Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Anne Gibson Board Room, City Hospital **Date:** 1st December 2016, 09:30h – 12:00h

Members:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Miss G Towns	(GT)	Head of Corporate Governance
Mr A Tyagi	(AT)	Group Director, Surgery

Time	Item	Title	Reference Number	Lead
0930h	1.	**Apologies and declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	**Chair**
	2.	**Patient Story**	Presentation	**CO**
	3.	**Questions from members of the public**	Verbal	**Chair**
	4.	**Chair's opening comments**	Verbal	**Chair**
	5.	**Never Event in Ophthalmology**	SWBTB (12/16) 139	**RST**
		UPDATES FROM THE BOARD COMMITTEES		
1000h	6.	**To:** (a) receive the minutes of the **Audit and Risk Management Committee** meeting held on 28th July 2016 and (b) receive an update from the **Audit and Risk Management Committee** meeting held on 9th November 2016 (i) Approve amendments to the Standing Orders	SWBTB (12/16) 140 SWBTB (12/16) 141 SWBTB (12/16) 142	**MP/KD**
1005h	7.	**To:** (a) receive the minutes of the **Charitable Funds Committee** meeting held on 6th October 2016 and (b) receive an update from the **Charitable Funds Committee** meeting held on 17th November 2016	SWBTB (12/16) 143 SWBTB (12/16) 144	**WZ/RW**

Time	Item	Title	Reference Number	Lead
1010h	8.	**To:** (a) receive the minutes of the **Quality and Safety meeting** held on 21st October 2016 (b) receive the update of the **Quality and Safety Committee** meeting held on 25th November 2016	SWBTB (12/16) 145 SWBTB (12/16) 146 – **to follow**	**OD/ CO**
1015h	9.	**To:** (a) receive the minutes of the **Finance and Investment Committee** meeting held on 28th October 2016 and (b) receive an update from the **Finance and Investment Committee** meeting held on 25th November 2016	SWBTB (12/16) 147 SWBTB (12/16) 148 – **to follow**	**RS/TW**
		MATTERS FOR APPROVAL OR DISCUSSION		
1020h	10.	**Chief Executive's Report**	SWBTB (12/16) 149	**TL**
1035h	11.	**Financial performance: P07 October2016**	SWBTB (12/16) 150	**TW**
1055h	12.	**Improving internal communications**	SWBTB (12/16) 151	**RW**
1110h	13.	**Aspiring for Excellence – A refresh to the SWBH PDR process**	SWBTB (12/16) 152	**RG**
1125h	14.	**Volunteering progress report**	SWBTB (12/16) 153	**CO**
1140h	15.	**CQC improvement plan: progress report**	SWBTB (12/16) 154	**KD**
1150h	16.	**Integrated Performance Report**	SWBTB (12/16) 155	**TW**
1200h	17.	**Trust Risk Register**	SWBTB (12/16) 156	**KD**
		UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS		
1210h	18.	**Minutes of the previous meeting and action log** *To approve the minutes of the meeting held on 3rd November 2016 as a true and accurate records of discussions*	SWBTB (12/16) 157 SWBTB (12/16) 158	**Chair**
	19.	**Smoking cessation report**	Verbal	**TL**
	20.	**Food summit**	Verbal	**CO**
	21.	**Never event actions: instrument count and surgical pause update**	SWBTB (12/16) 159	**KD**
	22.	**Capital equipment funding gap**	Verbal	**TL**
		MATTERS FOR INFORMATION		
1225h	23.	**Authority to use Trust Seal**	SWBTB (12/16) 160	**GT**
1230h	24.	**Any other business**	Verbal	**All**
	25.	**Details of next meeting** The next public Trust Board meeting will be held on **5th January 2017 starting at 09:30am** in the Committee Room, Rowley Regis Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Never Event Briefing
SPONSOR (EXECUTIVE DIRECTOR):	Roger Stedman, Medical Director
AUTHOR:	Allison Binns, Assistant Director of Governance
DATE OF MEETING:	1 December 2016

EXECUTIVE SUMMARY:

The report presents a briefing on the Lucentis eye injections given to the wrong patient.

The root cause was identified as a failure to correctly follow the positive patient identification procedure.

A number of contributory factors were identified.

REPORT RECOMMENDATION:

The Board is recommended to:

- **RECEIVE and DISCUSS** the Never Event and actions proposed to reduce re-occurrence.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

Aligned to quality and safety agendas.

PREVIOUS CONSIDERATION:

None

Never Event Briefing

Report to the Trust Board on 1 December 2016

1. EXECUTIVE SUMMARY

1.1 This report provides the Board with a briefing on the recent Lucentis eye injections given to the wrong patient, defined as a Never Event, which occurred on 3 November 2016 in BMEC Ophthalmology Outpatient Department at City Hospital.

1.2 The investigation was led by a Consultant Anaesthetist / Risk Lead and involved the patient and staff being interviewed individually. A post-investigation debrief meeting was held with all staff involved to discuss findings and agree recommendations, and actions.

2. SUMMARY OF EVENTS

2.1 On 3 November 2016 during an afternoon session, two patients with similar names and dates of birth attended the Birmingham and Midlands Eye Hospital (BMEC) Outpatients. Patient 1 was attending an outpatient's review clinic and patient 2 required Lucentis injections in each eye.

2.2 When patient 2 was called for their injection Patient 1 stood up and went into the room. The operator in the room had a temporary copy of the notes for Patient 2. Patient 1 was consented for the procedure, using the details of Patient 2, and bilateral injections were performed in accordance with normal procedure – including the WHO checklist and pause for procedure confirmation and SOP stamp. Following the injections Patient 1 was sent home.

2.3 At about the same time Patient 1 was called for visual acuity tests and Patient 2 stood up and went into the room. Patient 2 then had a visual acuity test and eye drops and was sent for, and had, an OCT scan, none of which were necessary.

2.4 At approx. 5.30pm, Patient 2 notified the nurse in charge that they had been waiting for their injections, at which point the incident was identified.

3. NOTABLE PRACTICE

3.1 The team immediately contacted the patient and arranged for an urgent appointment to assess harm and to apologise.

4. CONCLUSIONS

4.1 Root cause:

- The root cause has been identified as a failure to correctly follow positive patient identification procedure.

4.2 Contributory factors were:

- Two patients with the same surname, very similar first names and very similar dates of birth were attending the outpatient clinic and there was no process to alert either the staff or the patients.
- Clinic HCAs and nurses retrieving patients do not use the patient notes, or patient ID adhesive labels, to positively check their identity.
- Only a temporary set of notes were available for the Injection Clinic.
- Consent was documented on the day.
- Patients having clinical procedures are sat with those attending for routine outpatients, with no method of separating or identifying them until they are in the procedure room.
- Patients were sitting all over Eye Outpatients requiring HCAs, nurses and medical staff to wander around calling out their name.
- Patients moving from clinic corridor, to visual acuity testing, to OCT and back to clinic corridor (if there are seats).

4.3 This incident occurred following an accumulation of environmental (timing, co-location and busy clinic) and human (distraction and pressure error) factors. However, the fundamental error was a failure to positively identify Patients 1 and 2 at any stage during their visit to BMEC Outpatients.

4.4 Within the clinic processes there are opportunities for system improvement to avoid a further, similar incident and these have been highlighted in the recommendations and actions list.

4.5 The findings will be shared with the specialty through shared learning events and educational sessions.

5. ACTIONS

5.1 Immediate

- When the error was discovered, Patient 1 was recalled and asked to attend an urgent appointment with the consultant on 4 November 2016 to check for any adverse effects. An apology was given and the patient was asked to return in five days' time on 9 November 2016. During the appointment on 9 November a letter of apology was also given to the patient by the consultant. There was no actual harm to the patient and nothing adverse was detected, however the patient did state that he was experiencing a pulling sensation in his eyes.

- Correct positive patient identification procedures reinforced to all staff.

5.2 Actions to be implemented

- Implement a process whereby staff retrieving any patient from a waiting area must positively identify the patient.

- Develop a process whereby patients undergoing an invasive procedure (Injections or Laser Treatment) in outpatients are issued with a patient identification wristband at clinic registration.

- Isolate the Injection Clinic Waiting Room from the other waiting areas and make sure that patients for injections are directed straight to that area

- Strengthen the consent process so that there is no consent is taken on the day for patients having their first injection and for patients having subsequent injections consent can be on the day only after confirmation with a Consultant.
- Update Injection Clinic SOP and checking process with shared learning from main BMEC theatres serious incidents.
- Undertake video-reflexivity exercise to in the Injection Clinic once the necessary changes have been embedded.
- Assess the feasibility of the electronic self-check-in system recognising two patients with the same surname attending outpatients for the same session and create an alert.

6. RECOMMENDATION(S)

6.1 The Board is recommended to:

- **RECEIVE and DISCUSS** the Never Event and actions proposed to reduce re-occurrence.

Allison Binns
Assistant Director of Governance

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Audit and Risk Committee

Venue Anne Gibson Board Room , City Hospital **Date** 28 July 2016 2015; 1400h – 1600h

Present

Members Present		**In Attendance**
Mr R Russell	[Chair]	Mr T Reardon
Ms O Dutton		Mr R Chidlow
Miss K Dhami		Mr A Hussain
Mr C Ovington		Mr M Gennard
Mr T Waite		Ms E Simms
		Committee Support:
		Mrs E Quinn

Minutes	**Paper Reference**
1 Apologies for absence: apologies were received from Mr Harjinder Kang and Mr Andrew Bostock.	**Verbal**
2 Notes of the previous meetings held on 28 April and 1 June 2016**.** The notes of the previous meetings were agreed as an accurate record.	**SWBAR (07/16) 018**
3 Matters and actions arising from previous meetings – the action tracker was noted.	**SWBAR (07/16) 018 (a)**
4 Risk Management and Governance Matters	
4.1 Governance Pack	**SWBAR (07/16) 019**
Mr Reardon introduced the report and highlighted that as at June 2016, the Trust's total debt had reduced to just under £8.2m. Of this amount, NHS debt was just over £3.8m which represented a reduction of £4m since March 2016. The reduction reflects the resolution of much of the maternity pathway disputed payments and corresponding payments made. Losses and special payments reported for the first three months of 2016/17 are below the 2015/16 rate. The main reason is the absence of any bad debts in relation to overseas visitors. £70k of these were written off in the same period of 2015/16. For April to June 2016, there have been 195 single tender waivers to the value of £14.7m. The committee received and noted the report.	
4.2 External Audit Tender	**SWBAR (07/16) 020**
Miss Dhami introduced the report and explained that, as a result of the Local Audit and	

Accountability Act 2014, the procurement of External Auditor services will become the responsibility of individual Trusts. The current audit contract ends following completion of the FY 2016/17 External Audit. A new contract must be in place by 30th December 2016. Any procurement of External Audit services must be subject to non-executive director review and input. For the benefit of the committee, Mr Reardon explained that the Trust had signed up for member services with NHS SBS procurement and so would have access to, amongst others, the NHS SBS provider framework for Audit Services, Counter Fraud and Well-Led Review. Under this framework, members have the option to direct award or undertake a mini-competition. The committee was asked to approve the recommendation to undertake a procurement process under the NHS SBS framework contract by way of a mini-competition to secure audit services. A working group to develop a bespoke specification would be set up as a priority. The Committee agreed to proceed on the proposed basis of a mini-competition. Ms Dutton declared that she should not participate in this process due to a conflict of interest, as she's in contact with some of the firms involved by way of her professional work. Mr Chidlow asked the Committee to note that KPMG wish to declare an interest in this tender.	
4.3 Reference Costs: 2015/16 Submission Assurance	SWBAR (07/16) 021
Mr Waite introduced the report and highlighted that the purpose of the paper is to brief the committee about the annual Reference Costs collection process and outcomes for the 2015/16 financial year. The process has been on-going since April, with the first submission to the Department of Health due on 22nd July and final submission on 29th July (extended from original date of 27th July). The annual return is the only nationally mandated collection of cost data for delivering services in the NHS. It is used to inform national tariff prices in future years, and was the key source for the Lord Carter of Coles review. Mr Waite confirmed that the return had been confirmed as prepared on a materially compliant basis in accordance with Monitor's costing guidance and that the data had been submitted within the appropriate timescales. RC informed the committee that 49% of KPMG's other suppliers were non-compliant. He therefore commended the Trust for its good work and pointed out that this is a good starting position, with an upward trajectory, given the national picture. Mr Waite asked the committee to challenge and confirm the representations required to be made by him on behalf of the Trust in support of the submission. Mr Russell confirmed that he had been through the submission with Mr Waite and was satisfied that appropriate changes had been made. He was content the process had been followed and confirmed his agreement for Mr Waite to sign the statement of responsibility accordingly. The Committee supported the representations to be made by the Finance Director.	
4.4 Final Reference Cost Assurance Programme Report 2014-15	SWBAR (07/16) 022
The independent assurance received from PWC of the Trust's compliance with mandatory reference cost requirements in 2014/15 was noted, together with the improvements made in preparing the 2015/16 submission.	
5 External Audit Matters	
5.1 External Audit Progress Report	SWBAR (07/16) 023

Mr Chidlow introduced the report and highlighted that since the last meeting of the Audit Committee, KPMG had produced an Annual Audit letter and completed the Quality accounts work (both of which are to be discussed as separate items on the agenda). Fieldwork in respect of the Trust's Charitable Fund audit had also been completed. In addition, a technical update had been produced capturing the latest updates on accounts guidance for 2016/17, tax and compliance changes and KPMG thought leadership.	
5.2 Annual Audit Letter	SWBAR (07/16) 024
Mr Chidlow introduced the report and highlighted that it draws upon the conclusions presented in the detailed ISA260 document that was presented to the Committee on 1 June 2016. Mr Waite informed the Committee that the report is transparent and is a fair and objective capture of key matters. The Committee received and noted the Annual Audit Letter, which will be published on the Trust's website.	
5.3 Quality Accounts Report	SWBAR (07/16) 025
Mr Chidlow presented the report, which provides an overview of the external assurance requirements for the Trust's 2015/16 Quality Account. He confirmed that in completing the work, KPMG had been able to issue a clean opinion in relation to content, consistency and indicators. Mr Chidlow drew the committee's attention to the mandated indicator for the rate of clostridium difficile infections. A recommendation has been raised as this indicator was not initially included within the draft quality account. This had been reported in 2013-14 and re-iterated in the 2014-15 assurance report. Also highlighted was the mandated indicator in relation to the percentage of reported patient safety incidents resulting in severe harm or death. Minor areas for improvement had been identified in relation to the Trust clearly reporting the outcomes of incident investigations on its reports to allow for reconciliation to the Safeguard system, which should be updated to reflect any changes in outcomes. A recommendation has been raised in this respect. The work undertaken on the two mandated indicators concluded that there was sufficient evidence to provide a limited assurance opinion in respect of both indicators. The Committee received and noted the report.	
6 Internal Audit Matters	
6.1 Internal Audit Progress Report	SWBAR (07/16) 026
Mr Hussain introduced the report and highlighted that one report had been finalised and a further four draft reports had been issued since the previous meeting in April. He highlighted two reports that remain in draft that are significantly overdue. Despite chasing, management responses had not been received. These reports are: Data Quality – WHO Safer Surgery checklist and Data Quality – Delayed Transfer of Care. Miss Dhami proposed that the Executive Team, as part of the Performance Management Committee, should resolve the backlog of overdue actions as soon as possible and by no later than the next meeting. Measures would be implemented to avoid a recurrence of this issue. The committee agreed this approach.	

6.2 Local Counter Fraud Specialist (LCFS) progress report	SWBAR (07/16) 027
Ms Simms introduced the report, informing the committee that the LCFS had worked alongside the Trust to submit the Self Review Tool (SRT) ahead of the deadline of 31 May 2016. In drafting the SRT, the LCFS had liaised with Trust staff and utilised the report and action points from the quality inspection in 2015/16, together with other reports from RSM's client base. Ms Simms went on to highlight the activities that had been undertaken since the last meeting, and those that were scheduled to be undertaken before the next meeting, in accordance with the workplan. The committee received and noted the report.	
6.3 Local Counter Fraud Specialist (LCFS) Annual Report 2015-16	SWBAR (07/16) 028
Ms Simms presented an overview of the activities undertaken by the LCFS during the year. The committee received and noted the report.	
7 Clinical Audit	
7.1 2016/17 Clinical Audit Plan progress report	SWBAR (07/16) 029
Miss Dhami presented the report which sets out the Quarter 1 position for 20 audits covering key areas. Good progress has been made, with encouraging engagement from clinicians and managers. Work was reported to be on-track with data collection and interviews currently taking place on the wards. The output reports from the first five audits will be presented to the Committee at its next meeting in October.	
8 Update from the Board Committees	**Verbal**
As part of the Organisational Development assurance process, Mr Waite informed the Committee that the Workforce consultation was launched earlier in the week.	
9 Matters to raise to the Trust Board	**Verbal**
The appointment of the Trust's external auditors would be subject to mini-competition. The Committee supported the representations to be made by the Finance Director in the 2015/16 reference costs submission. KPMG issued a clean opinion for each of the requirements relating to the content and consistency of the Trust's 2015/16 Quality Account. The monthly Executive Performance Management Committee to resolve the backlog of overdue internal audit actions and recommendations and include this as a standing item on its agenda.	
10 Meeting effectiveness	**Verbal**
The Committee agreed that the effectiveness of the meeting was positive.	
11 Any other business	**Verbal**
As this was his last meeting as Chair of the Committee, Mr Russell thanked the members for their attendance during his time as Chair. The Committee thanked Mr Russell for his service and contributions to the Audit & Risk Management Committee during his time in post.	**Verbal**

Signed ……	
Print ……	
Date ……	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

AUDIT AND RISK MANAGEMENT COMMITTEE UPDATE	
Date of meeting	9th November 2016
Attendees	Ms Marie Perry, Mr Harjinder Kang, Miss Kam Dhami, Mrs Elaine Quinn, Mr Joseph Seliong, Mr Robert Chidlow, Mr Tony Waite, Ms Erin Simms, Mr Mike Gennard, Mr Asam Hussain, Ms Kelly Trimble, Ms Gemma Towns.
Apologies	Apologies were received from Ms Olwen Dutton.
Key points of discussion relevant to the Board	**The Committee were not quorate, having only two members present (three members are required for quorum).** The key areas of focus were: • Legal Services update: The Committee focused in particular upon the charging arrangements for overseas visitors. • Governance pack: The Committee discussed the amounts owed to the Trust for Delayed Transfers of Care (DTOC). The Committee also discussed single tender waivers. • External Audit Tender update: The arrangements for the tender process and working group were discussed and finalised. The Trust remains on target to appoint external auditors by 31st December 2016. Mr Chidlow and Mr Seliong were not present for this item. An additional Non-Executive Director is required to evaluate responses, an email has been circulated. • Standing Orders: The Committee were not quorate so could not approve the proposed changes to the Standing Orders. The Committee discussed the proposed changes. Both Internal Audit and External Auditors were to provide feedback after the meeting. As the Committee were not quorate, the matter would be presented to the December Trust Board for approval, rather than delaying approval until the next Audit and Risk Management Committee meeting in January 2017. This matter appears separately on the Trust Board agenda. • Workplan: The Committee agreed a workplan for the next financial year. Feedback would be submitted to the Head of Corporate Governance outside of the meeting. • External Audit Progress report: The Committee were of the view that they needed to take an active role in managing conflicts of interest for staff. This would be added to the January 2017 agenda for assurance to be provided. • Draft Audit Plan 16/17: The Committee approved the plan. • Charitable Funds ISA 260: The Committee received the report. It was noted that some audit recommendations remain outstanding and the Committee requested an update on progress at its next meeting.

	• Internal Audit progress report: The Committee noted the number of outstanding draft reports which were not returned by Executive Directors and causing reports being issued late. The number of outstanding actions from previous internal audit reports was also noted by the Committee, and an update was required for the next meeting. The Committee discussed the 10/10 patient standards and if this had inconsistent application across the Trust. The mock CQC inspection had also highlighted this issue. • Local Counter Fraud Service (LCFS) update: There had been an increase in the number of referrals made directly to the LCFS. The Committee were pleased that staff had been signposted directly to the LCFS and congratulated Ms Simms on her hard work in increasing the LCFS' profile with staff members. • Clinical Audit Plan progress report (Q2): The report was noted. • Reports from other Board Committees: The Committee were of the view such reports should be received by the Committee for discussion. Proposals on how this would occur in practice would be discussed at the January meeting.
Positive highlights of note	• The Committee wished to highlight to the Trust Board the LCFS' hard work in raising awareness of the service amongst staff.
Matters of concern or key risks to escalate to the Board	• The Committee were not quorate. • Standing Orders: The Committee were not quorate and therefore could not approve the revisions. This has been escalated to the Board and appears on the Trust Board agenda for approval. • 10/10 patient standards: The Committee were informed this would be discussed at the December 2016 Trust Board meeting as part of the mock CQC inspection feedback.
Matters presented for information or noting	The Committee were of the view 1 and ½ hours was insufficient for the business to be transacted and future meetings would be scheduled for 2 hours.
Decisions made	None, as the committee were not quorate
Actions agreed	There were two requests for updates on audit recommendations.

Marie Perry
Chair of Audit and Risk Management Committee
For the meeting of the Trust Board scheduled for 1st December 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Standing Orders
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Tim Reardon, Associate Director of Finance & Gemma Towns, Head of Corporate Governance
DATE OF MEETING:	1st December 2016

EXECUTIVE SUMMARY:

The Trust's Standing Orders require review. Due to the size of the standing orders document, only the pages with tracked changes are enclosed. In summary, the proposed amendments appear on the following pages:

Page 1, version control and responsibility tracker header sheet
Pages 4,9,22,37,49,74,76,112 & 120 updated to reflect role of LCFS and legislative environment in relation to this role
Page 11, amendment to number of executive directors on Trust Board
Pages 19,135 configuration committee updated to major projects authority
Page 28, amendment to the appointment of External Auditors as per the new arrangements under the Local Audit Accountability Act 2014
Page 54, capital business plan threshold limits
Page 57, changes to conditions for quotations, tendering and contracts
Page 59, changes to financial values of quotations and tenders
Page 59, changes to opening of tenders
Page 81, EU directives governing public procurement
Pages 82-94, changes to tendering
Page 102, change to reflect delegation of payroll run approval to Associate Director of Finance

The document refers to the Trust Secretary, this has been updated to the Head of Corporate Governance. These pages have not been included due to their number. There are a number of layout and presentation issues contained within the Standing Orders document. These will be rectified before publication.

The finance and governance teams will over the coming weeks give further consideration to awareness raising and training for colleagues across the Trust.

REPORT RECOMMENDATION:

Audit Committee considered the amendments to the Standing Orders at their meeting on 9th November 2016. Unfortunately the Committee was not quorate and therefore unable to approve the amendments to the Standing Orders. Subsequent to the meeting, both Internal and External Auditors provided feedback and further suggested amendments to the Standing Orders; these are captured in the enclosed draft.

The Board is asked to approve the proposed amendments to the Standing Orders.

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

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

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
PREVIOUS CONSIDERATION:
Audit and Risk Management Committee, 9th November 2016

SWBTB (5/13) 083 (a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

STANDING ORDERS, RESERVATION AND DELEGATION of POWERS and STANDING FINANCIAL INSTRUCTIONS

Author:	Gemma Towns, Head of Corporate Governance
Responsible Executive:	Kham Dhami, Director of Governance
Approving Body:	Audit & Risk Management Committee
Approval Date:	9th November 2016
Implementation Date:	1st January 2017
Review Date:	1st January 2019

~~January 2014~~

Formatted: Superscript

Formatted: Superscript

Formatted: Superscript

1.2.16 **"Membership, Procedure and Administration Arrangements Regulations"** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.

1.2.17 **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

1.2.18 **"Non-Executive Director"** means a member of the Trust who is not appointed by the Trust and is not to be treated as an employee by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.

1.2.19 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.

1.2.20 **"Executive Director**" means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e. the Chair of the Trust or any person nominated by such a Committee for appointment as a Trust member). Executive Directors of the Trust are the Chief Executive, Director of Finance & Performance Management, Medical Director, Chief Nurse, Chief Operating Officer and Director of Strategy & Organisational Development

1.2.21 **"Advising Director"** means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record. Advising Directors are the Director of Governance and the Director of Estates/New Hospital Project Director.

1.2.22 **"~~Trust Secretary~~Head of Corporate Governance"** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.

1.2.23 **"SFIs"** means Standing Financial Instructions.

1.2.24 **"SOs"** means Standing Orders

1.2.25 **"Vice-Chair"** means the non-executive director appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

1.2.26 **"Senior Independent Director"**means the Non Executive Director appointed by the Board to act as a conduit to the Board for the communication of stakeholder and governor concerns when these have failed to be resolved or other channels of communication are inappropriate

1.2.27 **"Trust Development Authority"** means the body that provides governance and accountability for NHS trusts in England and delivery of the Foundation Trust pipeline

1.2.28 **"PF2"** refers to the successor vehicle to PFI for undertaking major health infrastructure projects

1.2.29 **"National Commissioning Board"** means the body that commissions of primary care health services, as well as some nationally-based functions formerly undertaken by the Department of Health

1.2.30 LCFS means the Local Counter Fraud Specialist, who is responsible for receiving and investigating allegations of fraud or bribery, and proactively identifying and preventing fraud and bribery.

Trust thinks fit or as the Secretary of State may direct". Delegated Powers are covered in a separate document (Scheme of Reservation and Delegation). (See Section 1.8 and Appendix 2 of the Corporate Governance Framework Manual.) This document has effect as if incorporated into the Standing Orders.

1.4 Integrated Governance

Trust Boards are now encouraged to move away from silo governance and develop integrated governance that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance. Guidance from the Department of Health on the move toward and implementation of integrated governance has been issued and will be incorporated in the Trust's Governance Strategy (see Integrated Governance Handbook 2006). Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1 Composition of the Membership of the Trust Board

In accordance with the Membership, Procedure and Administration Arrangements regulations the composition of the Board shall be:

(1) The Chair of the Trust (Appointed by the National Trust Development Authority);

(2) Up to 6 non-executive directors (appointed by the National Trust Development Authority); One of the non-executive directors shall be nominated by the University of Birmingham

(3) Up to ~~5~~ 6 Executive Directors (but not exceeding the number of non-executive directors) including:

the Chief Executive;
the Director of Finance and Performance Management;
a medical or dental practitioner;
a registered nurse or midwife;

The Trust shall have not more than 12 and not less than 8 members (unless otherwise determined by the Secretary of State for Health and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

2.2 Appointment of Chair and Members of the Trust

(1) Appointment of the Chair and Members of the Trust - Paragraph 4 of Schedule 5A to the 1977 Act, as inserted by the Health Act 1999, provides that the Chair is appointed by the Secretary of State, but otherwise the appointment and tenure of office of the Chair and members are set out in the Membership, Procedure and Administration Arrangements Regulations.

2.3 Terms of Office of the Chair and Members

(1) The regulations setting out the period of tenure of office of the Chair and members and for the termination or suspension of office of the Chair and members are contained in Sections 2 to 4 of the Membership, Procedure and Administration Arrangements and Administration Regulations.

2.4 Appointment and Powers of Vice-Chair

(1) Subject to Standing Order 2.4 (2) below, the Chair and members of the Trust may appoint one of their numbers, who is not also an Executive Director, to be Vice-Chair, for such period, not exceeding the remainder of his/her term as a member of the Trust, as they may specify on appointing him.

(3) A member desiring a matter to be included on an agenda shall make his/her request in writing to the ~~Trust Secretary~~Head of Corporate Governance at least **10** clear days before the meeting who will seek the Chair's authority to add it to the matters for consideration at the next meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than **10** days before a meeting may be included on the agenda at the discretion of the Chair.

(4) Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

3.3 Agenda and Supporting Papers

The agenda will be sent to members six days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in emergency. The agenda and supporting papers may be issued by electronic means where necessary.

3.4 Petitions

Where a petition has been received by the Trust the Chair shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of Motion

(1) Subject to the provision of Standing Orders 3.7 „Motions: Procedure at and during a meeting" and 3.8 „Motions to rescind a resolution", a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.

(2) The notice shall be delivered at least 15 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

i) **Who may propose**

A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.

ii) **Contents of motions**

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the Board adjourn;

- Guidance should be sought from the NHS ~~Trust Secretary~~Head of Corporate Governance to ensure correct procedure is followed on matters to be included in the exclusion.

(ii) **General disturbances**

The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

- `That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act l960.

(iii) **Business proposed to be transacted when the press and public have been excluded from a meeting**

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Board.

Members or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked as for discussion in private outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

(iv) **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust.

3.18 Observers at Trust meetings

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees

Subject to such directions as may be given by the Secretary of State for Health, the Trust Board may appoint committees of the Trust.

The Trust shall determine the membership and terms of reference of committees and sub- committees and shall if it requires to, receive and consider reports of such committees.

4.2 Joint Committees

(i) Joint committees may be appointed by the Trust by joining together with one or more other NHS bodies, or other Trusts consisting of, wholly or partly of the Chair and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

(ii) Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint

committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chair" is to be read as a reference to the Chair of other committee as the context permits, and the term "member" is to be read as a reference to a member of other committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

4.4 Terms of Reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Committees to Sub-Committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

4.6 Approval of Appointments to Committees

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

4.8 Committees established by the Trust Board

The committees established by the Board are:

4.8.1 Audit & Risk Management Committee
4.8.2 Remuneration and Terms of Service Committee
4.8.3 Charitable Funds Committee
4.8.4 Finance and Investment Committee
4.8.5 Quality and Safety Committee
4.8.6 Workforce and Organisation Development Committee
4.8.7 ~~Configuration Committee~~Major Projects Authority
4.8.8 Public Health, Community Development and Equality Committee

The Board may also establish such other committees on an interim basis as required to discharge the Trust's responsibilities.

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders and the Standing Financial Instructions are not complied with, full details of **any significant and material breaches** and any justification for non- compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. **Full details of any non-compliance will periodically be reported to the Audit & Risk Management Committee.** All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

6.1 Policy statements: general principles

The Trust Board will from time to time agree and approve policies which will apply to all or specific groups of staff employed by Sandwell and West Birmingham Hospitals NHS Trust. The decisions to approve such policies will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy statements

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Gifts and Hospitality Policy
- the Disciplinary Policy
- Staff declarations
- Whistleblowing/Speak out Safely
- Anti-Bribery Policy
- Counter Fraud Policy

all~~both~~ of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Equality Act 2010;
- Freedom of Information Act 2000;
- Bribery Act 2010
- Fraud Act 2006

Formatted: Bulleted + Level: 1 + Aligned at: 1.79 cm + Indent at: 2.42 cm

Formatted: Indent: Left: 2.42 cm

Formatted: No bullets or numbering

Formatted: No bullets or numbering

Formatted: Bulleted + Level: 1 + Aligned at: 1.79 cm + Indent at: 2.42 cm

Formatted: Bulleted + Level: 1 + Aligned at: 1.79 cm + Indent at: 2.42 cm

3. Approve Outline and Final Business Cases for Capital Investment where the value of the business case is greater than limits set by the Board.
4. Approve budgets.
5. Approve annually Trust"s proposed organisational development proposals.
6. Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
7. Approve PFI proposals.
8. Approve the opening of bank accounts.
9. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £1,000,000 over a 3 year period or the period of the contract if longer.
10. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board.
11. Approve individual compensation payments above the level approved by the Board where these are not delegated to an external authority (including the NHS Litigation Authority) .
12. Approve proposals for action on litigation on behalf of the Trust.
13. Review use of NHSLA risk pooling schemes

Policy Determination

1. Approve management policies as so determined as warranting this level of ratification by the Chair and Accountable Executive Lead

Audit

1. *Approve the appointment (and where necessary dismissal) of External Auditors and advise the Audit Commission on the appointment. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit & Risk Management Committee meetings who will take appropriate action.*
2. Receive the annual management letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit & Risk Management Committee.
3. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit & Risk Management Committee.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.2.7	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
10.2.8	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
11.1.1	AUDIT & RISK MANAGEMENT COMMITTEEAUDIT &	Provide independent and objective view on internal control and probity.
11.1.2	CHAIR	Raise the matter at the Board meeting where Audit & Risk Management Committee considers there is evidence of ultra vires transactions or improper acts.
11.1.3 & 11.2.1	DIRECTOR OF FINANCE & PERFORMANCE MGT	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit & Risk Management Committee in the selection process when/if an internal audit service provider is changed.)
11.2.1	DIRECTOR OF FINANCE & PERFORMANCE MGT	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or ~~corruption~~bribery.
11.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
11.4	AUDIT & RISK	Ensure cost-effective External Audit.
11.5	CHIEF EXECUTIVE & DIRECTOR OF FINANCE & PERFORMANCE MGT	Monitor and ensure compliance with SofS Directions on fraud and ~~corruption~~ bribery including the appointment of the Local Counter Fraud Specialist.
11.6	CHIEF EXECUTIVE	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.
13.1.1	CHIEF EXECUTIVE	Compile and submit to the Board an LDP which takes into account financial targets and forecast limits of available resources. The LDP will contain: a statement of the significant assumptions on which the plan is based; details of major changes in workload, delivery of services or resources required to achieve the plan.
13.1.2 & 13.1.3	DIRECTOR OF FINANCE & PERFORMANCE MGT	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
13.1.6	DIRECTOR OF FINANCE & PERFORMANCE MGT	Ensure adequate training is delivered on an on going basis to budget holders.
13.3.1	CHIEF EXECUTIVE	Delegate budget to budget holders.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		of fraud and corruption DoF must inform the relevant LCFS and ~~CFSMS Regional~~NHS protect Team in line with the Health and Social Care Act 2012~~SoS~~
26.2.2	DIRECTOR OF FINANCE & PERFORMANCE MGT	Notify the LCFS should be notified of all frauds and bribery~~CFSMS and External Audit of all frauds~~.
26.2.3	DIRECTOR OF FINANCE & PERFORMANCE MGT	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
26.2.4	BOARD	Approve write off of losses (within limits delegated by DH).
26.2.6	DIRECTOR OF FINANCE & PERFORMANCE MGT	Consider whether any insurance claim can be made.
26.2.7	DIRECTOR OF FINANCE & PERFORMANCE MGT	Maintain losses and special payments register.
27.1	DIRECTOR OF FINANCE & PERFORMANCE MGT	Responsible for accuracy and security of computerised financial data.
27.1	DIRECTOR OF FINANCE & PERFORMANCE MGT	Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation assurances of adequacy must be obtained from them prior to implementation.
27.1.3	~~TRUST SECRETARY~~HEAD OF	Shall publish and maintain a Freedom of Information Scheme.
27.2.1	RELEVANT STAFF	Send proposals for general computer systems to the Director with responsibility for IM & T
27.3	DIRECTOR WITH RESPONSIBILITY FOR IM & T AND DIRECTOR OF FINANCE	*Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.* Seek periodic assurances from the provider that adequate controls are in operation.
27.4	DIRECTOR WITH RESPONSIBILITY FOR IM & T	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.
27.5	DIRECTOR OF FINANCE & PERFORMANCE MGT	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) DoF and finance staff have access to such data; Audits of computerised systems are carried out as considered necessary..

Schedule of Delegated Authority and Authorisation Limits

1. General Conditions

In planned periods of absence of up to 21 days, Directors may temporarily transfer their authorisation authority to a nominated deputy. This transfer should be recorded in writing or e-mail and a copy of the authorisation passed to the Director of Finance and the Head of Procurement.

In unplanned periods of absence or planned absence greater than 21 days, the Chief Executive may temporarily transfer the authorisation authority of a Director to a nominated deputy. This transfer should be recorded in writing or e-mail, specify the period of transfer and a copy of the authorisation be passed to the Director of Finance and the Head of Procurement.

2. Capital Business Cases Approval

SFI reference 24

Capital business cases which form part of the bi-annual capital programme will be subject to the limits specified below.

Formatted: Right: 1.15 cm

Formatted: Expanded by 1.3 pt

Formatted: Right: 1.4 cm, Tab stops: 24 cm, Left

Business Case Value	Responsibility Delegated To
Up to £500,000	Executive director consistent with the delegated limits for quotations and tenders in
Above £500,000 but below £1,250,000	Finance and Investment Committee
Above £1,250,000	Trust Board

3. Management of Budgets

SFI reference 13

Responsibility for maintaining expenditure within approved budget limits is specified below.

Budget Level	Responsibility Delegated To
Individual budgets (pay and non pay)	Budget Holder
Group Level	GroupDirector
All Other Areas	Director of Finance or Nominated Deputy

Virement of budgets within any limitations imposed in the Trust's Financial Plan and/or Annual Budget is specified below:

Budget Level	Responsibility Delegated To
Individual (cost centre level) budgets (pay and non pay)	Budget Holder (subject to any Personnel and Pay conditions specified in section 12)
Group Level	GroupDirector (subject to any Personnel and Pay conditions specified in section 12)

43.4. Works Orders

Authorisation Level	Authorise Revenue Works Orders	Authorise Capital Works Orders
Staff specifically authorised by the Director of Finance & Performance Management as Trust Authorised Signatories	<= £25,000	<= £25,000
Staff specifically Authorised by the Chief Executive and Director of Finance & Performance Management	<= £50,000	<= £50,000
Chief Executive	<= £100,000	<= £100,000
Two Executive Directors (one of whom should be the Director of Finance & Performance Management)	<= £250,000	<= £250,000
Chief Executive and Director of Finance & Performance Management	<= £500,000	<= £500,000

Note: The approval of business cases by the Board will be taken as authorisation to place associated orders and approve related invoices

43.5. Granting and Termination of Leases

Leases which require the application of the Trust's seal will be considered individually by the Trust Board as the application of the seal must be authorised by the Board.

Authorisation Level	Value of Annual Rental
Director of Finance & Performance Management	<= £100,000
Non Executive Director and Chief Executive or Director of Finance & Performance Management	<= £500,000

54. Quotations, Tendering and Contracts

SFI Reference 17

54.1. Conditions

Quotation, tendering and contracting procedures must operate within the conditions specified in SFIs Section 17.

The financial thresholds stated below for procurements above £10,000 refer to those prescribed as a legal requirement under the Public Contracts Regulations 2015. therefore activity in compliance with the requirements of those regulations must be undertaken. The financial value of a project, contract or order against which the thresholds apply is the total cost, including (as appropriate) all works, furniture, equipment, fees, land, but excluding VAT, for the whole expected life of the contract. Splitting or otherwise changing orders in a manner devised so as to avoid the financial thresholds is forbidden

Thresholds apply to the total value of all orders placed with a single supplier for related goods or services. Therefore if one division places a first order and another division wishes to place a subsequent order with the same supplier for related goods or services within a similar timeframe (within two months), it is the combined order value that should be reviewed against the threshold. If there is any uncertainty, employees should contact the Head of Procurement.

The advice of the Trust's Head of Procurement should be sought with regard to the applicability of the Public Contracts Regulations 2015 and for professional guidance and

Formatted: Normal, Justified, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers

support for running procurement exercises in compliance with the regulations

In exceptional circumstances the requirement to obtain competitive quotations/tenders may be waived by the Chief Executive within the terms of SFIs Section 17.5.

~~Quotations and tenders will be obtained by the Head of Procurement in respect of general goods and services, the Head of Pharmacy for pharmacy supplies and the Director of Estates for works related goods and services within the limits specified under Section 3.2.~~

~~Quotations and tendering conditions may be waived by the Chief Executive within the terms of SFIs Section 17.5.~~

54.2. Financial Values of Quotations and Tenders

Requirement	Values
Obtain minimum of 2 verbal quotations	<= £4,999
Obtain a minimum of 2 written quotations	Between £5,000 and £~~1~~9,999
Obtain a minimum of 3 written quotations	Between £10,000 and £24,999
Competitive procurement exercise carried out by the Trust Procurement Department or in accordance with procedures laid down by the Head of Procurement with a minimum of three suppliers being invited to participate - If advertised an advert must be included in Contracts Finder ~~Obtain a minimum of 3 written quotations~~	Between £25,000 and £111,676
Competitive procurement exercise carried out by the Trust Procurement Department or in accordance with procedures laid down by the Head of Procurement with a minimum of three suppliers being invited - must be advertised in Contracts Finder **and** The Official Journal of the European Union (OJEU)~~Obtain a minimum of 3 written competitive tenders~~	Above £111,676 ~~Between £50,000 and £149,999~~
~~Obtain a minimum of 4 written competitive tenders must be~~	~~>= £150,000~~

Formatted Table

Formatted Table

54.3. Opening of Tenders

Tenders to be Opened By	Estimated Tender Value Over the Life of the Contract
Two officers of the Trust authorized by the Chief Executive and not from the originating department	<= £499,000
Two officers of the Trust as above, one of whom must be an Executive Director of the Trust	>= £500,000

Electronic Tenders

For Electronic Tenders:

- All tenders will be accepted by the unlocking of the Bravo E-Tendering tool.
- All changes will be fully auditable within the Bravo E-Tendering tool

Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

54.4. Evaluation of Quotations and Tenders

Where the result of a tender/quotation exercise or the receipt of a contractors variation notice results in the estimated tender/quotation sum being or the approved budget being exceeded then the following approval process for the additional expenditure will apply.

Amount of Excess Costs	Authority Delegated To

10.2.8 **Contractors and their employees**

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

10.2.9 For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Director of Finance & Performance Management.

11. AUDIT

11.1 Audit & Risk Management Committee

11.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit & Risk Management Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2005), which will provide an independent and objective view of internal control by:

(a) overseeing Internal and External Audit services;

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation‟s activities (both clinical and non-clinical), that supports the achievement of the organisation‟s objectives;

(d) monitoring compliance with Standing Orders and Standing Financial Instructions;

(e) reviewing schedules of losses and compensations and making recommendations to the Board;

(f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

11.1.2 Where the Audit & Risk Management Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit & Risk Management Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health. (To the Director of Finance & Performance Management in the first instance.)

11.1.3 It is the responsibility of the Director of Finance & Performance Management to ensure an adequate Internal Audit service is provided and the Audit & Risk Management Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

11.2 Director of Finance & Performance Management

11.2.1 The Director of Finance & Performance Management is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

(b) ensuring that the Internal Audit is adequate and meets the NHS mandatory audit standards; (c)

deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or ~~corruption~~bribery;

(e) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:

(i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
(ii) major internal financial control weaknesses discovered;
(iii) progress on the implementation of internal audit recommendations; (iv) progress against plan over the previous year;
(v) strategic audit plan covering the coming three years; (vi) a detailed plan for the coming year.

11.2.2 The Director of Finance & Performance Management, ~~or~~ designated auditors or LCFS are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises or members of the Board or employee of the Trust;

(c) the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and

(d) explanations concerning any matter under investigation.

11.3 Role of Internal Audit

11.3.1 Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls; (c) the suitability of financial and other related management data;

(d) the extent to which the Trust"s assets and interests are accounted for and safeguarded from loss of any kind, arising from:

(i) fraud and other offences;
(ii) waste, extravagance, inefficient administration; (iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health.

11.3.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance & Performance Management must be notified immediately.

11.3.3 The Chief Internal Auditor will normally attend Audit & Risk Management Committee meetings and has a right of access to all Audit & Risk Management Committee members, the Chair and Chief Executive of the Trust.

11.3.4 The Chief Internal Auditor shall be accountable to the Director of Finance & Performance Management. The reporting system for internal audit shall be agreed between the Director of Finance & Performance Management, the Audit & Risk Management Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

11.4 External Audit

11.4.1 The External Auditor is appointed by the Audit Commission and paid for by the Trust. The Audit & Risk Management Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Audit Commission if the issue cannot be resolved.

11.5 Fraud and ~~Corruption~~Bribery

11.5.1 In line with their responsibilities, the Trust Chief Executive and Director of Finance & Performance Management shall monitor and ensure compliance with provisions~~Directions~~ contained within the Fraud Act 2006 and Bribery Act and Health and Social Care Act 2012~~issued by the Secretary of State for Health on fraud and corruption~~.

11.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

11.5.3 The Local Counter Fraud Specialist shall report to the Trust Director of Finance & Performance Management and shall work with staff in NHS Protect, the national counter fraud body incorporated within the NHS Business Services~~ Authority also known as CFSMS (Counter Fraud and Security Management Services)~~. He or she shall work in accordance with the NHS Protect's Anti Fraud Manual and guidance~~Department of Health Fraud and Corruption Manual~~.

11.5.4 The LCFS will attend Audit Committee meetings. The Healthcare Provider shall receive Local Counter Fraud Specialist reports at these meetings.~~The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust~~.

11.6 Security Management

11.6.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

11.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.

11.6.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

11.6.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

12. RESOURCE LIMIT CONTROL

Not applicable to NHS Trusts.

13. ALLOCATIONS, PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

13.1 Preparation and Approval of Plans and Budgets

13.1.1 The Chief Executive will compile and submit to the Board an Annual Plan which takes into account financial targets and forecast limits of available resources. The Plan will contain:

(a) a statement of the significant assumptions on which the plan is based;

(b) details of major changes in workload, delivery of services or resources required to achieve the plan.

13.1.2 Prior to the start of the financial year the Director of Finance & Performance Management will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.

16.2.3 All employees must inform the Director of Finance & Performance Management promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

16.3 Debt Recovery

16.3.1 The Director of Finance & Performance Management is responsible for the appropriate recovery action on all outstanding debts.

16.3.2 Income not received should be dealt with in accordance with losses procedures.

16.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

16.4 Security of Cash, Cheques and other Negotiable Instruments

16.4.1 The Director of Finance & Performance Management is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
(b) ordering and securely controlling any such stationery;
(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

16.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

16.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance & Performance Management.

16.4.4 No member of staff is able to receipt a sum in cash form (in any currency) in excess of £1000 from an external source. The Director of Finance & Performance Management must be informed immediately if such an offer of payment in a cash form is made.

16.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

17. TENDERING AND CONTRACTING PROCEDURE

Formatted: Font: 10 pt

17.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 3.13 Suspension of Standing Orders is applied).

17.2 EU Directives Governing Public Procurement

Directives by the Council of the European Union ~~promulgated by the Department of Health (DH~~ enacted in UK legislation by the Public Contracts Regulations 2015 ~~)~~ prescribe a legal requirement on the Trust to observe certain ~~ing~~ procedures for awarding all forms of contracts. These shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

17.3 Reverse eAuctions

The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions. For further guidance on Reverse eAuctions refer to ~~www.ogc.gov.uk~~ the Head of Procurement.

17.4 Capital Investment Manual and other Department of Health Guidance

The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estate code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS".

17.5 Formal Competitive Tendering

The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. It is the responsibility of all Directors and employees of the Trust to ensure value for money at all times and to review all contracts prior to signing (or submitting for signature). All tenders will be managed within the process established by the Head of Procurement, and this will include maintenance of a register of tenders. All third party contracts for the supply of goods/services will be maintained in a contracts database maintained by the Head of Procurement. For all contracts awarded by the Trust it is required that a Contracts Sign-Off Pro-Forma is completed.

Formatted: Default, Indent: Left: 0 cm, Right: 0 cm, Tab stops: Not at 1.69 cm

Formatted: Font: (Default) Calibri

17.5.1 **General Applicability**

The Trust shall ensure that competitive tenders are invited for:

the supply of goods, materials and manufactured articles;

the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);

For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

17.5.2 **Health Care Services**

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with Standing Financial Instruction No. 18 and No. 19.

17.5.3 **Exceptions and instances where formal tendering need not be applied**

Formal tendering procedures **need not be applied** where:

(a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £150,000.

(b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;

(c) regarding disposals as set out in Standing Financial Instructions No. 25; Formal

tendering procedures **may be waived** in the following circumstances:

(d) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;

(e) where the requirement is covered by an existing contract;

(f) where procurements are made against CCS, Healthtrust Europe, NHS Supply Chain or any other nationally or locally negotiated ~~PASA~~ framework agreements/contracts capable of being utilised by the Trust. ~~are in place and have been approved by the Board;~~ In these circumstances a direct award or mini-competition may be options. Best value should always be sought and whether this is

represented by a direct award should be decided by the relevant manager balancing operational efficiency and advice from the procurement team.

(g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;

(h) where the timescale genuinely precludes competitive tendering. ~~but~~ Ff~~f~~ailure to plan the work properly would not be regarded as a justification for a single tender;

(i) where specialist expertise is required and is available from only one source;

(j) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(k) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

(l) ~~for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel"s opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.~~

~~The Director of Finance & Performance Management will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.~~

(m) where allowed and provided for in the Capital Investment Manual.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Approval of Single Tender Arrangements requires Board approval for any amount above the threshold specified under the Public Contracts Regulations 2015 ~~EU~~ procurement limit for goods and services (£111,676~~3,057~~ as at 1 January 2015~~2~~ net of VAT which for Board Approval purposes becomes **£135,668** inclusive of VAT).

The Trust is obliged legally to comply with the Public Contracts Regulations 2015. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and periodically reported to the Audit & Risk Management Committee.

17.5.4 **Fair and Adequate Competition**

Where the exceptions set out in SFI Nos. 17.1 and 17.5.3 apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

~~17.5.5 **List of Approved Firms**~~

~~The Trust shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Director of Finance & Performance Management it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive (see SFI 17.6.8 List of Approved Firms).~~

Formatted: Indent: Left: 0.2 cm, Right: -0.04 cm, Space Before: 0 pt, Line spacing: single, Tab stops: 1.69 cm, Left

17.5.6 **Building and Engineering Construction Works**

Competitive Tendering cannot be waived for building and engineering construction works and maintenance unless permitted under Department of Health Estates and Facilities guidance which may require specific Department of Health Approval.

17.5.7 **Items which subsequently breach thresholds after original approval**

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive, and be recorded in an appropriate Trust record.

17.6 Contracting/Tendering Procedure

17.6.1 **Invitation to tender**

All invitations to tender on a formal competitive basis shall state that no tender will be considered for acceptance unless submitted electronically using the Trust's E-Tendering Tool, or if necessary:

a) In a plain, sealed package bearing a pre-printed label supplied by the Trust (or bearing the word 'Tender' followed by the subject to which it relates and the latest date and time for the receipt of such tender); or

b) In a special envelope supplied by the Trust to prospective tenderers.

The tender envelopes/packages shall not bear any names or marks indicating the sender.

Every tender for goods, materials, services, (including consultancy services) or disposals shall embody such of the NHS Standard Contract Conditions as are applicable. Every tender must have given or give a written undertaking not to engage in collusive tendering or other restrictive practice.

17.6.2 **Receipt and safe custody of tenders**

For Electronic Tenders:

- Formal tenders will be submitted using the E-Tendering tool and will be unlocked automatically on the set return date and time.
- The authorised procurement representative will be responsible for the maintenance of all records.

For Paper Based Tenders:

- Formal competitive tenders shall be addressed to the ~~Trust Secretary~~Head of Corporate Governance.
- The date and time of receipt of each tender shall be endorsed on the unopened tender envelope/package.
- The ~~Trust Secretary~~Head of Corporate Governance shall receive tenders on behalf of the Chief Executive, and be responsible for their endorsement and safe custody until the time appointed for their opening, and for the records maintained in accordance with Section 3.

17.6.3 Opening tenders, Register of tenders

For Electronic Tenders:

- All tenders will be accepted by the unlocking of the E-Tendering tool.
- All changes will be fully auditable within the E-Tendering tool.

In the case of Paper Based Tenders:

- As soon as practicable after the date and time stated as being the latest time for the receipt of tenders they shall be opened in accordance with the Scheme of Delegation (SoD).
- Every tender received shall be stamped with the date of opening and initialled by the two Trust Directors in line with the SoD present at the opening.
- A permanent record shall be maintained, signed by the Directors present at the opening, to show the following for each set of competitive tender invitations dispatched:

a) The names of firms/individuals invited

Formatted: Justified
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Justified, Indent: Left: 1.27 cm
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Justified
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Justified
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, Bold
Formatted: Font: Calibri
Formatted: Font: Bold
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt

b) The names of and the number of firms/individuals from which tenders are received
c) The total price(s) tendered
d) Date and time of opening and closing;

A record shall be maintained of all price alterations on tenders, i.e. where a price has apparently been altered, and the final price shown shall be recorded, unless price alterations are so numerous as to render this procedure unreasonable. Every price alteration appearing on a tender and the record should be initialed by two of those present at the opening.

17.6.4 **Admissibility**

In considering which tender to accept, if any, the designated officers shall have regard to whether best value will be obtained by the Trust and whether the number of tenders received provides adequate competition. In cases of doubt they shall consult the Head of Procurement or Finance Director.

Tenders received after the due time and date may be considered only if the ~~Trust Secretary~~Head of Corporate Governance decides that there are exceptional circumstances, e.g. where significant financial, technical or delivery advantages would accrue, and is satisfied that there is no reason to doubt the bona fides of the tenders concerned. The nominated officer shall decide whether such tenders are admissible and whether re-tendering is desirable. Re-tendering may be limited to those tenders reasonably in the field of consideration in the original competition. If the tender is accepted, the late arrival of the tender should be reported to the Audit Committee at its next meeting.

Technically late tenders (i.e. those dispatched in good time but delayed through no fault of the tenderer) may at the discretion of the ~~Trust Secretary~~Head of Corporate Governance be regarded as having arrived in due time.

Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing) and amended tenders (i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt) should be dealt with in the same way as late tenders

Where examination of tenders reveals errors which would affect the tender figure, the tenderer is to be given details of such errors and afforded the opportunity of confirming or withdrawing his/her offer.

Necessary discussions with a tenderer of the contents of his/her tender, in order to elucidate technical points etc, before the award of a contract, need not disqualify the tender.

While decisions as to the admissibility of late, incomplete, or amended tenders are under consideration and while re-tenders are being obtained, the tender documents shall remain strictly confidential and kept in safekeeping by an officer designated by the Head of Procurement.

Where only one tender/quotation is received the Trust shall, as far as practicable, ensure that the price to be paid is fair and reasonable.

A tender other than the lowest (if payment is to be made by the Trust), or other than the highest (if payment is to be received by the Trust) shall not be accepted unless for good and sufficient reason the Finance Director decides otherwise and records that decision, plus the financial implications, with the Audit Committee.

Where the form of contract includes a fluctuation clause all applications for price variations must be submitted in writing by the tenderer and shall be approved by the Finance Director or Head of Procurement

All Tenders must be treated as confidential and must be retained for a period of at least 6 years for unsuccessful tenders, or 6 years beyond the life of the successful tendered contract, in accordance with HSC1999/053 "For The Record: Managing Records in NHS Trusts and Health Authorities". Associated records for contracts under seal should be kept for a minimum of 15 years.

17.6.5. Monitoring Potential and Current Suppliers

The Head of Procurement or nominated officers should ensure that appropriate checks are carried out as to the technical and financial capability of firms invited to tender or quote:

- In the case of building, engineering and maintenance works, the Head of Procurement in conjunction with the Director of Estates is satisfied on their capacity, conditions of labour, etc, and that the Finance Director is satisfied that their financial standing is adequate.

- In the case of the supply of goods, materials and related services, and management consultancy services, the Chief Executive or the nominated officer is satisfied as to their competence and that the Finance Director is satisfied that their financial standing is adequate.

- In the case of the provision of healthcare services to the Trust by a private sector provider, the Finance Director is satisfied as to their financial standing and the Medical Directors are satisfied as to their technical/medical competence and the Director of Procurement is satisfied with the value for money and risks. If the value of the contract exceeds EU thresholds then this should be referred to the Head of Procurement for due process.

The Head of Procurement will monitor the level of business transacted with suppliers by the Trust in relation to the total annual turnover of the Supplier. Where Trust business represents 50% or more of a supplier's total annual turnover the Finance Director, together with the appropriate procuring officer will review the extent that this represents a risk to the Trust and agree the necessary action to remove this risk.

Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: Calibri, 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt

(i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

(ii) All invitations to tender shall state that no tender will be accepted unless:

(a) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;

(b) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

(iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

(iii) Every tender for building or engineering works shall embody or be in the terms of a formal contract. The form of contract will be appropriate to the value and nature of the building or engineering works. This shall include, but is not limited to: Trust Terms and Conditions, NEC ECC (New Engineering Contract Engineering and Construction Contract) and the Joint Contracts Tribunal Standard Forms of Building Contract. Standard forms of contract will be completed to comply with DH guidance or relevant professional body recommendations where DH guidance is not available or not applicable. These documents if modified and/or amplified should accord with DH guidance. Modifications/amplifications should be in minor respects, to cover special features of individual projects.

17.6.2 **Receipt and safe custody of tenders**

The Chief Executive or his nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

17.6.3 **Opening tenders and Register of tenders**

(i) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Chief Executive and not from the originating department.

(ii) A member of the Trust Board will be required to be one of the two approved persons present for the opening of tenders estimated above £500,000. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust"s Scheme of Reservation and Delegation.

(iii) The „originating" Department will be taken to mean the Department sponsoring or commissioning the tender.

(iv) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Director of Finance & Performance Management or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.

(v) All Executive Directors / Members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

(vi) Every tender received shall be marked with the date of opening and initialled by those present at the

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Space Before: 0 pt, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 3.99 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 3 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 1.69 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

~~opening.~~

~~(vii) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations despatched:~~

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

- the name of all firms individuals invited;
- the names of firms individuals from which tenders have been received;
- the date the tenders were opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

(viii) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (SFI No. 17.6.5 below).

17.6.4 **Admissibility**

i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.

(ii) Where only one tender is sought and/or received, the Chief Executive and Director of Finance & Performance Management shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

17.6.5 **Late tenders**

(i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.

(ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.

(iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

17.6.6 **Acceptance of formal tenders (See overlap with SFI No. 17.7)**

(i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.

(ii) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Space Before: 0 pt, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 1.69 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted ...

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li

~~represent the best value for money. Other factors affecting the success of a project include: (a) experience and qualifications of team members; (b) understanding of client"s needs;~~

~~(c) feasibility and credibility of proposed approach;~~

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple

~~(d) ability to complete the project on time.~~

~~Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.~~

~~(iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.~~

~~(iv) The use of these procedures must demonstrate that the award of the contract was:~~

~~(a) not in excess of the going market rate / price current at the time the contract was awarded;~~

~~(b) that best value for money was achieved.~~

~~(v) All tenders should be treated as confidential and should be retained for inspection.~~

17.6.7 **Tender reports to the Trust Board**

Reports to the Trust Board will be made on an exceptional circumstance basis only.

~~17.6.8 **List of approved firms (see SFI No. 17.5.5)**~~

~~(a) **Responsibility for maintaining list**~~

~~A manager nominated by the Chief Executive shall on behalf of the Trust maintain lists of approved firms from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Trust is satisfied. All suppliers must be made aware of the Trust"s terms and conditions of contract.~~

~~(b) **Building and Engineering Construction Works**~~

~~(i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).~~

~~ii) Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equality Act 2010 and any amending and/or related legislation.~~

~~iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.~~

~~(c) **Financial Standing and Technical Competence of Contractors**~~

~~The Director of Finance & Performance Management may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.~~

Formatted: Indent: Left: 0 cm, Right: 0 cm, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li, Tab stops: Not at 2.72 cm

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Justified, Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple

Formatted: Justified, Space Before: 0 pt, Line spacing: Multiple 1.15 li

Formatted: Indent: Left: 0 cm, Right: 0 cm, Line spacing: Multiple 1.15 li

~~17.6.9 Exceptions to using approved contractors~~

~~If in the opinion of the Chief Executive and the Director of Finance & Performance Management or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Executive should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.~~

~~An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.~~

17.7 Quotations: Competitive and non-competitive

17.7.1 **General Position on quotations**

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed amounts as laid down in the Trust"s Scheme of Reservation and Delegation.

17.7.2 **Competitive Quotations**

Quotations are required for the supply of goods, services or products above the thresholds described in **4.2. Financial Values of Quotations and Tenders** with the number required depending upon total value. All quotations should be received in writing, which may be by email unless specified otherwise in appendix 3.

Quotations should be obtained from firms/individuals based on specifications or terms of reference prepared by, the user department. The procurement department should be consulted for assistance in obtaining quotations and best use shoiuld be made of the Procurement Departments standard quotation system. All quotations sought should be subject to NHS Standard Terms and Conditions of Contract and should be in writing.

All quotations should be treated as confidential and should be retained for inspection. The nominated officer should evaluate the quotations and select the one which gives best value. If this is not the lowest then this fact and the reasons why the lowest quotation was not chosen should be sent to the procurement department, where the reasons will be held in a permanent record, available on request to the Audit Committee.

Formatted: Font: 10 pt

Formatted: Normal, Indent: Left: 1.01 cm, Right: -0.04 cm, Space Before: 1.7 pt, Line spacing: Exactly 11.3 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: Calibri, 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

17.7 Quotations: Competitive and non-competitive

~~17.7.1 General Position on quotations~~

~~Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed amounts as laid down in the Trust"s Scheme of Reservation and Delegation.~~

~~17.7.2 Competitive Quotations~~

~~(i) Quotations should be obtained from firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust in accordance with the Trust"s Scheme of Reservation and Delegation.~~

~~(ii) Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.~~

~~(iii) All quotations should be treated as confidential and should be retained for inspection.~~

~~(iv) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by~~

~~the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.~~

17.7.3 **Non-Competitive Quotations**

Non-competitive quotations in writing may be obtained in the following circumstances:

(i) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible/(sponsoring) Director, possible or desirable to obtain competitive quotations and the circumstances are detailed in an appropriate Trust record;

(ii) where the requirement is covered by an existing contract;

(iii) where a consortium arrangement is in place and a lead organisation has been appointed to carry out quotation activity on behalf of the consortium members;

(iv) where the timescale genuinely precludes competitive quotations and the supply of goods or manufactured articles are required quickly and are not obtainable under existing contracts; (failure to plan the work properly would not be regarded as a justification for a single quote)

(v) where specialist expertise is required and is available from only one source;

(vi) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(vii) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained from competitive quotations;

(viii) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel"s opinion) and are generally recognized as having sufficient expertise in the area of work for which they are commissioned. The Director of Finance & Performance Management will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

(ix) where allowed and provided for in the Capital Investment Manual.

The waiving of competitive quotation procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that obtaining competitive quotations is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and periodically reported to the Audit & Risk Management Committee.

Where the goods or services are for building and engineering maintenance, there is an expectation that when requesting a waiver, the responsible works manager will justify the request by reference to the first two conditions of this SFI (i.e.: (i) and (ii)).

17.7.4 **Quotations to be within Financial Limits**

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Director of Finance & Performance Management.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and periodically reported to the Audit & Risk Management Committee.

20.1.5 The Trust will pay allowances to the Chair and non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

20.2 **Funded Establishment**

20.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

20.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

20.3 Staff Appointments

20.3.1 No officer or Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

(a) unless authorised to do so by the Chief Executive;

(b) within the limit of their approved budget and funded establishment.

20.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

20.4 Processing Payroll

20.4.1 The Director of Finance & Performance Management is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notifications;

(b) the final determination of pay and allowances; (c)

making payment on agreed dates;

(d) agreeing method of payment.

(e) delegation of the task of approving the payroll run to the Associate Director of Finance

20.4.2 The Director of Finance & Performance Management will

issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;

(d) security and confidentiality of payroll information;

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act; (g)

methods of payment available to various categories of employee and officers;

(h) procedures for payment by cheque, bank credit, or cash to employees and officers; (I)

Management and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance & Performance Management must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance & Performance Management must inform the relevant LCFS and Area Anti Fraud Specialist of NHS Protect~~CFSMS regional team~~ in accordance with ~~Secretary of State for Health"s Directions~~the Health and Social Care Act 2012.

The Director of Finance must notify the Counter Fraud and the Local Counter Fraud Specialist and Area Anti Fraud Specialist of NHS Protect~~Security Management Services (CFSMS)~~ and the External Auditor of all frauds.

26.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance & Performance Management must immediately notify:

(a) the Board,

(b) the External Auditor.

26.2.4 Within limits delegated to it by the Department of Health, the Board shall approve the writing-off of losses.

26.2.5 The Director of Finance & Performance Management shall be authorised to take any necessary steps to safeguard the Trust"s interests in bankruptcies and company liquidations.

26.2.6 For any loss, the Director of Finance & Performance Management should consider whether any insurance claim can be made.

25.2.7 The Director of Finance & Performance Management shall maintain a Losses and Special Payments Register in which write-off action is recorded.

26.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.

26.2.9 All losses and special payments must be reported periodically to the Audit & Risk Management Committee.

27. INFORMATION TECHNOLOGY

27.1 Responsibilities and duties of the Director of Finance & Performance Management

27.1.1 The Director of Finance & Performance Management, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust"s data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

27.1.2 The Director of Finance & Performance Management shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

4.4 Members should make every effort to attend all meetings of the Committee and are mandated to attend 80% as a minimum annually.

5 ATTENDANCE

5.1 The Director of Governance, Director of Finance & Performance Management and the Chief Nurse will attend the meetings.

5.2 All other Non-Executive Directors shall be welcome to attend and all members of the Trust Board will receive papers to be considered by the Committee.

5.3 Representatives from LCFS, Internal Audit and External Audit will be given a standing invitation to the meetings. The last part of each meeting of the Committee will be normally held with the Internal and/or External auditors and without the Executive Directors present.

5.4 Other Executive Directors or any other individuals deemed appropriate by the Committee may be invited to attend for specific items for which they have responsibility.

5.5 The ~~Trust Secretary~~Head of Corporate Governance shall be secretary to the Committee and will provide administrative support and advice.

The duties of the ~~Trust Secretary~~Head of Corporate Governance 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
- Advising the Committee as appropriate

6 FREQUENCY OF MEETINGS

6.1 Meetings will be held five times a year, with additional meetings where necessary.

7 REPORTING AND ESCALATION

7.1 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.

7.2 The Chair of the Committee will provide an oral report to the next Trust Board after each Committee meeting, highlighting the matters on which future focus will be directed.

7.3 The Chair of the Committee shall draw to the attention of the Trust Board and issues that require disclosure to the full Board or require Executive action.

7.4 The Committee will provide an annual report to the Trust Board on the effectiveness of its work and its findings, which is to include an indication of its success with delivery of its work plan and key duties.

7.5 In the event that the Committee is not assured about the delivery of the work plan within its domain, it may choose to escalate or seek further assurance in one of five ways:

(i) insisting on an additional special meeting;
(ii) escalating a matter directly to the full Board;
(iii) requesting a chair's meeting with the Chief Executive and Chairman;

9.5.4 Policies for ensuring compliance with relevant regulatory, legal and conduct requirements.

9.5.5 Policies and procedures for all work related to fraud and ~~corruption~~ bribery ~~as set out in Secretary of State Directions and~~ as required by NHS Protect.

9.5.6 The Trust's arrangements by which staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.

9.6 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, and in particular the Quality & Safety Committee, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

9.7 This will be evidenced through the Committee's use of an effective Board Assurance Framework (BAF) to guide its work and that of the audit and assurance functions that report to it. The full BAF will be received by the Trust Board at least four times a year.

9.8 The Trust's Corporate Risk Register (risks scoring 15 and above) will be reviewed by the Committee two times a year.

Internal Audit

9.9 The Committee shall ensure that there is an effective Internal Audit function put in place by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit and Risk Committee, Chief Executive and Board. This will be achieved by:

9.9.1 Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

9.9.2 Review and approval of the Internal Audit strategy, operational plan and detailed work programme, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework and the recommendations of the Quality & Safety Committee.

9.9.3 Consideration of the major findings of Internal Audit work and the management response and ensuring coordination between the Internal and External Auditors to optimise audit resources. While the Quality & Safety Committee will lead on the review of audit reports covering patient safety, quality and patient experience, education and research, the Audit and Risk Committee will receive assurance that they have been carefully reviewed by the Quality & Safety Committee. If there is any perceived ambiguity regarding the relative roles of the Audit and Risk Committee and the Quality & Safety Committee in this respect, the committee chairs will liaise to agree a satisfactory approach.

9.9.4 Reviewing and monitoring management's responsiveness to auditor's findings and recommendations, assuring itself that the management of the Trust is implementing the agreed recommendations of Internal Audit reports in a timely and effective way.

9.9.5 Ensuring that both the LCFS and Internal Audit functions ~~is~~are adequately resourced and haves appropriate standing within the organisation.

9.9.6 Review and acceptance of the annual LCFS workplan

9.9.~~7~~6 An annual review of the effectiveness of Internal Audit carried out by External Audit. An in-depth review of Internal Audit will be carried out by External Audit on a three-yearly basis.

Formatted: Indent: Left: 1.27 cm, Hanging: 1.27 cm

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Charitable Funds Committee

Venue Tipton Sports Academy Social Club, Wednesbury Oak Road, Tipton

Date 6th October 2016 0830- 0930

Members Present

Mr W Zaffar [Chair]
Mr R Samuda
Mr T Waite
Mr C Ovington

In attendance

Ms R Wilkin
Mr J Shah
Mr C Higgins
Mr R Chidlow
Mr T Rheadon
Ms J Clarke
Ms S Wilson
Ms S Ward

Committee Support

Miss Y Charles

Minutes	Paper Reference
1 Apologies	Verbal
2 Minutes of the previous meeting	**SWBCF (10/16) 006**
AGREED: The minutes of the previous meetings were approved as a correct record of the meeting.	
3 Matters arising from the previous meeting	**SWBCF (10/16) 008**
3.1 ***Update on Programme for reducing alcohol related admission*** - The revised proposal was presented to the committee. The revised proposal highlighted the utilisation of the agreed fund allocation of £250,000 to provide a combined holistic patient –centres care with clinical efficiency based on the existing Public Health objectives. This revised proposal was accepted by the committee.	
4 Head of Trust Charity's programme report	**SWBCF (10/16) 009**
JShah provided an update to the committee on the seven programme areas of the Charity to date. Out of the seven programmes four of the on-going objectives are on track, three of the programmes i.e. i) Trust Charity Grant programme 16/17 and ii) Trust charity and membership Academy re-launch iii) Developing a Brand fundraising and devising a team budget are all scheduled to be completed by Nov 2016. There have been some delays in achieving The Midland Met Appeal but this is also expected to be completed as planned. Key milestones to date includes; i) The securing of 442K income since June 2016 including three legacies totalling 325K. ii) The team have successfully achieved the sign-off to do promotional character "Zog" from the bestselling children's author in the UK – Julia Donaldson. This will be branded on donation boxes for each ward and department across the	

trust iii) The team have current received 30 stage 1 large grants applications and 19 small grant applications totalling £2.84m iv) Development "target list" of 70 potential contacts for the hi-net worth appeal for the Midland Met appeal It was also noted that to date £442,000 have been banked and receipted by the charity. TWaite advised that the team needed to ensure that the £20,000 MMH pledge not currently bank must be captured on the financial statement. The Chair congratulated the Trust Charity team on the outstanding work that has been achieved during the relatively short time in post.	
5 Independent domestic violence advisors: progress report	**SWBCF (10/16) 010**
JClarke provided a joint progress update on the ED Advocacy project during its first 10 months since "going live" in ED in November 2015 along with SWilson – Lead Domestic nurse and Sara Ward Sandwell Women's Aid. The Emergency Department (ED) Advocacy Project which is a joint venture between Sandwell & West Birmingham Hospitals Trust and Sandwell Women's Aid (SWA). The current focus is on domestic abuse (albeit the project will encompass other forms of sexual abuse and violence in the future) in order to embed systems and to consult with partners to fine tune the project before expanding to City ED (November 2016). To date 117 individuals have been identified via the project with 77% receiving on-going support; of these 59% were already known to SWA and 41% being previously unknown. Initial findings have shown that over a 12 month period high risk victims discussed at the Multi-Agency Risk Assessment Conference (MARAC) accounted for 729 ED admissions at a cost of £79,272 to the Trust. However, it is worthwhile noting that for those individuals discussed at MARAC post ED attendances had reduced at a saving of £13,393 on the previous year. Although the project has met its objectives it is felt that there is still a significant amount of work to do particularly in terms of assisting many within the "harder to reach" ethnic groups who are more likely to present themselves at A&E rather than the Police, many who have received such assistance felt that the service have given them the information and confidence to access other vital support. The team have taken part in the Induction training of Junior doctors as a means of introducing the service to professionals to assist them in being comfortable in referring someone for support, as many health professionals feel uneasy addressing such issues with a patient who they feel may be suffering domestic abuse, i.e. many struggle to implement routine inquiry. SWard noted to the committee that many victims when asked were comfortable with someone asking them outright if they were suffering abuse and would not have opened up to this otherwise. Hence there is a need for the educating and training of staff to invite a change in work culture. The Chair suggested the that the team contacted other community groups to aid in raising awareness, for example, BRAVE (BRothers Against ViolencE) and to view such partnerships as a means of sharing good practice. The committee was concerned as to what could be done to further the success and	

the work of this project. TWaite suggested that talks be held with the CCG particularly as this subject would be viewed as an issue around Public Health. JShah stated that there may be a possibly of getting some financial support via the major grants. The Chair thanked the group on their hard work and commitment to this issue and looked forward to hearing of future developments. **ACTION:** • JShah, JClarke, SWilson and SWard to meet to discuss areas of possible financial funding/support	
6 Fund consolidation structure	**SWBCF (10/16) 011**
RWilkin updated on the need of consolidation of the SWBH NHS Trust Charity Fund structure. It comprised of over 350 funds divided across a number of linked charities. There is a need to consolidate the funds to ensure an efficient entity that is fit for purpose, transparent and accountable. Meetings have been held with fund managers representing 151 funds in total. 60 funds valuing just over £133,000 have been identified as "dormant" and it is proposed to request to utilise these towards covering operating costs and staffing. Legal advice has been sought on the closure of the existing charity and link charities and the presentation of a single trust deed in order to adopt the proposed new fund structure. The committee agreed to the proposed structure and agreed to commence the roadmap to dissolve the existing charity and link charities and to adopt a single Trust deed.	
7 Annual report and Accounts	**SWBCF (10/16) 012**
The Annual Report and Draft Financial Statement for the financial year ending 31 March 2016 was presented by TWaite. It was noted that the assets of the Charity as at 31 March 2016 were £5.051 million (2015: £6,267 million) however the overall net assets were reduced during the year by £1.216 million. The Charity received a total of £0.569m from the following sources: -here is noteable change in terms of Pathology – normal exchequer. Spent more than we received. See follow through of that. Legacy receipts good news. Annual report all draw good work of charity. **ACTION:** • TWaite and RSamuda to sign letter of representation	
8 Finance performance	**SWBCF (10/16) 013/014**
Overall the finances are in order and there were no real issues to report. The key items which were noted is the net movement in funds of £53K. The draft management responses to Charitable funds ISA260 recommendations was	

highlighted by TWaite. **ACTIONS:** • To invite Michael Burgess to next meeting • TRheadon and CHiggins to look at cash flow of the charity at 15/16 reduce cash flow progress then to work to feedback next time	
9 2016/17 grant programme update	**SWBCF (10/16) 015**
RWilkin suggested the formation of a subgroup committee comprising of the Chair, COvington, TWaite, RWilkin, JShah who would meet to go through the grants applications received. It was agreed that this subgroup would be formed to with delegated authority to oversee and approve the grant applications received via this programme. **ACTION:** • RW - To bring paper re delegated authority for approval at the next meeting	
10. Matters to raise to the Board and Audit & Risk Management committee	**Verbal**
There were no further items of business.	
11 Any other business	**Verbal**
There were no other business.	
12 Date and time of next meeting	
The date and time of the next meeting will be 17th November 2016 at 11:30am in D29 Meeting room, City Hospital	

Signed .....

Print .....

Date .....

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CHARITABLE FUNDS COMMITTEE UPDATE	
Date of meeting	17th November 2016
Attendees	Cllr Waseem Zaffar (Chair), Mr Toby Lewis, Mr Richard Samuda, Mr Tim Reardon, Mrs Ruth Wilkin, Mr Johnny Shah, Ms Gemma Towns and Miss Yulander Charles.
Apologies	Apologies were received from Mr Colin Ovington and Mr Tony Waite.
Key points of discussion relevant to the Board	The key areas of focus were: • Head of Trust Charity progress report: The internal launch of the rebranded charity had been held on 11th November 2016 with seven appeals successfully launched. An external launch event was planned for 20th November 2016. The Committee discussed the need for KPIs to measure funding streams and asked these were developed and returned to the next meeting. • Midland Met Hospital Appeal: Mr Shah advised on the fundraising strategy for the fundraising appeal that would support enhancements to the new hospital. The Committee approved the appointment of a company to assist with this strategy. The strategy and associated plan would be returned to a future meeting for consideration. • Finance: There were no significant changes in the Charity's finances and income was broadly in line with the position of the previous year. • Funding balances: It was agreed this matter would no longer feature on the agenda save for exception reporting. • Supplementary financial information: The Committee approved the allocation of costs across one general fund but agreed to discuss the Charity's future plans in this area outside of the meeting. • Grant progress approval: The Working Group meeting had met earlier that day and had recommended seven grants proceeded to the next stage. Discussions would be held with the recommended applicants and final proposals would be circulated via email to committee members for a written resolution to award funds. • Meet and greet volunteers project: The Committee requested further detail on the activities of the meet and greet volunteers project. A paper would be returned to the February 2017 meeting identifying the new structure and how the project would be measured.
Positive highlights of note	• The successful launch of the rebranded Trust Charity • The shortlisting of seven applications by the working group

Matters of concern or key risks to escalate to the Board	• None
Matters presented for information or noting	• None
Decisions made	• Approval of a company to assist with the development of a strategy to support the Midland Met Hospital fundraising appeal • Allocation of costs across one fund.
Actions agreed	No specific additional actions beyond those being progressed by management. Next meeting: 9th February 2017.

Cllr Waseem Zaffar
Chair of Charitable Funds Committee
For the meeting of the Trust Board scheduled for 1st December 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 21st October 2016; 0830h – 1000h

Members attending:

Ms O Dutton	Chair
Mr R Samuda	Chairman
Mr M Hoare	Non Exec Director
Mr C Ovington	Chief Nurse
Mr T Lewis	Chief Executive
Miss K Dhami	Director of Governance
Mr T Waite	Director of Finance

In attendance:

Ms A Binns	Assistant Director of Governance
Ms J Donovan	Cancer Services Manager
Ms J Clarke	Safeguarding Children Lead
Ms C Cotterill	Adult Safeguarding Lead
Mr S Parker	Head of Clinical Effectiveness
Ms K Trimble	Head of Legal Services
Mr N Trudgill	Deputy Medical Director
Ms G Towns	Head of Corporate Governance

Committee Support:

Miss Y Charles	Executive Assistant

Minutes	**Paper Reference**
1. Apologies for absence:	Verbal
Apologies for absence were received from Dr Roger Stedman and Rachel Barlow.	
2. Minutes of the previous meeting	SWBQS (09/16) 54
The minutes of the previous meeting were accepted as a true record.	
3. Matters and actions arising from previous meetings	SWBQS (19/16
The action log was noted and updated.	
4. Patient story for the November Trust Board	Verbal
The next month's Trust Board story would be presented by Jacqueline Whittaker and the theme of the story would be deaf and hard of hearing patients.	
5. Safeguarding	
(a) <u>Children's safeguarding update –</u> Several issues were raised to the committee for noting.:	SWBQS (10/16) 056

(i) **Child Protection Information Sharing Project (CP-IS):** Birmingham City Council was due to go live with the Child Protection Information Sharing Project (CP-IS) 17th October 2016, this date had been postponed until the 24th October 2016. An implementation plan was in place and a risk assessment had been completed. (ii) **Child Sexual Exploitation (CSE) SSCB Health Group**: The Committee were waiting for the outcome of the bid to SWBCCG commissioners to support the CSE agenda across the health economy by increasing specialist nursing resource for CSE in Sandwell CSE Team to mirror the Birmingham model. The EPR system was flagged to alert practitioners when children and young people presented to SWBH services who were at risk; this enabled earlier identification and referral to the CSE team. SWBH had a Paediatric Liaison Nurse working closely with practitioners to raise the profile of CSE and training was being delivered as previously outlined. Audit in this area continued to show poor compliance in reviewing the CSE flag. However, two examples had been noted where children at high risk presenting to ED had been identified by clinical and reception staff and escalated to the relevant Children's Social Services team. (iii) **Paediatric Liaison Service Birmingham:** Birmingham City Council had announced plans to cease provision of service into ED Departments across the City from November2016. It was noted that all providers had raised their concerns given the assumption that clinical staff would screen and undertake the onward notification to universal services. The group had requested funding to maintain the current service until April 2017 to give sufficient time to explore safe options. SWBH have completed and forwarded an impact assessment and completed a risk assessment. The Committee expressed its concerns and were of the view the very short notice provided was unacceptable. The Committee asked Mr Lewis to write to Birmingham City Council to this effect. **ACTION: TL to draft a response letter** (iv) **Safeguarding Children Training:** Monthly and quarterly submission of Level 1-3 Safeguarding Children Training compliance figures continued to be monitored at the Safeguarding Steering Group. For Q2 percentages 98%, 71% and 72 % were seen respectively which showed an overall increase. However, for Level 2 and 3 this was below the projected KPI. It was noted that a better forum was needed to raise awareness and training e.g. learning events and processes should be in place that ensure lessons are embedded. The need to see where the implications of external factors impact our services was also noted. **ACTION: Quarterly updates reports to be provided to the committee** **(b) <u>Adult safeguarding update</u>** The number of Deprivation of Liberties (DOLS) had increased but the Trust was of the view not all referrals were being made to the correct channels and there was significant work to do to address the issues highlighted in the report. Mr Ovington and Mr Lewis agreed to raise this matter at their nursing meetings. The Committee were unhappy with the position on DOLS and asked for this to be placed on the agenda for the November meeting. **ACTION: Policy now under review. Matter to be put on the agenda for the next meeting.**	SWBQS (10/16) 057
6. Integrated Performance Report	SWBQS (10/16) 058
The summary scorecard for September 2016 (in-month) was tabled and discussed. Work was being done on various initiatives to improve targets. Weekly VTE meetings were taking place with Service Managers and Specialist Leads to ensure that performance improvements were being made. The need to track safety concerns was noted.	

7. National Cancer Patient survey	SWBQS (10/16) 059
J Donovan updated the Committee on the national Cancer Patient Experience Survey, the findings provided an important baseline from which to measure the successful delivery of the national cancer strategy. 71,000 patients participated with a response rate of 65%. The survey results had been circulated to cancer site specific multi-disciplinary teams to produce actions plans. Teams were requested to discuss results at September QIHD sessions. Action plans had been submitted from MDTs and services would be discussed at the November Cancer Board meeting. The Committee noted the findings of the survey and the work being undertaken to develop local and an overarching core Action Plan for improving the cancer patient experience. The Committee directed that the action plan should be specific and show a clear impact on the service. The Committee asked that in future the report focused on three key issues. This paper had not been considered by Cancer Board and it was agreed in future, papers should not be presented to a Trust Board Committee if they had not been through the appropriate governance route first. **ACTION: JD to discuss the implementation of the action plan at next the Cancer Board**	
8. Legal services update (April – September)	SWBQS (10/16) 060
K Trimble and A Binns provided an overview of the numbers and type of clinical and non-clinical claims that have been made against the Trust and a summary of other work undertaken by the legal team. The information surrounding Trust membership to the NHS Litigation Authority schemes and the cost of membership versus the financial reserve for our open claims was also highlighted.	
9. PALS and Complaints report Q2	SWBQS (10/16) 061
The Committee received the report for information.	
10. Serious incident report	SWBQS (10/16) 062
The Committee received the report for information.	
11. 2016/17 clinical audit plan progress report	SWBQS (10/16) 063
S Parkes provided the Committee with an update on the progress of the 20 clinical audits that were included in the Clinical Audit Plan for 2016/17. It was noted Fluid Balance Charts were not completed accurately in the majority of patients audited. This could be partly explained as charts are included as part of the Daily Care Record and as such are being automatically commenced irrespective of patient need. Within the report there are five actions listed to tackle this issue. The Committee discussed the time frame for completion along with the need to incorporate directives **ACTION: TL and CO to discuss this further** Individualised care plan – although patients feel involved in their care plan this still needs to be quantifiable. The Committee was asked whether care plans should be signed off by the patients as an auditing measure. **ACTION: TL and CO to discuss best way forward** Making Every Contact Count - It was agreed a number of clinical teams would be selected to achieve best practice in this area and once EPR was implemented, this good practice could be shared across	

the Trust.	
12. Agency cap breach report	SWBQS (10/16) 064
This report was read and noted and would be discussed further at the Finance and Investment Committee.	
13. Meeting effectiveness	Verbal
The meeting discussions were felt to be useful and constructive.	
14. Matters to raise to the trust Board and Audit and Risk Management committee	Verbal
The Committee concluded that the number of caesareans should be highlighted to the Board as a matter of concern.	
15. Any other business	Verbal
TL advised there had been a twelve hour DTR breach. This would be reported to the Trust Board meeting on 3rd November 2016.	
16. Details of the next meeting:	
The next meeting will held on 25th November 2016 at 10.30am in the Anne Gibson Committee Room at City Hospital.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance & Investment Committee - Minutes

Venue: Churchvale Room, Medical Education Centre, Sandwell Hospital

Date: 27 October 2016: 1430h – 16:20h

Members Present		**In attendance**	
Mr Richard Samuda	Chairman	Mr Toby Lewis	Chief Executive
Mr Harjinder Kang	Non-Executive Director	Miss Gemma Towns	Head of Corporate Governance
Mr Tony Waite	Director of Finance and Performance Management	Mr Chris Archer (item 4)	Associate Director of Finance
Ms Rachel Barlow	Chief Operating Officer		
		Committee Support	
		Mrs Elaine Quinn	Executive Assistant

Minutes	**Paper Reference**
1. Apologies:	**Verbal**
Apologies were received from Mrs Marie Perry, Mrs Raffaela Goodby and Mr Tim Reardon.	
2. Minutes of the previous meetings – 30 September 2016	**SWBFI (10/16) 002**
The minutes were agreed as a true and accurate record. It was noted that it had been unnecessary to record Mr Lewis's apologies as he was not a member of the Committee. The apologies have been retrospectively removed.	
2.1. Matters arising and update on actions from the previous meetings	**Verbal**
Mr Samuda reported that he had now met with the newly appointed BCA Director of Procurement (Dave Coley). Mr Lewis noted the decision at the previous meeting to defer the implementation of the new finance system. He challenged and was assured that a remedial plan was in place for the Finance CIP pending progression of the new system.	
3. Financial Performance – September 2016/17	**SWBFI (10/16) 003**
The Committee noted that the Trust's Financial performance for P06 was reported as delivering to plan and its attention was drawn to that being dependent on the use of £3m contingency and balance sheet flexibility. On the basis of that headline report it was expected to recover £2.5m STF funding for Q2. Mr Waite drew the Committee's attention to the financial out-look for the year. This showed a potential risk of failure to deliver a surplus control total and secure Q3 / Q4 STF funding with consequent headline deficit. The Committee challenged and discussed the approach to mitigating that. There was a clear focus on expenditure run rate reduction in Q3 / Q4 and a requirement to reach a satisfactory agreement with commissioners on SLA income.	

Mr Waite drew the Committee's attention to the out-look on cash and consequent governance matters in respect of EFL compliance and the approval of forward strategic investment commitments. The Committee challenged and confirmed the remedial actions being taken in regard to these two matters. The Committee noted that income recovery risk in respect of challenges from the CCG remained significant, with resolution outstanding. Clinical group-level route to budget balance and CIP plans had not yet been secured. The following two key governance matters arising from a forward view of cash and liquidity were noted: • Risk of EFL overshoot in 2016/17 (breach of financial duty); • Risk of letting contracts now which may not be affordable later (capital expenditure) The Committee noted that a plausible route to solution had been identified and was being progressed. Delivery against that would routinely be considered by the Committee.	
4. Downside metrics	**SWBFI (10/16) 003a**
Mr Archer was in attendance to present the paper that had previously been presented at the Board meeting in October. He highlighted that, in line with the approach taken on previous financial risk ratings, each element of the metric is given a weighting to give a resulting weighted score. Scores are 1 = best to 4 = worst, in line with the SOF approach. It was noted that this is the reverse of the previous financial risk rating. The Committee noted that metrics are calculated and RAG rated for the NHSI plan submission for 2016/17 and for the MMH business case for 2016/17 to 2019/20. The value of the denominator of rating 4 is shown to give an indication of sensitivity. The areas of risk using the NHSI 2016/17 plan are: working capital (cash), RCRH reserve, CRL and EPR spending. The Committee discussed the financial risk ratings and it was agreed that the Trust should aim to attain a rating of either 2 or 3. The Committee challenged and confirmed the framework for the assessment of the triggers for a downside scenario. It was agreed that this was taken to the Board to ensure a full understanding in advance of any utilisation of the framework for decision-making. Mr Lewis asked Mr Waite to draft a paper accordingly, based on figures for 2023/24 (end of LTFM).	
5. Capital Programme	**SWBFI (10/16) 004**
The Committee discussed the scale and affordability of the capital programme. It was noted that the Board had, on the advice of the Committee, established the limits of delegated authority for Mr Lewis in terms of decisions relating to the capital programme.	
6. Agency Spend	**SWBFI (10/16) 005**
The Committee challenged and confirmed the proposed Trust response to a self-certification against an agreed set of parameters to be agreed at Board level against an NHSI framework for agency governance. The Committee noted the actions being taken to reduce agency costs having regard to on-going failure to keep within the Trust's agency cap. It was agreed that this would be discussed in more detail at the Trust Board meeting on 3rd November 2016.	
7. Matters to highlight to the Board and Audit & Risk Management Committee	**Verbal**
It was agreed that the following matters should be highlighted to the Board: • P&L outlook and risk to the delivery of the 2016/17 surplus control total;	

• The Board to establish limits of delegated authority for Mr Lewis regarding decisions on the Capital programme; • Downside metrics to inform future decision making; • Agency spend governance and costs reduction.	
8. Meeting Effectiveness Feedback	
The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.	
9. Any Other Business	**Verbal**
There was no other business.	
Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting was noted to be scheduled for 25 November 2016 at 0830h at City Hospital.	

Signed ……..

Print ……..

Date ……..

Public Trust Board – December 2016

Chief Executive's Report

Last month's board considered a deteriorating position in respect of finance and core standards performance. This month we need to discuss the sufficiency of our remedies for these issues. I explore that issue further in this report, by reference to the papers covered within the Board's agenda.

There is strong progress on some specific safety issues: Comprehensive VTE assessment, neutropenic sepsis compliance, addressing chemotherapy waits, infection control, and community ward safe staffing. The Board will be briefed on compliance with the never event action plans, as well as work to respond to Coroner's concerns on DOLs, which is being tracked via Quality and Safety.

The red day/green day work at ward level, and the comprehensive inspection regime being reflected in the CQC Improvement Plan update, suggests continued consistency of care issues within some of our adult hospital wards. I have reflected that concern candidly to staff across the organisation as we look to mobilise energy and commitment to deliver our Safety Plan.

Attached to this briefing is a useful overview of the EU referendum/Brexit implications for the NHS. I have not localised that as yet and we will do that during quarter 4 if the Board requires it.

1. **Our patients**

This month we consider progress with our volunteering programme, where last month we explored carer's rights guidance for wards. Each reflects a determination to become effective in involving those around our patients in the care we provide. The Trust is one of a handful chosen to take part in national pilot work on this effort, which is co-sponsored by the CQC, PHE and NHSI. As we look towards 2017 it is important that we keep up our energy to make this work effective at scale, and it is great news that the "Your Trust" charity is minded to support this work with a number of local third sector partners. At a time of much talk about STPs and wider collaboration, the third sector is a vital partner for us – as our strategic partnership plans indicate.

Both acute sites have faced very considerable pressure throughout November. Our four hour standard performance has fallen sharply. The biggest single factor on most days has related to discharge volume and discharge timing. Delayed transfers of care are a part of that picture, but the majority of the issue is in less complex discharges, which our red/green work is designed to unlock. The next SWB A&E Delivery Board meets on December 13th. Having submitted an assurance return confirming that we are not assured about quality of care and service coverage for the Christmas period, it will be important we can finalise there both an immediate plan for the period over statutory holiday, and a longer term mathematical model which confirms the scale of home care and care home provision needed locally to match a hugely ageing population. Our acute and emergency care staff have performing magnificently over this period. ED retains a very high medical vacancy

rate (see risk register) and whilst nurse recruitment is improving markedly, we retain vacancies, and unanticipated beds interfere with rosters and support to newly qualified employees.

Outpatient services continues to deploy the partial booking model for both new and follow up patients which we believe is best able to tackle rescheduling and DNA rate issues. Wait times in most specialties remain among the best in the region. There are real hot spots of exception, either because we cannot match supply yet to historic demand, or because demand has risen sharply. YOOP will consider when we meet on December 9th the latter list and work with the CCG to try and address these issues. From April a joint programme with the CCG will seek to focus work on reducing outpatient follow up work in key specialties, consistent with our intention to divert more specialist resource to inpatient care. We have, however, yet to paint a sufficiently clear picture of how outpatient services in our sites will function from 2018, and during the final quarter of the year it is imperative we find clarity on the future shape and operating model for the Birmingham and Sandwell Treatment Centres.

The new management team in surgery are working to see what can be done to address persistent issues in our eye casualty and outpatient administration functions. Though no safety issues arise from the cases viewed, there are clearly experiential problems for some patients. Tackling those issues would reduce, among other things, the work associated with responding to complaints. We continue, within this, to explore the best clinical balance between open access eye casualty arrangements and next day booked urgent appointments. We would expect to propose changes from the spring to the service, expanding the access to semi-booked appointments on an urgent basis, where the right expert clinician can be made available to the patient.

2. Our workforce

Recruitment continues to pose a significant challenge to us. The new approach to band 5 nurse recruitment is now in place. However, the hard to fill vacancy tracker attached to this report still shows a very disappointing pattern of hiring. I would encourage the Board to consider what further actions have merit to increase uptake, notwithstanding recent successes (not included in these figures) around radiography, which will help us to tackle that departments agency spend.

In month we launched our staff networks for BME, LGBT and disabled employees. This forms part of the next stage of our work on diversity. The pledges reflected in the annex to my report represent our immediate goals. And the Board has discussed and agreed forward pledges in respect of our future goals. Within that in particular we are committed to altering the make-up of the leadership of our organisation at band 8a and above. We have also now agreed to take steps in Q4 to ensure that all of our recruitment panels better reflect the diversity of the organisation and our local community.

Sickness absence rates have now plateaued for several months after improving in Q1. The Board discussed last time work to cut long term sickness rates sharply, and we should return next month to the Q4 projection based on specific targeted support plans for every individual who has been absent 28 days or more, and a clear 'pipeline' plan for anyone entering that category. The key step is grip and pace of action, by line managers, professional advisors, medics and trade unions.

From April we will work with a fundamentally changed Appraisal System that is better aligned to our organisational ambitions, but also better fitted to our model of employee relationships and

development. The chartered line manager programme is intended to support that work by placing a premium of good people management at team level. By focusing not on role compliance or competency, but continued development and excellence, we want make a step change in the emphasis we place on skills, both technical and interpersonal.

3. Our partners

We are closer to resolving our CCG contract dispute. There is a shared schedule of issues and a clarity that the CCG, which expects to post a large surplus at year end, is able to afford to pay. The disagreement reflects considerations about the NHS 'rule book' on counting and coding. That disagreement is now subject to formal arbitration between the parties. Meanwhile, we are seeking to agree a funding model for 2017 – 2019, and the NHS as a whole has a deadline of December 23rd to achieve that. I will brief the Board orally on the status of contract offers made to us.

Really good progress continues on the Midland Met construction programme through Carillion. We have passed the 700 day milestone to move in day in October 2018. And the build work is now moving above the fifth floor, with the first cladding being applied to lower floors. Liaison with local community stakeholders continues with success. As the members' leadership group was advised, transport connection discussions are moving forward well and are concluded from Birmingham. More work is taking place to ensure routes to access from across Sandwell. The Metropolitan Borough Council has established a group to help coordinate regeneration efforts across neighbouring community developments surrounding the site, which is welcome.

Recruitment to the vacant Chief Executive role at Dudley Group continues. Meanwhile, the Black Country Alliance is moving forward with key projects, including the integration of some non-clinical functions around estate management and bank. The joint board of the Alliance will consider pathology proposals at its next meeting. And our combined procurement work is showing considerable prospect of promise. We want to go beyond the 'Carter metrics' in purchasing, notwithstanding any national moves to mandate the use of specified nationally commissioned contracts.

4. Our regulators

The Trust continues to actively work with NHS Improvement to tackle agency use. Specific additional actions follow the review work undertaken by the executive and board last month. All medical locums are now signed off via the medical director. Revised arrangements for nurse agency were put in place some weeks ago. And a review of non-clinical agency has resulted in some reduction plans for the week ahead. Routine engagement with the CQC continues, and we anticipate a re-inspection of the Trust, in part of the hospital early in 2017.

It remains to be confirmed what actions follow from our NHSI-SOM rating of 3. The Trust has requested specific support with some aspects of our safety programme related to ward care standards. Given our aspiration to introduce extremely high standards of rigour and repetition into our basic clinical model we want to understand best practice in implementation support in this field.

Next month I hope to be able to provide a conclusive update to the Board on oncology progress. Positive discussions continue with UHB about them providing an expanded service on our sites. The apparent alternative of relocating oncology care to warehouse facilities in Smethwick is not

consistent with multi-disciplinary cancer care, and would require extensive statutory public consultation. NHSI and NHSE are deeply involved in working with the parties to bring to an end a disconcerting and long-running dispute, via the approach proposed by our Board on October 18th.

5. The Sustainability and Transformation Plan

The Black Country STP has now been published. The Trust has contributed to making the document available via our website and other channels. A public engagement process kicks off on December 6th. Resolving the governance model for the STP is a continuing conversation as we migrate from planning to implementation.

For local residents the STP represents more of the same, in that the strategic story is reflective of the RCRH narrative, which culminates in Midland Met opening in October 2018. The Black Country Alliance is contributing significantly to the STP work, with our collaborations on pathology, as well as the review work we are doing together around back office functions.

Attached to the report is update information on:

- Safe nurse staffing
- Our diversity programme
- Recruitment hot spots

Future safe staffing reports will show the position in respect of temporary staffing proportions, against our chosen metric that any use above 33% should be a 'flag' of concern.

Toby Lewis

Chief Executive

BREXIT BRIEFING: NOVEMBER 2016

This is the third of our regular briefings on key Brexit developments, this time covering: Government and political updates (including the timetable for exit, developing policy positions, parliamentary scrutiny of Brexit, and the international context); recent NHS Providers actions; and the latest analysis from the health sector.

1. Recent NHS Providers actions

- Through NHS Providers' membership of the Cavendish Coalition, we have:
  - supported development of a submission to the Health select committee's inquiry on Brexit, to which NHS Providers also submitted evidence independently
  - helped produce a submission to the House of Lords EU internal market sub-committee.
- NHS Providers is working closely with the Cavendish Coalition to develop a strategy to take forward our shared objectives; further details will be available in the New Year.

2. Government and political developments

2.1 The Brexit timetable

- The Government's Brexit timetable hit a potentially major stumbling block in early November when the High Court ruled that Parliament must vote on whether the UK triggers Article 50 of the Lisbon Treaty. The Prime Minister currently plans to challenge the High Court's decision in the Supreme Court. The latter is due to hear the case on 5 December and deliver a final ruling in January 2017. In its judgement, the Supreme Court will also consider the Scottish legal situation, which is distinct from that of England and Wales.
- A group of private individuals mounted the successful legal challenge to Government plans to formally commence the UK's withdrawal from the European Union by March 2017 without consulting Parliament. The Government justifies its intention to do so on the basis that triggering Article 50 falls within the scope of the Crown's prerogative powers and therefore does not require parliamentary approval.
- The High Court's decision attracted strong criticism in the pro-Brexit mainstream press, which in turn resulted in calls on both the Prime Minister and secretary of state for justice, Liz Truss, to publically support the independence of the judiciary.
- Granting Parliament the final say on whether the UK can begin withdrawing from the EU is problematic for the Government. Beyond possibly slowing the process down, it will require that the Government sets out the basis of its Brexit negotiating strategy prior to negotiations commencing– something the Prime Minister has been clear she does not want to do. It will also give parliamentarians the opportunity to seek to influence this strategy. With a Government majority of just 12 in the Commons and no majority in the Lords, Parliament could exert significant pressure on Mrs May and her Cabinet.
- In anticipation that the Supreme Court will uphold the High Court's ruling, a number of Conservative MPs have suggested that the Government should drop the challenge and instead follow the requisite legislative process by developing a short, tightly worded Bill that offers little room for significant amendment.
- In the event that the Supreme Court hears and dismisses the Government's appeal, Mrs May will likely seek to fulfil the legal requirement this creates by seeking to pass a Bill, and it has been reported that a Bill comprising just three lines has already been drawn up.
- Depending on the approach of the Opposition and other parties to Parliament's role in triggering Article 50 (see sections 2.3 and 2.4 of this briefing), such a Bill could pass rapidly through Parliament, or be subject to

prolonged parliamentary debate and amendment. If the Government determines that Parliament, by taking the latter approach, is seeking to obstruct withdrawal from the EU, it is possible that they may seek to trigger a snap election through which Theresa May would hope to secure a public mandate for her Brexit timetable and negotiating approach.

- Although the Prime Minister has been clear that she does not intend to hold an election before 2020, there has been a subtle shift in her language in recent weeks, which she now says "should", rather than will be, in 2020.

2.2 The Government's approach to Brexit

- Whether the Government should negotiate for a 'hard' or 'soft' Brexit continues to be the subject of fierce debate, both domestically and on the continent. Though the Prime Minister remains steadfast in her desire not to give a running commentary on Brexit, a number of developments in recent weeks have shone a spotlight on the Government's possible approach and preparedness.
- In late October, car manufacturer Nissan confirmed that it would continue to invest in its branch in Sunderland after the Government provided "assurances" that the company would not be adversely affected by post-Brexit trading conditions. This has been interpreted by some that the Government has offered Nissan subsidies to compensate for any trade tariffs that will apply if the UK leaves the single market. The Government denies that a 'sweetheart' deal has been struck, but this has not stopped other sectors, including the pharmaceutical industry, coming forward to seek equivalent arrangements.
- More recently, the Government's readiness to negotiate Brexit was called into question when a memo, developed by management consultancy Deloitte, was leaked to the press. The memo, which has been dismissed by Number 10 as having no credibility, suggests that the Government has made little progress in the past six months on developing a negotiating strategy. Reasons cited include divisions within the Cabinet, the evolving political situation in Europe as France and Germany prepare for elections in 2017, and the scale of the task facing the civil service.
- It has also been reported that some ministers – anticipating that the complexity of Brexit negotiations will mean two years will be insufficiently long to complete the withdrawal process – are pressing the Government to draw up a transitional deal with the EU to guard against the UK facing a potential Brexit 'cliff edge'.
- The challenge the Government faces in developing its Brexit strategy is well illustrated by a recent poll by NatCen Social Research on public priorities for Brexit:
  - 90% of respondents wanted the UK to remain within the single market;
  - 70% supported imposing a limit on EU migration; and
  - 51% felt that the UK "definitely or probably should not" agree to freedom of movement if that was necessary to securing continued unfettered access to the EU single market.

2.3 The Labour Party on Brexit

- Labour's official position on Brexit is starting to solidify. The is consensus within the Shadow Cabinet that the party's 'Brexit bottom lines' are ongoing access to the single market; maintenance of EU workplace rights; guaranteeing the safeguarding of consumers and the environment; and Government subsidisation of any EU capital investment lost as a result of Brexit.
- Nevertheless, key party figures have proposed slightly different approaches for achieving its 'bottom lines':
  - Jeremy Corbyn initially suggested that Labour will vote against the triggering of Article 50 unless the Government committed to negotiating on the basis of these lines.
  - Shadow Brexit secretary, Sir Kier Starmer, later stated that the party will not block the triggering of Article 50 in a parliamentary vote but that Labour would first need to know the Government's negotiating plan. He also

made apparent that Labour may seek to amend any Bill required to trigger Article 50 if these lines do not form part of the plan.
    - Shadow Chancellor, John McDonnell, went further to state that Labour will not seek to 'block or delay' the triggering of Article 50, proposing instead that Labour can deliver its Brexit aims by exerting 'moral pressure'.
- Consequently, the degree to which Labour will seek to use Parliament's formal role in triggering Article 50, if upheld by the Supreme Court, to shape the terms on which Government will negotiate Brexit is not yet clear.

2.4 Other political parties on Brexit

- Liberal Democrat leader, Tim Farron, has confirmed that the party will vote against the triggering of Article 50 unless the Government commits to holding a second referendum on the negotiated terms of the UK's withdrawal from the EU.
- The Scottish National Party (SNP) has been explicit in its desire to 'fully protect' Scotland's access to the single market post-Brexit.

2.5 Brexit architecture

- The new Brexit select committee has now been formally established, with MPs electing Labour's Hilary Benn MP as its chair. The committee's membership comprises ten Conservative MPs, five from Labour and one each for the SNP, Liberal Democrats, Democratic Unionist Party, and Social Democratic and Labour Party. With a majority of its members voting to remain in the EU, it is likely that that the committee will be a lively and high profile forum.
- The Committee's first inquiry is underway, which will explore the UK's negotiating objectives for withdrawal from the EU, including the remit of negotiations. There will be a particular focus on whether a future relationship with the EU will be encompassed within the negotiations and the case for transitional arrangements should a settlement not be achieved within the two year withdrawal window.

2.6 The international context

- November delivered a political earthquake as Americans elected Donald Trump as their next President. Running as a Republican candidate despite lacking the GOP's support, and having never held elected office before, Trump is a largely unknown entity politically. However, his platform of protectionism, nationalism and isolationism – along with the conservative Mike Pence as his Vice President – has given rise to expectations that his presidency could have significant implications for trade, defence, security and international relations. Whether developments across the Atlantic will strengthen or weaken the UK's Brexit negotiating hand, and what President Trump may mean for the NHS, is subject to speculation. For now, it joins the list of known unknowns.

3. The latest analysis from the health sector

- A new report by Public Policy Projects sets out key areas of concern for the life sciences sector, including access, licensing and regulation; clinical trials; trade; immigration; R&D funding; and intellectual property.
- Health secretary Jeremy Hunt highlights the opportunity that Brexit represents to reform the role of professional regulators in an article for the Health Service Journal (£).
- NHS Employers Chief Executive, Danny Mortimer, explores the implications of Brexit for clinical research in a blog featured on the Huffington Post.

Contact: Sally Percy, external affairs advisor sally.percy@nhsproviders.org

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 1st December 2016

1 EXECUTIVE SUMMARY

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

2 OCTOBER DATA UPDATE

The summary level data does not demonstrate any major variance month on month across this period. The average CHPPD for registered nurses across the trust is 5 hours which is consistent with previous months.

The average fill rates across the trust for registered nurses, which includes permanent, bank and agency staff for day shifts is 95.8% which is more than in September and for night shifts is 92.6% which is fewer hours filled than in September. For support staff the daytime fill rate is 107.2% and the night time fill rate is 109.7%, this is the more care staff on both shifts than in September.

Over the month of October we did see some additional bed capacity in place to help manage the demand for emergency admissions, this has continued to increase during November. Our options for ensuring safe staffing for additional capacity continues to be bank staff, then to tier one and two agency support and when this fails to yield nursing staff we have resorted to tier three. Using temporary staff for additional capacity carries inherent risks as staff don't fully understand all hospital policies and procedures, we attempt to balance this by ensuring that we use our permanent staff with additional areas, supported by temporary staff. Group Directors of Nursing collect data about the proportion of agency staff used in each ward with the aim of trying to reduce the volume to below 33%. Most wards are able to achieve this however there are some notable exceptions although these wards have began to improve as new team members are appointed. Lyndon 2 and Priory 2 in Surgery A, our community wards and D25 in Medicine, all of these wards with the exception of D25 have continued to recruit staff, D25 is a temporary additional ward.

The requirement for focused care continues to be a pressure on the nurse staffing requirement, a project is underway to recruit a pool of staff to help manage this problem, in addition a team of dementia volunteers are being recruited which is hoped to help with diversional activities.

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

Safe Staffing Return Summary		Day				Night								Care Hours Per Patient Day (CHPPD)			
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night					
Month	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Aug-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	221	573	573	175	175	100.0%	95.3%	100.0%	100.0%	228	4.6	1.7	6.3
	CITY HOSPITAL	29313	27693	12062	12037	27582	25849	8198	8735	94.5%	99.8%	93.7%	106.6%	9155	5.8	2.3	8.1
	ROWLEY REGIS HOSPITAL	3967	3395	4972	4965	3439	3310	3067	3079	85.6%	99.9%	96.2%	100.4%	2178	3.1	3.7	6.8
	SANDWELL GENERAL HOSPITAL	25853	25600	20636	14598	21640	20464	11640	12846	99.0%	70.7%	94.6%	110.4%	9872	4.7	2.8	7.4
		59598	57153	37902	31821	53234	50196	23080	24835	95.9%	84.0%	94.3%	107.6%	21433	5	3	8
Sep-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	476	225	195	555	555	157	222	105.8%	86.7%	100.0%	141.4%	174	5.9	2.4	8.3
	CITY HOSPITAL	29457	28063	12304	12574	27112	25549	8197	8677	95.3%	102.2%	94.2%	105.9%	9026	5.9	2.4	8.3
	ROWLEY REGIS HOSPITAL	3028	2638	3851	3963	2773	2726	2426	2426	87.1%	102.9%	98.3%	100.0%	1852	2.9	3.4	6.3
	SANDWELL GENERAL HOSPITAL	26309	25107	13815	14727	20919	19649	11129	12282	95.4%	106.6%	93.9%	110.4%	9236	4.8	2.9	7.8
		59244	56284	30195	31459	51359	48479	21909	23607	95.0%	104.2%	94.4%	107.8%	20288	5	3	8
Oct-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	446	232	217	573	573	157	120	95.9%	93.5%	100.0%	76.4%	144	7.1	2.3	9.4
	CITY HOSPITAL	32594	31145	15120	15025	28558	26663	9885	10501	95.6%	99.4%	93.4%	106.2%	9327	6.2	2.7	8.9
	ROWLEY REGIS HOSPITAL	2219	2103	2656	2717	2744	1844	2560	2536	94.8%	102.3%	67.2%	99.1%	2262	1.7	2.3	4.1
	SANDWELL GENERAL HOSPITAL	28494	27372	14486	16860	22514	21304	12135	13988	96.1%	116.4%	94.6%	115.3%	10266	4.7	3.0	7.7
		63772	61066	32494	34819	54389	50384	24737	27145	95.8%	107.2%	92.6%	109.7%	21999	5	3	8
3-month Avges	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	460	462	230	211	567	567	163	172	100.5%	91.9%	100.0%	105.7%	182	5.7	2.1	7.8
	CITY HOSPITAL	30455	28967	13162	13212	27751	26020	8760	9304	95.1%	100.4%	93.8%	106.2%	9169	6.0	2.5	8.5
	ROWLEY REGIS HOSPITAL	3071	2712	3826	3882	2985	2627	2684	2680	88.3%	101.4%	88.0%	99.9%	2097	2.5	3.1	5.7
	SANDWELL GENERAL HOSPITAL	26885	26026	16312	15395	21691	20472	11635	13039	96.8%	94.4%	94.4%	112.1%	9791	4.7	2.9	7.7
	Latest 3 month average====>	60871	58168	33530	32700	52994	49686	23242	25196	95.6%	97.5%	93.8%	108.4%	21240	5.1	2.7	7.8

3 RECOMMENDATION

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

Colin Ovington,

Chief Nurse

23rd November 2016

Appendix 1 – October 2016 ward nurse staffing data

October Data	Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Critical Care - Sandwell	97.5%	90.4%	92.7%	101.5%	279	30.1	6.1	36.2
AMU A - Sandwell	97.1%	126.0%	100.0%	104.3%	901	6.5	2.8	9.4
Older Persons Assessment Unit (OPAU) - Sandwell	112.0%	236.3%	101.6%	214.1%	283	5.0	5.3	10.3
Lyndon 1 - Paediatrics	92.5%	86.3%	80.6%	80.6%	433	3.1	1.4	4.5
Lyndon 2 - Surgery	97.2%	96.7%	93.0%	103.8%	774	3.4	2.8	6.2
Lyndon 3 - T&O/Stepdown	95.5%	181.0%	99.0%	171.9%	818	3.4	5.9	9.3
Lyndon 4	94.2%	98.0%	83.9%	129.0%	1018	2.8	2.3	5.1
Lyndon Ground - PAU/Adolescents	88.2%	100.0%	-	55.9%	263	3.7	3.5	7.2
AMU B - Sandwell	97.7%	106.5%	100.0%	100.0%	610	4.3	1.2	5.5
Newton 3 - T&O	95.2%	161.6%	99.0%	186.1%	903	3.0	4.8	7.8
Newton 4 - Stepdown/Stroke/Neurology	98.4%	98.4%	97.5%	93.5%	867	3.2	2.4	5.6
Newton 5 - Haematology	108.0%	84.0%	100.0%	100.0%	315	4.7	2.1	6.8
Priory 2 - Colorectal/General Surgery	96.1%	97.8%	102.2%	100.0%	703	4.0	2.5	6.5
Priory 4 - Stroke/Neurology	85.7%	74.2%	84.4%	73.2%	682	5.3	2.3	7.6
Priory 5 - Gastro/Resp	94.8%	114.0%	96.8%	124.1%	1021	3.0	2.1	5.1
SAU - Sandwell	98.1%	101.5%	99.2%	103.4%	396	8.0	2.8	10.7
CCS - Critical Care Services - City	95.9%	85.5%	98.0%	81.8%	250	35.9	7.2	43.0
D5 - Cardiology (Female)	104.8%	100.0%	108.4%	-	376	7.2	0.9	8.1
D11 - Male Older Adult	97.3%	100.0%	99.0%	100.0%	628	3.3	1.7	5.0
D12 - Isolation	79.3%	73.3%	69.8%	73.9%	74	12.3	6.1	18.3
D15 - Gastro/Resp/Haem (Male)	110.2%	99.2%	101.1%	151.7%	685	3.3	1.8	5.1
D16 - (Female)	94.7%	101.6%	97.8%	106.5%	581	3.5	1.8	5.3
D19 - Paediatric Medicine	96.0%	88.2%	46.8%	48.3%	276	3.7	1.6	5.4
D21 - Male Urology / ENT	95.7%	84.6%	100.0%	104.8%	483	4.2	2.8	7.0
D26 - Female Older Adult	100.0%	100.0%	100.0%	100.0%	624	3.4	1.7	5.1
D27 - Oncology	92.8%	68.5%	91.1%	96.4%	432	2.6	1.3	3.9
AMU 2 & West Midlands Poisons Unit - City	96.2%	106.5%	100.0%	103.4%	502	5.9	1.5	7.4
D43 - Community RTG	91.1%	118.8%	96.2%	158.0%	747	5.7	6.8	12.5
D47 - Geriatric MEDICAL	81.0%	116.1%	101.5%	98.3%	544	2.8	3.8	6.6
D7 - Cardiology (Male)	98.6%	98.3%	101.3%	-	634	6.2	0.6	6.7
Female Surgical Ward	98.4%	102.8%	96.8%	100.0%	393	5.3	3.1	8.5
Labour Ward - City	86.5%	99.4%	80.9%	100.0%	293	21.7	4.7	26.4
City Maternity	95.8%	102.5%	81.1%	101.6%	988	3.7	2.1	5.8
AMU 1 - City	101.0%	100.9%	100.0%	101.1%	781	7.4	3.1	10.6
Serenity Birth Centre - City	102.2%	51.6%	87.7%	113.3%	36	54.6	20.8	75.4
Ophthalmology Main Ward - City	95.9%	93.5%	100.0%	76.4%	144	7.1	2.3	9.4
Eliza Tinsley Ward - Community RTG	98.9%	103.1%	49.5%	97.8%	661	1.7	2.8	4.5
Henderson	100.0%	97.4%	100.0%	100.0%	694	1.5	1.5	3.0
Leasowes	84.3%	109.9%	100.0%	100.0%	543	1.6	1.9	3.5
McCarthy	96.8%	99.5%	53.2%	100.0%	364	2.6	3.7	6.3

Public Health Plan 2014-2017 – 9 Diversity Pledges December 2016 Board Update

Public Health Plan Diversity Pledge	Detail of objective	Summary of position 24th November 2016
1. The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Work is ongoing with the overseeing of the analysis of training requests and training funds, this was completed in December 2014. A comparative exercise will be undertaken in regard to overall band staff profile. A draft should be completed in time for the annual declaration.	This has been met. Full and regular analysis taken to the Education, learning and Development Committee. The statistics for 2015/16 were approved by June 16 Public Trust Board. There were no causes for concern in the data and it demonstrated that equal access was being given to colleagues with protected characteristics. The analysis was also reported as part of the WRES return to NHSE This will be reviewed regularly to ensure the position does not change and Trust Board level oversight remains.
2. The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	This objective has been met. The Board have undertaken two development sessions so far in inclusion and diversity – which have taken place during the Board Informal time together. In April 2016 Ellie Barnes OBE delivered a developmental session on LGBT issues to the board. This has informed the development of the employee networks, the approach to Trans issues and the language and communications used by the Trust. Ellie has also made connections between SWBH and Birmingham LGBT. Both executive and non executive board colleagues have attended relevant events, e.g the CCG Equality Awards and the ENEI House of Lords Event.
3. We would undertake an EDS2 self-assessment for every	It is to be reviewed in full and final form at the next meeting of the	This objective will be met by December 2016 but in an amended form.

single directorate in the Trust. Almost all directorates have submitted to post a draft for review.	Board's PHCD&E committee.	EDS2 has been achieved in full in 11 directorates across the Trust. The bottom up directorate approach was a 'one off ' in order to generate detailed feedback from clinical groups on the actions needed in their area. This approach has had limited success as local managers have struggled to engage with the concept. However, some groups such as Communities and Therapies have used the EDS2 process to shape their approach to patients and staff with protected characteristics. In order to 'close' this objective, the Trust Equality and Inclusion officer will generate an EDS2 evaluation for the whole Trust during November 2016, based on evidence collated and agreed through the local interest group to date. This will build on the detail available from the clinical groups, and make recommendations based on the data. These recommendations will contribute to the Trust's Equality and Inclusion Plan (as part of the Public Health Plan) for 2017-2020 Amir Ali is attending regional training to represent SWBH on 29th November in EDS 2 as it progresses in its standards.
4. Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS. From July 2016 the kiosks will automatically update in to CDA and IPM.	This objective will be met and closed during December At the time of writing this report the Outpatient kiosks element remains an outstanding action to be implemented. During April 216 OD developed and included a Diversity Questionnaire in the annual governance declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. The results of this are overdue due to operational issues within the corporate team, but will be available during early October for analysis and to set the 'baseline' for the 2017-2020 Equality and Inclusion programme of work. There has been an

		80% response rate. This data is currently being evaluated by the Governance Directorate and Organisation Development Directorate and will form the basis of an engaging infographic to be used in internal communications. The Trust has taken part in the National Workforce Race Equality Standard (WRES) survey requested by NHSE and the report is now displayed on the SWBH Trust website. This reported on the protected characteristics statistics that are known from ESR, including access to training and impact on key HR processes such as grievances and dignity at work issues. A key speaker from WRES, Joy Warmington attended the launch of the BME staff network and will share learning from other organisations. The annual WRES will remain in the ongoing E&I programme of work.
5. Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first 'positioning' campaign.	This objective has been met in full to date **February 2016** Deaf Awareness Campaign **March 2016** Mutual Respect and Guidance campaign onwards. **March 2016** Gender Equality **May** LGBT Pride celebrations **June** Launch of Ramadan and awareness raising of Islam Dementia & Older People – Rowley Regis Garden Party Attended Houses of Parliament with Staffside invited by Employers Network for Equality & Inclusion. Only NHS Trust to invite local TU partners. Celebrating our EU staff post referendum **July** - Eid Celebration in Anne Gibson Board Room attended by board members and non executives.

		August National Apprenticeship Week (Age) Live and Work Homeless Project Campaign (Age) **September** Eye Health Campaign (Disability) **October** Black History Month We celebrated with stories from individuals around the world communicated on our internal channels. Received positive feedback from staff members on campaign. **November** Inclusion and Diversity and Trans Awareness, Diwali and Remembrance services at City and Sandwell. Launched 3 employee networks, LGBT (executive sponsor Raffaela Goodby), BME (Executive Sponsor Toby Lewis) and Disability Awareness (Executive Sponsor Colin Ovington). Trans awareness day and launch of gender neutral toilets across the Trust. Trans Remembrance Day celebrated on Friday 18th November.

		 **December** AIDS Awareness We are running AIDS awareness campaigns internally and externally linked to World AIDS Day on 1 Dec.
6. Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead with an unambiguous programme which will certainly include a specific BME leadership offer.	This objective has been partly met. Diagnostic phase of leadership programme taking place July / August / September 2016 with independent one to one conversations, focus groups, drop in roadshows and communications. This has generated a detailed and robust report with recommendations for the E&I agenda for the next two years. Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. NHS Leadership Programmes for BME staff will be considered and discussed

		by BME Employee Network Group in first instance. Agreed to implement diverse recruitment panels in 2017, and train all recruiting managers in avoiding unconscious bias.
7. We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	This objective has been met in full. The following HR policies were reviewed by an independent external reviewer. • Dignity At Work – Due for renewal August 16 • Grievance and Disputes Policy – Due for renewal August 16 • Recruitment and Selection Procedure - Due for renewal November 18
8. With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	This objective has been met in full. This Research phase with Hay Group was successful in identifying colleagues who were willing to be involved in setting up Staff Network Groups. These groups will have an executive sponsor and will be launched during November Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby Launched on Thursday 17th November. BME Employee Network – Executive Sponsor Toby Lewis Launched on Tuesday 15th November. Disability Awareness Employee Network – Executive Sponsor Colin Ovington

		Launched on Wednesday 16th November. At each launch event there will be a key speaker, and the opportunity for colleagues to put themselves forward as Network Chair and Network Vice Chair. Each network has been assigned a £2k budget. The chairs will then work with the executive sponsors to shape the activities of the staff network for the coming 12-24 months. Each group will have a small operational budget to host events and interventions, and be supported by the Equality and Inclusion Officer and HR Business Partner for E&I. Follow up network meetings have been arranged for January 2017 and partnerships and connections made with helpful people in the region including Birmingham LGBT. Agreed cross organisational mentoring with BCC LGBT network and for CLE members to mentor more junior staff.
9. Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	This objective has not yet been met. The successful achievement of this objective will be predicated on the successful completion of objectives 6 and 8. We will use the qualitative and quantitative data from the various surveys and reports and a communications campaign developed to support the leadership programme. The pictorial representation will be completed during December when the results of the governance survey are available.

Hard to Fill Trajectory
Updated 17th Nov 16

Group	Role	Pay Band	Position Title	Occupational Group	Staff in Post as 17.11.16	Vacancies as 17.11.16	Number of Conditional Offers made by 27 July 16	Number of Conditional Offers made by 28 August 16	Number of Conditional Offers made by 14 Sept 16	Number of Conditional Offers made by 23 Sept 16	Number of Conditional Offers made by 24 Oct 16	Number of Conditional Offers made by 17 Nov 16	Leavers 15/16	Turnover Rate	Forecasted Number of Leavers by 31.3.17	Estimated Recruitment Target by 31.03.17	Rag Rating on difficulty to fill
Community and Therapies	Staff Nurse	5	Community Staff Nurse , Staff Nurse	Nursing and Midwifery Registered	122	46	6*	4	3	8	16	3	14	12%	14	34	H
Corporate - Estates & New Hospital	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	7	3	0	1	0	0	0	0	4	57%	4	4	H
Corporate - Estates & New Hospital	Estates Officer	6	Estates Officer	Estates and Ancillary	3	2	0	0	0	0	0	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	2	2	0	0	0	0	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	16	14	2	0	0	0	0	6	11	66%	11	14	H
Imaging	Deputy Group Director of Operations -	8B	Deputy Group Director of Operations - Imaging	Administrative and Clerical	0	1	0	0	0	0	1	0	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	21	5	?	0	0	0	0	0	2	9%	2	2	L
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	13	1	1	1	1	0	0	0	2	16%	2	3	H
Medicine & Emergency Care	Group Director of Operations-	9	Group Director of Operations- M&EC	Administrative and Clerical	0	1	0	0	0	0	0	0	0		0	1	H
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	375	83	5	8	6	3	24	1	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	12	6	?	0	0	0	0	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	6	3	?	0	0	0	0	0	2	36%	2	2	H
Medicine and Emergency Care	Emergency Medicine SAS	SAS Doctor	Specialty Doctor, Trust Grade Doctor - Specialist	Medical and Dental	18	-1	?	0	0	0	0	0	6	45%	6	5	H
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	74	8	8**	2	2	3	2	1	14	20%	14	11	M
Surgery A	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	175	29	1	3	6	6	17	0	17	10%	17	26	H
Surgery A	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	39	2	?	0	0	0	0	0	3	8%	3	3	M
Surgery A	Group General Manager	8B	Group General Manager	Administrative and Clerical	1	1	0	0	0	0	0	0	1	100%	1	1	H
Surgery B	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	38	2	0	5	0	0	1	0	9	22%	9	4	L
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	19	2	2	0	1	0	0	0	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	53	24	0	0	0	0	0	0	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	69	7	0	12	0	0	0	0	0	0%	0	18	M

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P07 October 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**1 December 2016**

EXECUTIVE SUMMARY:

Key messages:

- P&L outlook of potential headline deficit and consequent risk of failure to deliver control total & secure STF funding. Best case route to headline break-even. Requires step reduction in opex costs.
- Year to date performance reported as being significantly behind plan. Reflects adverse delivery of operational plan, impact of CCG non-payment in respect of data challenges and STF under-recovery. Stubborn cost base and with additional costs for unfunded bed capacity and agency costs.
- To date application of £3.2m contingency and flexibility and which is now exhausted.
- Consequent risk to cash balances and affordability of strategic investment programme.
- Forward view of cash balances and consideration of good governance as to meeting EFL financial duty and ensuring all contracts let are affordable. Cash remediation plan being progressed. The trust has sufficient liquidity to meet its obligations in full as they fall due.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Delivery of demand & capacity plan to secure income
- Urgent resolution of 2016.17 contract sum including forward view of data challenges with SWBCCG.
- Formal confirmation of CRL with NHSI.
- Delivery of re-phased capital programme to time & budget consistent with critical path milestones of enabling programme for MMH
- Delivery of liquidity / cash improvement plan consistent with maintaining affordability of strategic investment programme.
- Executive led work on mitigation of key risks and progression of expedient measures programme

Key numbers:

- Month deficit £(3,934)k being £(4,933)k adverse to plan; YTD deficit £(5,059)k being £(5,283)k adverse.
- Year surplus £0.6m reported as underlying per plan adjusted for loss of £6m STF funding.
- Pay bill £26.1m (vs. £25.3m) in month; Agency spend £2.1m (vs. £1.7m).
- Savings delivery to date £7.7m being £(0.6)m adverse to plan and below expected scheme value.
- Total in year savings potential identified £17.5m – being £2.1m below plan with delivery risk.
- Capex YTD £6.3m being £(5.7)m below plan. Variance relates to Informatics and estates re-profiling of spend.
- Cash at 31st October £23.8m being £(1.9)m below plan due to timing of receipt of STF mitigated by reduced supplier payments.
- FSRR replaced with a new use of resources metric. Individual components of this UoR are showing deterioration but no overall score is provided at the moment.
- Capital Resource Limit (CRL) forecast to be achieved but is subject to NHSI confirmation of CRL.
- External Finance Limit (EFL) forecast to be achieved but is at risk from erosion of cash balances.

REPORT RECOMMENDATION:

The Board is recommended to note the report and require that necessary actions are taken to secure a route to headline break-even out-turn including specifically those actions to reduce opex costs.

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

Accept	Approve the recommendation	Discuss
		x

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

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

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

Excellence in the use of resources

PREVIOUS CONSIDERATION:

PMC; CLE; FIC

Finance Report

Period 07 2016/17
October 2016

Trust Board - public
1st December 2016

Contents

Page Title

Finance Report

Summary & Recommendations

Period 07 2016/17

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

1. Significantly off plan and with contingencies exhausted . Consequent compounding under-recovery of STF £6.0m.
2. CRL remains to be confirmed with NHSI. Capital programme re-phasing undertaken to support EFL achievement.
3. EFL risk from I&E driven cash burn. Compliance likely requires NHSI approval of revised I&E forecast target. This remains tbc.

Outlook

- No clear route to delivery of control total surplus. Best case route to headline break-even. Reliant on full STF recovery.
- Achievement requires beneficial income resolution with CCG and significant down turn in operational cost run rate.
- NHSI sighted on risk to FOT. Process to revise forecast initiated with anticipated finalisation in P09 reporting.
- Underlying root cause income under-recovery, excess costs of capacity and agency workforce and CIP under-delivery.

P07 key issues & remedial actions

- Under-delivery of planned care activity with consequent income under-recovery compounded by aggressive contract management by CCG. Seeking contract deal with CCG that enables improvement on current outlook.
- Excess costs driven by ongoing requirement for additional bed capacity and reliance on agency workforce together with CIP under-delivery.
- £3.2m unplanned technical flexibility utilised at P07. Contingencies exhausted; real cost down-turn required.
- P07 adverse variance from financial plan and outlook view puts £6m STF income at risk with consequent headline deficit. This is reflected in P07 NHSI return.
- Capex programme re-phased as part of cash management plan; CRL remains to be confirmed and with risk of capital constraints given anticipated national provider finances deterioration.
- Cash outlook risks affordability of forward investment programme; cash recovery plan outlined & in progress.
- Inadequate CCG contract offer compromises ability to accept 2017/18 and 2018/19 control total offers.

Recommendation

- The Board is recommended to note the report and require that necessary actions are taken to secure a route to headline break-even out-turn including specifically those actions to reduce opex costs.

Finance Report

Performance to date – I&E and cash

Period 07 2016/17

Financial Performance to Date

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

- I&E deficit of £5,059k being £5,283k adverse to plan;
- Capital spend of £6,276k being £5,741k adverse to plan;
- Cash at the end of October is £23,762k being £1,874k less than plan.

I&E

P07 benefits from £0.2m of unplanned contingencies and flexibility which brings the total unplanned support to £3.2m. However, £0.9m STF has been lost and £1.3m of additional fines have been recognised in P07 for the YTD period. The reported position is £5.3m adverse compared to plan.

The year to date variance from plan is explained by the loss of £1.3m STF funding (Q2 failure of ED performance & P07 failure on financial performance). In addition underlying performance is below plan due to:

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

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

Savings

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

Continuity of Service Risk Rating

The CoSRR has been replaced at P07 with a use of resources (UoR) metric. Individual components of this show deterioration against plan YTD. The overall impact is not currently compared to plan.

Cash

The cash position is £1.8m below plan at 31 October. This is due to timing differences in receipt of STF payments which has been mitigated by extending our creditor payment settlement terms. The trust is not being put 'on stop' by suppliers and has sufficient liquidity to meet its obligations as they fall due.

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

The key issue for the Trust is the impact of both prior and current year underlying deficits on the cash position eroding cash balances intended to underpin strategic infrastructure investment. A cash remediation plan is being progressed to seek to secure that programme of investment.

Achievement of EFL was predicated on I&E surplus delivery at, or near to, plan. Deviation from this I&E out-turn represents a risk to achievement of the EFL target. The trust will be seeking a revised EFL target in line with revised I&E forecast. At P09. A cash recovery work stream was initiated following review of performance in P06 and which includes a re-phasing of capex.

Better Payments Practice Code

Performance in October reduced when measured by volume as a significant number of historical agency invoices were cleared for payment. When measured by value the deterioration was as a result of the Trust extending Creditor terms to retain cash balances in line with the NHSI plan. Both measures remain below the cumulative target of 95% for the year to date.

The biggest issue with BPPC continues to be the lack of timely receipting of orders by Groups.

Capital

Capital expenditure to date stands at £6.3m against a full year plan of £28.6m. A re-phased plan has been agreed and without detriment to critical path scheme delivery.

Finance Report

I&E Performance – to date & outlook

Period 07 2016/17

Period 7 YTD	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	Annual Plan £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Patient Related Income	35,421	32,125	(3,296)	245,512	239,816	(5,696)	421,967	415,964	(6,003)
Other Income	3,782	3,794	11	26,313	27,516	1,203	45,140	45,140	(0)
Income total	**39,204**	**35,919**	**(3,285)**	**271,825**	**267,332**	**(4,493)**	**467,107**	**461,104**	**(6,003)**
Pay	(24,784)	(26,088)	(1,304)	(175,782)	(178,895)	(3,113)	(299,269)	(299,269)	(0)
Non-Pay	(11,595)	(11,947)	(352)	(83,041)	(80,750)	2,291	(139,324)	(139,324)	0
Expenditure total	**(36,379)**	**(38,034)**	**(1,656)**	**(258,823)**	**(259,645)**	**(822)**	**(438,593)**	**(438,593)**	**0**
EBITDA	**2,825**	**(2,116)**	**(4,940)**	**13,002**	**7,688**	**(5,315)**	**28,514**	**22,511**	**(6,003)**
Non-Operating Expenditure	(1,843)	(1,835)	9	(12,904)	(12,874)	31	(22,122)	(22,122)	0
Technical Adjustments	18	17	(1)	126	127	1	208	208	0
DH Surplus/(Deficit)	**999**	**(3,934)**	**(4,933)**	**224**	**(5,059)**	**(5,283)**	**6,600**	**597**	**(6,003)**
Add back STF	*(942)*	*0*	*942*	*(6,592)*	*(5,299)*	*1,293*	*(11,300)*	*(5,297)*	*6,003*
Adjusted position	***57***	***(3,934)***	***(3,991)***	***(6,368)***	***(10,358)***	***(3,991)***	***(4,700)***	***(4,700)***	***(0)***
Non-recurrent CIPs	*0*	*(41)*	*(41)*	*0*	*(275)*	*(275)*	*0*	*0*	*0*
Technical Support (inc. Taper Relief)	*(133)*	*(370)*	*(237)*	*(933)*	*(4,138)*	*(3,205)*	*(1,600)*	*(1,600)*	*0*
Underlying position	***(76)***	***(4,345)***	***(4,269)***	***(7,301)***	***(14,771)***	***(7,470)***	***(6,300)***	***(6,300)***	***(0)***

Current period significant deficit which includes impact of £1.1m of income reduction for now agreed Q1/Q2 CCG challenges, significantly reduced ability to support the position through contingencies and in month activity under-performance and pay-bill growth in temporary pay. Consequently £0.9m of STF funding is assumed not to be recovered for the period.

Forecast reported indicates £6m STF under-recovery driven by an anticipated failure to deliver underlying financial plan; the revision to reporting of that underlying position will be consequent to formal process with NHSI &conclusion expected NHSI at P09.

Finance Report

I&E Variance – by group

Period 07 2016/17

Clinical Group/Corporate Directorate	YEAR TO DATE VARIANCE FROM PLAN							
	Income	Pay	Non Pay	Net I&E - BEFORE SUPPORT	Planned Non Recurrent Support	Non-Recurrent Support	STF Failure	Underlying Net I&E Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Medicine & Emergency Care	-1,286	-3,631	-1,094	-6,012				-6,012
Surgery A	-1,477	-1,155	-298	-2,930				-2,930
Women's & Child Health	-791	453	194	-144				-144
Surgery B	-29	-535	-563	-1,128				-1,128
Community & Therapies	222	197	-339	79		500		-421
Pathology	1,039	-80	-814	145				145
Imaging	147	-343	-169	-365				-365
Sub-Total - Clinical Groups	-2,175	-5,094	-3,084	-10,354	0	500	0	-10,854
Chief Executive	310	168	118	596				596
Finance	-2	25	31	54				54
Medical Director	-111	315	113	317				317
Operations	-182	461	-320	-42				-42
Workforce & Organisation Development	137	136	376	649				649
Estates & New Hospital Project	-14	214	189	389				389
Corporate Nursing & Facilities	-261	614	-418	-65				-65
Sub Total - Corporate Directorates	-124	1,932	90	1,899	0	0	0	1,899
Central	-2,194	49	5,316	3,171	-933	3,638	-1,293	1,759
Trust Position	-4,493	-3,113	2,322	-5,284	-933	4,138	-1,293	-7,196

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

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

A concern is that in H2 Corporate expenditure begins to align with budget but Clinical Group overspends continue.

Timing on use of taper relief reserves in H1 contributed £0.8m to supporting position but spend is planned in H2.

Finance Report

I&E Variance – by reason

Period 07 2016/17

Clinical Group/Corporate Directorate	Main Drivers of Variance											
	TSP Delivery	TSP - Not Identified	Contract Delivery	Pass-through Income	Pass-through Expenditure	Other Income Over-Performance	Additional Capacity	Vacancies/ Premium Cover	Internal Recharges	Activity Related/ Other Non Pay	NHSI plan reserves adjustment	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Medicine & Emergency Care	-499		-1,509	399	-399	-177	-1,835	-1,576	-64	-352		-6,011
Surgery A	-131	-992	-1,574	72	-72	25		-220	-38			-2,930
Women's & Child Health	55		-807	-74	74	91		454	-107	171		-143
Surgery B	-118	-505	-485	357	-357	99		-75	62	-106		-1,128
Community & Therapies	-74	-303	222		0			216		-482		-421
Pathology	83		291	386	-386	330		-80		-479		145
Imaging	83		321		0	-174	-318	-343	72			-359
Sub-Total - Clinical Groups	**-601**	**-1,800**	**-3,541**	**1,140**	**-1,140**	**194**	**-2,153**	**-1,625**	**-74**	**-1,247**	**0**	**-10,848**
Chief Executive	80					310		88		118		596
Finance	9					-2		16		31		54
Medical Director	44			-111	111			204		69		317
Operations	49		-342	160	-160			412		-160		-41
Workforce & Organisation Development	33					137		103		376		649
Estates & New Hospital Project	191					-206		214		189		389
Corporate Nursing & Facilities	-24		-247			-16		638		-418		-67
Sub Total - Corporate Directorates	**382**	**0**	**-589**	**50**	**-50**	**223**	**0**	**1,675**	**0**	**206**	**0**	**1,897**
Central	225	0	-1,250			-715				229	3,269	1,758
Trust Position	**7**	**-1,800**	**-5,380**	**1,190**	**-1,190**	**-298**	**-2,153**	**50**	**-74**	**-812**	**3,269**	**-7,192**

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

In order to reduce run rate opex costs the trust must find improvements in productivity to reduce beds, reduce theatres and clinics and improve the effectiveness of staff rostering to reduce agency expenditure.

The scale of monthly opex reduction required is c£1.7m [5%]. To achieve this may require compromise on headline operational targets [waiting times].

Finance Report

Income Analysis

Period 07 2016/17

Year to Date Performance Against SLA by Patient Type							
PERFORMANCE UP TO October 2016	Activity			Finance			Straight
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000	Forecast £000
A&E	126,759	133,315	6,555	£12,370	£13,116	£746	£22,485
Emergencies	24,548	23,741	-807	£46,913	£45,489	-£1,423	£77,982
Emergency Short Stay	9,362	7,494	-1,869	£6,265	£5,135	-£1,130	£8,802
XBD	7,747	7,811	64	£1,860	£1,893	£33	£3,244
Urgent Care				**£67,407**	**£65,632**	**-£1,774**	**£112,513**
OP New	104,482	107,691	3,209	£15,375	£15,748	£373	£26,996
OP Procedures	36,158	36,434	276	£7,498	£6,682	-£816	£11,454
OP Review	243,183	232,830	-10,353	£19,267	£18,047	-£1,220	£30,937
OP Telephone	7,318	8,651	1,333	£167	£180	£12	£308
DC	22,481	22,367	-114	£18,404	£18,037	-£367	£30,921
EL	3,911	3,834	-77	£9,407	£8,795	-£612	£15,078
Planned Care				**£70,118**	**£67,488**	**-£2,630**	**£115,694**
Maternity	11,925	11,784	-141	£11,397	£11,251	-£146	£19,287
ARD	119	326	207	£15	£40	£25	£69
Community	347,355	368,173	20,818	£20,593	£20,666	£73	£35,428
OCD	8,378	7,593	-785	£4,290	£3,936	-£354	£6,748
OCL	1,934,792	2,116,974	182,182	£54,266	£56,329	£2,063	£96,563
Unbundled	40,810	40,895	85	£5,501	£5,331	-£170	£9,138
Other				**£96,060**	**£97,553**	**£1,492**	**£167,233**
Grand Total				**£233,585**	**£230,673**	**-£2,912**	**£395,440**

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

The variance on total Patient Related Income to date is £5,696k adverse.
The difference compared to SLA income shown above is primarily related to the shortfall on STF, additional fines and penalties and cancer drugs fund being below plan.

Finance Report

Pay bill & Workforce

Period 07 2016/17

Paybill & Workforce

- Total workforce of 6,826 WTE [being 116 WTE below plan] including 246 WTE of agency staff.
- Total pay costs (including agency workers) were £26.1m in October being £1.3m over plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets in H2. Focus on improvement in recruitment time to fill and effective sickness management.
- The Trust did not comply with new national agency framework guidance for agency suppliers in October. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust continues to exceed the national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	(3,296)	(5,696)
Other Income	11	1,203
Medical Pay	(224)	(1,424)
Nursing	(441)	373
Other Pay	(638)	(2,063)
Drugs & Consumables	(296)	(1,363)
Other Costs	(56)	3,654
Interest & Dividends	9	31
IFRIC etc adjustments	(1)	1
Total	(4,933)	(5,283)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	26,088	25,345	743	3%
Pay - substantive	21,582	21,524	59	0%
Pay - agency spend	2,059	1,663	396	24%
Pay - bank (inc. locum) spend	2,446	2,158	288	13%
WTE - total	6,826	6,728	98	1%
WTE - substantive	5,989	5,958	31	1%
WTE - agency	246	256	(10)	-4%
WTE - bank (inc. locum)	590	514	77	15%

Finance Report

CIP achievement

Period 07 2016/17

Year to Date up to Period 7	16/17 In Year Target £'000s	In Year Actual and Forecast Delivery: Apr Actual 1 £'000s	May Actual 2 £'000s	Jun Actual 3 £'000s	Jul Actual 4 £'000s	Aug Actual 5 £'000s	Sep Actual 6 £'000s	Oct Actual 7 £'000s	Nov F/Cast 8 £'000s	Dec F/Cast 9 £'000s	Jan F/Cast 10 £'000s	Feb F/Cast 11 £'000s	Mar F/Cast 12 £'000s	In Year 16/17 F/Cast £'000s	In Year 16/17 Variance £'000s	Full Year Effect 16/17 Target £'000s	Full Year Effect 16/17 Schemes £'000s	Full Year Effect 16/17 Variance £'000s
Medicine and Emergency Care	4,494	72	175	158	140	213	217	275	351	343	642	642	642	3,870	(625)	7,617	8,755	1,138
Surgery A	3,256	3	60	5	56	51	99	74	98	101	144	144	144	978	(2,278)	5,519	3,732	(1,787)
Women and Child Health	1,976	60	32	50	162	220	66	618	257	264	280	280	360	2,649	673	3,349	3,473	124
Surgery B	1,568	7	5	15	12	12	12	12	12	10	81	81	81	340	(1,228)	2,658	1,682	(975)
Community and Therapies	787	0	0	12	10	18	5	12	19	19	21	21	21	157	(630)	1,334	399	(935)
Pathology	584	47	61	54	57	79	64	63	79	79	93	93	93	862	278	990	1,192	202
Imaging	875	29	100	71	61	63	100	169	114	108	96	108	109	1,128	253	1,482	1,403	(79)
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**499**	**656**	**562**	**1,223**	**930**	**924**	**1,357**	**1,369**	**1,450**	**9,984**	**(3,557)**	**22,949**	**20,635**	**(2,313)**
Strategy and Governance	190	27	27	27	27	27	27	27	27	27	27	27	27	326	136	322	501	179
Finance	202	6	6	6	6	60	19	19	19	19	21	21	21	220	18	342	360	18
Medical Director	238	4	4	55	28	25	25	32	32	39	38	38	38	358	119	404	492	88
Operations	811	36	53	51	71	65	65	82	85	85	86	115	115	909	98	1,304	1,382	78
Workforce	230	20	24	12	19	20	24	48	55	55	55	55	55	442	212	390	690	300
Estates and NHP	419	75	43	53	52	58	61	73	138	73	73	73	74	847	428	710	1,372	662
Corporate Nursing and Facilities	1,154	59	67	41	28	49	49	65	114	116	124	134	144	991	(163)	1,886	2,773	887
Sub-Total Corporate	**3,244**	**227**	**224**	**245**	**231**	**304**	**270**	**346**	**470**	**414**	**424**	**463**	**474**	**4,092**	**849**	**5,358**	**7,571**	**2,213**
Central	2,816	246	246	246	246	246	318	318	318	318	318	318	317	3,457	641	3,800	3,457	(343)
DH Surplus/(Deficit)	**19,601**	**692**	**903**	**855**	**977**	**1,206**	**1,149**	**1,887**	**1,718**	**1,656**	**2,099**	**2,150**	**2,241**	**17,533**	**(2,067)**	**32,107**	**31,663**	**(444)**
NHSI Plan - June 2016 submission		707	878	957	1,275	1,286	1,310	1,857	1,868	1,876	2,442	2,452	2,707	19,615				
TPRS Plan		848	1,019	984	1,241	1,333	1,484	1,891	1,946	1,950	2,380	2,395	2,421	19,892				
Planning gap		141	141	27	(34)	47	174	34	78	74	(62)	(57)	(286)	277				
Delivery gap		(156)	(116)	(129)	(264)	(127)	(335)	(4)	(228)	(294)	(281)	(245)	(180)	(2,359)				

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

Group level forecasts indicate that £17.5m of plans are expected to deliver in the full year 2016/17. This is £2.1m short of the Trust target of £19.6m.

YTD savings delivery of £7.7m being £1.1m behind the Trust's identified plans at the end of October.

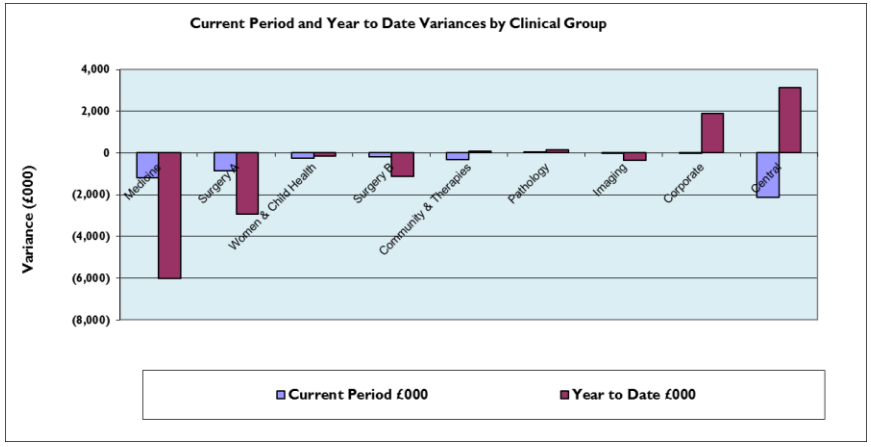
Measurement of success remains delivery of "bottom right" surplus and within that any necessary and sufficient CIPs.
Delivery of CIPs to plan is key but not necessarily sufficient to that success.

Finance Report

Group Analysis – Month & YTD

Period 07 2016/17

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(1,191)	(6,012)
Surgery A	(838)	(2,930)
Women & Child Health	(236)	(144)
Surgery B	(173)	(1,128)
Community & Therapies	(320)	79
Pathology	4	145
Imaging	(23)	(365)
Corporate	(19)	1,899
Central	(2,144)	3,140



Performance of Clinical Groups

- **Medicine:** Despite planned over delivery in 2016/17 slippage on TSP schemes, including the ward run rate schemes, which combined with the ongoing use of unfunded capacity, are creating a pay cost pressure.
- **Surgery A:** Key risks are delivery of income to plan and while Demand and Capacity work is forecasting improvement against contract, this is not realised to date. Additional ward capacity and medical vacancies are driving pay cost pressures.
- **Women & Child Health:** Income over performance in maternity not sustained. However, vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, substantive pay has increased as success in qualified recruitment is seen and the growth in birth rates is below the level required in the plan.
- **Surgery B:** Intensive work around Demand and Capacity continues in FY 2016/17. Improvement is still required but scale not yet seen; recent improvement has come at the cost of premium rate working.
- **Community & Therapies**' key issue is resolving the investment levels required in order to deliver the target income levels and securing reduction in charges for community properties. Loss of D47 contract is not reflected in YTD or FY forecast.
- **Pathology:** Lower direct access work together with increased clinical immunology drugs costs offset any benefit of additional testing to TP organisations. Higher bank costs have also contributed to the reduction in the favourable variance.
- **Imaging:** The rebasing of internal trading has led to a benefit for imaging in the period reducing the scale of the adverse variance.

Corporate Areas

- Savings in corporate on pay and non-pay are offsetting overspends in the groups. The Trust needs to be aware for any spending to budget in H2 driving a bigger Trust wide overspend.

Central

- In addition to the £1.3m STF failure the main variance is the phasing in of budgets to match NHSI phased plan year to date.

Finance Report

Outlook – Risks & Opportunities

Period 07 2016/17

Upside Opportunity

- On-going analytics to determine further opportunities in line with closing out a complete plan for 2016-18 CIP target.
- Resolution of disputed matters to release balance sheet provisions [specifically DTOC charges and community property rents].
- Negotiate reinstatement of STP funding lost as a consequence of missing financial milestones and operational standards.
- Year end deal with CCG resulting in reduced impact of fines, challenges and underperformance.

Downside Risk

- Main CCG contract completes below plan level – CCG declared intent to seek under-delivery to resolve affordability issues. Outstanding challenges of £2m a month.
- CIP plan delivery risk. Workforce consultation with indicative £ benefit below target level.
- Demand growth drives excess capacity requirement necessarily staffed at premium rate cost and compromises bed reduction CIP plan.
- Recruitment delays and sickness absence continue to drive excessive agency demand
- Community property occupation costs & associated funding transfer from CCG.
- Planned but unconfirmed CRL compromising ability to follow through on full capital programme

There is currently no clear route to delivery of the trust's control total surplus.

A best case route to headline break-even has been determined and is being progressed.

That is reliant on beneficial income resolution with CCG, significant down turn in operational cost run rate across Q4 and would require full STF recovery.

Finance Report

Capital

Period 07 2016/17

Programme	Flex Plan £'000s	Actual £'000s	Gap £'000s	Full Year NHSI Plan £'000s	Full Year Flex Plan £'000s	Full Year Outlook £'000s	Full Year Variance £'000s
Estates	5,790	3,726	(2,064)	15,390	14,817	11,076	(3,741)
Information	3,879	1,456	(2,423)	7,746	7,996	6,899	(1,096)
Medical equipment / Imaging	700	441	(259)	1,950	1,950	1,610	(340)
Contingency	65	0	(65)	750	1,073	112	(961)
Sub-Total	**10,434**	**5,623**	**(4,811)**	**25,836**	**25,836**	**19,697**	**(6,139)**
Technical schemes	1,540	611	(929)	2,640	2,640	1,666	(974)
Donated assets	42	41	(1)	77	77	77	0
Total Programme	**12,016**	**6,276**	**(5,741)**	**28,553**	**28,553**	**21,440**	**(7,113)**

The above table shows the status of the capital programme, analysed by category, at the end of Period 07.
The technical schemes include MES against which £0.5m of items have been capitalised, the balance relates to BTC.
In addition to the YTD spend £2.9m of commitments have been made.

NHSI are advising the Trust that only the CRL funded by internally generated funds should be considered as confirmed.
The Trust has made a proposal to and is working with NHSI to confirm a final CRL.

A re-phasing of the capital programme has been undertaken and which moves £6m capex into 2017.18. This is without compromise to the critical path strategic investment plan and supports near term cash remediation. A reduced capital programme may be required if the outlook on I&E surpluses deteriorates or medium term cash remediation is compromised.

Finance Report

SOFP

Period 07 2016/17

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

	Balance as at 31st March 2016	Balance as at 31st October 2016	TDA Planned Balance as at 31st October 2016	Variance to plan as at 31st October 2016	TDA Plan as at 31st March 2017	Forecast 31st March 2017
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	196,381	194,221	200,859	(6,638)	210,333	203,295
Intangible Assets	386	292	386	(94)	386	386
Trade and Other Receivables	846	19,532	20,057	(525)	44,615	44,615
Current Assets						
Inventories	4,096	4,179	4,139	40	4,139	4,139
Trade and Other Receivables	16,308	24,879	13,707	11,172	13,107	13,107
Cash and Cash Equivalents	27,296	23,762	25,636	(1,874)	23,294	21,688
Current Liabilities						
Trade and Other Payables	(54,144)	(62,306)	(55,385)	(6,921)	(56,307)	(53,715)
Provisions	(1,472)	(1,123)	(373)	(750)	(370)	(370)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(1,017)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,095)	(2,990)	(3,864)	874	(3,683)	(3,683)
Borrowings	(25,591)	(25,515)	(25,181)	(334)	(24,681)	(24,681)
DH Capital Loan	0	0	0	0	0	0
	159,705	**173,625**	**178,964**	**(5,339)**	**209,816**	**203,764**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	180,810	180,803	7	205,361	205,361
Retained Earnings reserve	(17,993)	(23,174)	(17,847)	(5,327)	(11,553)	(17,605)
Revaluation Reserve	6,930	6,931	6,950	(19)	6,950	6,950
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,705	**173,625**	**178,964**	**(5,339)**	**209,816**	**203,764**

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

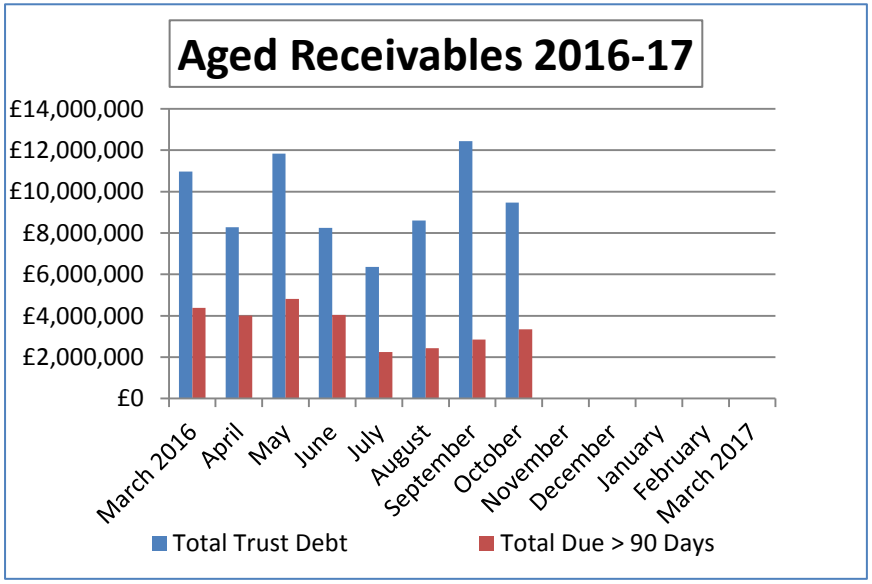
Variance from plan for cash is due to timing differences in receipt of £2.4m for STF payments, but was mitigated by reduced payments to suppliers.

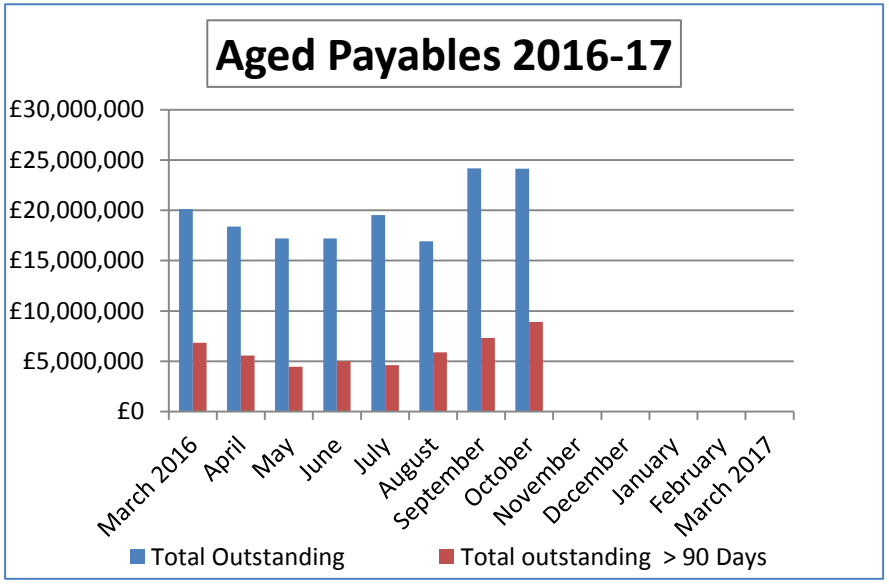
The Receivables variance from plan relates to increases in both the Aged Debt and accruals for NHS contract income. A task & finish plan to resolve significant outstanding receivables & payables issues is in progress with view to close out prior to the formal Agreement of Balances exercise in January 2017.

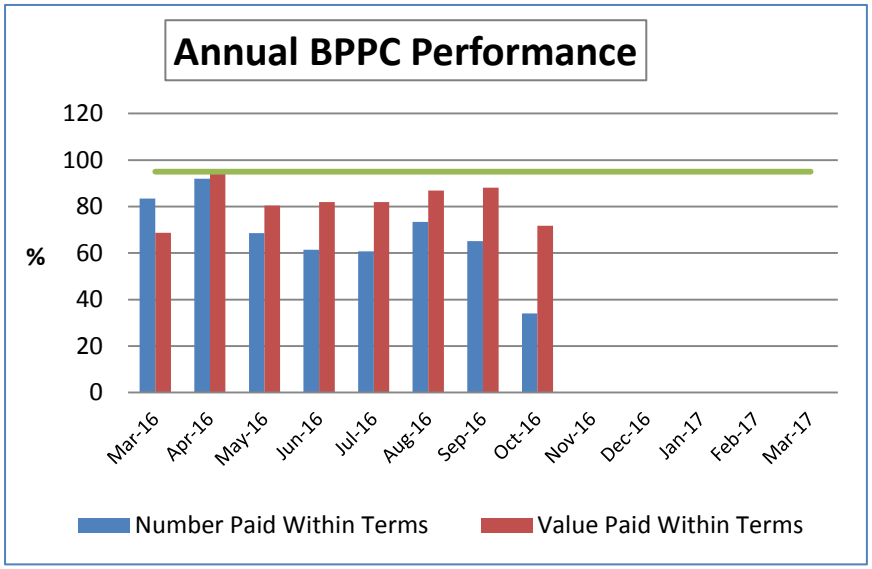
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 07 2016/17







Note

- The October debt position shows an reduction in overall debt as Q2 invoices raised in September for Health Education have now been paid. The 90 Day debt is showing an increase and continues to be predominantly represented by Non NHS and Local Government Customers that are under discussion at Executive Level for resolution in 2016-17.
- The overall Payables position has maintained during October as the Trust continues to manage cash pressures and retain BPPC performance. The overall level of over 90 days liability increased as further NHS invoices remain unpaid. Negotiation at Executive Level will be required to resolve in 2016-17
- BPPC is below target of 95% by volume and value. October reduced as a result of an exercise to clear historical agency invoices. Overall performance is the subject of focussed process improvement work with finance and procurement teams through 2016/17

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Improving Internal Communications
SPONSOR (EXECUTIVE DIRECTOR):	Ruth Wilkin, Director of Communications
AUTHOR:	Ruth Wilkin, Director of Communications
DATE OF MEETING:	1st December 2016

EXECUTIVE SUMMARY:

Four wards in the Trust are implementing a communications framework that aims to improve the flow of communication and the sharing of key messages / priorities to the whole multi-disciplinary staff team. A number of good practice initiatives have been identified throughout the pilot programme. These initiatives are being developed into a model that can be consistently applied from December across all ward areas.

New tools have been developed to support communications including the Theatre Dashboard and briefing system to provide robust tracking of issues including safety alerts and any incidents identified during a theatre list.

REPORT RECOMMENDATION:

To note the progress on improving internal communications.

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

Accept	Approve the recommendation	Discuss
x		

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

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

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

An effective, engaged organisation. Safe, high quality care.

PREVIOUS CONSIDERATION:

Improving Internal Communications – Ward and team-based communications programmes

Background

As part of the improvement programme for internal communications we have focused on ward teams to identify the optimal model to ensure that every ward team member understands their key priorities and the priorities for the Trust.

Four ward teams are taking part in an agreed communications framework to identify learning and a model of best practice that can be rapidly deployed across all our ward teams in December. There is one team from each of our ward-providing Clinical Groups.

The process

All areas have a lead ward manager or matron to lead this piece of work.

1. Completion of the communications framework by lead in collaboration with staff to develop the current status
2. Staff engagement meeting: Staff meeting with communications support to complete and agree the communications framework that will be in place during the four week programme. Completion of survey and 1:1s.
3. Kick off meeting to launch the framework and first day of the programme.
4. Post-programme meeting to identify learning, and complete the post-survey.

Each of the four areas have different topics to focus on during the programme including documentation and care plans, nutrition, fluid balance charts, observations, 2020 vision, Hot Topics key messages, care standards, ward moves.

The staff members have taken part in 1:1s and surveys to provide a baseline position on the effectiveness of communications. This process is repeated after four weeks to track changes and identify the impact of the programme.

Progress to date

There has been significant enthusiasm from teams and ward leaders in this approach. A member of the communications team is aligned to each ward to support the programme.

A number of areas of good practice have been identified including:

- The “Communications tree” in Community & Therapies
- The Pit Stop system on FSW
- Use of QIHDs by Paediatrics, enabling nursing staff to attend
- Nominated face to face lead, talking to every individual on a shift

We have also identified areas for improvement that are being addressed throughout the programme including:

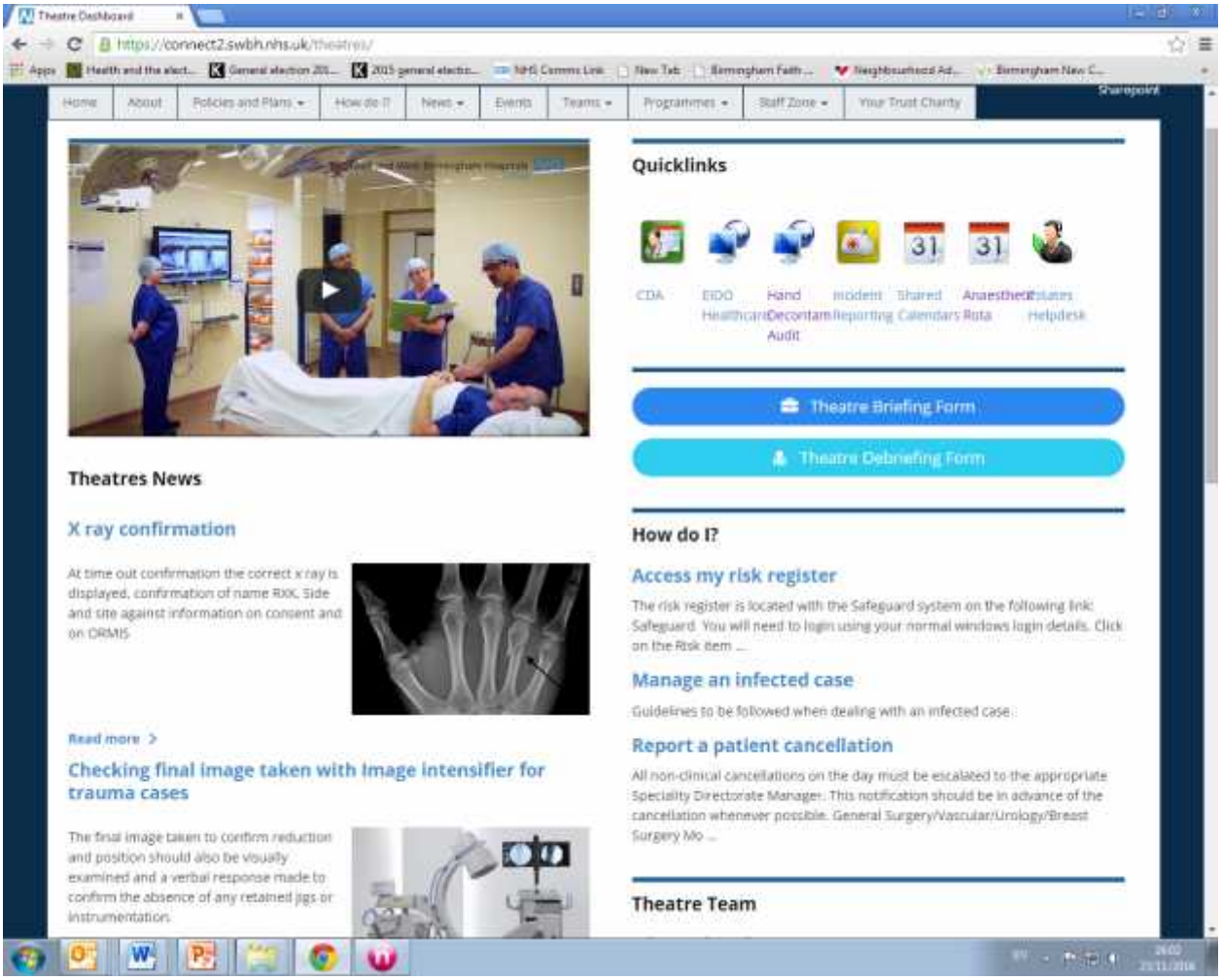
- Regular 1:1s with line managers
- Engagement from everyone on the team to receive and contribute to communications channels
- Multi-disciplinary team communication

Next steps

From the learning and evaluation of the ward communications programme, an optimal communications model is being developed that will be deployed across all our wards from December. The ward managers are identifying buddy wards that they can support and the matrons and group directors of nursing are key to spreading the model and supporting implementation.

Theatre Dashboard

In Surgery, the Theatres team have introduced a new briefing and debriefing approach, supported by a dashboard to ensure consistent messaging on key issues such as safety alerts. This system enables a more robust tracking of safety messaging and rapid information being shared about issues or incidents that need support to be resolved. The dashboard keeps all key information in one place as well as learning material such as a film demonstrating how to do the imaging check before a procedure is carried out. We will build a similar system for ED.



Summary

The ward communications programme is identifying how best to ensure that individual team members receive and understand their key priorities. Deployment of the optimal communications model across the Trust aims to provide a consistent approach to sharing important key messages with ward teams. Tools are being developed to support teams in implementing the model effectively.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Aspiring for Excellence – A refresh to the SWBH PDR process
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby – Director of Organisation Development
AUTHOR:	James Pollitt – Associate Director of Education, Learning and Development
DATE OF MEETING:	1st December 2016

EXECUTIVE SUMMARY:

The current PDR process and approach is no longer fit for purpose and does not visibly drive improvements in performance or enable the Trust to succession plan effectively. A radical new approach is being developed and the board are asked to consider and contribute to the new approach.

REPORT RECOMMENDATION:

The Trust Board is invited to:

1. Discuss the revised approach and the focus on behaviours and values in the Aspiring for Excellence PDR
2. Consider the radical difference in 'one approach' for all SWBH employees, including any barriers for medical appraises.
3. Discuss the rewards and sanctions that should apply for consistently high and consistently poor performance.
4. Consider and discuss the timing and impact for line managers, development considerations and SWBH Chartered Manager content.

Accept an update in February 2017

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:					
PREVIOUS CONSIDERATION:					

Aspiring to Excellence – A radical refresh to the SWBH PDR process

1.0 Introduction

Successful organisations have managers that are able to set clear objectives and manage their teams' performance against those objectives. Managers are able to coach and stretch their people, and individuals know what is expected of them and how they contribute to the vision and values of an organisation. This is engaging and rewarding for individuals, and evidence from private and public sector organisations (e.g. Purcell et all 1996 Unlocking the Black Box, Clarke and McCloud 2009) shows that engaged staff are more productive, have higher levels of well being, are engaged in change and deliver more profits and better outcomes for their customers and patients. Highly successful organisations focus on the 'way' that work is carried out by their employees, as well as the fact that the work has been done. Consider customer service you receive from your bank, the behaviours of the person on the end of the phone makes the real difference to your customer satisfaction, no matter whether your query is resolved or not.

A critical tool in driving performance improvements through our employees is to an effective performance management process, that gives regular opportunity for objectives to be reviewed, development and learning to take place, and rewards or sanctions applied for individuals, teams or organisations. This can take the form of regular one to ones, quarterly reviews, annual reviews, appraisals, talent conversations, promotion conversations and performance updates. SWBH has all of these in place in some form, and is not consistently applied across the Trust.

2.0 SWBH Performance Management status quo

SWBH is successfully reporting 99/100% of PDR's being reported as taking place each year. This is clearly a success on completing the "process", but doesn't give the Trust board assurance that the appraisals taking place are actually impacting on the key metrics and KPI's that departments and the organisation are measured against. The current PDR process does not easily measure individual performance, often lacks specific targets or goals for individuals, does not include a compulsory 'ambition and future role' conversation and does not focus on behaviours. Where appraisals are being managed well, (for example in Therapies), individuals have an annual conversation where the manager and the employee set SMART objectives for the year ahead, have a conversation about what is required for the role, and then a developmental 'where am I going' conversation, which should inform the training needs analysis submission.

There is also evidence where PDR's are being carried out over the phone in five or ten minutes, where colleagues have never had a conversation about their career ambitions or development needs, and where the annual appraisal is a tick box exercise of 'are you up to date with your mandatory training'. This does not make the best of the talent in the organisation and is demotivating for the employee, who deserves protected time with their line manager to talk about them, their role and what support they need to perform at their best. Every SWBH colleague deserves to have the opportunity to aspire for excellence in their role and set out their ambition for their next role.

3.0 Aspiring for Excellence – what will be different?

Aspiring for Excellence	Why and how?
What will be different?	Why does it matter, how will we know?
The Trust's 9 Promises will be visible and behaviours matter	Our Trust values are reflecting in our 9 Trust promises. This reflects not only what we do, but the way we do it. The new Aspiring to Excellence PDR will place an emphasis on behaviours and values and measure them alongside tasks and achievements.
Every SWBH employee will have the same appraisal, including doctors and nurses	Every SWBH employee will have clear SMART objectives, set with their line manager, that include behaviours and promises. This will mean medical staff are appraised by their line manager. The objectives will link to the 2020 vision and the measurable performance of that group or directorate.
Emphasis on 'having a conversation'	The quality of the conversation will matter. We will train line managers in how to run an effective PDR, with a focus on the individual and driving up their performance. The conversation should be more than annually.
Focus on development and career planning linked to the Trust's education, learning and development plan	A compulsory conversation each year on development and training needs, this will inform the training needs analysis and training spend for the coming year.
New light weight appraisal paperwork	The current paperwork can run to 20 pages with folders of evidence. The new paperwork will be no more than 4 sides. The 'process' will not stand in the way of the quality conversation, but will support.
Future Aspirations (for appraisee)	Compulsory section of PDR paperwork that records career aspirations, readiness for next role, and developmental needs. This will create more effective succession planning and internal promotions.
Performance Rating (1-4)	The new appraisal will have a four point scale so SWBH employees and their managers have a shared view of performance and understand what is expected to Aspire to Excellence. Managers will have specific objectives and be expected to work towards consistently scoring a 3 or 4 in order to manage people. We will develop tools for the high performers and the low performers to ensure appropriate support is given.
Grandparent Role (Quality Assurance)	Introduce a grandparent moderation role. This will enable the organisation to moderate scoring outliers, analyse and identify trends and issues, and to quality assure the scoring process across the Trust.

4.0 Board Discussion

The new Aspiring to Excellence PDR process will be launched in April 2017. The paperwork is being finalised and sense checked for language and accessibility for all staff groups at the time of writing this report.

The Trust Board is invited to:

5. Discuss the revised approach and the focus on behaviours and values in the Aspiring for Excellence PDR
6. Consider the radical difference in 'one approach' for all SWBH employees, including any barriers for medical appraises.
7. Discuss the rewards and sanctions that should apply for consistently high and consistently poor performance.
8. Consider and discuss the timing and impact for line managers, development considerations and SWBH Chartered Manager content.
9. Accept an update in February 2017 (more regular detailed updates will be given to the Workforce and OD Committee and Education Learning and Development Committee)

Raffaela Goodby

Director of Organisation Development

24th November 2016.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Voluntary Service Progress Report
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Debbie Talbot Associate Chief Nurse
DATE OF MEETING:	Thursday 1st December 2016

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the Trust Board about the progress being made with voluntary services across the trust. Key changes have been made in the processes for recruitment, to streamline and take out inefficient tasks. This includes using the expertise and skills of other departments instead of everything being attempted by one team.

The report details numbers of volunteers, and recruitment progress.

Key areas of improvement in the area of dementia care, and in the wider use of volunteers via Kissing it Better are adjuncts to the general volunteer service.

Next steps for consideration is whether we move voluntary services to be closer aligned to charitable functions

REPORT RECOMMENDATION:

To receive an update at the February 2017 Board Meeting.

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Good use of resources

PREVIOUS CONSIDERATION:

Trust Board

Volunteering Scorecard

REPORT November 2016

1. The National Picture

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

2. SWBH

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

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

- A total complement 460 volunteers in the Trust deployed through the various Mi themes-*. The revised trajectory to meet the target was determined to be 20 per month . We have placed 19 volunteers since the last report and recruited 56 who are in the DBS 3 stage process volunteers . Recruitment days are now twice monthly 2 volunteers have left as they have found work*

- *Monthly phone calls to volunteers have not been fully achieved due to capacity issues*

- *Agreement to support closure of reception by Archers at city to support wayfinding due to commence 14th December*

- *We have exceeded our target to recruit 12 volunteers to support patients and carers with dementia in partnership with Lead Dementia Nurse . the response has been positive and volunteers will be attending a workshop on the 25th November led by the Dementia Lead Nurse*

  "The role will allow volunteers to spend time talking and getting to know our patients during their admission and participate in activities that they enjoy such as reminiscing, reading books or arts and crafts, the day will incorporate: sense of self, dementia & confusion, Learning Disabilities, Digital Reminiscence, Therapeutic Activity and Discussion"- Gemma Diss Dementia Lead Nurse

- A volunteer workforce representative of the population served and of the protected characteristics- *we have many volunteers representing our BEM community and volunteers range in age groups .*

- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts *–Our matron support has started benchmarking practice – this has initially highlighted a key point for SWBH consideration – some organisations do not allow people to volunteer as part of a stepping stone to work or training. DBS guidance in fact determines that if this is the case a full (not supplemented) DBS cost is paid. An option appraisal was due to go to the last SPEC which was postponed. As an organisation we will need to consider balance of support and cost (large increase in cost) and who pays the increase in cost.*

3. Recruitment/Retention

Recruitment of our voluntary team is critical to the success of our aims. There has been a steady increase in the number of people joining our Volunteers although behind trajectory. With the current numbers of volunteers signed up and active and those about to finalise checking procedures have met with the R&R lead to streamline our DBS

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

SGH	City	Rowley Regis	Leasowes
5 Main reception (from 4) 1 First Floor reception 3 Antenatal	4 BTC & Bloods 8 Eye Centre & Pain (from 6) Management 9 Maternity & Neonates 1 Cardiac Rehab 1 A&E	4 Outpatients (from 1)	1 Main Reception (from 1)

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

SGH	City	Bradbury	Rowley	Leasowes
38 (from 21)	35 (from 18)	0 (from 3)	4 (from 1)	2 (from 1)

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

On average 8-9 people per day make enquiries regarding volunteering – we are now recording how they have heard about us- this will influence our future marketing strategy and allocation of resources.

Recent recruitment and promotion events have included:

- Careers Event Sandwell College exhibit for 06/10/2016 *41/2 hours commitment , 110 packs handed out , 10 applications received.*
- Annual volunteer week at Solihull College do stands promotion for 19/10/2016 *-2 ½ hours commitment , 95 packs handover out and 10 applications received.*
  We will need to consider if this type of promotion /marketing gives us benefits appropriate to the level of investment in time and packs.

4. Training

All volunteers have induction prior to commencing placements. Following negotiation with L&D they are now undertaking twice monthly induction dates to assist with the revised trajectory. However since reviewing national guidance the days have been reduced to half a day with supplementary training for the volunteers working with the Dementia Lead

5.Partnership Working

Community Engagement- *unfortunately the following community engagement projects 1-6 have been put on hold during the absence of the B5 volunteer lead whilst we have focused on recruitment and placement activities* **.**

1. Working with Aspire and Succeed in Lozells to support their Health Lottery Programme of community engagement by promoting our volunteering service.
2. New contact with Action for Children giving services back to deprived area and reaching hard to reach community groups.
3. New contact with Coventry and Warwickshire Mental health Trust for researching around volunteer drivers.
4. Nishkam Pharmacy – Handsworth - promotion of Volunteers Service within Pharmacy – date to be arranged. Arrangements of Posters and flyers to go up in Nishkam.
5. (SCVO) Sandwells Voluntary and Community Sector - links to weekly updates and attending Voluntary meetings to promote volunteer service we provide and for recruitment. Potentially uptaking in further giving back days with Albion and other avenues to broaden awareness of the volunteer sector within the NHS.
6. Meetings with The Lyng and Randeep Kaur (Clinical lead for health visitors) will further outreach and pursue in providing a volunteer service to the community.

7. *We are currently exploring working with Palliative Care OT Colin Hall – Re: New palliative care centre 30-40 volunteers to provide holistic therapies, arts and crafts day trips*

6. Operations/ Finances

Staffing in the volunteer department:
B5 Lead – 0.5wte (includes other corporate nursing duties)has been absent since mid September and not due back until early 2017
B4 A&C- 20 hrs per week (temporary)
B2 A&C – 1.0wte (temporary)

Following discussions with Raphaela Goodby we have just met with an experienced A&C person who will work with us part time to support marketing , communication and promotional events .

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

7. Up-date on 'next steps' from August report

- Weekly performance monitoring to meet trajectory for recruitment –*support offered temporarily by matron .*

- Baseline assessment , gap analysis and action planning for the –*plan to use national self assessment toolkit – work started*

- Work more closely with the Community and therapies Group to fully understand where the role of volunteers could support their work with patients in diverse settings. *Currently exploring working with OT palliative care in the community but other opportunities need to be considered*

- Work with build relationships with third sector organisations to help open up the wider variety of volunteers already established and available in the local community.

- Engage 'Kissing it Better' to help provide distraction therapy across the trust, engaging patients and members of the public in filling in the spare time in a patients day- *Chief Nurse,*

Associate Chief Nurse, Dementia Lead Nurse and Matron to meet with KIB on the 24th November in an event looking at recruiting volunteers from Sandwell College and to confirm how KIB and SWBH will work together to promote volunteering .

- Engage with community groups to recruit volunteers to the new volunteering programme and set appropriate profile targets. *–no further activity*

- Support establishment of local business involvement pack promoting volunteering services. Building on the work previously undertaken with banks and building societies in 2015- *meeting with Sandwell Council on 27th Sept – this meeting did not go ahead and will be followed up*

- Liaise with workforce leads to explore proposal for "Trust Time" to encourage staff to volunteer to support the local community.- *not progressed*

- Commence pet therapy by Feb 2016- *not progressed*

8.Next Steps Q4

- Confirm working programme and role of bank A&C to support marketing
- Review outcome of events – ie did they result in us recruiting volunteers to work with us
- Confirm revised induction day content
- Review local induction checklist for volunteers
- Draft surveys for volunteers and managers to assess qualitative value of service
- Self assessment – gap analysis
- Local benchmarking
- Liaise with finance support in charitable bids team to determine financial value of volunteers
- SPEC paper to determine way forward with people using volunteering as progression to other avenues and related cost .
- Align day to day management with charitable functions

Debbie Talbot
Assistant Chief Nurse
November 2016

Volunteers Dashboard Including Internal KPI's

Ref Key	Base line Dec 2015	National and Local Quality Metrics	Definitions of Metrics	Data Source & Type	Jan 16	Feb 16		Mar-16		Apr 16		May 16		Jun 16		Jul 16		Aug 16		Sept 16		Oct 16		Nov 16	
						Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By	Total	Increased By
	25	**Increase number of volunteers appointed by 10 per month**	Total number of volunteers starting placement within that month	Database		**46**	**21**			**56**	**10**					**82**	**26**							**97 (55 Awaiting DBS Clearance)**	**15**
		Increase of volunteering hours by 200% per year	total number of hours across mi way, mi day, mi baby, mi plate (mean average for each volunteer)	Database												To date 375.5 per week (mean ave 4.58)								To date 501.90 per week (mean ave 5.22)	
	72	**Enquiry to start volunteering turnaround**	8 weeks- expression of interest form to signing off recruitment file to commence in organisation	application												35								62 New Apllications pending	
NHSLA Trust policy National Minium Induction Standards Savill Report	**48**	**Induction completed 100%**		training records	0	24		9		15		0		8		0		16		0		25		22 scheduled for 28/11/2016	
		monthly phone call /visit to evaluate /support individual		doc evidence												46				Called All in placement Spoke to 35					
	1	**inappropriate placement**	reviews from individual and /or department deem placement unsuitable	surveys										1											
		retainement in months	can reflect appropriate placement/support and organisational culture	surveys												To date 4									
		progress to paid work/ education	head count monthly	Database										1		1		2				1			
		recruiting volunteers from vulnerable groups	number of volunteers placed with eg LD , MH ,physical disability etc																			1			
		Total volunteers from BEM		% of local community												To date 50								39 BEM 63% of total Recruited since Aug 2016	
Saville Report Trust Policy Safeguarding		**W&C safeguarding level 2**	mandated			4		0		0		2		1		3				2		1		4	
		dementia awareness- increase by 10% each year	voluntary																					34 scheduled for Dementia Program 25/11/2016	
		increase volunteers' hours in community settings by 10%																							
		establish formal volunteer links with community groups and other external providers /……	evidence of meeting standards established against our profile targets													To date 5								Mcmillian Project Support to commence in Jan 2017	
		working within financial envelop																							
Nottingham Health Care NHS Trust		**economic impact of volunteers in sterling v cost of service**	VIVA																						
Charitable funds bid		**income generation target???**																							
		reason for starting volunteering	determine motivator to support raising awareness																						

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

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

EXECUTIVE SUMMARY:

The attached table provides a progress report on the 24 actions from the CQC Improvement Plan that were reported to the September Board as incomplete.

The 24 were unable to be 'signed-off' as achieved because:

- planned actions had yet to be completed;
- a response to the action had occurred but the issue remained; or
- action had been taken but evidence of sustained success was required.

The attached report shows an improved position with 50 actions now complete compared to the 43 reported in September. Good progress has been made with drug storage, mandatory training, discharge and end of life care and there is more planned to continue improving on these issues. More evidence is required to provide assurance on some actions and this work is in progress.

As called out in the last report ward nursing care plans, fluid balance monitoring and patient agreements with care and treatment remain unresolved and a continuing concern. Accelerated improvement approaches are in place and involve the CEO, Chief Nurse and Group Directors of Nursing.

We continue to carry out in-house inspections, with the last round taking place in November when the adult wards were visited. Further inspections are planned for December and January and will cover the Emergency Departments, outpatients, imaging and theatres. Further assurance is also being obtained through the 2016 Clinical Audit plan, where the reviews of fluid monitoring and personalised care plans confirmed that issues remain and provided an insight into where the problems lie.

The next CQC inspection is expected to take place early next year (2017) and will be the new style assessment which is more targeted based on their and our own local intelligence.

REPORT RECOMMENDATION:

The Board is asked to note the current position in regard to outstanding actions in the CQC action plan and seek assurance from the Executive Group on the delivery plan for outstanding actions.

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

Accept	Approve the recommendation	Discuss
		X

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

Financial	**X**	Environmental		Communications & Media	X
Business and market share		Legal & Policy	X	Patient Experience	X

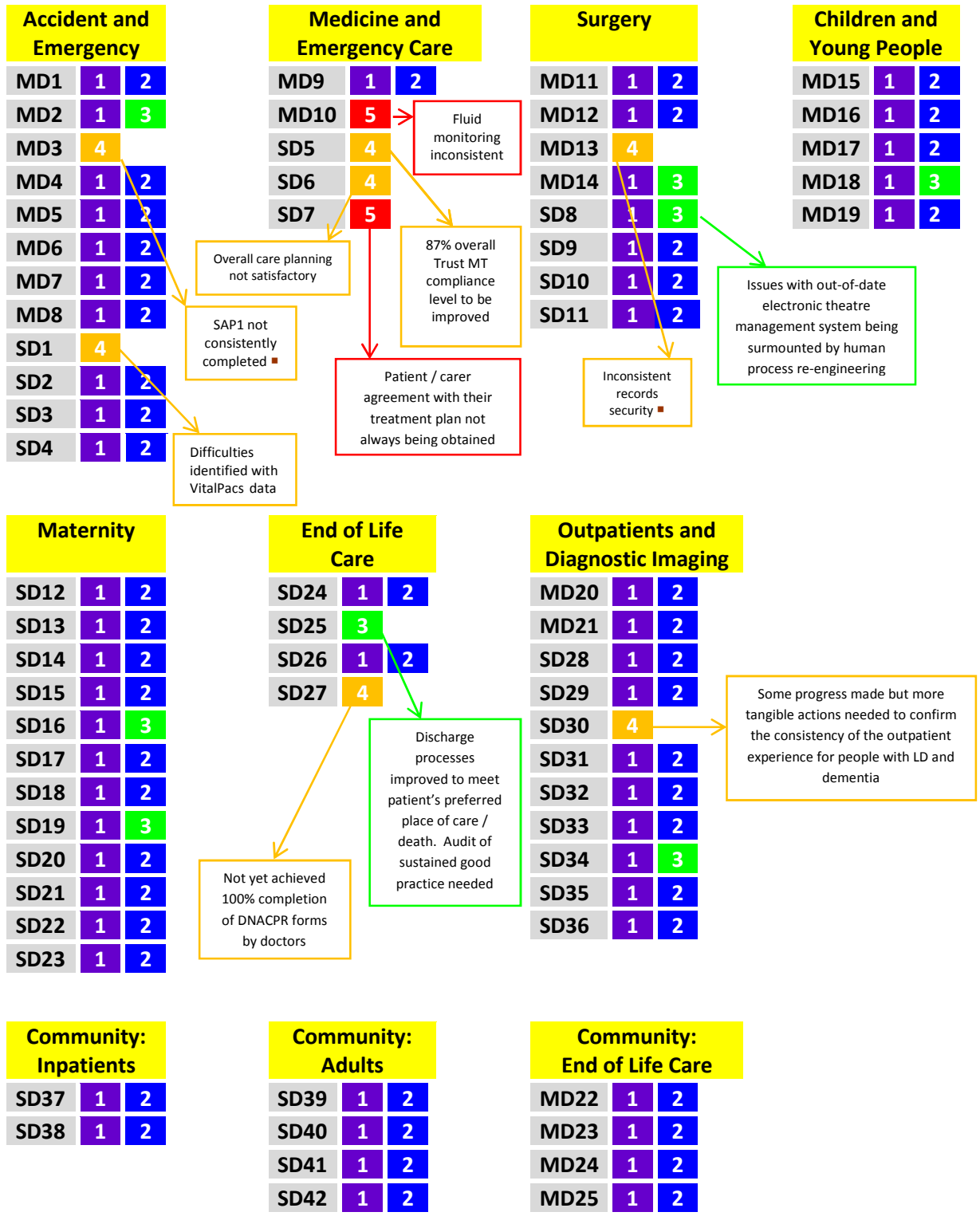
Clinical	**X**	Equality and Diversity		Workforce	
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					

Appendix A

CQC Improvement Plan: Delivery 'at a glance' as at November 2016

67 Areas for improvement in the CQC report, **25** 'must dos' (MD) and **42** 'should dos' (SD)

x50 - plan delivered and issue addressed	**x8** – evidence needed to show improvement achieved	**x7** – plan delivered but issue remains	**x2** – actions outstanding and the issue remains



■ Wider Trust issue

Key:	1	Plan delivered	2	Issue addressed	3	Evidence required that the issue has been addressed	4	Action taken, issue remains	5	Actions outstanding, issue remains

Appendix B

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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

Update on outstanding actions as at November 2016

Where EVERYONE Matters

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

The trust must provide a consistent system for safe medicine storage CN/MD5/SD15/SD40	The trust should ensure all patients have person centred care plans that reflect their current needs and provide clear guidance for staff to follow CN/SD6	The trust should ensure that support for people with dementia and learning disabilities is available in the outpatients department. CN/SD30
Position reported in August 2016: Med Stations and Abloy keys/locks are in place in all areas. These have been tested and seen in practice and staff have been positive about their implementation. All cabinets have now been converted to the new locks. Staff have identified additional benefits from introduction of the Med Stations, such as assistance with ordering of drug supplies.	**Position reported in August 2016:** Care plans have been developed for some care requirements and more are in development. These help to provide person centred care. Further work to develop more is needed and consistent use is required.	**Position reported in August 2016:** Nurse lead for learning disabilities and a nurse lead for dementia have been appointed to the team to focus attention on our services to these vulnerable patients. A Chief Nurse/Chief Executive summit was held with the new team July 2016 and a refocused plan of action has been developed as a consequence
Position as at November 2016: **The new arrangements are working well and protecting the safety of medicines. Staff are routinely in the habit of updating their key when they come on duty for the Abloy locks.** **The coverage of med stations is as was planned although we are now looking to see where else would benefit from the med station based on the learning from their introduction into the assessment units**	**Position as at November 2016:** **43 care plans are in circulation for the adult areas, with specific care plans in paediatrics and neonates. The individual plan is made up of relevant plans being pulled out of the library following a comprehensive assessment which is documented in the SAP1. Evaluation has not been as well implemented and is the key area of improvement that is under focus by the Group Directors of Nursing and Matrons.** **However, overall care documentation remains problematic because it is routinely incomplete. The CEO and CN are working to resolve this issue urgently.**	**Position as at November 2016:** **All staff have undergone safeguarding training which included dementia. Current plan is to commence audits within quarter 4 using the national dementia audit tool to benchmark and evidence improvement and to have the dementia strategy completed as a whole for the first quarter 2017/2018.** **LD nurse is being called to outpatients when patients arrive, however there is no register of people with a LD available to the trust making it largely impossible to put in place a proactive model. Discussions continue with GPs about how the trust could access their registers**

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

The Trust should ensure all care documentation, including fluid balance charts, are completed accurately and in a timely fashion. CN/MD10	**The trust should take action to improve the compliance with staff's mandatory training targets**. DOD/SD5	**The trust should ensure all patients are aware of and in agreement with their treatment plan.** CN/SD7
Position reported in August 2016: A recent audit of fluid balance charts shows that there is further work to be done in guiding staff to use documentation at the correct times and when used for it to be completed and in line with care planning. Ward metrics are monitored on a monthly basis to identify areas for focus and to ensure that we are taking appropriate action to improve.	**Position reported in August 2016:** The Trust has reduced the amount of time spent on completing mandatory training (MT) in the past 12 months by half a day. Changed frequency of Manual Handling Training in line with regional norms – enabled 700 staff to be compliant. Radical change to corporate induction allows completion of more MT on one day in the first few weeks of employment. Changed delivery of short sessions to 'Mandatory Training Days' so that sessions are delivered all together and less time is spent away from departments. Streamlined the clinicians accessing critical systems after they have started by changing the training to E-Learning rather than wait for a classroom session Director of OD wrote to all outstanding staff on Safeguarding Completion.	**Position reported in August 2016:** Following a review of care plans and single assessment documentation, the requirement for a signature is shown as poorly completed. However, patients, on questioning, are aware of the care they are receiving and the treatment plan proposed. This signature requirement will be re-assessed.

The Trust should ensure all care documentation, including fluid balance charts, are completed accurately and in a timely fashion. CN/MD10	The trust should take action to improve the compliance with staff's mandatory training targets. DOD/SD5	The trust should ensure all patients are aware of and in agreement with their treatment plan. CN/SD7
Position as at November 2016: **The results of our audit indicate that Fluid Balance Charts are not being completed accurately in the majority of patients audited. This can be partly explained by the fact that the charts are included as part of the Daily Care Record and as such are automatically commenced and not prescribed against need. The overall results concluded that for patients requiring strict fluid monitoring for valid clinical reasons was not being carried out consistently and poor compliance with the totalling of inputs and outputs.** **As part of the current rapid improvement work being undertaken, fully completing documents and records of care such as fluid balance are an expectation. Top level meetings have been held with GDoN's, Matrons and ward managers to galvanise attention on this work. Ongoing auditing is taking place and results recorded on ward dashboards to monitor the situation. Wards where the data is still not demonstrating grip are discussed at the Performance Management Committee on a monthly basis. Group and directorate governance arrangements are working with the detailed assessment of progress and are taking actions where gaps exist**	**Position as at November 2016:** **Full action plan sent to CCG regarding safeguarding training. This should see the trust achieve at least 85% compliance in all safeguarding (children & adult) by March 2017.** **Overall compliance as at 21 November is 87%. However there is a significant number of staff that are out of date by over 6 months and many over 12 months. Reports are sent monthly to managers and individuals regarding this but with little effect. See attached mandatory training notification process.** **Closer monitoring required by groups regarding performance and individuals held accountable for non-compliance. Policy to be reviewed during next 3 months regarding sanctions\ disciplinary action for non-compliance.** **During the reporting period there has been significant pressure within the trust (increased beds\ staffing issues). This has resulted in many staff not being released to attend mandatory training. This has impacted on overall performance and the number of DNA's for scheduled training.** **It is going to be difficult to improve the current position if this approach is continuously tolerated.** **As we approach the final quarter\year end the**	**Position as at November 2016:** **Further assessment of the mechanism to get patients to sign every element of their cate plan was creating a burden for patients and staff which was proving unachievable. Patients are now only expected to sign the SAP1 once. We do however still want patients to be involved and agree with their care plan and this can be monitored via the patient survey**

The Trust should ensure all care documentation, including fluid balance charts, are completed accurately and in a timely fashion. CN/MD10	**The trust should take action to improve the compliance with staff's mandatory training targets**. DOD/SD5	**The trust should ensure all patients are aware of and in agreement with their treatment plan.** CN/SD7
	opportunity to put on additional training to 'catch up' also diminishes as releasing more and more staff to catch up impacts on the ability to deliver service. **L&D team will monitor areas\subjects that have low compliance figures and action plan for rapid improvement.**	
The Trust should ensure that a safe system is in place, which all surgical staff have received appropriate training in, to safely book patients into the theatre suite and record same. MD/SD8	**The trust should review the hospital discharge processes. These have an impact on patients' ability to achieve their preferred place for end of life care and fast-track discharges. This is contrary to national best practice guidance including One chance to get it right, Department of Health, 2014.** COO /SD25	**The trust should ensure processes are in place to ensure that doctors consistently complete 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms correctly in line with national guidance published by the General Medical Council.** CN/SD27
Position reported in August 2016: The new EPR system contains the functionality for this process and full training will be given to all staff who need to book patients into theatre.	Position reported in August 2016: The Macmillan therapy team are actively involved in facilitating discharges for patients at the end of life to ensure they achieve their preferred place of care. End of Life Care Facilitators (EoLCF) are now employed and take an active role in education and support for staff in recognising dying patients and planning appropriate	Position reported in August 2016: An audit of the DNACPR practice is under way and due for completion at the end of August 2016. Early indicators are showing some improvement with all wards audited across City, Sandwell, Rowley & Leasowes, 126 patients found to have a current DNACPR status at the time of audit.

The Trust should ensure that a safe system is in place, which all surgical staff have received appropriate training in, to safely book patients into the theatre suite and record same. MD/SD8	**The trust should review the hospital discharge processes. These have an impact on patients' ability to achieve their preferred place for end of life care and fast-track discharges. This is contrary to national best practice guidance including One chance to get it right, Department of Health, 2014.** COO /SD25	**The trust should ensure processes are in place to ensure that doctors consistently complete 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms correctly in line with national guidance published by the General Medical Council.** CN/SD27
	care. The EoLCF contact each ward daily to help identify dying patients and arrange care / support in a timely fashion. There is on-going recruitment for an urgent response nursing team who are employed 24/7 to review patients in the community. Partnership working with 3rd sector organisations now enables patients 24/7 access to end of life care beds in the community and hospice beds.	
Position as at November 2016: **The Theatre Management Board is overseeing consistent booking practices designed to ensure root causes of error are identified and resolved.**	**Position as at November 2016:** **The Urgent Response team is now fully recruited and working 24/7 to review patients and the end of life in crisis. They are also attending ED to help avoid unnecessary admissions and offering a settling service where they meet patients at home on discharge to expedite the process.** **Patients can be transferred to a 'home from home' bed at the end of life. These beds are based in 2 local**	**Position as at November 2016:** **An audit of the DNACPR practice is under way and due for completion in January 2017.** **Early indicators are showing some improvement with all wards audited across City, Sandwell, Rowley & Leasowes, 126 patients found to have a current DNACPR status at the time of audit.**

The Trust should ensure that a safe system is in place, which all surgical staff have received appropriate training in, to safely book patients into the theatre suite and record same. MD/SD8	**The trust should review the hospital discharge processes. These have an impact on patients' ability to achieve their preferred place for end of life care and fast-track discharges. This is contrary to national best practice guidance including One chance to get it right, Department of Health, 2014.** COO /SD25	**The trust should ensure processes are in place to ensure that doctors consistently complete 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms correctly in line with national guidance published by the General Medical Council.** CN/SD27
	hospices and our intermediate care centre. They allow patients who cannot manage at home to be discharged from acute wards with a full care package. 89% of admission to home from home occurs within 24 hours of referral. **62% of patients are dying in their preferred place of care** **The Macmillan therapy team are advertising for an additional OT to assist in facilitating rapid discharges** **There is on-going work with transport to review and develop pathways to enable complex discharges to occur in a timely manner.** **The supportive Care Plan has been redesigned and is being launched in January 2017. This will aim to assist clinicians in recognising dying patients and ensuring advance care planning conversations and discharge planning is commenced at an early stage in their admission.**	

The Trust should ensure that communications to staff about workforce changes are timely, clear and consistent. CEO/SD28	**The trust should ensure that urgent action is taken to improve the privacy of patients in the eye clinic.** CEO/SD33
Position reported in August 2016: The review of outpatient nursing is now at consultation. Accordingly a staffing model that is numeric for both outpatient and imaging scans/reports is in place. Both departments benefit from routine QIHD sessions to improve communication. However, the Your Voice downtime means we do not have to hand live data test impact. This will be addressed in Q3.	**Position reported in August 2016:** We have not yet relocated the dental theatre having prioritised the design completion of Sandwell Treatment Centre. A search for a changed long term location will conclude by end of October.
Position as at November 2016: **'Your Voice' reissue only just occurred so data not yet available. COO has led work face to face with OPD staff on engagement and communication. And new OPD Manager (Trish Kehoe) now in role who engages well with staff and is line managing the nurse leaders to be effective.** **Overall work continues on how we communicate to all staff – this is well reflected in Board papers on audience segmentation and the current ward pilot on 24-7 communication.**	**Position as at November 2016:** **This has slipped again and will be resolved as part of signing off the STC design. However, the privacy and dignity issues highlighted by the Trust to the CQC are resolved. An unannounced in-house inspection visit to view the changes is taking place in December.**

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

The trust must follow through from findings of safety audit data and follow-up absence of safety audit data. CN/MD2	The trust must address systemic gaps in patient assessment records. CN/MD3	The trust should consider what the systemic gaps in the use of patients' early warning score records are indicating about usage of this tool. MD/SD1
Position reported in August 2016: There was a focus on safety metrics at a workshop held at the leadership conference on 23rd June. Metrics have been included in the emergency department dashboards	**Position reported in August 2016:** Audits of the record keeping are included in the department dashboard and local action plans are put in place to improve where gaps are identified	**Position reported in August 2016:** There has been improvement in the recording of vital signs across ward areas but there remains a question about which patients may be missing observations and does this relate to delayed recognition of the need to escalate. Compliance of observation recording is now captured on the ward dashboards.
Position as at November 2016: **There has been a refocus of our safety plan for the trust with standardised improvement methodology and input and output metrics being designed for each of the ten standards. A separate safety PMO is in development to help monitor achievement and ensure timely direction of actions to improve patient safety. Subject matter experts are designated against each standard and a soft launch of the plan is to take place from 12th December.**	**Position as at November 2016:** **Assessment documents (SAP1) are being completed and monitored as part of our ward documentation audits on a monthly basis.** **Audit results are disappointing and further work is being undertaken with our assessment units to ensure consistent compliance.**	**Position as at November 2016:** **We have identified difficulties with the accuracy of the observation data in VitalPacs. An upgrade to the system is taking place in mid-December to resolve this.**

The trust must take action to ensure that a suitable system is in place to ensure that patient records are kept secure at all times. DG/MD13	The trust must take action to ensure that a suitable system is in place to regularly assess and monitor the quality of postoperative surgical care. MD/MD14	The trust should consider reviewing its process for booking bank and agency staff. The current system does not flow as the trust expects it to, and it obstructs staff in ensuring that shifts are staffed safely. CEO/SD11
Position reported in August 2016: The actions to secure the records in outpatients have been completed. In house inspections have shown that record security in departments has improved but there is still work to be done to reinforce the message of securing records when they are not in use. Various written communications have been used to inform and encourage staff to secure records but more will be done with the emphasis on targeting areas which need improvement through use of photographs and videos.	**Position reported in August 2016:** General Surgery has launched the enhanced recovery program which includes a comprehensive post-operative package.	**Position reported in August 2016:** Monitoring is comprehensive. Executive level review has identified some practices which work 'round' the system. All bank requests go live at 8 weeks hence with agency divert at 48 hours. This means that only short notice sickness can generate overnight requests. A system for that is in place. The right fix for that is to address sickness rates and ensure our OOH management team have staffing visibility electronically so that they can divert staff between areas. This e-capability will be put in place during September. There remain rota issues within general medicine (medics). The whole Trust use of Rota Watch and the implementation of new rotas associated with the new contract will be used to track this more closely at Group and Executive level. An acting down agreement is in place. The Hours Guardian has been appointed and starts work on September 1st.

The trust must take action to ensure that a suitable system is in place to ensure that patient records are kept secure at all times. DG/MD13	The trust must take action to ensure that a suitable system is in place to regularly assess and monitor the quality of postoperative surgical care. MD/MD14	The trust should consider reviewing its process for booking bank and agency staff. The current system does not flow as the trust expects it to, and it obstructs staff in ensuring that shifts are staffed safely. CEO/SD11
Position as at November 2016: **The findings of the in-house inspections in November found inconsistent practices in records security. More work is required to reinforce the message that this is an important responsibility.**	**Position as at November 2016:** **Urgent work is being undertaken reporting to the CEO to establish whether the position is now satisfactory.**	**Position as at November 2016:** **The process has been continually refined. In September we altered lower tier agency approval to make it easier to use, tackling the late notice issue cited by some staff. Our practice has been compared, and matches or exceeds external guidance.**

The trust must ensure that all records are kept securely for the purpose of carrying on the regulated activity. DG/MD18	The trust should consider placing the record keeping on the trust risk register to ensure that monitoring occurs at the highest level of the organisation. DG/SD16	The trust should investigate further ways of improving communication for women who do not understand English. DC /SD19
Position reported in August 2016: The actions to secure the records in outpatients have been completed. In house inspections have shown that record security in departments has improved but there is still work to be done to reinforce the message of securing records when they are not in use. Various written communications have been used to inform and encourage staff to secure records but more will be done with the emphasis on targeting areas which need improvement through use of photographs and videos.	**Position reported in August 2016:** Badgernet, the electronic system now used in Maternity, has assisted in addressing this issue. A comprehensive clinical audit will provide assurance on the robustness of the record keeping in this system.	**Position reported in August 2016:** The Trust has a range of patient information leaflets that have been translated into most common languages as well as a series of audio files for maternity services. The Trust continues to produce more patient information in film format. The Trust meets The Information Standard and is accredited for the clarity of the patient information it produces. Additionally, the Trust is establishing new ways of providing easy read information for people with learning disabilities.

The trust must ensure that all records are kept securely for the purpose of carrying on the regulated activity. DG/MD18	The trust should consider placing the record keeping on the trust risk register to ensure that monitoring occurs at the highest level of the organisation. DG/SD16	The trust should investigate further ways of improving communication for women who do not understand English. DC /SD19
Position as at November 2016: **The findings of the in-house inspections in November across the adult wards found inconsistent practices in records security. More work is required to reinforce the message cross-Trust that this is an important responsibility. Further inspections will be carried out, including on the paediatric areas**	**Position as at November 2016:** **Clinical audit yet to be completed.**	**Position as at November 2016:** **Audit of availability of translated information about maternity services completed in September 2016. Patient information in film format continues to increase.**

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

The Trust should ensure that the planned review to assess the current and future capacity in outpatients is undertaken urgently so that the findings can inform the current change programme. COO/SD31	**The Trust should ensure that urgent action is taken to improve the confidentiality of patient records in outpatients, and that patients' privacy and dignity are maintained at all times.** DG/SD34
responsible for the oversight and delivery of the associated change programme.	need improvement through use of photographs and videos.
Position as at November 2016: **The clinic template review was completed in Q3. A new planned care Project Management Office has been established which reviews a number of key indicators for planned care delivery. Clinic utilisation figures will be audited in Q4 to review effectiveness of templates.** **We have also established a new leadership post as a General Manager for Out Patients whose role includes patient experience in the outpatient environment.**	**Position as at November 2016:** **The findings of the in-house inspections in November across the adult wards found inconsistent practices in records security. More work is required to reinforce the message cross-Trust that this is an important responsibility. Further inspections will be carried out, including on outpatient areas.**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P07 October 2016
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	1 December 2016

EXECUTIVE SUMMARY:

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

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	9	4	5	**18**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	2	9	0	**11**
Cancer	1	9	5	**15**
FFT. MSA, Complaints	16	0	5	**21**
Cancellations	6	3	0	**9**
Emergency Care & Patient Flow	9	5	4	**18**
RTT	8	0	6	**14**
Data Completeness	2	8	9	**19**
Workforce	11	1	12	**24**
SQPR	10	0	0	**10**
Total	**78**	**50**	**63**	**191**

- This report indicates our hospitals are operating under significant and sustained pressure and with consequent adverse impact on performance
- October IPR has 78 red rated exception indicators
- Relevant recovery plans are overseen through the Executive Performance Management Committee.
- Current focus is ED, RTT & sepsis
- Formal performance notice received from CCG in respect of ED performance. Requires credible system solution to remedy

Key targets – October Delivery

× **ED 4 hour** performance for October was 86.05% failing 95% national target and 93.3% STF standard. Increased no. breaches 2,676 (2,051); increased BCC fineable DTOC days 266 [215].

× **RTT** for October at 90.03% failing 92% national and 92.0% STF standards. RTT 2x 52 week breaches in month; x1 in Cardiology and x1 Ophthalmology.

✓ **62 day cancer** September performance at 86.1% delivery 85% target; with October expected to delivery too (unvalidated at present). November projected to deliver presents a risk due to endoscopy and gynaecology.

✓ **Acute Diagnostic waiting times** within 6 weeks at 99.04% being compliant to national standard & representing recovery from failed September. November position projects a further improvement. Key residual areas requiring attention endoscopy & echocardiograms.

× **Local never event** x1 12 hour DTA wait time breach in ED reported in October

× **Neutropenic sepsis** 55% improved but remains significantly short of 100% standard.

× **Sickness** increased to 4.53% [4.21%] in month representing 99 LTS cases (91 in Medicine & EC) and 14 STS cases.

× **Caesarean sections** increased rate in October to 31% against the 25% target mainly caused by non-elective cases. Elevated level for extended period referred to group director for assurance review.

Positive delivery

- ✓ **Readmissions** 6.3% in September represents further step reduction; tracking towards peer 6.2%
- ✓ **Hip fractures** performance in month improving significantly from the last 6 months to 88.6% against standard of 85% and indicating positive impact of improvement plan reported at P07 for three months running now
- ✓ **Stroke and Cardiology** all targets delivering in October; thrombolysis validated at 100% for October
- ✓ **VTE** performance sustained at 95.3% in October (96.2% September) being compliant with 95% national standard; 367 VTE assessments not undertaken and scale of improvement required to secure 100% local compliance standard.

Requiring attention – action for improvement

ED 4hr performance (system response)

- embed and optimise compliance with red day / green day standard operating procedures
- improve compliance with estimated date of discharge standard operating procedures
- SRG review, commitment and progression of its extant 10 point plan; in particular
    - Demand management / admission avoidance
    - Resolution of commissioning intent for intermediate care capacity
    - Capacity of adult social care to support effective discharge and care support at patient home

RTT

- Chronological booking compliance to be improved – a new booking policy is being rolled out as soon as signed off by COO; training programme to be progressed across the trust to include all 'booking staff' as well as PAT; new KPI monitoring will be in place to monitor compliance to policy
- Focus to manage patient waiting lists on a daily basis; deliver timely clock stops to recovery trajectory, manage slippage and back-log, which is being monitored and supported daily through with the groups
- Reduce latent time on pathway [booking and triage processes, results reporting timeliness; letter production etc.] – improvements being driven by daily calls and will be supported by the new booking policy
- Improve discipline in management & control of RTT production planning
- Significant staffing shortfalls compromising delivery in Surgery A for November

Sickness

- Employee specific reporting to enable timely support and intervention
- Business partner support to enable effective case resolution in compliance with policy

VTE Assessments

- continue to embed delivery at individual clinician level to achieve local ambition of 100% compliance

Cancelled operations

- end to end process review to ensure that admin processes are as best practice and appropriately recorded
- remedial action plan overseen through Theatres Management Board

CQUINs

- Q2 sign off has been received from CCG agreeing all schemes other than Sepsis ED. Areas for concern for Q3 remain Sepsis and Mortality reviews.
- Specialised commissioners have agreed 1 out of 3 schemes & have agreed to defer the 2 schemes for the trust to deliver in Q3 further to revision to requirements which are now agreed.

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

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

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

The trust reported delivery against its financial plan for Q2 and secured £1.98m STF on that basis.

Q2 performance is reported as being on plan but which required the application of c£3m of non-recurrent flexibility to enable that.

P07 finance off-plan and outlook suggesting likely significant risk to Q3 & Q4 STF funding [to £6m].

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

	Actual					Prospective				
STF Operational access element	Q1	July	August	September	October	November	December	January	February	March
ED 4 hours [trajectory as adjusted for tolerance]		92.37%	92.78%	92.78%	93.28%	93.28%	92.04%	92.54%	92.54%	92.54%
Actual		88.81%	89.67%	89.17%	86.05%					
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
RTT Incomplete [trajectory as adjusted for tolerance]		91.00%	91.48%	91.48%	91.98%	91.98%	92.30%	92.80%	92.80%	93.60%
Actual		92.06%	92.03%	91.20%	90.03%					
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
Cancer 62 day [trajectory as adjusted for tolerance]		84.00%	84.51%	84.51%	85.01%	85.01%	84.61%	85.11%	85.11%	85.11%
Actual		89.80%	84.10%	86.10%						
STF payment 5.0%	141			141			141			141

Prospective Q3 failure for ED and no likelihood of sufficient recovery in cumulative performance in Q4.

The STF regime provides for money to be 'earned back' in future quarters if performance recovers to trajectory on a cumulative basis. For ED this is not realistic in a deteriorating system environment. For RTT a plausible route to recovery remains to be confirmed.

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

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

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
		X

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

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Accessible and Responsive Care, High Quality Care and Good Use of Resources.
PREVIOUS CONSIDERATION:
Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: October 2016

Reported as at: 23/11/2016

Contents

October 2016

Infection Control

2x C. Diff cases reported during the month of October;
x15 cases year to date being within trajectory of 18
Max x30 cases for the year have been agreed within the CCG Contract 16/17.

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

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

MRSA Screening - October month:
- Non-elective patients screening 93.0%
- Elective patients screening 89.30%
- both indicators are compliant with 80% target in-month and YTD

Whilst elective screening is compliant overall, Medicine Group which is at 60% (with Scheduled Care @ 24% only) - escalation to CNO to ensure effective remedial action within the group.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of October at 9.7 against a tolerance rate of 9.42, slightly raised.
Year to date the rate is at 5.8 and within target of 9.42.

Harm Free Care

94.3% October NHS Safety Thermometer below target 95.0%.
Consistent marginal underperformance driven mainly by falls and pressure ulcers.

x81 [x85] falls reported in October with x1 [x3] falls resulting in serious injury.
33 falls within community and 48 in acute setting.
Year on year elevated level and subject to CNO scrutiny.

x10 [x5] avoidable, hospital acquired pressure sores reported in month.
September has been re-validated and amended.
x0 [x2] separate cases reported within the DN caseload.
Year on year comparison of last 5 months indicates potential elevated level which is subject to CNO scrutiny.

x6 [x4 last mnth] serious incidents reported in October;
x34 year to date.
Routine collective review in place and reported to the Board.

No never events were reported in October; x2 on a year to date basis.
A 12 hour post DTA breach was reported in October, which has been subject to a full TTR.

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

x2 [x1] Open CAS Alert has been reported at October month end.

Venous Thromboembolism (VTE) Assessments in October at 95.3% (96.2% LM) compliant with 95% standard across all Groups.
367 assessments have been missed in October.

On-going focus of attention to secure a more consistent and improved performance meeting local standard of 100%.

Obstetrics

The overall Caesarean Section rate for October is 31.1% (29.0% Sept, 27.9% Aug); 26.8% on a year to date basis against target of 25%
Year to date, elective and non-elective rates are 8.0% and 23.1% respectively. NEL performance still lower than last year same period.
4 consecutive months of elevated levels - referred to Group Director for review & assurance

Adjusted perinatal mortality rate (per 1000 births) for October is 6.61 being within the tolerance rate of 8.
The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
The year to date position is also within the tolerance at 5.92.

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

Puerperal Sepsis indicators still showing elevated level and referred to Group Director for review & assurance.

Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for September the delivery is 79.1% (75.9%LM); however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such. A review is being finalised for this indicator.

Breastfeeding initiation performance as at September quarter is at 75.8% exceeding the agreed target for 16/17 of 74.0%.

Mortality & Readmissions

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

SHMI measure which includes deaths 30-days after hospital discharge is at 102 for the month of May (latest available data).
Slightly decreased to previous months.

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

Crude in-month mortality rate for September is 0.9 being within normal range.
The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period.
There were x87 [x102] deaths in our hospitals in the month of September.

Mortality review rate in August at only 60% (July at 69.4%) a significant decrease on previous month, which now will jeopardies the CQUIN delivery for the quarter if not improved. A local CQUIN is in place for 16/17 to improve performance compared to Q4 15-16 which now known to be at 68%. We report for Q1 mortality reviews at 68.1% so just above the target set. Therefore there is a sustained improvement required against this indicator, August performance puts delivery at risk.

Readmissions (in-hospital) reported at 6.3% in September (6.5% in August); [7.5% rolling 12 mnths].
This represents a significant improvement and important step towards peer group performance which is at 6.2%.
Readmissions is a local CQUIN in 16/17.

Stroke Care & Cardiology

Stroke data for October indicates that 91.4% of patients are spending >90% of their time on a stroke ward which is compliant with the 90% operational threshold; year to date at 93.2%

October admittance to an acute stroke unit within 4 hours is at 80% (70% LM) below 90% national target.
The performance remains variable and is subject to targeted mngt attention.
Ongoing root cause analysis are done for each breach and learning is built into training.

Pts receiving CT Scan within 1 hour of presentation is at 59.4% in October being compliant with 50% standard

Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% (92.9%LM) meeting the 95% standard in month;

October eligible patients for thrombolysis are at 100.0% delivering the 85% standard.

For October, Primary Angioplasty Door to balloon time (<90 minutes) was at 100% and Call to balloon time (<150 minutes) at 100% hence both indicators delivering consistently against 80% targets.

RACP performance for October is at 98.3% (99.1%LM) exceeding the 98% target for x8 consecutive mnths, but dropping in the last two months on previously high performance.

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

Cancer Care

- September position has been confirmed and the Trust is meeting all cancer targets .
62 day performance was at 86.1% in September and Q2 delivered at 86.8% and hence fully delivering the national standard of 85%.
- Hence meeting quarterly STF targets as projected.
October unvalidated position is that the 62 day target will deliver however November has risk due to diagnostic wait performance.
- Endoscopy & gynaecology remain a large risk factor at present for cancer delivery, but improvement plans are in place and are being monitored daily.

-September validated position is that x8 (x12) patients waited longer than the 62 days.

-x4 patients waited more than 104 days at the end of September
-The longest waiting patient as at the end of September was at 140 days
- 55% (33 patients) neutropenic sepsis in September cases received treatment within prescribed period (less than 1hr). Below standard required. - New cancer campaigns anticipated to put further pressure on gynaecology in particular e.g. vague abdominal complaints (early 2017 campaign)
- Tertiary referrals within 42 days are at 67% and hence are subject to improvement as this now becomes mandatory count from 1st October 2016.

Patient Experience - MSA & Complaints

x1 MSA breach in October was reported (subject to ongoing validation as to prior approval status)
Working with CCG on appropriate arrangements for new bed configuration to secure ongoing compliance.

-Inpatients FFT for September is below the score and response target, the failure to achieve response rate has become a continuous position.
- A&E is missing both targets for scores and response rate in September, which again has been a continuous position during the year. Type 3 emergency has dropped performance this month significantly.
- Outpatients FFT is below the required score rates.
- Maternity scores routinely compliant, but fallen behind targets in September across the full range of FFT

The number of complaints received for the month of October is 95 with 2.8 formal complaints per 1000 bed days.
99% have been acknowledged within target timeframes (3 days).
6.6% of responses have been beyond agreed target time.

Patient Experience - Cancelled Operations

The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.0% for October (1% Sept; 1.2% Aug, 1.1% Jul, Jun at 0.7%) failing the in-month tolerance of 0.8% four months running.

1x breach 28 days guarantee were reported in October, the first breach since Sept 2015.
No urgent cancellations took place during the month or YTD.

- 41 [42] sitrep declared late (on day) cancelations were reported of which avoidable were at the highest level for a number of months.
- The Trust also reports 234 [258] cancellations in October with less than 7 days notice .
This has been requested for review and intervention from Surgery A. The group has reviewed these and improvements are required in respect of capturing reasons. The Group to lead on this.
- A range of actions are in place to reinforce cancellation policy, admin issues and ongoing root cause analysis is in place against all non-compliance, the theatre management group is responsible for driving those through with all specialities.

Theatre utilisation is consistently below the target of 85% at a Trust average of 74.8% in October; this is primarily driven by Medicine&EC. The theatre capacity and performance is subject to remedial action through Theatres Board. A specific set of reporting and improvement actions will be part of this to drive productivity across a range of items.

Emergency Care

The Trust's performance against the 4-hour ED wait target in October was 86.05% against the 95% national target and against the 93.8% STF Trajectory.
2,676 breaches were incurred in October; (2,051 Sept, 1,884 Aug) .
ED performance trend : Q1 at 91.9% and Q2 at 89.2%.
November performance as at 22/11 at 82.5%.

- WMAS fineable 30 - 60 minutes delayed handovers at 112 in October (135 in September)
- x16 [x9] cases were > 60 minutes delayed handovers in October
- Handovers >60mins (against all conveyances) are at 0.38% (0.22%Sept, 0.14% Aug) below the target of 0.02% (0.14% on a year to date basis) .
This is against total conveyances of 2,334 in October (4,138 Sept, 4,204 Aug, 4,363 Jul, 4,099 Jun, 4,604 May).

Fractured Neck of Femur patients delivery for October is at 88.6% (86.4%Sept) exceeding the 85% target for the second consecutive months following a range of actions to improve re-enforcement of appropriate imaging & review in ED and commencement of the Trauma Co-Ordinator Nurse post.

DTOCs accounted for 509 (483] bed days in October; of which 266 [215] beds were fineable to BCC.
Notable increase on prior year with prospect of further deterioration as social care budgets further constrained.

Referral To Treatment

RTT incomplete pathway for October 90.03% (91.2% Sept, 92.0% Aug, 92.06% July, 92.72% June) being second consecutive month to fail.
A significant and growing backlog is now managed agianst an imroivement trajectory and intensiv daily reviews.
Particualar capacity pressure in Dermatology (incl Paed Dermatology) which persists as locum leaves.

2x 52 week breaches agianst incomplete pathways; x1 in Ophthalmology due to incorrect clock stoppage; x1 Cardiology due to a complex patient pathway, but technically reportable as RTT breach.

Diagnostics for October delivered at 99.04% against an improvement trajectory of 98.85% which was put in place following September's failure to deliver diagnostic performance to national and STF standards. Failing specialities are mainly endoscopy with significant pressure to deliver demand for echograms.
Both specialities indicate further recovery in November.

Data Completeness

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold (as at August 97.9%), but expected to recover to target when the annual update is run. ED have been informed to improve their patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.

Open Referrals without future activity stand at 90,000 as at October (86,000 LM) showing an increasing trend again as administration processes persistently do not close down as appropriate. (Note: these numbers exclude patients on the RTT pathway e.g. waiting list). 50% of open referrals are generated in outpatients cohort . Low patient risk rated (green risk) amount to c15,00 are subject to auto-closures since Jan2016. Re-energised focus will embedd regular reviews into PTL meetings with services (weekly) and discuss at Access Review Group (ARG).

Staff

PDR overall compliance as at the end of October is at 88.7% against the 95% target. Medical Appraisal at 87.4% (performance indicates appraisals 'validated' not 'carried out').

In-month sickness for October is at 4.53% (4.21% Sept, 4.47% August, 4.15% July) increased to last month; the number of cases broken down represents 99 for LTS (91 in medicine) and 14 for STS. The cumulative sickness rate is at 4.29%. RTW is at 78.8% in month.

The Trust annualised turnover rate is at 11.6% in October (11.9% July, 12.1% June).
Specifically, nursing turnover up in October to 12.4% (11.9% Sept, 11.2% Aug, 11.3% July, 11.8% June). Both are still well above trust aspirations in respect of turnover.

Mandatory Training at the end of October is at 87.3% overall against target of 95%; Health & Safety related training is behind targets for 2 months running at 93.3% at October. Safeguarding training performance notice submitted to CCG. A large proportion of all training is below the 85% delivery at present.

CQUINs, Local Quality Requirements 2016/17

All CCG schemes have delivered to targets other than ED Sepsis. Specialised commissioners have agreed 1 out of 3 schemes, the other 2 have been re-vised and expected to deliver in Q3 on the revised basis, which means the trust is in a position to recover previously assumed loss of payment.

Local Quality Requirements 2016/17 are monitored by CCG (Key Access Targets (A&E, RTT, Diagnostics and Cancer are subject to STF criteria and therefore are excluded from fines to the CCG). Year to date most persistent failure across: Safeguarding training for which the performance notice action plan has been accepted, community falls & dementia and morning discharges. A new IPR page has been added to highlight areas of non-compliance.

STF Criteria & NHSI Single Oversight Framework

Access to STF is weighted 70% towards financial control totals being met and 30% weighting is attributed to agreed performance trajectories against key access targets (A&E, RTT, Diagnostics and Cancer).
Financial performance to plan is a necessary requirement to access STF.

Performance STF Criteria:
ED failure through Q2 and in P07 and with consequent STF loss. No meaningful prospect of recovery in Q3.
RTT fail in September & October causing a potential loss of £118k if not recovered on a cumulative basis.
Cancer 62 day target recovery in September should secure Q2 STF in this regard.

Financial Performance STF Criteria: Q2 reported as plan with consequent expectation of recovery of £2.0m STF. P07 off plan and outlook suggests unlikely recovery with consequent risk to Q3 & Q4 STF funds.

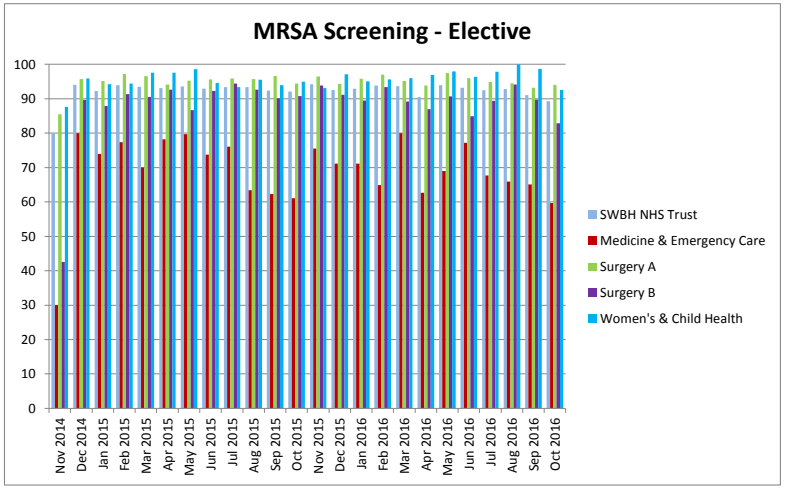
Summary Scorecard - October (Month)

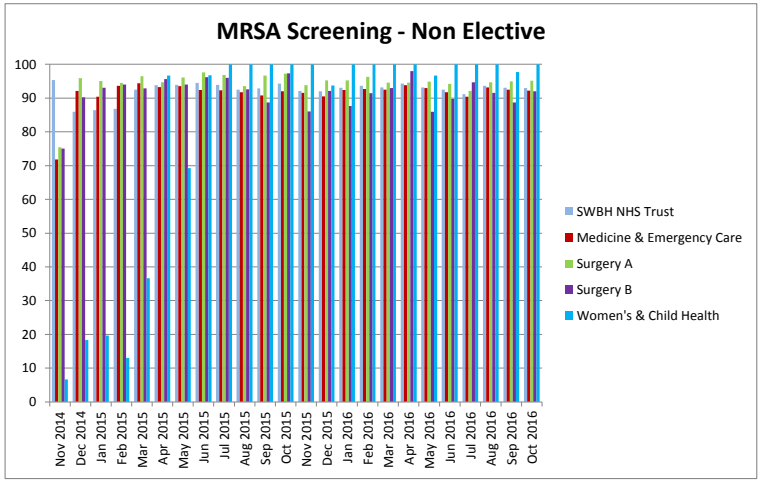
Summary Scorecard

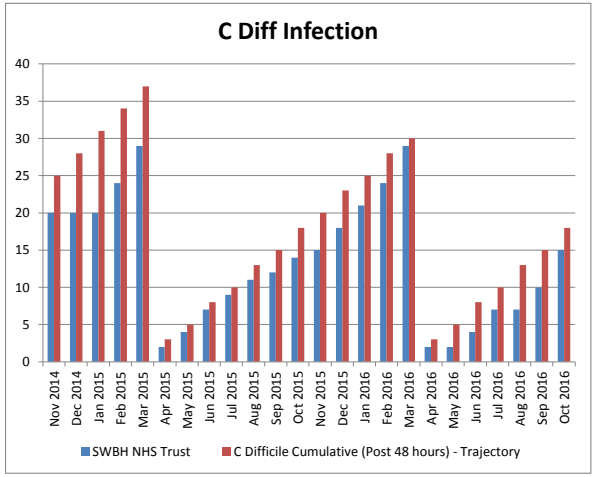
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	9	4	5	18
Obstetrics	2	5	6	13
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	2	9	0	11
Cancer	1	9	5	15
FFT. MSA, Complaints	16	0	5	21
Cancellations	6	3	0	9
Emergency Care & Patient Flow	9	5	4	18
RTT	8	0	6	14
Data Completeness	2	8	9	19
Workforce	11	1	12	24
SQPR	10	0	0	10
Total	78	50	63	191

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From May 2015) M J J A S O N D J F M A M J J A S O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
4			C. Difficile	<= No	30	2.5		Oct 2016	2	0	0	0					2	15	
4			MRSA Bacteraemia	<= No	0	0		Oct 2016	0	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Oct 2016									9.7	5.8	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Oct 2016									4.9	13.8	
3			MRSA Screening - Elective	=> %	80	80		Oct 2016	59.7	94.1	82.9	92.6					89.3	92.0	
3			MRSA Screening - Non Elective	=> %	80	80		Oct 2016	92.3	95.1	92.1	100					93.0	93.0	

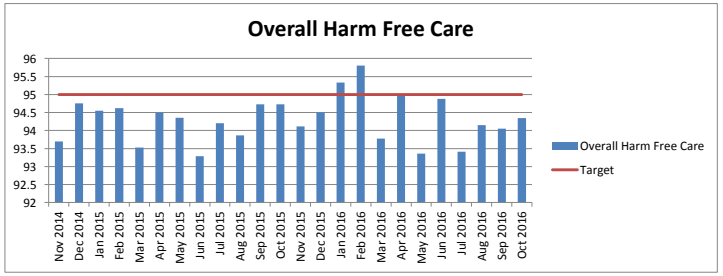


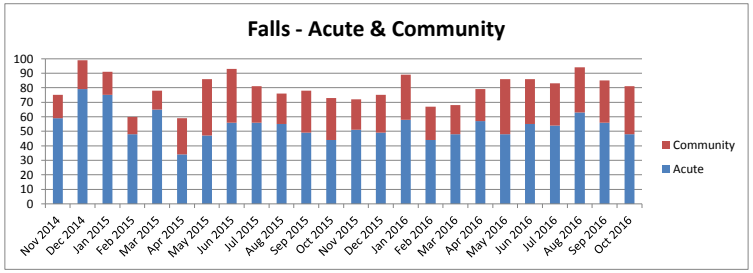


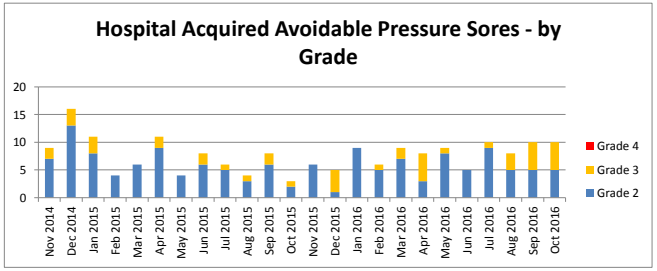


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Oct 2016									94.3	94.2	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			4.00	2.00	1.00	9.00	3.00	3.00	4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	3.00	3.00	1.00	Oct 2016									0.09	0.27	
	NEW		Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	-	
	NEW		Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	-	
	NEW		Number of delays with LA in assessing for standard DOL	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	-	
8			Falls	<= No	804	67	106	90	70	76	78	73	72	75	89	67	68	79	86	86	83	94	85	81	Oct 2016	34	7	3	3	0	0	33		81	594	
9			Falls with a serious injury	<= No	0	0	1	1	5	0	1	2	3	1	2	2	2	1	0	4	1	3	3	1	Oct 2016	0	0	0	1		0	0		1	13	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	4	8	6	4	8	3	6	5	9	6	9	8	9	5	10	8	5	10	Oct 2016	6	4	0	0			0		10	55	
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	2	0	Oct 2016							0		0	15	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Oct 2016	94.4	95.9	97.7	94.7					95.3	95.3	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100																			Oct 2016	99.6	99.8	99.9	99.7		0.0			99.8	99.9	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Oct 2016	98	100	100	100		0			99.2	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Oct 2016	96	100	100	100		0			98.1	99.0	
9		d	Never Events	<= No	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	Oct 2016	0	0	0	0	0	0	0		0	2	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	-	0	0		0	0	
9		d	Serious Incidents	<= No	0	0	4	7	9	7	5	7	6	2	12	8	5	2	1	10	5	6	4	6	Oct 2016	2	1	0	2	0	0	1	0	6	34	
9			Open Central Alert System (CAS) Alerts	<= No			5	4	8	11	8	7	4	9	7	6	5	1	13	3	11	12	12	14	Oct 2016									14	66	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	3	2	0	1	2	2	0	0	2	1	2	0	0	0	0	1	1	2	Oct 2016									2	4	

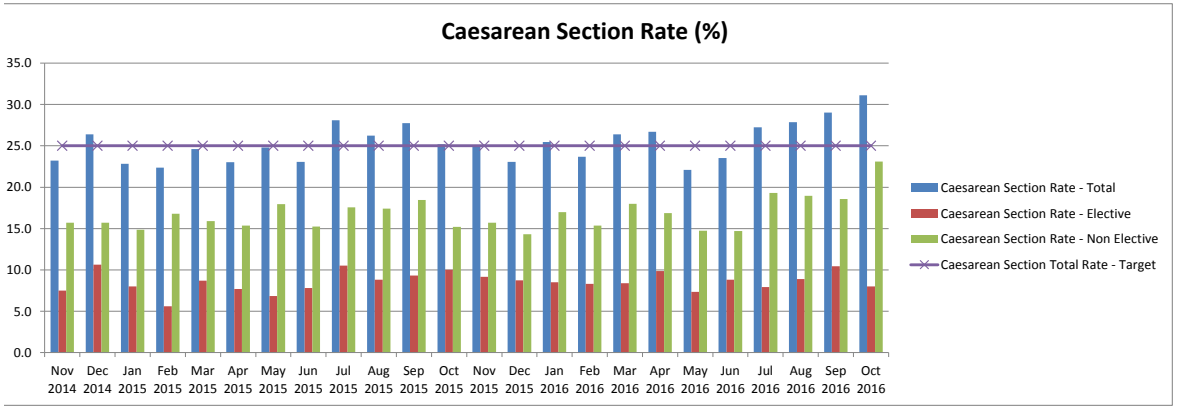


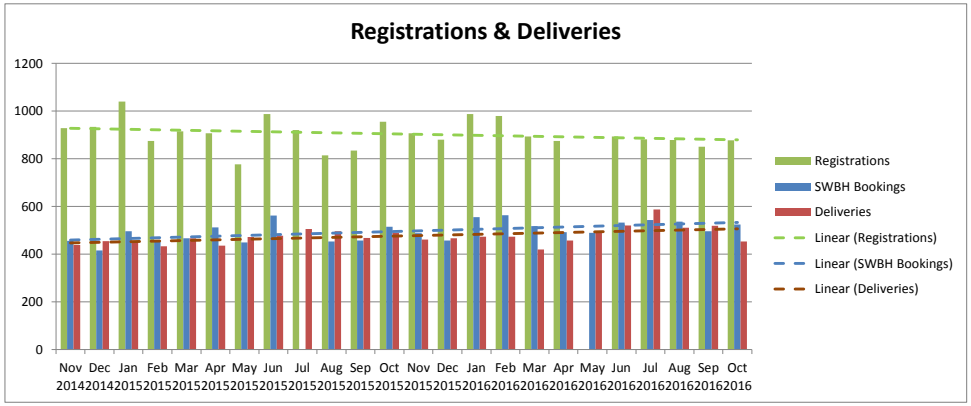




Patient Safety - Obstetrics

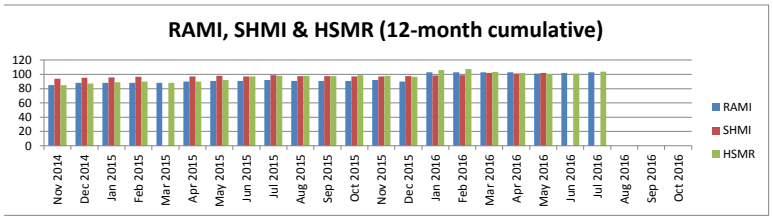
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2015-2016 Year	Trajectory 2015-2016 Month	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0	25.0	25.0																				Oct 2016	31.1	26.8	
3		•	Caesarean Section Rate - Elective	<= %					7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	10	8	Oct 2016	8.0	8.8	
3		•	Caesarean Section Rate - Non Elective	<= %					18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	19	23	Oct 2016	23.1	18.0	
2		•d	Maternal Deaths	<= No	0	0	0	0																			Oct 2016	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4	48	4																			Oct 2016	0	9	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	10.0	10.0																			Oct 2016	1.98	1.52	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	8.0	8.0																			Oct 2016	6.61	5.92	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0	90.0	90.0																			Oct 2016	79.1	78.2	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	90.0	90.0																			Oct 2016	154.2	135.1	
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0	74.0	74.0	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	Oct 2016	-	74.80	
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %					2.1	1.3	1.6	1.6	1.6	1.5	1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	1.8	3.2	2.9	Oct 2016	2.90	2.39	
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %					1.0	1.3	1.0	1.1	1.3	1.1	1.3	0.3	-	0.8	1.5	1.3	3.4	1.3	1.4	1.5	3.0	1.8	Oct 2016	1.81	1.97	
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %					0.8	0.9	0.2	0.5	0.8	1.1	1.0	0.0	-	0.8	1.1	1.0	2.4	1.3	1.4	1.5	3.0	1.4	Oct 2016	1.45	1.76	

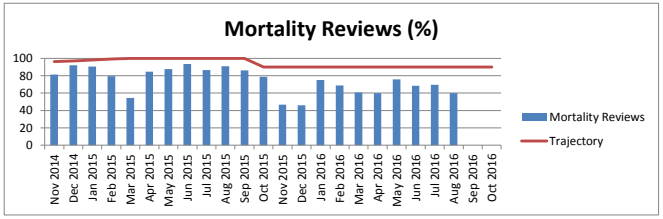


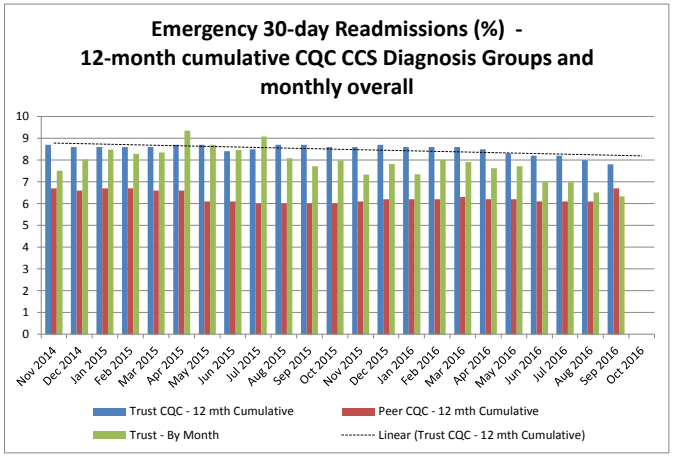


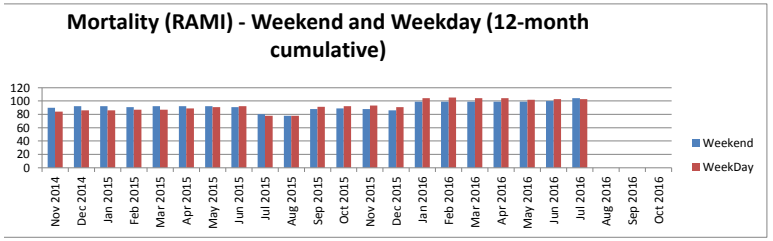
Clinical Effectiveness - Mortality & Readmissions

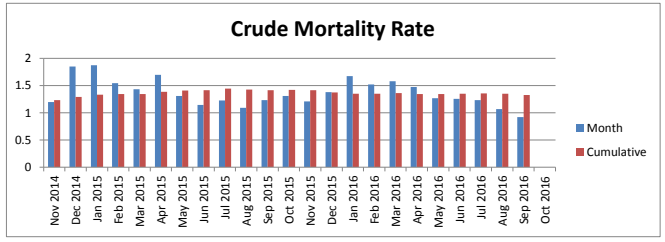
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	91	91	92	91	91	91	92	90	103	103	103	103	101	102	103	-	-	-	Jul 2016										409	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	91	92	78	78	92	92	93	91	104	105	104	104	102	103	103	-	-	-	Jul 2016										412	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	92	91	80	78	88	89	88	86	99	99	99	99	99	100	104	-	-	-	Jul 2016										402	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	98	97	99	98	97	97	97	98	98	99	102	101	102	-	-	-	-	-	May 2016										203	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			92	97	98	98	98	99	98	97	106	107	103	102	101	101	104	-	-	-	Jul 2016										408.3	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	84	53	102	44	80	57	148	40	68	113	82	103	50	3	103	-	-	-	Jul 2016									103		
3			Mortality Reviews within 42 working days	=> %	90	90																-	-		Aug 2016	61	56	0	0					60	67	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.3	1.1	1.2	1.1	1.2	1.3	1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	1.2	1.1	0.9	-	Sep 2016									0.92		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.4	1.4	1.4	1.3	-	Sep 2016										1.34	
			Deaths in the Trust	No			122	110	122	98	117	129	116	135	163	146	158	142	121	123	119	102	87	-	Sep 2016									87	694	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.7	8.5	9.1	8.1	7.7	8.0	7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	7.0	6.5	6.3	-	Sep 2016									6.34		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.2	8.3	8.4	8.4	8.3	8.3	8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	7.6	7.5	7.4	-	Sep 2016										7.39	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.7	8.4	8.5	8.7	8.7	8.6	8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	8.2	8.0	7.8	-	Sep 2016	-	-	-	-						7.80	





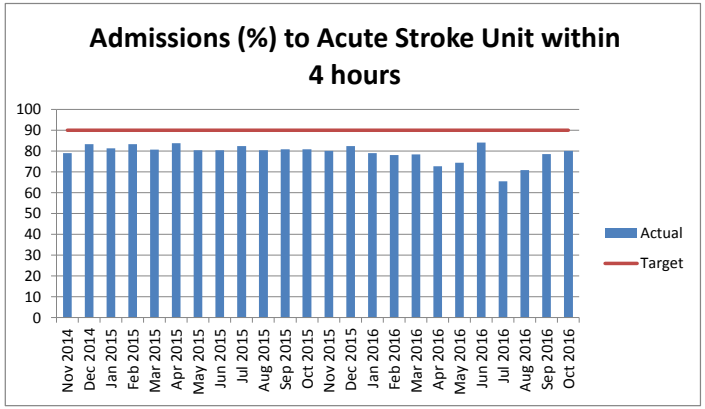


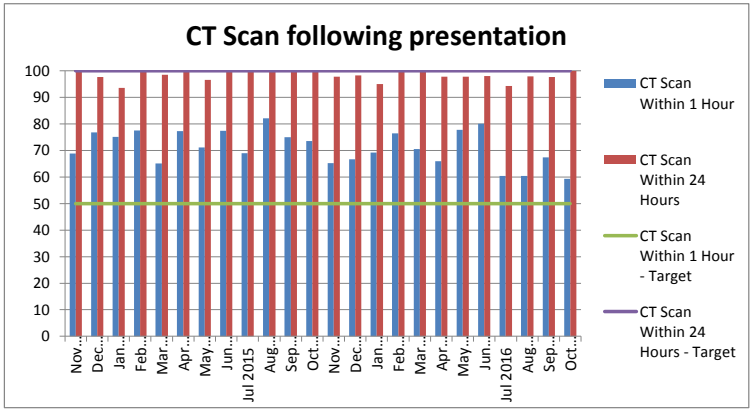


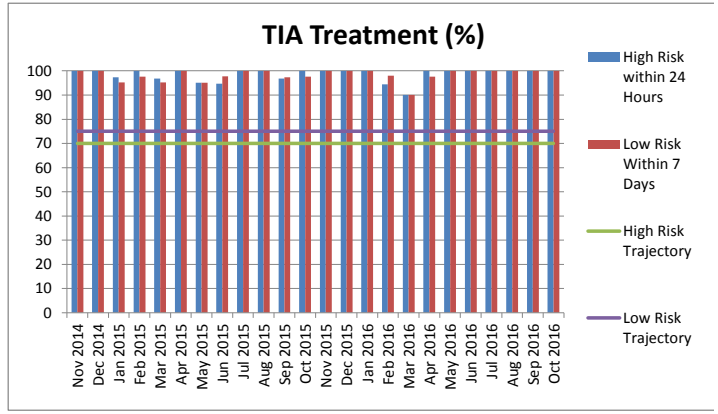


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since May 2015) M J J A S O N D J F M A M J J A S O	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Oct 2016	91.4	93.2	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Oct 2016	80.0	74.8	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Oct 2016	59.4	67.6	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Oct 2016	100.0	97.5	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Oct 2016	100.0	73.8	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Oct 2016	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Oct 2016	100.0	100.0	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Oct 2016	100.0	99.7	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Oct 2016	100.0	97.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Oct 2016	100.0	96.7	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Oct 2016	98.3	99.4	



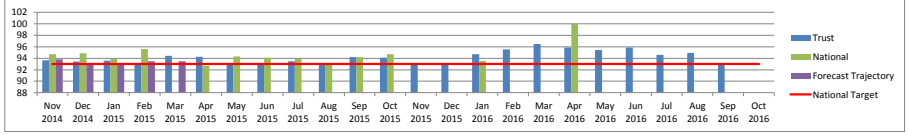




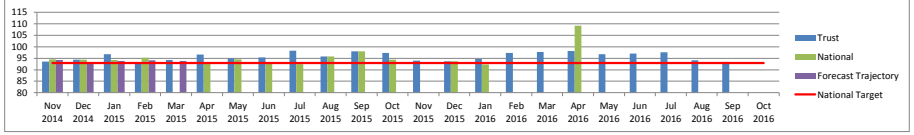
Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																			Sep 2016	92.7	93.3	87.4	96.4					93.0	94.9	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Sep 2016		-							93.4	96.5	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Sep 2016	100.0	97.2	100.0	100.0					98.4	98.3	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0				N/A															Sep 2016									100.0	97.7	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			Sep 2016									100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			Sep 2016									-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			Sep 2016	74.1	87.9	100.0	94.1					86.1	86.8	
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0				-															Sep 2016	74.1	87.9	100.0	94.1					86.1	87.6	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																			Sep 2016	0.0	93.8	0.0	0.0					93.8	97.1	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			Sep 2016	91.7	100.0	0.0	100.0					96.3	93.6	
1			Cancer - Patients Waiting over 62 days	No			-	-	0	12	9	13	6	8	6	10	6	9	11	7	7	12	8	-	Sep 2016	3.5	4.0	0.0	0.5					8.0	52.5	
1			Cancer - Patients Waiting over 104 days	No			-	-	4.5	7.0	4.0	8.0	2.0	3.5	0.0	4.5	0.5	3.0	1.0	2.0	3.0	3.0	4.0	-	Sep 2016	2.0	2.0	0.0	0.0					4.0	16.0	
1			Cancer - Longest Waiter in days	No			-	-	180	147	228	165	138	167	98	154	98	175	95	130	113	131	140	-	Sep 2016	140	183	62	97					140		
1			Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	38	38	25	19	62	55	-	Sep 2016	55	0	0	0					55	41	
	NEW		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	-	-	-	50	33	50	43	67	-	Sep 2016	-	-	-	-					67	50	

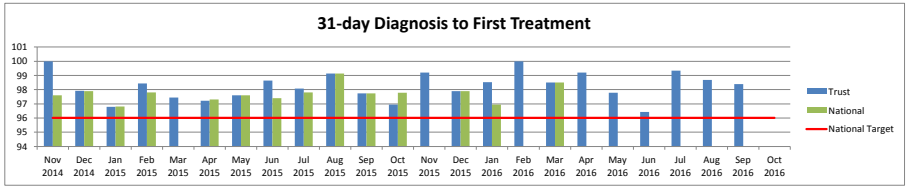
2-week wait from Referral to Date First Seen



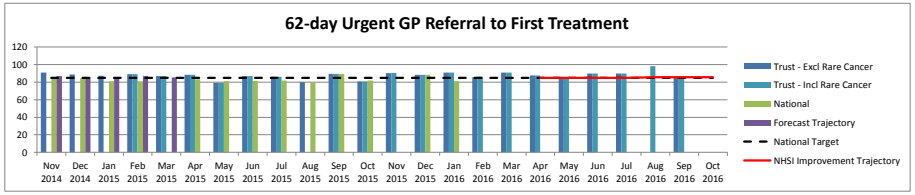
2-week wait from Breast Symptomatic Patients



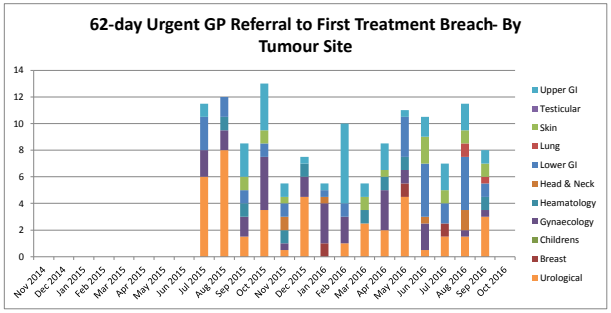
31-day Diagnosis to First Treatment



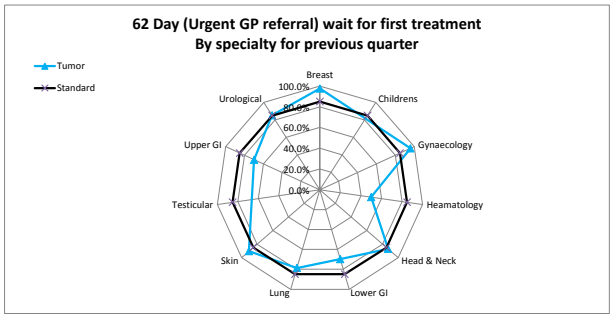
62-day Urgent GP Referral to First Treatment



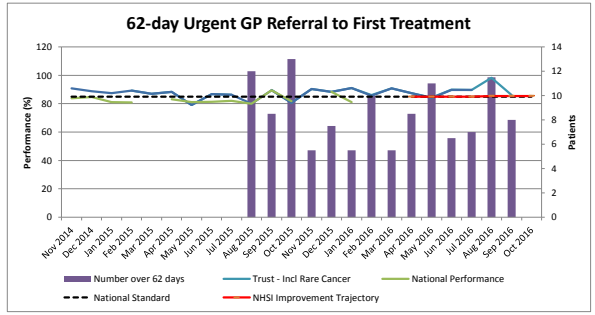
62-day Urgent GP Referral to First Treatment Breach- By Tumour Site



62 Day (Urgent GP referral) wait for first treatment By specialty for previous quarter

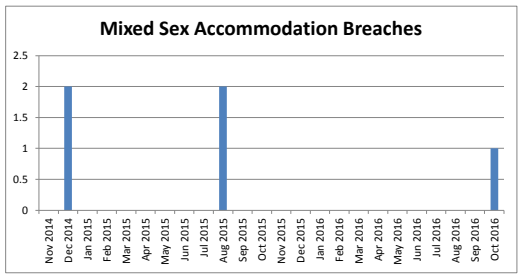


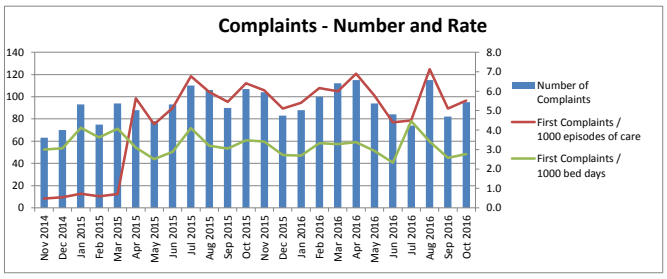
62-day Urgent GP Referral to First Treatment

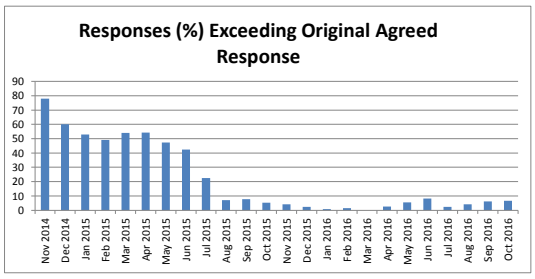


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		•b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	31	31	28	25	22	27	16	15	15	15	14	17	16	17	17	13	20	22	Oct 2016									22	17	
8		•a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	95	95	96	95	95	95	93	96	96	95	95	96	90	83	86	83	86	88	Oct 2016									88		
8		•b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	8.4	7.2	9.4	9.6	7.5	6.8	5.9	5.7	6.3	6	5.3	5.1	8.3	10	7.8	7.5	7	5.6	Oct 2016	5.6								5.6	7.4	
8		•a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	79	79	84	88	83	80	82	81	79	74	74	78	85	87	86	83	78	73	Oct 2016	73								73		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	0	0.1	1.5	0.1	0	0.3	2.5	0.1	1.3	0.6	1	0.5	Oct 2016	-								0.5	0.9	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	-	-	-	-	-	-	0	50	85	0	0	100	96	50	95	100	86	64	Oct 2016	-								64		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	87	86	90	88	87	87	88	88	86	89	88	88	Oct 2016									88		
8			FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	100	100	96	100	95	100	91	100	94	86	79	86	Oct 2016									86		
8			FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	97	97	95	91	91	97	100	100	100	100	74	81	Oct 2016									81		
8			FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	95	98	96	99	99	99	99	100	98	96	91	100	Oct 2016									100		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	86	82	90	94	93	92	90	0	0	100	87	71	Oct 2016									71		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	28	14	23	15	10	12	9	0	0	1.4	15	5.9	Oct 2016									6	7	
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Oct 2016	0	1	0	0		0	0		1	1	
9		•	No. of Complaints Received (formal and link)	No			78	93	110	106	90	107	104	83	88	100	112	115	94	84	74	115	82	95	Oct 2016	27	20	17	12	2	1	3	13	95	659	
9			No. of Active Complaints in the System (formal and link)	No			225	186	170	174	143	151	145	121	113	128	147	154	144	147	127	143	##	152	Oct 2016	56	29	22	23	3	1	5	13	152		
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1			2.5	2.9	4.1	3.2	3.0	3.5	3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	3.4	2.6	2.8	Oct 2016	1.7	3.8	21	2.6					2.76	3.02	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			4.3	5.1	6.8	6.0	5.5	6.4	6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	7.1	5.1	5.5	Oct 2016	4	7.9	11	4.5			0		5.52	5.62	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	96	100	##	99	Oct 2016	96	100	100	100	100	100	100	100	99	99	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	47	42	22	7.1	7.7	5.3	4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	2.4	4.2	6	6.6	Oct 2016	8.9	3.5	0	13	0	0	0	7.7	7	5	
9			No. of responses sent out	No			115	102	129	77	107	101	94	98	69	81	84	98	81	103	103	80	##	87	Oct 2016	27	16	16	10	2	2	5	9	87	662	
14		•e•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Oct-16	N	N	N	N	N	N	N	N	No		

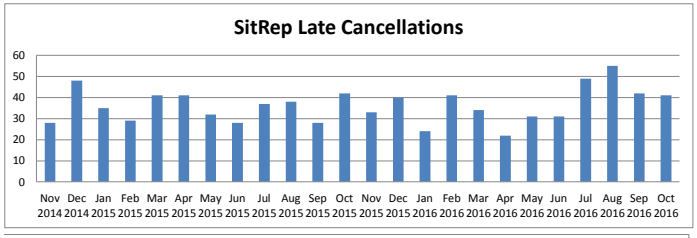


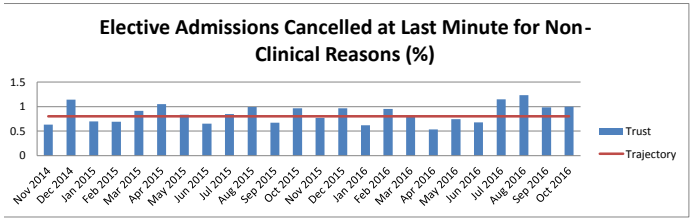


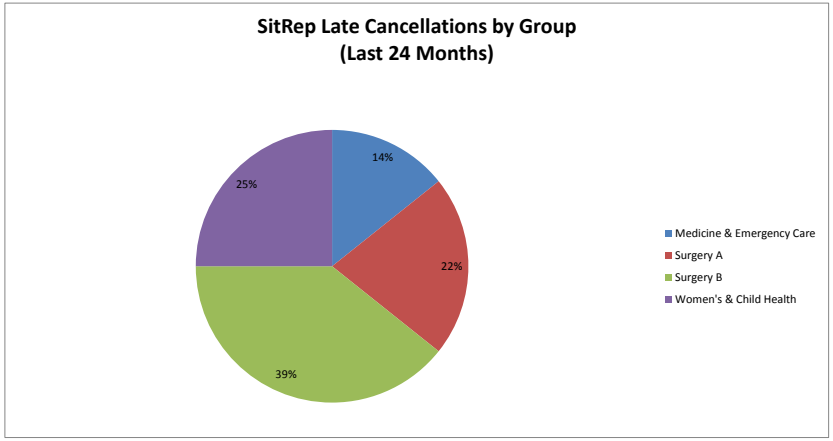


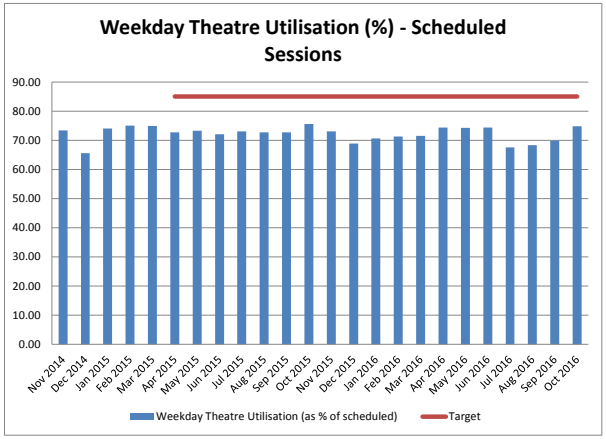
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2		•	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2016	-	1.40	1.32	4.07					1.0	0.9	
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	Oct 2016	0	1	0	0					1	1	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	32	28	37	38	28	42	33	40	24	41	34	22	31	31	49	55	42	41	Oct 2016	0	15	14	12					41	271	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	Oct 2016	0	1	0	0					1	4	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	52	59	46	39	49	50	57	39	63	56	57	79	63	43	56	51	60	49	Oct 2016	3	23	18	5					49	401	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	204	229	222	211	229	244	238	194	210	228	223	229	257	229	241	223	258	234	Oct 2016	26	77	102	29					234	1671	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Oct 2016	57.4	77.1	73.1	78.7					74.8	71.8	
2			Urgent Cancellations	<= No	0.0	0.0	5	6	0	7	3	9	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0.0	0.0	0.0	0.0					0	0	



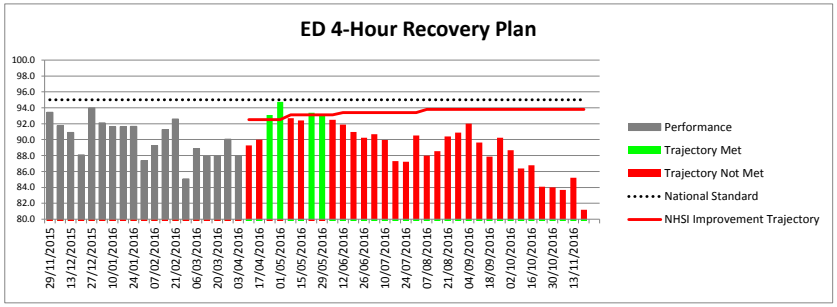


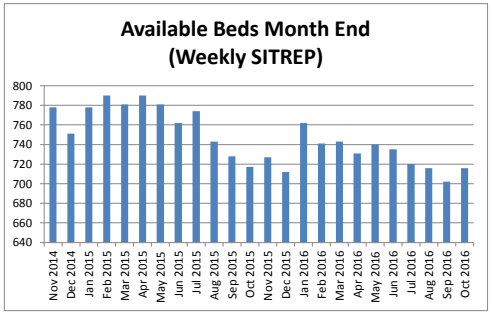


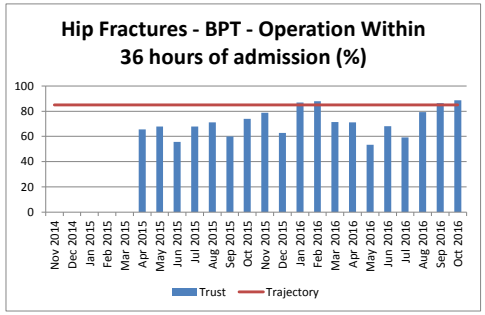


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Oct 2016	83.3	85.3	99.4	86.05	89.92	
2			Emergency Care 4-hour breach (numbers)	No			1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	2168	1884	2051	2676	Oct 2016	1332	1331	13	2676	13463	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Oct 2016	1	0		1	1	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Oct 2016	16	16	26	16	17	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Oct 2016	57	51	107	59	57	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Oct 2016	7.89	8.41	2.88	7.48	7.54	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Oct 2016	4.07	5.19	2.08	4.33	4.03	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	135	112	Oct 2016	59	53		112	697	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	9	16	Oct 2016	15	1		16	42	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Oct 2016	0.72	0.05		0.38	0.14	
11			WMAS - Emergency Conveyances (total)	No			4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	Oct 2016	2070	2163		4233	29756	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Oct 2016	0.5	1.4		0.9	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Oct 2016	4	9.5		14		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	698	653	464	494	430	394	497	498	318	426	397	454	494	588	617	530	483	509	Oct 2016				509	3675	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	404	286	212	204	193	110	254	267	185	198	232	234	228	251	245	287	215	266	Oct 2016				266	1726	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			596	502	545	529	588	601	518	540	632	543	546	563	498	451	578	533	525	546	Oct 2016				546	3694	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			293	239	240	237	275	261	209	236	320	269	232	255	222	204	268	246	248	219	Oct 2016				219	1662	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Oct 2016				89	72.1	

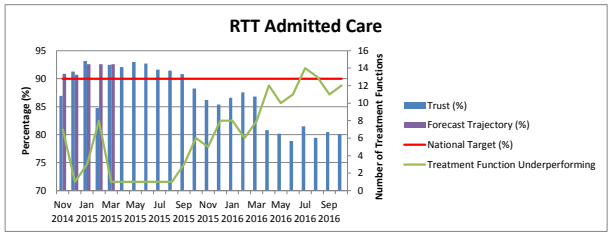


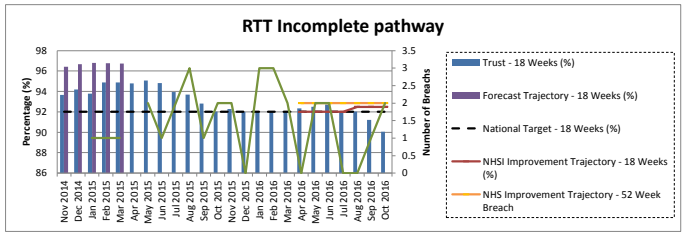


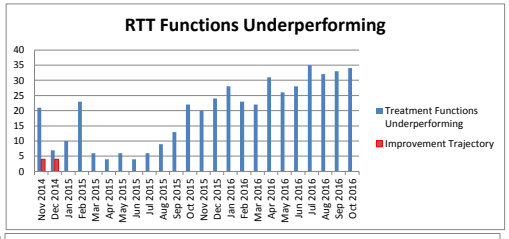


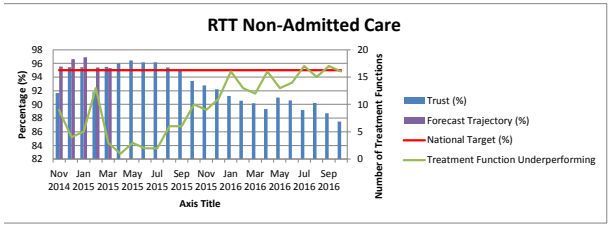
Referral To Treatment

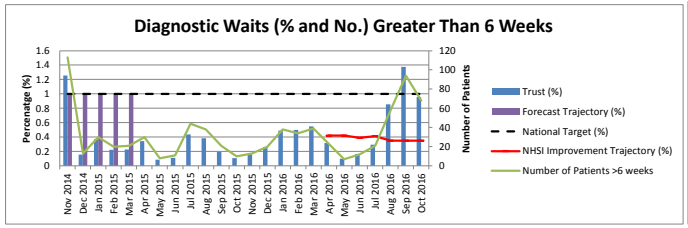
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Oct 2016	90.8	72.9	79.9	78.6					80.03		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Oct 2016	70.1	93.5	91.3	88.3					87.48		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Oct 2016	86.8	90.0	93.6	92.0					90.04		
	NEW		RTT - Backlog	No			1619	1727	2034	2181	2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	3289	3728	Oct 2016	1319	687	682	161					3728		
2			Patients Waiting >52 weeks	<= No	0	0	2	1	3	5	2	4	4	2	4	5	8	3	2	4	4	-	1	4	Oct 2016	1	0	2	0					4	18	
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	2	1	2	3	1	2	2	0	3	3	2	0	2	2	0	0	1	2	Oct 2016	1	0	0	0					2	7	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	6	4	6	9	13	22	20	24	28	23	22	31	26	28	35	32	33	34	Oct 2016	13	10	6	2.0					34		
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0	2	1	3	2	4	6	6	5	4	4	2	3	3	3	4	4	5	6	Oct 2016	3	2	0	0					6		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Oct 2016	1.0	2.7	0.2	0.0		0.7			0.96		
	NEW		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			511	699	995	2244	2442	2872	2258	1593	1250	273	281	542	480	419	502	470	500	711	Oct 2016	229	370	-	-		112			711		

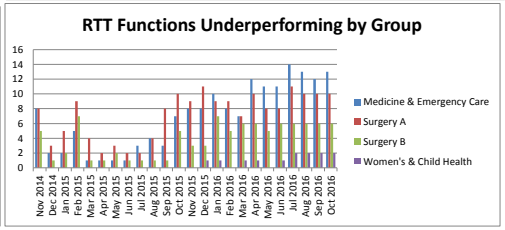


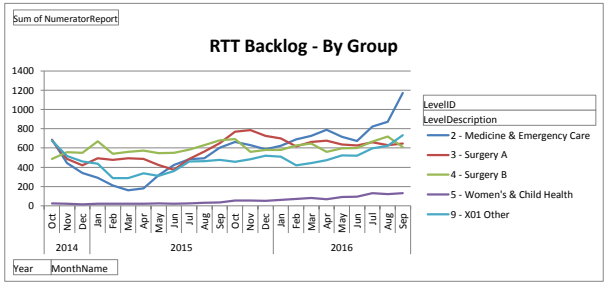


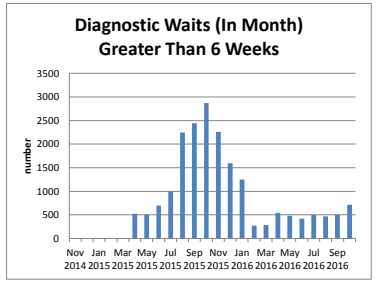


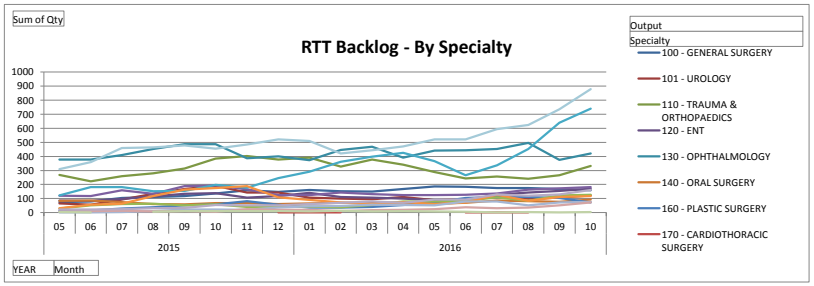






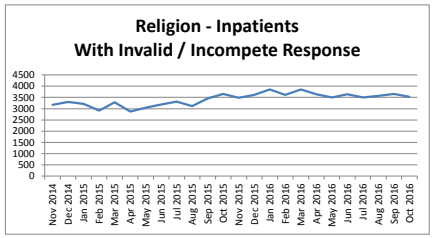


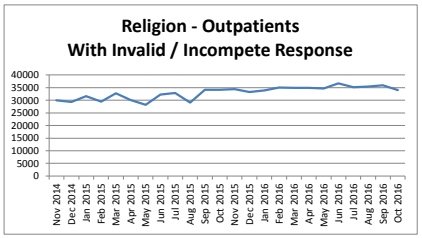


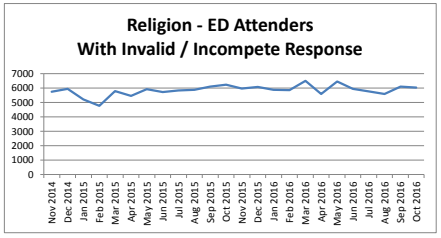


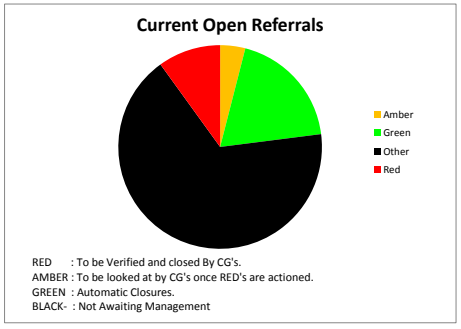
Data Completeness

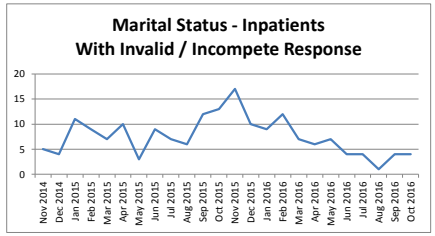
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Oct 2016								67	67.1		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2016									99.4		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2016									99.3		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Sep 2016									99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.6	96.3	96.5	95.8	96.5	97.0	97.4	97.0	97.5	96.5	98.1	96.7	96.7	96.9	96.3	97.9	96.5	97.3	Oct 2016									97.3	96.9	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.5	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.5	99.5	99.5	99.4	99.5	99.5	99.5	Oct 2016									99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.9	96.9	96.3	96.0	96.7	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	96.7	97.0	97.2	Oct 2016									97.2	96.9	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Oct 2016									91.1	92.9	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Oct 2016									89.1	90.4	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			74.7	73.8	73.2	72.9	71.6	70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	69.8	69.2	68.9	69.6	Oct 2016									69.6	69.5	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			62.6	63.0	62.5	61.3	60.8	60.4	59.9	59.3	59.3	58.4	58.1	58.1	58.2	57.8	58.0	57.8	57.9	58.1	Oct 2016									58.1	58.0	
			Protected Characteristic - Religion - ED patients with recorded response	%			64.4	65.8	64.1	61.8	61.2	61.8	62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	65.3	64.0	64.3	Oct 2016									64.3	64.7	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	100.0	100.0	100.0	100.0	100.0	Oct 2016									100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			41.8	41.6	41.8	41.6	41.6	41.2	41.1	40.7	40.8	40.5	40.5	39.8	39.8	39.9	40.1	40.8	40.3	40.4	Oct 2016									40.4	40.2	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			41.2	42.6	40.7	40.6	41.1	40.8	42.0	41.5	41.7	42.5	41.2	40.9	41.3	41.9	40.9	39.5	40.6	40.9	Oct 2016									40.9	40.9	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Oct 2016									6.1	5.9	
2			Open Referrals	No			180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,076	190,396	194,788	199,207	204,824	206,563	210,740	215,396	219,866	Oct 2016	74,142	42,008	70,589	26,671	5,995	399	62		219,866		
			Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	77,139	77,410	77,383	81,209	86,309	90,662	Oct 2016	30,033	17,504	25,041	12,081	2,374	353	39		90662		
			Duplicate Entries	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-	-	

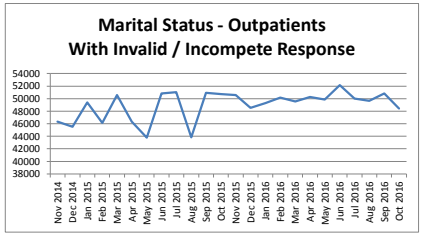


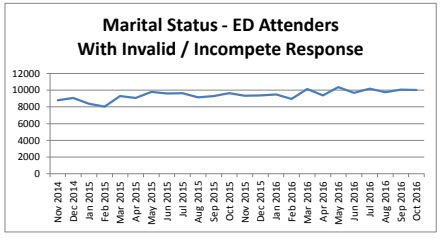






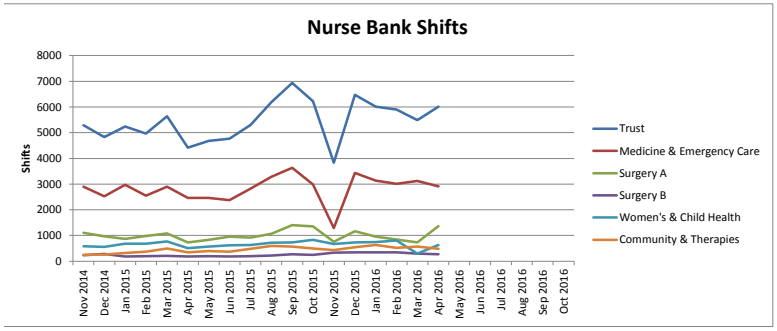


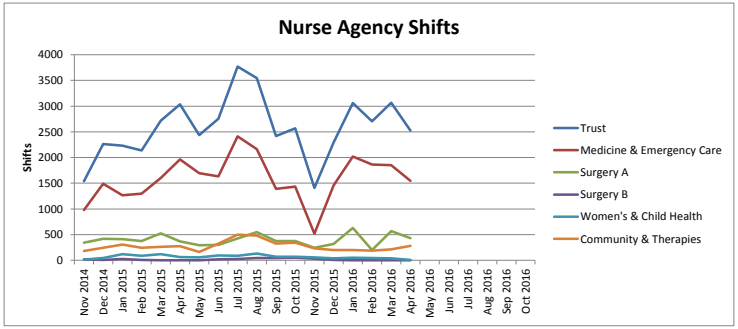


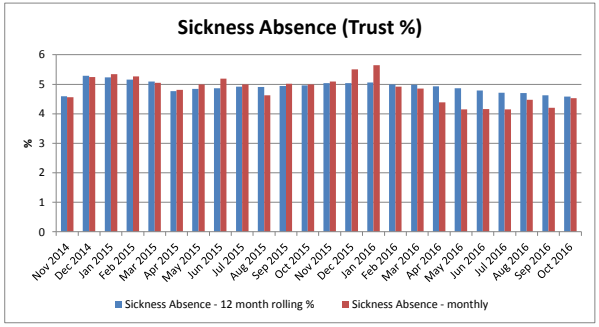


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
3		•b•	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2016	89.3	86.1	92.0	88.6	86.0	77.7	88.1	84.5		88.7	
7		•b	Medical Appraisal	=> %	95.0	95.0																			Oct 2016	87.0	76.3	83.9	88.6	100.0	79.3	0.0	100.0	84.6	87.4	
3		•b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Oct 2016	5.0	5.4	3.1	4.9	4.7	4.1	4.4	4.1	4.58	4.74	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																			Oct 2016	4.4	5.2	3.8	5.1	5.8	3.9	3.3	4.5	4.53	4.29	
3	NEW		Sickness Absence - Long Term (Monthly)	No Cases																				99	Oct 2016	91	-	-	-	-	-	8	-	99.00	99.00	
3	NEW		Sickness Absence - Short Term (Monthly)	No Cases			new indicator from october reporting																	14	Oct 2016	12	-	-	-	-	-	2	-	14.00	14.00	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	-																		Oct 2016	69.5	81.9	88.0	80.2	82.1	65.9	90.8	80.9	78.8	77.5	
3			Mandatory Training	=> %	95.0	95.0																			Oct 2016	80.4	85.2	85.4	85.4	94.1	83.2	87.9	90.1		87.3	
3		•	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Oct 2016	89.1	90.6	92.6	91.9	96.8	94.7	93.7	97.9		95.6	
7		•b•	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Oct 2016									11.6	12.0	
	NEW		Nursing Turnover	%			-	-	-	-	-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	11.9	12.4	Oct 2016									12	12	
7			New Investigations in Month	No			11	5	8	4	5	10	6	2	5	12	9	6	4	3	8	4	4	3	Oct 2016	0	3	0	0	0	0	0	0	3		
7			Vacancy Time to Fill	Weeks			24	26	25	27	25	23	23	23	24	26	23	26	25	23	24	24	21	25	Oct 2016									25		
7		•	Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			247	288	303	321	320	279	267	293	272	274	293	292	315	317	339	343	341	313	Oct 2016									313		
15			Your Voice - Response Rate	No			-->	13.9	-->	-->	15.3	-->	-->	12.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6	8	14	11	19	21	21	15	12.6		
15			Your Voice - Overall Score	No			-->	3.59	-->	-->	3.51	-->	-->	3.57	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.37	3.31	3.63	3.63	3.79	3.4	3.72	3.58	3.57		



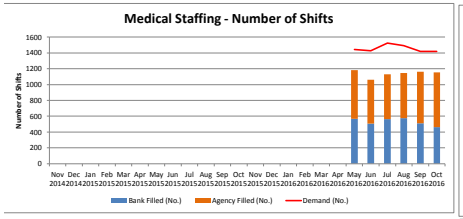


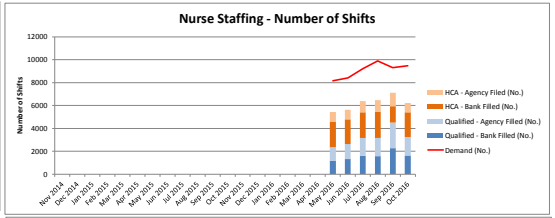


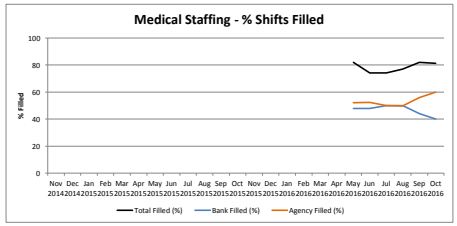
Long / Short Term - Sickness Absence - (Trust %)

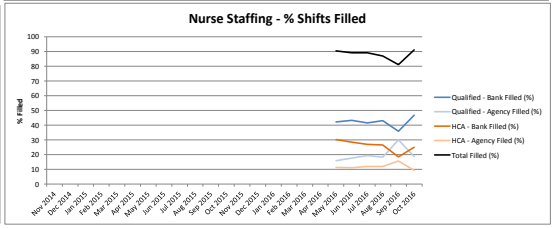
Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
			Medical Staffing - Number of instances when junior rotas not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	-	-	-	-	4906	5343	5097	5015	5291	5005	Oct 2016	-	-	-	-	-	-	-	-	100	100	
			Medical Staffing - Demand	No			-	-	-	-	-	-	-	-	-	-	-	-	1443	1429	1523	1491	1419	1419	Oct 2016	913	215	185	83	0	23	0	0	1419	8724.0	
			Medical Staffing - Total Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	81.98	74.04	74.06	76.93	81.89	81.25	Oct 2016	84.1	81.4	62.7	85.5	0	100	0	0	81	78.3	
			Medical Staffing - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	47.84	47.92	50	50.13	44.06	40.07	Oct 2016	25.3	61.1	78.5	81.7	0	52.2	0	0	40	46.6	
			Medical Staffing - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	52.16	52.36	50	49.87	55.94	59.93	Oct 2016	74.7	38.9	21.6	18.3	0	47.8	0	0	60	53.4	
			Medical Staffing - Filled Shifts - Snr Consultant	No			-	-	-	-	-	-	-	-	-	-	-	-	114	110	107	137	177	243	Oct 2016	144	80	0	1	0	18	0	0	243	888.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			-	-	-	-	-	-	-	-	-	-	-	-	1069	951	1021	1010	998	951	Oct 2016	664	95	116	71	0	5	0	0	951	6000.0	
			Nursing - Demand	No			-	-	-	-	-	-	-	-	-	-	-	-	8158	8413	9220	9887	9312	9476	Oct 2016	3833	2601	255	935	32	134	1636	50	9476	54466	
			Nursing - Total Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	90.44	89.33	89.21	86.98	81.13	91.2	Oct 2016	89.4	92.5	96.1	89.7	100	74.6	94.3	98	91	88.0	
			Nursing - Qualified - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	42.3	43.41	41.68	43.12	35.83	46.8	Oct 2016	45.7	37.4	44.9	66.6	62.5	8	54.3	83.7	47	42.3	
			Nursing - Qualified - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	16.01	17.56	19.34	18.41	29.95	18.8	Oct 2016	15.6	25.3	4.9	3.58	0	83	23	0	19	20.0	
			Nursing - HCA - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	30.18	28.57	26.95	26.56	18.6	25.0	Oct 2016	30.4	20.6	42.5	28.5	37.5	9	16.3	16.3	25	26.0	
			Nursing - HCA - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	11.39	11.07	12.01	11.92	15.62	9.4	Oct 2016	8.35	16.7	7.76	1.31	0	0	6.35	0	9	11.9	
			AHPs - Radiography - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	138	97	79	55	269	332	Oct 2016	20	0	0	0	0	274	38	0	332	970	
			AHPs - Radiography - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	138	97	73	55	249	324	Oct 2016	20	0	0	0	0	266	38	0	324	936	
			AHPs - Physiotherapy - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	191	156	192	55	63	38	Oct 2016	8	0	17	0	0	8	5	0	38	695	
			AHPs - Physiotherapy - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	191	156	192	55	63	38	Oct 2016	8	0	17	0	0	8	5	0	38	695	
			AHPs - Other - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	301	336	289	66	96	139	Oct 2016	5	0	0	0	44	90	0	0	139	1227	
			AHPs - Other - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	301	336	288	55	95	95	Oct 2016	5	0	0	0	0	90	0	0	95	1170	
			Admin - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	1994	1954	1902	2147	2765	2839	Oct 2016	667	440	233	188	663	108	270	270	2839	13601	
			Admin - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	1988	1937	1855	2061	2450	2589	Oct 2016	644	436	232	188	653	108	64	264	2589	12880	
			Facilities - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	1903	1947	1442	1451	2160	2185	Oct 2016	35	42	0	0	0	0	0	2108	2185	11088	
			Facilities - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	1898	1933	1405	1397	1942	2135	Oct 2016	33	42	0	0	0	0	0	2060	2135	10710	
			Interpreters - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	-	-	4925	5358	5110	5034	5321	5026	Oct 2016	-	-	-	-	-	-	-	-	5026	30774.0	
			Interpreters - Total Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	99.6	99.7	99.7	99.6	99.4	99.6	Oct 2016	-	-	-	-	-	-	-	-	100	99.6	
			Interpreters - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	79	78	76.6	76.4	76.7	78.6	Oct 2016	-	-	-	-	-	-	-	-	79	77.5	
			Interpreters - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	-	-	21.0	22.0	23.4	23.6	23.3	21.4	Oct 2016	-	-	-	-	-	-	-	-	21	22.5	
			Interpreters - Unfilled	%			-	-	-	-	-	-	-	-	-	-	-	-	0.4	0.3	0.3	0.4	0.6	0.4	Oct 2016	-	-	-	-	-	-	-	-	0	0.4	









CQUIN (page 1 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD	Value at Risk (000s)	Indicator	Trajectory / Notes	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	Monthly Trend A	M	J	J	A	S	O	N	D	J	F	M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
1a	National	£792			Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	Annual Staff Survey results to improve by 5% for full payment	Baseline 2015/16: Q9a, 9b and 9c			2016 Results to Qs to improve by 5% for full payment	Met	n/a											A number of initiatives in place to improve results. Reporting due at the end of the year.	Oct-16	●	●	●	●	●
1b	National	£792			Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	CQUIN funds will be paid on delivering the four outcomes opposite.	Unify Return submission	Renegotiate contracts	Renegotiate contracts	All four outcomes delivered	Met												a) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b) The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c) The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d) Ensuring that healthy options are available at any point including for those staff working night shifts. **Awaiting confirmation from CO and Steve Clarke that this CQUIN is fully completed for the Trust or what work is ongoing to complete**	Oct-16	●				
1c	National	£792			Staff Health & Wellbeing - Improving uptake of flu vaccination	Annual submission; flu vaccination at 75%+	No returns		Report %age achieved	Report %age achieved	N/A					●							Current at 75% for front line staff on which the CQUIN is based (60% across all staff)	Oct-16	●	●	●	●	●
2a	National	£396			Sepsis - A&E Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs						●							Sampled reviews required to increase and documentation of audit	Oct-16	●	●	●	●	●
2b	National	£396			Sepsis - Inpatient Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs		Met				●							There are effectively two parts to this scheme; screening, administering AB within one hour, and reviewing within 72 hours. Both parts have improved for Q2 reporting and scheme has passed. Ongoing focus required to ensure sustainability.	Oct-16	●	●	●	●	●
4a	National	£633			Antimicrobial Resistance and Antimicrobial Stewardship - **Reduction of antibiotic consumption**		2015/16 data for AB consumption	Reporting	Reporting	2016/17 data for AB consumption	Met	Met				●							Acute trusts submit their own antibiotic consumption data to PHE and evidence of 72 hour antibiotic review to the commissioners too. Data submission due 14th August as PHE delayed data collation tool.	Oct-16	●	●	●	●	●
4b	National	£158			Antimicrobial Resistance and Antimicrobial Stewardship - **Review of antibiotic prescribing**		Q1 Reviews up to 25% of sample	Q2 Reviews up to 50% of sample	Q3 Reviews up to 75% of sample	Q4 Reviews up to 90% of Sample	Met	Met				●							AB reviews in sample at 78% in Q1	Oct-16	●	●	●	●	●
5a	Local	£633			Cancer - Audit of 2ww cancellations		N/A	Reporting	Reporting	Reporting	N/A	Met				●							CCG are very pleased with the audit that has been conducted and would like to thank the Trust for their work on this.	Oct-16	●	●	●	●	●
5b	Local	£633			Cancer - Cancer Treatment Summary Record in Discharge Care Plans		N/A	Reporting	Reporting	Reporting	N/A	Met				●							Milestone achieved	Oct-16	●	●	●	●	●
5c	Local	£475			Cancer - Cancer VTE Advice		N/A	N/A			N/A	N/A											Quarter 2 reporting, lead is progressing	Oct-16					
6	Local	£317			Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions		Script	Shooting	Share in training	Share in training	Met												Milestone passed successfully. CCG would acknowledges early completion of this CQUIN by the Trust.	Oct-16	●	●	●	●	●
7	Local	£950			Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days		Improvement on 15/16 Q4 Avg 68%	Improvement on last quarter avg	Improvement on last quarter avg	Improvement on last quarter avg	N/A	Met				●							The delivery was at 68.1% for the quarter just delivering the CQUIN baseline. There are concerns about Q3 delivery as October significantly lower at 60%	Oct-16	●	●	●	●	●
8a	Local	£475		£98	Discharges - Implementation of transfer of care plans		Q1 Audit of 50 Notes					Met				●							Milestone in Q2 passed successfully, but findings from audits require robust action plans which are being put in place by lead.	Oct-16	●	●	●	●	●
8b	Local	£475			Discharges - Reduction in Readmission Rate (Adults)		Q1 Position compared to 15/16 Baseline	Improvement on last quarter	Improvement on last quarter	Improvement on last quarter		Met				●							Milestone in Q2 passed successfully	Oct-16	●	●	●	●	●
		£7,915																											

CQUIN (page 2 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Note	Trajectory		Q1	Q2	Q3	Q4	Previous Months Trend										Data Period	Comments	Year To Date	Trend	Next Month	3 Months
							Year	Month					A	M	J	J	A	S	O	N	D	J	F	M						
9	Specialised Services	£211			Preventing term admissions to NIC				Carried forward to Q3	Carried forward to Q3	Reporting to Commence	Reporting	C/F		C/F										Oct-16	Due to resource implications the full CQUIN is not deliverable by the Trust. A partial delivery has been proposed to the commissioner which was accepted but the numbers fall below expectations. An additional cohort was proposed for inclusions which now needs to be progressed by the lead.				
10	Specialised Services	£75			Haemoglobinopathy improving pathways				Evidence meetings, action log and minutes.	Progress reporting; protocols			Met		Met								Oct-16	Delivering				
11	Specialised Services	£211			Activation systems for patients with long term conditions								C/F		C/F										Oct-16	Initially, the Trust has not yet identified appropriate long term conditions of the relevant sample size. The reduced sample size now acceptabed by SCG and plans need to be put in place by the HIV service lead. Hence carried forward into Q3				
12	Public Health	£55			Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population								Met		Met										Oct-16	Await reporting for Q2 but expected delivery				
13	Public Health	£36			Breast Screening - improvement in uptake - Promotion of screening programme								Met		Met										Oct-16	Await reporting for Q2 but expected delivery				
14	Public Health	£19			Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population								Met		Met										Oct-16	Await reporting for Q2 but expected delivery				
15	Public Health	£12			Bowel Screening - improvement in uptake - Promotion of screening programme								Met		Met										Oct-16	Await reporting for Q2 but expected delivery				
16	Secondary Care Dental	£54			Sugar Free Medicines Audit							Q4 Reporting	N/A												Oct-16	Reporting not due until Q3.				

Overview ..

▪The Trust is contracted to deliver a total of 16 CQUIN schemes during 2016 / 2017 across CCG, Specialised Commissioning and Public Health.
▪The collective financial value of the schemes **is c.£8.6m**; Local & Nationally schemes are at £7.9m and Specialised & PH at £0.7m.
▪ The trust has reported on Q2 performance in October and feedback has been received as detailed below. October performance raises some concerns which are also highlighted

Q2 Feedback from Commissioners
Feedback has been received from both CCG and Specialised Commissioners. CCG has agreed passes for **all schemes other than Sepsis ED** . Specialised commissioning have **agreed 1 scheme**, and have agreed to **defer 2 other schemes** (NICU and LTC) into Q3, these two were previously considered as failed. There is therefore some effort to deliver this.

Causes for Concern based on October performance :

CCG Schemes ..

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

× Transfer care plans require execution of audit findings.

× Mortality scheme is likely to fail Q3 based on October performance being at 60%

Specialised Services Schemes ..

× NICU - previously considered not viable for the trust to deliver, the commissioner has agreed to some proposal - final agreement pending
× Long term conditions - HIV service identified despite smaller cohort which is now accepted but he commissioner, action plan needs to be put in place now
Both commence reporting in Q3 and as such for now count as 'deferred schemes'

SQPR

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From May 2015) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
			Safeguarding Children Level 2 Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	74	73	73	72	73	71	71	Oct 2016									70.9	72.5	
			Safeguarding Children Level 3 Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	71	72	72	75	74	73	73	Oct 2016									73.3	72.7	
			WHO Safer Surgery - Audit - brief and debrief (% lists wh	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	99	99	99	100	99	100	98	Oct 2016	96.1	100	100	100					98.1	99.0	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27	-	-	-	-	-	-	-	-	-	-	-	16	15	17	17	13	16	16	Oct 2016	14.4	9.78	10	32.2					15.6	15.8	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	88	88	87	87	87	87	85	Oct 2016									85.1	86.9	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	83	81	79	79	78	87	86	Oct 2016									85.8	81.9	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	79	80	81	82	82	75	76	Oct 2016									76.5	79.3	
			Community - Screening For Dementia - SQPR	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	40	37	53	30	37	45	43	Oct-16							43		42.5	38.4	
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	61	67	56	61	55	65	61	Oct-16							61		60.7	60.0	

NOTES:
SQPR stands for Service Quality Performance Report. The Trust has implemented this report to monitor national, operational and local quality requirements which are agreed with the CCG at the time of contracting.

CCG will have pre-agreed finable non-compliance for a range of performance indicators. Fines are variable and will in some cases apply monthly, in others if repeated under-performance is observed.

As national and operational performance is monitored throughout the pack , and is largely subject to STF criteria monitored, we report here only on **Local Quality Requirements** (LQRs) to ensure these are visible to the organisation. But detailed discussions take place monthly with the services to ensure compliance is picked up.

Due to the large volume of LQRs reported against, only the **under-performing** items have been picked out here. They will be monitored here for the rest of the year to ensure compliance is achieved and sustained. Each financial year will capture some different indicators so this page will aim to stay on top of this.

Current Under-Performance
Mainly concentrated to the indicators listed above; the services have been notified about under-performance and regular discussions are in place. The CCG is expecting recovery plans for indicators consistently failing and have issued Performance Notices in respect of :

- Safeguarding training - Performance Notice actioned and accepted by CCG - performance team are working on suspending fine for this based on action plan being in place
- Morning Discharges - which has been wrapped up in the ED action plans
- Community falls and dementia assessments have improved performance in September following a detailed action plan which was put in place by GDN
- 12+6 indicators likely to be required an exception report

Fines are withheld by the CCG as part of the monthly contract settlement. The fines incurred in respect of LQRs up to Month 6 (September) are c£300k mainly driven by Safeguarding training and morning discharges.

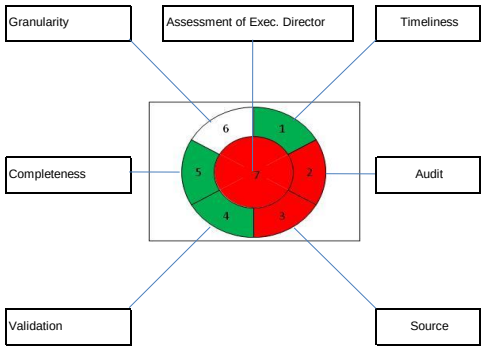
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Oct 2016	0	2	0	2	11	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Oct 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Oct 2016	72	83	24	59.7		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Oct 2016	92	94	67	92.3		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	47	42	39	41	40	41	41	35	40	35	32	44	37	47	39	47	44	34	Oct 2016	9	25	0	34	292	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	5	0	1	1	2	0	0	1	1	0	0	2	1	2	2	0	Oct 2016	0	0	0	0	7	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	3	6	2	0	6	2	3	4	4	6	4	4	3	3	5	5	4	6	Oct 2016	0	6	0	6	30	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Oct 2016	93.2	85.9	98.0	94.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Oct 2016	99.5	100.0	100.0	99.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Oct 2016	99	95	0	98.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Oct 2016	99	87	0	96.1		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2016	1	0	1	2	15	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Aug 2016	60	74	50	61		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			10.5	10.3	11.5	10.7	9.7	9.6	8.6	9.3	9.2	9.4	9.6	9.7	10.0	9.2	9.0	8.6	8.3	-	Sep 2016				8.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			10.3	10.3	10.4	10.4	10.3	10.3	10.3	10.3	10.1	10.1	10.0	9.8	9.8	9.7	9.5	9.3	9.2	-	Sep 2016					9.6	

Medicine Group

Section	Indicator		Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC			
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																		Oct 2016		91.4		91.4	93.2	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																		Oct 2016		80.0		80.0	74.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		Oct 2016		59.4		59.4	67.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																		Oct 2016		100.0		100.0	97.5	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																		Oct 2016		33.3		33.3	72.7	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																		Oct 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																		Oct 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																		Oct 2016		100.0		100.0	99.7	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																		Oct 2016		100.0		100.0	97.0	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																		Oct 2016		100.0		100.0	96.7	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																		Oct 2016		98.4		98.4	99.4	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-	Sep 2016			92.7	92.7		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-	Sep 2016			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-	Sep 2016			74.1	74.1		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	0	1	4.5	4.5	2.5	1.5	0.5	6	3	3.5	1.5	3.5	3	4	3.5	-	Sep 2016	-	-	3.50	3.50	19	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	0	0	3	4	2	0	0	4.5	0	2	0	1	2	1.5	2	-	Sep 2016	-	-	2.00	2.00	9	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	62	97	228	165	138	104	98	154	98	175	95	130	113	107	140	-	Sep 2016	-	-	140	140		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-							-	Sep 2016	-	-	55	55	41	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			35	41	53	36	29	43	42	32	34	47	39	49	36	28	25	40	23	27	Oct 2016	16	6	5	27	228	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			104	87	90	74	58	65	65	57	50	65	63	72	57	62	46	47	55	56	Oct 2016	29	17	10	56		

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2016	-	-	-	-		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	1	2	4	7	0	0	1	0	2	1	1	0	3	0	0	6	1	0	Oct 2016	0.0	0.0	0.0	0	10	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	60	46	47	45	33	54	35	32	34	32	31	58	56	54	28	32	28	57	Oct 2016	0.0	0.0	57.4	57.4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			2	5	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Oct 2016	83.3	85.3	Site S/C	84.4	88.8	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			'	'	'	'	'	'	'	'	'	1560	1908	1246	1046	1187	1333	1227	1280	1579	Oct 2016	1494	0	85	1579	8898	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Oct 2016	1.0	0.0	Site S/C	1	1	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0						-	-	-	-										Oct 2016	16.0	16.0	Site S/C	16	17	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0						-	-	-	-										Oct 2016	57.0	51.0	Site S/C	53	52	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Oct 2016	7.9	8.4	Site S/C	8.2	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Oct 2016	4.1	5.2	Site S/C	4.7	4.3	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	135	112	Oct 2016	59	53		112	697	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	9	16	Oct 2016	15	1		16	42	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Oct 2016	0.72	0.05		0.38	0.14	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	Oct 2016	2070	2163		4233	29756	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Oct 2016	0.0	84.6	93.4	90.8		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Oct 2016	0.0	65.9	72.4	70.1		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Oct 2016	0.0	92.6	83.6	86.8		
RTT	RTT - Backlog	<= No	0	0	317	424	482	494	604	664	629	587	623	689	725	789	716	674	821	873	1172	1319	Oct 2016	0	261	1058	1319		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	1	0	0	1	1	1	3	4	0	0	0	1	-	0	1	Oct 2016	0	1	0	1		
RTT	Treatment Functions Underperforming	<= No	0	0	1	1	3	4	3	7	8	8	10	8	7	12	11	11	14	13	12	13	Oct 2016	0	5	8	13		

Medicine Group

RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	Oct 2016	0	0.06	4.86	0.99	

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Data Completeness	Open Referrals	No			63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	70,424	72,581	74,142	Oct 2016	12,870	20,258	41,014	74142		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	26,178	27,360	25,493	26,511	28,710	30,033	Oct 2016	9,221	9,171	11,641	30033		
Workforce	WTE - Actual versus Plan	No			200	219	236	262	261	217	214	208	204	201	219	220	207	213	220	229	231	229	Oct 2016	105.9	79.11	43.02	229		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Oct 2016	93.23	87.54	86.04		89.6	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Oct 2016	77.27	93.33	87.5		87.4	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Oct 2016	5.31	5.31	4.00	5.02	5.37	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-																		Oct 2016	4.00	4.40	5.16	4.40	4.63	
Workforce	Sickness Absence - Long Term - In month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91	Oct 2016	20	51	20	91	91	
Workforce	Sickness Absence - Short Term - In month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	Oct 2016	1	9	2	12	12	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-																		Oct 2016	66.4	74.9	62.0		68.93	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Oct 2016	81.67	79.46	80.39		81.7	
Workforce	New Investigations in Month	No			1	1	2	1	3	0	0	1	1	6	4	1	0	0	1	1	0	0	Oct 2016	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	3008	2311	3287	3019	4330	2700	1185	3654	3001	3002	4159	3992	-	-	-	-	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	1055	771	1146	977	811	594	217	749	925	700	748	710	-	-	-	-	-	-	Apr 2016				710		
Workforce	Nurse Bank Use	<= No	34560	2880													-	-	-	-	-	-	Apr 2016				2913	2913	
Workforce	Nurse Agency Use	<= No	0.00	0.00													-	-	-	-	-	-	Apr 2016				1546	1546	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00													-	-	-	-	-	-	Apr 2016				1102	1102	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00													-	-	-	-	-	-	Apr 2016				83	83	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	6	-->	-->	6	-->	-->	6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6.0	5.0	10.0	6.0		
Workforce	Your Voice - Overall Score	No			-->	3.49	-->	-->	3.45	-->	-->	3.37	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.44	3.56	3.10	3.37		

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		GS	SS	TH	An			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Oct 2016	0	0	0	0	0	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Oct 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Oct 2016	96.7	94.2	0	0	94.1		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Oct 2016	96.9	92.1	0	100	95.1		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	
Patient Safety - Harm Free Care	Sickness Absence - Short Term - monthly	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	9	5	4	2	4	2	6	11	13	6	11	7	8	3	11	10	6	7	Oct 2016	3	4	0	0	7	52	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	0	0	Oct 2016	0	0	0	0	0	3	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	1	1	1	2	1	1	1	2	0	1	2	2	0	1	2	0	4	Oct 2016	0	4	0	0	4	11	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Oct 2016	93.9	98.3	0	99.6	95.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Oct 2016	100	99.5	0	100	99.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Oct 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Oct 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	Oct 2016	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2016	0	1	0	0	1	8	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Aug 2016	80	25	0	0	55.6		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.2	7.9	7.3	7.8	7.8	7.3	7.4	8.7	7.6	7.2	7.9	7.4	6.6	5.9	6.9	6.0	6.4	-	Sep 2016					6.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.77	6.85	6.92	7.03	7.21	7.27	7.37	7.56	7.58	7.6	7.73	7.71	7.57	7.4	7.37	7.23	7.11	-	Sep 2016						7.4	

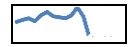
Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		GS	SS	TH	An			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		Sep 2016	93.3		0.0		93.33		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		Sep 2016	93.4				93.43		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		Sep 2016	97.2		0.0		97.18		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		Sep 2016	87.9		0.0		87.88		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	0	10	3	5	2	5	2	2	3	2	9	1	4	6	4	-	Sep 2016	-	-	-	-	4	25	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	4	6	1	2	0	4	0	0	1	0	1	0	1	1	2	-	Sep 2016	2	-	0	-	2	5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	180	147	173	124	98	167	75	74	117	73	114	100	153	161	183	-	Sep 2016	183	-	0	-	183		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	<= No	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	Oct 2016	0	0	0	1	1	1	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	16	16	15	15	18	18	11	16	14	19	24	15	9	9	21	15	20	Oct 2016	6	11	0	3	20	113	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			27	32	23	26	23	23	24	15	17	23	26	24	29	25	18	21	25	29	Oct 2016	11	14	1	3	29		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																		Oct 2016	2.81	-	0	-	1.4		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	Oct 2016	1	0	0	0	1	1	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	10	8	21	13	13	17	8	16	5	19	6	10	6	14	9	23	6	15	Oct 2016	15	0	0	0	15	83	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	77.8	78.7	80.2	78.2	77.9	78.4	78	72.2	74	75.8	76.8	76.2	76.2	77.9	71.8	72.7	73.4	77.1	Oct 2016	75.7	76.6	0.0	86.1	77.07		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	7	2	8	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	49	65	68	30	38	75	78	29	74	Oct 2016	45	26	0	3	74	392	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	85																		Oct 2016		88.6			88.6	72.1	

Surgery A Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Oct 2016	82.3	57.5	0.0	0.0	72.9		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Oct 2016	91.8	95.7	0.0	0.0	93.5		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Oct 2016	92.2	87.6	0.0	0.0	90.0		
RTT	RTT - Backlog	<= No	0	0	423	373	486	562	651	768	785	725	698	617	662	676	636	627	658	630	646	687	Oct 2016	282	405	0	0	687		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	2	1	1	0	0	1	1	0	2	1	2	3	-	0	0	Oct 2016	0	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	3	2	2	4	8	10	9	11	9	9	7	10	8	8	11	10	10	10	Oct 2016	5	5	0	0	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2016	4.0	0.0	0.0	0.0	2.68		
Data Completeness	Open Referrals	No			34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	37,034	38,099	38,955	40,183	40,895	41,359	42,008	Oct 2016	23,835	14,036	0	4,137	42008		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	15,456	15,128	15,709	16,220	16,765	17,504	Oct 2016	10,274	5,127	0	2,103	17504		
Workforce	WTE - Actual versus Plan	No			97.1	103	110	120	122	116	107	112	120	102	102	103	101	105	109	101	104	94.2	Oct 2016	32.3	11.6	27.4	20.1	94.15		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2016	84.3	88.6	90.6	82.9		87.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Oct 2016	75	88.2	0	71.8		76.8	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Oct 2016	6.4	5.4	5.6	4.3	5.4	5.3	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-																		Oct 2016	5.6	5.9	5.6	4.3	5.2	5.1	
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-																		Oct 2016	85.1	69.2	92.3	82.0	81.9	80.2	
Workforce	Mandatory Training	=> %	95.0	95.0																			Oct 2016	80.9	81.3	90.1	86.6		86.8	
Workforce	New Investigations in Month	No			3	1	2	1	0	3	0	0	1	1	1	0	0	0	2	0	1	3	Oct 2016	1	0	2	0	3		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	80	82.2	75.6	76.4	85.8	85.3	86.3	82.3	77.9	57.2	83.5	86.3	-	-	-	-	-	-	Apr 2016					86.34	86	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	247	197	347	303	272	220	117	232	269	202	223	226	'	'	'	'	'	'	Apr 2016					226	226	
Workforce	Nurse Bank Use	<= No	9908	826													-	-	-	-	-	-	Apr 2016					1370	1370	

Surgery A Group

Workforce	Nurse Agency Use	<= No	0	0																	Apr 2016				431	431	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	Apr 2016				218	218	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	Apr 2016				56	56	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate	No			-->	10	-->	-->	10	-->	-->	8	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	9	8		
Workforce	Your Voice - Response Score	%			-->	3.56	-->	-->	3.37	-->	-->	3.31	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	3.49	3.31		

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate O	Directorate E	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	65	93	82.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	90	94	92.1		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	2	1	0	0	1	2	1	1	1	1	1	1	1	1	2	3	3	Oct 2016	2	1	3	12	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	Oct 2016	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	98	97	97.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	100	99	99.89		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	100	100	100		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	100	100	100		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	97	N/A	N/A	●	N/A	●	N/A	N/A	N/A	N/A	●	N/A	●	N/A	N/A	●	N/A	-	-	Aug 2016	0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.4	3.4	5.7	3.6	5.3	5.0	4.4	6.1	3.1	5.8	4.9	2.8	4.9	4.2	5.3	3.5	4.0	-	Sep 2016			4.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.6	4.6	4.6	4.5	4.7	4.7	4.6	4.7	4.7	4.8	4.8	4.5	4.6	4.6	4.6	4.6	4.5	-	Oct 2016				4.6	

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate O	Directorate E	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	Sep 2016		87	87.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96						#DIV/0!						#DIV/0!						-	Sep 2016		100	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85						#DIV/0!				#DIV/0!			#DIV/0!					-	Sep 2016		100	100.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	0	0	0	0	1	0	0.5	0	0	0	0	0.5	0	1.5	0	-	Sep 2016	-	0	0	2	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0.5	0	-	Sep 2016	-	0	0	0.5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	62	51	62	0	104	54	84	0	59	0	0	70	48	131	62	-	Sep 2016	-	62	62		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	0	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	6	15	15	16	18	18	17	9	14	19	21	14	18	15	17	15	17	Oct 2016	13	4	17	117	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			35	17	17	22	19	24	25	21	15	14	19	25	23	23	23	24	22	22	Oct 2016	15	7	22		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2016	1.2	1.5	1.32		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	17	16	10	14	8	19	15	11	11	14	14	8	12	8	36	20	26	14	Oct 2016	8	6	14	124	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	71.4	73.1	73.9	70.5	73.6	75	75.1	73.8	74.5	74.84	72.5	73.9	75	73.4	69	70.3	74.1	73.1	Oct 2016	73	72	73.14		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Oct 2016	99		99.4	98.4	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	13	33	41	52	42	44	43	34	18	Oct 2016	13	5	18	274	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Oct 2016	0		0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15						-	-	-	-										Oct 2016	26		26	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60						-	-	-	-										Oct 2016	107		22	110	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Oct 2016	2.9		2.88	3.06	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Oct 2016	2.1		2.08	1.89	

Surgery B Group

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate O	Directorate E	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Oct 2016	78.2	82.8	79.9		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Oct 2016	92.4	87.8	91.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Oct 2016	94.2	92.3	93.6		
RTT	RTT - Backlog	<= No	0	0	547	549	582	630	678	693	561	579	578	626	646	560	595	600	666	720	608	682	Oct 2016	420	262	682		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	3	2	1	3	3	1	2	1	3	1	0	0	0	-	1	2	Oct 2016	1	1	2		
RTT	Treatment Functions Underperforming	<= No	0	0	2	1	1	1	1	5	3	3	7	5	6	6	5	6	6	6	6	6	Oct 2016	2	4	6		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Oct 2016	0	0.2	0		
Data Completeness	Open Referrals	No			60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	63,337	64,441	65,936	67,252	68,140	69,271	70,589	Oct 2016	57,526	13,063	70589		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	20,583	20,129	21,126	22,147	23,686	25,041	Oct 2016	19,111	5,930	25041		
Workforce	WTE - Actual versus Plan	No			35.1	46.6	43.1	49.7	57.2	57.7	59.1	61.1	57.8	50.2	46.7	41.5	41.6	46.1	48.3	54	48.9	51.5	Oct 2016			51.5		
Workforce	PDRs - 12 month rolling	=> %	95	95																			Oct 2016	92	92		94.0	
Workforce	Medical Appraisal and Revalidation	=> %	95	95																			Oct 2016	88	60	83.9	92.13	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Oct 2016	3.3	2.6	3.1	3.17	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-																		Oct 2016	4.1	2	3.77	3.33	
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-																		Oct 2016	86	77	87.99	84.1	
Workforce	Mandatory Training	=> %	95	95																			Oct 2016	84	90		86.98	
Workforce	New Investigations in Month	No			1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	Oct 2016			0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	99.6	98.4	98.2	96.9	96	97	97.6	93.5	97.3	95.88	97.1	96.4	-	-	-	-	-	-	Apr 2016			96.41	96.41	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	1	3	4	7	13	7	27	23	11	14	10	12	-	-	-	-	-	-	Apr 2016			12	12	

Surgery B Group

Workforce	Nurse Bank Use	<= No	2796	233													-	-	-	-	-	-	Apr 2016			274	274	
Workforce	Nurse Agency Use	<= No	0	0													-	-	-	-	-	-	Apr 2016			0	0	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016			144.0	144.0	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016			42.0	42.0	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Workforce	Your Voice - Response Rate	No			-->	12	-->	-->	15	-->	-->	14	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	7	31	14		
Workforce	Your Voice - Overall Score	No			-->	3.59	-->	-->	3.63	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.6	3.7	3.63		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Oct 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Oct 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Oct 2016	94			92.6		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Oct 2016	0	100		100.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	2	1	0	1	2	0	1	0	2	0	1	0	1	2	1	1	2	3	Oct 2016	0	2	1	3	10	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Oct 2016	0	1	0	1	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Oct 2016	97	94		94.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Oct 2016	99	100		99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Oct 2016	100	0		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Oct 2016	100	0		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2016	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2016	0	2	0	2	5	

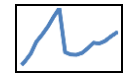
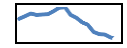
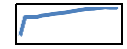
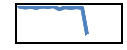
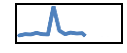
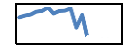
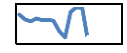
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate G	M	P	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Oct 2016		31		31.1	26.8	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	10	8	Oct 2016		8		8.0	8.8	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	19	23	Oct 2016		23		23.1	18.0	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Oct 2016		0		0	0	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Oct 2016		0		0	9	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Oct 2016		2		2.0	1.5	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Oct 2016		6.6		6.6		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Oct 2016		79		79.1		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Oct 2016		154		154.2		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A			N/A	N/A			N/A		N/A						N/A		-	Aug 2016	0	0	0	0.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.9	7.1	7.1	4.4	4.5	6.4	5.9	4.8	4.7	6.7	5.5	4.9	5.0	4.7	4.4	4.2	3.9	-	Sep 2016				3.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.7	6.8	6.9	6.7	6.6	6.6	6.5	6.3	6.1	6.1	5.9	5.8	5.6	5.4	5.2	5.2	5.1	-	Sep 2016					5.4	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Sep 2016	96		0	96.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Sep 2016	100			100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Sep 2016	94			94.1		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	0	1.5	1.5	4	0.5	1.5	3	2	0	3	1	2	0	0.5	0.5	-	Sep 2016	0.5	-	0	0.5	7	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	1	1	0	2	0	0	0	0	0	1	0	1	0	0	0	-	Sep 2016	0	-	0	0	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	123	130	98	146	89	71	104	97	62	149	86	176	62	70	97	-	Sep 2016	97	-	0	97		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	0	-	0	0	0	

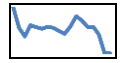
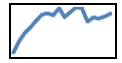
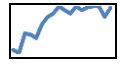
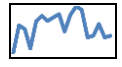
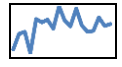
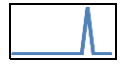
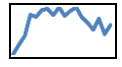
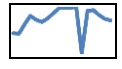
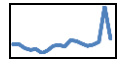
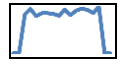
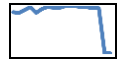
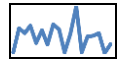
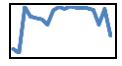
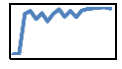
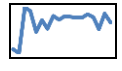
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate G	M	P	Month	Year To Date	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	14	14	12	10	9	10	15	17	4	13	5	10	9	15	15	15	12	Oct 2016	5	4	3	12	81	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			28	20	18	17	13	13	13	14	20	6	17	9	13	10	19	21	23	23	Oct 2016	0	0	0	23		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2016	5.9		-	4.1		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	4	2	2	4	7	6	9	13	6	7	13	4	10	9	4	6	9	12	Oct 2016	12			12	54	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	78	74	75	76	79	76	76	72	74	71	78	76	73	74	76	76	76	79	Oct 2016	79	-		78.7		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	15	6	16	5	5	10	7	43	18	Oct 2016	1	0	17	18	104	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Oct 2016	79			78.6		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Oct 2016	88			88.3		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Oct 2016	92			92.0		
RTT	RTT - Backlog	<= No	0	0	23	22	25	32	34	54	53	52	60	70	80	69	92	93	130	121	129	161	Oct 2016	161			161		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	-	0	0	Oct 2016	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	2	2	2	2	Oct 2016	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Oct 2016	0			0.0		

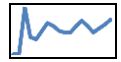
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate G	M	P	Month	Year To Date	
Data Completeness	Open Referrals	No			20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	25,985	26,671	Oct 2016	7,724	12,690	6,257	26671		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	10,041	10,069	10,168	10,770	11,488	12,081	Oct 2016	3,700	6,925	1,456	12081		
Workforce	WTE - Actual versus Plan	No			70.8	87.2	95.8	111	96.6	85.7	82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	118	116	107	Oct 2016	11	70	27	107.3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2016	92	88	89		88.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Oct 2016	89	85	92		89.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Oct 2016	4.9	5.4	3.3	4.9	5.1	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Oct 2016	5.4	5.5	4	5.1	4.4	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Oct 2016	84	80	78	80.23	78.46	
Workforce	Mandatory Training	=> %	95.0	95.0																			Oct 2016	86	85	86		86.2	
Workforce	New Investigations in Month	No			3	2	2	1	1	1	1	0	0	1	0	1	0	0	1	1	0	0	Oct 2016	0	0	0	0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	95.4	91.9	93.9	90.9	94.7	94.2	96.1	87.4	93.5	90.8	92.9	91.4	-	-	-	-	-	-	Apr 2016				91.4	91.4	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	35	53	50	68	51	48	394	95	54	74	60	65	-	-	-	-	-	-	Apr 2016				65	91	
Workforce	Nurse Bank Use	<= No	6852	571													-	-	-	-	-	-	Apr 2016				635	635	
Workforce	Nurse Agency Use	<= No	0	0													-	-	-	-	-	-	Apr 2016				8	8	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	13	-->	-->	12	-->	-->	11	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	18	17	11		
Workforce	Your Voice - Overall Score	No			-->	3.66	-->	-->	3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.7	7.1	3.6	3.6		

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate G	M	P	Month	Year To Date	
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			26	56	97	124	118	111	159	167	207	193	159	207	198	141	184	176	119	106	Oct 2016		106		106	1131	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	81	86.7	88.3	87.9	90.7	89.9	88.9	88.2	87.6	91.9	89	87.2	87.7	86.7	86.2	81.3	-	-	Aug 2016		81		81.3	85.89	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			15.9	8.8	5.87	9.69	9.04	8.51	9.19	8.82	7.69	6.68	9.33	12.8	11.4	9.11	9.17	6.5	-	-	Aug 2016		6.5		6.5	9.8	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	61.7	71.1	77.7	82	87.4	92.3	93.3	91.9	97.5	90.3	94.4	98.2	97.7	86.6	90.1	89.3	90.7	93	Oct 2016		93		93.02	91.99	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			78.8	77.3	86.7	86.1	84.5	91	94.5	96.2	99.8	97.9	96.2	99.8	97.9	99.2	99.7	99.7	94.7	99	Oct 2016		99		99.04	98.53	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	80.2	91.4	89.8	82	92.9	95.1	93	94.5	95.8	88.9	95.6	99	97.5	86.5	87.1	91.9	86.5	87.2	Oct 2016		87		87.18	90.73	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			71.5	78.3	79.2	70	84.7	83.2	84.4	80.5	90.2	84.2	81.6	89.2	81.9	79.2	79.5	85.4	81.7	82.6	Oct 2016		83		82.56	82.75	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	1	1	1	1	100	1	1	1	1	Oct 2016		1		1	106	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	74.3	79.1	83.5	94	93	96.5	97.1	93.9	97.9	93.6	96	97.9	92.8	90.1	86.5	92.1	84.4	88.9	Oct 2016		89		88.89	90.43	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	65.3	65	77.7	88.5	83.1	80.2	84.7	91.9	98.6	99.3	99.4	99.8	39.4	94.9	96.1	89.8	84.4	82.4	Oct 2016		82		82.43	84.82	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			38.7	38.7	33.6	31.4	32.3	27.6	30.7	36.8	37.9	35.6	43.9	42.8	39.4	36.7	38.3	41.9	87.6	45.8	Oct 2016		46		45.77	47.69	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	100	100	-	-	-	-	-	-	-	-	-	100	100	100	100	100	100	100	Oct 2016		100		100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-	-	347	397	333	360	358	353	335	391	341	382	400	389	359	420	-	-	Aug 2016		420		420	1950	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	87.2	85.8	92.3	98.5	86	94.7	98.6	97.2	96.3	100	100	100	98.8	98.2	96.1	96.1	-	-	Aug 2016		96		96.11	97.76	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			322	369	359	374	340	365	337	376	366	322	358	411	322	353	354	359	321	338	Oct 2016		338		338	2458	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	80.9	79	99.7	95.4	94.7	94.1	91.8	98.2	99.7	98.8	100	99.4	99.4	99.2	98.3	91.8	98.8	86.8	Oct 2016		87		86.82	95.94	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	-	315	340	275	321	257	316	352	294	339	290	341	355	359	364	367	356	Oct 2016		356		356	2432	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	68.8	66.3	98.4	95.8	81.1	89.4	83.4	92.4	89.6	92.2	91.6	91.2	90.9	93.5	91.3	83.1	93.9	87.9	Oct 2016		88		87.9	90.06	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			0	0	84	31	27	42	56	51	42	39	39	51	60	51	39	46	53	62	Oct 2016		62		62	362	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00		-		-	-	

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	3	0	2	0	1	2	0	2	4	2	3	4	2	1	2	1	2	Oct 2016	1	0	0	0	1	2	15	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	5	2	3	0	2	2	1	1	4	3	3	5	4	2	2	2	3	Oct 2016	1	0	0	0	2	3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			1,743	1,808	1,870	1,957	3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	5,631	5,764	5,995	Oct 2016	1,680	1	1,950	0	2,364	5,995		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	1,502	1,437	1,510	2,208	2,275	2,374	Oct 2016	806	0	897	0	671	2,374		
Workforce	WTE - Actual versus Plan	No			22.8	32.5	34	33.7	40.3	40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	39.8	38.4	40	Oct 2016	12	6	16	5.5	-0.1	40		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	63	91	82	100	96		91.76	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	100	100	100	100		93.69	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	5.1	3.3	6.1	3.5	3.3	4.69	4.34	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	4.0	5.1	7.7	3.1	7.6	5.77	4.69	
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	-	
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	92	100	64	96	100	82.1	81.4	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	91	95	91	97	98		94.5	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0	Oct 2016	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	.	.	.	.	.	.	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	.	.	.	.	.	.	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	21	-->	-->	24	-->	-->	19	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	28	12	26	57	19		
Workforce	Your Voice - Overall Score	No			-->	3.69	-->	-->	3.58	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.6	3.7	3.8	3.8	4.1	3.79		

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Oct 2016	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	2.0	2.0	2.0	1.0	1.0	1.0	-	-	1.0	2.0	-	2.0	1.0	2.0	1.0	3.0	1.0	-	Sep 2016					3.6		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	11.0	12.0	13.0	13.0	14.0	15.0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	12.0	14.0	14.0	-	Sep 2016						4.55	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Oct 2016			59.4		59.38	67.62	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Oct 2016			100		100	97.46	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	3	5	8	4	1	2	1	3	6	5	2	0	1	1	2	1	1	Oct 2016	1	0	0	0	1	8	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	5	7	11	7	3	2	0	3	6	5	2	1	2	2	2	0	1	Oct 2016	1	0	0	0	1		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	49	62	36	67	69	86	66	54	55		Oct 2016	55	0	0	0	55	433	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2016	0.74				0.74		
Data Completeness	Open Referrals	No			148	151	173	178	198	208	231	248	259	271	286	288	298	325	342	361	376	399	Oct 2016	399	0	0	0	399		
Data Completeness	Open Referrals - Awaiting Management	No			'	'	'	'	'	'	'	'	'	'	'	'	287	267	299	315	331	353	Oct 2016	353	0	0	0	353		
Workforce	WTE - Actual versus Plan	No			46	58	59	56	50	48	45	40	44	44	46	49	51	44	45	47	45	41	Oct 2016	22	3	4	4.3	40.8		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2016	78.8	70	88	70.2		83.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Oct 2016	78.3	0	50	100		97.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Oct 2016	3.0	4.3	1.6	5.7	4.10	4.42	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Oct 2016	3.1	7.0	1.0	3.6	3.85	4.02	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Oct 2016	67.3	92.3	97	39.1	65.9	63.0	
Workforce	Mandatory Training	=> %	95.0	95.0																			Oct 2016	77.3	93.9	90	87.6		85.4	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Oct 2016					0		
Workforce	Nurse Bank Use	<= No	288	24																			Apr 2016					170	170	
Workforce	Nurse Agency Use	<= No	0	0																			Apr 2016					241	241	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Apr 2016					120	120	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Apr 2016					0	0	
Workforce	Your Voice - Response Rate	No			-->	19	-->	-->	24	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	18	0	61	11	21		
Workforce	Your Voice - Overall Score	No			-->	3.41	-->	-->	3.11	-->	-->	3.40	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.3	0	3.8	3.9	3.4		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	47	37	25	27	29	29	21	26	31	23	20	22	38	31	29	31	29	33	Oct 2016	1	30	2	33	213	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	0	0	0	1	0	1	2	1	1	0	0	1	0	0	1	0	Oct 2016	0	0	0	0	2	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	1	3	2	0	0	2	0	3	0	4	2	4	2	3	1	1	0	Oct 2016	-	0	-	0	13	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Oct 2016	0	1	0	1	6	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	2	1	3	5	4	4	2	3	6	7	3	5	5	4	5	4	3	Oct 2016	1	1	1	3	29	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	6	4	5	7	5	5	5	3	6	7	11	7	9	8	9	7	5	Oct 2016	1	4	0	5		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	102	123	128	154	152	135	104	Oct 2016	18.8	49.9	35.5	104.24		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																		Oct 2016	82.3	89.9	89		88.5	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																		Oct 2016	2.99	4.35	5.04	4.38	4.48	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-																	Oct 2016	2.04	3.79	3.52	3.34	3.86	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	Oct 2016	8	-	-	8	8	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	Oct 2016	2	-	-	2	2	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-																	Oct 2016	96.6	92.2	86.8	90.78	89.03	
Workforce	Mandatory Training	=> %	95.0	95.0																		Oct 2016	94.2	80.9	91.3		90.9	
Workforce	New Investigations in Month	No			3	0	0	0	0	0	4	0	0	2	0	0	0	2	0	1	0	0	Oct 2016				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	94.2	89.2	89	89.7	92.2	90.6	95.6	88	88.4	78.3	89.3	87.9	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	31	46	72	62	56	48	19	78	90	78	86	87	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Nurse Bank Use	<= No	5408	451													-	-	-	-	-	-	Apr 2016				485	485	
Workforce	Nurse Agency Use	<= No	0	0													-	-	-	-	-	-	Apr 2016				282	282	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016				211	211	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016				0	0	
Workforce	Your Voice - Response Rate	No			-->	26	-->	-->	31	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	30	21	18	21		
Workforce	Your Voice - Overall Score	No			-->	3.77	-->	-->	3.68	-->	-->	3.72	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.63	3.7	3.82	3.72		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	53	67	64	78	59	44	0	24	47	65	51	53	55	74	-	-	-	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	12	14.5	10.7	9.85	10.5	11.4	11	10.5	11.3	9	8.06	9.9	8.82	9.6	8.85	9.01	9.22	7.88	Oct 2016				7.9	9.1	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	1.58	1.58	1.58	1.58	1.29	0	Oct 2016				0.0	1.5	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Community & Therapies Group Only	STEIS	<= No	0	0	-	0	0	0	0	1	0	1	2	1	1	0	0	2	0	0	2	1	Oct 2016				1	5	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	14	11	15	15	12	15	17	17	16	24	24	23	17	17	-	-	-	-	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			2	2	6	1	1	2	1	1	1	1	0	1	1	2	3	2	2	2	Oct 2016				2.17		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	38.5	42.4	41.5	60.1	36.8	Oct 2016				36.81	42.95	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			55	50	46	44	43	42	41	46	52	55	54	61	161	70	61	55	65	42	Oct 2016				42.03		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			55	51	48	44	43	44	33	48	54	56	58	64	67	75	65	63	71	47	Oct 2016				47.12		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			22	24	21	23	23	23	23	26	28	32	32	37	35	40	36	32	37	26	Oct 2016				25.84		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			56	40	48	45	50	43	50	29	28	31	21	40	37	11	30	37	45	14	Oct 2016				13.52		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			89	92	91	94	90	90	94	94	93	94	94	93	91	90	90	92	86	94	Oct 2016				93.82		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	-	-	-	-	7	-	-	200	222	222	270	177	Oct 2016				23.69	29.96	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	2	0	Oct 2016				0	15	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	3	3	2	1	3	1	1	0	Oct 2016				0	11	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	0	0	0	0	1	1	1	0	Oct 2016				0	3	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	1	0	0	Oct 2016				0	1	

Corporate Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate CEO	F	W	M	E	N	O	Month	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			7	8	6	15	11	13	8	5	4	5	8	8	10	12	4	13	8	13	Oct 2016	1	0	0	0	1	5	6	13	68	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			12	14	9	16	16	16	9	8	4	4	7	8	9	12	9	17	10	13	Oct 2016	0	0	0	0	1	3	9	13		
Workforce	WTE - Actual versus Plan	No			267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	146	123	Oct 2016	10	6.72	3.87	20.7	-0.24	44.5	37.6	123.12		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2016	93	77	85	91	84	86	79		87.1	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0						#DIV/0!													Oct 2016			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Oct 2016	2.29	2.67	2.83	2.98	4.60	4.69	4.33	4.06	4.27	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-																		Oct 2016	0.98	3.13	3.53	3.45	4.92	5.41	4.41	4.49	3.84	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	-	-	-	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2016	-	-	-	-	-	-	-	-	-	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-																		Oct 2016	90.4	75.5	70.0	82.1	75.8	85.5	77.2	80.9	80.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Oct 2016	95	94	0	88	95	89	91	90.1	92	
Workforce	New Investigations in Month	No			0	1	2	1	1	5	0	1	2	2	2	4	4	1	4	1	1	0	Oct 2016	0	0	0	0	0	0	0	0		
Workforce	Nurse Bank Use	<= No	1088	91													-	-	-	-	-	-	Apr 2016								156	156	
Workforce	Nurse Agency Use	<= No	0	0													-	-	-	-	-	-	Apr 2016								18	18	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016	-	-	-	-	-	-	-	2492	2492	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0													-	-	-	-	-	-	Apr 2016	-	-	-	-	-	-	-	113	113	
Workforce	Your Voice - Response Rate	No			-->	16	-->	-->	19	-->	-->	15	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	67	24	25	20	15	9	10	15		
Workforce	Your Voice - Overall Score	No			-->	3.50	-->	-->	3.46	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.65	3.44	3.77	3.76	3.59	3.47	3.35	3.58		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

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

EXECUTIVE SUMMARY:

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

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

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Clinical Leadership Executive on November 2016

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 1 December 2016

1. EXECUTIVE SUMMARY

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

2. TRUST RISK REGISTER (TRR)

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

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

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

3. RECOMMENDATION(S)

3.1 The Board is recommended to:

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

Kam Dhami, Director of Governance
1 December 2016

Appendix A: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
666	Live (With Actions)	Paediatrics	Paediatrics	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments	The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally.	Rachel Barlow	31/03/2017	27/10/2016	Quarterly	4x4=16	Tolerate
215	Live (With Actions)	Waiting List	Waiting List Management	Performance	Due to lack of EAB bed, nursing home capacity and waits for domically care there is a deteriorating level of Delayed Transfers of Care (DTOC) bed days which results in an increased demand on acute beds.	4x5=20	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	EAB and nursing home capacity remain unmitigated risks. System Resilience partners review of demand and capacity still outstanding.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	4x4=16	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
								Nursing home and domiciliary care provision is potentially vulnerable across the market place. The system resilience partners considering risk and mitigation as part of A&E delivery group.						
1603	Live (With Actions)	Finance		Costs Not Planned	As a result of significant reliance on non-recurrent measures and balance sheet flexibility to support the Trust's financial performance cash balances have been eroded and there is a risk that this may compromise future investment plans.	**4x5=20**	Management controls - Routine cash flow forecasting including rolling 15 month outlook - Routine five year capital programme review & forecast - Routine medium term financial plan update - Routine monitoring of supplier status avoiding any 'on stop' issues Independent controls / assurance - Internal audit review of core financial controls - External audit review of trust Use of Resources including financial sustainability - Regulator scrutiny of financial plans	- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion - Establish and conclude task & finish programme to resolve significant outstanding debtor and creditor issues - Excellence in working capital management including appropriate creditor stretch, timely debtor recovery and pharmacy stock reduction - Establish and progress cash generation programme including accelerated programme of surplus asset realisation	Tony Waite	31/03/2018	22/11/2016	Quarterly	**3x5=15**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
566	Live (With Actions)	Emergency And Accident & Emergency (S)		Staffing	There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x5=20	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Leadership development and mentorship. Programme to support staff development. Robust forward look on rotas through leadership team reliance on locums (37% shifts filled with locums). Registrar vacancy rate 59%. Consultant vacancy rate 35%.	Recruitment ongoing with marketing of new hospital. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	3x5=15	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	31/12/2016	22/11/2016	Monthly	3x4=12	Treat
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without	5x4=20	Reviewing plans in line with STC retained estate Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors	To continue to work with STC design team and Ophthalmology team to ensure design and build of OPD2 is fit for purpose to ensure patient privacy, dignity and associated infection control issues are prioritised in the new build.	Rachel Barlow	31/03/2017	22/11/2016	Quarterly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.									
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs	**4x5=20**	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	Phase 2 Transformation implementation in progress. Consultation sign-off October 2016. Phased implementation of individual plans over a two year period, started Q1 2016-17.	Raffaela Goodby	31/03/2018	20/09/2016	Quarterly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
325	Live (With Actions)	Informatics	Medical Director's Office	Unauthorised Disclosure Of Info	There is a risk of a breach of patient or staff confidentiality due to inadequate information security systems and processes which could result in regulatory and statutory non-compliance.	4x4=16	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Information security assessment completed and actions underway.	Complete actions from information security assessment. Work is progressing with the information security actions, with 5 actions closed. The remainder relate to the implementation of the new infrastructure (complete end December 2016), improvements in internal processes (complete end March 2016) and an IT penetration test (to be completed Mar 2017). Complete rollout of Windows 7. Windows 7 rollout progressing with 483 PC migrated as of 9th September and a replacement rate of 110 a week and growing. A standard Windows 7 build is being trialled within Informatics for onward deployment to the Trust. Upgrade servers from version 2003. 287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Christmas.	Mark Reynolds	31/03/2017	07/11/2016	Quarterly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
1643	Live (With Actions)	Operations		Incident	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, raises experience, safety and financial risks.	5x4=20	Overseas recruitment drive (pending) Use of bank staff including block bookings Close working with partners in relation to DTOCs Close monitoring and response as required. Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.	Contingency bed plan to be agreed in October for winter 2016/17. Current unfunded beds have temporary staffing. Bed programme to ensure robust implementation of EDD planning on admission and implementation of red/green working on wards.	Rachel Barlow	31/03/2017	26/10/2016	Monthly	3x4=12	Treat
1738	Live (With Actions)	Ophthalmology	BMEC Outpatients - Eye	Quality Of Care	There is a risk that children, particularly under 3 years of age, who attend the ED at BMEC with an emergency eye condition, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a	4x4=16	Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. Agreement with BCH to access paediatric specialists advice and where specialist care is required patients can be transferred to BCH.	Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed: Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. SWBH MD to engage with BCH MD re. joint working (completed). Liaise with commissioners over the	Roger Stedman	30/11/2018	04/11/2016	Quarterly	3x4=12	Treat

Risk Ref No. Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
				paediatric anaesthetist.		There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up services when required. Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area.	funding model for the Paediatric OOH service. Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting). Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is. A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region. Midland Met will treat paediatric emergencies and will have access to paediatric anaesthetists within 24 hours.						

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
328	Live (With Actions)	Operations	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team Deputy COO for Planned Care appointed.	Recruitment to Medicine Director Operations continues to be of focus. Deputy COO for Urgent Care vacant and also subject to recruitment.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	3x3=9	Treat
228	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System Failure / Issue	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide	3x4=12	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) Specialist technical resources engaged (both direct and via supplier model) to deliver key activities	Complete network and desktops refresh. This is in progress.	Mark Reynolds	31/12/2016	21/11/2016	Quarterly	3x3=9	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					EPR.		Informatics has undergone organisational review and restructure to support delivery of key transformational activities Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities Infrastructure work to refresh networks and desktops is underway.							
533	Live (With Actions)	Scheduled Care	Oncology Medical	Service Level Agreement - Operational	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	**3x5=15**	Being tackled through use of locums and waiting times monitored through cancer wait team.	Recruitment being managed by UHB. Good progress reported for the GI position.	Roger Stedman	31/01/2017	28/10/2016	Quarterly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that data quality errors arise due to an inadequate referral management system which could lead to delays for patients.	5x3=15	Historical backlog of open referrals closed in Q3 2015. SOP and training in place as part of actions at time. Audit of current open referrals open pathways completed and shows some remaining inconsistencies in referral management practice.	Closed referral validation to be completed.The programme is near completion with a delivery plan for the end of October. CSC to fix bug on PAS system. The initial technical development has not fully fixed the bug. the further development would require a full PAS upgrade and CSC / HIS have advised this is not likely to be until later than 2017-18. Data quality programme to be completed.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	3x3=9	Treat
214	Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process impact on 18 week data quality which results in underperformance of access target.	4x3=12	SOP in place Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place. Improvement plan in place for elective access with training being progressed.	Implement full action plan. Planned care PMO is being established to oversee programme delivery as scheduled. Source e-learning module for RTT with a competency sign off for all staff in delivery chain. Decision to be made on the support training product in November.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	3x3=9	Treat

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						52 week breaches continue to be an issue for the Trust. The RCA identified historical incorrect pathway administration and clock stops. There has been no clinical harm caused to patients. The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.	Data quality process to be audited						
221 Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in informatics, significant time constraints (programme should have started earlier) and budgetary constraints.	**4x4=16**	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM Delivery risk shared with supplier through contract Project prioritised by Board and management.	Management time will be given for programme elements such as detailed planning, change management, and benefits realisation. Management time is required across the Trust rather than just Informatics. This is progressing well but there is further work required to embed the project within all aspects of the Trust. The timescale has therefore been updated to 31st March 2017 to demonstrate this is routine working.	Mark Reynolds	31/03/2017	27/10/2016	Quarterly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
534	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels.	3x4=12	Oncology recruitment ongoing and longer term resolution is planned as part of the Cancer Services project.	Contingent on start date for GI appointments	Roger Stedman	31/03/2017	28/10/2016	Monthly	3x3=9	Treat
327	Live (With Actions)	Interventional	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4x3=12	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests.	BCA plans to be delivered to commence in April 2016. PPAC & staff currently being consulted and volunteers for rotas sought. Working on Rota to cover our first commitment Saturday 30th April. The BCA service started in April as planned, with 1st SWBH weekend end April. So far, all weekends have been covered but there are	Rachel Barlow	31/12/2016	27/10/2016	Quarterly	2x3=6	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
							Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	some concerns around potential shortages of radiographers, with no radiographer currently available for a weekend in November and at the New Year - the qualified ones are committed in CT. The CD for IR is arranging radiologist locum cover for some of the weekends, and Walsall is providing some additional cover. Pilot to cover Saturday and Sunday 9-5pm at SWBH, Wolverhampton and Dudley with BCA commenced April 16; SWBH has received it's first OOH patient. To be done on a rotational basis. Over reliance on one consultant, but 2 more are starting in the New Year. Recruitment is progressing but availability of vascular IR sessions is proving an potential barrier, as our sessions at UHB have been taken. Some sessions have been arranged at Dudley, and talks are taking place with UHB.						

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
								Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall. Some sessions have been arranged at Dudley, and talks are taking place with UHB.						
538	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	**2x4=8**	Review / amend pathway Staff vacancies recruited to. Latest audit (Nov 15) provides assurance that wait times have significantly improved; 9 days on each site. Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change. New 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board.	Further Executive review at performance management review in November to confirm if the solution has succeeded in full.	Rachel Barlow	31/12/2016	28/10/2016	Quarterly	**1x4=4**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
332	Live (With Actions)	Maternity_ Health		Vaccination	National issue regarding supply of intradermal BCG vaccination leading to a potential increase in babies affected with TB,.	**5x4=20**	Pooling all available vaccines from other areas in the Trust Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary. Backlog reduced. All parents offered appointment by end of Feb PHE have advised there has been a national meeting to discuss the issue and that we have to ensure all backlogs with administering are dealt with. Need to establish a plan with a medic being available as a prescriber	New unlicensed batch, operational policy agreed and in place. PHE have advised there has been a national meeting to discuss the issue. SWBH will have to ensure the backlog with administering the vaccine is dealt with. Need to establish a plan with a medic being available as a prescribers it is a PSD not a PGD which affects how the vaccine can be administered.	Rachel Barlow	30/11/2016	16/11/2016	Monthly	**2x2=4**	**Treat**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Anne Gibson Committee Room, City Hospital **Date** 3rd November 2016

Members Present		In Attendance	
Mr. R. Samuda (Chairman)	RSm	Mrs. C. Rickards	CR
Ms. O. Dutton (Vice Chair)	OD	Mrs. R. Wilkin	RW
Mr. M. Hoare	MH	Ms. D. Talbot	DT
Mr. H. Kang	HK	Ms. G. Towns	GT
Dr. P. Gill	PG		
Cllr W Zaffar	WZ	**Guests:**	
Mrs. M. Perry	MP	Mrs. J. Whittaker	JW
Mr. T. Lewis	TL		
Dr. R. Stedman	RSt	**Board Support**	
Mr. C. Ovington	CO	Miss R. Fuller	RF
Ms. R. Barlow	RB		
Mr. T. Waite	TW		
Miss K Dhami	KD		
Mrs. R. Goodby	RG		

Minutes	**Reference**
1. Welcome and apologies	**Verbal**
Mr. Samuda welcomed all attendees to the meeting. Apologies had been received from Mr. T. Lewis and Mrs. M. Perry. Miss K Dhami was the acting Chief Executive.	
2. Declaration of interests	**Verbal**
The members present did not have any interests to declare.	
3. Minutes of previous meeting – 6th October 2016	**SWBTB (11/16) 119**
The minutes of the meeting held on 6th October 2016 were accepted as a true record subject to the following amendments: • Minute 13(a), detox was revised to DTOC (delayed transfer of care) • Minute 13(b), title was amended to neutropenic sepsis • Minute 13(c), was revised to read, "*Ms Barlow reported to the Trust Board a risk against the RTT forecast performance for October, noting an increasing waiting list size and number of patients waiting over 18 weeks for treatment. A new PMO approach will oversee tighter controls over planned care delivery. The diagnostic target regrettably under performed in September due to a higher than expected number of patients waiting for endoscopy. Improvement was currently being sought. Ms Barlow to feedback at the next Trust Board on recovery trajectory.*"	
4. Update on actions arising from previous meetings	**SWBTB (11/16) 120**
There were no outstanding matters arising.	

4.1.1 Carer Rights	**SWBTB (11/16) 121**
Mr. Ovington provided the Board with an update following on from the October 2016 patient story regarding visitors to wards. The Board discussed the arrangements for visitor use of ward kitchens. Mr. Ovington stated refreshments were available within the Trust but not at night. The use of kitchens on wards was still being addressed. Miss Dhami commented that during the recent in-house inspection, relatives had praised staff for their care of patients. Many relatives had highlighted the offer of camp beds on wards and the offer of refreshments but this was inconsistent across the Trust. It was noted the same level of care must be consistently provided across the Trust.	
4.1.2 Never Event: update on actions	**Verbal**
Miss Dhami provided the Board with an update on Never Events during 2016: • **Trauma & Orthopaedics**: an instrument count was taking place in theatres and a protocol was in place to ensure a double count was undertaken. This had been audited. All theatres were undertaking double instrument counts with the exception of BMEC who were changing to the new method in the coming weeks. An educational video may be produced to support this initiative; • **Surgical Pause:** instructions had been given to surgeons to undertake a pause to check x-rays where instruments/accessories were being used in surgery. Investigations had identified this was practice was inconsistent. Miss Dhami advised where this was not being undertaken, a meeting would be held with Mr. Lewis and Dr. Stedman to address the issue. Failure to follow the practice would be a conduct issue and dealt with accordingly; • **Gynaecology**: the Trust had adopted the practice at the Royal Wolverhampton NHS Trust where wrist bands were placed on patients in theatre when a swab was inserted and only removed when the swab is removed. Theatre Management Boards were arranging for this practice to be undertaken in all theatres. Feedback would be provided to the December Board meeting.	
ACTION: • Feedback on wrist bands to be provided to the December Board meeting.	
4.1.3 New Junior doctor contract implementation	**SWBTB (11/16) 122**
Mrs Goodby advised that an equality impact assessment had been completed. The assessment had not identified any new issues following implementation. Mrs. Goodby advised that the equality impact assessment had highlighted a number of part time Junior Doctors were also carers; the Trust would continue to provide support for such staff members and the numbers of affected staff would be monitored. The Board were informed that this information was also submitted to NHS England, NHSI and other regulatory bodies. Dr. Gill queried the timescale if part of the contract was challenged. Mrs. Goodby advised the Trust would comply with guidance from the regulators and would follow the Trust's own internal policies but Junior Doctors would continue working to the work plan if it had been signed off. Dr. Stedman advised that if an individual disputed an agreed rota, Dr. Zoe Huish, Junior Doctor Guardian, would resolve the matter. The Trust Board congratulated the Organisation Development Team on their hard work in this	

area. The Trust Board were to be advised if the guidelines for Junior Doctor contracts are reviewed.	
4.1.4 Freedom of Information requests: current position	**SWBTB (11/16) 123**
Miss Dhami reported on the current backlog of requests would be cleared by December 2016. Cllr Zaffar agreed to facilitate an introduction between Ms Towns and Birmingham City Council FOI officers for best practice sharing.	
ACTION: Meeting between Birmingham City Council and GT to be arranged (GT)	
4.1.5 Locally sourced food	**SWBTB (11/16) 124**
Mr. Ovington advised there had been issues regarding chilled foods being locally sourced. A neighbouring Trust with halal kitchens had been approached. Cllr. Zaffar expressed his disappointment that this issue had not been resolved and offered to facilitate an introduction to individuals who may be able to assist. The Board asked the matter to be resolved and reported to a subsequent Trust Board meeting.	
ACTION: • **Matter to be presented to Trust Board once resolved (CO)**	
5. Questions from members of the public	**Verbal**
(a) A&E services: Bill Hodgetts, Healthwatch, enquired about recent media attention over A&E waiting times and moving services to the Midland Metropolitan Hospital. Ms Barlow stated the improvement plan submitted to regulatory bodies concentrated on delivery. An Older Peoples Assessment Unit has been formed for patients aged between 80 to 95. The initiative was to be evaluated in December 2016 but had proved to be successful. A bed plan had been introduced with the closure of a number of beds and during the next 6 weeks a red/green model was being introduced to reduce the amount of time patients were admitted but were waiting on treatment. Ms Barlow advised the design of the A&E department at the Midland Metropolitan Hospital had taken into account Sandwell becoming an Urgent Care Centre treating up to 35,000 patients a year; further details regarding the Urgent Care Centre would be released in due course. (b) Sandwell Urgent Care Centre: It was reported the CCG were of the view the Sandwell Urgent Care Centre will have set opening hours. Ms. Barlow confirmed this was not the case and opening times had yet to be decided.	
6. Chair's opening comments	**Verbal**
Mr. Samuda reported on: a) Launch of Baby Boxes: Mr Samuda congratulated the Trust on the launch event which had brought together a number of local organisations. b) Board to Board meeting with SWBH CCG: Mr Samuda confirmed he had written to Mr Nick Harding, CCG Chair, following a successful meeting. A future Board to Board meeting will be arranged. c) New Models of Care: Meetings had taken place with modality colleagues to discuss	

actions preventing unnecessary in-patient stays for patients.	
7. Update from the Quality & Safety Committee	**SWBTB (11/16) 125a&b**
(a) Minutes of the meeting held on 30th September 2016: The minutes of the meeting held on 30th September 2016 were received by the Board. (b) Update from the meeting held on 21st October 2016: Mrs Dutton highlighted a number of issues discussed at the meeting including Children's and Adults safeguarding, particularly regarding Deprivation of Liberties (DOLs). This was to be returned to the November 2016 Quality and Safety Committee meeting.	
8. Update Major Projects Authority Committee held on 21st October 2016	**SWBTB (11/16) 126**
Mr. Samuda reported on the funding gap for equipping. Mr. Kenny was investigating ways of addressing the funding gap and would report to the December 2016 Major Projects Authority Committee meeting. It was noted that any significant changes would require approval from the Trust Board.	
9. Update from Finance & Investment Committee	**SWBTB (11/16) 127a&b**
(a) Minutes of the meeting held on 30th September 2016: The minutes of the meeting held on 30th September 2016 were received by the Board. (b) Update from the meeting held on 21st October 2016: The updating report was received.	
10. Financial Performance – P06 September 2016	**SWBTB (11/16) 131**
Mr. Waite advised that in the 6 months to September 2016, finances had been supported by cash reserves but those reserves were almost exhausted. Unrecovered income from the CCG was being pursued. The savings identified from CIPs would not be insufficient to reduce the run rate. Focus would be given to high spend areas within the Trust, such as agency spend. Mr Waite advised the Trust needed to save approximately £1m per month. Mr. Waite advised lessons learned from other Trusts regarding financial recovery would be used to help stabilise the Trust's financial position. Mr. Waite highlighted a number of initiatives that have been discussed at the Clinical Leadership Executive group for immediate action which would reduce spending. It was noted the Red/Green days project led by Ms. Barlow would lead to reduced lengths of stay and would in turn reduce agency spend on staff. The Executive team would continue to monitor spend at its weekly meeting and the next Executive Group Development meeting on 11th November would focus on the Trust's finances. Mrs. Goodby advised the workforce programme would provide savings of approximately £26m and from 1st October 2016 weekly monitoring would be undertaken to ensure savings were being realised. The Board discussed the challenging financial position and identify the need for remedial work to be undertaken as a priority to ensure the Trust's financial position was improved. The Board noted the received the report.	
11. Agency Spend: board assurance checklist	**SWBTB (11/16) 128**
Miss Dhami advised the Trust was focused upon reducing spend on agency staff. This matter was	

being discussed at monthly meetings with NHSi regarding a robust recovery and governance plan. Executive Directors were leading the work supported by Organisation Development, Operations and Finance teams. A list had identified agency spend by group/department to enable the Trust to target appropriate areas across the Trust. The Board were informed agency staff were required in the A&E department to enable the service to operate. Mr. Ovington was reviewing ward nurses and how to reduce agency spend in that area.

Mrs. Goodby stated that the purchase of a new roster system would assist with rostering at ward level and would minimise the need for agency cover. The new system would be monitored weekly to enable agency spend to be robustly monitored. The Board were informed that ward staff were conscious to ensure agency spend was kept to a minimum and were mindful of using the correct tier level of staff for filling shifts. The Board were also informed that the Black Country Alliance (BCA) were reviewing bank pay rates.

Mr. Samuda requested the monthly declaration be submitted to the Trust Board within the CEO's report in addition to the Workforce and OD Committee.

ACTION

- **The self-certification form to be incorporated in the CEO report at the next meeting (TL)**

12. Chief Executive's Report — **SWBTB (10/16) 109**

Miss Dhami presented the CEO report.

(a) Seasonal flu vaccination: 62% of staff had been immunised, an increase of 10% from the same time in 2015. The target of 80% is on target to be achieved.

(b) 12 hour limit: Miss Dhami advised the 12 hour waiting time had not been met on one occasion. This had been caused due to a failure of communication and the Trust was of the view this was an avoidable issue. There had been no negative impact upon the care of the patient but the Trust regarded this as a serious issue. A Table Top Review had taken place with learning outcomes identified.

(c) In-house inspections: A mock inspection had been undertaken. The team consisted of staff and lay members. Twenty four acute adult wards had been visited. Many positive areas of practice had been identified but there remained some areas which required improvement. A report outlining the inspections would be presented to the Trust Board in December 2016.

(d) Nursing offers: Miss Dhami continued to inform the board that 58 nursing offers have been made under the new process compared with only 7 last month. Of this total number, 40 nurses were in acute areas and 18 were in the community.

The Board received the report.

ACTION:

- In-house inspection report to be presented to the December 2016 Trust Board (KD)

13. Patient Story — **Presentation**

The patient story focused upon the experiences of deaf and hard of hearing patients. Mrs Whittaker informed the Board of a new initiative of using text messaging, provided by an external agency, to communicate with patients. The use of FaceTime for such patients would also be used for non-clinical consultations to make contact with patients, query medication and ask questions on general wellness. It was reported an application had been made to the Trust Charity for funding to support initiatives to assist deaf and hard of hearing patients.

The Board were informed that not all staff were aware an interpreter could be booked; Mr. Ovington agreed to address this issue. The Board suggested business cards were provided to deaf and hard of hearing patients, this card could include useful contact numbers, including the 24hr interpreter service. Mrs Whittaker advised the Board that every ward had been provided with a box which provided details/support for deaf and hard of hearing patients. Following discussion the Trust Board supported the use of 2 way texting and face-time on-wards, subject to a successful bid to the Trust Charity. Mrs. Goodby was keen to include work in this area are part of her work on diversity and would contact Mrs. Whittaker outside of the meeting.	
14. Board Assurance Framework (BAF): Q2 update	**SWBTB (10/16) 110**
Miss Dhami provided assurance to the Board that controls were in place for each risk. It was noted the financial plan risk had increased in score and was marked red on the framework. Mrs Goodby provided a verbal update on the Workforce and OD risks (risk 018-EEO and 019-EEO) which retained the same scores. The Board approved the Q2 update to the Board Assurance Framework.	
15. Community children's caseload	**SWBTB (10/16) 112**
Ms. Barlow reported on recent developments for the management of Health Visitor caseloads. Ms Barlow advised that in midwifery there had been an increase in patients visiting GPs rather than Health Visitors undertaking home visits, as surgeries had a District Nurse as part of the GP practice team. Whilst the CCG had been supportive of this new approach, some resistance had been experienced from GP practices. Dr. Gill offered his support in engaging with GP practices. The Board noted this may be an issue to discuss at the Board to Board meeting with SWBH CCG. The Board received the report.	
16. Trust Risk Register	**SWBTB (11/16) 133**
The Board approved the removal of the following risks from the Trust Risk Register: • Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process (risk 771); • Availability of a second on call team in emergency obstetrics (risk 119); • BadgerNet connectivity problems (risk 331); • National shortage of paediatric Hepatitis B Vaccine (risk 1875). The Board approved the inclusion of a new risk to the Trust Risk Register, Paediatric Ophthalmology, the postholder had retired and whilst the post was being recruited to, there was a risk to minors requiring care. It was noted there was no risk to emergency paediatrics. The Board were advised a locum would be in post from January 2017, but any child who needs immediate treatment may have to travel to an alternative Trust.	

17. Aston Medical School Business Case	**SWBTB (11/16) 134**
Dr. Stedman advised the Trust Board of the government's announcement of 1500 new medical school places. The impact upon the Aston Medical School model was not yet know but the University's new Vice Chancellor was committed to the model. The Board agreed the recommendations contained within the report.	
18. Mortality: moving the dial on death rates	**SWBTB (11/16) 135**
Dr. Stedman informed the Trust Board of the new recording mechanism for mortality as noted in the Trust's Quality Plan. There was a desire to move non-preventable deaths into the Community with End of Life care support. Dr. Stedman advised that the stroke pathway was not being triggered early enough and was being reviewed. The Board received the report.	
19. Integrated Performance Report	**SWBTB (11/16) 136**
Mr. Waite reported on the operating pressures and advised a number of targets had been missed. Ms. Barlow stated that the Emergency Department had missed its four hour target but a recovery plan was in place and support is being offered to staff to enable achievement of this target. A new model was to be deployed over the coming weeks and urgent care staff would focus on this. Ms Barlow advised these measures would enable performance to improve next month. The Board enquired about endoscopy referrals and safeguarding training as the reported figures were low. Ms. Barlow confirmed from December 2016 more appointments would be made available and endoscopy referrals were expected to improve. The Quality & Safety Committee were monitoring safeguarding at their monthly meetings. The Board received the report.	
19.1 Sickness absence	**SWBTB (11/16) 137**
Miss Goodby reported that long-term sickness was a focus area. Teams were encouraging staff on long-term sick leave to return to work sooner, where appropriate. This initiative was supported by UNISON. The Board received the report.	
20. Complaints & PALs report: 2016/17 Q2	**SWBTB (11/16) 137**
It was noted the report had been discussed at the Quality and Safety Committee meeting on 21st October 2106. The Board received the report.	
21. Any Other Business	**Verbal**
There were no items of any other business.	

Next meeting: 1st December 2016, 9.30am in the Anne Gibson Board Room, City Hospital	

Signed ……..

Print ……..

Date ……..

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

1st December 2016

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTCACT.5557	Smoking Cessation	SBBTB (11/15) 181	05-Nov-15	Progess report on the follow-up actions	TL	03/11/2016	Progress report to be presented to the December 2016 Board	Closed - on agenda
SWBTBACT.558	Learning Disabilities: People's Parliament	SWBTB (01/16) 210	04-Aug-16	Provide a progress report on achievement of the 6 promises	CO	05/01/2017	Progress report to be presented to the January 2017 Board	Open
SWBTACT.559	Wider safe staffing	SWBTB (01/16) 084	04-Aug-16	Need to know the clinical input that is available at any time on each ward, including medical time.	RG	01/12/2016	Progress report to be presented to the December 2016 Board	Closed - on agenda CEO report
SWBTACT.560	Volunteering	SWBTB (06/16) 025a	02-Jun-16	CEO-led summit to be held to develop and drive a coherent plan. A progress report to the Board to follow.	CO	01/12/2016	Progress report to be presented to the December 2016 Board	Closed - on agenda
SWBTACT.565	Localised suppliers of multi-cultural / multi-faith meals	SWBTB (08/16) 083	04-Aug-16	Matter to be resolved and report to be provided to Trust Board.	CO	03/11/2016	Final report February 2017 agenda	Open
SWBTACT.558	A safe and sustainable bed base	SWBTB (09/16) 098	01-Sep-16	Update to be provided to the December Board.	RB	01/12/2016	Progress report to be presented to the December 2016 Board	Open
SWBTACT.560	CQC Improvement Plan	SWBTB (09/16) 101	01-Sep-16	Progress update on achievement of the outstanding CQC Improvement Plan actions and removed any closed actions	KD	01/12/2016	Progress report to be presented to the December 2016 Board.	Closed - on agenda
SWBTACT.564	Workforce & OD Committee	Verbal	03-Oct-16	New appraisal process to be presented to the December Trust Board meeting	RG	03/11/2016	progress to December 2016 Board	Open
SWBTACT.570	Diversity and Inclusion	SWBTB (10/16) 117	03-Oct-16	Diversity to be placed on the December 2016 Trust Board agenda	RG	03/11/2016	December 2016 Agenda	Closed - on agenda

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTACT.571	Never Events	Verbal	03-Nov-16	Letter to be sent to T&O surgeons to comply with the patient safety notice	TL/KD	01/12/2016	Update to the next Board	Closed
SWBTACT.573	Agency Spend	SWBTB (11/16) 128	03-Nov-16	Self-certification form to be incorporated in the CEO monthly report	TL	01/12/2016	Will form part of monthly update to Trust Board	Closed - regular item on agenda

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Never Events: progress report on outstanding actions
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	1st December 2016

EXECUTIVE SUMMARY:

At previous meetings the Board has received updates on the outstanding actions arising from the 2016 Never Events and expressed concerns about the delayed implementation of agreed changes in clinical practice.

Since the last Board a more directive approach has been deployed to address this issue with positive results. This paper sets out the current position.

REPORT RECOMMENDATION:

The Board is asked to NOTE the positive progress that has been made in taking forward the outstanding actions.

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	x
Clinical	x	Equality and Diversity		Workforce	x

Comments:

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

PREVIOUS CONSIDERATION:

Report to the Trust Board on 1st December 2016

Never Events: progress report on outstanding actions

1. Introduction

At previous meetings the Board has received updates on the outstanding actions arising from the 2016 Never Events and expressed concerns about the delayed implementation of agreed changes in clinical practice.

Since the last Board a more directive approach has been deployed to address this issue with positive results. This paper sets out the current position.

2. Outstanding actions

2.1 **Never Event - June 2016:** Retained vaginal pack following emergency caesarean section

Root cause: Failure to document and handover the number of intentionally retained packs

Progress update:
Adopting the practice used by The Royal Wolverhampton NHS Trust, the use of fluorescent yellow wristbands has been introduced to identify packs left in situ in gynaecology and maternity. This has worked well and is being discussed at the Theatre Management Board for rollout across all theatres.

The only problem identified during the pilot is that the use of fluorescent yellow wrist bands is a problem as this colour is used to identify a patient with a gas bubble in their eye. We are therefore looking to source a different colour. The procedure will be added to the Safer Surgery policy.

2.2 **Never Event – July 2016:** Retained instrument following repair of upper humeral fracture

Root cause: Failure to carry out a complete and accurate instrument count

Progress update:

a. Changed arrangements to instrument counting in theatres have been introduced and working well. Instruments are counted three times during each list by name - one at the commencement of surgery, one at beginning to close a cavity and lastly on skin closure. There are a few exceptions such as cystoscopy, where the procedure is effectively closed so there is no cavity check, i.e. commencement and when the scope is removed. The practice is now that the runner reads out the name and the scrub nurse lifts up the corresponding instrument.

Compliance is audited each month and carried out by a variety of Bands 6 and 7 staff. The November (to date) results show positive compliance.

There have been a few incidents of needing to prompt surgeons to allow the scrub nurse to carry out the checks uninterrupted. These are being handled on a case by case basis by referral to the Clinical Director.

b. Another action was to instigate a protocol for operations that take place under x-ray control that there must be a surgical pause for the operating team to thoroughly review the x-ray image and positively identify that the image is for the correct patient. At the October Trust Board the Group Director of Surgery indicated that this practice would become standard practice, notably in orthopaedics. Two subsequent secret shopper audits found that this practice was not taking place.

As a result of CEO intervention written confirmation has been received from **all** the Orthopaedic Surgeons that they have read and understand the surgical pause and will abide by the Trust policy. Audits will be repeated periodically to monitor continued compliance.

3. Recommendation

The Board is asked to note the positive progress that has been made in taking forward the outstanding actions.

Kam Dhami
Director of Governance

25 November 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Authority to use Trust Seal: Midland Metropolitan Hospital
SPONSOR (EXECUTIVE DIRECTOR):	Alan Kenny, Director of Estates/New Hospital Project Director
AUTHOR:	Gemma Towns, Head of Corporate Governance
DATE OF MEETING:	1st December 2016

EXECUTIVE SUMMARY:

On 3rd September 2015 the Trust Board authorised the use of the Trust seal to engross a s.106 agreement for the Midland Metropolitan Hospital. At that time the Trust Board were informed that a separate s.278 agreement (Highways Act 1980) would be required at a later date.

A s.278 agreement was signed by Kam Dhami, Director of Governance and Anthony Waite, Finance Director on 8th November 2016. This agreement confirms the scope of highways, utilities and other infrastructure works associated with the hospital development.

A further agreement relating to Midland Metropolitan Hospital was entered into on 8th November 2016 by Kam Dhami, Director of Governance and Anthony Waite, Finance Director. A section 38 agreement (Highways Act 1980) and s.33 agreement (Local Government (Miscellaneous Provisions) Act 1982 was entered into regarding roads and footpaths at Midland Metropolitan Hospital.

The above agreements are necessary to continue the development of the Midland Metropolitan Hospital site.

REPORT RECOMMENDATION:

It is recommended that the Board to receive the paper and approve the use of the Trust seal to engross the:

(i) Seal number 227: section 278 agreement between Sandwell & West Birmingham Hospitals NHS Trust and The Hospital Company (Sandwell) Ltd and National Westminster Bank plc regarding land at Grove Lane, Smethwick (Midland Metropolitan Hospital;

(ii) Seal number 228: section 38 and s.33 agreement between Sandwell & West Birmingham Hospitals NHS Trust and The Hospital Company (Sandwell) Ltd and National Westminster Bank Plc regarding land at Grove Lane, Smethwick (Midland Metropolitan Hospital).

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	X	Communications & Media	
Business and market share		Legal & Policy	X	Patient Experience	

Clinical		Equality and Diversity		Workforce	
Comments:					

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

PREVIOUS CONSIDERATION:

Trust Board, 3rd September 2015