Pathology	(69)	165
Imaging	5	13
Facilities & Estates	30	163
Community - Adults	(3)	269
Operations & Corporate	385	620
Non Operational	145	(144)



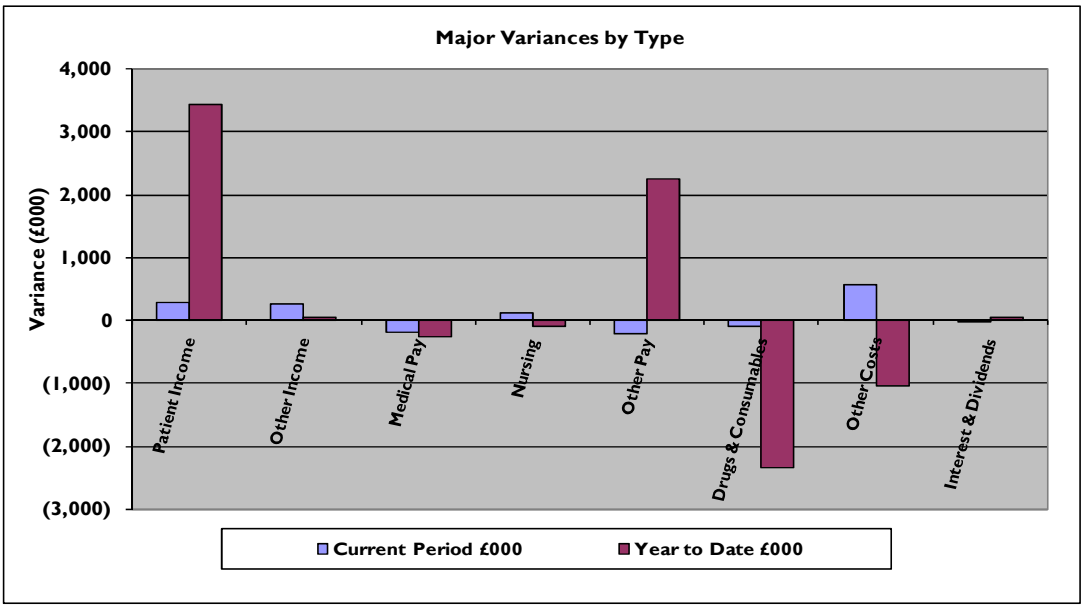
Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013

For February, patient related SLA income again shows a positive variation from plan . Overall pay expenditure is above planned levels although this is significantly affected by one off changes in respect of RCRH project charges. Overall non pay expenditure is £483,000 lower than plan in month.

Variance From Plan by Expenditure Type

	Current Period £000	Year to Date £000
Patient Income	279	3,426
Other Income	263	58
Medical Pay	(195)	(253)
Nursing	115	(102)
Other Pay	(203)	2,261
Drugs & Consumables	(97)	(2,333)
Other Costs	580	(1,038)
Interest & Dividends	5	42



Capital Expenditure

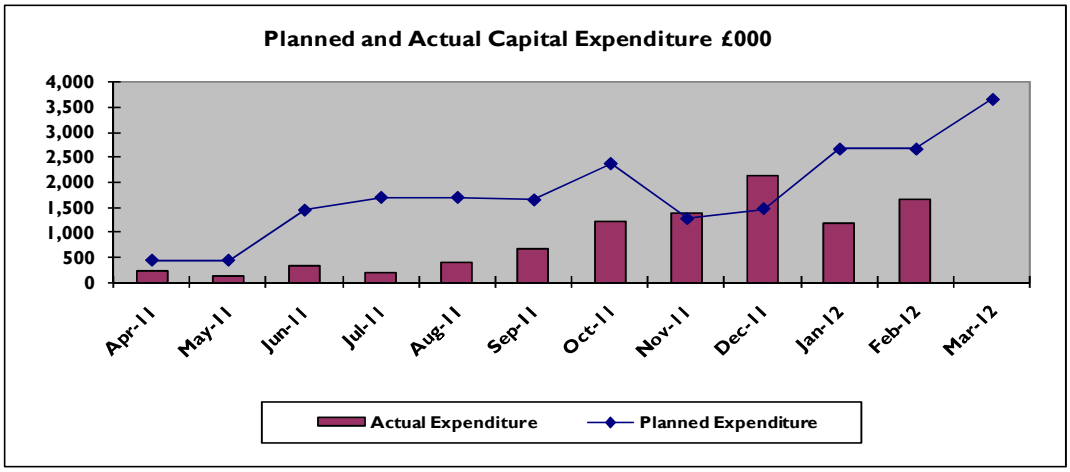
• Planned and actual capital expenditure by month is summarised in the graph overleaf.

• Year to date expenditure remains fairly low and lower than the planned position for the month which reflects an expectation of increased spend in the final month, consistent both with experience in previous years and with the revised planned phasing of spend.

• A review of expected forecast outturn continues to show a current expectation of an underspend against the original plan of almost £3m although it should be noted that, for some months, a planned in year shortfall of approximately £2.3m has been included within the programme which is reflected within the draft plan for 2013/14 for committed programmes and schemes.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013

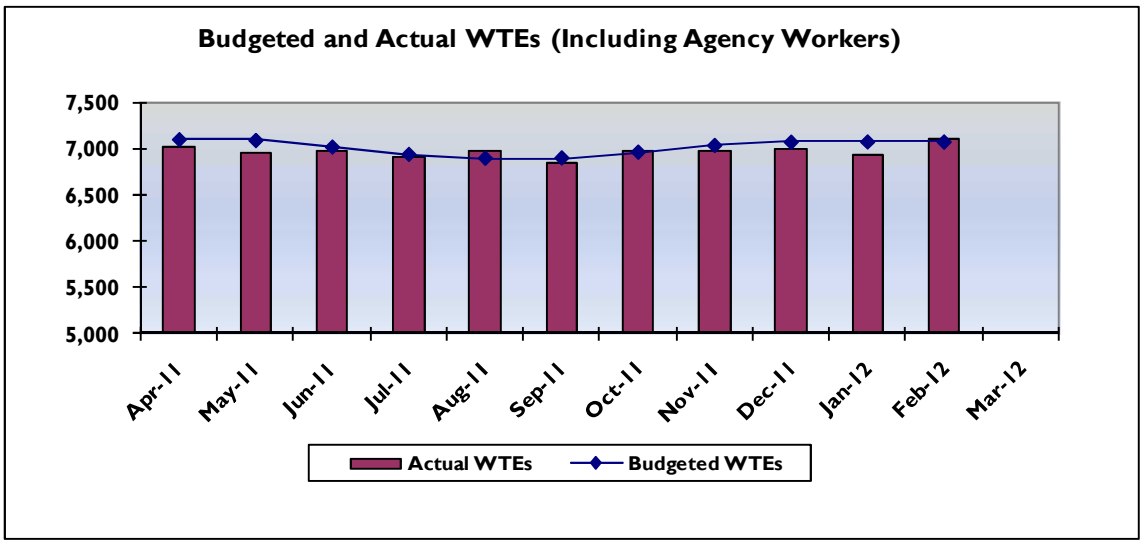


Paybill & Workforce

• Workforce numbers, including the impact of agency workers, are approximately 40 above plan compared with 137 below plan for January. Excluding the impact of agency staff, whole time equivalent (wte) numbers are around 215 below plan. Actual wte's have risen by 177 compared with January made up of an increase of 115 agency staff, an increase of 21 bank staff and an increase of 41 in substantive numbers. There have been increases in the use of agency staff in a relatively large number of operational areas but the two biggest staff groups making up the increase are nursing with an increase of 57 wte's and medical with 18 wte's.

• Total pay costs (including agency workers) are £283,000 higher than budgeted levels for the month although this includes the effect of a one off change in charges made to the RCRH project.

• Expenditure for agency staff in February was £1,097,000 compared with £623,000 in January, an average of £526,000 for 2011/12 and a February 2012 spend of £431,000. In month, the biggest single group accounting for agency expenditure remains medical staffing although this is now only marginally ahead of nursing.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

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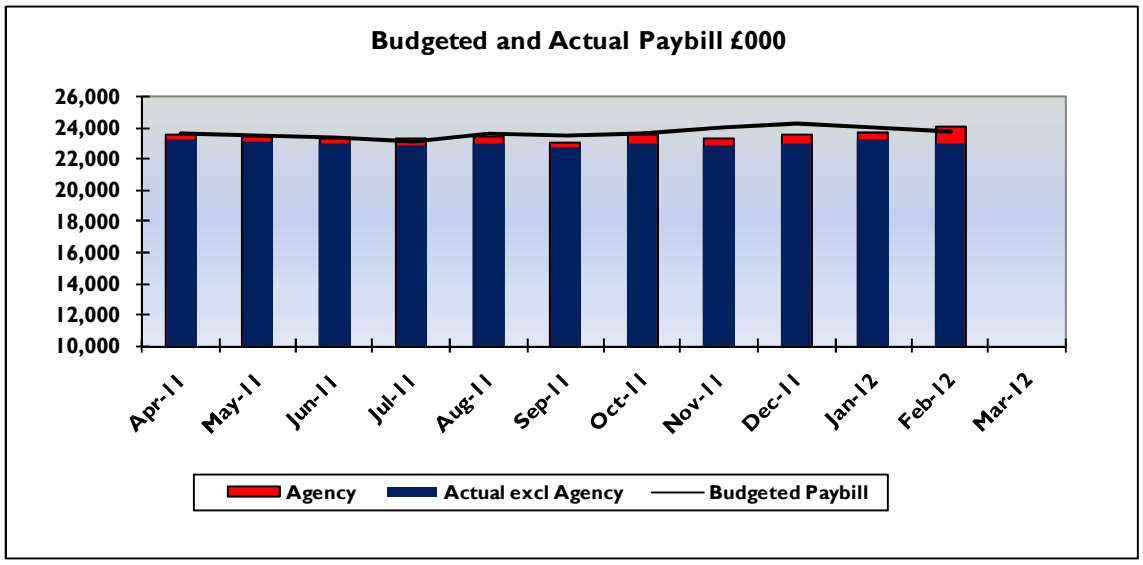


Pay Variance by Pay Group

• The table below provides an analysis of all pay costs by major staff category with actual expenditure analysed for substantive, bank and agency costs.

Analysis of Total Pay Costs by Staff Group

	Year to Date to February					
		Actual				
	Budget £000	Substantive £000	Bank £000	Agency £000	Total £000	Variance £000
Medical Staffing	69,295	66,416		3,132	69,548	(253)
Management	13,653	13,250		0	13,250	403
Administration & Estates	28,871	26,340	1,304	571	28,215	656
Healthcare Assistants & Support Staff	28,733	25,968	2,727	37	28,732	1
Nursing and Midwifery	79,805	74,689	3,454	1,764	79,907	(102)
Scientific, Therapeutic & Technical	39,917	38,170		576	38,746	1,171
Other Pay	50	20			20	30
Total Pay Costs	260,324	244,852	7,485	6,081	258,418	1,906

NOTE: Minor variations may occur as a result of roundings

Sandwell and West Birmingham Hospitals NHS Trust

Financial Performance Report – February 2013

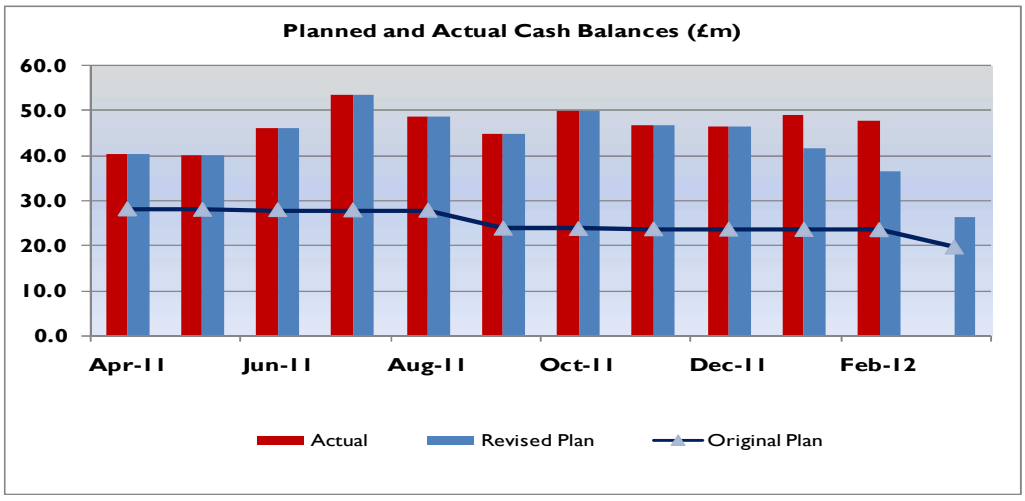
Balance Sheet

• The opening Statement of Financial Position (balance sheet) for the year at 1st April reflects the statutory accounts for the year ended 31st March 2012.

• Cash balances at 28th February are almost £48m which is around £13.5m higher than at 31st March 2012 and £1.1m lower than at 31st January.

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2012/2013

		Opening Balance as at 1st April 2012 £000	Balance as at end February 2013 £000	Forecast at 31st March 2013 £000
Non Current Assets	Intangible Assets	1,075	973	1,025
	Tangible Assets	227,072	222,750	226,502
	Investments	0	0	0
	Receivables	865	865	950
Current Assets	Inventories	4,065	3,986	4,050
	Receivables and Accrued Income	14,446	17,939	13,500
	Investments	0	0	0
	Cash	34,465	47,978	26,310
Current Liabilities	Payables and Accrued Expenditure	(33,751)	(46,465)	(32,622)
	Loans	(2,000)	(2,000)	(2,000)
	Borrowings	(1,166)	(956)	(914)
	Provisions	(15,649)	(11,649)	(9,489)
Non Current Liabilities	Payables and Accrued Expenditure	0	0	0
	Loans	(5,000)	(4,000)	(3,000)
	Borrowings	(29,995)	(29,301)	(29,262)
	Provisions	(2,532)	(2,530)	(2,500)
		191,895	197,590	192,550
Financed By				
Taxpayers Equity	Public Dividend Capital	160,231	160,231	160,231
	Revaluation Reserve	41,228	40,253	35,753
	Other Reserves	9,058	9,058	9,058
	Income and Expenditure Reserve	(18,622)	(11,952)	(12,492)
		191,895	197,590	192,550



Sandwell and West Birmingham Hospitals NHS Trust

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Cash Forecast

• A forecast of the expected cash position for the next 12 months is shown in the table below. The significant increase in capital related payments towards the year end reflects the expected payment profile for the current capital programme (and is dependent on the programme being delivered) and the experience of actual payments in previous years.

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW

12 MONTH ROLLING FORECAST AT February 2013

ACTUAL/FORECAST	Feb-13 £000s	Mar-13 £000s	Apr-13 £000s	May-13 £000s	Jun-13 £000s	Jul-13 £000s	Aug-13 £000s	Sep-13 £000s	Oct-13 £000s	Nov-13 £000s	Dec-13 £000s	Jan-14 £000s	Feb-14 £000s
Receipts													
SLAs: Black Country Cluster	**17,955**	17,250	17,078	17,078	17,078	17,078	17,078	17,078	17,078	17,078	17,078	17,078	17,078
Birmingham & Solihull Cluster	**10,975**	11,300	11,187	11,187	11,187	11,187	11,187	11,187	11,187	11,187	11,187	11,187	11,187
Other Clusters	**918**	600	594	594	594	594	594	594	594	594	594	594	594
Pan Birmingham LSCG	**1,950**	1,950	1,931	1,931	1,931	1,931	1,931	1,931	1,931	1,931	1,931	1,931	1,931
Education & Training			4,300	0	0	4,300	0	0	4,300	0	0	0	0
Loans													
Other Receipts	**3,729**	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900
Total Receipts	**35,527**	34,000	37,989	33,689	33,689	37,989	33,689	33,689	37,989	33,689	33,689	33,689	33,689
Payments													
Payroll	**13,704**	13,800	13,068	13,068	13,068	13,068	13,068	13,068	13,068	13,068	13,068	13,068	13,068
Tax, NI and Pensions	**9,390**	15,300	9,455	9,455	9,455	9,455	9,455	9,455	9,455	9,455	9,455	9,455	9,455
Non Pay - NHS	**1,446**	3,650	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Non Pay - Trade	**10,626**	12,372	8,000	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500
Non Pay - Capital	**1,374**	5,642	1,750	1,750	500	500	500	500	500	500	500	500	500
PDC Dividend		2,797						2,700					
Repayment of Loans		1,000						1,000					
Interest		25						20	20	20	20	20	20
BTC Unitary Charge		832	430	430	430	430	430	430	430	430	430	430	430
Other Payments	**101**	250	175	175	175	175	175	175	175	175	175	175	175
Total Payments	**36,641**	55,668	35,378	34,878	33,628	33,628	33,628	37,348	33,648	33,648	33,648	33,648	33,648
Cash Brought Forward	**49,092**	47,978	26,310	28,922	27,733	27,795	32,156	32,218	28,559	32,901	32,942	32,984	33,025
Net Receipts/(Payments)	**(1,114)**	(21,668)	2,612	(1,189)	62	4,362	62	(3,659)	4,342	42	42	42	42
Cash Carried Forward	**47,978**	26,310	28,922	27,733	27,795	32,156	32,218	28,559	32,901	32,942	32,984	33,025	33,067

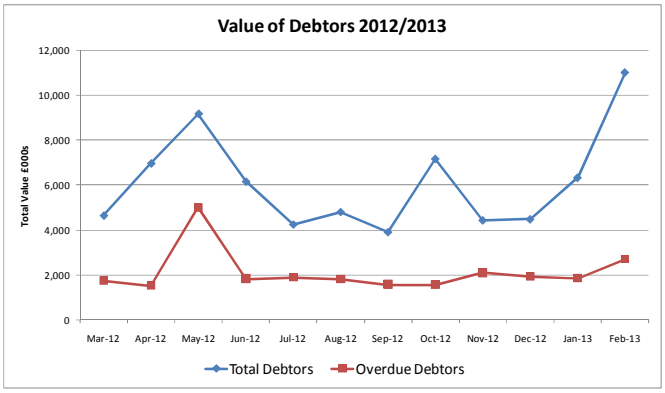
Actual numbers are in bold text, forecasts in light text.

Debtors

• The adjacent graph shows the movement in both total and overdue debtors for the year. The significant increase in debtors in month is wholly the result of timing issues of when invoices are raised.

• The increase in overdue debts is largely due to a large single invoice which has become overdue. Generally, overdue balances are relatively low particularly when compared to historic performance although specific issues with individual customers can require significant intervention.

• The table overleaf shows changes in debtor performance compared with prior periods.



Sandwell and West Birmingham Hospitals NHS
NHS Trust

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Measure	31st March 2011	31st March 2012	31st January 2012	31st January 2013	28th February 2013
Total Debtors as % of Turnover	2.20%	1.10%	1.50%	1.50%	2.57%
Overdue Debtors as % of Turnover	0.60%	0.40%	0.60%	0.40%	0.63%
Debtor Days	8.1 days	4.0 days	5.5 days	5.4 days	8.5 days

Risk Ratings

•The adjacent table shows the Monitor risk rating score for the Trust based on performance at February.

• An adjustment has now been made to the liquidity ratio to reflect an uncommitted overdraft facility (which would be in place as an FT) as this more accurately reflects performance against the Monitor risk rating regime.

•I&E Surplus Margin remains at a 3 which reflects the profiling of surpluses growing towards the year end.

Risk Ratings			
Measure	**Description**	**Value**	**Score**
EBITDA Margin	Excess of income over operational costs	7.2%	3
EBITDA % Achieved	Extent to which budgeted EBITDA is achieved/exceeded	108.3%	5
Net Return After Financing	Surplus after dividends over average assets employed	2.7%	4
I&E Surplus Margin	I&E Surplus as % of total income	1.5%	3
Liquid Ratio	Number of days expenditure covered by current assets less current liabilities	27.3	4
Overall Rating			**3.7**

Continuity of Service Rating

• Monitor are currently proposing the introduction of a revised risk rating measure based on continuity of service. The performance of the Trust against this measure is shown in the table below.

Risk Ratings	Current Month		Year to Date		Forecast Outturn	
Measure	**Value**	**Score**	**Value**	**Score**	**Value**	**Score**
Capital Service Capacity	3.489	4	2.706	4	2.703	4
Liquidity	4.367	4	4.367	4	-4.699	3
Overall Rating		**4**		**4**		**3**

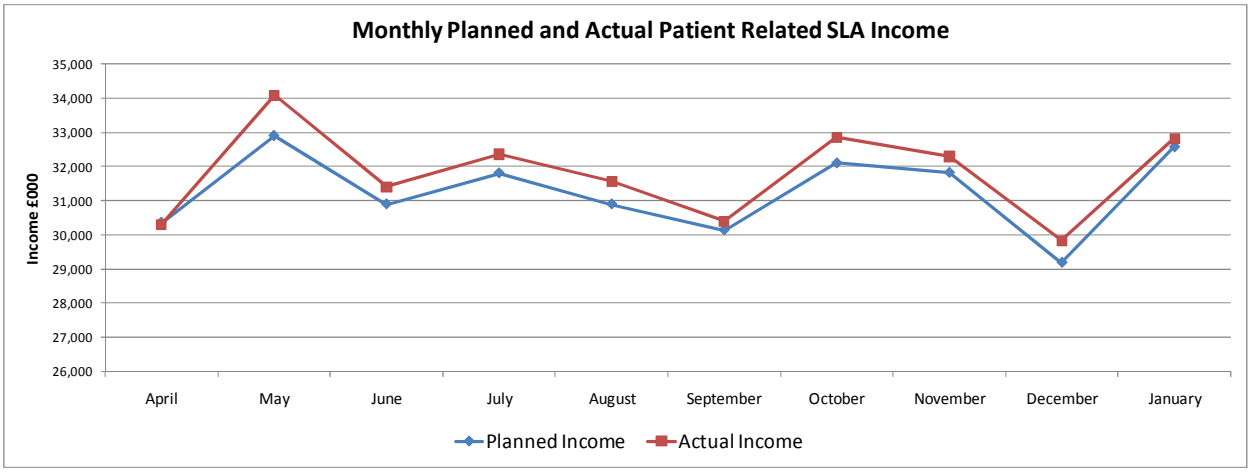
Performance Against Service Level Agreement Target

•The graph and table overleaf show an overview of financial performance against the Trust's Service Level Agreements with Commissioners.

• Fully costed data is only available one month in arrears and this data therefore only covers the period April – January. For the purpose of financial reporting for the current period, a prudent estimate is made of SLA income. This adjustment together with the aforementioned timing difference does not permit a direct comparison with performance incorporated within the main financial statements.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013



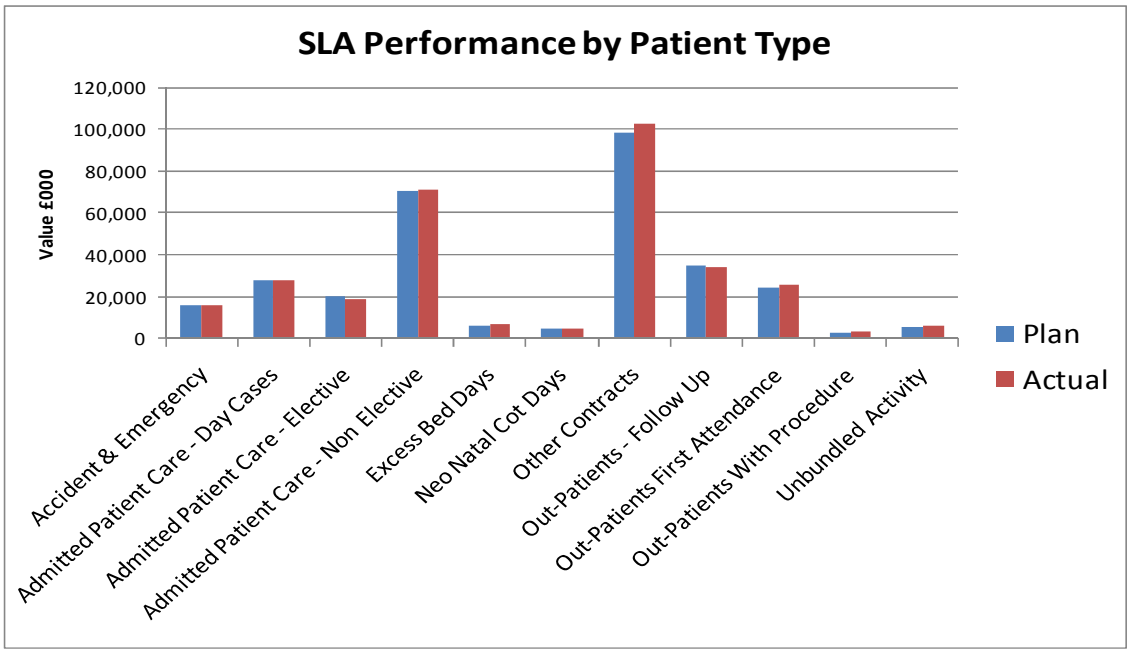
Month	Planned Income £000	Actual Income £000	Variance £000
April	30,356	30,296	(61)
May	32,897	34,084	1,187
June	30,895	31,409	514
July	31,805	32,365	560
August	30,893	31,560	666
September	30,134	30,399	265
October	32,095	32,863	768
November	31,820	32,301	481
December	29,182	29,830	648
January	32,568	32,825	257
Total	**312,645**	**317,930**	**5,285**

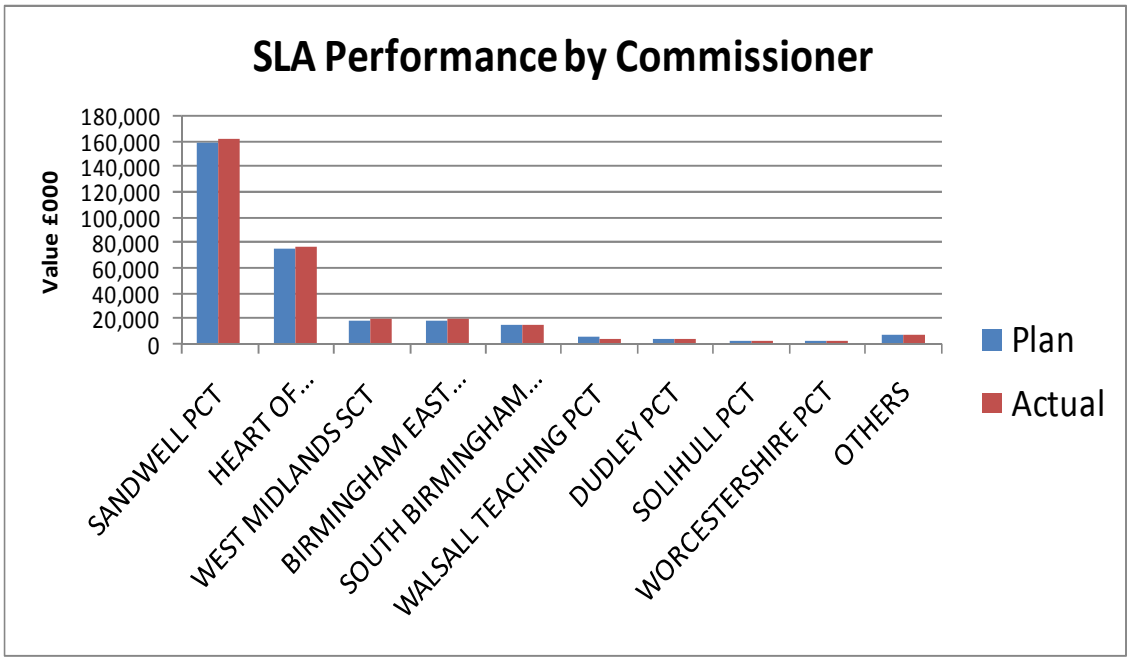
Performance by Activity Type and Commissioner

• The following graphs show performance by activity type and commissioner comparing planned and actual financial values for the year to date and the percentage variance from plan for each type of activity and commissioner.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013





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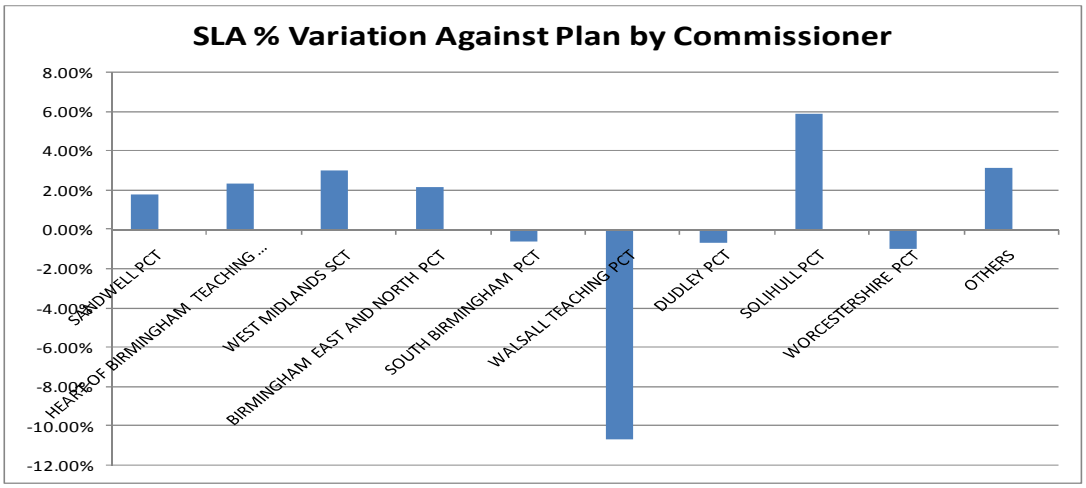

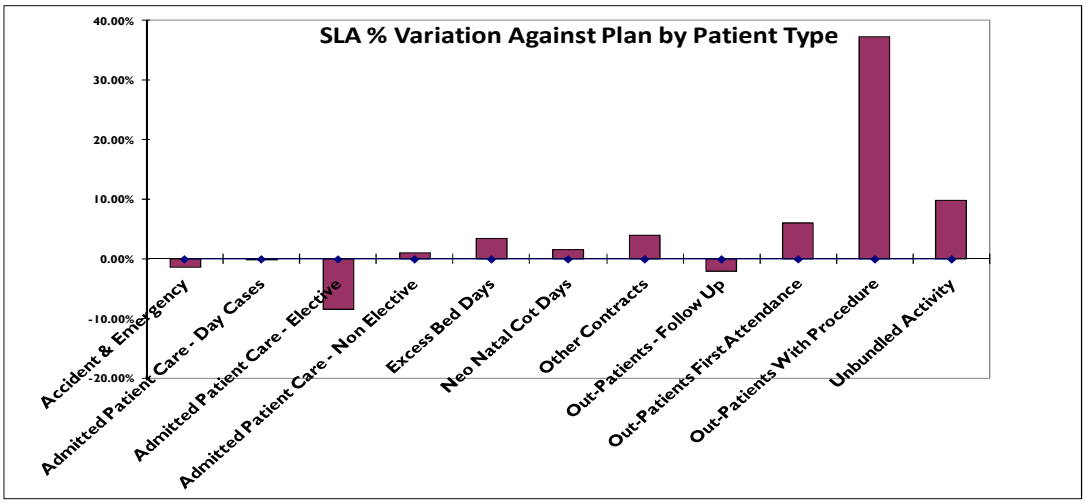

Transformation Programme

•The graph overleaf shows actual progress against the Trust's Transformation Programme for 2012/13, inclusive of RCRH related changes.

• At 28th February and against the revised target, actual savings were £3,000 higher than planned levels.

• The forecast outturn for the programme remains in line with plan.

Sandwell and West Birmingham Hospitals NHS Trust

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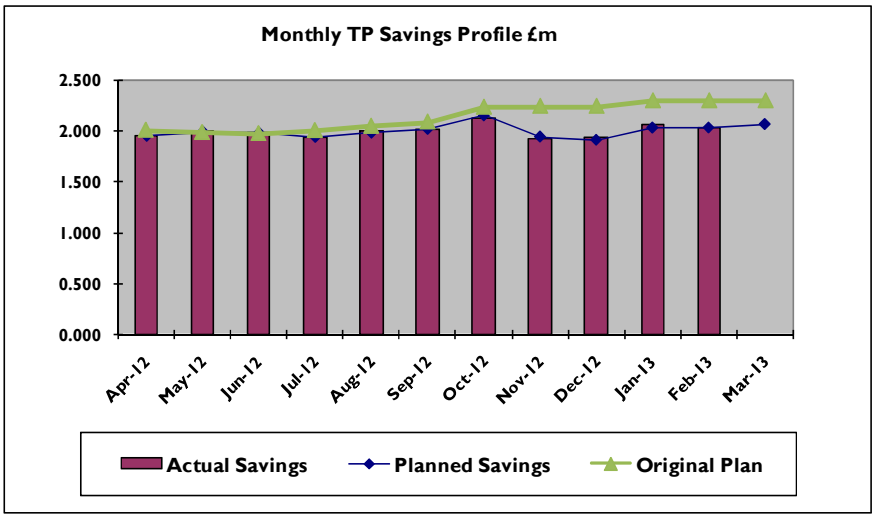
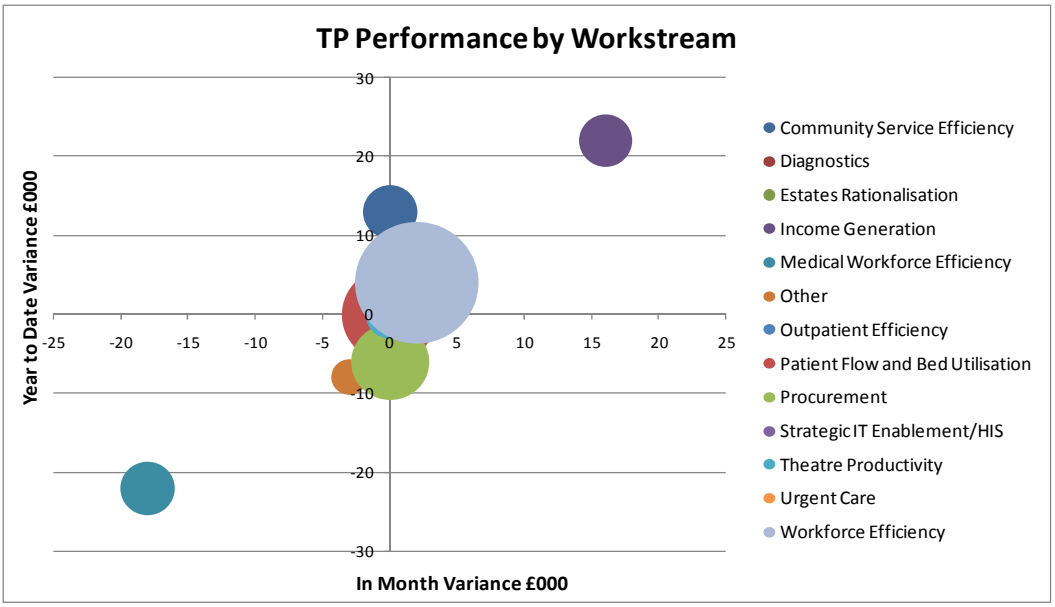


Transformation Programme cont

•The chart below shows in month and year to date performance of the Transformation Programme by workstream.

• At February, there are no material variances from plan at either a workstream or divisional level.



Transformation Programme cont'd

•At the end of February, there are no significant adverse variances from plan.

• Mitigating strategies remain in place for the position to date with a detailed assessment of risk management and actions planned as part of the ongoing performance management regime across the Trust although, given the rapid approach of the year end and generally successful performance to date, it is not anticipated that any major rectification action will be required up to 31st March.

Sandwell and West Birmingham Hospitals NHS
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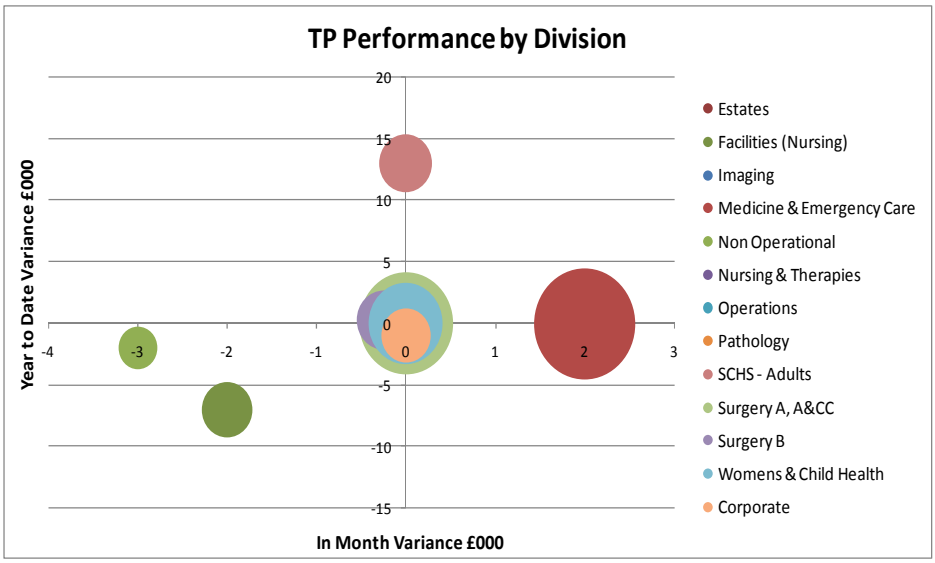

External Focus

• The UK has lost its triple-A credit rating for the first time since the 1970s. Moody's, one of the three biggest credit rating agencies in the world, has downgraded its assessment of the outlook for the UK economy and cut the credit rating from its highest rating to Aa1. Economically, this is unlikely to have any significant effect as most major economies have already had ratings reductions and the country continues to borrow at historically low rates.

• Following a decision by Monitor, the FT regulator, an administrator will take over the running of Mid Staffordshire FT before coming up with proposals for the long term future of the organisation.

• The financial problems of Wye Valley NHS Trust have recently been reported with suggestions that the Trust is too small to survive alone and needs to consider being taken over, broken up or operating with a private sector organisation.

• The chief executive of the Foundation Trust Network (FTN) has questioned whether national pay agreements can deliver the savings needed for the health service and suggested considering regional or trust by trust arrangements. Health unions have expressed concern at these suggestions and suggested that abandoning national pay negotiations will not resolve the financial pressures facing the NHS.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Financial Performance Report – February 2013

Conclusions

• Measured against the DoH target, the Trust generated an actual surplus of £1,184,000 during February against a planned surplus of £530,000. For the purposes of its statutory accounts, the in month surplus was slightly lower at £1,167,000. This represents a further increase in the year to date surplus and is consistent with the revised bottom line position agreed with the Strategic Health Authority.

• The £1,184,000 surplus in February is £654,000 better than originally planned for the month.

•For the year to date, the Trust has generated a surplus (as measured against the DoH target) of £5,882,000 which is £2,472,000 better than the originally planned position.

• In month capital expenditure is £1.7m which still leaves year to date capital expenditure significantly lower than plan. The most significant reason for the variance from plan is the delay in Grove Lane land purchase although the Trust has a liability under GVD1 and GVD2 to acquire the land and this position will be reflected in the Trust's accounts for 2012/13.

•At 28th February, cash balances are approximately £24.3m higher than the cash plan and around £13.5m greater than the balance held at 31st March.

• Although there are some minor adverse bottom line in month performances by operational divisions, none is material and this has not affected the overall ability of the Trust to perform in line with its revised forecast agreed with the Strategic Health Authority. Monitoring of divisional positions continues with action being taken as necessary to rectify any potential and/or actual variances with performance of the Transformation Programme remaining a key component of this.

Recommendations

The Trust Board is asked to:

i. RECEIVE the contents of the report; and

ii. ENDORSE any actions taken to ensure that the Trust remains on target to achieve its planned financial position.

Robert White

Director of Finance & Performance Management

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Monthly Corporate Performance Monitoring Report
SPONSOR (EXECUTIVE DIRECTOR):	Robert White, Director of Finance and Performance Mgt
AUTHOR:	Mike Harding, Head of Performance Management
DATE OF MEETING:	28 March 2013 (Report prepared 13 March 2013)

EXECUTIVE SUMMARY:

The report is designed to inform the Trust Board of the summary performance of the Trust for the period April 2012 – February 2013.

REPORT RECOMMENDATION:

The Trust Board is asked to NOTE the report and its associated commentary.

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

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Performance Management Board and Trust Management Board on 19 March 2013 and Finance & Performance Management Committee on 21 March 2013

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST CORPORATE DASHBOARD - FEBRUARY 2013

EXECUTIVE SUMMARY AND KEY EXCEPTIONS

KEY EXCEPTIONS

b

Emergency Department - performance against the **A&E 4-hour maximum wait** target reduced to 90.8% during February and 92.26% for the year to date. Inclusion of the Sandwell site non-chargeable GP Triage data improves performance for the month and year to date to 91.4% and 93.2% respectively, with the added inclusion of BMEC fast-track OP attendances, improving this further to 91.8% and 93.4% respectively. The Trust continues to meet 2 of the 5 **A&E Clinical Quality Indicators**, 1 in each of the Timeliness and Patient Impact sections, for the year to date.

A GP triage service at City, similar to the one in operation at Sandwell has recently commenced. A month on month improvement trajectory for the period March to September 2013 inclusive, by site and constituent unit has been developed, aligned to a range of improvement measures which the Trust Board were advised of at its last (February) meeting.

c

Ambulance Turnaround - the indicators within the report reflect those contained in the Quality section of the Trust's 2012 / 2013 contract with its commissioners, which will also feature as nationally mandated targets for 2013 / 2014. Performance against the percentage of Clinical Handovers completed within 15 minutes improved during the month to 75.6% overall (target 85%). However, the average turnaround time worsened slightly to almost 36 minutes during the month (target 30 minutes or less) and the number of instances where ambulance turnaround was in excess of 60 minutes also worsened (increased) to 228 overall (target 0).

The improvement in clinical handover data at Sandwell has contributed to an overall recent improvement in Clinical Handover performance. It is also anticipated that the recent introduction of an ambulance assessment bay at City will have a beneficial impact on overall turnaround times. However, continued pressure for beds on both sites, and WMAS data for the early part of the month (March), suggest ambulance turnaround performance is unlikely to show any demonstrable improvement before year end.

e

Referral to Treatment Time & Diagnostic Waits - provisional data for February suggests that each high level, Admitted, Non-Admitted and Incomplete Pathway RTT target will continue to be met. However, it is likely that not all specialties will meet all RTT targets. Again provisional data suggests that the specialty of Trauma & Orthopaedics will not meet the Admitted Care and Incomplete Pathways 18-week targets of 90% and 92% respectively. Patients waiting in excess of 6-weeks for a diagnostic investigation / procedure had reduced from 1.98% at the end of January to 0.88% at the end of February, beneath the 1.0% operational threshold. A total of 59 patients were waiting greater than 6 weeks at the end of February a reduction from the 103 patients who were waiting at the end of January.

The specialties of Trauma & Orthopaedics and Plastic Surgery remain on improvement trajectories in relation to the relevant RTT operational thresholds. Diagnostic Waits performance is meeting a previously determined improvement trajectory, aligned to a rectification plan. It is expected that performance will continue to meet the required 1.0% maximum performance threshold.

f

Cancelled Operations - the proportion and number of Elective Admissions cancelled at the last minute for non-clinical reasons remained at a higher than usual level during the month of February. A total of 66 cancellations were made, 36 at Sandwell and 30 at City, across a range of specialties, although the greatest number, 20, related to Ophthalmology.

The number of cancellations and range of specialties affected reflect the demand for emergency admissions during the month when a number of wards were closed due to Norovirus. Other reasons for cancellation, particularly in Ophthalmology, related to the need to accommodate emergency surgery. There will be a need to ensure each affected patient is offered a new date within 28 days of the original date.

CQUIN PERFORMANCE

	Patient Safety			Effectiveness of Care			Patient Experience			ALL		
	R	A	G	R	A	G	R	A	G	R	A	G
Acute			9	1		1	2		3	3		13
Community			3			1			4			8
Specialised									4			4

a

CQUIN - there are currently 3 CQUIN targets which are not being met. The proportion of Mortality Reviews which were undertaken within 42 days of death improved further during the month from 63.9% during November to 65.4% during December, although is not currently meeting the trajectory of 74.0%, with an end of year target of 80%. The Personal Needs Acute CQUIN, based upon responses to 5 Patient Experience questions, has not been met for the year, as reported last month. The most recent audit data (November) for the Alcohol Screening CQUIN identified 61% compliance compared with a trajectory for the period of 66%.

A system has been introduced designed to equalise the work amongst consultant staff involved with undertaking mortality reviews, which it is anticipated will improve the turnaround time of the reviews towards the latter part of the year. Areas of poorer performance of Alcohol Screening are known, and are to be targeted for improvement. Data, once validated from a more recent period of audit is awaited, with a further audit period identified prior to year end.

CONTRACTED ACTIVITY PLAN

	Month				Year to Date				Year on Year Comparison (to date)			
	Actual	Plan	Variance	%	Actual	Plan	Variance	%	2011/12	2012/13	Variance	%
IP & DC Elective	5080	4556	524	11.5	57362	53165	4197	7.9	58439	57362	-1077	-1.8
IP Non-Elective	4310	4723	-413	-8.7	52197	52194	3	0.0	50720	52197	1477	2.9
OP New	13514	11252	2262	20.1	158182	132172	26010	19.7	144382	158182	13800	9.6
OP Review	29500	33347	-3847	-11.5	352215	396378	-44163	-11.1	384962	352215	-32747	-8.5
OP Review:New	2.18	2.96	-0.78	-26.3	2.23	3.00	-0.77	-25.8	2.67	2.23	-0.44	-16.5
AE Type I	12491	13326	-835	-6.3	158993	159995	-1002	-0.6	162738	158993	-3745	-2.3
AE Type II	1854	2455	-601	-24.5	24663	29470	-4807	-16.3	33528	24663	-8865	-26.4
Adult Community	45582	40723	4859	11.9	456147	407815	48332	11.9	407600	456147	48547	11.9
Child Community	14450	13057	1393	10.7	127390	130562	-3172	-2.4	118771	127390	8619	7.3

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Overall Elective activity for the month and year to date remains in excess of the plan by 11.5% and 7.9% for the periods respectively. Non Elective activity was 8.7% less than plan for the month, but is on plan for the year to date. Month and year to date New and Review Outpatient performance is such that the Follow Up : New Outpatient Ratio for the year to date further improved (reduced) to 2.23 which compares favourably with a ratio derived from plan of 3.00. A&E Type I activity (-0.6%) remains close to plan for the year to date, but is influenced (reduced) by patients seen by the Sandwell GP Triage Service. Type II (BMEC) activity (-16.3%) remains well below plan for the year to date. Adult Community activity is currently 11.9% above plan for the year to date. Child Community activity is 2.4% below plan.

NATIONAL PERFORMANCE FRAMEWORKS

NHS PERFORMANCE FRAMEWORK - Summary						
	September	October	November	December	January	February
Performing	14	16	16	15	16	17
Underperforming	4	2	2	3	2	1
Failing	1	1	1	1	1	1
Weighted Score	**2.54**	**2.64**	**2.64**	**2.57**	**2.64**	**2.71**

MONITOR COMPLIANCE FRAMEWORK - Summary						
	September	October	November	December	January	February
Performing	14	13	15	14	15	15
Failing	1	2	1	2	1	1
No Data	1	1	0	0	0	0
Governance Rating	**2.0**	**3.0**	**1.0**	**2.0**	**1.0**	**1.0**

The Trust failed to meet the A&E 4-hour wait operational threshold during the month and is projected to underperform against the indicator 'RTT Delivery in all specialities'. The Trust is projected to meet all high level RTT and Cancer targets. The overall weighted score for service delivery is 2.64, which attracts a **PERFORMING** classification.

The Trust failed to meet A&E 4-hour wait operational threshold during the month. The Trust is projected to meet all high level RTT and Cancer targets. The overall governance score for the month is 1.0 which attracts an **AMBER / GREEN** Governance Rating.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST CORPORATE DASHBOARD - FEBRUARY 2013

Exec Lead	PATIENT SAFETY						October	November	December	January			February			To Date (*=most recent month)	TARGET		Note	THRESHOLDS			12/13 Forward Projection	10/11 Outturn	11/12 Outturn
							Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	12/13							
RS	H	3	Stroke Care	Pts spending >90% stay on Acute Stroke Unit		%	88.7 ▲	86.5 ▼	80.8 ■	→		86.0 ■	→		88.1 ▲	87.6	83	83		No Variation	0 - 2% Variation	>2% Variation	●	72.8	85.9
	K			Pts admitted to Acute Stroke Unit within 4 hrs		%	51.1 ▼	60.9 ▲	51.3 ▼	→		54.0 ▲	→		41.4 ▼	60.6	90	90		No Variation	0 - 2% Variation	>2% Variation	● ●		68.7
	K			Pts receiving CT Scan within 24 hrs of presentation		%	93.3 ■	91.8 ▼	95.0 ▲	→		100.0 ■	→		93.3 ■	92.1	100	100		No Variation	0 - 2% Variation	>2% Variation	●		100
	K			Pts receiving CT Scan within 1 hr of presentation		%	42.9 ■	55.3 ■	61.5 ▲	→		57.7 ▼	→		48.2 ■	52.2	50	50		No Variation	0 - 2% Variation	>2% Variation	●		37.5
	H			TIA (High Risk) Treatment <24 h from initial presentation		%	84.6 ▲	76.5 ▼	57.9 ■	57.1 ▲	70.6 ▲	66.7 ■				68.8	60	60		No Variation	0 - 2% Variation	>2% Variation	●	46.15	53.2
	K			TIA (Low Risk) Treatment <7 days from initial presentation		%	86.5 ▲	96.3 ▲	87.0 ▼	60.0 ▼	71.0 ▼	67.4 ▼				76.8	60	60		No Variation	0 - 2% Variation	>2% Variation	●		30.4
R0	A	4	Infection Control	C. Difficile (DH Reportable)		No.	5 ▼	2 ▲	1 ▲	2 ▼	1 ▼	3 ▼	8 ■	1 ■	9 ■	36	53	57		No variation		Any variation	●	120	95
	K			C. Difficile (Best Practice Numbers)		No.	9 ▼	5 ▲	4 ▲	4 ▼	2 ■	6 ▼	10 ■	1 ▲	11 ■	71	88	95					●	120	95
	A			MRSA Bacteraemia		No.	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	0 ■	1	2	2		No variation		Any variation	●	5	2
				MSSA Bacteraemia		No.	0	0	0	1	0	1	0	0	0	14	No. Only	No. Only						22	12
				E Coli Bacteraemia		No.	5	2	7	1	2	3	3	3	6	46	No. Only	No. Only						73	50
	F	3		MRSA Screening - Elective	Patient Not Matched	%	104.6 ▼	96.2 ▼	112.0 ▲	Numerator = 3036	Denominator = 2319	130.9 ▲	Numerator = 2655	Denominator = 1371	193.6 ▲	193.6*	82	85		No variation		Any variation	●	40.3	40.6
	F				Best Practice - Patient Matched	%	53.7 ▲	56.5 ▲	55.2 ▼	Numerator = 1387	Denominator = 2319	59.8 ▲	Numerator = 992	Denominator = 1371	72.4 ▲	72.4*	82	85		No variation		Any variation	● ●	40.3	40.6
	F			MRSA Screening - Non Elective	Patient Not Matched	%	66.0 ▼	78.6 ▲	78.4 ▼	Numerator = 2092	Denominator = 2594	80.7 ▲	Numerator = 2490	Denominator = 3024	82.3 ▲	82.3*	82	85		No variation		Any variation	●	18.9	26.0
	F				Best Practice - Patient Matched	%	66.3 ▲	66.3 ■	67.0 ■	Numerator = 2240	Denominator = 3329	67.3 ▲	Numerator = 2083	Denominator = 3225	64.6 ▼	64.6*	82	85		No variation		Any variation	●	18.9	26.0
RS	A	3	Acute CQUIN	VTE Risk Assessment (Adult IP)	396	%	91.5 ▲	91.7 ▼	90.2 ▼	→		91.5 ▲	→		91.0 ▼	91.0*	90	90	a	=>90		<90	●	92.3	92.4
RB	K	20		Appropriate Use of Warfarin	372		→	→	Compliant	→		→	→		→	Compliant	Comply with audit			No variation		Any variation	●		
RO	H	8		Safety Thermometer	396	%	Data Submitted	Data Submitted	Data Submitted	→		Data Submitted	→		Data Submitted	Data Submitted	Monthly data collection			No variation		Any variation	●		
RB	H	20		Antibiotic Use	743	Score	→	→	→	→			→			83	70	80		No variation		Any variation	●		
RO	D	8		Reducing Avoidable Pressure Ulcers	372	No.	Compliant	Compliant	Compliant	→		Compliant	→		Compliant	Compliant	Comply with audit			No variation		Any variation	●		
RO	H	8		Nutrition and Weight Management	743		Compliant	Compliant	Compliant	→		Compliant	→		Compliant	Compliant	Comply with audit			No variation		Any variation	●		
RS	H	9		Safe Surgery - Operating Theatres	743	%	99.8 ■	99.8 ■	99.8 ■	→		99.8 ■	→		99.9 ▲	99.9	99	100		No variation		Any variation	●		
RS	H	9		Safe Surgery - Other Areas		%	99.8 ▼	99.5 ▼	99.5 ■	→		99.5 ■	→		99.7 ▲	99.7	98	98		No variation		Any variation	●		
RS	H	10		Stroke Care	743	%	→	→	Met Q3 req's	→		→	→		→	Met Q3 req's	Comply	Comply		No variation		Any variation	●		
RO	H	11	Community CQUIN	Safety Thermometer	88	%	Data Submitted	Data Submitted	Data Submitted	→		Data Submitted	→			Data Submitted	Monthly data collection			No variation		Any variation	●		
RO	D			Reducing Avoidable Pressure Ulcers	176		Compliant	Compliant	Compliant	→		Compliant	→			Compliant	Comply with audit			No variation		Any variation	●		
RO	H			Nutrition and Weight Management	176		Compliant	Compliant	Compliant	→		Compliant	→			Compliant	Comply with audit			No variation		Any variation	●		
KD	F	14	Never Events - in month			No.	0 ■	0 ■	0 ■	→		0 ■	→			0*	0	0		No variation		Any variation	●		
	F		Open Serious Incidents Requiring Investigation (SIRI)			No.	3	1	2	→		0	→			0*	No. Only	No. Only							
	F		Open Central Alert System (CAS) Alerts			No.	8	5	4	→		3	→			3*	No. Only	No. Only							
RO	D		Falls Resukting In Severe Injury or Death			No	0 ■	2 ■	2 ■	→		1 ▲	→			1*	0	0		No variation		Any variation	●		
RO		8	High Impact Nursing Actions	Inpatient Falls reduction		%	43 ■	66 ■	79 ▼	→		51 ■	→			642	570	684		=<57/m		>57/m	●	1024	763
				Nutritional Assessment (MUST)		%	89 ■	94 ■	96 ▲	→		98 ▲	→			98*	90	90		=>90		<90	●		89.0
				Fluid Balance Chart Completion		%	93	95	98	→		93	→			93*									100

Exec Lead						October	November	December	January		February		To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			12/13 Forward Projection	10/11 Outturn	11/12 Outturn
			PATIENT SAFETY (Continued)			Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	12/13						
RS		3	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	3	0	0	→		0	→		0	10	44	48		=<2	3 - 4	>4		9	7
				Admissions to Neonatal ICU	%	8.8	10.8	8.1	→			→			9.7	=<10	=<10		=<10	10.0-12.0	>12.0		7.2	10.7
				Adjusted Perinatal Mortality Rate (per 1000 babies)	/1000	3.8	10.3	7.2	→			→			7.2*	<8.0	<8.0		<8	8.1 - 10.0	>10		6.5	11.9*
				Caesarean Section Rate	%	22.6	26.6	24.7	→		22.7	→		24.7	23.5	<25.0	<25.0		=<25.0	25-28	>28.0		23.6	22.2
	H			Early Booking (Completed Assessment <12+6 weeks)	%	80.0	81.0	81.5	→			→			81.5*	=>90	=>90		=>90	75-89	<75			76.0
RO		2	Infant Health & Inequalities	Maternal Smoking Rates	%	→	→	10.5	→		→	→		→	10.1	<11.5	<11.5		<11.5	11.5 - 12.5	>12.5		11.9	9.8
				Breast Feeding Initiation Rates	%	→	→	71.5	→		→	→		→	72.1	>63.0	>63.0		>63.0	61-63	<61.0		65.6	73.0
RB		5	Cervical Cytology	Diagnostic Report Turnaround	Days	<9 days	<9 days	<9 days	→		<9 days	→		<9 days	<9 days	<9 days	<9 days		<9 days	9-12 days	>12 days		<9 days	<9 days
RO		7	Learning & Development	PDRs (12-month rolling)	No. (%)	5087 (68.2)	5178 (69.3)	5282 (71.0)	→		5267 (70.6)	→		5195 (69.5)	5195 (69.5)	7389 (100)	7389 (100)		0-15% variation	15 - 25% variation	>25% variation		4635	5348
RS				Medical Appraisal and Revalidation	%	83	87	86	→		88	→		81	81	No. Only	No. Only							
RO	K	3		Mandatory Training Compliance	%	85.1	87.4	88.1	→		88.7	→			88.7	100	100		=>95	90 - 95	<90		86.8	71.9
			EFFECTIVENESS OF CARE																					
RO	H	8	Acute CQUIN	Dementia	396	%	Meeting Q3 req's	Meeting Q3 req's	Met Q3 req's	→		Meeting Q4 req's	→		Meeting Q4 req's	Meeting Q4 req's	90	90	a	No variation		Any variation			
RS	H	3		Mortality Review	743	%	53.9	63.9	65.4	→			→			65.4	74	80		No variation		Any variation			66.9
RO	H	11	Community CQUIN	Dementia	44	%	Not Meeting Q3 req's	Not Meeting Q3 req's	Met Q3 req's	→		Meeting Q4 req's	→			Meeting Q4 req's	80	90		No variation		Any variation			
RS		6	Mortality in Hospital (12-month cumulative data)	Hospital Standardised Mortality Rate		HSMR	95.5 Aug'11 to Jul'12	94.2 Sep'11 to Aug'12	93.1 Oct'11 to Sep'12	→		92.7 Nov'11 to Oct'12	→		90.5 Dec'11 to Nov'12	90.5								
				Peer (SHA) HSMR		HSMR	100.2	98.7	97.8	→		97.0	→		96.4	96.4								
				Peer (National) HSMR - Quarterly		HSMR	→	→	95.4	→		→	→		→	95.4								
	D	19		SHMI		SHMI	95.3 Aug'11-Jul'12	94.2 Sep'11-Aug'12	95.6 Oct'11-Sep'12	→		94.9 Nov'11-Oct'12	→			94.9								
RB		3	Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011	Following initial Elective Admission		No.	124	146	100	→		113	→			1328	1219	1463		No Variation	0 - 5% Variation	>5% Variation			1463
		3		Following initial Elective Admission		%	1.10	1.32	0.98	→		1.04	→			1.24	1.15	1.15		No Variation	0 - 5% Variation	>5% Variation			1.15
				Following initial Non-Elective Admission		No.	620	591	613	→		574	→			6311	5702	6842		No Variation	0 - 5% Variation	>5% Variation			6842
				Following initial Non-Elective Admission		%	5.48	5.33	6.03	→		5.30	→			5.91	5.38	5.38		No Variation	0 - 5% Variation	>5% Variation			5.38
RB	K	3	Hip Fractures	Operation <24 hours of admission		%	90.0	92.9	70.6	→		81.5	→			75.8	70.0	70.0		No Variation	0 - 2% Variation	>2% Variation		64.7 (Q4)	66.4
RB		3	Data Quality	Valid Coding for Ethnic Category (FCEs)		%	95	94	94	→		94	→			94	90	90		>/=90	89.0-89.9	<89		94.5	95
		3		Maternity HES		%	6.4	6.9	6.6	→		6.7	→			6.4	<15	<15		=<15	16-30	>30		5.4	6.0
	G	11		Data Completeness Community Services		%	>50	>50	>50	→		>50	→		>50	>50	=>50	=>50		=>50		<50			
			PATIENT EXPERIENCE																					
RB	A	2	A&E 4-hour waits	4-hour waits		%	91.5	91.5	88.9	91.9	92.4	92.2	90.1	91.2	90.8	92.26	=>95	=>95	b	=>95		<95	XXX	96.99	95.38
	A	2		4-hour waits (inc. Sandwell on-site GP Triage activity)		%	92.0	92.0	89.6	93.3	92.4	92.8	91.7	91.2	91.4	93.20	=>95	=>95		=>95		<95	XXX		
	A	2		4-hr waits (inc. S'well GP Triage & BMEC OP Fast Track)		%	92.3	92.4	90.0	93.3	92.9	93.1	91.7	91.8	91.8	93.40	=>95	=>95		=>95		<95	XXX		
	D	3	A&E Timeliness	Total Time in Department (95th centile)		h : m	5 : 38	5 : 21	6 : 14	→		5 : 06	→		5 : 43	5 : 03	=<4hrs	=<4hrs		=<4hrs		=<4hrs			3 : 59
	D			Time to Initial Assessment (=<15 mins)(95th centile)		mins	19	17	21	→		14	→		17	17	<15	<15		<15		<15			21
	D			Time to treatment in department (median)		mins	54	52	54	→		52	→		55	58	=<60	=<60		=<60		>60			59
	D		A&E Patient Impact	Unplanned re-attendance rate		%	7.59	7.79	7.46	→		7.57	→		7.61	7.85	=<5.0	=<5.0		=<5.0		>5.0			8.66
	D			Left Department without being seen rate		%	4.77	4.06	4.60	→		3.78	→		4.35	4.69	=<5.0	=<5.0		=<5.0		>5.0			4.83
RB		21	Reporting Times of Imaging Requests from ED - **pecentage reported within 24 hours / next day**	Plain Radiography		%	63	75	98	→		99	→		100	100*	90	90		No variation		Any variation			
				Ultrasound		%	98	100	99	→		100	→		100	100*	90	90		No variation		Any variation			
				MRI		%	76	91	100	→		75	→		57	57*	90	90		No variation		Any variation			
				CT		%	99	99	99	→		100	→		100	100*	90	90		No variation		Any variation			

Exec Lead			PATIENT EXPERIENCE (Continued)				October	November	December	January			February			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			12/13 Forward Projection	10/11 Outturn	11/12 Outturn
							Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	12/13							
	H		Ambulance Turnaround	Clinical Handovers completed within 15 minutes		%	70.3 ▼	55.0 ▼	63.7 ▲	70.4 ▲	78.2 ▲	74.8 ▲	65.8 ▼	82.2 ▲	75.6 ▲	75.6*	=>85	=>85		=>85		<85	●●●		
RB	H	18		Average Turnaround Time		m : s	35:56 ▼	34:40 ▲	38:00 ▼	35:43 ▲	34:28 ▲	35:02 ▲	34:33 ▲	36:38 ▼	35:48 ▼	33:52	=<30:00	=<30:00	c	=<30:00		>30:00	●		29:23
	H			In Excess of 60 minutes		No.	232 ▼	201 ▲	323 ▼	74 ▲	108 ▲	182 ▲	74 ■	154 ▼	228 ▼	2003	0	0		0		>0	●●●		1256
RB	B	2	Mixed Sex Accommodation (Total Number of Breaches)			%	0.00 ■	0.00 ■	0.00 ■	→		0.00 ■	→		0.00 ■	0.00	0.0	0.0		0.00	0.00 - 0.50	>0.50	●		0.07
KD	F	14	Complaints	First Formal Complaints Received		No.	62	68	38	→		60	→			597	No. Only	No. Only						834
RO	H	8	Acute CQUIN	Personal Needs	396	%	→	→	→	→		→	→		→	66.9	71.6	71.6		No variation		Any variation			
RO	H	8		Net Promoter	372	No.	64 ▲	65 ▲	67 ▲	→		66 ▼	→			66	65	65		No variation		Any variation	●		
RO	H	8		End of Life Care	372	%	59 ▼	65 ▲	62 ▼	→		56 ▼	→			56	53	53		No variation		Any variation	●		
RS	H	10		Every Contact Counts - Alcohol	372	%	→	61 ▲	→	→		→	→			61	66	80		No variation		Any variation	●		
RO	H	12		Every Contact Counts - Smoking	372	%	→	→	→	→		Compliant	→			Compliant	Comply with audit			No variation		Any variation	●		
RO	H	11	Community CQUIN	Pt. (Community) Exp'ce - Personal Needs	44	Score	96.0 ▲	93.0 ▼	94.0 ▲	→		93.5 ▼	→			93.5	90	90		No variation		Any variation	●		
RO	H	11		Net Promoter	88	No	88 ▲	86 ▼	85.0 ▼	→		86.0 ▲	→			86	75	75	a	No variation		Any variation	●		
RO	H	11		Every Contact Counts	132	%	Met Monthly requirement	Met Monthly requirement	Met Monthly requirement	→		Met Monthly requirement	→			Met Monthly requirement	Comply with KPI trajectories			No variation		Any variation	●		
RO	H	11		Smoking Cessation	132	%	Met Monthly requirement	Met Monthly requirement	Met Monthly requirement	→		Met Monthly requirement	→			Met Monthly requirement	Comply with KPI trajectories			No variation		Any variation	●		
RS	H		Specialised Commissioners	Clinical Quality Dashboards	49		→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Submit Data	Submit Data		No variation		Any variation	●		
RS	H	13		Neonatal - Hypothermia Treatment	73	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Derive Base	Derive Base		No variation		Any variation	●		
RS	H	13		Neonatal - Discharge Planning / Family Experience and Confidence	122	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Derive Base	Derive Base		Met		Not Met	●		
RS	H	12		HIV - Optmum Therapy	147	%	→	→	Q3 Return Submitted	→		→	→		→	Q3 Return Submitted	Submit Data	Submit Data		No variation		Any variation	●		
RB		15	Elective Access Contact Centre	Number of Calls Received		No.	13408	12725	9812	→		18309	→		12421	137945	No. Only	No. Only						137824	111793
				Average Length of Queue		mins	0.37 ▲	0.39 ▼	0.27 ▲	→		3.19 ■	→		1.06 ■	1.06*	<1.0	<1.0		<1.0	1.0-2.0	>2.0	●	0	0.21
				Maximum Length of Queue		mins	33.2 ▼	10.1 ■	8.5 ▲	→		29.0 ■	→		26.6 ▲	26.6*	<6.0	<6.0		<6.0	6.0-12.0	>12.0	●	6.3	10
			Telephone Exchange	Number of Calls Received		No.	83144	78030	75409	→		80912	→		69754	824242	No. Only	No. Only						909301	849502
				Calls Answered		%	89.4	91.5	88.1	→		88.5	→		91.5	90.7	No. Only	No. Only						90.5	90.2
				Answered within 15 seconds		%	54.3	60.6	54.4	→		54.5	→		67.9	57.6	No. Only	No. Only						52.4	52.5
				Answered within 30 seconds		%	69.5	75.3	69.6	→		69.4	→		80.3	72.5	No. Only	No. Only						68.4	68.1
				Average Ring Time		Secs	25.8	20.5	24.3	→		24.4	→		16.2	16.2*	No. Only	No. Only						21.2	25
				Longest Ring Time		Secs	782	615	977	→		692	→		403	403*	No. Only	No. Only						731	718
TRANSFORMATION PLAN																									
RB		2	Spells	Elective IP		No.	721 ▼	836 ▲	643 ▼	→		726 ▼	→		671 ▲	8858	10072	10981	d	No Variation	0 - 2% Variation	>2% Variation		11748	10610
				Elective DC		No.	4893 ▼	4801 ▲	3960 ▲	→		4734 ▼	→		4409 ▲	48504	43093	46983		No Variation	0 - 2% Variation	>2% Variation		53959	53685
				Total Elective		No.	5614 ▼	5637 ▲	4603 ▲	→		5460 ▼	→		5080 ▲	57362	53165	57964		No Variation	0 - 2% Variation	>2% Variation	●	65707	64295
				Total Non-Elective		No.	5016 ▲	4841 ▼	4858 ■	→		4778 ▼	→		4310 ▲	52197	52194	57105		No Variation	0 - 2% Variation	>2% Variation	●	59000	55675
			Outpatient Attendances	New		No.	15781 ▲	15435 ▼	12523 ▲	→		15090 ▼	→		13514 ▲	158182	132172	144072		No Variation	0 - 2% Variation	>2% Variation	●	163493	159051
				Review		No.	34608 ▼	32451 ▼	27199 ▲	→		32549 ▼	→		29500 ▲	352215	396378	430846		No Variation	0 - 2% Variation	>2% Variation	●	440812	421494
			A/E Attendances	Type I (Sandwell & City Main Units)		No.	13884 ▲	13609 ▲	13597 ▲	5438 ▼	7648 ■	13086 ▼	5036 ▲	7455 ■	12491 ▲	158993	159995	175107		No Variation	0 - 2% Variation	>2% Variation	●	181494	177201
				Type II (BMEC)		No.	2158 ▲	2055 ▲	1847 ▼	→	1831 ▼	1831 ▼	→	1854 ▲	1854 ▲	24663	29470	32254		No Variation	0 - 2% Variation	>2% Variation	●●●	36756	36362
		16	Community	Adult - Aggregation of 18 Individual Service Lines		No.	51293 ▲	42495 ■	39919 ■	→		45582 ▼	→			456147	407815	492472		No Variation	0 - 2% Variation	>2% Variation	●	461797	493163
				Children - Aggregation of 4 Individual Service Lines		No.	15076 ■	12700 ■	10571 ▲	→		14450 ■	→			127390	130562	158876		No Variation	0 - 2% Variation	>2% Variation	●	102773	143400
		2	Outpatient Efficiency	New : Review Rate		Ratio	2.19 ▲	2.10 ▲	2.17 ▼	2.48 ▲	2.02 ▼	2.16 ▲	2.52 ▼	2.04 ▼	2.18 ▼	2.23	2.30	2.30		No Variation	0 - 5% Variation	>5% Variation	●	2.70	2.65
				DNA Rate - New Referrals		%	12.0 ▼	12.8 ▼	12.1 ▲	→		13.1 ▼	→		11.9 ▲	11.2	10.0	10.0		No variation		Any variation	●●	13.1	11.8
				DNA Rate - Reviews		%	11.1 ▼	11.1 ■	11.1 ■	→		12.2 ▼	→		11.2 ▲	10.2	10.0	10.0		No variation		Any variation	●	11.9	10.5

Exec Lead			TRANSFORMATION PLAN (Continued)			October	November	December	January			February			To Date (*=most recent month)	TARGET		Exec Summary Note	THRESHOLDS			12/13 Forward Projection	10/11 Outturn	11/12 Outturn
						Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	12/13							
RB	A	2	Patient Flow	A&E 4-hour waits	%	91.5 ▼	91.5 ■	88.9 ▼	91.9 ▲	92.4 ▲	92.2 ▲	90.1 ▼	91.2 ▼	90.8 ▼	92.26	=>95	=>95		=>95		<95	XXX	96.99	95.38
	C			Acute Delayed Transfers of Care	%	2.5 ■	3.4 ▼	1.7 ▲	0.8 ▲	4.5 ■	2.7 ▼	1.7 ▼	3.3 ■	2.5 ▲	2.9	<3.5	<3.5		<3.5	3.5 - 5.0	>5.0	●	4.6	5.2
	H			Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.5 ▲	0.8 ■	0.4 ■	1.9 ■	0.9 ■	1.3 ■	1.4 ▲	1.0 ▼	1.2 ▲	0.7	<0.8	<0.8		<0.8	0.8 - 1.0	>1.0	●	0.8	0.6
				Average Length of Stay	Days	3.6 ■	3.4 ▲	3.8 ▼	4.1 ■	3.5 ▼	3.7 ▲				3.7	4.3	4.3		No Variation	0 - 5% Variation	>5% Variation	●	4.3	4.2
				Day of Surgery (IP Elective Surgery)	%	92.6 ▲	94.4 ▲	94.2 ▼	94.3 ▲	92.9 ▼	93.5 ▼	93.4 ▼	92.1 ▼	92.6 ▼	91.9	82.0	82.0		No Variation	0 - 5% Variation	>5% Variation	●	88.7	89.5
				Daycase Rate - All Procedures	%	86.0 ▲	84.1 ▼	85.0 ▲	87.0 ▲	84.9 ▲	85.7 ▲	86.6 ▼	84.4 ▼	85.3 ▼	83.8	80.0	80.0		No Variation	0 - 5% Variation	>5% Variation	●	81.5	82.7
RO		7	Sickness Absence	Long Term (> 28 days)	%	3.43 ▼	3.29 ▲	3.45 ▼	→		3.58 ▼	→			3.58 (Q4)	<2.15	<2.15		<2.15	2.15-2.50	>2.50		3.12	2.95
				Short Term (<28 days)	%	1.08 ■	1.18 ▼	1.13 ▲	→		1.28 ■	→			1.28 (Q4)	<1.00	<1.00		<1.00	1.00-1.25	>1.25		1.05	0.95
	D			Total	%	4.51 ▼	4.47 ▲	4.58 ▼	→		4.86 ▼	→			4.86 (Q4)	<3.15	<3.15		<3.15	3.15-3.75	>3.75	● ● ●	4.17	3.90
RO		17	Bank & Agency Use	Nurse Bank Fill Rate	%	83.2	83.8	77.9	→		76.3	→		76.4	83.8	No. Only	No. Only						86.2	87.2
				Nurse Bank Shifts covered	No.	4908 ▲	5437 ▼	4839 ▲	→		4969 ▼	→		5059 ▼	54113	43065	46980		0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	● ● ●	54952	56396
				Nurse Agency Shifts covered	No.	1094 ▼	1222 ▼	1381 ▼	→		1405 ▼	→		1793 ▼	10536	3511	3830		0 - 5% Variation	5 - 10% Variation	>10% Variation	● ● ●	4550	6948
KEY ACCESS TARGETS																								
RB	A	1	Cancer	2 weeks	%	95.2 ▲	94.8 ▼	94.0 ▼	→		94.7 ▲	→			94.6	=>93	=>93		No variation		Any variation	●	94.5	94.8
	A			2 weeks (Breast Symptomatic)	%	97.9 ▲	93.7 ▼	93.3 ▼	→		97.4 ▲	→			96.4	=>93	=>93		No variation		Any variation	●	94.7	95.8
	A			31 Day (diagnosis to treatment)	%	99.4 ▲	100 ▲	99.3 ▼	→		98.9 ▼	→			99.5	=>96	=>96		No variation		Any variation	●	99.7	99.5
	A			31 Day (second/subsequent treatment - surgery)	%	99.0 ▲	100 ▲	100 ■	→		98.1 ▼	→			99.2	=>94	=>94		No variation		Any variation	●	99.5	100.0
	A			31 Day (second/subsequent treatment - drug)	%	100 ■	100 ■	97.4 ■	→		100 ■	→			99.7	=>98	=>98		No variation		Any variation	●	100	99.2
	A			31 Day (second/subsequent treat - radiotherapy)	%	n/a	n/a	n/a	→		n/a	→			100	=>94	=>94		No variation		Any variation	●	100	100
	A			62 Day (urgent GP referral to treatment)	%	85.4 ■	90.7 ▲	85.2 ▼	→		85.7 ▲	→			86.6	=>85	=>85		No variation		Any variation	●	88.0	86.9
	A			62 Day (referral to treat from screening)	%	93.5 ▼	100 ▲	94.1 ▼	→		95.0 ▲	→			96.9	=>90	=>90		No variation		Any variation	●	99.2	98.5
	H			62 Day (referral to treat from hosp specialist)	%	94.7 ▼	91.3 ▼	95.2 ▲	→		85.7 ▼	→			93.2	=>85	=>85		No variation		Any variation	●	95.6	91.6
RB	A	2	RTT 18-Weeks	Admitted Care (RTT <18 weeks)	%	93.5 ▲	93.1 ▼	94.9 ▲	→		93.9 ▼	→			93.9*	=>90.0	=>90.0	e	=>90.0	85-90	<85.0	●	92.7	93.2
	A			Non-Admitted Care (RTT <18 weeks)	%	98.4 ▲	98.8 ▲	98.5 ▼	→		98.8 ▲	→			98.8*	=>95.0	=>95.0		=>95.0	90 - 95	=<90.0	●	96.7	97.5
	A			Incomplete Pathway (RTT <18 weeks)	%	97.1 ▲	96.9 ▼	96.4 ▼	→		96.0 ▼	→			96.0*	=>92.0	=>92.0		=>95.0	87 - 92	=<87.0	●		97.2
	E			Treatment Functions Underperforming	No.	6 ▼	3 ▲	3 ■	→		3 ■	→			3*	0	0		0 / month	1 - 6 / month	>6 / month	●		10 (Q4)
	H			Audiology D.A Patients seen in <18 weeks	%	100 ■	100 ■	100 ■	→		100 ■	→			100	100	100		100		<100	●		100
RB	E	2	Diagnostic Waits	Acute Diagnostic Waits greater than 6 weeks	%	1.98 ▼	1.68 ▲	1.85 ▼	→		1.98 ▼	→		0.88 ■	0.88*	<1.0	<1.0		<1.0	1.0 - 5.0	>5.0	●		0.99
RB	C	2	Delayed Transfers of Care	Acute	%	2.5 ■	3.4 ▼	1.7 ▲	0.8 ▲	4.5 ■	2.7 ▼	1.7 ▼	3.3 ■	2.5 ▲	2.9	<3.5	<3.5		<3.5	3.5 - 5.0	>5.0	●	4.6	5.2
				Pt's Social Care Delay	No.	9 ▲	13 ▼	2 ▲	1 ▼	5 ▼	6 ▼	7 ▼	11 ■	18 ■	18*	<18	<18		No Variation	0 - 10% Variation	>10% Variation		23	13
				Pt.'s NHS & NHS plus S.C. Delay	No.	7 ■	6 ▲	6 ■	1 ▲	8 ■	9 ▼	4 ▼	1 ■	5 ▲	5*	<10	<10		No Variation	0 - 10% Variation	>10% Variation		22	20
RB	H	2	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.5 ▲	0.8 ■	0.4 ■	1.9 ■	0.9 ■	1.3 ■	1.4 ▲	1.0 ▼	1.2 ▲	0.7	<0.8	<0.8	f	<0.8	0.8 - 1.0	>1.0	●	0.8	0.6
	H			28 day breaches	No.	0 ■	0 ■	0 ■	→		0 ■	→		0 ■	1	2	3		3 or less	4 - 6	>6	●	1	1
				Sitrep Declared Late Cancellations by Speciality	No.	28 ■	53 ■	19 ■	36 ■	29 ■	65 ■	36 ■	30 ▼	66 ▼	382	293	320		0-5% variation	5 - 15% variation	>15% variation	● ●	500	363
RB		10	Cardiology	Primary Angioplasty (<150 mins)	%	84.2 ■	88.2 ▲	100 ▲	100 ■	100 ■	100 ■				91.5	=>80	=>80		=>80	75-79	<75	●	90.7	88.4
				Rapid Access Chest Pain	%	97.0 ▲	98.5 ■	85.1 ■							96.1	=>98	=>98		=>98	96 - 97.9	<96	●	100.0	99.1
RB		12	GUM 48 Hours	Patients offered app't within 48 hrs	%	100 ■	100 ■	100 ■	→		100 ■	→		99.8 ▼	100	=>98	=>98		=>98	95-98	<95	●	100.0	100
RO	G	8	Access to healthcare for people with Learning Disability (full compliance)		Y / N	Y ■	Y ■	Y ■	→		Y ■	→		Y ■	Yes	Full	Full		Y		N	●		N

KEYS TO DATA SOURCES, PERFORMANCE ASSESSMENT SYMBOLS AND INDICATORS WHICH COMPRISE NATIONAL & LOCAL PERFORMANCE ASSESSMENT FRAMEWORKS

DATA SOURCES	
1	Cancer Services (National Cancer Database)
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	Histopathology Department
6	Dr Foster
7	Workforce
8	Nursing Division
9	Surgery A Division
10	Medicine Division
11	Adult Community Division
12	Women & Child Health Division
13	Neonatology
14	Governance Division
15	Operations Division
16	Finance Division
17	Nurse Bank
18	West Midlands Ambulance Service
19	Healthcare Evaluation Data Tool (HED)
20	Pharmacy Department
21	Imaging Division

INDICATORS WHICH COMPRISE THE PERFORMANCE ASSESSMENT FRAMEWORKS	
A	NHS Performance F'work, Monitor Compliance F'work, SHA Provider M'ment Return & Local Priority / Contract.
B	NHS Performance F'work, SHA Provider M'ment Return & Local Priority / Contract.
C	NHS Performance Framework & Local Priority / Contract.
D	SHA Provider Management Return & Local Priority / Contract.
E	NHS Performance Framework only
F	SHA Provider Management Return only
G	Monitor Compliance Framework only
H	Local & Contract (inc. CQUIN)
K	Local

FORWARD PROJECTION ASSESSMENT	
●	Maintain (at least), existing performance to meet target
●	**Improvement** in performance required to meet target
● ●	**Moderate Improvement** in performance required to meet target
● ● ●	**Significant Improvement** in performance required to meet target
XXX	**Target Mathmatically Unattainable**

PERFORMANCE ASSESSMENT SYMBOLS	
▲	Fully Met - Performance continues to improve
■	Fully Met - Performance Maintained
▼	Met, but performance has deteriorated
▲	Not quite met - performance has improved
■	Not quite met
▼	Not quite met - performance has deteriorated
▲	Not met - performance has improved
■	Not met - performance showing no sign of improvement
▼	Not met - performance shows further deterioration

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	The NHS Performance Framework Monitoring Report and summary NHS FT Governance Risk Rating (FT Compliance Report)
SPONSOR (EXECUTIVE DIRECTOR):	Robert White, Director of Finance and Performance Management
AUTHOR:	Mike Harding, Head of Performance Management and Tony Wharram, Deputy Director of Finance
DATE OF MEETING:	28 March 2013

EXECUTIVE SUMMARY:

The report provides an assessment of the Trust's performance mapped against the indicators which comprise the **NHS Performance Framework**.

Service Performance (February):
There was 1 area of actual underperformance during the month of February; A&E 4-hour waits performance of 90.80%. There are 2 areas of projected underperformance; RTT Delivery in all specialties and Diagnostic Waits in excess of 6 weeks.

The overall average weighted score for service performance for the month is projected as 2.64. CQC Registration Status remains Unconditional. As such the Trust is projected to continue to attract a **PERFORMING** classification.

Financial Performance (February):
The weighted overall score is 2.93 with underperformance reported in 2 areas; Better Payment Practice Code (Value) and Creditor Days. The classification for the month of February remains **PERFORMING.**

Foundation Trust Compliance Summary report (February):

Within the Service Performance element of the Risk Rating for the month of February the Trust underperformed against the A&E 4-hour wait target.

The overall score for the month remains 1.0 which attracts an **AMBER / GREEN** Governance Rating.

Performance in areas where no data are currently available for the month are expected to meet operational standards.

REPORT RECOMMENDATION:

The Trust Board is asked to NOTE the report and its associated commentary.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Performance M'ment Board, Trust M'ment Board and Finance & Performance M'ment Committee

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2012/13

OUALITY OF SERVICE

Integrated Performance Measures

Indicator	Weight	Performance Thresholds: Performing (Score 3)	Performance Thresholds: Score 2	Performance Thresholds: Underperforming (Score 0)	Quarter 1 2012/13	Score	Weight x Score	Quarter 2 2012/13	Score	Weight x Score	Quarter 3 2012/13	Score	Weight x Score	January 2012/13	Score	Weight x Score	February 2012/13	Score	Weight x Score
A/E Waits less than 4-hours	1.00	95.00%	94.00 - 95.00%	94.00%	95.14%	3	3.00	93.91%	0	0.00	90.60%	0	0.00	92.20%	0	0.00	90.80%	0	0.00
MRSA Bacteraemia	1.00	0		>1.0SD	1	3	3.00	1	3	3.00	1	3	3.00	1	3	3.00	1	3	3.00
Clostridium Difficile	1.00	0		>1.0SD	6	3	3.00	10	3	3.00	8	3	3.00	3	3	3.00	9	3	3.00
18-weeks RTT 90% Admitted	1.00	=>90.0%	85.00 - 90.00%	85.0%	93.8%	3	3.00	94.3%	3	3.00	93.6%	3	3.00	93.9%	3	3.00	=>90.0%*	3	3.00
18-weeks RTT 95% Non -Admitted	1.00	=>95.0%	90.00 - 95.00%	90.0%	98.4%	3	3.00	98.0%	3	3.00	98.5%	3	3.00	98.8%	3	3.00	=>95.0%*	3	3.00
18-weeks RTT 92% Incomplete	1.00	=>92.0%	87.00 - 92.00%	87.0%	97.1%	3	3.00	97.4%	3	3.00	96.8%	3	3.00	96.0%	3	3.00	=>92.0%*	3	3.00
18-weeks RTT Delivery in all Specialities (number of treatment functions)	1.00	0	1 - 20	>20	11	2	2.00	11	2	2.00	12	2	2.00	3	2	2.00	1 - 6*	2	2.00
Diagnostic Test Waiting Times (percentage 6 weeks or more)	1.00	<1%	1.00 - 5.00%	5%	0.87%	3	3.00	0.90%	3	3.00	1.84%	2	2.00	1.98%	2	2.00	1.00-5.00%*	2	2.00
Cancer - 2 week GP Referral to 1st OP Appointment	0.50	93.0%	88.00 - 93.00%	88.0%	94.5%	3	1.50	94.4%	3	1.50	94.7%	3	1.50	94.7%	3	1.50	>93.0%*	3	1.50
Cancer - 2 week GP Referral to 1st OP Appointment - breast symptoms	0.50	93.0%	88.00 - 93.00%	88.0%	96.2%	3	1.50	98.1%	3	1.50	95.3%	3	1.50	97.4%	3	1.50	>93.0%*	3	1.50
Cancer - 31 day diagnosis to treatment for all cancers	0.25	96.0%	91.00 - 96.00%	91.0%	99.8%	3	0.75	99.1%	3	0.75	99.6%	3	0.75	98.9%	3	0.75	>96.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (surgery)	0.25	94.0%	89.00 - 94.00%	89.0%	99.7%	3	0.75	98.5%	3	0.75	99.7%	3	0.75	98.1%	3	0.75	>94.0%*	3	0.75
Cancer - 31 day second or subsequent treatment (drug)	0.25	98.0%	93.00 - 98.00%	93.0%	100.0%	3	0.75	100.0%	3	0.75	99.2%	3	0.75	100.0%	3	0.75	>98.0%*	3	0.75
Cancer - 31 Day second/subsequent treat (radiotherapy)	0.25	94.0%	89.00 - 94.00%	89.0%	100.0%	3	0.75	100.0%	3	0.75	100.0%	3	0.75	100.0%	3	0.75	>94.0%*	3	0.75
Cancer - 62 day urgent referral to treatment for all cancers	0.50	85.0%	80.00 - 85.00%	80.0%	86.4%	3	1.50	86.7%	3	1.50	87.1%	3	1.50	85.7%	3	1.50	>85.0%*	3	1.50
Cancer - 62 day referral to treatment from screening	0.50	90.0%	85.00 - 90.00%	85.0%	100.0%	3	1.50	93.2%	3	1.50	95.5%	3	1.50	95.0%	3	1.50	>90.0%*	3	1.50
Delayed Transfers of Care	1.00	<3.5%	3.5 - 5.00%	>5.0%	3.50%	2	2.00	<3.50%	3	3.00	<3.50%	3	3.00	2.70%	3	3.00	2.50%	3	3.00
Mixed Sex Accommodation Breaches (as percentage of completed FCEs)	1.00	0.0%	0.0 - 0.5%	0.5%	0.00%	3	3.00	0.00%	3	3.00	0.00%	3	3.00	0.00%	3	3.00	0.00%	3	3.00
VTE Risk Assessment	1.00	90.0%	80.00 - 90.00%	80.0%	92.13%	3	3.00	89.96%	2	2.00	91.08%	3	3.00	91.50%	3	3.00	91.00%	3	3.00
Sum (all weightings)	14.00																		
Average Score (Integrated Performance Measures)							2.86			2.64	* projected		2.64			2.64	* projected		2.64

CQC Registration Status

Unconditional or no enforcement action by CQC	The assessment of non-compliance / outstanding conditions from the initial registration	Enforcement action by CQC

							Performing			Performing			Performing			Performing			Performing

Overall Quality of Service Rating

							Performing			Performing			Performing			Performing			

Assessment Thresholds for Integrated Performance Measures Average Score	
Underperforming if less than	2.1
Performance Under Review if between	2.1 and 2.4
Performing if greater than	2.4

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST - NHS PERFORMANCE FRAMEWORK MONITORING REPORT - 2012/13

Financial Indicators				SCORING			2012 / 2013			2012 / 2013			2012 / 2013			2012 / 2013			2012 / 2013		
Criteria	Metric	Weight (%)		3	2	1	October	Score	Weight x Score	November	Score	Weight x Score	December	Score	Weight x Score	January	Score	Weight x Score	February	Score	Weight x Score
Initial Planning	Planned Outturn as a proportion of turnover	5	5	Planned operating breakeven or surplus that is either equal to or at variance to SHA expectations by no more than 3% of income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to SHA expectations by more than 3% of planned income.	Operating deficit more than or equal to 2% of planned income	0.00%	3	0.15	0.00%	3	0.15	0.00%	3	0.15	0.57%	3	0.15	0.57%	3	0.15
Year to Date	YTD Operating Performance	25	20	YTD operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of forecast income.	Operating deficit more than or equal to 2% of forecast income	0.40%	3	0.6	0.58%	3	0.6	0.98%	3	0.6	1.32%	3	0.6	1.45%	3	0.6
	YTD EBITDA		5	Year to date EBITDA equal to or greater than 5% of actual year to date income	Year to date EBITDA equal to or greater than 1% but less than 5% of year to date income	Year to date EBITDA less than 1% of actual year to date income.	6.01%	3	0.15	6.11%	3	0.15	6.29%	3	0.15	6.52%	3	0.15	6.70%	3	0.15
Forecast Outturn	Forecast Operating Performance	40	20	Forecast operating breakeven or surplus that is either equal to or at variance to plan by no more than 3% of forecast income.	Any operating deficit less than 2% of income OR an operating surplus/breakeven that is at variance to plan by more than 3% of income.	Operating deficit more than or equal to 2% of income	0.00	3	0.6	0.00	3	0.6	0.00	3	0.6	0.01	3	0.6	0.01	3	0.6
	Forecast EBITDA		5	Forecast EBITDA equal to or greater than 5% of forecast income.	Forecast EBITDA equal to or greater than 1% but less than 5% of forecast income.	Forecast EBITDA less than 1% of forecast income.	6.21%	3	0.15	6.21%	3	0.15	6.66%	3	0.15	6.71%	3	0.15	6.66%	3	0.15
	Rate of Change in Forecast Surplus or Deficit		15	Still forecasting an operating surplus with a movement equal to or less than 3% of forecast income	Forecasting an operating deficit with a movement less than 2% of forecast income OR an operating surplus movement more than 3% of income.	Forecasting an operating deficit with a movement of greater than 2% of forecast income.	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45	0.00%	3	0.45
Underlying Financial Position	Underlying Position (%)	10	5	Underlying breakeven or Surplus	An underlying deficit that is less than 2% of underlying income.	An underlying deficit that is greater than 2% of underlying income	0.91%	3	0.15	0.91%	3	0.15	0.91%	3	0.15	1.48%	3	0.15	1.48%	3	0.15
	EBITDA Margin (%)		5	Underlying EBITDA equal to or greater than 5% of underlying income	Underlying EBITDA equal to or greater than 5% but less than 1% of underlying income	Underlying EBITDA less than 1% of underlying income	6.21%	3	0.15	6.21%	3	0.15	6.22%	3	0.15	6.71%	3	0.15	6.66%	3	0.15
Finance Processes & Balance Sheet Efficiency	Better Payment Practice Code Value (%)	20	2.5	95% or more of the value of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the value of NHS and Non NHS bills are paid within 30days	Less than 60% of the value of NHS and Non NHS bills are paid within 30 days	96.00%	3	0.075	93.00%	2	0.05	95.00%	3	0.075	88.00%	2	0.05	93.00%	2	0.05
	Better Payment Practice Code Volume (%)		2.5	95% or more of the volume of NHS and Non NHS bills are paid within 30days	Less than 95% but more than or equal to 60% of the volume of NHS and Non NHS bills are paid within 30days	Less than 60% of the volume of NHS and Non NHS bills are paid within 30 days	94.00%	2	0.05	95.00%	3	0.075	94.00%	2	0.05	92.00%	2	0.05	97.00%	3	0.075
	Current Ratio		5	Current Ratio is equal to or greater than 1.	Current ratio is anything less than 1 and greater than or equal to 0.5	A current ratio of less than 0.5	1.10	3	0.15	1.10	3	0.15	1.11	3	0.15	1.13	3	0.15	1.14	3	0.15
	Debtor Days		5	Debtor days less than or equal to 30 days	Debtor days greater than 30 and less than or equal to 60 days	Debtor days greater than 60	13.19	3	0.15	14.89	3	0.15	12.95	3	0.15	13.60	3	0.15	16.03	3	0.15
	Creditor Days		5	Creditor days less than or equal to 30	Creditor days greater than 30 and less than or equal to 60 days	Creditor days greater than 60	41.81	2	0.1	41.50	2	0.1	39.03	2	0.1	41.63	2	0.1	42.45	2	0.1
						Weighted Overall Score			2.93			2.93			2.93			2.90			2.93

*Operating Position = Retained Surplus/Breakeven/deficit less impairments

Assessment Thresholds	
Performing	> 2.40
Performance Under Review	2.10 - 2.40
Underperforming	< 2.10

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Provider Management Regime Return
SPONSOR (EXECUTIVE DIRECTOR):	Mike Sharon, Director of Strategy & Organisational Development & Kam Dhami, Director of Governance
AUTHOR:	Mike Harding, Head of Performance Management & Simon Grainger-Payne, Trust Secretary
DATE OF MEETING:	28 March 2013

EXECUTIVE SUMMARY:

The Provider Management Regime (PMR) return is to be submitted to the SHA on a monthly basis and comprises a dashboard of performance against key quantifiable targets, together with a declaration of compliance against a series of Board Statements.

The organisational risk ratings as reported for February 2013 are as follows:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	AG
Financial Risk Rating (Assign number as per SOM guidance)	4
Contractual Position (RAG as per SOM guidance)	Not required by SHA

Key Features of the return for February are:

- TFA Progress
  – Final SHA Board to Board – Not Fully Achieved - – agreed with SHA to delay pending further discussion on TFA milestones.
- Governance – A&E performance for the month of February is 90.8% (operational threshold 95.0%).
  Contractual – A number of areas remain subject to performance improvement notices received during November.

REPORT RECOMMENDATION:

The Trust Board is asked to NOTE the report and its associated commentary.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

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

The PMR covers performance against a number of the Trust's objectives, standards and metrics

PREVIOUS CONSIDERATION:

Performance Management Board on 19 March 2013

SELF-CERTIFICATION RETURNS
Organisation Name:
Sandwell & West Birmingham Hospitals NHS Trust
Monitoring Period:
February 2013
NHS Trust Over-sight self certification template

Returns to provider.development@westmidlands.nhs.uk by the last working day of each month

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	Sandwell & West Birmingham Hospitals NHS Trust	Period:	February 2013

Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	AG
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)	4

*** Please type in R, AR, AG or G and assign a number for the FRR**

Governance Declarations

Declaration 1 or declaration 2 reflects whether the Board believes the Trust is currently performing at a level compatible with FT authorisation.

Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance declaration 1

The Board is sufficiently assured in its ability to declare conformity with **all** of the Clinical Quality, Finance and Governance elements of the Board Statements.

Signed by:	To be added	Print Name:	Mike Sharon
on behalf of the Trust Board	Acting in capacity as:	Acting Chief Executive	

Signed by:	To be added	Print Name:	Richard Samuda
on behalf of the Trust Board	Acting in capacity as:	Chairman	

Governance declaration 2

At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.

Signed by :		Print Name :	
on behalf of the Trust Board	Acting in capacity as:		

Signed by :		Print Name :	
on behalf of the Trust Board	Acting in capacity as:		

If Declaration 2 has been signed:

For each target/standard, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	**11. Plans in place to ensure ongoing compliance with all existing targets.**
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Board Statements

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February 2013

For each statement, the Board is asked to confirm the following:

	For CLINICAL QUALITY, that:	Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SOM's Oversight Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes
	For FINANCE, that:	**Response**
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	Yes
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
	For GOVERNANCE, that:	**Response**
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	No
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies, and that any elections to the shadow board of governors are held in accordance with the election rules.	Yes
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Yes

	Signed on behalf of the Trust:	*Print name*	*Date*
CEO		**Mike Sharon**	**28/03/2013**
Chair		**Richard Samuda**	**28/03/2013**

QUALITY

Information to inform the discussion meeting

Sandwell & West Birmingham Hospitals NHS Trust

Insert Performance in Month

Refresh Data for new Month

	Criteria	Unit	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Board Action
1	SHMI - latest data	Score	99.8	99.1	98.4	97.5	96.8	96.2	96.0	96.3	95.3	94.2	95.6	94.9	SHMI data relates to period November 2011 - October 2012 which is the most recent period for which data is available (source HED).
2	Venous Thromboembolism (VTE) Screening	%	92.6	92.4	92.9	91.0	91.4	87.5	91.0	91.5	91.7	90.2	91.5	91.0	
3a	Elective MRSA Screening	%	40.8	38.1	39.9	40.7	42.0	39.5	38.7	104.6	96.2	112.0	130.9	193.6	Data reported is screens not matched with patients. Screens matched to patients for the month is 72.4%.
3b	Non Elective MRSA Screening	%	61.7	70.3	64.1	66.3	68.0	69.1	66.1	66.0	78.6	78.4	80.7	82.3	Data reported is screens not matched with patients. Screens matched to patients for the month is 64.6%.
4	Single Sex Accommodation Breaches	Number	0	0	0	0	0	0	0	0	0	0	0	0	
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	2	8	7	9	10	4	2	3	1	2	0	4	No incidents are overdue for completion
6	"Never Events" occurring in month	Number	1	0	0	0	1	0	1	0	0	0	0	0	
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	0	0	0	0	0	0	
8	Open Central Alert System (CAS) Alerts	Number	23	20	19	17	14	9	10	8	5	4	3	10	3 open alerts. Spinal needles remain a manufacturing problem. Risk assessment undertaken and solution close for Laryngoscope handles. Awaiting ackowledgment on chlorhexidene alert.
9	RED rated areas on your maternity dashboard?	Number	4	2	1	2	4	3	3	2	4	4	2		December - Midwifery Staff Sickness Absence (5.4%) and Number of Deliveries 555 (ideal <520).
10	Falls resulting in severe injury or death	Number	2	3	0	1	1	2	6	0	2	2	1	2	
11	Grade 3 or 4 pressure ulcers	Number	7	12	4	2	2	3	3	1	1	6	1		Data for January indicates 1 possible (currently under review) avoidable pressure sore. There were a further 3 unavoidable pressure sores during the month.
12	100% compliance with WHO surgical checklist	Y/N	No	No	No	No	No	No	No	No	No	No	No	No	Compliance was 99.9% in February (3239 records compliant of 3242 total). All list and individual checklists are checked for completeness by staff at the end of the session and then entered onto a database.
13	Formal complaints received	Number	72	60	51	61	62	79	56	62	68	38	60	70	
14	Agency as a % of Employee Benefit Expenditure	%	2.5	1.7	1.4	1.9	1.9	2.2	1.8	2.3	2.45	2.91	2.62	4.57	
15	Sickness absence rate	%	4.13	4.06	4.51	4.23	4.16	4.10	4.18	4.51	4.47	4.58	4.86	4.42	
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%	72	74	78	69	71	79	84	83	87	86	88	81	These figures indicate the percentage of Consultant Appraisals that were completed at that time without reference to completed PDPs which are seen as a more dynamic document.

FINANCIAL RISK RATING

Sandwell & West Birmingham Hospitals NHS Trust

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				
								Reported Position		Normalised Position*		
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Board Action
Underlying performance	**EBITDA margin %**	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	**EBITDA achieved %**	10%	100	85	70	50	<50	5	5	5	5	
Financial efficiency	**Net return after financing %**	20%	>3	2	-0.5	-5	<-5	4	4	4	4	
	I&E surplus margin %	20%	3	2	1	-2	<-2	3	3	3	3	
Liquidity	**Liquid ratio days**	25%	60	25	15	10	<10	4	4	4	4	Includes effect of assumed working capital facility
Weighted Average		**100%**						**3.7**	**3.7**	**3.7**	**3.7**	
Overriding rules												
Overall rating								**4**	**4**	**4**	**4**	

Overriding Rules :

Max Rating	Rule	
3	Plan not submitted on time	No
3	Plan not submitted complete and correct	No
2	PDC dividend not paid in full	No
2	Unplanned breach of the PBC	No
2	One Financial Criterion at "1"	
3	One Financial Criterion at "2"	
1	Two Financial Criteria at "1"	
2	Two Financial Criteria at "2"	

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

FINANCIAL RISK TRIGGERS

Sandwell & West Birmingham Hospitals NHS Trust

Insert "Yes" / "No" Assessment for the Month

Refresh Triggers for New Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No			
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No	No			
3	Working capital facility (WCF) agreement includes default clause	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	Yes	Yes			Escalation processes in place and reported to Finance Committee which is monitoring progress.
5	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No			
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No			
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No			
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No	No			
9	Capital expenditure < 75% of plan for the year to date	No	No	No	Yes	Yes			Programme expected to accelerate in Q4 as projects near completion. The timing of land transactions are however expected to continue to contribute to slippage but these are committed in the medium term.
10	Yet to identify two years of detailed CIP schemes	Yes	Yes	No	No	No			

GOVERNANCE RISK RATINGS

Sandwell & West Birmingham Hospitals NHS Trust

Insert YES, NO or N/A (as appropriate)

Refresh GRR for New Quarter

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Jun-12	Historic Data: Qtr to Sep-12	Historic Data: Qtr to Dec-12	Current Data: Jan-13	Current Data: Feb-13	Current Data: Mar-13	Current Data: Qtr to Mar-13	Board Action
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	No	No	Yes	Yes	Yes			Status Changed October 2012
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: *(may be introduced later)*	Patient identifier information	50%		No	No	Yes	Yes	Yes			Status Changed October 2012
			Patients dying at home / care home	50%		Yes	Yes	Yes	Yes	Yes			
	1c	Data completeness: identifiers MHMDS		97%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes	Yes			
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes	Yes			
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes	Yes			
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes	Yes			Status changed June 2012
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes			January 2013 performance confirmed from National Cancer Waiting Times system report. February performance projected.
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes	Yes	Yes			January 2013 performance confirmed from National Cancer Waiting Times system report. February performance projected.
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes			January 2013 performance confirmed from National Cancer Waiting Times system report. February performance projected.
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes	Yes			January 2013 performance confirmed from National Cancer Waiting Times system report. February performance projected.
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	No	No	No			Performance in February was 90.8%. Performance inclusive of Sandwell GP Triage activity was 91.4% for the month.
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
			Having formal review within 12 months	95%									
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
	3j	Category A call –emergency response within 8 minutes	Red 1	80%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
			Red 2	75%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	*12*	1.0								
			Is the Trust below the YTD ceiling	*Enter contractual ceiling*		Yes	Yes	Yes	Yes	Yes			
	4b	MRSA	Is the Trust below the de minimus	*6*	1.0	Yes	Yes	Yes	Yes	Yes			
			Is the Trust below the YTD ceiling	*Enter contractual ceiling*		Yes	Yes	Yes	Yes	Yes			
		CQC Registration											
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No			
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No	No			
	C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No			
				TOTAL		**1.0**	**2.0**	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	
						AG	AR	AG	AG	AG	G	G	

RAG RATING :

GREEN	**= Score less than 1**
AMBER/GREEN	**= Score greater than or equal to 1, but less than 2**
AMBER / RED	**= Score greater than or equal to 2, but less than 4**
RED	**= Score greater than or equal to 4**

	Overriding Rules - Nature and Duration of Override at SHA's Discretion									
i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters								
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either:								
		Breaches the cumulative year-to-date trajectory for three successive quarters								
		Reports important or signficant outbreaks of C.difficile, as defined by the Health Protection Agency.								
iii)	RTT Waiting Times	Breaches:								
		The admitted patients 18 weeks waiting time measure for a third successive quarter								
		The non-admitted patients 18 weeks waiting time measure for a third successive quarter								
		The incomplete pathway 18 weeks waiting time measure for a third successive quarter								
iv)	A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.								
v)	Cancer Wait Times	Breaches either:								
		the 31-day cancer waiting time target for a third successive quarter								
		the 62-day cancer waiting time target for a third successive quarter								
vi)	Ambulance Response Times	Breaches either:								
		the category A 8-minute response time target for a third successive quarter								
		the category A 19-minute response time target for a third successive quarter								
		either Red 1 or Red 2 targets for a third successive quarter								
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for:								
		referral to treatment information for a third successive quarter;								
		service referral information for a third successive quarter, or;								
		treatment activity information for a third successive quarter								
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.								
			Adjusted Governance Risk Rating			**1.0**	**2.0**	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	
						AG	AR	AG	AG	AG	G	G	

CONTRACTUAL DATA

Information to inform the discussion meeting

Sandwell & West Birmingham Hospitals NHS Trust

Insert "Yes" / "No" Assessment for the Month

Refresh Data for new Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1	Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes			
2	Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes			
3	Has the Trust received income support outside of the NHS standard contract e.g. transformational support?	No	No	No	No	No			
4	Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes			
5	Are there any disputes over the terms of the contract?	No	No	No	No	No			
6	Might the dispute require third party intervention or arbitration?	No	No	No	No	No			
7	Are the parties already in arbitration?	No	No	No	No	No			
8	Have any performance notices been issued?	Yes	Yes	Yes	Yes	Yes			Performance against 2 local quality requirements; Maternity Early Booking Target and Average Ambulance Turnaround time, as well as performance against A&E 4-hour waits, 6-week diagnostic waits and 18-weeks RTT Admitted Care in T&O and Plastic Surgery, have all attracted Performance Notices recently. With the exception of 6-week Diagnostic Waits, all remain below operational performance thresholds.
9	Have any penalties been applied?	No	Yes	Yes	Yes	Yes			

*All contracts which represent more than 25% of the Trust's operating revenue.

TFA Progress

Mar-13

Sandwell & West Birmingham Hospitals NHS Trust

Select the Performance from the drop-down list

	TFA Milestone (All including those delivered)	Milestone Date	Due or Delivered Milestones	Future Milestones	Board Action
1	Draft IBP and LTFM submitted	Aug-11	Fully achieved in time		
2	Assess and challenge IBP/LTFM	Sep-11	Fully achieved in time		
3	HDD stage 1	Dec-11	Fully achieved in time		
4	8 week public engagement completed	Mar-12	Fully achieved in time		
5	First cut Quality Governance self-assessment	May-12	Fully achieved in time		
6	BGAF process	Sep-12	Fully achieved in time		
7	Submit IBP/LTFM to SHA for review	Sep-12	Fully achieved in time		
8	Final cut Quality Governance self-assessment	Sep-12	Fully achieved in time		
9	Submission of key FT application documentation for review	Sep-12	Fully achieved in time		
10	External validation of final Quality Governance sef-assessment	Oct-12	Fully achieved in time		
11	FT readiness review with SHA	Oct-12	Fully achieved in time		
12	Final IBP/LTFM - SHA submission	Nov-12	Fully achieved but late		Agreed with SHA not to submit at this stage pending further discussion on TFA milestones.
13	BGAF validation	Nov-12	Fully achieved in time		
14	Board able to certify compliance with IG toolkit	Dec-12	Fully achieved but late		
15	SHA approval review	Dec-12	Fully achieved but late		Agreed with SHA pending further discussion on TFA milestones
16	HDD Stage 2	Dec-12	Fully achieved in time		
17	SHA FT quality assessment	Jan-13	Not fully achieved		Agreed with SHA to delay at this stage pending further discussion on TFA milestones
18	Final submission of all key outstanding documentation to SHA	Jan-13	Not fully achieved		Agreed with SHA to delay at this stage pending further discussion on TFA milestones
19	Final SHA Board to Board	Feb-13	Not fully achieved		Agreed with SHA to delay at this stage pending further discussion on TFA milestones
20	Submission of FT application to DH	Mar-13			
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Notes

Ref	Indicator	Details
Thresholds	The SHA will not utilise a general rounding principle when considering compliance with these targets and standards, e.g. a performance of 94.5% will be considered as failing to achieve a 95% target. However, exceptional cases may be considered on an individual basis, taking into account issues such as low activity or thresholds that have little or no tolerance against the target, e.g. those set between 99-100%.	
1a	Data Completeness: Community Services	Data completeness levels for trusts commissioned to provide community services, using Community Information Data Set (CIDS) definitions, to consist of: - Referral to treatment times – consultant-led treatment in hospitals and Allied Healthcare Professional-led treatments in the community; - Community treatment activity – referrals; and - Community treatment activity – care contact activity. While failure against any threshold will score 1.0, the overall impact will be capped at 1.0. Failure of the same measure for three quarters will result in a red-rating. **Numerator:** all data in the denominator actually captured by the trust electronically (not solely CIDS-specified systems). **Denominator:** all activity data required by CIDS.
1b	Data Completeness Community Services (further data):	The inclusion of this data collection in addition to Monitor's indicators (until the Compliance Framework is changed) is in order for the SHA to track the Trust's action plan to produce such data. This data excludes a weighting, and therefore does not currently impact on the Trust's governance risk rating.
1c	Mental Health MDS	Patient identity data completeness metrics (from MHMDS) to consist of: - NHS number; - Date of birth; - Postcode (normal residence); - Current gender; - Registered General Medical Practice organisation code; and - Commissioner organisation code. **Numerator:** count of valid entries for each data item above. (For details of how data items are classified as VALID please refer to the data quality constructions available on the Information Centre's website: www.ic.nhs.uk/services/mhmds/dq) **Denominator:** total number of entries.
1d	Mental Health: CPA	**Outcomes for patients on Care Programme Approach:** • Employment status: **Numerator:** the number of adults in the denominator whose employment status is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, in a financial year. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the reported month. • Accommodation status: **Numerator:** the number of adults in the denominator whose accommodation status (i.e. settled or non-settled accommodation) is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the reported month. • Having a Health of the Nation Outcome Scales (HoNOS) assessment in the past 12 months: **Numerator:** The number of adults in the denominator who have had at least one HoNOS assessment in the past 12 months. **Denominator:** The total number of adults who have received secondary mental health services and who were on the CPA during the reference period.
2a-c	RTT	Performance is measured on an aggregate (rather than specialty) basis and trusts are required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a quarterly failure. Failure in any month of a quarter following two quarters' failure of the same measure represents a third successive quarter failure and should be reported via the exception reporting process. Will apply to consultant-led admitted, non-admitted and incomplete pathways provided. While failure against any threshold will score 1.0, the overall impact will be capped at 2.0. The measures apply to acute patients whether in an acute or community setting. Where a trust with existing acute facilities acquires a community hospital, performance will be assessed on a combined basis. The SHA will take account of breaches of the referral to treatment target in 2011/12 when considering consecutive failures of the referral to treatment target in 2012/13. For example, if a trust fails the 2011/12 admitted patients target at quarter 4 and the 2012/13 admitted patients target in quarters 1 and 2, it will be considered to have breached for three quarters in a row.
2d	Learning Disabilities: Access to healthcare	Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in Healthcare for All (DH, 2008): a) Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients? b) Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: - treatment options; - complaints procedures; and - appointments? c) Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities? d) Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff? e) Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers? f) Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports? Note: trust boards are required to certify that their trusts meet requirements a) to f) above at the annual plan stage and in each month. Failure to do so will result in the application of the service performance score for this indicator.
3a	Cancer: 31 day wait	31-day wait: measured from cancer treatment period start date to treatment start date. Failure against any threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter.. Will apply to any community providers providing the specific cancer treatment pathways
3b	Cancer: 62 day wait	62-day wait: measured from day of receipt of referral to treatment start date. This includes referrals from screening service and other consultants. Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. National guidance states that for patients referred from one provider to another, breaches of this target are automatically shared and treated on a 50:50 basis. These breaches may be reallocated in full back to the referring organisation(s) provided the SHA receive evidence of written agreement to do so between the relevant providers (signed by both Chief Executives) in place at the time the trust makes its monthly declaration to the SHA. In the absence of any locally-agreed contractual arrangements, the SHA encourages trusts to work with other providers to reach a local system-wide agreement on the allocation of cancer target breaches to ensure that patients are treated in a timely manner. Once an agreement of this nature has been reached, the SHA will consider applying the terms of the agreement to trusts party to the arrangement.
3c	Cancer	Measured from decision to treat to first definitive treatment. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways.

Notes

Ref	Indicator	Details
3d	Cancer	Measured from day of receipt of referral – existing standard (includes referrals from general dental practitioners and any primary care professional).Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. Specific guidance and documentation concerning cancer waiting targets can be found at: http://nww.connectingforhealth.nhs.uk/nhais/cancerwaiting/documentation
3e	A&E	Waiting time is assessed on a site basis: no activity from off-site partner organisations should be included. The 4-hour waiting time indicator will apply to minor injury units/walk in centres.
3f	Mental	7-day follow up: **Numerator**: the number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care. **Denominator:** the total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care. All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. Exemptions from both the numerator and the denominator of the indicator include: - patients who die within seven days of discharge; - where legal precedence has forced the removal of a patient from the country; or - patients discharged to another NHS psychiatric inpatient ward. For 12 month review (from Mental Health Minimum Data Set): **Numerator:** the number of adults in the denominator who have had at least one formal review in the last 12 months. **Denominator:** the total number of adults who have received secondary mental health services during the reporting period (month) who had spent at least 12 months on CPA (by the end of the reporting period OR when their time on CPA ended). For full details of the changes to the CPA process, please see the implementation guidance Refocusing the Care Programme Approach on the Department of Health's website.
3g	Mental Health: DTOC	**Numerator:** the number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant-led care whose transfer of care was delayed during the month. For example, one patient delayed for five days counts as five. **Denominator:** the total number of occupied bed days (consultant-led and non-consultant-led) during the month. Delayed transfers of care attributable to social care services are included.
3h	Mental Health: I/P and CRHT	This indicator applies only to admissions to the foundation trust's mental health psychiatric inpatient care. The following cases can be excluded: - planned admissions for psychiatric care from specialist units; - internal transfers of service users between wards in a trust and transfers from other trusts; - patients recalled on Community Treatment Orders; or - patients on leave under Section 17 of the Mental Health Act 1983. The indicator applies to users of working age (16-65) only, unless otherwise contracted. An admission has been gate-kept by a crisis resolution team if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission. For full details of the features of gate-keeping, please see Guidance Statement on Fidelity and Best Practice for Crisis Services on the Department of Health's website. As set out in this guidance, the crisis resolution home treatment team should: a) provide a mobile 24 hour, seven days a week response to requests for assessments; b) be actively involved in all requests for admission: for the avoidance of doubt, 'actively involved' requires face-to-face contact unless it can be demonstrated that face-to-face contact was not appropriate or possible. For each case where face-to-face contact is deemed inappropriate, a declaration that the face-to-face contact was not the most appropriate action from a clinical perspective will be required; c) be notified of all pending Mental Health Act assessments; d) be assessing all these cases before admission happens; and e) be central to the decision making process in conjunction with the rest of the multidisciplinary team.
3i	Mental Health	Monthly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance, rounded down.
3j-k	Ambulance Cat A	For patients with immediately life-threatening conditions. The Operating Framework for 2012-13 requires all Ambulance Trusts to reach 75 per cent of urgent cases, Category A patients, within 8 minutes. From 1 June 2012, Category A cases will be split into Red 1 and Red 2 calls: • Red 1 calls are patients who are suffering cardiac arrest, are unconscious or who have stopped breathing. • Red 2 calls are serious cases, but are not ones where up to 60 additional seconds will affect a patient's outcome, for example diabetic episodes and fits. Ambulance Trusts will be required to improve their performance to show they can reach 80 per cent of Red 1 calls within 8 minutes by April 2013.
4a	C.Diff	Will apply to any inpatient facility with a centrally set C. difficile objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Both avoidable and unavoidable cases of C. difficile will be taken into account for regulatory purposes. Where there is no objective (i.e. if a mental health trust without a C. difficile objective acquires a community provider without an allocated C. difficile objective) we will not apply a C. difficile score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of C. difficile is set at 12. However, Monitor may consider scoring cases of <12 if the Health Protection Agency indicates multiple outbreaks. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation. If the Health Protection Agency indicates that the C. difficile target is exceeded due to multiple outbreaks, while still below the de minimis, the SHA may apply a score.
4b	MRSA	Will apply to any inpatient facility with a centrally set MRSA objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Those trusts that are not in the best performing quartile for MRSA should deliver performance that is at least in line with the MRSA objective target figures calculated for them by the Department of Health. We expect those trusts without a centrally calculated MRSA objective as a result of being in the best performing quartile to agree an MRSA target for 2012/13 that at least maintains existing performance. Where there is no objective (i.e. if a mental health trust without an MRSA objective acquires a community provider without an allocated MRSA objective) we will not apply an MRSA score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of MRSA is set at 6. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Transformation Plan Status Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Barlow, Chief Operating Officer**
AUTHOR:	**Mike Banbury, Associate Director of Transformation**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

Reporting process review:

- KPI's have been signed off by TPSG
- Dashboard modifications are in place
- Where new measures are defined, work has commenced to capture the required data

Theatres:

- **Booking Rules** – Commencement of scheduling rules for T&O – throughput of 4 cases on all lists. Start-up policy and roles and responsibilities to be defined
- **Theatre Utilisation** – VSM has been carried out on second and third floors with actions to reduce late starts
- **Performance Management** - Roll out of performance board across whole of SGH and SDU. Roll out to commence on City Site and BTC on 25th March 2013
- **Step Down** – Further work hampered by current capacity issues
- **Pre-Op 'One Stop Shop' -** EDTA trial /preop trial – feedback from consultants positive – auditable data has shown that 166 patients out of 408 patients have received treatment. Contingency being identified for Pre-Op location if required. Engagement discussion with Preop staff regarding service vision for 13/14 to be organised
- **Centralised Booking -** business case created and awaiting SIRG approval 12/3/13,

Community:

- Single referral form for SPARTIC beds and ICARES services re-vamped and combined – signed off by Steering Group
- Amputee pathway completed
- Waiting list for SPARTIC bed management up and running
- Sexual Health Project Plan agreed and signed off with Consultant

Urgent Care

- MSS Patient First computer system implementation continues
- Work has commenced to generate a handover support tool for both nursing and clinicians
- Visualisation and performance review format within ED ongoing - Control board set up in matrons' office for daily review
- Standardised Clinical Pathways project – next steering group 15th March
- ED daily beach analysis continues
- 6 month process improvement plan – PMO being implemented to engage ED teams in the Transformation process

Outpatients:

- Deep Dive + review of clinic productivity to continue with emphasis to be placed on final

review meetings with Exec sponsors.
- Workstream focus to switch emphasis to pathway redesign, looking to set clear performance targets for all clinics.
- Further engagement workshops planned with consultants, starting with Urology on 8th March to ensure Partial Booking can progress and concerns understood
- Trust-wide OP quality standards now agreed at Exec – work has now commenced to design an engagement process that facilitates their adoption
- OP Benchmarking analysis continues to understand how SWBH compares with NHS best practise, and prioritise future Transformation projects

Patient Flow:

- Focus remains targeting Emergency Flow to support current ED performance priorities.
- Continuing work to embed good practice; board rounds and use of eBMS
- Patient/Emergency Flow work overlapping with Urgent Care workstream – work taking place to align reporting
- Near Patient Pharmacy standards almost complete. Sponsor Group has been created.
- Work to implement a single point of access for Patient Transport is ongoing and due to go-live on 20/3/13 with a comms message due by 15/3/13.

TPRS focus:

- Collaborative workshops have been run with Divisions, Directorates and enabling functions to define outline TSP's for 2015/16
- Intensive support has continued in Medicine to show detail of 2013/14 TSP's and aid affective decision making
- Work has commenced through COO to prepare for 2015/16 TSP generation
- Workshops to define TSO future strategy have commenced with a lessons learned event understand successes / learning points to date. Further workshops planned during March to define how TSO support will look in 2013-14.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and accept the update.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Delivery of the Transformation Plan

PREVIOUS CONSIDERATION:

Trust Management Board on 19 March 2013

Work stream: Theatres

Date – 8/3/13

Project Status

RAG	AREA
UNDER REVISION	People
	Quality
	Financial
	Milestones

Recovery Actions / Escalations

Concern	Impact	Countermeasure	Resp	Date	Status
Reduction in bed capacity due to outliers in T&O step down beds	Cancelled operations and theatre sessions	DGM comms	MB	6/3/13	Open
Cannot meet T&O demand (backlog) due to insufficient bed capacity	Continued increase of backlog	Exploring 5 bedded bay on P3 and additional funding (other options being reviewed). Finance plan submitted this week	MB		Open
Centralised Booking - SIRG approval	Unable to roll out across Trust	Update to Business Case	HF	12/3/13/	Open

Next steps

Start specialty, phased roll out – General/colorectal surgery to commence March 2013.

Agree start up policy and roles and responsibilities

If SIRG approval for CB – discussions with HR re redeployment opportunities. Commence recruitment process. Commence specialty engagement.

Location move for Pre-op – contingency arrangements identified

SDU preop to move to Centralised pre op

Engagement discussion with Preop staff re preop service vision for 13/14

Key successes

Roll out of performance board across whole of SGH and SDU. Roll out to commence on City Site and BTC on 25th March 2013.

Commencement of scheduling rules for T&O – throughput of 4 cases on all lists

Electronic Tracker available on CDA

VSM has been carried out on second and third floors with actions to reduce late starts

EDTA trial /preop trial – feedback from consultants positive – auditable data has shown that 166 patients out of 408 patients have received treatment.

Work stream: Outpatients

Date – 8/3/13

Project Status

RAG	AREA
UNDER REVISION	People
	Quality
	Financial
	Milestones

Recovery Actions / Escalations

Concern	Impact	Countermeasure	Resp	Date	Status
Consultants lack of understanding re follow up partial booking	Roll out postponed	Meet with directorates individually to engage and address concerns	SH	30th March	Open
Lack of operational management structure in OP	Slow progress and no ownership of change implementation	OOG forum established, huddles and rounds started. Escalated to exec sponsor and AD	CD	ongoing	Open

Next steps

Arrange directorate meeting dates to present follow up partial booking information to address consultant concerns – Urology consultant meeting taking place 08/03/13

Identify consultant outpatient leads for each directorate

Define performance metrics / dashboard and develop a plan to roll out quality standards to divisions)

Examine feasibility of changing the approach to identify pathways within divisions by aligning this to clinics with outlying FU:N ratio and asking for update on progress for decommissioning activity

Continue to benchmark/best practice

Complete first draft of medicine operational policy for OPDs

Key successes

Quality targets for Outpatients now agreed at SWBH Exec level

Data flow spreadsheet for self check-in completed- first milestone achieved on time

Collated 2015/16 TSPs for Outpatients

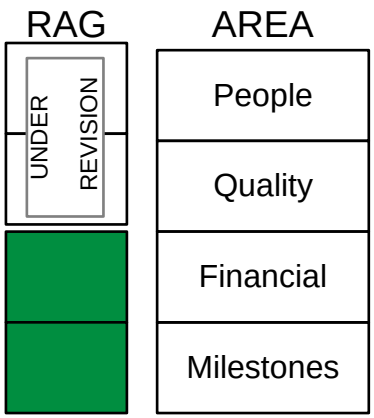
Facilitated Divisional 2015/16 TSP workshops

Completed data analysis of benchmark / best practice

Work stream: Community

Date – 11/3/13

Project Status



Recovery Actions / Escalations

Concern	Impact	Countermeasure	Resp	Date	Status
Incomplete understanding of future strategy of community and impact on current workstreams	Not assisting with development of workstream going forward and where we need to move to for future	LIA's arranged for March/April to develop 5 year strategy for community	SL/FS	30/4/13	Open
Phase 2 of review at Leasowes still incomplete	Observations required to develop action plan incomplete	Escalation to DGM – review to be completed by Division & TSM	SL	10/4/13	Open

Next steps

- Single Referral Form to ICARES "go live" Monday 18th March review after one month
- Complete Phase 2 of observation work at Leasowes
- Identify quality measures and establish baseline in preparation for ongoing work at Leasowes & Henderson
- Continue to work with EPR to develop eBMS on Units
- Roll-out of Amputee pathway – completion of competency documentation to support ongoing training
- Develop process for SPARTIC to feed information from their waiting list into discharge planning meetings
- First LIA in March to develop 5 year strategy for community

Key successes

- Single referral form for SPARTIC beds and ICARES services re-vamped and combined – signed off by Steering Group
- Amputee pathway completed
- Waiting list for SPARTIC bed management up and running
- Sexual Health Project Plan agreed and signed off with Consultant

Work stream: ED / Urgent Care

Date – 12/3/13

Project Status

RAG	AREA
UNDER REVISION	People
	Quality
	Financial
	Milestones

Recovery Actions / Escalations

Concern	Impact	Countermeasure	Resp	Date	Status
Consultants not fully engaged with development of ED	Delays in Best practice roll out across ED	Clinical Director Mark Poulson to engage with consultants	CD	30th March	Open
Lack of departmental project management and ownership.	Overall quality of delivery not being met for ED	Local PMO control and reporting to be implemented	WB/GM	20th March	Open

Next steps

Clinical Lead will meet with the Consultants and mentor. Consultants will be expected to deliver their Consultant Development Programme.

Meeting booked with Professor Vale re: poisons pathway

Trial v1 Daily Operational Board

Trial v1 Status Update Board

Trial v1 PMO for ED

Key successes

MSS on track for Phase 1 completion by 7th May

ED Redesign on track

Nursing Handover support document well received
Local level 5S started in storage areas and expanded to Matrons Office ED with ongoing enthusiasm.

Work stream: Patient Flow

Date – 12/3/13

Project Status

RAG	AREA
UNDER REVISION	People
	Quality
	Financial
	Milestones

Recovery Actions / Escalations

Concern	Impact	Countermeasure	Resp	Date	Status
Ward closures due to infections	Increased pressure on flow	Maintain focus on discharges in particular those patients waiting for external agencies	CR	ongoing	
Moves from MAU to inpatient wards too slow	4 hour breaches due to beds	Introduction of transfer team Pilot daily huddles to commence	EF EF	In place March	Confirm funding
Lack of Capacity Management Team resource	Current capacity over stretched.	Business Case to SIRG for introduction of restructured team (12hrs a day 7 days per week)	CR	30.03.13	Confirm funding
Number of medical admissions and outliers	Cancellation of elective activity – 18 weeks pathway performance. Poor ED performance	Business continuity planning and review of bed model. Partnership working with social service to reduce delays in acute beds.	DGM surgery A COO	May	

Next steps

1. Confirm Operations Centre Model & 24hr Information Flow
2. Redesign MAU Patient Status Board & pilot daily huddles (ED, MAU, Capacity Team)
3. Finalise Flow Dashboard
4. Introduce a single point of access for Transport Call Centre
5. Complete roll-out of Near patient pharmacy at Sandwell
6. Focus on ‘preparing for the weekend’.
7. Agree joint priority projects with CCG and social care.

Key successes

1. Improved compliance with a) board rounds, b) discharge calls and c) EDDs within 24hrs
2. Improved real-time use of eBMS (confirmed & potential discharges, patient level notes)
3. Improved use of discharge lounge (City – KPI in development)
4. Launch of the Near Patient Pharmacy model at City Hospital – D15, D17 & D41
5. Communication Plan signed off
6. Clinical risk home assessment implemented for palliative care patients at Sandwell
7. Multi-agency review of medially fit patients with actions incorporated into programme (joint agency approach to be adopted)

FT Programme Monitoring Status Report

Amber

Activities Last Month

- Visit by DH to discuss MMH
- Revised TFA timeline included in 2nd TDA Annual Plan submission
- Specification agreed for external facilitator to coordinate Board Development Plan
- Approach to Business Development discussed at March FT Board Development seminar
- HDD 2 report accepted at Finance & Performance Committee

Planned Next Month

- Trust strategy and priorities to be discussed at Leadership Conference (April 2013)
- Patient safety walkabouts to commence (April 2013)
- Continue programme of raising staff awareness of FT issues.
- OBC financial re-modelling to be continued
- Timetable for 2015/16 TSP planning to be issued

Issues for Resolution/Risks for Next Month

- Agreement from TDA on revised TFA milestones
- Progress required on A&E target
- Progress on 18 weeks data required – embedding new data co9llection system and further validation of historic data

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Foundation Trust Programme Monitoring and Status Report**
SPONSOR (EXECUTIVE DIRECTOR):	**Mike Sharon, Director of Strategy and Organisational Development**
AUTHOR:	**Mike Sharon, Director of Strategy and Organisational Development**
DATE OF MEETING:	**28 March 2013**

EXECUTIVE SUMMARY:

The report gives an update on:

- Activities this period
- Activities next period
- Issues for resolution and risks in next period (corresponding to red risks on the FT risk register)

REPORT RECOMMENDATION:

To review the planned activities and issues that require resolution as part of the FT Programme

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		x

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

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

Comments:

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

'Becoming an effective organisation' and 'Achieving FT Status'

PREVIOUS CONSIDERATION:

FT Programme Board on 28 March 2013