Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Anne Gibson Committee Room, City Hospital **Date:** 3rd November 2016, 09:30h – 13:00h

Members:

Mr R Samuda	(RSM)	Chairman
Ms O Dutton	(OD)	Vice Chair
Mr M Hoare	(MH)	Non-Executive Director
Mr H Kang	(HK)	Non-Executive Director
Dr P Gill	(PG)	Non-Executive Director
Cllr W Zaffar	(WZ)	Non-Executive Director
Mrs M Perry	(MP)	Non-Executive Director
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

Guests:

Mrs J Whittaker	(JW)	Business Manager to the MD

Board Support

Ms R Fuller	(RF)	Executive Assistant

Time	Item	Title	Reference Number	Lead
0930	1.	**Apologies :** Mr T Lewis, Ms M Perry	Verbal	Chair
0930	2.	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	Chair
0930	3.	**Deaf and hard of hearing patients – paper and presentation**	SWBTB (11/16) 118	CO
0940	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 6th October 2016 as a true and accurate records of discussions*	SWBTB (11/16) 119	Chair
0945	5.	**Update on actions arising from previous meetings (from action tracker)**	SWBTB (11/16) 120	GT
	5.1	**Carer rights**	SWBTB (11/16) 121	CO
	5.2	**Never Event: update on actions**	Verbal	KD
	5.3	**New junior doctor contract implementation**	SWBTB (11/16) 122	RG
	5.4	**Freedom of Information requests: current position**	SWBTB (11/16) 123	KD
	5.5	**Locally sourced food**	SWBTB (11/16) 124	CO
1000	6.	**Questions from members of the public**	Verbal	Chair
1010	7.	**Chair's opening comments**	Verbal	Chair

Time	Item	Title	Reference Number	Lead
		UPDATES FROM THE BOARD COMMITTEES		
1015	8.	To (i) receive the update of the **Quality and Safety Committee** meeting held on 21st October 2016, and (ii) consider the minutes from the meeting held on 30th September 2016	(i) SWBTB (11/16) 125a (ii) SWBTB (11/16) 125b	OD/ CO
1025	9.	To consider the update from the **Major Projects Authority Committee** meeting held on 21st October 2016	SWBTB (11/16) 126	RS
1035	10.	To (i) receive the update of the **Finance and Investment Committee** held on 28th October 2016 and (ii) consider the minutes from the **Finance and Investment Committee** meeting held on 30th September 2016	(i) SWBTB (11/16) 127a (ii) SWBTB (11/16) 127b	RS/TW
1045	11.	**Agency spend: Board assurance checklist**	SWBTB (11/16) 128	KD
		MATTERS FOR APPROVAL OR DISCUSSION		
1055	12.	**Chief Executive's Report**	SWBTB (11/16) 129	KD
1105	13.	**Board Assurance Framework: Q2 update**	SWBTB (11/16) 130	KD
1115	14.	**Financial performance – P06 September 2016**	SWBTB (11/16) 131	TW
1130	15.	**Community children's caseload**	SWBTB (11/16) 132	RB
1140	16.	**Trust Risk Register**	SWBTB (11/16) 133	KD
1150	17.	**Aston Medical School Business Case**	SWBTB (11/16) 134	RSt
1205	18.	**Mortality: moving the dial on death rates**	SWBTB (11/16) 135	RSt
1215	19.	**Integrated Performance Report**	SWBTB (11/16) 136	TW
1230	19.1	**Sickness absence**	SWBTB (11/16) 137	RG
		MATTERS FOR INFORMATION		
	20.	**Complaints and PALS Report: 2016/17 Q2**	SWBTB (11/16) 138	KD
	21.	**Any other business**	Verbal	All
	22.	**Details of next meeting** The next public Trust Board meeting will be held on 1st December 2016 starting at 09:30am in the Board Room, Medical Education Centre at Sandwell Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Deaf and hard of hearing patients:** **'Listening to and for those who cannot listen'**
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington
AUTHOR:	Jacqueline Whitaker
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

Nationally the care provision for patients who are Deaf or hard of hearing has come in for heavy criticism for not providing a safe and equitable service when compared to those provided for their hearing counterparts. A study was conducted to review the current literature relating to care provision for the Deaf community and using a mix of qualitative and quantitative methods of research the experience for patients who access healthcare at the this Trust was sought. The outcomes proved that the patient experience at this Trust was similar to those written in the reports and highlighted a lack of understanding about the needs of this particular cohort of patients. Working with both internal and external stakeholders, ways of improving the services have been an identified and a bid for charitable funding has been made.

REPORT RECOMMENDATION:

The Board are asked to endorse what we, as a Trust, need to do for this group of patients to address the particular issues the patients and we, as professionals, face when providing care.

To consider approving the use of an external agency to provide a text relay messaging service to facilitate 2 way conversations and the use of 'face time' for non-medical discussions.

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

Accept	Approve the recommendation	Discuss
X	X	

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

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

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

Equality and Diversity, Accessible Information Standards, Informed Consent

PREVIOUS CONSIDERATION:

The NHS England report 'Action Plan on Hearing Loss' (2015) states that there are over 45,000 children with long term hearing loss and over 10 million adults who are either deaf or have some degree of hearing impairment in the United Kingdom. This number they say is predicted to rise to over 14.5 million by 2031. The reasons for this increase they suggest are from the effects of increasing exposure to social noise i.e. use of personal music devices and workplace noise. They go on to say that more than 80,000 people are registered as being either severely or profoundly deaf with 840 babies being born with significant hearing impairment every year.

The Trust serves a population of approx. 530,000. The figures from the report suggest that up to one in seven people are affected with some kind of hearing impairment. For the Trust, that equates to 75,714 people or 14.2% of its population.

A study was conducted to ascertain the experiences of patients accessing healthcare services within Sandwell and West Birmingham and the full brief is attached as an appendix

Recommendations/Actions

What we have done

1. The study findings have been shared with the CCG Inclusion and 'Time2Talk' teams, although no response has been received.

2. Working with the Equality and Diversity Advisor and Patient Experience Manager we have submitted a bid for Charitable Funds for monies to support the training of 360 front line staff.

3. The Hearing Services Centre has distributed Ward Hearing Aid Care Kits. These are box files that contain information about caring for patients with a hearing aid, basic tips for communication and some hearing aid storage boxes that will enable patients to store their hearing aids safely

4. We have liaised with the Charity 'Action on Hearing Loss' and on their recommendation, included in the charity bid money to buy each ward and department an amplifier to reduce the background noise for those patients who are hard of hearing.

What we still need to do

1. We need to get the process correct right at the start of the patient's journey. This starts with the GP.

2. For the future, the new hospital project team are working with Carillion to develop downloadable apps that provide directions around the site and they are exploring the use of visual patient call notifications in outpatients.

3. Patients have requested 2 way text messaging. The Royal Wolverhampton Hospital and Leicester Hospitals use an external Agency (Communication+) to act as a relay message service. This Trust already has a contract with the organisation therefore to implement this would be cost neutral but would allow patients to book, cancel and change appointments and to check if an interpreter has been booked for both Primary and Secondary care thus reducing the number of wasted appointments and improving the patient experience.

4. Consider the use of 'Face time' for non-medical discussions. Communication+ provides a 'Face Time' service for Deaf patients who have this facility. If ward devices enabled the app, this could be used for non – medical communication e.g. discussions with the Nursing staff about comfort, pain management and care needs. Again as the Trust has a contract with the Agency the cost would be the same as a normal interpreter rate but would be available 24/7.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Tipton Sports Academy Social Club, Wednesbury Oak Road, Tipton. Dy4 OBS **Date** 6th October 2016, 09:30-13:00hr

Members Present		In Attendance	
Mr. R. Samuda (Chairman)	RSm	Mrs. C. Rickards, Trust Convenor	CR
Ms. O. Dutton, Vice Chair	OD	Mrs. R. Wilkin, Director of Communications	RW
Mr. M. Hoare, Non-Executive Director	MH	Ms G. Towns, Head of Corporate Governance	GT
Mr. H. Kang, Non-Executive Director	HK		
Dr. P. Gill, Non-Executive Director	PG		
Cllr W Zaffar, Non-Executive Director	WZ	**Board Support**	
Mrs. M. Perry, Non-Executive Director	MP	Miss R. Fuller, Executive Assistant	RF
Mr. T. Lewis, Chief Executive	TL		
Dr. R. Stedman, Medical Director	RSt		
Mr. C. Ovington, Chief Nurse	CO		
Ms. R. Barlow, Chief Operating Officer	RB		
Mr. T. Waite, Finance Director	TW		
Miss K Dhami, Director of Governance	KD		
Mrs. R. Goodby, Director of Workforce and OD	RG		

Minutes	**Paper Reference**
1. Apologies	**Verbal**
Apologies were received from: Mr. Harjinder Kang. Mr. Samuda introduced Ms Marie Perry, who had joined the Trust Board as a new Non-Executive Director and Ms Gemma Towns, who had recently joined the Trust as the Head of Corporate Governance.	
2. Declaration of interests	**Verbal**
Mr. Lewis and Mr Waite declared their engagement by NHSi working with North Bristol NHS Trust due to their special measures status. Mr Lewis confirmed Sandwell and West Birmingham NHS Trust would be remunerated for the work undertaken. The declaration was noted.	
3. Patient Story	**Presentation**
Mr. Ovington introduced an audio recording from medical wards at City and Sandwell Hospitals of patients talking about their experiences. The Board discussed common themes of communication by professional groups so patients could feel in control of their care. The Board also discussed the issue of communication to relatives and carers and how this could be improved. The Board discussed the impact of locum Doctors upon patient experiences. Dr Stedman agreed to review and evaluate locums with assistance from NHS Education West Midlands. The Board noted one of the suggestions in the recording that lights go out at an established time on wards. Mr Ovington was asked to take action this. The recording also identified adaptations required in an identified ward; Mr Ovington was to action this.	
AGREEMENT: • Dr Stedman to review and evaluate locums with assistance from NHS Education West Midlands	

• Mr Ovington to adaptions for mobility impaired patients in identified wards • Mr Ovington to report back on ward lights being turned off at 10pm	
4. Minutes of previous meeting, 1st September 2016	**SWBTB (09/16) 106**
The minutes of the meeting held on 1st September 2016 were agreed as a true record of the meeting.	
5. Update on actions arising from previous meetings	**SWBTB (09/16) 106a**
The following update on actions were noted: (a) Agreement on Carers Rights. Mr. Ovington updated the Board following a patient story on accessibility to ward kitchens. On review there was no policy, so one would be developed. It was noted a behaviour change of staff was also required to enable the organisation to become more patient and family friendly. (b) Unannounced Inspections – T&O Never Event: Mr Lewis confirmed that by 14th October 2016, all surgeons would undertake surgical pauses. If surgical pauses were not taking place Mr. Lewis and Dr. Stedman would action this directly with staff members in question. Mr. Lewis confirmed that as part of patient safety notices this action would be mandatory for the organisation but the focus was in T&O as the original Never Event took place there. The Board were informed that all actions following Never Events are tracked and audited. However the full range of consequences lay with Mr. Lewis, who would have a list of consequences in place by January 2017. Ms Barlow advised the Theatre Management Board had discussed how they could implement change and advised the next Quality Improvement Half Day event would focus on patient safety. Ms Barlow confirmed the theatre team had introduced safety huddles at the beginning and at the end of each day.	
ACTION: • Mr Ovington to provide update on Carer's Rights to the next Trust Board meeting • Ms Dhami to provide a list of Never Event patient safety notices to the January 2017 Trust Board	
5.1 Doctors in training	**SWBTB (10/16) 108**
(a) Doctors in training – Placements: Mrs. Goodby presented for update to the Trust Board on Junior Doctor placements commencing in October 2016. There were twenty nine places to be filled. Two placements had been removed and the remainder were still actively being recruited to. It was noted a Haematology post had been withdrawn. Mr. Lewis confirmed feedback on Junior Doctor placements had been positive. Mrs. Perry asked if there was any clinical risk due to the outstanding placement vacancies. Dr. Stedman confirmed this did not impact upon patient safety. Mrs. Goodby advised the implementation of the Junior Doctors contract would be cost neutral and F1 Junior Doctors would be inducted at the Trust on 7th December 2016. The Board were advised that Dr. Zoë Huish had been appointed as the Junior Doctors Safe Working Hours Guardian. Dr Huish would be in attendance at the next Workforce and OD Committee meeting to discuss the communication structure for Junior Doctors. Mr. Lewis confirmed he held monthly meetings with Dr. Huish to discuss working patterns and rotas of Junior Doctors. (b) Doctors in training – contract implementation update: After discussion, the Board agreed to follow the national ruling and implement the Junior Doctors contract. However, the board agreed to consider before implementation a locally specific EIA.	

ACTION: • An update on Junior Doctors was to be presented to the November 2016 Trust Board meeting	
6. Questions from members of the public	**Verbal**
Mr. Bill Hodgetts from Healthwatch asked why outpatient appointments were arriving with short notice for attendance. Mr Hodgetts raised concerns that patients were arriving at hospital to find their appointment had been cancelled. Ms. Barlow apologised for the late notification and confirmed a new booking system was to be implemented within the coming months and this would enable patients to make an appointment within a three week period. Ms Barlow agreed to discuss this in more detail outside of the meeting.	
7. Chair's opening comments	**Verbal**
Mr. Samuda reported the following: (a) End of Life Care Launch – Mr Samuda advised the launch had been well attended. Both patients and patient groups had contributed to the discussions. (b) Royal Free Hospital – Mr. Samuda and Mr. Lewis had met with the Chair and CEO of the Royal Free Hospital. Mr Samuda advised the meeting had focused upon engagement and the use of data and had potentially important lessons for the BCA.	
8. To consider the update from Workforce & OD Committee held on the 26th September 2016	**Verbal**
Mrs. Goodby stated the main focus of the meeting had been the workforce consultation where the Committee had discussed the schemes and outcomes. Mrs Goodby advised the appraisal process had been discussed and the Trust Board would receive an update by Christmas 2016. The 2019 workforce report was to be presented to the Major Project Authority Committee on 21st October 2016 for discussion. Mrs Goodby advised the Employee Benefits scheme had formally launched on 3rd October 2016 and had been well received.	
ACTION: • New appraisal process to be discussed at December Trust Board	
9. To consider the update from the Finance & Investment Committee held on 30th September 2016	**Verbal**
Mr. Waite confirmed the year to date performance was on track with the headline financial plan but this was supported by reserves and non-recurrent surpluses. It was therefore important that savings identified early on in the year were realised, notably these were workforce and improved productivity in Q3. Mr Waite advised the risk to the financial position would be reported to the Finance & Investment Committee meeting on 27th October 2016. Mr Waite confirmed there remained a significant outstanding debt by the CCG which Mr. Lewis had informed the Trust Board upon separately and advice was being sought from NHSI. A further update would be provided to the November 2016 Trust Board meeting.	
10. To consider the update from the Quality and Safety Committee held on 30th September 2016	**Verbal**
Ms Dutton advised the Committee had discussed the development of the ward score card.	

Ms Dutton identified the Deprivation of Liberty Orders (DOLs) as a matter to be escalated to the Trust Board. This had been separately identified in Mr Lewis' Chief Executive's report. Mr. Lewis informed the Board progress was required in this area following a regulation 28 letter from the Coroner. Quality and Safety Committee would continue to monitor this issue through their monthly meetings and escalate to the Board where necessary. Mr Lewis advised a policy on restraints in A&E will be progressed with input from the Security Team and West Midlands Police.	
11. Chief Executive's Report	**SWBTB (10/16) 109**
The Board received Mr Lewis' report. Key issues of discussion were: (a) Venous Thromboembolism (VTE): Mr. Lewis stated work was progressing on VTE however fifty had been missed in the last month against our standard of 100% compliance. An update will be provided to the November 2016 Trust Board. (b) A safe and sustainable bed base: this had commenced. The closure of identified City Hospital medical wards would continue. The Board noted this would require a cultural change for staff; support and development would be offered. The Board noted that the red/green day model and discharge episodes would impact upon the organisation over the new few months. (c) Agency spend: this matter would be reported to a future Board meeting for discussion. Agency spending was noted to be off-track. NHSi had asked for assurance on agency spend and had rated the Trust as grade 3, mandated support, as had many other Trusts. The Board were informed that the booking of agency staff had changed to enable wards more time to book lower rate agency staff and avoid last minute demand. Mr. Ovington advised shift patterns were being scrutinised and wards had more time to fill gaps in the rota which would enable wards to source cover from current staff and the Trust's staff bank, ensuring the Trust was less likely to go out to external agencies. This method would continue until 1st February 2017. (d) Aston Medical School: Mr. Lewis responded to a query on Aston Medical School, stating that it was too early to fully appraise Government policy from the announcement. However it appeared to support the growth in trainee doctors which AMS would support.	
12. Workforce consultation: approval to close	**SWBTB (10/16) 110**
Mrs. Goodby asked for approval to close the workforce consultation process following the 45 day consultation period which had concluded on 16th September 2016. Mrs. Goodby also requested the Board delegated authority to herself and Mr Lewis for the implementation phase of the consultation. The Board discussed the Eye Ward consultation; Dr. Stedman advised a number of options were under consideration as the current method of patient care was unsatisfactory. The possible options were outlined. Mr. Lewis confirmed he was in conversation with the Royal College of Ophthalmologists and others. His sense was that a controversial decision was almost unavoidable but continued listening work was ongoing. The Board discussed nursing arrangements on shifts closing at 3am and associated security issues. Mr. Ovington stated confirmed security was a key consideration and security services were able to escort staff to their cars. In the event security services were unavailable staff had been asked to volunteer as part of a pilot scheme to walk staff to cars. Mrs. Rickards advised staff were concerned that once the pilot had concluded, there would be no staff volunteers. Mr. Lewis	

stated staff safety was of key importance. Mrs. Goodby commented that feedback had been received from working parents who liked the shift arrangements.

Mr. Lewis highlighted that eleven schemes required more information. Mrs. Rickards asked for reassurance that those schemes held back would be looked at fairly. Mr. Lewis confirmed comments would be listened to. Mrs. Goodby confirmed that the schemes noted were part of the PPAC process and were non-redundancy related and therefore the forty five day process did not apply. However, as part of discuss on workforce changes they would continue to be part of PPAC.

Mr. Lewis expressed his thanks to Mrs. Rickards and the Trade Unions on providing value to the process especially on the schemes that required changing. Mrs. Goodby informed the Trust Board that redeployment interviews would commence on 17th November 2016 and vacancies held back will be filled by those staff being released from other areas.

The Board approved the closure of the workforce consultation and delegated authority to Ms Goodby and Mr Lewis to implement the consultation.

13. Integrated Performance Report	**SWBTB (10/16) 111**

Mr. Waite presented the report. Key issues to note were:

(a) A&E: performance in August 2016 had been 89.67% which was below the national target putting the Q2 position at under 90%. Sandwell Hospital was experiencing pressure especially with delayed ambulance turnovers. The detox position remained unchanged since September 2016 and "red days" had increased as patients were not being moved into social care at pace. Attention also focused on improvement in leadership with coaching being offered to staff, particularly on patient flow and bed moves. This was being monitored on a weekly basis by the PMO meetings chaired by Ms. Barlow where the focus was on avoiding admissions, where possible.

(b) Sepsis: Ms. Barlow advised an implementation plan had been actioned which had shown a 62% improvement, however, the target remained 100%. Dr. Stedman informed the Trust Board approximately ten patients per week were missed.

(c) RTT: It was confirmed there were no patients on the inpatient pathway waiting over eighteen weeks, but the current back log would be managed by tight controls and focusing of ways of workings/leadership change. Work was being undertaken on diagnostic waits as the target had not been met in September 2016. In endoscopy there were a high number of patients awaiting treatment and a remedy was being sought. Ms. Barlow was to provide a further update for the November Trust Board.

(d) Staff sickness: This remained an area of focus, particularly regarding long-term sickness and how staff can be supported back to work. Mr. Lewis and Ms Goodby were to discuss this outside of the meeting.

(e) Stroke: Ms. Dutton noted the figures had been discussed in the Quality & Safety Committee meeting. Dr. Stedman noted that this group of patients were presenting in A&E as a stroke patient but a confirmed diagnosed was arriving late. Ms. Barlow confirmed this area was being reviewed. The gender segregation of patients on wards was also leading to a delay and a meeting has been arranged with the CCG to request a reclassification of the ward.

14. Trust Risk Register	**SWBTB (10/16) 112**

Miss Dhami reported that following the September 2016 Trust Board meeting each of the risks on the register had been reviewed with lead Executive Directors. As a result of these discussions, the Risk Management Committee had amended some of the risks on the risk register. Miss Dhami advised the TTR risk had been recommended for removal from the register as this was deemed to be sufficiently manageable for the directorate to monitor. However, oversight would remain with the Risk Management Committee. The Board approved the removal of the TTR risk. The Board noted the Risk Register but asked the Risk Register was presented to the November 2016 Trust Board meeting with emphasis on the mitigating activities.	
ACTION: • KD to list specific actions for further discussion by the board for the next meeting.	
15. Financial performance – PO5 August 2016	**SWBTB (10/16) 113**
The item was discussed under the Finance & Investment Commitment.	
16. Capital Programme	**SWBTB (10/16) 114**
This item was discussed under the Finance & Investment Committee.	
17. Paediatric community caseloads: update	**SWBTB (10/16) 115**
Ms. Barlow reflected that the presented paper did not do justice to the work or intent of the programme, and asked for the opportunity to represent material next month.	
ACTION: • Item to be discussed on November Agenda.	
18. Plan to improve management diversity	**SWBTB (10/16) 116**
Mrs. Goodby presented an update on the nine diversity pledges and objectives confirming the pledges would be a cornerstone in shaping the new public health plan. Research had been undertaken with staff to identify challenges faced by BME staff. Mrs. Goodby confirmed the Trust remained committed to improving management diversity. Cllr Zaffar suggested external organisations may provide useful advice and guidance; Mrs. Goodby would contact Cllr Zaffar outside of this meeting to discuss this further. Mrs. Goodby advised positive discrimination actions had been successfully used by other organisations. Mr. Lewis stated he was keen to see specific nursing leadership improve in certain groups and asked for any issues on the approach to be directed to Mrs. Goodby. The Board were informed that diversity was being monitored through the recruitment process. It was noted that Mrs. Gabby Downey, Consultant was taking a clinical lead, leading up to the Awareness day on the 18th November, when gender neutral toilets would be open.	

19. Audience Segmentation (Improving Internal Communications)	**SWBTB (10/16) 117**
Mrs. Wilkin advised there were four wards had been chosen to pilot a new 24/7 communication model and the results would be presented to the Trust Board in due course.	
20. Any Other Business	
(a) Staff rewards/benefits programme: Mrs. Goodby commented so far 350 staff had signed up to the scheme and 700 staff members had received their flu vaccinations. Ms Goodby expected half of the workforce to have signed up to the staff benefits scheme by Christmas.	
21. Details of the next meeting : 3rd November 9.30am Anne Gibson Board Room, City Hospital	

Signed ……..

Print ……..

Date ……..

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

3 November 2016

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTCACT.5557	Smoking Cessation	SBBTB (11/15) 181	05-Nov-15	Provide a progess report in two month's time on the follow-up actions agreed during the discussion.	TL	03/11/2016	Progress report to be presented to the December 2016 Board	Open
SWBTBACT.558	Learning Disabilities: People's Parliament	SWBTB (01/16) 210	04-Aug-16	Provide a progress report on achievement of the 6 promises previously made to the Board	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	Open
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	Open
SWBTACT.564	Mortality data rebasing	SWBTB (07/16) 060	07-Jul-16	Reassurance provided that the position has not worsened; how do we now get better / improve.	Rst	03/11/2016	Report to be presented at the November 2016 Board	Closed - on agenda
SWBTACT.565	Localised suppliers of multi-cultural / multi-faith meals	SWBTB (08/16) 083	04-Aug-16	Review what food cannot be locally sourced and why. Present a report with a view to close the enquiry.	CO	03/11/2016	Report to be presented to the November 2016 Board	Closed - on agenda
SWBTACT.556	Never Event in T&O	Verbal update	04-Aug-16	Report the findings of the unannounced inspection to theatres to check if the actions put in place are taking place.	KD	03/11/2016	Findings of the return unannounced inspections taking place in early October to be reported to November 2016 Board	Closed - on agenda
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.	Open

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTACT.561	Carer's Rights	Verbal	03-Oct-16	Update on carer's rights (use of kitchens, ward toilets etc.)	CO	03/11/2016	progress to November 2016 Board	Closed
SWBTACT.563	Junior Doctor Contract	SWBTB (10/16) 108	03-Oct-16	Junior Doctors update to be presented to the November Trust Board	RG	03/11/2016	progress to November 2016 Board	Closed - on agenda
SWBTACT.564	Workforce & OD Committee	Verbal	03-Oct-16	• New appraisal process to be discussed at December Trust Board	RG	03/11/2016	progress to December 2016 Board	Open
SWBTACT.568	Trust Risk Register	SWBTB (10/16) 112	03-Oct-16	Trust Risk Register to be presented to the November 2016 meeting with a focus on mitigating actions	KD	03/11/2016	progress to November 2016 Board	Closed - on agenda
SWBTACT.569	Paediatric case load update	SWBTB (10/16) 115	03-Oct-16	Item to be discussed on November Agenda	RB	03/11/2016	November 2016 Agenda	Closed - on agenda
SWBTACT.570	Diversity and Inclusion	SWBTB (10/16) 117	03-Oct-16	Diversity to be placed on the December Agenda	RG	03/11/2016	December 2016 Agenda	Open

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Carer rights
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington, Chief Nurse
AUTHOR:	Colin Ovington, Chief Nurse
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

This paper is proposing that we begin a journey of thinking very differently about how we engage the public in using their hospital facilities. The emphasis is on becoming more welcoming and open, removing barriers and encouraging greater involvement, our thinking is very much at an early stage and it is hoped that the paper will stimulate discussion and debate about how we can achieve this aspiration. Inclusive in this discussion has to be how we engage with the whole workforce in thinking that they all have a part to play in the experience of any member of the public that uses the hospitals.

REPORT RECOMMENDATION:

Trust Board members are requested to discuss the content of this report, to share other ideas that they have in the area of carer's rights and patient experience which could reinforce or develop our thinking further.

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		Patient Experience	x
Clinical		Equality and Diversity	x	Workforce	x

Comments:

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

Safe high quality care
Accessible and responsive
An engaged and responsive organisation

PREVIOUS CONSIDERATION:

CARERS RIGHTS

Report to Trust Board on 3rd November 2016

1. Introduction

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

— Maya Angelou

In a typical stay a patient and his visitors would practically have more interaction with nurses, therapists, receptionists, porters, domestics, security team, café staff, volunteers, than they would have with a doctor. When people talk about great experiences, all interactions matter and just one bad one can ruin patient experience. Health care only happens because of team work, how we work with the entirety of our workforce and get them to consider their role, whatever their job is, in providing patient experience and how we make people feel. It is difficult at times to divide patient experience from the rights of carers, however there are some practical arrangements for us to consider.

NHS Trusts are public buildings which should be accessible, welcoming and provide support at a time when people are at their most vulnerable. At these times patients and carers rely upon NHS staff to know their job and to do it with a high degree of accuracy, technical competence and also to be gracious and professional in their approach. The lived experience of the NHS is one where choice about treatment and in some instances choice about the preferred hospital has been a growing policy; however the NHS is also a place where we provide restrictions and in some instances repeatedly tell people what they can't do and where they can't go, rather than reinforcing the positive and what is available. As a trust we have a set of nine care promises which have been in place since 2008. These are an attempt to make our commitment, centred on public values come to life, the lived experience does however sometimes fall short of that expectation for some patients and carers. Our promises are listed in appendix 1; the purpose of this paper is to take our public values, the promises and to move to a new way of working with patients, families and carers. This could include a range of options about openness and access, equality and diversity, in addition to some changes to the physical environment.

For us we need to consider that the patients experience starts when they are initially referred to us or a decision is made to attend as an emergency. If we consider the patient's entire path from beginning to end we will need to consider every aspect, the words we use in letters or phone contacts, what our web site says and how people interact with it right through to clinic/ward encounters, treatment course, and post-visit care and follow-up treatment.

2. Current practices

There have been changes in the way we operate in recent years and some examples of good practice exist across the trust for us to consider. We changed our ward visiting times in an attempt to be more open and to try and welcome families to help in the care setting e.g. when patients need help at meal times. This should also be an opportunity to engage patients and families in the plan of care and for organising discharges. We built upon this with john's

campaign in recent months which essentially welcomes family members to stop with a patient on a ward which is particularly helpful in managing patients who are confused or have dementia.

On our Stroke unit we have engaged patients and families in the care setting in a number of ways, this starts with all patients who are admitted along with the immediate family have an appointment with the ward sister to discuss expectations about recovery and what is involved in the programme of care which also includes follow up care if it is evident that the patient is unlikely to return to their own home or need a longer period of recuperation and rehabilitation on one of our community wards. These are always then followed up with subsequent 'quality listening events' with the patient, family and multidisciplinary team and are proving to very useful way of communicating about plans of care and keeping people involved. The stroke unit have as part of this rehabilitation work developed a breakfast club, designed to test out patients skills in the kitchen and to work out programmes of rehabilitation to help in this area prior to being discharged from the unit. Their effort is always to return the patient to as normal a state as is possible given the nature of their injury.

Children's services have always maintained open visiting and parental engagement in their child's care. Parents have access to kitchen facilities whist they are resident with us to try and maintain some degree of normality. Engaging with parents is a role to bring them into the care of their child rather than taking over their very important role. Occasionally this will mean training parents in very technical skills particularly if they will need to continue the activity on their return home. Similar activities take part on the Neonatal unit and in maternity new fathers are encouraged to be engaged in the bonding process following the delivery of their new baby.

We also have numerous examples of what we don't allow. Unless the patient needs help at meal times, visitors are asked to vacate the ward to honour protected meal times. Visitors who stop for lengthy periods are not generally offered any refreshment and instead have to use outlets across the trust; those who need to use the toilet are generally asked to use a public facility off the ward. Car parking concessions whist readily available are not consistently offered. We have examples of family members who travelled from distant parts of the country to be with patients after accidents locally who we ask to leave the ward when ward rounds are taking place, don't offer refreshments and have been asked to leave the ward to use public toilets, clearly demonstrating that the public values and the promises are not a golden thread that runs through our core services at times.

A great deal of 'patient experience' activity historically has been about feedback. This is usually about responding to specific questions and therefor provides limitations to our understanding, we do collect over 35, 000 pieces of feedback annually in the form of:

- Friends and Family Test
- National Surveys
- Ward and clinic level informal feedback happens all the time
- Public engagement – Local Interest Group
- Services/departments having their own detailed surveys and focus groups
- PALS/Complaints

- Compliments

Clinical teams are given access to the feedback via a real time online results portal, which offers access to reports, comments analysis, automated results, alerts and monitoring performance. In reality this is seldom used unless it is picked up by a senior manager, but clearly has a place to be used in ward reviews, team meetings, appraisal, and in QIHD's.

3. What can we do?

There is much literature on the subject of patient experience, however what is required is a local response to the public who use their hospital facilities. Clearly there will always be a need to have some parts of the hospitals protected from the public such as operating theatres, laboratories and areas where confidential information is stored (this is not an all-inclusive list). Security of information, property and people will always be a prime concern; however there are many more public facing areas to consider. What we need to endorse is the opportunity to engage with patients, their families or carers in a manner that is welcoming to their hospital. Considerate use of way finding around the buildings should be a given, however signage of departments that get moved about or are newly created seldom keeps pace with each other, or alternative names for departments that is different from that given in an appointment letter can create confusion and anxiety for patients. These examples need simple operating protocols to ensure that we think about these matters consistently and stop creating problems.

We held an event (the big conversation on patient experience) with a range of staff from across the trust. There was a high degree of interaction and enthusiasm during the event which was focused on how we could improve rather than simply re describing the past. We were however looking to see what could be achieved using simple ways of doing things; this team came up with a set of golden rules as follows:

You will always be greeted with a smile
You will always know what to expect and when
You will get the best we can offer
You will always be at the heart of all we do (i.e., listen, hear, act, feedback)

One of the striking objectives in the area of patient experience is all the work we have attempted to achieve for patients who suffer from dementia. If we can get it right for these patients, the same standards should equally apply to others. The key activities are about trying to keep the hospital day in a normalised state so as not to add to any confusion, keeping people informed and involved and caring for the person not just the diagnosis. We have put in place environmental changes over a number of years at the trust to make the wards more dementia friendly. This is a good objective and much of the learning will help us with our new hospital, however this only has an impact if the climate and philosophy of care are right. Some of the very best dementia care was witnessed recently in on our Older Persons Assessment Unit, which is not a dementia friendly environment, having not been altered to take account of research as some of our established wards have been. What was impressive is the willingness of the clinical team to think about the person, their normal habits and their endeavour not to force patients with challenging behaviours to do things which exacerbate the situation. It is the willingness to listen

and adapt their behaviours that is making the difference, if this is applied to all situations we may be able to achieve a great deal for patients: the trust promises should help with achievements in this area but will require a programme of organisational development to re-implement our commitments.

There is a project underway looking at generic use of toilet facilities in an effort to overcome sensitive equality and diversity matters which affect patients, staff and visitors. In principle unisex toilets in public areas is starting to become a more normalised way of planning public buildings; board members will recall our board meeting held in Sandwell College where this was evident. Equally most public buildings such as ours have segregation of patient, public and staff toilets, we need to question why this is so and make a plan that makes a more liberal use of toilets in the current buildings. A starting point will be allowing visitors on our hospital wards to access toilets without having to leave the ward, giving them more time with the patient; this will still be in a single sex manner so as not to breach standards. Our overall approach to creating unisex toilets in public areas may be a staged approach to test out the feedback we get as a result. The plans for Midland Metropolitan Hospital are already sighted on this objective.

4. Next steps

Some simple activities such as changing the signage on toilet doors in public areas to indicate that they are unisex and giving visitor's access to toilets on our inpatient wards should be easy to achieve in short order.

Plan a programme of searching for and testing out other ideas for endorsing carers rights needs to be undertaken with the care promises and the golden threads described at our big conversation event as the driving force for change.

Build a programme of organisational development around the care promises and the golden threads, we need to re-energise our staff with these in mind, remembering that they were all generated by staff taking part in listening events; it is what they want to do.

The activities required of ward and department staff to improve the experience of patients and carers include:

- Patients and visitors will always be greeted with a smile
- Patients and visitors will always know what to expect and when
- Patients and visitors will get the best we can offer
- Patients and visitors will always be at the heart of all we do (i.e., listen, hear, act, feedback)
- Learn about the patient's normal day, particularly if they are in a state of confusion or have dementia, and help to maintain as much normality as possible
- Demonstrate a willingness to listen and adapt your behaviours will make the difference, particularly with patients with dementia – our Dementia Champions are demonstrating this and it works well
- Allow patients visitors to use toilet facilities on the ward, instead of sending them out into the public areas; it will give them more time with to be with the patient
- If visitors are stopping for extended periods of time please ensure they get some refreshments

Colin Ovington
Chief Nurse

26th October 2016

Appendix 1. Trust promises

1. **I will... make you feel welcome**

Create a positive first impression by offering a warm greeting

Never ignore anyone or keep them waiting without explanation

Answer the phone promptly – within 6 rings

2. **I will... make time to listen to you**

Work on the basis that time invested in listening now = time saved dealing with problems later

Don't use 'no time' as an excuse not to listen

Work with your team to remove time wasters and blockages so you have more time to listen

3. **I will... be polite, courteous and respectful**

Be open and honest

Never be rude or intolerant

Recognise and appreciate cultural differences

4. **I will... keep you informed and explain what is happening**

Explain any delays or changes as they happen

No unavoidable surprises or shocks

Communicate in a way that makes sense and is understandable from the patients' point of view

5. **I will... admit to mistakes and do all I can to put them right**

Be prepared to say when you have made a mistake

Offer this information proactively rather than 'waiting to be found out'

Be proactive in working out what you can do to put this right, and do it without delay

6. **I will... value your point of view**

Ask questions that enable you to understand the needs of the people you are dealing with

Don't make assumptions about what they want or need

Respect differences and avoid imposing your own values on others

Remember that many of the people we deal with have a lot on their mind, so make allowances (within reason)

7. **I will... be caring and kind**

Remember that kindness costs nothing but means a lot

Make a difference to this person's day

8. **I will... keep you involved**

Ask yourself:

"How can we work together (patients/teams/service users) to get the best possible outcomes?"

"How can we put the patient at the centre of their own care?"

"How can we build the confidence of patients and their families/friends to deal with this situation?"

9. **I will... go the extra mile**

Ask yourself: "What can I do to make a difference/make this situation better/make today happier for this person?"

Stop to help somebody who is looking lost to find their way

Ask somebody: "What can I do to help?"

Pick up the litter and drop it in the bin

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	**Update on Introduction of 2016 Junior Doctor Contract**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Lesley Barnett – Deputy Director. Human Resources** **Philip Andrew – Head of Medical Staffing**
DATE OF MEETING:	**3rd November 2016**

EXECUTIVE SUMMARY:

This report provides an update on the 2016 Junior Doctor Contract.

It updates the Trust Board on the contract offers made to the Foundation Year 1 doctors, progress on the exception reporting processes, a high level costing analysis of the contract and information on the local Equality Impact Assessment undertaken.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- Discuss the information contained in this report
- Discuss the risks and mitigations and suggest additional assurances or safeguards
- Acknowledge the cost pressure that is likely due to the possible impact of pay protection

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	
Clinical	✓	Equality and Diversity		Workforce	✓

Comments:

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

Safe and High Quality Care
Board Assurance Framework 15-16 and 16-17

PREVIOUS CONSIDERATION:

Sandwell & West Birmingham Hospitals NHS Trust

Junior Doctors Contract 2016 – Update October 2016

Report from: Lesley Barnett, Deputy Director – Human Resources
Philip Andrew, Head of Medical Staffing

Report to: Public Trust Board

Date: 21st October 2016

1.0 Introduction:

This paper is a further update on the 2016 junior doctor contract which has started to be introduced in England for doctors in training posts approved for postgraduate medical/dental education. The detailed content of the contract was reported to the Trust Board in August 2016 and an update was provided in October 2016.

2.0 Offers made to the current Foundation Year 1 (F1) doctors

The 63 F1 doctors were sent offers of employment on the 2016 contract on 12th October 2016 for their next F1 placements that commence 7th December 2016. This is in accordance with the national timeline and issued eight weeks in advance in accordance with the Department of Health code of practice.

The offer letter was accompanied by a generic work schedule, rota template, principal statement of contractual terms and a pay protection certificate. The F1 doctors have been required to advise the Head of Medical Staffing by 1st November 2016 if they don't plan to accept the offer. If a response is not received the F1s have been advised that it will be assumed that the offer has been accepted.

Since the offers have been made two engagement and q and a sessions have been held with the F1 doctors. These sessions have been attended by the Director of Medical Education, Guardian of Safe Working, Head of Medical Staffing and Postgraduate Clinical Tutor or F1 Lead. Further information on the contract, pay protection arrangements and the exception reporting processes was provided and all questions were answered. These sessions were good natured and conducted without animosity or confrontation.

3.0 Exception Reporting Processes

The Director of Medical Education and Guardian of Safe Working continue to work with the Head of Risk Management to adapt the Safeguard incident reporting system to make it fit for purpose for exception reporting. This work is continuing and is expected to have been completed by the end of November 2016.

The Guardian of Safe Working has developed a draft SWBH specific flow diagram to represent the Exception Reporting Process within the Trust (see Appendix 1).

4.0 High Level Costing Analysis

A high level costing analysis has been undertaken to assess the potential cost of the 2016 contract. NHS Employers have produced a spreadsheet template that has been used to input the details of compliant working patterns to compare the current and possible future cost of salaries paid under the 2016 contract. The full analysis has been shared with the Associate Director of Finance – Financial Management. A summary of the analysis is contained below.

A	B	C	D	E	F	G
Group	Combined new salary costs under 2016 contract	Old salary costs	Difference between new and old salary cost	Difference between new and old salary cost (including on costs)	Difference between new and old salary costs if rota savings taken out (to illustrate possible impact of pay protection)	Difference between new and old salary costs if rota savings taken out (to illustrate possible impact of pay protection) (including on costs)
Corporate*	£861,578	£819,843	- £41,734	-£51,332	- £52,891	-£65,055
Imaging	£499,763	£472,005	-£27,708	-£34,080	- £12,156	-£14,951
Medicine and Emergency Care	£8,542,971	£8,640,793	£97,822	£120,321	-£124,013	-£152,535
Organisation Development	£45,750	£41,979	-£3,771	-£4,648	-£3,771	-£4,638
Pathology	£265,444	£268,666	£3,222	£3,963	-£7,542	-£9,276
Surgery A	£6,864,586	£6,942,292	£77,706	£95,578	-£52,534	-£64,616
Surgery B	£1,811,924	£1,967,221	£155,297	£191,015	-£8,230	-£10,122
Women and Child Health	£4,254,358	£4,216,135	-£38,223	-£47,014	-£72,637	-£89,343
Total (per annum)	£23,146,374	£23,368,984	£222,610	£273,803	-£333,774	-£410,536

*the posts listed as Corporate are those charged to Medical Education Centre (Psychiatry F1s, Psychiatry F2s, Public Health F2s, General Practice F2s, Education F2s and Academic CT1/2s).

The costing analysis indicates that the long term position (without the effects of pay protection) may lead to a reduction of salary costs of approximately £222k per annum (£273k per annum with on costs see columns D and E above). However the analysis is based on average costs not actual staff costs. Of the 54 working patterns the analysis indicates that 27 will cost more and 27 will cost less. The potential impact to the different clinical groups is as set out in the table above.

For the purposes of this exercise all the working patterns have been made 2016 contract compliant with the existing numbers of doctors on each working pattern. As it is based on the current establishment it doesn't include any potential service impact the 2016 contract may have ie where hours of work have had to be reduced to ensure compliance or where additional posts will be proposed

The analysis does not allow for the effect of pay protection which will be personal to each junior doctor - their individual 'cash floor' (which they can't fall below and is effective until 3rd August 2022 as set out in Schedule 14 of the 2016 Contract) will be calculated by the Trust they are employed by at the day before their move to the 2016 contract.

To illustrate a possible impact that pay protection could have we have removed the savings made from the 27 working patterns which cost less under the 2016 contract and this gives an overall cost to the Trust of £333k per annum (£410k per annum with on costs see columns F and G above).

The analysis indicates that the 19 working patterns that are to be introduced in the 2016/2017 financial year could lead to a cost pressure of £8,943 per annum (plus on costs).

The full rota costing analysis is attached at Appendix 2.

5.0 Local Equality Impact Assessment

A local Equality Impact Assessment on the implementation of the 2016 contract has been undertaken and is attached at Appendix 3. No adverse impact has been identified.

6.0 Implementation of the 2016 Contract within the Trust

Specialty:	**Transitional Time Frame:**	**Working Pattern:**
All F1 Doctors	December 2016	Five working patterns. *All the above fully compliant*. Offers made.
General surgery Trauma and Orthopaedics * Urology * Plastic Surgery ENT * Paediatrics Neonates Microbiology Histopathology Psychiatry (F2s) *	February – April 2017	14 working patterns *Ten fully compliant working patterns drawn up.* *Four - work ongoing (marked with an *), scheduled for completion by end of November 2016.*
Emergency Medicine Cardiology General Medical Specialties Dermatology Neurology Neurophysiology Rheumatology Haematology Anaesthetics ITU Ophthalmology Obs and Gynae Radiology Nuclear Medicine	August 2017	35 working patterns *Twenty fully compliant working patterns drawn up.* *Fifteen - work ongoing, scheduled for completion by end of February 2017.*

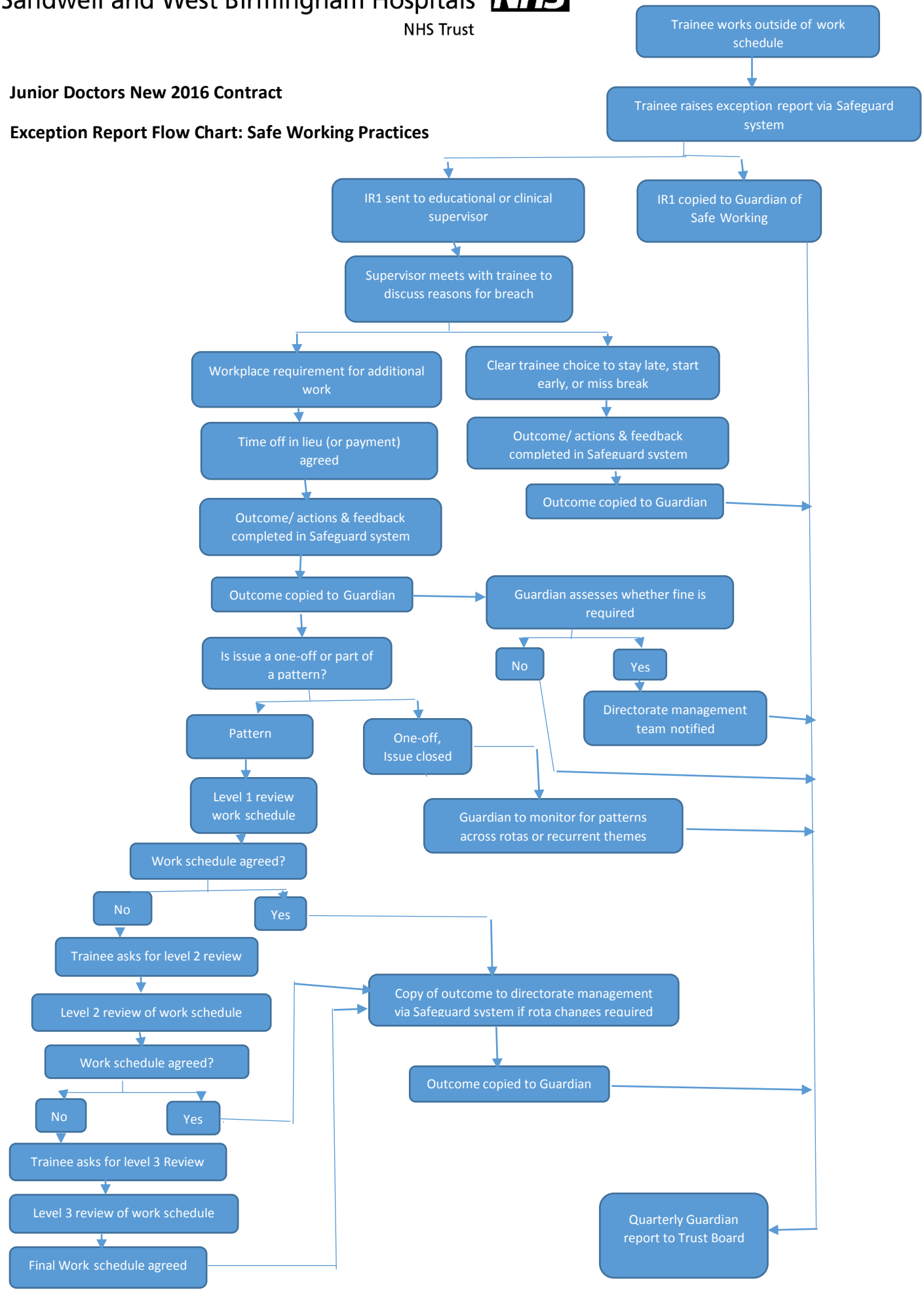
Occupational Medicine Public Health (F2s) General Practice (F2s) Education (F2) Academic Medicine		

The compliant working patterns are being drawn up by Specialty Leads and Clinical Directors with input from the Medical Staffing Department and are signed off for service delivery. The compliant work patterns will also be shared with the Director of Medical Education and the Guardian of Safe Working to provide assurance to them for education and safe hours of work respectively.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Junior Doctors New 2016 Contract

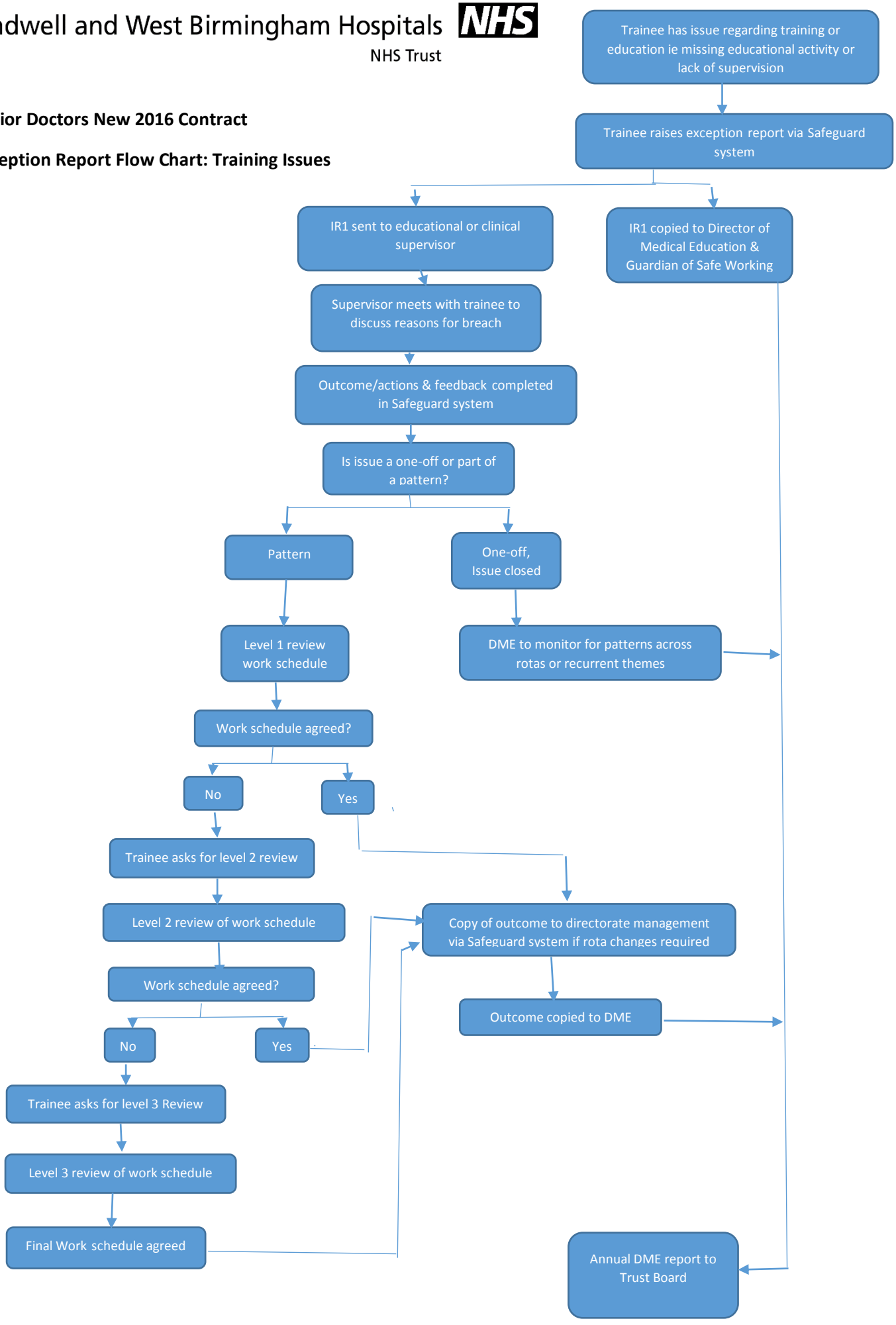
Exception Report Flow Chart: Safe Working Practices



Sandwell and West Birmingham Hospitals NHS
NHS Trust

Junior Doctors New 2016 Contract

Exception Report Flow Chart: Training Issues



SANDWEL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Freedom of Information Requests

Report to the Trust Board on 3rd November 2016

1. Freedom of Information position

Over the summer a number of FOI requests were received by the Trust. The majority of these requests were acknowledged but not actioned and therefore the Trust did not comply with the Freedom of Information Act 2000. The Act states responses to requests must be returned within twenty working days of receipt.

The Head of Corporate Governance joined the Trust in early September and has been working through the backlog of requests. This has been reduced to 47 outstanding requests (reduced from 109 requests). These are 'backlog' requests which were received by the Trust and acknowledged but not responded to. These date from May to August 2016.

In addition, there are 41 requests (as of 24th October 2016) of which 4 have exceeded the twenty day response deadline. The remainder of the requests remain on target for a response within the statutory deadline of 20 working days and the 4 late requests are being actioned and closed.

On average the Trust receives around 40 requests a month.

2. Backlog requests

It is unclear if the information requested in the 'backlog' requests is still required. FOI requests are often time sensitive, for example, submitted in connection with a planned news story. The Head of Corporate Governance is contacting the remaining 47 applicants to ask if the information is still required. A deadline for a response will be provided, to enable the matter to be actioned or closed. Should the applicant request the information within the specified timescale, the request will be prioritised and a response returned. If the applicant does not respond within the specified time or confirms they wish to withdraw their request, their request will be marked as closed. Full case records will be kept, for a complete audit trail.

3. Future FOIs

Since the Head of Corporate Governance has joined the Trust, a robust procedure has been put in place to manage FOI requests. Requests are acknowledged within two working days and colleagues are given ten working days to provide the requested information. There is now an escalation process in place to manage instances where colleagues do not provide responses within the requested time; the new process has allocated time for this control mechanism, to ensure compliance with the twenty working day deadline.

The electronic database “Safeguard” is now used to record and file FOI requests, enabling a thorough audit trail. FOIs stored on Safeguard are accessible by a number of colleagues within the governance team. The FOI mailbox which receives the vast majority of FOI requests is now accessible by a number of colleagues and therefore FOI can be managed during times of sickness or holiday absence and is not dependent upon one person. From 1st November key performance indicators will be introduced for FOI compliance ensuring that the Trust remains on target for responding to applicants within the 20 working day deadline.

Greater awareness amongst colleagues regarding the importance of responding to FOI requests is required and this will be introduced over the coming months.

Gemma Towns
Head of Corporate Governance

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Local Food Suppliers (Halal)
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Steve Clarke – Deputy Director - Facilities
DATE OF MEETING:	Thursday 3rd November 2016

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the Trust Board of the current position regarding sourcing local food suppliers, especially in relation to Halal meals.

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	X	Communications & Media	
Business and market share	X	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

LOCALISED FOOD SUPPLIERS (HALAL)

REPORT TO THE TRUST BOARD ON THURSDAY 3RD NOVEMBER 2016

A report was presented to the August Trust Board. This paper is an update of the progress undertaken over the last few months.

Localised Suppliers

The Catering Department and the Procurement Team continue to work together to review all options for purchasing food products from local suppliers. To date there have been a number of successful changes to the supply chain. Local contracts have been agreed for the supply of milk, fish and chilled food, the new contracts have also resulted in significant savings totalling £40k per year.

As reported previously the local suppliers tested to date for bread and meat have not been successful as there were issues with quality and reliability of produce.

Reviews are also being undertaken with a number of other local companies offering a range of products, however all suppliers have to demonstrate their due diligence with regards to their premises, equipment, production methods and their supply chain.

Local Trusts

The majority of local Trusts purchase their halal meals from the same supplier as used by SWBH NHS Trust i.e. Punjab, the company is based in Sheffield and is the largest supplier of halal meals in the country.

There are a number of local companies that are approved to supply halal meat, however they are suppliers of meat and do not supply meals. For SWBH to produce halal meals in-house there are revenue and capital costs, there is a strict protocol to follow and a number of changes would be required to the infrastructure of our Central Production Unit (CPU) at Rowley Regis Hospital.

I can confirm that the Trust does produce vegetarian Asian dishes in-house with all of the vegetables supplied from local companies.

A Birmingham Trust does produce halal meals in their CPU. SWBH are currently in discussions reviewing the range of dishes on offer to ensure they meet the necessary requirements for protein, portion size and cost.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE UPDATE	
Date of meeting	21st October 2016, 08:30-10am
Attendees	Ms Olwen Dutton (Chair), Mr Richard Samuda, Mr Mike Hoare, Mr Colin Ovington, Ms Rachel Barlow, Miss Kam Dhami, Mr Tony Waite, Mrs Raffaela Goodby, Ms Jenny Donovan, Ms Allison Binns, Ms Gemma Towns, Ms Kelly Trimble, Mr Nigel Trudgill, Ms Clare Cotterill,Ms Jayne Clarke and Miss Yulander Charles.
Apologies	Apologies were received from Dr Roger Stedman.
Key points of discussion relevant to the Board	• **Children's safeguarding**: The report was received by the Committee. Birmingham City Council had served notice to cease the Paediatric Liaison Service with limited notice. The Committee were of the view the very short notice provided was unacceptable. Mr Lewis agreed to write to Birmingham City Council to this effect. The Committee asked that future reporting outlined implications for the Trust and key areas of focus for consideration by the Committee given its assurance role. It was agreed a safeguarding update would be provided to the Committee every quarter. • **Adult's safeguarding:** The number of DOLs had increased but it was felt 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. • **Integrated Performance Report:** The report was received. Focused care would be placed on November's Q&S agenda. The Committee noted there had been an increase in the number of caesareans compared to target (20% compared to 25% target). Elective and Non-Elective rates in month are 10.4% and 18.6% respectively. As there had been three consecutive months of elevated levels, Q&S wished to highlight this to the Trust Board. The Group Director was reviewing this issue. • **National Cancer Patient Survey:** The report was received. 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. • **Legal Services update:** the report was received. The Committee were informed of the work being undertaken to identify the reasons for claims being submitted and whether some claims could be avoided by the Trust undertaking preventative action, for example, in relation to estates-related claims. • **Clinical Audit:** the Committee received the report. Making Every Contact Count was discussed. 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.

Positive highlights of note	▪ The meeting discussions were felt to be useful and constructive.
Matters of concern or key risks to escalate to the Board	• The Committee were of the view that the number of caesareans should be highlighted to the Board.
Matters presented for information or noting	Mr Lewis advised there had been a twelve hour DTR breach. This would be reported to the Trust Board meeting on 3rd November 2016.
Decisions made	See above.
Actions agreed	No specific additional actions beyond those being progressed by management.

Olwen Dutton
CHAIR OF THE QUALITY AND SAFETY COMMITTEE
For the meeting of the Trust Board scheduled for 3rd November 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 30 September 2016; 1030h – 1230h

Members attending:		**In attendance:**	
Ms O Dutton	Chair	Ms A Binns	Assistant Director of Governance
Mr R Samuda	Chairman		
Dr R Stedman	Medical Director	**Committee Support:**	
Mr C Ovington	Chief Nurse	Sam Bailey	Executive Assistant
Mr M Hoare	Non Exec Director		

Minutes	**Paper Reference**
1. Apologies for absence:	Verbal
Apologies for absence were received from Miss Kam Dhami, Ms. Rachel Barlow, Mr. Tony Waite, Mrs. Claire Parker and Ms. Jenny Donovan.	
2. Minutes of the previous meeting	
The minutes of the previous meeting were accepted as a correct record following a minor amendment, Miss Tammy Davies not Miss Tina Davies. Highlighted issues were briefly discussed.	
3. Matters and actions arising from previous meetings	SWBQS (19/16) 55
The action log was noted and updated.	
4. Patient story for the October Trust Board	Verbal
The next month's TB story is an audio story with about 6 – 7 patients sharing their views about stay on Medicine wards at City and Sandwell hospital. The general themes they have talked about are around communication, information provision, food and noise on the wards.	
5. Ward Scorecard – Early Warning Trigger Tool	SWBQS (09/16) 047
The metrics for the ward score cards which currently focus on nursing activity are increasing taking centre stage in our intelligence about the quality and safety of care on our inpatient wards. These together with our early warning trigger scores give a level of insight about the status of care metrics which used on their own could direct the reader to focus on those metrics which are off benchmark. Work has been carried out with TL and GDoN over the last couple of weeks to ensure that the information is correct. The variances in manually collected data and electronically collected data were discussed in detail and it was agreed that the way forward would be to have both data sets showing the	

same information. Once this has been completed, we should be able to get "live" data. The electronic system should flag up any issues so that recommendations can be put in place. The GDoN are currently looking at data with ward team and publishing a ward report with triangulated information which is analysed during the day. **It was suggested that a summary of key issues that are being focussed on should be tabled at the Q&S meetings for discussion.**	
6. Integrated Performance Report	SWBQS (09/16) 048
The summary scorecard for August 2016 (in-month) was tabled and discussed. Work is being done on various initiatives to improve targets. Weekly VTE meetings are now taking place with Service Managers and Specialist Leads to ensure that performance improvements are being made.	
7. National Hip Fracture Database : Mortality Outlier Alert	SWBQS (09/16) 049
The Trust received notification from the National Hip Fracture Database (NHFD) on the 14th June 2016 of being an outlier for mortality for fracture neck of femur. The review found that in each case, it was evident that the appropriate departmental processes had been followed for the review of fracture neck of femur deaths. 14 of the 16 deaths were classed as 'Expected' by the review team. Of the 2 deaths which were not classed as 'Expected' cause of death for one was Cardiopulmonary arrest and the other case cause of death was acute kidney injury & community acquired pneumonia. 1 of the 16 deaths was classed as potentially 'preventable' by the review team. This case had been subject to a Table Top Review and serious incident review on the 2nd March 2016 and further details were provided in the report. The group were informed of a recent incident whereby there was a lack of diabetes management understanding where Guidelines were not followed. There will be a piece in Heartbeat around the DKA guidelines to improve awareness.	
8. DOLS : Response to the Regulation 28 Report	SWBQS (09/16) 050
The Regulation 28 report received following the death of a patient at City Hospital which was applied following the inquest was tabled and discussed. The issue relates to the lack of an application of a Deprivation of Liberty (DoLs) whilst under the care of the Trust. The Incident Investigation did not identify that the patient should have been subject to an emergency DoLs which following the inquest, highlighted the need for a campaign to raise awareness and a subsequent change in practice. A response to the Coroner was sent by the deadline and outlined the actions which had already been taken and those which are planned. The issues were highlighted and actions outlined with improvements being made on Safeguarding alerts and DOL's assessments. Awareness training sessions are being videoed and shared with staff. KPIs are being developed to take view of what to do the in the event of an Intensive Care patient. It was agreed that in the process, someone must always apply their mind before the DOLs assessment is carried out as it can be quite time consuming. Any patient that dies under DOLs should be referred to the Coroner to investigate. The differences between mental health and lack of mental capacity were explained. **Q&S to receive bi-monthly dashboards.**	
9. National Cancer Patient Survey 2015	SWBQS (09/16) 051
The National Cancer Patient Experience Survey 2015 results were tabled. The findings provide an important baseline from which to measure the successful delivery of the national cancer strategy. This year 71,000 patients took part – a response rate of 65% – making it by far the largest survey of cancer patients anywhere in the world. Local Trust Result Reports were published in July 2016.	

The Survey Results have been circulated to Cancer Site Specific Multi-Disciplinary teams to produce actions plans which are due 30th September 2016 and will be reported to October Cancer Board. **Action plan and report to be brought back to the October Q&S Meeting.**	
10. CQC Enquiries : Tracking Complaint/Incident Investigations	SWBQS (09/16) 052
Following a meeting with the CQC at which they raised their concerns regarding an increase in enquiries brought to them on the previous year. These concerns were analysed and apart from two wards (Lyndon 4 and D43) having three concerns each, there were no trends identified. In our response to the CQC, it was identified that the Quality & Safety Committee would receive an update on the eight enquiries which were already in one of our systems (complaints/legal/incident). Since responding to the concerns raised by the CQC, we have met (Director of Governance, Chief Nurse & Assistant Director of Governance) with them to discuss the enquiries and our monitoring of areas which cause us concern. They were satisfied that we were aware of the areas needing overview and that we have sufficient monitoring in place to identify any areas which may need more of a focus. **CQC Enquiries, tracking complaint and investigations report to be brought back to Q&S quarterly.**	
11. Serious Incident report	SWBQS (09/16) 053
The SI report was briefly highlighted and accepted • Serious clinical incidents summary - serious clinical incidents reported to the CCG (on STEIS) during August (as at 24 August) plus information on reviewed serious incidents - Safeguarding report	
12. Meeting effectiveness	Verbal
The committee agreed on the effectiveness of the meeting and praised the quality of reports and presentations which were tabled for discussion.	
13. Matters to raise to the trust Board and Audit and Risk Management committee	Verbal
The ward scorecards will be presented to the Trust Board in due course. Nothing else is to be escalated to the Trust Board or the Audit and Risk Management committee.	
14. Any other business	Verbal
Adult Safeguarding Progress Report : this item was briefly discussed including the work around Dementia Patients. The Safeguard team will be asked to consider different ways of presenting the information to Q&S and invited to the October Q&S meeting. **Safeguarding Team to be invited to the October Q&S meeting.**	
15. Details of the next meeting:	
The next meeting will held on 21 October 2016 at 10.30am in the Anne Gibson Committee room at City Hospital.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MAJOR PROJECTS AUTHORITY COMMITTEE UPDATE	
Date of meeting	21st October 2016, 10:00-11:30am
Attendees	Mr Richard Samuda, Mr Mike Hoare, Mr Toby Lewis, Ms Rachel Barlow, Mr Tony Waite, Mr Mark Reynolds, Mr Alan Kenny, Ms Gemma Towns and Ms Claire Abbott
Apologies	No apologies were received
Key points of discussion relevant to the Board	• Modelling has indicated there is a gross funding gap of up to £10.7m in equipping Midland Met Hospital. The Committee were of the view the funding gap was unsatisfactory. The reasons for the funding gap were discussed in detail. The Committee discussed initial ideas on how the funding gap could be addressed. It was agreed that Mr Kenny would identify a process and five key proposals to resolve the issue and these would be presented to the next MPA meeting for thorough consideration. It was noted that if a change to the equipping of Midland Met was required, this could be discussed at MPA but would need to be progressed to Trust Board for approval of any changes. • The Organisation Development and Workforce Strategy 2016-19 was discussed. The Committee gave their support to the proposals and particularly commended the development of the Chartered SWBH Managers programme. • A brief update on EPR and Cerner was provided.
Positive highlights of note	The meeting discussions were felt to be useful and constructive.
Matters of concern or key risks to escalate to the Board	The Committee were of the view that the gap in funding for equipment was a key concern and wished to highlight this to the Board. The equipping issue around Midland Met may prevent sign off of the RDD at 01-12-2016.
Matters presented for information or noting	There were no additional items presented for information to the meeting.
Decisions made	The Committee confirmed that it was content for the Chief Executive to progress the S273 agreement.
Actions agreed	No specific additional actions beyond those being progressed by management.

Richard Samuda
CHAIRMAN AND CHAIR OF THE MAJOR PROJECTS AUTHORITY COMMITTEE
For the meeting of the Trust Board scheduled for 3rd November 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE UPDATE	
Date of meeting	27th October 2016, 14:30-16:20
Attendees	Mr Richard Samuda, Mr Tony Waite, Mr Harjinder Kang, Mr Toby Lewis, Mrs Rachel Barlow, Mr Chris Archer, Ms Gemma Towns and Mrs Elaine Quinn.
Apologies	Apologies were received from Ms Marie Perry and Mrs Raffaela Goodby.
Key points of discussion relevant to the Board	The key areas of focus were: • Financial performance September 2016/17: the Committee discussed the key aspects of the Trust's financial performance. Key matters were the P&L outlook and potential for risk of failure to deliver surplus control total and secure STF funding and a forward view of cash balances and how good governance would be sustained in the approval of forward investment commitments. The Committee challenged and confirmed the remedial actions being taken in regard to these two key matters. • Capital programme: the scale and affordability of the programme were discussed. It was agreed the Trust Board needed to establish the limits of delegated authority for Mr Lewis regarding decisions on the capital programme. • Downside metrics: The Committee challenged and confirmed a framework for the empirical assessment of the triggers for a downside scenario. The Committee required that this was taken to the Board such that it had a full & proper understanding in advance of any utilisation of the framework for decision making. • Agency spend: The Committee challenged and confirmed a self-assessment against NHSI framework for agency governance and noted the actions being taken to reduce agency costs having regard to on-going failure to live within the trust's agency cap. Committee required that his would be discussed in more detail at the Trust Board meeting on 3rd November 2016.
Positive highlights of note	The Committee had a candid discussion relating to the Trust's current & prospective financial position.
Matters of concern or key risks to escalate to the Board	• Risks to delivery of 2016.17 surplus control total • Downside metrics to inform future decision making • Agency spend governance and costs reduction.
Matters presented for information or noting	• Any other business: it was suggested the next Board Development Session (11/11/16) concentrated upon the financial position and actions which could be taken.

Decisions made	None
Actions agreed	No specific additional actions beyond those being progressed by management.

Richard Samuda
CHAIRMAN AND CHAIR OF THE FINANCE AND INVESTMENT COMMITTEE
For the meeting of the Trust Board scheduled for 3rd November 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance & Investment Committee - Minutes

Venue: Anne Gibson Committee Room, City Hospital Date: 30 September 2016: 0830h – 10:00h

Members Present		**In attendance**	
Mr Richard Samuda	Chairman	Mr Tim Reardon	Associate Director of Finance
Mr Harjinder Kang	Non-Executive Director		
Mr Tony Waite	Director of Finance and Performance Management		
Mrs Raffaela Goodby	Director of Organisational Development		

Committee Support
Mrs Elaine Quinn — Executive Assistant

Minutes	**Paper Reference**
1. Apologies:	**Verbal**
Apologies were received from Mr Toby Lewis and Ms Rachel Barlow.	
2. Minutes of the previous meetings – 2 August 2016 and 1 September 2016	**SWBFI (09/16) 002**
The minutes were agreed as a true and accurate record.	
2.1. Matters arising and update on actions from the previous meetings	**SWBFI (08/16) 002 (a)**
The Committee noted the on-going work/updates on the implication of the Carter Review. Mr Waite reported that guidance on the procurement process had been received the previous week, insofar as Trust's are to use NHS Supply Chain. He also reported various data collection exercises taking place, together with internal discussions at short order in preparation for any changes. It was noted that the new BCA Director of Procurement (Dave Coley) was due to start in post on 3rd October 2016.	
3. Financial Performance – P05 August 2016	**SWBFI (09/16) 003**
The Committee noted that the Trust's Financial performance for P05 was delivered to plan but was dependent on the use of £1.8m contingencies / timing on use of reserves. There is prospective difficulty of finding significant further contingencies in P06, with consequent risk to recovery of £2.5m Q2 STF funding. The intent is to support P06 position as necessary and appropriate, being in line with NHSI direction. It was reported that SLA income recovery risk in respect of challenges from the CCG remained significant, with resolution outstanding. Impact is scaled at c£200k-250k per month of recognised challenges, with a similar sum disputed. It was noted there has been progress in respect of rebutting non-payment for restricted procedures actually delivered.	

The prospect of a formal dispute resolution process remains. The forecast out-turn assessment is to be formalised on the back of P06 reporting, which may likely indicate delivery adverse to plan. Options to remedy this were noted to be limited. A formal process with NHSI will be required in advance of any reported change in forecast. In terms of capital, it was noted there were issues in relation to CRL approval, national demand for under-shoot, fundamental affordability of programme and consequence. In terms of cash (and EFL), there was concern at the variance from plan; particularly in relation to cash burn last year and this, together with next year's timing of any land sales to remedy the position. Detailed work was noted to be in progress.	
4. New Finance System	**SWBFI (09/16) 004**
The proposed new Finance system was challenged and confirmed, with a decision to defer implementation to mid / end of 2017/18. This will enable and assure appropriate local provider alignment and de-risking through the selection of a nationally recognised system.	
5. Matters to highlight to the Board and Audit & Risk Management Committee	**Verbal**
It was agreed that the significant risk to the delivery of the financial control total, which will require detailed assessment and mitigation on the back of P06 reporting should be reported.	
6. Meeting Effectiveness Feedback	
The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.	
7. Any Other Business	**Verbal**
There was no other business.	
8. Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting was noted to be scheduled for 28 October 2016 at 0830h at City Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Agency Spend
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis, CEO
AUTHOR:	Raffaela Goodby,
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

This paper provides the response to the recent correspondence from Dale Bywater, Executive Regional Managing Director (Midlands and East) seeking assurance on our management of temporary spend and requesting sight of robust recovery and governance plans to bring it back to the agreed ceiling.

This correspondence follows a recent letter from Jim Mackey (7th October) which set out a series of tenets to reduce agency spend:

- Promoting transparency
- Better data
- Stronger accountability to boards, and
- Additional reporting of high cost overrides.

One of the elements of this is a self-certification against an agreed set of questions and parameters which is agreed at Board level and which may be followed up an executive level by NHSi.

This paper provides the proposed Trust responses to that self- certification. Appendix 1 identifies the agency spend by speciality. Appendix 2 identifies options to remedy the cap. This paper was considered at Finance and Investment Committee on 27th October 2016. The Committee were advised a further paper providing more background would be presented to the Board; Appendix two is that additional paper.

Our present spend on agency (at M5) is £8.7m, almost 7% of our total pay expenditure to date of circa £127m. Whilst we know that we have a number of problematic areas for recruitment e.g. Emergency Departments and Diagnostics, as well as some senior management positions, we also know that there are other areas of 'leakage' around use of temporary staffing. This paper offers both NHSi and ourselves assurance that internal mechanisms for the requesting and approval of temporary staffing are robust and policing is inherent at every step of the process.

REPORT RECOMMENDATION:

For approval of self- certification submission.

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

Accept	Approve the recommendation	Discuss
X	X	

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

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

Clinical	**X**	Equality and Diversity		Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					
Finance and Investment Committee, 27th October 2016					

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Self- Certification

Our trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending.

The CEO receives monthly updates on temporary staffing spend identifying key areas and factors (high cost, long term use, areas where service is reliant). They also see the weekly returns to NHSi before submission. They are also the authority (delegated by public trust board) responsible for weekly sign off of high costs shifts on a prospective basis

Further visibility for all executives is being developed as part of the increasing sight of KPI's within the PMO.

We are presenting working with Barnacles (our rostering automated support system) to look at the possibility of a weekly/ monthly summary of shifts requested outside of requirements.

All Directors are responsible for championing temporary staffing within their portfolio area, with the Director of Nursing and Medical Director accountable for reducing temporary staffing spend

Reducing nursing agency spending is formally included as an objective for the nursing director and reducing medical agency spending is formally included as an objective for the medical director.

These are not formal objectives for any Director other that CEO. However, the relevant executive directors attend a weekly workforce PMO where their accountability for delivery is reinforced and exercised.

The Medical Director and Nursing Director also act as Executive Sponsors (often as co-sponsors with the HR Director) for all CIP and change programme schemes related to temporary staffing usage. All CIP and change programmes are managed through the Trust's PMO, with a focus on exception reporting against targets and objectives

The agency executive lead, the medical director and nursing director meet at least monthly to discuss harmonising workforce management and agency procurement processes to reduce agency spending.

These leads and directors meet weekly at the Workforce PMO, chaired by the HR Director

We are not engaging in any workarounds to the agency rules.
Our use of temporary staffing is managed within rules. In Q1, we identified areas within medical staffing where capability of administrative staff prevents challenging conversations around negotiation with external providers. This has now been addressed with re-training and shared best practice from other areas within the Trust

The new locum approval panel process will reduce the instances of direct booking in key areas (mainly ED) and ensure that all locums are booked following due process. It will also reduce instances of block bookings, thus ensuring we are not reliant on long term agency

Our nursing and Allied Health Professional bookings are booked using local and national rules pertaining to cap when we have full control (i.e. pay caps not wage caps) There is a due process for approval outside of usual rules which is clearly laid out in our temporary staffing policy which is overseen by the Director of Nursing.

Any area identified as working outside of agency rules has a challenge and confirm session with their Group Director of Nursing

We have recently revisited the rostering process and increased support and challenge to the process, which sees rosters being completed 6 weeks in advance and temporary staffing requirements released at the same time, increasing the opportunity for our centralised bank office to find bank staff to cover the shifts and reducing reliance on agency staff as a result of short notice requests

We have reduced our reliance on agency with medical staffing through improved retention on our successful medical bank. Of the last intake of junior doctors, over 130 leavers stayed on our bank, approx. 60% sign up rate. In total we have circa 350 medical staff on bank, reducing the need for workarounds.

We know what our biggest challenges are and receive regular (e.g. monthly) data on:
- which divisions/service lines spend most on agency staff or engage with the most agency staff
- who our highest cost and longest serving agency individuals are
- what the biggest causes of agency spend are (eg vacancy, sickness) and how this differs across service lines.

We have regular monthly standardised reports on highest cost and longest serving agency staff, presented to the board's Workforce Committee for confirm and challenge every month championed by our NED with temporary staffing portfolio. These reports include the breakdown by service line.

We have also identified temporary staffing as a separate element of workforce within our PMO where KPI's and action plans are scrutinised by executives on a weekly basis

The trust has a centralised agency staff booking team for booking all agency staff. Individual service lines and administrators are not booking agency staff.

We have a centralised booking team that manages our bank and agency bookings for all clinical and non- clinical areas including estates and A&C staff (excludes very senior managers). All areas have access to our IT bank system to release shifts to centralised resource. Rostering managers use TempRe to release locum shifts to the centralised bank based on rota knowledge. A weekly meeting is held between centralised bank and rota managers to review shifts filled, requirements, etc.

We have a programme for shared best practice with the centralised bank office, with regular coaching and peer review to local bookers to ensure continuous improvement.

The centralised process is regularly reiterated across all clinical areas and there is a longer term view to fully centralise bank

We run a weekly report comparing direct engagement costs versus standard engagement costs which is shared with HR teams and shortly to be rolled out to Group Directors to show opportunity.

There is a standard agency staff request process that is well understood by all staff. This process requires requestors and approvers to certify that they have considered all alternatives to using agency staff.

We have a Temporary Staffing protocol with clearly defined and executed processes for all clinical and non-clinical areas. For Nursing and AHP's, the e-rostering policy also sets out a number of pre-requisites to being able to book temporary staffing based on Excellence in Rostering principles.

The sentinel reports produced from Barnacles as part of the rostering support process for all wards and clinical areas ensures that they have considered a number of options including:

- Use of time owing hours to cover short fall
- A shift in shift patterns
- A change in approval for annual leave

The matrons can also use the Sentinel reports across all wards to identify opportunities for cross cover and sharing of staff where rostered staff exceed safe staffing levels

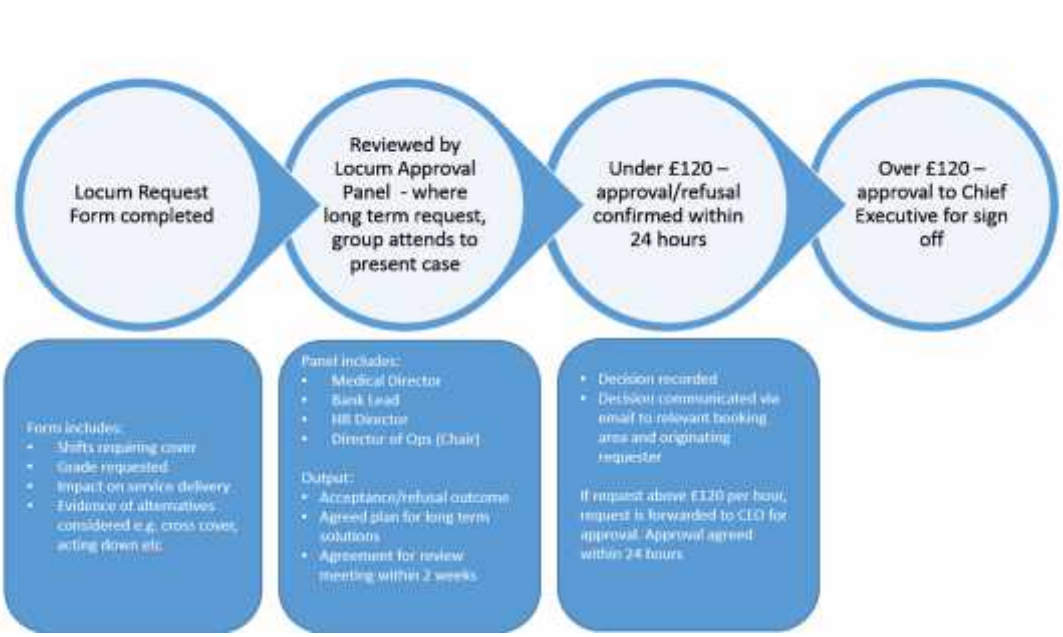
As part of the implementation of Barnacles, we have run a series of meetings with matrons and ward mangers to reiterate the temporary staffing request process and to clearly communicate the baseline numbers for each ward.

The centralised bank team presented at the ward managers development programme and ward managers are being actively supported to lead the work on Excellence in Rostering

A newly implemented Medical Locum Approval Panel Process ensures that all alternatives have been considered before locum requests are submitted including:

- Potential for cross cover from generalists,
- Acting down of consultants,
- Shared service across wider STP footprint (longer term solution)
- Service reconfiguration (longer term solution)

As part of this approval process we also require sign off from the GDOP, and in the instance of longer term requests, evidence of a recruitment plan to address the shortfall and/or ideas on new ways or working e.g. shared care, new roles etc.



There is a clearly defined approvals process with only senior staff approving agency staff requests. The nursing and medical directors personally approve the most expensive clinical shifts.

Medical Staff

All requests for locum cover go through the Locum Approval Panel process for sign off by the Medical Director/ Director of OPs on a weekly basis. They are authorised to sign off all requests that have met the pre-requisites and are under £120 per hour.

Any requests for more than this amount are forwarded to the delegated authority (the CEO) for review and sign off. These breaches are reported to board Workforce Committee as part of the temporary staffing dashboard on a monthly basis and all groups are asked about a) high cost and b) long term agency usage in their fortnightly Group Review. The dashboard is also monitored as part of the PMO process

Nursing Staff

The process for temporary staffing requests is clearly laid out within the temporary staffing protocol (supported by the e-rostering policy) which has recently been re-visited and is about to be re-issued in a series of matron and ward manager workshops. We have also been reiterating the process as part of the Barnacles implementation meetings. The Chief Nurse is responsible for approval of all temporary staffing requests outside of approved process and agency rates to ensure compliance with agency rules.

In order to optimise our temporary staffing usage, the protocol stipulates:

- Rosters issued 6 weeks in advance including the drop down of temporary staffing requirements into the bank system
- Bank shifts put out at 6 weeks
- Tier 1 shifts put out at 4 weeks
- Tier 2 shifts put out at 2 weeks

Allied Health professionals largely request block bookings. We have been successful in recent months increasing the numbers of AHPs on the bank and in the majority of instances we can fill from internal bank. This process is much quicker due to the smaller numbers and shifts are released to agency as soon as all options have been considered within the bank (often within 48 hours)

There are tough plans in place for tackling unacceptable spending; eg exceptional over-reliance on agency staffing services radiology, very high spending on on-call staff.

We have undertaken a review of those services of unacceptable practices related to temporary staffing and have identified Radiology and Cardiology Technicians as two priority areas. We will run focused, timely projects in those areas to identify opportunities for improvement though new ways of working, roster review etc. This will be the sole responsibility of one person to ensure rapid outcome and embedding of new model

There is a functional staff bank for all clinical staff and endeavour to promote bank working and bank fill through weekly payment, auto-enrolment, simplifying bank shift alerts and request process.

We have a very successful centralised bank which supports the following:

- Weekly payments - all staff are paid weekly
- Advertising for Bank Staff – the centralised bank resource manages a programme of rolling advertisements on NHS jobs dependent on service requirement
- Encouraging internal bank – Using a developed process, bank are able to appoint people to internal bank following a reference form their existing manager
- Processing Applications - The centralised bank works with Groups to support rapid turnaround of applications to interview e.g. support to interview, increased training for bank senior staff to allow them to undertake interviews with appropriate scripts (non-clinical roles) to reduce reliance on operational staff availability
- Processing successful external candidates – The centralised bank will process successful applications including DBS checks, references etc. - can be as little as one week for admin staff and 2-3 weeks for clinical staff. Will liaise with mandatory training to agree transfer of training from other organisations where appropriate
- Auto –enrolment – all medical staff have opt out options for joining internal bank through TempRE and ESR. Unable to do at present for nursing and AHP staff but slick IT prcess developed for joining bank in less than 7 minutes
- Shift Alerts – the centralised bank office issues shift alerts for shifts according to group, profession and competency needed. They do not do alerts on all shifts following feedback from staff that said they were not looking at shifts because there were too many

All service lines do rostering at least 6 weeks in advance on a rolling basis for all staff. The majority of service lines and staff groups are supported by eRostering.

All our wards and clinical areas and some non-clinical areas use Smart e-rostering system. In addition, all areas use the bank module for requesting and releasing shifts to the centralised bank office.
We have recently revisited and are about to reissue the rostering policy (reviewed in conjunction with a number of senior nurses) to ensure it reflects recognised national best practice. All rosters must be submitted 6 weeks in advance, with Barnacles producing Sentinel reports to support ward managers to make amendments to improve further before submission to GDoN and release to bank office.

We have recently agreed with matrons and GDoN's for band 5's and 6's to have access to the e-rostering system to ensure they can input and make changes re: short notice requests and shift verification. We will audit this after three months to measure impact.

There is a clear process for filling vacancies with a time to recruit (from when post is needed to when it is filled) of less than 21 days.

A large amount of work has been done in key areas including nursing to look at the present recruitment process including the shortening of time from NHS application to review by relevant clinical managers. Due to the high volume of vacancies in nursing it has been agreed that the process does not have to wait until the closing date but can be processed with immediate effect. This reduces the risk that during the time lapse period potential recruits are accepted elsewhere.
Where a particular area is recruiting but the candidate is deemed as unsuitable for that particular position e.g. insufficient specialist experience etc. the application is reviewed by a 'pool' of potential recruiters re: suitability elsewhere e.g. general medicine ward, to ensure that we are not losing good candidates because they are not an exact fit

The board and executives adequately support staff members in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently.

The Board's Workforce Committee work closely with group to look at innovative solutions to workforce challenges and continued service sustainability. Recent successes have included:

- The reconfiguration of cardiac services in Autumn 2015,
- Implementation of Assistant Practitioner roles in therapies,
- Compliant Junior Doctors roles under the new contract,
- Nursing Associates

We are presently looking at Critical Care Practitioner roles to address the national shortage of Crital Care medical staff

The board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.

The Trust Board has signed off, after detailed scrutiny, a long-term Workforce model, shared and worked through with NHSI in preparation and support of the new hospital

The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing.

Quarterly reports are presented to Board Workforce Committee at a service level, identifying high users of temporary staffing and the proposed plans for addressing the vacancy levels. Where needed, exceptional reporting is undertaken with the executive board where the continued use of temporary staffing is making services unsustainable or increasingly fragile

The Trusts Risk register records, and has done for over 12 months, high risk specialities in terms of medical staffing sustainability

The monthly executive PMC (chaired by the CEO) examines shift by shift agency use in nursing

The trust has regular (eg monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.

SWBH is part of the BCA and, as part of that entity, the HR Directors meet to discuss ongoing workforce issues and opportunities to support future workforce planning and management of agency rules at a local level

The STP, working with Health Education England, are working across the Midlands to identify opportunities for reduced reliance on temporary staffing.

We are presently looking at the timely development of a virtual joint bank, with shared protocols and processes, potentially reviewing our Trusts processes as one of the most successful centralised bank offices in the region.

The BCA are presently arranging a meeting between HRD's to consider the options around locum spend including agreed local price caps/ maximum prices.

Appendix 1

Agency by Specialty Collection — 2016/17 YTD (M5)

		Total Agency Expenditure				
TFC	Treatment Function Title	Medical Consultants	Medical Other	Qualified Nursing	Other	Total
180	Accident & Emergency	£8	£1,575,153	£317,741	£4,477	£1,897,379
300	General Medicine	£180,105	£81,618	£881,845	£420,498	£1,564,066
318	Intermediate Care	£0	£0	£536,999	£190,080	£727,079
812	Diagnostic Imaging	£27,127	£0	£0	£537,865	£564,991
100	General Surgery	£80,845	£39,510	£331,327	£63,711	£515,392
320	Cardiology	£0	£33,437	£147,005	£132,755	£313,197
370	Medical Oncology	£236,864	£0	£60,208	£7,928	£305,000
190	Anaesthetics	£223,753	£44,721	£0	£0	£268,473
430	Geriatric Medicine	£21,486	£12,643	£68,546	£152,719	£255,394
-	Finance	£0	£0	£0	£211,120	£211,120
110	Trauma & Orthopaedics	£0	£0	£85,936	£111,829	£197,765
-	Clinical Management	£0	£1,223	£13,549	£170,197	£184,969
650	Physiotherapy	£0	£0	£164,367	£1,102	£165,469
340	Respiratory Medicine	£101,224	£0	£32,238	£28,997	£162,459
192	Critical Care Medicine	£0	£0	£143,088	£3,805	£146,893
-	Chief Executive Office	£0	£0	£0	£145,509	£145,509
101	Urology	£0	£88	£98,773	£31,810	£130,671
-	Community Other	£0	£0	£15,217	£103,973	£119,190
420	Paediatrics	£0	£81,548	£8,276	£26,249	£116,074
-	Corporate & Legal	£0	£0	£0	£87,882	£87,882
301	Gastroenterology	£0	£19,572	£48,267	£10,733	£78,572
328	Stroke Medicine	£0	£0	£35,746	£27,303	£63,049
-	Pharmacy Services	£0	£0	£0	£58,183	£58,183
654	Dietetics	£0	£0	£38,595	£7,427	£46,022
422	Neonatology	£3,746	£6,678	£30,336	£1,632	£42,393
120	Ent	£11,685	£29,447	£0	-£207	£40,925
-	Clinical Coding	£0	£0	£0	£38,685	£38,685
-	Estates	£0	£0	£0	£34,765	£34,765
-	Corporate & Legal: Communications	£0	£0	£0	£32,431	£32,431
130	Ophthalmology	£0	£15,846	-£572	£15,794	£31,068
-	Theatres & Anaesthetics	£0	£0	£26,069	£0	£26,069
307	Diabetic Medicine	£0	£24,411	£167	£0	£24,578
371	Nuclear Medicine	£0	£0	£0	£23,710	£23,710
401	Clinical Neurophysiology	£0	£0	£0	£22,675	£22,675
330	Dermatology	-£835	-£173	£0	£18,974	£17,966
-	Corporate & Legal: Workforce	£0	£0	£4,765	£10,713	£15,478
140	Oral Surgery	£0	£0	£7,755	£7,330	£15,086
303	Clinical Haematology	£0	£8,430	£151	£3,652	£12,233
-	Pathology	£155	£0	£0	£7,500	£7,655
-	Corporate & Legal: Capacity Management	£0	£0	£0	£6,637	£6,637
503	Gynaecological Oncology	£0	£2,460	£1,726	£2,093	£6,279
-	Occupational Health	£0	£0	£0	£4,728	£4,728
501	Obstetrics	£0	£4,365	£0	£0	£4,365
502	Gynaecology	£0	£4,365	£0	£0	£4,365
-	ICT	£0	£0	£0	£2,257	£2,257
653	Podiatry	£0	£0	£0	£1,112	£1,112
-	Health Visiting	£0	£0	£0	£944	£944
-	Corporate & Legal: Facilities	£0	£0	£0	£286	£286
400	Neurology	£0	£33	£0	£0	£33
Total		£886,291	£1,985,030	£3,098,121	£2,771,864	£8,741,306

Agency by Specialty Collection — 2015/16 Outturn

		Total Agency Expenditure				
TFC	Treatment Function Title	Medical Consultants	Medical Other	Qualified Nursing	Other	Total
180	Accident & Emergency	£5,408	£3,045,831	£977,193	£4,880	£4,033,311
300	General Medicine	£134,821	£135,414	£1,677,170	£494,161	£2,441,566
318	Intermediate Care	£0	£0	£1,358,178	£287,737	£1,645,915
812	Diagnostic Imaging	£93,768	£0	£0	£1,070,463	£1,164,231
100	General Surgery	£0	£99,079	£726,519	£55,679	£881,278
430	Geriatric Medicine	£99,231	£40,069	£497,547	£98,937	£735,783
192	Critical Care Medicine	£0	£0	£560,019	£28,792	£588,811
-	Clinical Management	£0	£9,240	£8,742	£538,646	£556,628
190	Anaesthetics	£272,067	£283,008	£0	£0	£555,075
320	Cardiology	£358	£17,014	£200,536	£326,045	£543,953
370	Medical Oncology	£319,947	£55	£159,153	£37,784	£516,939
420	Paediatrics	£0	£279,485	£107,278	£105,568	£492,331
-	Community Other	£0	£0	£40,216	£422,304	£462,520
-	Finance	£0	£0	£0	£461,336	£461,336
301	Gastroenterology	£0	£67,245	£323,579	£29,285	£420,109
328	Stroke Medicine	£0	£0	£251,806	£109,866	£361,672
340	Respiratory Medicine	£124,484	£6,608	£187,670	£26,502	£345,264
-	ICT	£0	£0	£0	£241,957	£241,957
-	Pharmacy Services	£0	£0	£0	£237,805	£237,805
110	Trauma & Orthopaedics	£0	£6,108	£126,149	£103,168	£235,425
-	Corporate & Legal	£0	£0	£0	£229,421	£229,421
-	Theatres & Anaesthetics	£0	£0	£203,344	£75	£203,419
-	Corporate & Legal: Capacity Management	£0	£0	£0	£194,138	£194,138
101	Urology	£0	£5,134	£158,804	£27,514	£191,453
120	Ent	£89,160	£94,293	£0	£207	£183,660
650	Physiotherapy	£0	£0	£44,681	£119,602	£164,283
422	Neonatology	£11,725	£45,995	£101,478	£47	£159,245
130	Ophthalmology	£0	£329	£89,424	£16,087	£105,840
401	Clinical Neurophysiology	£0	£0	£0	£96,037	£96,037
-	Chief Executive Office	£0	£0	£0	£87,840	£87,840
-	Pathology	£0	£0	£0	£76,301	£76,301
-	Occupational Health	£0	£0	£58,229	£7,372	£65,601
371	Nuclear Medicine	£0	£0	£0	£57,297	£57,297
-	Estates	£0	£0	£0	£56,040	£56,040
140	Oral Surgery	£0	£0	£27,579	£9,254	£36,833
307	Diabetic Medicine	£0	£22,645	£222	£10,292	£33,159
303	Clinical Haematology	£0	£23,515	£4,573	£5,000	£33,088
-	Corporate & Legal: Medical Engineering	£0	£0	£0	£26,347	£26,347
-	Corporate & Legal: Workforce	£0	£0	£2,149	£23,693	£25,843
330	Dermatology	£5,046	£1,662	£0	£18,342	£25,050
-	Clinical Coding	£0	£0	£0	£22,362	£22,362
410	Rheumatology	£944	£15,333	£0	£3,154	£19,430
-	Corporate & Legal: Nursing	£0	£0	£0	£17,558	£17,558
654	Dietetics	£0	£0	£16,357	£150	£16,507
400	Neurology	£0	£11,128	£0	£4,174	£15,302
501	Obstetrics	£0	£4,765	£0	£4,252	£9,017
503	Gynaecological Oncology	£0	£1,701	£4,228	£362	£6,291
-	Outpatient Departments	£0	£0	£0	£4,859	£4,859
502	Gynaecology	£0	£4,771	£0	£0	£4,771
191	Pain Management	£0	£0	£0	£3,983	£3,983
160	Plastic Surgery	£0	£2,667	£0	£0	£2,667
652	Speech And Language Therapy	£0	£0	£1,915	£126	£2,041
-	Health Visiting	£0	£0	£0	£1,947	£1,947
653	Podiatry	£0	£0	£0	£1,823	£1,823
-	Corporate & Legal: Facilities	£0	£0	£0	£1,627	£1,627
360	Genitourinary Medicine	£0	£0	£0	£78	£78
-	End of Life Care	£0	£0	£0	£50	£50
Total		£1,156,958	£4,223,094	£7,914,739	£5,808,321	£19,103,112

2016/17 YTD (M5)

Rank	Type	Specialty	Post within Establishment?	Total Cost (YTD) £000's	Agency Months	Equivalent Monthly Cost £000's	Plans to Cease Agency Requirement
1	Medical (Consultant)	General Medicine	Yes	101.0229	5	£20	
2	Medical (Other)	Accident & Emergency	Yes	91.16742	5	£18	
3	Other	Clinical Management	Yes	82	5	£16	
4	Medical (Other)	Accident & Emergency	Yes	71.23614	5	£14	
5	Medical (Consultant)	Theatres & Anaesthetics	Yes	65.18456	5	£13	
6	Other	Clinical Management	Yes	63	5	£13	
7	Medical (Consultant)	Theatres & Anaesthetics	Yes	61.3068	5	£12	
8	Other	Clinical Management	Yes	61	5	£12	
9	Other	Clinical Management	Yes	61	5	£12	
10	Medical (Consultant)	General Surgery	Yes	60.93376	5	£12	
11	Medical (Other)	Accident & Emergency	Yes	59.28	5	£12	
12	Medical (Other)	Accident & Emergency	Yes	58.22944	5	£12	
13	Medical (Other)	Accident & Emergency	Yes	55.34737	5	£11	
14	Other	Clinical Management	No	53	5	£11	
15	Other	Clinical Management	Yes	52	3	£17	
16	Medical (Other)	Accident & Emergency	Yes	49.81914	5	£10	
17	Medical (Consultant)	General Medicine	Yes	48.65196	5	£10	
18	Medical (Other)	Accident & Emergency	Yes	47.2028	5	£9	
19	Medical (Other)	Accident & Emergency	Yes	46.98593	5	£9	
20	Medical (Other)	Accident & Emergency	Yes	45.92633	5	£9	

Appendix 2 - Options to remedy to cap

Cost Centre	Cost Centre Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Average Monthly Expenditure	OPTION 1: Pro-Rata Reduction in average monthly expenditure: Target Expenditure	% Reduction Required	OPTION 2: CUT OFF BASED ON P06 SPEND: Cummulative Spend	RANK	Thoughts
WWB	Extra Capacity	236,726	116,324	115,794	180,065	228,991	201,451	179,892	101,075	44%	201,451	1	Close Additional Capacity, aim for 100% reduction
ACM	Medics ED	148,041	179,549	191,720	186,110	151,125	172,366	171,485	96,351	44%	373,816	2	Recruitment, renegotiate rates, new roles
AEM	Medics ED	172,574	149,787	176,062	132,048	88,144	106,602	137,536	77,277	44%	480,418	3	Recruitment, renegotiate rates, new roles
RAD	Radiography Department	90,299	50,543	69,158	80,000	74,482	74,702	73,197	41,127	44%	555,120	4	Recruitment, renegotiate rates, new roles
PR5	Priory 5	23,729	16,845	29,199	54,982	47,532	56,407	38,116	21,416	44%	611,527	5	
AMA	Acute Medical Ward A - SGH	21,512	26,442	30,075	40,072	70,131	45,494	38,954	21,887	44%	657,022	6	
ANA	Anaesthetics Department	49,549	11,996	68,269	114,719	23,940	45,275	52,291	29,381	44%	702,296	7	
MF2	Medically Fit for Discharge ¿ D43	39,311	45,585	46,510	34,647	44,640	41,932	42,104	23,657	44%	744,228	8	
OMD	Ophthalmology Medical Staffing	343	0	0	2,750	12,753	41,571	9,570	5,377	44%	785,800	9	
LY2	Lyndon 2	21,876	13,469	30,009	27,507	64,242	40,327	32,905	18,488	44%	826,127	10	
EC1	Elderly Care-Lyndon 4	17,923	31,057	27,328	17,339	33,026	40,320	27,832	15,638	44%	866,447	11	
THO	Thoracic Medicine	22,390	20,844	13,077	40,694	4,218	38,355	23,263	13,071	44%	904,803	12	
POT	Physiotherapists & Occupational Therapists (	32,232	20,000	36,239	43,442	32,454	37,497	33,644	18,903	44%	942,300	13	
ACE	Nursing	52,632	45,124	60,512	43,946	33,526	36,500	45,373	25,494	44%	978,799	14	
ICM	INTERMEDIATE CARE McCARTHY	106,775	72,821	67,840	34,793	22,917	36,338	56,914	31,978	44%	1,015,137	15	Recruitment
RRA	Rowley Re-ablement Henderson	46,079	29,171	-44,613	65,979	28,564	35,218	26,733	15,020	44%	1,050,356	16	
GER	Geriatrics Specialty	6,382	2,329	2,502	5,025	32,187	35,078	13,917	7,820	44%	1,085,433	17	
PR2	Priory 2	28,734	28,501	25,349	40,300	36,823	34,157	32,311	18,154	44%	1,119,590	18	
CRT	Cardiology Technicians	15,490	17,826	29,474	31,738	32,243	32,885	26,609	14,951	44%	1,152,475	19	
D05	Ward D05 and D07 ¿Coronary Care Unit	29,761	22,967	30,962	24,652	44,701	30,888	30,655	17,224	44%	1,183,364	20	
D25	Female Surgical Ward	0	0	19,639	22,646	33,942	25,409	16,939	9,518	44%	1,208,773	21	
APH	Acute Physicians	0	45,103	95,140	41,335	-14,721	25,392	32,041	18,003	44%	1,234,165	22	
NT3	Newton 3	13,727	17,888	7,812	14,455	13,032	23,435	15,058	8,461	44%	1,257,599	23	
ULS	Ultrasound Department	14,496	14,995	21,954	28,178	6,768	18,967	17,560	9,866	44%	1,276,566	24	
LY3	Lyndon 3	1,393	2,530	13,958	13,575	24,505	18,690	12,442	6,991	44%	1,295,256	25	
DVF	Director of Strategy & Org Development	23,058	18,117	6,360	23,835	22,875	18,483	18,788	10,556	44%	1,313,739	26	
GAS	Gastroenterology	2,359	545	2,326	-879	15,221	18,312	6,314	3,548	44%	1,332,051	27	
IMA	Imaging Specialty	9,535	13,260	14,430	43,015	9,852	17,741	17,972	10,098	44%	1,349,793	28	
TGN	City - Theatres General	9,241	4,689	5,827	4,426	1,418	16,738	7,057	3,965	44%	1,366,531	29	
AMB	Acute Medical Ward B - SGH	5,622	14,052	27,633	22,459	19,810	14,699	17,379	9,765	44%	1,381,230	30	
OPH	Divisional Management	18,720	15,160	17,966	15,490	16,320	14,688	16,391	9,209	44%	1,395,918	31	
AMP	Paediatric Administration City	1,648	1,502	3,695	9,365	4,354	14,643	5,868	3,297	44%	1,410,561	32	
RHR	ICares	9,181	13,637	7,226	19,310	17,011	14,462	13,471	7,569	44%	1,425,024	33	
AED	Nursing	15,982	28,782	8,694	15,468	17,552	13,767	16,707	9,387	44%	1,438,791	34	
D15	D15 - Respiratory / Gastroenterology (Male)	11,225	14,688	11,567	8,651	15,103	12,602	12,306	6,914	44%	1,451,392	35	
SSA	Sandwell Surgical Assessment Unit	15,927	14,705	19,276	15,599	6,669	11,982	14,026	7,881	44%	1,463,375	36	
OPO	Outpatients Oncology	8,640	9,600	10,620	10,220	17,010	11,820	11,318	6,359	44%	1,475,195	37	
MF1	Medically Fit for Discharge - Eliza Tinsley	3,715	2,883	5,599	15,699	12,789	11,714	8,733	4,907	44%	1,486,909	38	
END	Diabetes	6,729	2,323	-49	5,154	10,421	11,584	6,027	3,386	44%	1,498,493	39	
AM2	Acute Medical Ward 2 & West Midlands Poisons	1,731	6,028	4,857	3,340	1,268	11,371	4,766	2,678	44%	1,509,864	40	
BRD	Executive Group	0	0	21,000	11,634	18,630	11,322	10,431	5,861	44%	1,521,186	41	
MGT	Divisional Management	18,268	19,076	18,447	16,245	4,553	11,101	14,615	8,212	44%	1,532,287	42	
PAE	Paediatrics Specialty	16,270	16,595	18,087	25,338	5,258	10,512	15,343	8,621	44%	1,542,799	43	
IBS	Imaging Breast Screening	4,813	6,000	6,000	5,740	1,473	9,831	5,643	3,171	44%	1,552,630	44	
PHM	Pharmacy	10,400	19,203	8,524	11,245	8,811	9,665	11,308	6,354	44%	1,562,295	45	
D21	Ward D21	5,822	192	4,336	5,640	13,477	9,630	6,516	3,661	44%	1,571,925	46	
D17	Ward D16 ¿ Respiratory / Gastro / Haematolog	7,421	23,759	-1,299	13,354	15,765	9,044	11,341	6,372	44%	1,580,969	47	
STU	Stroke Unit	11,178	7,159	15,763	17,413	11,537	8,924	11,995	6,740	44%	1,589,892	48	
NEO	Neonatal Unit	9,343	4,041	9,516	9,561	9,932	8,134	8,421	4,732	44%	1,598,027	49	

									OPTION 1: Pro-Rata Reduction in average monthly expenditure		OPTION 2: CUT OFF BASED ON P06 SPEND		
Cost Centre	Cost Centre Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Average Monthly Expenditure	Target Expenditure	% Reduction Required	Cummulative Spend	RANK	Thoughts
ICL	Intermediate Care - Leasowes	4,614	8,440	13,621	8,062	10,636	7,963	8,890	4,995	44%	1,605,990	50	
HAE	Clinical Haematology	557	3,736	-1,613	-421	9,822	7,879	3,327	1,869	44%	1,613,869	51	
EMT	Elective Management Team	0	3,773	6,327	1,038	-7,821	7,821	1,856	1,043	44%	1,621,690	52	
CRC	General Surgery Consultants	0	6,933	22,031	29,422	22,459	6,987	14,639	8,225	44%	1,628,677	53	
D11	Acute Elderly (Male)	10,228	19,748	5,989	7,120	12,231	6,604	10,320	5,798	44%	1,635,281	54	
FSV	Financial Accounts	-1,534	14,823	4,969	2,041	5,012	6,076	5,231	2,939	44%	1,641,357	55	
SIT	Sandwell Critical Care Services	23,274	10,155	27,093	12,668	36,388	5,863	19,240	10,810	44%	1,647,220	56	
SAD	Trauma & Orthopaedics Med Secs	862	3,511	7,495	5,259	16,202	5,819	6,525	3,666	44%	1,653,039	57	
ITU	Critical Care Services	16,479	5,232	8,289	2,154	4,679	5,640	7,079	3,977	44%	1,658,679	58	
RPH	Radiopharmacy Department	4,985	3,770	4,938	5,000	5,018	4,985	4,783	2,687	44%	1,663,665	59	
FRA	T&O OPD/Fracture Clinic/Plaster room	16,055	10,527	8,418	3,251	3,251	4,973	7,746	4,352	44%	1,668,638	60	
AM1	Acute Medical Ward 1 - City	23,018	-11,065	3,645	-30,502	38,251	4,897	4,707	2,645	44%	1,673,535	61	
DOF	Director Of Finance Office	0	10,000	9,740	10,080	7,350	4,620	6,965	3,913	44%	1,678,155	62	
ORA	Oral Surgery	3,101	3,100	2,712	3,591	2,582	3,877	3,160	1,776	44%	1,682,032	63	
NRP	Neurophysiology	2,856	5,665	3,966	4,211	5,977	3,764	4,407	2,476	44%	1,685,796	64	
WIN	Winter Ward	29,387	31,698	-61,084	0	0	3,384	564	317	44%	1,689,180	65	
OCC	Occupational Health	-2,344	2,469	4,435	168	0	3,244	1,329	747	44%	1,692,424	66	
GSJ	General Surgery Trainees	6,862	2,100	8,641	11,030	10,877	3,006	7,086	3,981	44%	1,695,430	67	
TAO	Trauma And Orthopaedics Speclt	0	0	0	0	60	3,000	510	287	44%	1,698,430	68	
MUS	Musculoskeletal	4,498	2,998	3,070	2,457	3,836	2,916	3,296	1,852	44%	1,701,347	69	
D26	Ward D26	1,496	2,198	1,824	705	883	2,539	1,607	903	44%	1,703,885	70	
EAD	Elderly Care Admin	0	0	2,404	13,557	9,020	2,345	4,554	2,559	44%	1,706,231	71	
HRS	Human Resources	0	0	0	3,024	5,398	2,248	1,778	999	44%	1,708,478	72	
D12	D12 - Isolation Ward	2,464	1,611	2,208	2,533	4,782	2,223	2,637	1,482	44%	1,710,702	73	
ORH	ITU Outreach	0	1,024	113	721	-1,376	2,086	428	240	44%	1,712,788	74	
ONC	Medical Oncology	73,600	68,400	26,200	8,869	59,795	1,780	39,774	22,348	44%	1,714,568	75	
DAD	Dermatology Admin	3,179	868	4,101	4,840	2,805	1,686	2,913	1,637	44%	1,716,254	76	
CON	Planning and Performance Management	13,402	15,936	9,600	10,080	9,600	1,393	10,002	5,620	44%	1,717,647	77	
OMS	Opth Medical Secretaries	1,544	1,543	3,644	4,900	4,162	1,282	2,846	1,599	44%	1,718,929	78	
SAL	Children¿s Therapies	1,221	-682	918	1,108	1,602	1,162	888	499	44%	1,720,092	79	
PAU	Planned Admissions Unit	467	0	112	147	-259	841	218	123	44%	1,720,933	80	
ORT	Orthoptists	0	0	0	0	-572	572	0	0	0%	1,721,505	81	
DTS	Dietetics	8,568	7,496	17,925	4,284	7,749	569	7,765	4,363	44%	1,722,073	82	
VCC	IT - Clinical Coding	8,509	7,689	12,549	8,000	1,938	554	6,540	3,674	44%	1,722,627	83	
NBS	Nurse Bank S'Well (Internal)	948	1,425	3,157	1,005	521	515	1,262	709	44%	1,723,143	84	
LY1	Lyndon 1	0	0	0	0	0	372	62	35	44%	1,723,515	85	
AEC	Admin	0	0	0	0	0	360	60	34	44%	1,723,875	86	
CHI	Chiropody	60	270	225	144	413	329	240	135	44%	1,724,203	87	
CXS	Community Orthopaedic Service	0	350	435	170	190	197	224	126	44%	1,724,400	88	
ONN	Oncology Nursing Newton 5	4,789	-125	1,363	2,491	2,885	192	1,932	1,086	44%	1,724,592	89	
TED	Endoscopy Cross Site	0	0	176	-25	-151	151	25	14	44%	1,724,743	90	
FPR	Family Nursing Partnership	0	50	275	149	95	143	119	67	44%	1,724,886	91	
SWB	Central Trust Funds	0	0	77	199	10	74	60	34	44%	1,724,960	92	
DMC	#NAME?	0	0	0	0	0	65	11	6	44%	1,725,025	93	
CTE	Continence	0	25	78	60	24	65	42	24	44%	1,725,090	94	
HFA	Heart Failure	0	61	0	0	0	24	14	8	44%	1,725,114	95	
RPO	Rotational Physiotherapists & Occupational T	0	227	515	-60	420	0	184	103	44%	1,725,115	96	
HGB	Haemaglobinopathy Unit	0	227	-25	0	-50	0	25	14	44%	1,725,115	97	
	Ward D25	18,261	6,169	0	0	0	0	4,072	2,288	44%	1,725,115	98	
OPA	General Management Administrn	8,715	20,670	420	840	1,950	0	5,433	3,052	44%	1,725,115	99	
MEC	Mechanical Services	5,796	0	0	0	0	0	966	543	44%	1,725,115	100	
MGP	Management Team	0	0	3,435	0	0	0	573	322	44%	1,725,115	101	
FCF	Fundraising - Charitable Funds	0	27,901	-8,143	-9,330	424	0	1,809	1,016	44%	1,725,115	102	

									OPTION 1: Pro-Rata Reduction in average monthly expenditure		OPTION 2: CUT OFF BASED ON P06 SPEND		
Cost Centre	**Cost Centre Description**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Average Monthly Expenditure**	**Target Expenditure**	**% Reduction Required**	**Cummulative Spend**	**RANK**	Thoughts
GCC	Gynae Cancer Centre	0	0	2,460	0	0	0	410	230	44%	1,725,115	103	
FLP	Influenza Pandemic	496	2,073	0	0	0	0	428	241	44%	1,725,115	104	
FMG	Financial Management	-15,500	5,026	3,278	10,711	1,476	0	832	467	44%	1,725,115	105	
CAN	Cancer 2 Week Wait	0	644	0	0	0	0	107	60	44%	1,725,115	106	
SAC	Urology & Vascular Medical Secretaries	0	458	0	0	0	0	76	43	44%	1,725,115	107	
SOC	Social Work Department	0	486	0	0	265	0	125	70	44%	1,725,115	108	
HVS	Community Health Visiting Service	0	200	175	0	0	0	63	35	44%	1,725,115	109	
HIS	Histopathology	0	0	0	0	155	0	26	15	44%	1,725,115	110	
MED	Medical Directors	0	0	112	0	0	0	19	11	44%	1,725,115	111	
URO	Urology Specialty	0	0	0	0	88	0	15	8	44%	1,725,115	112	
WHS	Wheelchair Service	0	0	78	0	0	0	13	7	44%	1,725,115	113	
RAT	Respiratory Action Team	0	25	25	24	48	0	20	11	44%	1,725,115	114	
NEU	Neurology	1,534	2,661	2,781	-6,942	0	0	6	3	44%	1,725,115	115	
ARU	Elderly Care P3	1,635	-1,635	0	0	0	0	0	0	0%	1,725,115	116	
D07	Ward D7	183	-183	0	0	0	0	0	0	0%	1,725,115	117	
D16	D16 - Acute Elderly (Female)	7,990	-7,990	0	0	0	0	0	0	0%	1,725,115	118	
D18	D18 - Acute Elderly (Male)	4,612	-4,612	0	0	0	0	0	0	0%	1,725,115	119	
IRA	Interventional Radiology	5,623	4,248	18,167	-28,038	0	0	0	0	0%	1,725,115	120	
VCS	EPR/Patient Information	12,094	34,541	-46,539	-97	0	0	0	0	0%	1,725,115	121	
RAC	Radiology Admin & Clerical	554	3,081	-3,635	0	0	0	0	0	44%	1,725,115	122	
WLD	Waiting List Initiative - Trauma & Orthopaed	0	0	0	0	0	0	0	0	0%	1,725,114	123	
TEY	Ophthalmology Theatres	0	0	0	265	-265	0	0	0	0%	1,725,114	124	
SPT	Speech Therapy Service	2,722	-302	0	0	-2,418	0	0	0	0%	1,725,113	125	
LYG	Lyndon Ground	635	0	551	3,154	987	-52	879	494	44%	1,725,061	126	
OBS	Obstetric Speciality	1,345	1,417	1,156	531	-84	-84	714	401	44%	1,724,978	127	
GYS	Gynaecology Speciality	1,345	1,417	1,156	531	-84	-84	714	401	44%	1,724,894	128	
CAR	Cardiology	15,139	4,753	11,868	1,983	-306	-130	5,551	3,119	44%	1,724,764	129	
VIT	Information Tech - General	4,533	3,762	5,118	-11,156	0	-493	294	165	44%	1,724,270	130	
DER	Dermatology Specialty	0	1,543	0	1,135	-504	-504	278	156	44%	1,723,767	131	
ENT	Ear Nose & Throat Specialty	28,090	13,641	1,281	-1,099	-989	-775	6,692	3,760	44%	1,722,992	132	
GCW	Gynae Cancer Ward	0	0	0	2,383	1,436	-956	477	268	44%	1,722,036	133	
PCA	Primary Care Assessment	15,681	4,689	15,680	-521	-1,156	-978	5,566	3,127	44%	1,721,058	134	
SUP	Supplies Dept	5,731	9,249	5,176	45,205	19,667	-1,009	14,003	7,868	44%	1,720,048	135	
LY4	Lyndon 4	0	0	3,299	-3,299	3,865	-3,865	0	0	0%	1,716,183	136	
D41	D41 - Acute Medicine and Poisons Unit	0	0	0	0	4,076	-4,076	0	0	0%	1,712,107	137	
PAD	Paediatric Administration	0	0	0	0	4,467	-4,467	0	0	0%	1,707,640	138	
CMM	Communication Management	0	0	5,327	2,663	13,589	-5,244	2,723	1,530	44%	1,702,397	139	
MTR	Surgery A - Matrons	0	0	0	0	6,050	-6,050	0	0	0%	1,696,347	140	
HAM	Haematology	0	0	7,220	1,520	-1,240	-7,500	0	0	0%	1,688,847	141	
SMS	Surgery A Medical Secretaries	0	0	0	0	8,502	-8,502	0	0	0%	1,680,345	142	
ELE	Electrical Services	6,295	3,668	2,700	2,985	13,321	-13,321	2,608	1,465	44%	1,667,024	143	
CRU	Complex Assessment and Rehab Unit	0	0	51,601	-51,601	13,549	-13,549	0	0	0%	1,653,475	144	
TSO	Change Management	0	0	30,000	25,175	0	-16,088	6,515	3,660	44%	1,637,388	145	
Grand Total		**1,815,456**	**1,621,498**	**1,695,673**	**1,778,874**	**1,830,839**	**1,637,388**	**1,729,955**	**972,000**				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board on 3rd November 2016

Chief Executive's report

November's Board meeting needs to consider some major items of improvement action. Within the private Board we re-visit again the Full Business Case Downside metrics, with a view to considering formally within the STP what support is needed to sustain the position. In public we discuss the outline STP plan submission which is now in the public domain. The Black Country STP builds on extant publicly consulted material to make changes to hospital services with the opening of Midland Met, and to primary care services through the creation of new accountability vehicles. The Trust remains actively interested in shaping new integrated care arrangements across the locality and will welcome the opportunity to develop collaborations with mental health and primary care partners.

The overriding concern of the Board's time is drawn however to tackling our emergency care flow, elective care system, and underlying expenditure concerns, including agency costs. It is emergency care, agency spend and our 2014 CQC report that drove our frustrating Level 3 rating by NHS Improvement under the new single operating model. When the Board meets in December we will have the results of the inspections we are undertaking on the CQC work, and a specific focus within that will be placed on *care documentation*. The finance and investment committee last week reviewed, on the board's behalf, the agency spend position and governance and a verbal summary of agreed actions will be provided.

1. Our patients

We continue to seek both continuous improvement in key safety metrics and an always events culture at ward and team level. The latter is the focus for our safety plan which will begin deployment before the end of 2016. In the run-up to that we are striving to improve several measures of potential harm identified by clinicians as a priority for us:

- Achieving *no missed VTE assessments* – Roger Stedman is undertaking root cause analysis for every single breach of our 100% standard, notwithstanding our success meeting national standards.
- Improving our *nursing observations' timeliness* as measured via our VitalPacs system – Colin Ovington is focused on achieving 95% coverage on every ward and a rapid improvement approach to making sure that performance is achieved is being put in place.
- *Reducing our vacancy rates on wards*, and ensuring that fewer shifts rely on agency or bank nursing or HCA staff – Colin Ovington is leading work to meet our 33% 'rule' whereby two thirds of qualified staff should be drawn from our own teams.
- Achieving national and local metrics around respectively *stroke pathway compliance and neutro-penic sepsis pathway compliance* – this work is being driven by Rachel Barlow and the latter is showing good grip from a troubling baseline in September.

To this list we have added the work that we are doing on *Deprivation of Liberty*, which I have asked Kam Dhami to coordinate. In line with the response we provided to the coroner under regulation 28 we have work to do to ensure we meet best practice in this evolving area of work. The quality and safety committee will begin to receive a performance dashboard from its meeting in late November. In this field, as in areas like safeguarding and care of patients with learning disabilities (which returns to the

board in January) we are seeking to move from a culture in which a central 'team' helps or does, to one where core standards become the work of all our teams. This is why we have invested in supervisory ward managers and put such emphasis on building ward clinical teams. Nonetheless, we do recognise that it will take some time to create that approach, which is why, among other things, Ruth Wilkin is supporting the delivery of a new communications model with ward teams that places a renewed emphasis on face to face conversations with all members of a 24-7 team. This forms part of the audience segmentation work which the Board has reviewed in recent months around our internal communications work.

Emergency care delivery of standards in the last month remains disappointing. We have succeeded in closing many of the beds we undertook to shut. The team involved deserve credit for that, and there remains encouragement in the older person's assessment unit service that we opened at Sandwell, as well as in the continued and now sustained falls in unplanned readmission rates which we are seeing at Sandwell. This has been a board priority for two years. The plan for wait time improvement submitted by the area's A&E delivery board, which I chair, requires us to prevent a further 15 patients going beyond 4 hours wait on each site every day. Given that many such waits do not extend by 5 hours and certainly not 6, this feels an achievable improvement. It will depend on bed flow, especially at Sandwell, and that depends crucially on the deployment of our red day green work, and improvement work to better estimate and manage to expected dates of discharge. Under the integrated performance report item, the Board will be briefed on a series of long wait patients over the weekend of 15th-16th October, including a patient whose care was delayed beyond the 12 hour trolley wait standard. Our Table Top Review (TTR) has concluded that that was preventable and the actions needed to learn from the incident have already been taken.

As anticipated at the last Board meeting, but regrettably, we did not meet the planned care RTT standard in September. This is the first time we have missed this measure for some time, and reflects growing demand in key specialties as well as some supply problems. There was an impact from the cancelled strike too. Work continues to make sure that our work on planned care improvement, either in outpatients or theatres, is sufficiently resourced to create a system requiring less constant attention and exceptional effort. As we close theatre sessions in January as part of the financial changes, these systems will be needed to underpin productivity change.

The launch of our Baby Box project was extremely well received during the month. This is a Finnish innovation aimed at tackling cot death. In partnership with various third sector groups, including Brushstrokes, and alongside the libraries department in Sandwell Council, we are the first Trust in the west midlands to be able to roll this out at scale. Tackling infant mortality is a key public health priority not just for the Trust but for the wider system and this project will play its part in that work. Keris Percival and Elaine Newell deserve great credit for driving a rapid deployment with real inclusion among key partners to create an exciting initiative, which I am sure will be reflected in time across the Black Country Alliance.

I am delighted that the patient story segment of the meeting will focus on services in support of deaf and hearing impaired people. The Trust has a widely acknowledged audiology service, and we are close to resolving the location issues faced by the unit on Dudley Road. Yet using health care services more generally is a known issue for the deaf community and we need to consider what more we can do to lead on this matter. Obviously the design and way-finding approach within Midland Met can play a part in that, but the issue goes deeper to how we use patient-shaped technologies to convey information.

The 'Cerner' launch event we held just before the last Board meeting brought home to many leaders the huge shift in how we deliver care implied by our purchase of a Patient Portal. That fundamentally alters dynamics around who knows what and moves us closer to our mission statement around integrated care, in which we coordinate on behalf of someone, and seek to achieve the outcomes important to them. We have agreed that there is more we can do to make sure that patient stories from the Board lead to action: And we review this time work on carer's rights, linked both to our meeting in September and to our wider deployment, Trust-wide now, of John's campaign.

2. Our workforce

Flu vaccination work has started. By the end of week 3 57% of patient-facing staff had had their vaccination, which is almost 10% up on last year. As we strive to achieve herd immunity and to do that as early as possible, this is a very encouraging position – through a combination of peer vaccinators and dedicated individuals. The strong support of the Board for this work, which is very much part of our Trust now, is an important feature in our strategy.

We have seen a plateau in our efforts to address sickness absence. There is a small spike in absence, potentially linked to redeployment, but the underlying challenge remains long term absences. These are being assertively managed but we need to make sure that we keep up work to get people back to work, or to undertake exit arrangements in line with contract. There is a specific paper on this matter within the Board's papers.

The Major Projects Authority has reviewed all three portfolios for transformational change. When it met last week it affirmed the key 'people' objectives for the organisation over the next three years. This work will return to the full Board in public in December, and it is imperative that this work has the same "status" and emphasis, if not more, as our work on the new hospital or on implementing digital change. The centre-piece, arguably, of the portfolio will be work on chartered line managers having portable skills to manage individuals. That is the foundation for everything from our work to improve appraisal quality and to the work we are doing on inclusion and developing those with potential.

There are still a few weeks to go to get our National Staff Survey results in. Linked to this we are re-launching Your Voice as a measure of staff opinion, and within the portfolio work we set ambitions targets around morale and disengagement among staff. Last year we had an extremely low response rate to the staff survey, and hopefully renewed emphasis in recent weeks will see our uptake improve. It remains encouraging that on some key metrics in the survey, such as violence, we have seen improvement, and that our results among BME staff outperform our overall score.

At the end of my report is our usual data on recruitment hot spots. The new approach to recruiting band 5 nurses is showing some promise, with our commitment to making sure an offer is made inside two weeks. It is evident from our agency review that there are further hot spot areas, community ward nursing and radiography among them, where we need to consider how a different approach might bring benefit. At the same time we are taking very determined steps to tackle agency use, with planned exits between October and December for a large number of agency administrative staff, and some senior management locums. To get closer to the cap and certainly to our 2017-18 agency run rate plan, we need to find a solution for focused care costs. The next meeting of the Board will be advised on scale of impact from proposed changes in this area.

3. Our partners

We undertook a successful board to board conversation with the CCG to explore issues of mutual interest, including re-committing ourselves to the reshaping of care around primary care and Midland Met. It remains a challenge to ensure that our long term intent is not distracted by policy flurry or planning blight. This should be helped by a two year contract.

The Black Country Alliance continues to develop some service redesign. Urology will shortly follow in the footsteps of interventional radiology and rheumatology. Meanwhile, an MOU around estate leadership across our Trust and Walsall will be put in place. We have agreed an eight week programme of joint work to establish firm priorities for 2017, consistent with our obligations under the STP plan.

4. Our regulators

The trauma peer review team have confirmed their contentment with our response to their concerns. We have escalated to NHS Improvement continued concerns about the pattern of paediatric ophthalmology support out of hours across Birmingham. That this has been an issue for many years does not detract from the need to get a stable and clinically coherent position in place.

The publication of the SOM carries with it expectations of further mandated support for us on some key performance issues. This will be welcome, as whilst in each area we have detailed improvement aims and plans, it is always helpful to consider good practice from elsewhere.

Discussions continue with NHS Improvement about our likely financial outturn for 2016-17. Settlement of the CCG dispute will alter our projection, and we all recognise there is now work to do to ensure that expenditure reduces as we had planned. At this stage the position would prevent us settling a control total for 2017-18 in line with the offer made to us.

5. The Sustainability and Transformation Plans

October 21st marked submission dates for plans, although from here the process is anticipated to diverge based on the plans themselves. The Trust remains active in the Black Country STP, and work being led by the Black Country Alliance on bringing together staff bank services, and addressing the right shared model for pathology, is central to that. Midland Met is reconfirmed through the STP submission, with a recognition that improved acute care has to be a key health gain objective. There is clearly considerable work to do in the months ahead to fit a strong governance model around the content that has been shaped, which very largely maintains existing plans for improvement. The plan within the rest of Birmingham and Solihull (BSol) seeks to address performance and financial issues in the social care and hospital sector, whilst building a more coherent out of hospital offer. There is more work to do to make sure that care providers who work across STP footprints are able to adapt their models to reflect those footprint plans.

Toby Lewis
Chief Executive

28th October 2016

Appendix 1: Safe nurse staffing update
Appendix 2: Public Health Plan, 9 Diversity Pledges
Appendix 3: Hard to fill trajectory

Public Health Plan 2014-2017 – 9 Diversity Pledges

Public Health Plan Diversity Pledge	Detail of objective	Summary of position 28th September 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 single directorate in the	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee.	This objective will be met by November 2016 but in an amended form.

Trust. Almost all directorates have submitted to post a draft for review.		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
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 October 2016. 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, generating rich data for the The Trust has taken part in the National Workforce Race Equality Standard (WRES) survey requested by NHSE and the report is now displayed on the

		SWBH Trust website. This reported on the protected characteristics statistics that are known from ESR, including access to training and impact on key HR processes such as grievances and dignity at work issues. The annual WRES will remain in the ongoing E&I programme of work.
5. Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first 'positioning' campaign.	This objective has been met in full to date **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)

		Plan for next 12 months attached in appendix 1
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 and will be completed in January 2017. Diagnostic phase of leadership programme taking place July / August / September 2016 with independent one to one conversations, focus groups, i 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, this report has not been included here. Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. See separate report.
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 The recommendations and actions being taken are detailed in appendix 3.
8. With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	This objective has been met in part. This Research phase with Hay Group was successful in identifying colleagues who were willing to be involved in setting up Staff Network Groups. These

emerging LGBT group]		groups will have an executive sponsor and will be launched during Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby BME Employee Network – Executive Sponsor Toby Lewis Disability Awareness Employee Network – Executive Sponsor Colin Ovington 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. 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.
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 October 2016 when the results of the governance survey are available.

Hard to Fill Trajectory
Updated 25th Oct 2016

Group	Role	Pay Band	Position Title	Occupational Group	Funded Establishment 31.03.16	Staff in Post as 31.03.16	Vacancies as 31.03.16	Funded Establishment 25.10.16	Staff in Post as 25.10.16	Vacancies as 25.10.16	Number of Conditional Offers made in April '16	Number of Conditional Offers made in May '16	Number of Conditional Offers made in June '16	Number of Conditional Offers made by 22 July 16	Number of Conditional Offers made by 27 July 16	Number of Conditional Offers made by 28 August 16	Number of Conditional Offers made by 14 Sept 16	Number of Conditional Offers made by 23 Sept 16	Number of Conditional Offers made by 24 Oct 16	Leavers 15/16	Turnover Rate	Forecasted Number of Leavers by 31.3.17	Estimated Recruitment Target by 31.03.17	Rag Rating on difficulty to fill
Community and Therapies	Staff Nurse	5	Community Staff Nurse , Staff Nurse	Nursing and Midwifery Registered	150	119	31	181	129	51	1	1	1	1	6*	4	3	8	16	14	12%	14	34	H
Corporate - Estates & New Hospital	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	10	7	3	10	7	3	0	0	0	0	0	1	0	0	0	4	57%	4	4	H
Corporate - Estates & New Hospital	Estates Officer	6	Estates Officer	Estates and Ancillary	4	2	2	4	2	2	0	0	1	0	0	0	0	0	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	4	2	2	4	2	2	0	0	0	0	0	0	0	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	31	17	14	31	16	15	0	2	0	1	2	0	0	0	0	11	66%	11	14	H
Imaging	Deputy Group Director of Operations -	8B	Deputy Group Director of Operations - Imaging	Administrative and Clerical	1	0	1	1	0	1	0	0	0	0	0	0	0	0	1	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	26	23	3	26	21	5	0*	0	0	0	?	0	0	0	0	2	9%	2	2	L
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	14	12	2	14	13	1	0	0	0	0	1	1	1	0	0	2	16%	2	3	H
Medicine & Emergency Care	Group Director of Operations-	9	Group Director of Operations M&EC	Administrative and Clerical	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0		0	1	H
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	454	379	75	458	377	81	4	3	4	2	5	8	6	3	24	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	18	12	6	18	12	6	0	1	0	0	?	0	0	0	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	8	6	2	9	6	3	0	0	0	0	?	0	0	0	0	2	36%	2	2	H
Medicine and Emergency Care	Emergency Medicine SAS	SAS Doctor	Specialty Doctor, Trust Grade Doctor - Specialist	Medical and Dental	17	13	4	16	14	1	5	4	2	1	?	0	0	0	0	6	45%	6	5	H
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	83	70	13	80	72	8	4	0	1	8	8**	2	2	3	2	14	20%	14	11	M
Surgery A	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	207	180	27	202	171	31	0	2	1	1	1	3	6	6	17	17	10%	17	26	H
Surgery A	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	43	39	4	43	39	4	0	0	0	0	?	0	0	0	0	3	8%	3	3	M
Surgery A	Group General Manager	8B	Group General Manager	Administrative and Clerical	3	1	2	2	1	1	0	1	0	0	0	0	0	0	0	1	100%	1	1	H
Surgery B	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	34	33	1	34	34	0	0	1	0	0	0	5	0	0	1	9	26%	9	4	L
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	20	16	4	22	20	2	0	1	4	2	2	0	1	0	0	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	79	57	22	77	55	23	0	5	0	0	0	0	0	0	0	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	76	61	15	76	67	9	2	0	0	0	0	12	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)

Occupational Group	Band
Add Prof Scientific and Techni	1
Additional Clinical Services	2
Administrative and Clerical	3
Allied Health Professionals	4
Estates and Ancillary	5
Healthcare Scientists	6
Medical and Dental	7
Nursing and Midwifery Registered	8A
Students	8B
	8C
	8D
	9
	Consultant
	Training Grade
	SAS Doctor
	5 to 6

	Position Title	Includes thease roles
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist (On Call) [PTB0190]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist - POC [PTB0190]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist (No On-Call) [PTB0190]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist (No on-call) [PTB0189]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist - POC [PTB0189]
	Biomedical Scientist across all directorates	Experienced Trainee Scientist - Toxicology, City [S0012]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist (On-call) [PTB0189]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist [PTB0190]
Pathology	**Biomedical Scientist across all directorates**	Biomedical Scientist (B6) - Sysmex Analysers Haem [PTB0180]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist [PTB0189]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist [PTB0190]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist - Anti Coag [PTB0190]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist - Histopathology [PTB0190]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist - Histo [PTB0189]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist [PTB0190]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist - Immuno, City [PTB0189]
	Biomedical Scientist across all directorates	Biomedical Scientist - (B6) [PTB0060]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist [PTB0190]
	Biomedical Scientist across all directorates	Entry Level Biomedical Scientist [PTB0189]
	Biomedical Scientist across all directorates	Experienced Biomedical Scientist [PTB0190]

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 3rd November 2016

1 EXECUTIVE SUMMARY

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

2 SEPTEMBER DATA UPDATE

The average CHPPD for the trust is 5.1 hours which is consistent with previous months. The summary level data does not demonstrate any major variance month on month across this period.

The average fill rates across the trust for registered nurses which includes permanent, bank and agency staff for day shifts is 95.9% and for night shifts is 94.4% which is marginally better than the previous month. For support staff the day time fill rate is 104.2% and the night time fill rate is 107.8%, this is the slightly more care staff for both day and night time compared to the previous month.

The new staff we started in their new staff nurse jobs last month have been going through their induction period to help them settle in to their posts with us, they will be active members of the ward teams in the coming month.

Last month I told you that we were collecting information about the percentage of temporary staff on shifts. Some of the temporary shifts are our own staff doing additional work and these staff are categorised within our own staff whereas agency nurses are very much an external variable that could dilute our control over their individual practice. Control over practice is a known variable that could impacts on patient safety. The key wards where this is happening for some shifts are Lyndon 2, Priory 2, D7, D16, the new Older persons assessment unity (OPAU) and our community wards. We have had some success in recruiting to our community wards, and will keep the wards under review to see if this makes a difference over the coming months.

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		Care Staff		Registered		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/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
Jul-16	BIRMINGHAM MIDLAND EYE CENTRE	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	CITY HOSPITAL	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	ROWLEY REGIS HOSPITAL	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	SANDWELL GENERAL HOSPITAL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
		61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%				
Aug-16	BIRMINGHAM MIDLAND EYE CENTRE	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%				
Sep-16	BIRMINGHAM MIDLAND EYE CENTRE	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%				
3-month Avges	BIRMINGHAM MIDLAND EYE CENTRE	460	469	230	216	567	567	160	182	101.9%	94.0%	100.0%	113.5%	210	4.9	1.9	6.8
	CITY HOSPITAL	29486	28335	12343	12226	27595	26195	8546	8766	96.1%	99.1%	94.9%	102.6%	9112	6.0	2.3	8.3
	ROWLEY REGIS HOSPITAL	3746	3265	4664	4708	3237	3167	2983	3015	87.2%	100.9%	97.8%	101.1%	2069	3.1	3.7	6.8
	SANDWELL GENERAL HOSPITAL	26480	25453	16225	14507	21400	20320	11374	12238	96.1%	89.4%	95.0%	107.6%	9660	4.7	2.8	7.5
	Latest 3 month average====>	60172	57522	33463	31658	52799	50249	23062	24201	95.6%	94.6%	95.2%	104.9%	21051	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

26th October 2016

Appendix 1 – September 2016 ward nurse staffing data

		Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Beds	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Critical Care - Sandwell	flex	95.6%	92.2%	92.1%	85.9%	213	34.6	7.8	42.4
AMU A - Sandwell	32	98.0%	102.7%	94.2%	100.0%	725	7.4	2.9	10.3
Lyndon 1 - Paediatrics	26	90.6%	84.2%	83.3%	76.7%	347	5.2	2.5	7.7
Lyndon 2 - Surgery	24	97.9%	94.4%	100.0%	101.5%	660	3.5	2.6	6.1
Lyndon 3 - T&O/Stepdown	33	94.7%	144.6%	97.8%	168.9%	767	3.4	4.9	8.3
Lyndon 4	34	87.7%	96.2%	84.1%	131.6%	991	2.7	2.3	5.0
Lyndon Ground - PAU/Adolescents	14	89.4%	94.8%	-	70.0%	308	3.1	3.3	6.4
AMU B - Sandwell	20	94.1%	100.0%	100.0%	100.0%	568	4.1	1.2	5.3
Newton 3 - T&O	33	96.6%	138.3%	100.0%	153.3%	824	3.3	4.2	7.5
Newton 4 - Stepdown/Stroke/Neurology	28	95.0%	99.4%	96.7%	94.4%	843	3.1	2.4	5.5
Newton 5 - Haematology	15	121.6%	56.5%	100.0%	100.0%	361	4.2	1.5	5.7
Priory 2 - Colorectal/General Surgery	20	96.6%	117.2%	98.8%	134.9%	685	3.9	3.1	7.1
Priory 4 - Stroke/Neurology	25	89.7%	86.7%	83.3%	77.8%	640	5.6	2.7	8.3
Priory 5 - Gastro/Resp	34	97.0%	120.0%	100.0%	128.3%	969	3.2	2.2	5.3
SAU - Sandwell	20 + 6 chairs	98.0%	95.8%	100.0%	100.0%	335	9.2	3.0	12.2
CCS - Critical Care Services - City	flex	95.8%	95.6%	97.9%	80.0%	202	39.0	9.0	48.0
D5 - Cardiology (Female)	13	96.6%	98.3%	101.7%	-	393	7.8	0.9	8.7
D11 - Male Older Adult	21	100.0%	108.3%	98.8%	100.0%	624	3.3	1.8	5.0
D12 - Isolation	10	98.3%	101.4%	100.0%	100.0%	245	5.6	2.8	8.4
D15 - Gastro/Resp/Haem (Male)	24	97.2%	95.8%	97.8%	136.5%	651	3.1	1.7	4.8
D16 - (Female)	21	98.8%	98.4%	100.0%	100.0%	589	3.5	1.7	5.2
D19 - Paediatric Medicine	8	98.3%	96.7%	60.0%	-	183	6.0	0.5	6.5
D21 - Male Urology / ENT	23	96.1%	97.4%	101.6%	98.3%	477	4.1	2.8	7.0
D26 - Female Older Adult	21	100.0%	100.0%	100.0%	100.0%	611	3.4	1.7	5.1
D27 - Oncology	18	98.1%	64.2%	91.7%	88.9%	384	1.9	0.9	2.8
AMU 2 & West Midlands Poisons Unit - City	19	92.6%	109.9%	97.5%	106.7%	517	5.7	1.4	7.1
D43 - Community RTG	24	86.8%	145.4%	97.8%	191.6%	718	2.9	4.2	7.0
D47 - Geriatric MEDICAL	20	99.2%	100.0%	140.8%	100.0%	498	2.4	0.7	3.1
D7 - Cardiology (Male)	19	97.5%	96.5%	101.3%	-	539	7.0	0.6	7.6
Female Surgical Ward	19	98.8%	103.8%	93.3%	100.0%	382	5.2	3.3	8.5
Labour Ward - City	12	82.1%	92.5%	77.6%	91.6%	295	20.5	4.3	24.8
City Maternity	42	98.0%	102.9%	85.6%	96.7%	990	3.8	2.1	5.9
AMU 1 - City	41	99.6%	100.8%	98.7%	100.0%	662	8.3	3.7	11.9
Serenity Birth Centre - City		105.5%	76.7%	91.1%	106.7%	66	30.8	13.6	44.4
Ophthalmology Main Ward - City	10	105.8%	86.7%	100.0%	141.4%	174	5.9	2.4	8.3
Eliza Tinsley Ward - Community RTG	24	92.4%	99.0%	100.0%	100.0%	660	2.9	3.7	6.6
Henderson	24	97.1%	96.3%	95.5%	100.0%	649	3.1	3.1	6.2
Leasowes	20	72.2%	117.2%	100.0%	100.0%	543	2.6	3.5	6.2

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework Q2 update**
SPONSOR (EXECUTIVE DIRECTOR):	**Kam Dhami, Director of Governance**
AUTHOR:	**Executive Group**
DATE OF MEETING:	**3rd November 2016**

EXECUTIVE SUMMARY:

The Board Assurance Framework (BAF) for 2016/17 was approved by the Trust Board in August 2016. The BAF has been updated for quarter 2 and a revised copy is enclosed.

Updates have been provided in the enclosed paper for each risk. The Board is asked to note a change to risk reference 012-GUR, "create balanced financial plans for all directorate and deliver Group level I&E balance on a full year basis", which appears on page 9 of the enclosed report. The tolerable risk score has been amended from 8 to 15. This is a red risk.

A verbal update will be provided at the Trust Board meeting on the Workforce and OD risks detailed on page 13 (risk 018-EEO) and page 14 (risk 019-EEO) of the BAF.

REPORT RECOMMENDATION:

The Trust Board is asked to review and accept the updates.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

The BAF is aligned to all strategic objectives and annual priorities.

PREVIOUS CONSIDERATION:

The BAF was approved by the Trust Board on 4th August 2016.

2016/17 Board Assurance Framework: Quarter 2

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	**Risk Ref**	**Annual Priority**	**Risk Statement**	**Primary Assurance Committee**	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Summary of Risk Controls and Treatment Plan as at 31 March 2016**	**Assurance Received** (Internal, Peer or Independent)	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Risk controls and assurances scheduled/not in place and associated actions**	**Completion date for actions**	**Likelihood**	**Severity**	**Risk Rating (LxS)**
COO	001 SHQC	**Reducing readmissions** **Aim** Sustained delivery measured by: • 2% fall in re-admission rates at Sandwell vs. 2014/15 baseline	There is a risk that readmission rates will remain above national norms caused by a lack of clinical engagement or effective partnership working with GPs and Social Services. This represents poor care and also carries a significant financial risk if the tariff rules are strictly applied.	Q&S	4	3	**12**	An ongoing integration into the Urgent Care Delivery Programme ensuring effective end to end care. Community proposal for pilot expansion of iCARES in-reach to AMU. <u>Controls include:</u> • Operational Management Committee • Group reviews • Performance Management Group • Quality and Safety Committee and Trust Board • System Resilience Group	IPR Local action plan Papers to sub committees and Trust Board Minutes of meetings	3	3	**9**	Deputy COO for Urgent Care to start in September 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery System response to aspects delivery plan Consistent LACE discharge bundle applied in all wards Approval of community expanded pilot through SRG. **Update:** Deputy COO for Urgent Care remains vacant. LACE compliance improved as part of the Bed Programme and measured through ward leaders dashboard	March 2017	2	3	**6**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
COO	002-SHQC	**Improving the experience of outpatients** **Aim** Benefits realisation measured by: • Maximum wait of 6 weeks • Elimination of clinic rescheduling • Reduction of 2% in DNA rate • 98% patient satisfaction rate	There is a risk the full intended benefits of the programme are not delivered leading to poor patient experience and wasted capacity	Q&S	3	4	12	YOOP Programme Board chaired by the CEO. Project groups with governance infrastructure reporting to YOOP including partial booking, electronic referral management, and speech recognition. <u>Controls include:</u> • YOOP • Operational Management Committee • Group reviews • Performance Management Group	IPR – waiting times, DNA and cancellation rates Project reports and delivery of associated KPIs Minutes of YOOP Trust Board Patient survey	2	4	8	Deputy COO for Planned Care commenced in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery **Update:** Planned Care PMO to be established in line with new improvement approach chaired by COO with key stakeholders	March 2017	2	4	8

					Initial risk score						Controlled residual risk score					Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
CN	003 -SHQC	**Achieving the gains promised within our 10/10 programme** **Aim** Remedial deployment through: • 100-day roll out in assessments • Investment in ward managers to support delivery	There is a risk that 10/ 10 will not be consistently embedded across the Trust caused by a lack of clinical engagement or effective business change capability which will result in inconsistent high standards of patient safety and high quality care.	Q&S	3	3	**9**	Key risk controls and treatment include: • 100 day implementation project • Group Reviews • The Safety Plan and key performance indicators against each standard	Group review process to check on progress and achievement Internal audit of assessment units following the 100 implementation programme	2	3	6	Minutes of Board meeting evidencing effective challenge including the Trust Board, Quality and Safety Committee, Patient Safety Committee and Performance Management Committee Gaps include effective staff training in business change and ongoing effective targeted communication. Update: 10/10 embedded as the first standard in the Trust safety plan. A detailed implementation plan is in development and tested weekly at the Executive PMO. Internal audit of 10/10 undertaken during the 100 day implementation on the assessment units has concluded with a reasonable assurance statement 'Our testing has confirmed that overall the Trust are achieving good levels of completion for the Ten out of Ten patient safety checklists. The Trust have made positive inroads to embedding this process in the trial wards and the actions we have identified will help further tighten internal practices throughout the Trust'	March 2017	1	3	**3**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
DG	004-SHQC	**Meeting the improvement requirements agreed with the Care Quality Commission** **Aim** • In Q1/2 we want to ensure we complete all of the tasks we set ourselves in the Improvement Plan. • In Q3 we need to ensure benefits have been gained from that work.	There is a risk that the scale of the task leads to inconsistent implementation of the required standards and practices across the organisation leading to a statutory breach of the fundamental standards of care,	Q&S	3	4	12	Clearly defined outcomes set for each action. Planned and spot audits and unannounced visits to validate compliance. Evidence vault. Protected time for discussions at a local level at QIHDs. Monitoring and oversight of delivery by the CLE, QSC and Trust Board.	Internal: Observed practice during walkabouts and First Friday. Audit findings and action plans. Staff and patient feedback e.g. Your Voice, FFT, complaints. Incident data.	2	4	8	Improvement Plan evidence vault to be created. In-house inspections with external engagement and the analysis of key themes. The existing team of 50+ staff inspectors is to be strengthened with the introduction of 20-25 people from the NHS Retirement Fellowship and partners, which will give us more bandwidth of experienced NHS staff. **Update:** Next round of in-house inspections taking place on 1st and 2nd of November and will focus on the wards. 2 CQC Improvement Plan related Clinical Audits undertaken (personalised care and use of fluid balance charts) and changes to practice initiated as a result of the findings.	March 2017	1	4	4

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COO	005 -SHQC	**Tackling caseload management in community teams** **Aim** Sustained delivery measured by: • All nursing caseloads (at team level) reduced to median in Black Country • Patient contact time increased by 10% among district nurses, health visitors and midwives	There is a risk that the caseload of community nursing teams remains too high and above benchmark as a result of poor management systems, too many patients being admitted to the case load, poor discharge patterns or the absence of team members leading to short appointments or too few appointments to be effective.	Q&S	3	3	**9**	Programme detailed for adult services with delivery reporting via Clinical Group Review process <u>Additional controls include</u>: • Quality and Safety Committee • Trust Board	Project update Group and Trust Board / subcommittee review minutes	3	3	**9**	Women and Children's programme for 2016-17 to be defined. Presentation to Quality and Safety in July 2016. **Update:** Regular update to Trust Board. Latest on 3 November 2016.	March 2017	2	3	**6**
COO	006-AR	**Meet national wait time standards, and deliver a guaranteed maximum six week outpatient wait** **Aim** • Achieve 93% or better in ED consistently from Q2 • 18 week RTT standard consistently met • Eliminate open pathway referral issues seen in prior years • Tumour specific delivery of 62-day standard	There is a risk that the Trust will not meet national waiting time standards and deliver a guaranteed six week outpatient wait. This will be caused by an overreliance on key staff, data fragmentation and ineffective competencies through the delivery chain to deliver the plans pertaining to patient activity at access standard level. This will result in target failure.	Q&S	4	4	**16**	Demand and capacity plan triangulated and integrated with delivering contracted activity and performance standards. <u>Controls include</u>: • Operational Management Committee • Group reviews • Performance Management Group • YOOP	IPR Delivery against trajectory plans Minutes of meetings	3	4	**12**	Deputy COO for Planned Care starts in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery **Update:** Cancer Board established with clear and measurable objectives. Planned Care PMO being established in line with new Improvement Approach. Bed programme overseeing delivery of improved patients flow to support reduction in admitted ED breaches.	March 2017	3	4	**12**

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COO	007-AR	**Double the number of safe discharges each morning and reduce by at least a half the number of delayed transfers of care in Trust beds** **Aim** • Fewer than 15 DTOCs in Trust bed base • 40% of discharges take place before 12 midday	There is a risk that the doubling of safe discharges is not achieved caused by weaknesses in partnership arrangements, ineffective ward team and ward manager leadership and inadequate training which would result in targets to deliver improved care not being achieved and the subsequent financial implications for the Trust.	Q&S	4	5	**20**	ADaPT project plan revised for this year. Sponsored by COO and has supporting delivery infrastructure. Ward leadership development programme to ensure capability in ward team leadership in train. Controls include: • Urgent Care Delivery • Operational Management Committee • Group reviews • Performance Management Committee • System Resilience Group (now called A&E Delivery Group)	IPR Capacity data set Minutes of meetings	4	4	**16**	Revised approach to effective relationship with new SMBC arrangements. Assurance capacity and demand alignment in residential, nursing and enhanced assessment beds. Data set and performance framework for clinical ward teams and ward leaders. Deputy COO for Urgent Care to start in September 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery. **Update:** Deputy COO remains vacant.	March 2017	3	4	**16**
COO	008-AR	**Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive a high standard of professional support at home** **Aim** • Trust meets by through the year all standards set out in the contract • New partnership model with Sandwell MBC is operational and effective in eyes of both parties	There is a significant risk that children and families may not have adequate access to a comprehensive range of NHS, Local Authority and voluntary services as a result of lack of knowledge or poor co-ordination by health visitors which could lead to physical, mental or social developmental delay, or poor use of safeguarding facilities	Q&S	3	4	**12**	Local delivery programme and recruitment plan in place. Controls include: • Group performance review • Quality and Safety	Group review Minutes of meetings	3	3	**9**	Workforce design through integration with midwifery. **Update:** Delivering improved standards	March 2017	3	3	**9**

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COO	009-AR	**Work within our agreed capacity plan for the year ahead, thereby cutting Did Not Attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure and accommodating patients declined NHS care elsewhere** Aim • DNA rates fall by 2% vs. outturn • All specialties by October 2016 achieve recurrent demand-supply balance • Weeks worked calculation delivered across all specialties	There is a risk that the agreed capacity plan is not achieved, including the cutting of Did Not Attend (DNA) rates, caused by system demand, an ineffective Better Care Fund and ineffective forecasting and BIU which will result in the trajectory to Midland Metropolitan Hospital alignment not being achieved.	FIC	3	5	**15**	Demand and capacity plan that triangulates with contracted activity and performance plan. <u>Controls include</u>: • Planned Care Project review weekly • Operational Management Committee • Group reviews • YOOP • Performance Management Group • FIC	Planned care dashboard Monthly activity and income Minutes of meetings	3	3	**9**	Deputy COO for Planned Care starts in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery New planned care PMO to be established in July **Update:** Adoption of the new Improvement approach to progress work required to deliver desired outcomes	March 2017	3	3	**9**

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COO	010-CCH	**Ensure that we improve the ability of patients to die in a location of their choosing, including their own home** **Aim** • Increase in proportion of patients identified for planned pathway >72 hours before passing • Increase in proportion of patients able to die in place of their choosing vs. audit baseline	There is a risk that the Trust does not deliver against this ambition caused by ineffective mobilisation of the contract, weak partnership arrangements, ineffective recruitment or stakeholder engagement which will result in patients being unable to die in a location of their choosing	Q&S	3	3	**9**	End of life strategy and delivery plan in place. <u>Controls include</u>: • Peer review • Contract management • Quality Plan • Group review • Quality and Safety Committee	Contract review via performance dashboard Peer review outcome	3	3	**9**	Commercial contract expertise within the Clinical Group who have a new commissioning role **Update:** Post included in Group Structure and dependent on successful recruitment	March 2017	2	3	**6**
COO	011-CCH	**Respiratory medicine service sees material transfer into community settings, in support of GPs** **Aim** • The respiratory medicine equivalent of the DiCE project is in place • Unplanned readmissions for respiratory patients have been reduced at Sandwell	There is a risk that the clinical service model remains with too much Direct Clinical Care time committed to routine clinic work in the acute hospital which will potentially result in late intervention on community patient pathways, which may result in a continued rate of readmissions	Q&S	4	4	**16**	Respiratory COPD and discharge bundle (pathway) in place <u>Controls include</u>: • Future Hospitals Project and Programme Board with executive sponsor • Group Review	Delivery of KPIs identified in project	3	4	**12**	Project dashboard **Update:**	March 2017	3	3	**9**

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DOFP	012-GUR	**Create balanced financial plans for all directorates and deliver Group level I&E balance on a full year basis** **Aim** • Group level FYE I&E balance	There is a risk that the identified opportunity for financial improvement is insufficient to deliver financial balance across all directorates. There is a risk that the scale & pace of financial improvement delivered is insufficient. This is caused by 1). a lack of necessary capacity and capability 2). The risk of compromise to the safety and quality of services provided. This risk could result in a failure to generate those financial surpluses necessary to underpin the approval and delivery of key strategic investments.	FIC	4	5	20	• Effective use of comparative information including peer benchmarking, best practice review and expert scrutiny. • Expedited recruitment to fit for purpose senior management structures and follow through on leadership development programme. • Utilisation of necessary & sufficient expert support and establishment of fit for purpose PMO & change team. • Routine timely reporting & performance management of plan delivery at devolved [directorate / scheme specific] level. • Timely escalation and intervention to remedy any shortfall in delivery. • MPA established to assure coherence and delivery of key strategic change programmes.	Management assurance. Routine reporting of historic and prospective financial performance and remedial action plans at all relevant meetings. Independent assurance. Internal audit review of core systems & processes including financial planning, budgetary control, CIP delivery and data quality. External audit review of arrangements for securing VFM. Regulator scrutiny of safe, effective, financially viable services.	3	5	15	**Treatment plan actions:** • Completion of necessary recruitment and leadership development programme. • Confirmation and effective execution of workforce change consultation at necessary scale and pace. • Embedding new Clinical Operating Model supported by effective Change Team and underpinned with common change methodology. • Design and establishment of fit for purpose Business Intelligence Unit function delivering timely, relevant and influential information. • Confirm downside contingency plan to deliver trust level I&E balance. • Confirm plan to restore cash balances / liquidity consistent with FSRR level 3. **Control & assurance actions**: • Effective PMO in place. • Implementation of 'Strategic IPR' supported by lead indictor dashboard [MMH approval condition 46 compliance]. **Update:** • Actions as above remain extant but are not yet complete. Should be progressed with necessary vigor to complete by 31.03.2017 as foundation for 2017/18. • Additional expedient measures necessary to secure cost run rate reduction to remedy to plan 2017.18	March 2017	~~2~~ 3	4 ~~5~~	~~8~~ **15**

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CEO	013-GUR	**Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board** **Aim** • Reporting tool in place at frontline service level • Standard reports visible monthly to support performance improvement cycle	There is a risk that reforming how corporate services support frontline care is not achieved caused by the BIU not functioning correctly, data invisibility, data integrity concerns or inappropriate culture which does not promote shared learning which will result in there being a disconnect between the ward and Board impacting on effective assurance of the delivery of high quality and financially sustainable care.	TB	4	4	16	A tender has been let, after mini competition to GE healthcare to provide support to an improved BIU function. The proposal will deliver: • Re-establishing the BIU as the single place for Trust information and analysis, including appropriate staff, career management, training and mentoring • Refresh the technology • Implementing processes for requesting new information and analysis, creating and amending dashboards and overarching governance. The Informatics portfolio controls provide a good template for this • Ensuring that Trust periodic information (e.g. monthly reporting) is published together in a consistent form • Establishing a user group to gather user feedback and requirements • Development of a strategic roadmap • Improvement to the board performance report and performance management report	Report to Trust Board	4	4	16	Leadership capacity and capability to deliver next stage development **Update:** The work needs rapid deployment to enter 2017-18 in an acceptable position. Mark Reynolds is leading that work – with Yasmina Gainer taking the lead role across performance management and BI. A process of reviewing delivery is being put in place monthly from December, led by the Chief Executive.	March 2017	3	4	12

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CEO	014-GUR	**Reform how corporate services operate to create efficient transactional services that benchmark well against peers within the Black Country.** **Aim** • KPIs for each corporate service being met • Benchmarking work across partnership concluded and reported to the Programme Board, with rationalisation plan developed	There is a risk that the reform of how corporate services operate is not achieved at necessary scale and pace. This is caused by 1). Lack of sufficient capacity and capability to design & effect necessary reform 2). Delay in implementation of system replacement 3). Requirement to reform corporate services across organisations [BCA / STP] 4). Timescale for required reform is inconsistent with effective implementation of necessary improvement methodology [Lean / 4DX]. This could result in variable corporate service delivery with consequent disruption to care delivery and obligations to 3rd parties and delay in the achievement of necessary cost reduction in corporate services.	TB	4	4	**16**	Board has agreed definition of what reform means. This sets out the following goals: (i) Conclude the change, develop and recruit plans for senior roles reflected in the April consultation, and in talent maps developed during 2015-16. (ii) Ensure that the OD, estates and informatics functions are organised and matched to the change programmes overseen though the executive and scrutinised by the Major Projects Authority. (iii) Deliver the majority of the organisation facing routine KPIs through which informatics, estates, facilities, finance and OD are monitored. (iv) Achieve the review and change programme for services monitored through the Black Country Alliance Board. This set out an 18 month programme of change. (v) Benchmark our April 2017 corporate service pay costs against Carter norms and other benchmarks with a view to putting in place by July 2017 a clear route to 2020 budget positions. (vi) See morale and engagement scores within corporate functions continue to improve, such that all seven directorates fall within the top 15 in the Trust.	Issues (i) – (iii) are managed via bi-monthly corporate performance reviews. In addition issue (ii) is considered via the Board's MPA committee. Issue (iv) is tracked via the BCA Board and reported by the chair and CEO to the board. Additional assurance is needed on progress with (v).	4	3	**12**	**Update:** Progress since the last report is strong on OD, estates and informatics. Recruitment has been undertaken in corporate nursing and communication. Roles remain to be filled in operations. The 'back office' discussion around the STP has been a distraction to BCA but work is now needed to move forward at pace analysis of how we achieve Carter benchmarks in key services during 2017-18.	December 2016	2	4	**8**

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MD	015-21CI	**Get NHSI approval for EPR full business case, award contract and begin implementation, whilst completing infrastructure investment programme.** **Aim** • Final bids returned in a form and to a value that can be approved by year end • Implementation capability in place for 2016-2017 deployment	There is a risk that the EPR procurement process and infrastructure investment programme is not achieved caused by too many competing demands, supplier management issues ,ineffective stakeholder engagement or data transition which will result in ineffective benefits realisation including diminished transformation of improved patient care and financial sustainability	MPA	3	3	**9**	Controls include: • Integrated PMO • MPA • SRO/ CRO relationship • Capital controls	Internal reporting to Informatics Committee & External Gateway review	3	3	**9**	Effective challenge through MPA of the following in respect of Estates, Workforce and Digital: • Progress reports • Risks/ benefits • Financial performance • Milestones **Update:** MPA and Exec PMO now in place.		3	3	**9**
DE / NHP	016-21CI	**Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre** **Aim** • Architect designed completed plan available for STC 2019 • Departments relocating from City site know their future location at Sandwell • Investment trajectory agreed as part of 2016-2019 capital plan	There will remain a risk that the final location plans may need to change in response to service need, business plans funding constraints.	MPA	**3**	**4**	**12**	Monitoring arrangements are in place through the board and subcommittee structures, reports and risk registers. These arrangements will remain in place for the 2016 – 19 period whilst the STC programme is developed and implemented. The STC programme will report to the Major Projects Authority Committee which will be established from March 2016.	The December 2015 Trust Board received a specific STC paper as part of its assurance review of the MMH development and prior to signing contacts and Financial close. The Trusts January 2016 Heartbeat paper was used to publicise location plans for those clinical and non-clinical services which will be provided from the Sandwell STC.	**3**	**4**	**12**	**Update:** Work to confirm the scope of the STC program is completed. It has 3 phases over the 2016-19/20 period. Discussions with services to confirm the scope of works to be undertaken was completed in September. Estates, IM&T and Workforce have reviewed individual programs to ensure interdependencies are identified and aligned. This work has reported to the MPA Final layouts of the STC have been prepared. Letters to Consultants will be issued in November to advise them of where they will be based. e.g. MMH, STC and or City	March 2017	**3**	**3**	**9**

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COO	017-21Cl	**Finalise and begin to implement our RCRH plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr** **Aim** • Successfully procured as the W/Birmingham Intermediate care facility (under the BCF)	There is a risk that the implementation of our RCRH plan for the Sheldon block is not achieved caused by changes to CCG commissioning intentions or workforce implications which will result in financial risks including contract sums being lower than Long Term Financial Plan and subsequent reputational risks.	FIC	4	5	**20**	Local plan includes workforce, clinical and estates plans proposals Controls include: • FIC • Trust Board • MPA • Group review	Activity and contract monitoring	4	5	**20**	No firm commissioning commitments **Update:** Not expected to be commissioned this year.	March 2017	3	5	**15**
DOD	018-EEO	**Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness** **Aim** • Overall Trust sickness aim is 2.5%, comprising a fall from 2 to 1% in short term sickness and a fall of 100 people in long term sickness	There is a risk to cutting sickness absence below 3.5% caused by a lack of manager engagement, vacancies not being filled, turnover increasing, workforce consultation impact, a lack of effective communication and staff not abiding by policies which will result in short term sickness not falling and the knock on implications of the Trust's financial performance and wellbeing of those staff in work.	W& OD	**5**	**3**	**15**	Full complement of escalated measures agreed at October. CLE. Increased confirm and challenge with group leads including a case by case focus on long term sickness and a focus on consistent application of disciplinary process.	Internal: Assessed through sickness absence data, Your Voice and national staff survey results	**4**	**3**	**12**	Development if a cohesive plan, embracing effective leadership, group ownership, Health and wellbeing use of business intelligence, coupled with consistent application of sickness absence management process **Update:**	March 2017	**3**	**3**	**9**

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DOD	019-EEO	**Finalise our long term plan explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019** **Aim** • 17-18 pay/WTE start point and proposed change plans reflects Long Term Workforce model at Trust level	There is a risk that future staffing models will not be well enough defined to enable the identification of sufficient posts to be removed leading to an inability to formulate a robust workforce plan which may lead to the non-delivery of the required workforce and pay cost savings between 2016 to 2019	W& OD	4	4	**16**	Bottom up workshops held Sep-Dec 2015 Close alignment to business planning process planning for 16/18 Close scrutiny of Board and WODC	Workforce change schemes tracked through TPRS. Exec led PMO. TDA workforce returns	3	4	**12**	Downside scenarios explored and planned - April 2016 Cross dependencies and alignment with training / development needs April 16 **Update:**	March 2017	**2**	**4**	**8**

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DG	020 -EEO	**Create time to talk within our Trust so that engagement is improved. This will include implementing Quality Improvement Half Days, revamping Your Voice, Connect and Hot Topics and committing more energy to First Fridays** **Aim** • Improvement on employee engagement score by 5%+ • Your Voice response rate at 25%+, and action recognition rate above 50% • Hot Topics attendance routinely above 100 senior leaders • Survey data on senior leader visibility shows high rates of recognition • Survey data shows improvement in views of organisation communication	There is risk to creating the time to talk within the Trust caused by ineffective communications channels that are not accessed by or accessible to a proportion of our workforce, frontline/ offline staff having limited opportunity to engage, poor visibility of local leadership and lack of prioritization about time to talk among local managers. The risk is that the numbers of disengaged staff do not reduce and therefore the transformation programme becomes more difficult to implement.	W& OD	4	3	**12**	Risk controls include • Audience segmentation and channel analysis • QIHD programme • First Friday • Leadership programme • Monthly briefing system • Your Voice survey • NHS Staff Survey • Recognition and reward schemes	• QIHD attendance register and outputs from QIHDs • Your Voice response rate and engagement scores • National staff survey results • Hot Topics attendance and feedback	3	3	**9**	Gaps include: • Links to other workforce metrics • Local leadership Look to other good practice such as Tesco, BAE and NHS Mail. **Update:** New accreditation approach for QIHDs to be introduced where teams can put themselves forward for an award, Bronze, Silver or Gold based on sustained attainment of key standards.	March 2017	3	3	**9**

Key	
Strategic objective	**Assurance Committee**
Safe, high quality care	Quality and Safety Committee (Q&S)
Accessible and responsive	Quality and Safety Committee (Q&S)
Care closer to home	Quality and Safety Committee (Q&S)
Good use of resources	Finance and Investment Committee (FIC) and Major Projects Authority (MPA)
21st Century infrastructure	Trust Board (TB)
Engaged and effective organisation	Workforce and OD Committee (W&OD)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P06 September 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**3 November 2016**

EXECUTIVE SUMMARY:

Key messages:

- P&L outlook of potential headline deficit and consequent risk of failure to deliver control total & secure STF funding. Remedial work to secure step reduction in operating costs to secure best out-turn possible consistent with safe care.
- 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.
- Year to date performance reported as being in line with underlying financial plan; headline variance reflects loss of STF funding due to Q2 failure to achieve ED performance trajectory.
- To date application of £3m contingency and flexibility necessary to achieve performance in line with plan – stubborn cost base and with additional costs for unfunded bed capacity.
- Forecast reported as showing achievement of control total including full recovery of STF as required by NHSi. Minimum £351k loss of STF due to Q2 ED performance failure expected and notified.
- No clear route to delivery of £6.6m target surplus with potential for headline deficit.
- Any failure to deliver underlying plan would be compounded by significant STF loss with consequent headline deficit and failure to deliver control total.
- Consequent risk to cash balances and affordability of strategic investment programme.
- Cash reduction following deviation from full year planned surplus and loss of H2 STF will require remedial action including capital programme review. Options for cash recovery are understood and needs to be worked through prior to further commitment of capital resources.
- Limited scope for contingency and balance sheet flexibility and which would further erode cash balances. Delivery must be tangible and sustainable.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Delivery of demand & capacity plan to secure income
- Urgent resolution of 2016.17 contract queries with SWBCCG.
- 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 working capital management consistent with achievement of EFL
- 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 surplus £(191)k being £(115)k adverse to plan; YTD deficit £(1,126)k being £(350)k adverse.
- Year surplus £6.6m reported as per agreed control total and after benefit of £11.3m STF funding.
- Pay bill £25.3m (vs. £25.2m) in month; Agency spend £1.7m (vs. £1.9m).
- Savings delivery to date £5.7m being £(1.1)m adverse to plan and below expected scheme value.
- Total in year savings potential identified £17.4m – being £2.2m below plan with delivery risk.
- Capex YTD £5.5m being £(3.5)m below plan. Variance relates to Informatics and estates re-profiling of spend.
- Cash at 30th September £20.6m being £(4.8)m below plan due to timing of receipt of STF and HEE income.
- FSRR 3 to date being as plan; forecast as reported is as plan at 2 [but risk if forecast changes]
- Capital Resource Limit (CRL) subject to NHSi confirmation and forecast to be achieved
- 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

- deliver the best P&L out turn possible consistent with safe care
- Secure compliance with EFL
- Remedy prospective cash balances to underpin strategic investment programme

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

Accept	Approve the recommendation	Discuss
		x

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 06 2016/17
September 2016

Trust Board - public
3 November 2016

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Finance Report

Summary & Recommendations

Period 06 2016/17

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

1. Underlying position off plan, significant Q3/Q4 risks and with minimal residual contingencies and flexibilities. Known under-recovery of STF £351k with prospective £6.0m at risk.
2. CRL remains to be confirmed with NHSI. Re-phasing of capital programme done to support EFL achievement.
3. EFL risk from P&L driven cash burn. Remedial plan to finalise.

Outlook

- No clear route to delivery of target surplus. Adverse variance on underlying plan compounded by consequential loss of STF funding.
- Forecast necessarily reported as in line with plan subject to formal re-negotiation with NHSI.
- Liquidity sufficient to meet obligations as they fall due. Remedial actions necessary to improve cash balances consistent with securing EFL compliance.

P06 key issues & remedial actions

- Q2 reported as in line with plan. Necessary reliance on £3m of contingencies and flexibilities to enable that.
- SLA contract income under recovery due to planned care volume delivery shortfalls. Compounded by aggressive contract management by commissioners seeking to avoid payment. Significant recurrent impact likely into 2017.18 plans. Downside case review.
- Operating costs continue above plan with CIP under-delivery and excess costs form necessary use of additional capacity and agency staff. Programme of bed consolidation and step reduction in temporary workers.
- STF funding £5.2m recovered for Q1/Q2. To £6m at risk for Q3/Q4 from adverse financial & operational delivery.
- Clinical group level route to budget balance & CIP plans not yet secure.
- Capex programme re-phased to support delivery of EFL compliance and in response to potential national capex constraints. Formal confirmation of CRL outstanding.
- Forward assessment of cash balances necessary to underpin strategic investment programme undertaken and remediation plan in progress.

Recommendation

- Note the report and require that necessary actions are taken to
  - deliver the best P&L out turn possible consistent with safe care
  - Secure compliance with EFL
  - Remedy prospective cash balances to underpin strategic investment programme

Finance Report

Performance to date – I&E and cash

Period 06 2016/17

Financial Performance to Date

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

- I&E deficit of £1,126k being £350k adverse to plan;
- Capital spend of £5,537k, £3,486k adverse to plan;
- Cash at the end of September is £20,622k being £4,763k less than plan.

I&E

P06 benefits from £1,316k of contingencies and flexibility and has enabled the trust to maintain delivery against underlying plan [i.e. excluding STF]. It is on this basis that £2.5m STF has been accrued into the headline position.

The year to date variance from plan of £350k is entirely explained by the Q2 failure of ED 4hr performance against STF trajectory with consequent loss of STF funding. It is expected that that remedial performance in Q3 to recover that is not credible. Similarly, that over delivery on the underlying plan to remedy is not realistic. YTD reported performance benefits from £3m unplanned flexibility.

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

Savings

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

Continuity of Service Risk Rating

Rating of 3 year to date consistent with plan 3.

Forecast 2 as plan 2.

Cash

The cash position is £4.8m below plan at 30 September. This is due to timing differences in receipt of £2.4m re STF payments, £2.3m education funding.

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. There is no indication that current year I&E performance is making good the FY 2015/16 cash shortfall. Instead the I&E performance is further eroding the cash balance. This cash balance is critical to the Trust's long-term capital plan.

Forecast achievement of EFL is based 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. Cash and cash recovery is explored in the P06 FIC supplementary paper.

Better Payments Practice Code

Performance in September improved measured by value but deteriorated measured by volume but remains below the target of 95%. for both

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

Capital

Capital expenditure to date stands at £5.5m against a full year plan of £28.6m. Informatics reported as behind plan which reflects planned slippage on EPR and re-profiling of schemes across year to align to estate plans. Latest information from NHSI is that capital limits are under pressure and a capital surplus may be requested.

Finance Report

I&E Performance – as reported

Period 06 2016/17

Period 6 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	35,488	33,927	(1,561)	210,091	207,691	(2,400)	421,940	421,167	(773)
Other Income	3,822	4,764	942	22,531	23,722	1,192	45,095	46,397	1,302
Income total	**39,310**	**38,691**	**(619)**	**232,622**	**231,414**	**(1,208)**	**467,035**	**467,564**	**529**
Pay	(25,019)	(25,345)	(326)	(150,998)	(152,807)	(1,809)	(299,175)	(301,570)	(2,395)
Non-Pay	(12,158)	(11,343)	815	(71,446)	(68,803)	2,643	(139,346)	(137,469)	1,877
Expenditure total	**(37,177)**	**(36,688)**	**489**	**(222,444)**	**(221,610)**	**834**	**(438,521)**	**(439,039)**	**(518)**
EBITDA	**2,133**	**2,002**	**(130)**	**10,178**	**9,803**	**(374)**	**28,514**	**28,525**	**11**
Non-Operating Expenditure	(1,843)	(1,836)	8	(11,061)	(11,039)	22	(22,122)	(22,110)	12
Technical Adjustments	18	24	6	108	110	2	208	186	(22)
DH Surplus/(Deficit)	**307**	**191**	**(117)**	**(775)**	**(1,126)**	**(350)**	**6,600**	**6,601**	**1**
Add back STF	*(942)*	*(825)*	*117*	*(5,650)*	*(5,299)*	*351*	*(11,300)*	*(10,949)*	*351*
Adjusted position	***(634)***	***(634)***	***0***	***(6,425)***	***(6,425)***	***1***	***(4,700)***	***(4,348)***	***352***
Non-recurrent CIPs	*0*	*(80)*	*(80)*	*0*	*(234)*	*(234)*	*0*	*(234)*	*(234)*
Technical Support (inc. Taper Relief)	*(133)*	*(1,316)*	*(1,183)*	*(800)*	*(3,768)*	*(2,968)*	*(1,600)*	*(7,025)*	*(5,425)*
Underlying position	***(768)***	***(2,030)***	***(1,262)***	***(7,225)***	***(10,427)***	***(3,201)***	***(6,300)***	***(11,607)***	***(5,307)***

Year to date performance reported as being in line with underlying [pre-STF] plan in order to secure £2.5m Q2 STF funding. The underlying position is significantly adverse to plan. £2.968m contingency & flexibility utilised in order to report as plan.

Forecast currently reported as achievement of plan. This is NHSI default requirement pending agreement of formal variation. There is currently no realistic route to achieve that outcome.

Finance Report

Income Analysis

Period 06 2016/17

Year to Date Performance Against SLA by Patient Type						
PERFORMANCE UP TO September 2016	**Activity**			**Finance**		
	Planned	**Actual**	**Variance**	**Planned £000**	**Actual £000**	**Variance £000**
Accident and Emergency Attendances	108,542	114,657	6,115	£10,592	£11,274	£682
Renal Dialysis	101	284	183	£12	£35	£22
Community Contacts	295,545	314,839	19,294	£17,557	£17,641	£84
Day Cases	19,311	22,558	3,247	£15,809	£15,565	-£243
Elective Inpatients	3,361	3,282	-79	£8,086	£7,551	-£535
Emergency Admissions	20,916	20,353	-563	£39,973	£39,097	-£876
Emergency Short Stay Admissions	7,974	6,523	-1,451	£5,335	£4,468	-£867
Maternity Pathways	10,258	10,110	-149	£9,804	£9,682	-£122
Occupied Cot Days	7,087	6,534	-554	£3,629	£3,216	-£413
Other Contract lines	1,658,393	1,794,814	136,421	£46,513	£48,248	£1,734
Outpatients - First Attendance	89,705	92,146	2,441	£13,201	£13,433	£232
Outpatients - Procedures	31,069	30,827	-242	£6,444	£5,731	-£713
Outpatients - Review Attendance	208,590	202,082	-6,509	£16,530	£15,644	-£886
Outpatients - Telephone Consultation	6,236	7,413	1,178	£143	£153	£11
Unbundled	34,755	34,900	144	£4,685	£4,579	-£105
Excess Bed Days	6,707	6,760	53	£1,610	£1,637	£27
Total				**£199,922**	**£197,955**	**-£1,967**

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

The variance on total Patient Related Income to date is £2,400k adverse.
The difference compared to SLA income shown above is primarily related to the shortfall on STF and cancer drugs fund being below plan.

Finance Report

Pay bill & Workforce

Period 06 2016/17

Paybill & Workforce

- Total workforce of 6,728 WTE [being 209 WTE below plan] including 256 WTE of agency staff.
- Total pay costs (including agency workers) were £25.3m in September being £0.3m over plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets in Q3. 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 September. 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	(1,561)	(2,400)
Other Income	942	1,192
Medical Pay	(249)	(1,199)
Nursing	23	815
Other Pay	(101)	(1,424)
Drugs & Consumables	(123)	(1,027)
Other Costs	938	3,670
Interest & Dividends	8	22
IFRIC etc adjustments	6	2
Total	(117)	(350)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	25,345	25,167	178	1%
Pay - substantive	21,524	21,438	86	0%
Pay - agency spend	1,663	1,864	(201)	-11%
Pay - bank (inc. locum) spend	2,158	1,865	293	16%
WTE - total	6,728	6,848	(120)	-2%
WTE - substantive	5,958	6,007	(49)	-1%
WTE - agency	256	262	(6)	-2%
WTE - bank (inc. locum)	514	579	(65)	-11%

Finance Report

CIP achievement

Period 06 2016/17

Year to Date up to Period 6	16/17 In Year Target £'000s	In Year Actual and Forecast Delivery												In Year		Full Year Effect		
		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 F/Cast 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	16/17 F/Cast £'000s	16/17 Variance £'000s	16/17 Target £'000s	16/17 Schemes £'000s	16/17 Variance £'000s
Medicine and Emergency Care	4,494	72	175	158	140	213	217	352	354	347	646	646	646	3,965	(530)	7,617	8,755	1,138
Surgery A	3,256	3	60	5	56	51	99	123	133	143	179	187	195	1,234	(2,023)	5,519	3,732	(1,787)
Women and Child Health	1,976	60	32	50	162	220	66	196	201	204	229	229	310	1,959	(17)	3,349	2,864	(484)
Surgery B	1,568	7	5	15	12	12	12	20	28	20	101	101	101	434	(1,134)	2,658	1,682	(975)
Community and Therapies	787	0	0	12	10	18	5	19	19	19	21	21	21	165	(622)	1,334	399	(935)
Pathology	584	47	61	54	57	79	64	67	80	86	93	93	93	874	290	990	1,189	199
Imaging	875	29	100	71	61	63	100	104	107	101	89	101	102	1,029	154	1,482	1,455	(28)
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**499**	**656**	**562**	**880**	**922**	**920**	**1,359**	**1,379**	**1,468**	**9,659**	**(3,882)**	**22,949**	**20,076**	**(2,873)**
Strategy and Governance	190	27	27	27	27	27	27	27	27	27	27	27	27	327	137	322	501	179
Finance	202	6	6	6	6	60	19	19	19	19	21	21	21	218	17	342	360	18
Medical Director	238	4	4	55	28	25	25	32	32	39	38	38	38	356	118	404	492	88
Operations	811	36	53	51	71	65	65	83	85	85	85	115	115	908	97	1,304	1,382	78
Workforce	230	20	24	12	19	20	24	54	54	54	54	54	54	442	212	390	654	264
Estates and NHP	419	75	43	53	52	58	61	137	72	72	72	72	72	838	419	710	1,394	684
Corporate Nursing and Facilities	1,154	59	67	41	28	49	49	65	109	120	132	138	148	1,004	(149)	1,886	2,773	887
Sub-Total Corporate	**3,244**	**227**	**224**	**245**	**231**	**304**	**270**	**416**	**397**	**415**	**427**	**464**	**474**	**4,095**	**851**	**5,358**	**7,557**	**2,199**
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**	**1,614**	**1,636**	**1,653**	**2,104**	**2,161**	**2,260**	**17,211**	**(2,390)**	**32,107**	**31,090**	**(1,017)**
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)	(277)	(310)	(297)	(276)	(234)	(161)	(2,681)				

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 £17.2m of plans are expected to deliver in the full year 2016/17. This is £2.4m short of the Trust target of £19.6m and is subject to further risk assessment in the initial forecast below.

YTD savings delivery of £5.7m being £1.1m behind the Trust's identified plans at the end of September.

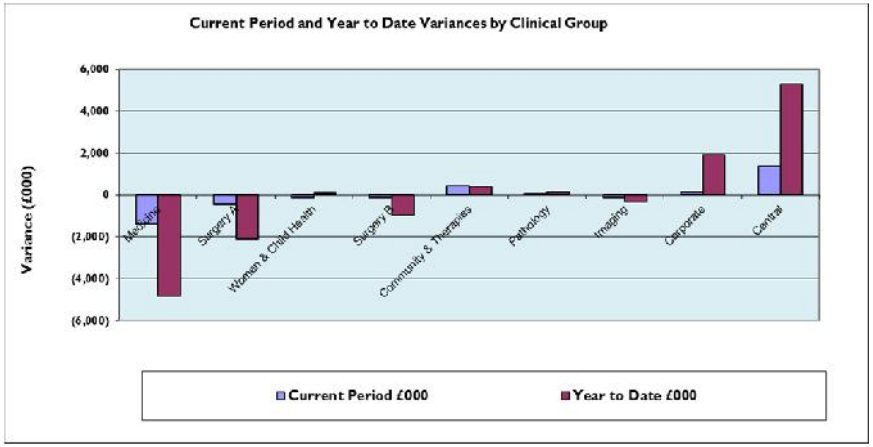
Measurement of success remains delivery of "bottom right" surplus and within that any necessary and sufficient CIPs.
Delivery of CIPs to plan is key but not necessarily sufficient to that success.

Finance Report

Group Analysis – Month & YTD

Period 06 2016/17

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(1,372)	(4,820)
Surgery A	(420)	(2,091)
Women & Child Health	(112)	92
Surgery B	(127)	(955)
Community & Therapies	428	399
Pathology	80	141
Imaging	(111)	(342)
Corporate	126	1,918
Central	1,377	5,284



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 in day case oral surgery encouraging but insufficient in isolation.
- **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.
- **Imaging:** The reduction in nuclear medicine together with a deterioration in internally trading activity and Interventional Radiology Drug usage contributed to the net 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 overpsend.

Central

- In addition to the £0.4m STF failure the main variance is the phasing in of budgets to match NHSI phased plan year to date.

Finance Report

I&E Variance – by group

Period 06 2016/17

Clinical Group/Corporate Directorate	YEAR TO DATE VARIANCE FROM PLAN							
	Income £000's	Pay £000's	Non Pay £000's	Net I&E - BEFORE SUPPORT £000's	Planned Non Recurrent Support £000's	Non-Recurrent Support £000's	STF Failure £000's	Underlying Net I&E Variance £000's
Medicine & Emergency Care	-819	-2,978	-1,023	-4,820				-4,820
Surgery A	-1,110	-792	-189	-2,091				-2,091
Women's & Child Health	-714	399	407	92				92
Surgery B	2	-439	-518	-955				-955
Community & Therapies	265	342	-208	399	0	500		-101
Pathology	715	1	-575	141				141
Imaging	166	-216	-292	-342				-342
Sub-Total - Clinical Groups	-1,496	-3,683	-2,398	-7,577	0	500	0	-8,077
Chief Executive	231	169	108	508				508
Finance	-2	33	14	45				45
Medical Director	-72	246	119	293				293
Operations	-108	430	-279	43				43
Workforce & Organisation Development	55	152	341	547				547
Estates & New Hospital Project	-12	196	145	329				329
Corporate Nursing & Facilities	-162	614	-299	153				153
Sub Total - Corporate Directorates	-70	1,840	148	1,918		0		1,918
Central	359	34	4,914	5,307	-800	3,268	-351	3,190
Trust Position	-1,207	-1,809	2,665	-352	-800	3,768	-351	-2,969

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 £0.7m to supporting position but spend is planned in H2.

Finance Report

I&E Variance – by reason

Period 06 2016/17

Clinical Group/Corporate Directorate	Main Drivers of Variance												
	TSP Delivery £000's	TSP - Not Identified £000's	Contract Delivery £000's	Pass-through Income £000's	Pass-through Expenditure £000's	Other Income Over-Performance £000's	Additional Capacity £000's	Vacancies / Premium Cover £000's	Internal Recharges £000's	Activity Related/Other Non Pay £000's	NHSI plan reserves adjustment £000's	TOTAL £000's	Difference £000's
Medicine & Emergency Care	-198		-797	199	-199	-26	-1,470	-2,060	-193	-77		-4,821	-0
Surgery A	-50	-851	-1,213	71	-71				15			-2,099	-7
Women's & Child Health	-37		-593	-325	325	100		399	205			74	-18
Surgery B	-64	-433	-341	300	-300			-96	11			-923	32
Community & Therapies	-16	-303	363		0			400	0	-500		-56	45
Pathology	120		239	235	-235	121		-1	51	-389		141	-0
Imaging	51		276	0	0	-87	-279	-216	-90			-346	-3
Sub-Total - Clinical Groups	**-195**	**-1,587**	**-2,066**	**481**	**-481**	**108**	**-1,749**	**-1,573**	**-0**	**-966**	**0**	**-8,029**	48
Chief Executive	69					241		100		99		509	0
Finance	8							37				45	0
Medical Director	44							200		49		293	0
Operations	90		-255					430		-222		43	0
Workforce & Organisation Development	93							108		346		547	0
Estates & New Hospital Project	179							150				329	-0
Corporate Nursing & Facilities	13		-187					603		-276		152	-0
Sub Total - Corporate Directorates	**497**	**0**	**-443**	**0**	**0**	**241**	**0**	**1,628**	**0**	**-4**	**0**	**1,919**	1
Central	320		145								2,725	3,190	0
Trust Position	**622**	**-1,587**	**-2,364**	**481**	**-481**	**349**	**-1,749**	**55**	**-0**	**-970**	**2,725**	**-2,920**	49

Of the TSPs identified over delivery is reported, while this is encouraging the value of over delivery is more than offset by the failure to identify TSPs.

Other large adverse variances include the under delivery on contract which is showing as particularly high in Surgery A but is a problem across all elective areas.

The higher number of beds in Medicine is showing as an additional capacity adverse variance, while vacancies are also driving staffing cost pressures in the Clinical Groups.

Finance Report

Outlook – Risks & Opportunities

Period 06 2016/17

Upside Opportunity

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

Downside Risk

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

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

Finance Report

Capital

Period 06 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	4,204	3,264	(939)	15,390	14,817	15,984	1,167
Information	2,908	1,333	(1,574)	7,746	7,996	7,969	(26)
Medical equipment / Imaging	500	302	(198)	1,950	1,950	2,166	216
Contingency	56	0	(56)	750	1,073	112	(961)
Sub-Total	**7,667**	**4,900**	**(2,767)**	**25,836**	**25,836**	**26,231**	**395**
Technical schemes	1,320	603	(717)	2,640	2,640	2,640	0
Donated assets	36	34	(2)	77	77	77	0
Total Programme	**9,023**	**5,537**	**(3,486)**	**28,553**	**28,553**	**28,948**	**395**

The above table shows the status of the capital programme, analysed by category, at the end of Period 06.
The technical schemes include MES against which £0.5m of items have been capitalised.
In addition to the YTD spend £2.9m of commitments have been made.

It should be noted that although the plan CRL is £28,553 the NHSI are advising the Trust that only the CRL funded by internally generated funds should be considered as confirmed. The implication for the Trust is that £14.5m of CRL, while planned, is not confirmed. Due to the wider capital constraints facing the NHS it is not clear when the CRL will be confirmed. The current anticipated CRL is based on a £6.6m surplus in FY 2016/17.

Finance Report

SOFP

Period 06 2016/17

Sandwell & West Birmingham Hospitals NHS Trust

STATEMENT OF FINANCIAL POSITION 2016/17

	Balance as at 31st March 2016	Balance as at 30th September 2016	TDA Planned Balance as at 30th September 2016	Variance to plan as at 30th September 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	194,691	199,256	(4,565)	210,333	210,333
Intangible Assets	386	305	386	(81)	386	386
Trade and Other Receivables	846	15,855	16,198	(343)	44,615	44,615
Current Assets						
Inventories	4,096	4,179	4,139	40	4,139	4,139
Trade and Other Receivables	16,308	27,315	13,707	13,608	13,107	13,107
Cash and Cash Equivalents	27,296	20,622	25,385	(4,763)	23,294	23,294
Current Liabilities						
Trade and Other Payables	(54,144)	(58,026)	(54,375)	(3,651)	(56,307)	(56,307)
Provisions	(1,472)	(1,353)	(373)	(980)	(370)	(370)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(1,017)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,095)	(3,027)	(3,901)	874	(3,683)	(3,683)
Borrowings	(25,591)	(25,530)	(25,281)	(249)	(24,681)	(24,681)
DH Capital Loan	0	0	0	0	0	0
	159,705	**173,725**	**174,124**	**(399)**	**209,816**	**209,816**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	176,960	176,944	16	205,361	205,361
Retained Earnings reserve	(17,993)	(19,224)	(18,828)	(396)	(11,553)	(11,553)
Revaluation Reserve	6,930	6,931	6,950	(19)	6,950	6,950
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,705	**173,725**	**174,124**	**(399)**	**209,816**	**209,816**

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

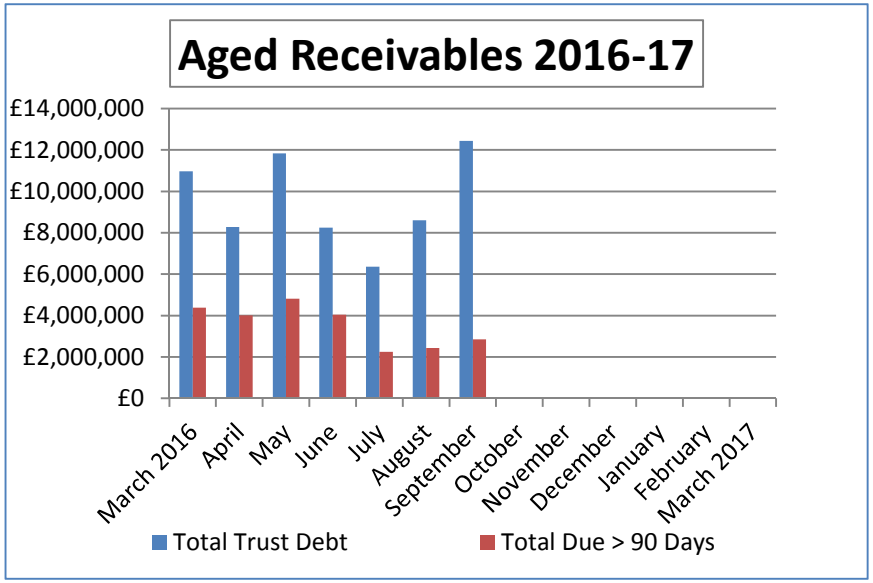
Variance from plan for cash is due to timing differences in receipt of £2.4m re STF payments, £2.3m education funding.

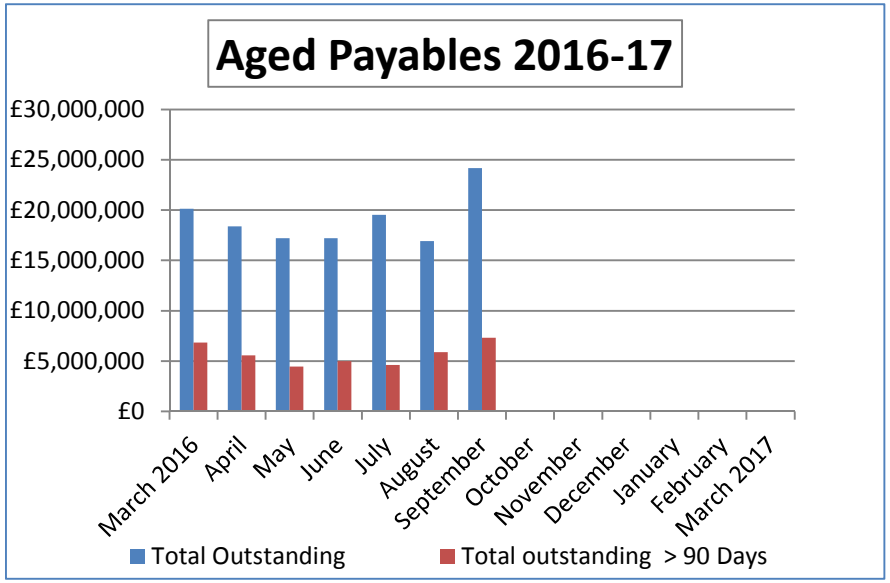
The Receivables variance from plan is predominantly related to accruals for NHS contract income. A task & finish plan to resolve significant outstanding receivables & payables issues is in progress with view to close out following the formal Agreement of Balances exercise in November 2016.

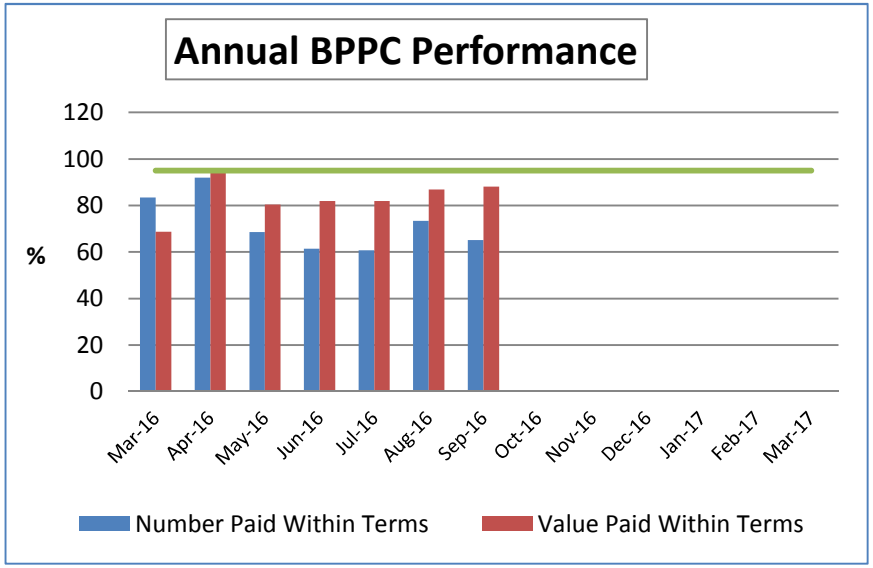
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 06 2016/17







Note

- The September debt position shows an increase in overall debt, this is predominantly due to invoices raised to Health Education for the 2nd quarter that will be paid in October. The 90 Day debt is showing a small 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 increased during September as the Trust continues to manage cash pressures and retain BPPC performance, however the majority of the increase in the position is invoices that are still within payment terms. 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. This 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:	Community Children's Caseload
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow - Chief Operating Officer
AUTHOR:	Elaine Newell – Director of Midwifery
DATE OF MEETING:	3 November 2016

EXECUTIVE SUMMARY:

A number of initiatives have been implemented across W & CH which seek to increase the number and quality of contacts, with families and children. These initiatives have included:

- Skill mix review (right staff / right care)
- Single point of access for each service
- All services with the exception of community midwifery have a triage process. It is not appropriate to triage women for community care in pregnancy and all women are seen in accordance with pathways determined by national standards to optimise safety.
- Multiple practitioner delivery of care – all teams contains admin, non-registered and registered staff of varying grades and skills. Visits / contacts are triaged and delegated to match the practitioner skills to the needs of the client. For example – developmental assessments are carried out by nursery nurses in clinics held in children's centres, unqualified support staff provides overnight care for complex children and therapy assistants provide support to children who have physical disabilities.
- Electronic patient records (EPR) – all services have EPR (BadgerNet for maternity, System 1 for all other services)
- All services utilise community clinics as the main mode of care delivery. Clinics are held in schools, children's centres, GP practices and health centres. Home visits are only undertaken when clinical need prevails.
- There are centralised scheduling systems in each of the services, however this is not real time and is dependent on admin staff or other agencies (e.g. GP receptionist)

This report demonstrates:

- An increase in contacts of >14% by the children's therapies teams with no associated WTE increase.
- A reduction in hospital readmissions largely resulting from combined community based initiatives
- Significant improvements in Health Visiting Contacts.

Whilst improvements have been made within the community midwifery service, there remains significant work to be done in remodelling the service provision – focussed on the rationalisation of GP based services and the development of co-located community hubs (as recently recommended in the National Maternity Review). Very little progress has been made in this regard and external support to move to this model has limited progress. The Trust is working with commissioners to take this forward. There is some opportunity to progress this work via the Black Country Maternity STP project.

Future focus on this board assurance item includes

- Caseload Management – await outcome of caseload management pilot – DGH.
- Agree KPI's and minimum S1 dataset for Community Childrens.
- Increase the number of continuing care packages.

- Development of the service for children requiring LTV packages
- Develop Enhanced Service provision
- Continue to pursue revised model of care – community midwifery (STP)

REPORT RECOMMENDATION:

The Trust Board are asked to discuss:

- the service developments and improvements in caseload management
- to discuss approach to engage commissioners and GPs to develop a new (and nationally recommended) service model

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Board Assurance Framework

PREVIOUS CONSIDERATION:

Trust Board October

Women and Child Health

Improving Community Caseloads

Health Visiting Performance has notably improved compared to 2015 and is meeting key standards

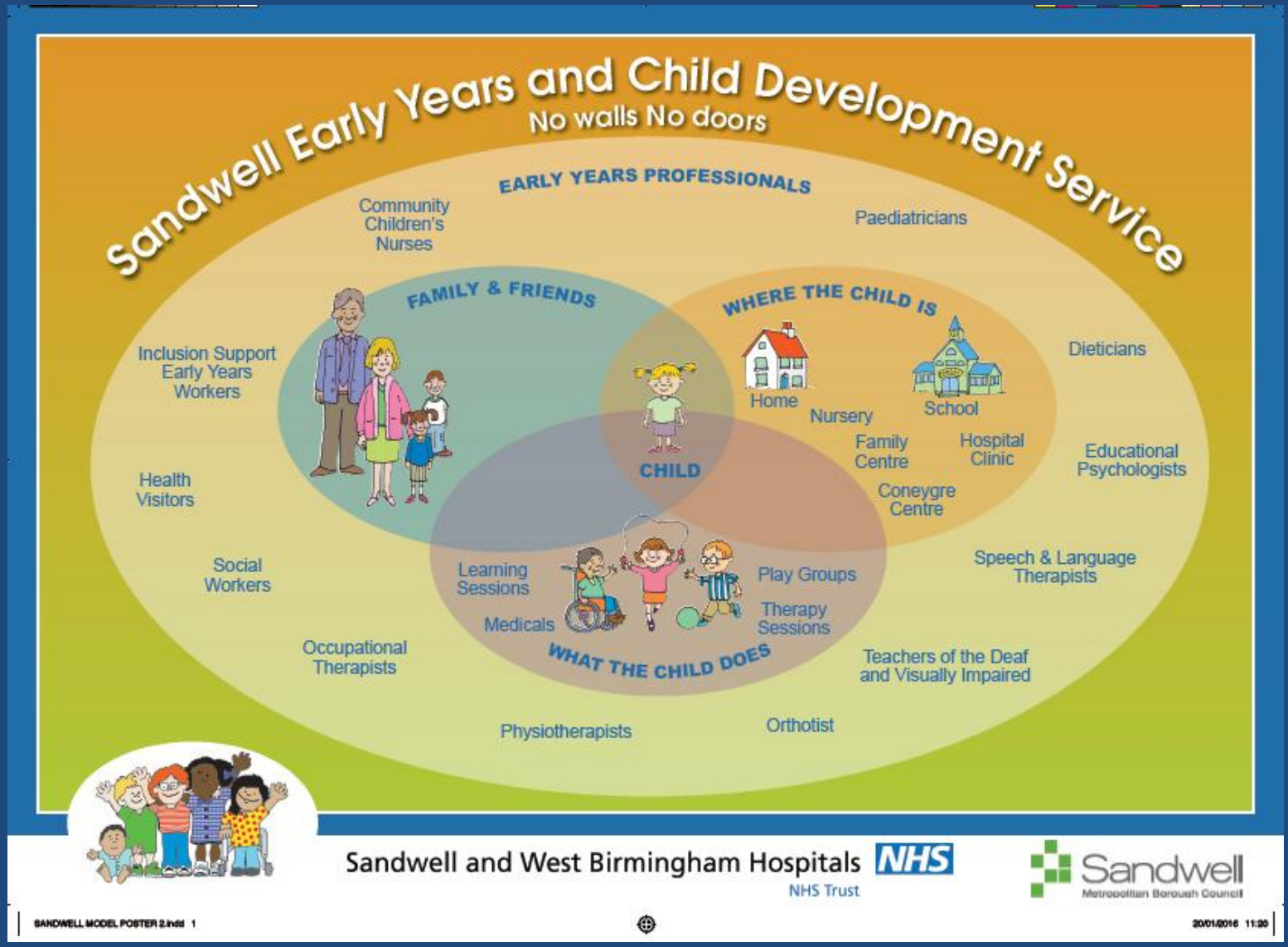
Quality Requirement	Thresholds	2015/2016 Quarter 1	2016/2017 Quarter 1 (Early indication)
Number of mothers who received a first face-to- face antenatal contact with a Health Visitor	No Threshold	99	568
Percentage of births that receive a face to face New Birth Visit within 14 days	95%	83.6%	88.1 (total 99.8)
Percentage of children who receive a 6-8 week review	95%	75.7%	95.2%
Percentage of children who received a 12 month review by 12 months	95%	64.1%	96.9%
Percentage of children who receive a 2-2.5 year review by the age of 2-2.5 years	95%	85.6%	97.4%
Number and % of infants with recorded breastfeeding status at 6-8 weeks	100%	47%	99.5%

Looking to the future health visiting service development and redesign opportunities exist through workforce development, public health initiatives, long term partnership working and community based projects

2016-2017 development approach

- Skill mix and workforce redesign
- School Readiness Project.
- Weaning Groups.
- Antenatal Changes Project / co location with Community Midwifery.
- Joint working with partner agencies – (every contact counts). Deliver key public health initiatives within community settings to improve public health outcomes.
- Nursery Project – developing partnership working with commissioners with integrated 2-2.5 year development reviews.
- Co operative working with Local Authority - 5 year agreement
- Positive recruitment campaign 2016

Children's Community Service – an integrated multidisciplinary approach to patient and family centred care



Looking to the future children's community service development and redesign opportunities exist through workforce development including reduction in duplicate professional contacts through generic working and information sharing

Initiatives to improve efficiencies by end of Q4:

- Working times extended to 8.00 am-6.00 pm Mon- Fri and 08.00 – 4.00 pm Saturday.
- Telephone triage of urgent visits eg replacing of naso-gastric tubes.
- Pilot of improved referral for early discharge from Lyndon 1 currently in process
- Service wide skill mix reviews – 'right care / right staff'
- Better sharing of information between Community Childrens Therapists and Community Children's Nurse's (CCN) – improves continuity by reducing contacts by differing professional groups–thus improving patient experience
- Planned visits with Health Visitor's reduces workload for both health visitors and CCN's.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Since 2015, the Community Children service uses SystmOne as the electronic patient record. Notably an improvement in readmission rates over the last 2 years has been achieved through pathway redesign and improvement in caseload management

.

Readmission Rates	Sept 14	Sept 16
	13.14%	9.34%

A new dashboard will be available form Q3 to inform further service development. Key performance measures to be implemented:

- Comparative number of contacts.
- No of contacts within 24 hours of referral.
- Working towards undertaking visits on the day of discharge.
- Referral to 'treat' times.
- Reduced length of stay.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Through new ways of working the Community Therapists Caseload has increased over the last 3 years by 14.1%

Service Offered	Number of Contacts 2013-14	Number of Contacts 2015-16	% increase
Childrens Therapy Service Occupational Therapy	2915	4310	32
Childrens Therapy Service Physiotherapy	5186	5748	9.7
Childrens Therapy Service Speech & Language Therapy	9858	10870	9.3
Grand Total	17959	20928	14.1
			% decrease
Annual pay budget	£1426,582	£1418,429	0.5%

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Community Midwifery caseload has improved over the last few years. Recruitment remains a challenge. Developing assistant practitioners is a workforce innovation which will improve caseload management further.

Workforce challenges:

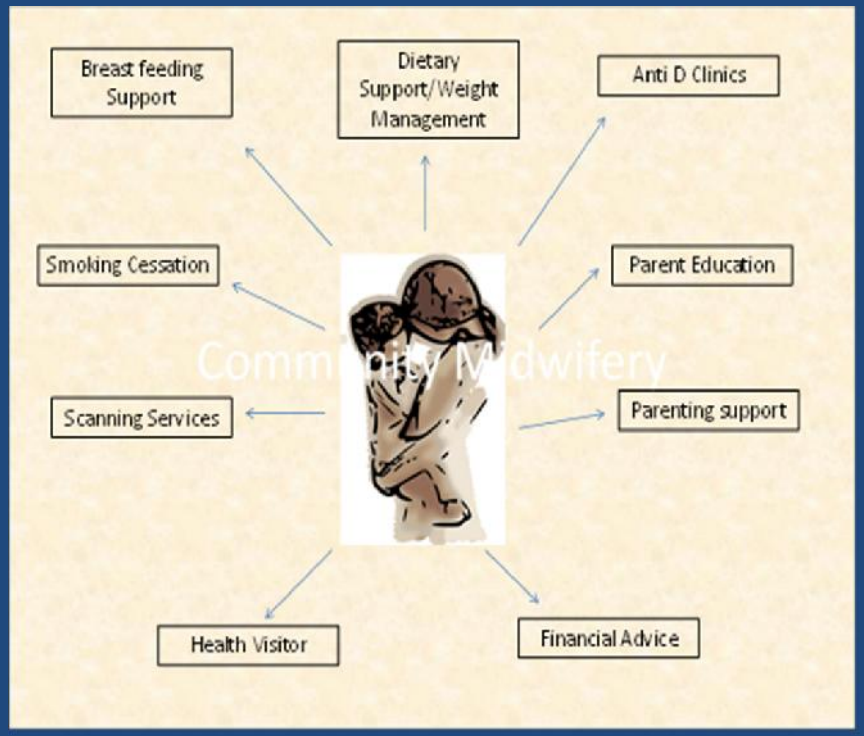
- 2015 Caseload Funded 1:115
  Actual 1:140
  Recommended 1:95
- Longstanding recruitment issues
- Heavily regulated pathways of care
- Upskilling of HCA's – Assistant practitioners (3 year programme)

Community Midwifery developments are associated with workforce development, partnership working and developing new models of care

- Introduction of Assistant Practitioner roles (post natal care)
- Partnership working with voluntary agencies (breast feeding / lifestyle support / parenthood preparation)
- Migrant Worker Project
- Community engagement alongside FNP (baby box project)
- Maternity STP exploring new models of care to deliver against agreed objectives (to include reduction in PMR)
- Further improvements in direct face to face contact times are largely predicated on agreeing a model of community midwifery care with CCG partners based around co location within community based hubs. This has not progressed over the last year and needs commissioner support to progress.

The new model of care is child and family centric, providing an integrated service in community locations.

From this…



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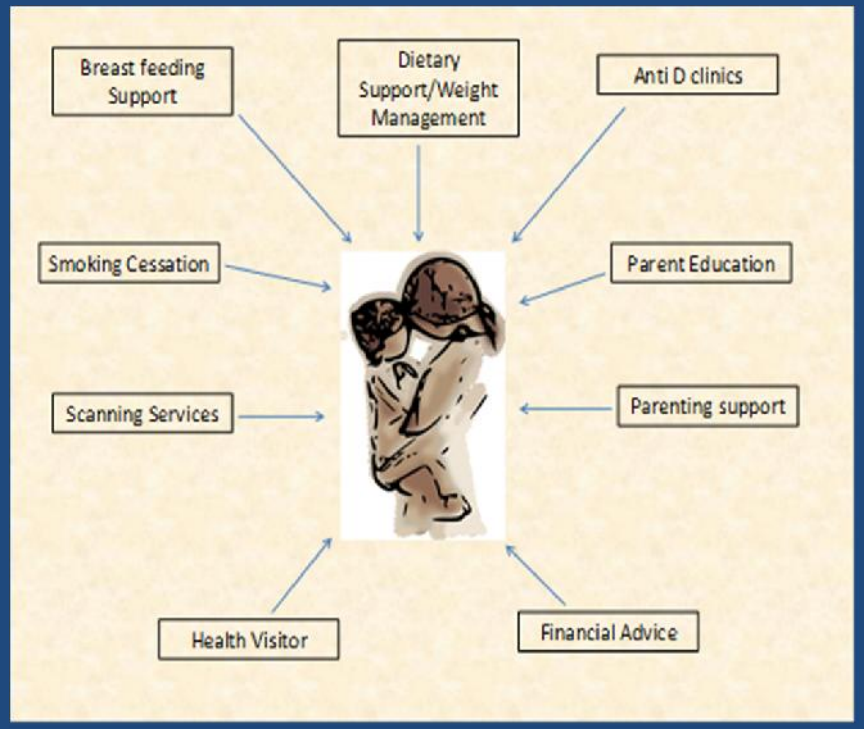

Over the remainder of the year the women and child health services will continue to make improvements to caseload management through workforce development and a number of other initiates:

- Caseload Management – explore dependency tool, activity formula , school allocation formula
- Agree and implement KPI's and minimum dataset for Community Childrens
- Increase the number of continuing care packages
- Development of the service for children requiring Long Term Ventilation packages
- Develop Enhanced Service provision
- Improve pathways across acute and community
- Agree new care model for midwifery community services

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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:	3 November 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 high (red) risks on the Trust Risk Register.
- **REVIEW and AGREE** removal of the proposed risks from the TRR and for these to be managed by Clinical Groups with oversight by the Risk Management Committee.
- **REVIEW and AGREE** whether the paediatric ophthalmology risk should feature on the TRR.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Clinical Leadership Executive on 23 August 2016

FOR DECISION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 6 October 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 Risks requested for removal from the TRR for local management and oversight at RMC:

- Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability (**771**). Surgery A Group management view is that the actual risk of occurring is less than originally scored and improvements in the supplier's performance, which is closely monitored, means the risk is now at a level that can be managed by the directorate.
- There is not a 2nd on call theatre team for an obstetric emergency between 1pm and 8am. In the event that a 2nd woman requires an emergency c/s when the 1st team are engaged, there is a risk of delay which may result in harm or death to mother and/or child (**119**). Women and Child Health Group management view is that the actual risk of occurring is less than originally scored and whilst monitoring is ongoing locally, the risk is now at a level that can be managed by the directorate.
- BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records (**331**). W&CH Group advise that a practical workaround is in place which is that CMWs have the ability to download patient caseloads whilst online and then they can update the record offline via their iPads, which mitigates this risk. Although a more robust wifi solution is still being sought by IT, the W&CH Group consider that the workaround provides a practical solution. The practical workaround is also supported with escalation procedures for critical information and reverting to retrospective data entry if the need arises.
- National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours (**1875**). W&CH Group advise that the risk no longer applies and needs to be archived.

2.3 Additional risk highlighted to the Board with a view to inclusion on the Trust Risk Register:

- Risk of compromised care resulting from a delay in treatment within paediatric ophthalmology, due to the paediatric ophthalmic consultant leaving the Trust. The risk also

carries default on SLA arrangements with BCHT (**1738**). The risk assessment for 1738 is at **Appendix B**.

2.4 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.
- **REVIEW and AGREE** removal of the proposed risks from the TRR and for these to be managed by Clinical Groups with oversight by the Risk Management Committee.
- **REVIEW and AGREE** whether the paediatric ophthalmology risk should feature on the TRR.

Kam Dhami, Director of Governance
3 November 2016

Appendix A: Trust Risk Register
Appendix B: Risk Assessment 1738

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

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	21/09/2016	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
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	26/10/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.	5x4=20	Reviewing plans in line with STC retained estate Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors	Department reconstruction at SGH with the exception of theatre location. It would appear that OPD2 has been allocated to ophthalmology at Sandwell.	Rachel Barlow	31/03/2017	27/10/2016	Quarterly	3x4=12	Treat
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs (1414MARWK03)	4x5=20	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	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 Feb 2016). 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	31/12/2016	27/10/2016	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	*** PROPOSED ADDITIONAL RISK FOR TRR *** 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	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.	A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region.	Roger Stedman	30/11/2018	27/10/2016	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 ophthalmologists and/or the availability of a 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.	Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed: Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. SWBH MD to engage with BCH MD re. joint working (completed). Liaise with commissioners over the funding model for the Paediatric OOH service. Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting). Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is. 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
331	Live (With Actions)	Maternity_ Health	Community - Midwifery (C)	IT Software - Clinical System Failure / Issue	*** PROPOSED FOR REMOVAL FROM TRR *** BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records.	4x4=16	A proforma has been developed to enable CMWs to send critical information to the IT service desk. CMW have the ability to download patient caseloads whilst online so can access offline via their IPads. Utilisation of local super users and dedicated midwife for day- to- day support. CMW reverts to peer notes for retrospective data entry if unable to input data in real time	IT Service Desk liaising with maternity and CSUs to install BN client onto GPs PCs. CIO now leading on mitigation plan. Action ongoing to establish uninterruptible WIFI connection by using other secure networks in health locations. This IT solution is still being pursued, but may be a longer term fix than originally anticipated.	Mark Reynolds	31/12/2016	27/10/2016	Monthly	3x4=12	Treat
119	Live (With Actions)	Maternity_ Health	Maternity Theatres	Incident	*** RISK PROPOSED FOR REMOVAL FROM TRR *** There is not a 2nd on call theatre team for an obstetric emergency between 1pm and 8am. In the event that a 2nd woman requires an emergency c/s when the 1st team are engaged, there is a risk of delay which may result in	2x5=10	Monitoring of frequency of near misses On call theatre team available but not dedicated to maternity (but where possible maternity is prioritised)	Reviewed by TB who advised the risk will continue to be monitored / tolerated.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	2x5=10	Tolerate

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
				harm or death to mother and/or child.		Good labour ward management practices and good communication between teams.							
1875 Monitor	Maternity_ Health		Vaccination	*** PROPOSED FOR REMOVAL FROM TRR*** National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours.	**3x5=15**	Hepatitis B vaccine is normally freely available to vaccinate babies born to mothers with the Hepatitis B Virus Hepatitis Vaccine is normally freely available as a stock item to give to babies born to mothers who present unbooked and deliver Consider using adult dose with constraints		Rachel Barlow	31/12/2016	19/10/2016	Monthly	**2x5=10**	**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
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	27/10/2016	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
				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 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
771	Live (With Actions)	Theatres	Theatres - 1st	Incident	*** PROPOSED FOR REMOVAL FROM THE TRR *** Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged	3x4=12	Audit by Pan Birmingham team of turnaround times. Non conformance discussed daily and investigated. Monthly Theatre users group meeting with Trust and BBraun. Non conformance presented at TMB monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance.	Surgery A Group Director of Operations attending Pan-Birmingham Management Board to escalate issues. Monitoring is ongoing and some improvements seen.	Rachel Barlow	31/12/2016	11/10/2016	Quarterly	2x4=8	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
				instruments; lack of traceability.		Ongoing monitoring and improvements seen. The actual risk of occurring is less than originally scored and improvements in the supplier's performance, which is closely monitored, means the risk is now at a level that can be managed by the directorate.							
327 Live (With Actions)	Interventional	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	**4x3=12**	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests. Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	BCA plans to be delivered to commence in April 2016. PPAC & staff currently being consulted and volunteers for rotas sought. Working on Rota to cover our first commitment Saturday 30th April. The BCA service started in April as planned, with 1st SWBH weekend end April. So far, all weekends have been covered but there are 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	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
								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. 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.						

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
332	Live (With Actions)	Maternity_ Health		Vaccination	National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB.	5x4=20	Pooling all available vaccines from other areas in the Trust Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary. Backlog reduced. All parents offered appointment by end of Feb	New unlicensed batch, operational policy agreed and in place.	Rachel Barlow	30/11/2016	27/10/2016	Monthly	2x2=4	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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

Risk Assessment

Risk Number	Risk Version	Owner	Assessor	Control Potential	Status
1738	5	Ashutosh Sharma	Laura Young	Treat	Live (With Actions)

Level of RR where risk features Clinical Group/Corporate Direc

Where is this risk monitored? Clinical Group/Corporate Direc

Risk Details

Department	BMEC Outpatients - Eye Centre	**Directorate**	Ophthalmology
Specialty	Ophthalmology	**Clinical Group / Corporate Directorate**	Surgery B
Site	City Hospital		
Type	Clinical Care/Treatment	**Sub-Type**	Quality Of Care

Risk *** PROPOSED ADDITIONAL RISK FOR TRR ***
There is a risk that children, particularly under 3 years of age, who attend the ED at BMEC with an emergency eye condition, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist.

Scope Specialist paediatric ophthalmology and/or emergency procedures needed within 24 hours during weekends and bank holidays.

Hazard OOH small numbers of patients requiring emergency specialist paediatric ophthalmology procedures within 24 hours (approx. 10 per year) which could potentially result in severe harm.

Initial Risk Scoring

Severity	Likelihood	Initial Risk Score	Initial Risk Rating
4 Major	4 Likely	16	Red

Controls in Place

Control	Details
Contingency/Emergency Arrangem	Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases.

Controls in Place

Control	Details
Contingency/Emergency Arrangem	Agreement with BCH to access paediatric specialists advice and where specialist care is required patients can be transferred to BCH.

Controls in Place

Control	Details
Contingency/Emergency Arrangem	There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up services when required.

Controls in Place

Control	Details
Contingency/Emergency Arrangem	Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area.

Risk Assessment

Risk Number	Risk Version	Owner	Assessor	Control Potential	Status
1738	5	Ashutosh Sharma	Laura Young	Treat	Live (With Actions)

Level of RR where risk features Clinical Group/Corporate Direc

Where is this risk monitored? Clinical Group/Corporate Direc

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

Severity	Likelihood	Current Risk Score	Current Risk Rating
4 Major	3 Possible	12	Amber

Actions

Type Review & Develop Policy/Proced **Owner**

Target Date 31/12/2016 **Completed Date** / /

Details:

A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region.

Progress:

Actions

Type Develop/update Plan **Owner**

Target Date 31/03/2017 **Completed Date** / /

Details:

Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed:
Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service.
SWBH MD to engage with BCH MD re. joint working (completed).
Liaise with commissioners over the funding model for the Paediatric OOH service.
Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting).
Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is.

Progress:

Actions

Type Review & Develop Policy/Proced **Owner**

Target Date 30/11/2018 **Completed Date** / /

Details:

Midland Met will treat paediatric emergencies and will have access to paediatric anaesthetists within 24 hours.

Progress:

Review dates

Last review date 27/10/2016 **Next review date** 25/01/2017 **Review frequency** Quarterly

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Aston Medical School
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman, Medical Director
AUTHOR:	Dr Roger Stedman, Medical Director & Tony Waite, Finance Director
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

In September 2016 the Trust Board delegated their approval of the Aston Medical School Business Case to the Workforce and OD Committee. Since September 2016 there have been a number of developments. This paper outlines those developments and seeks re-approval of the terms on which we continue to negotiate with Aston University.

REPORT RECOMMENDATION:

The Board is asked to endorse the recommendations at page 2 of the report.

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

Accept	Approve the recommendation	Discuss
	X	

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

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

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

PREVIOUS CONSIDERATION:

Trust Board 01 September 2016

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Aston Medical School (AMS)

Report to the Trust Board on 3rd November 2017

1. Notwithstanding prior agreement of the board in September 2016 to delegate approval of the Aston Business Case to Workforce and OD committee – a number of significant developments warrants updating the board on the current situation regarding AMS – and seeking re-approval of the terms on which we continue negotiating with Aston University.

2. To remind the board – AMS is a proposed new medical school opening autumn 2018 that will admit predominantly fee paying international medical students (80%) – a proportion of the fees generated by these students along with tuition fee loans will fund the remaining 20% of places that will be made accessible to students from local schools in deprived areas that have not traditionally provided pathways to medical careers.

3. The AMS curriculum mandates partnership with hospital trusts and other healthcare institutions to provide clinical placements for students from year 3 to year 5.

4. SWBH have been active and vocal supporters of the AMS proposition since its inception – this is in the face of considerable reputational and, potentially, financial risk with respect of established medical education partners (University of Birmingham)

5. For these same reasons AMS has struggled to develop partnerships with Trusts around the West Midlands region – there remain few Trusts definitely committed to the endeavour other than SWBH, particularly within the bounds of the city of Birmingham and the Black Country.

6. For this reason we have taken the stance that we are more than just another provider of clinical placements and that our offer of 40% of these placements puts us in the position of principal partner, one that keeps the proposition rooted in the West Midlands conurbation and on which the success of the endeavour depends. Not least through our contribution of expertise and credibility to the curriculum development process.

7. We believe that the scale of contribution and commitment warrants somewhat more than the marginal commercial settlement that is proposed by AMS.

Key Developments in recent weeks

1. Announcement at Conservative party conference of an additional 1500 medical school places. There is a high likelihood that a significant proportion of the West Midlands allocation of these places will go to AMS – with the concomitant SIFT funding. This profoundly alters both the business model and nature of the AMS proposition.

2. The new vice chancellor of Aston University, Alec Cameron, has taken up post in September. He is supportive of the AMS proposition however views us and other providers of clinical placements more as sub-contractors than partners.

3. This diminishes our potential for gaining 'special' status with respect to other providers but creates the opportunity for negotiating and settling commercial terms of our relationship with AMS.

4. Commencement of financial due diligence specifically with a view to being assured that

5. the AMS represents a sound & sustainable business proposition

- the commercial proposition as regards SWBH as provider is economically coherent and stands as a core not marginal arrangement

Recommendation

1. We should continue to negotiate with AMS as principal provider of clinical placements however we should seek out a second significant provider within Birmingham/Black Country

2. We should require a commercial settlement, based on the current business model and proposed number of placements, that is consistent with the proposition reflecting core business and appropriate full costs.

3. We should leave open the possibility of re-negotiating this position if SIFT funding is forthcoming for a proportion of students

4. We can offer flexibility on these terms with respect to timing, staging over the first five years of operating, as AMS builds up to its full operating state.

Dr Roger Stedman, Medical Director
Tony Waite, Finance Director
October 26th 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Mortality - Moving the Dial
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman
AUTHOR:	Dr Roger Stedman
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the board of our approach to bring about material reduction in mortality across a range of high risk diagnostic groupings that are amenable to intervention. The lever of change to bring this about is the Quality Plan – specifically the first objective of the quality plan to bring about reductions in mortality in patients with:

- Sepsis
- Stroke
- Acute MI
- Hospital Acquired VTE
- Fractured neck of femur
- High Risk Abdominal Surgery

Our objective is to be amongst the top 20% of trusts for mortality

REPORT RECOMMENDATION:

The board is asked to consider this proposal, ask questions to clarify their understanding and make suggestions to the approach.

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		Patient Experience	X
Clinical	**X**	Equality and Diversity	X	Workforce	X

Comments:

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

PREVIOUS CONSIDERATION:

Mortality – Moving the dial on death rates

Our approach through the Objective 1 of the Quality Plan

Introduction

The board will recall a discussion in July regarding mortality rates as reported through HSMR and SHMI. A number of factors had resulted in both an absolute shift in HSMR (rebasing of the expected death rate algorithm) and also a relative shift with respect to our peers and the impact that under reporting of palliative care codes has on that position. In the months since July our HSMR position has improved by 6 points, palliative care coding has increased although remains below that of peers and our relative position to peers has not changed.

The purpose of this paper is to explain to the board what we are doing about 'real' death rates i.e. deaths from causes that are amenable to an intervention that reduce the likelihood of death being the outcome. The board will also recall that data from the mortality review system demonstrates that the significant majority of deaths in hospital are both expected and not preventable (i.e. patients on an end of life pathway) – our community based EOL service having the primary objective of moving these deaths from occurring in hospital to a setting more appropriate and desired by the patient.

Reducing amenable death rates

Through the design of the first objective in the Quality Plan we have identified major diagnostic groupings for which we have specific interventions aimed at reducing mortality rates. All of them are 'time sensitive' interventions i.e. the point in time of the disease progression at which the intervention takes place has a profound impact on the outcome. This means that the challenge of reducing death rates is both a clinical diagnostic challenge and an operational delivery challenge.

Sepsis – This covers a wide range of diagnoses that are infective in origin including pneumonia and uro-sepsis (two of the commonest diagnoses attached to patients that die). Left untreated sepsis can progress to multi-organ failure, septic shock and death. The early signs of sepsis are subtle but can be picked up by regular observations of patients, application of severity scoring and escalation when triggers are met. The intervention is the application of a screening tool (to confirm the sepsis diagnosis) and the

delivery of the 'sepsis six bundle' which includes treatment with antibiotics within the hour. Our objective with this measure is to increase reliability of the application of the sepsis screening tool which is currently at around 60% of eligible patients. Those that screen positive for sepsis do now reliably receive the sepsis bundle and this has contributed to a significant reduction in admissions to ITU with severe sepsis and death from septic shock over the last two years since the introduction of the sepsis CQUIN – (Severe sepsis admissions 71 in 14/15; 22 in 15/16 - Septic shock deaths 18 in 14/15; 7 in 15/16). Our aim is to reduce this further

Acute MI and Stroke – with the reconfiguration of stroke and cardiac services and the development of HASU and new cardiac catheter suites we now have high performing pathways for both Acute MI and Stroke. Stroke thrombolysis and cardiac reperfusion are both time sensitive interventions for which earlier intervention produces better outcomes. Our key challenge in these two pathways lie not in the delivery of the pathway once triggered – these are well established and perform well – but at the upstream end of the pathways where reliability of triggering the pathway results in 'missed' strokes and MIs. Whilst we will continue to monitor and manage performance of the stroke and MI pathways the intervention required here will be to improve recognition, diagnostic reliability and triggering of the pathway.

Fractured Neck of Femur – Falls with fracture are a common prelude to end of life. Interventions aimed at reducing mortality from falls and fragility are aimed at both improving promptness of treatment when they occur (surgery within 36 hours of fracture is associated with better outcomes), mobilisation and rehabilitation after treatment – through the development of a comprehensive ortho-geriatric offering and also prevention of falls in the first place through the identification and modification of risk factors (in particular reducing medication related falls risk). The Trust is currently a higher than expected outlier for 30 day mortality (10.1% actual vs. 7.4% expected) on the national hip fracture database – this has been investigated and we have invited external review of our service for recommendations for improving this position.

Hospital Acquired Venous Thrombo-Embolism – The risk assessment and prophylaxis of VTE is a safety fundamental in the management of hospital in-patients. Improving the reliability of this process is key to improving mortality from this condition. However even a high reliability risk assessment and prophylaxis process sees a continuing incidence of

HAVTE. Currently we have 150 – 200 cases of HAVTE per year – case reviews of these instances have highlighted a particular risk amongst patients with cancer diagnoses. We are currently reviewing our approach to the prevention of VTE in patients with a cancer diagnosis and will introduce new guidelines for the management of VTE risk in these patients this year.

High Risk Abdominal Surgery – The abdominal catastrophe dominates the emergency surgery workload and is associated with high mortality, particularly amongst the elderly. Time to theatre from diagnosis is a strong correlate with good outcomes. Following participation in the national EPOCH study we have introduced the EmLap pathway which accelerates the diagnostic and treatment pathway for patients with acute abdomen. Identification of risk and the provision of appropriate level of critical care in the post-operative period is also key to bringing about good outcomes. In addition aftercare and rehabilitation are critical to success in the elderly cohort of these patients.

Governing the Quality Plan

Specific measurable indicators are available to monitor performance for all of these interventions as well as audited outcome measures. The delivery of these will be monitored through the Clinical Quality Outcomes Group (formerly the clinical effectiveness committee). The Quality Plan will be programme managed using the Trust's single change method and progress will be reported on themed rolling basis to board members at the Quality and Safety Committee.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P06 September 2016
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	3 November 2016

EXECUTIVE SUMMARY:

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

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	7	6	2	15
Obstetrics	2	5	6	13
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	3	8	0	11
Cancer	2	8	5	15
FFT, MSA, Complaints	14	2	5	21
Cancellations	5	4	0	9
Emergency Care & Patient Flow	9	5	4	18
RTT	8	0	6	14
Data Completeness	1	9	9	19
Workforce	11	1	10	22
SQPR	10	0	0	10
Total	74	54	58	186

- This report indicates our hospitals operating under significant and sustained pressure and with consequent adverse impact on performance
- September IPR has 74 red rated exception indicators
- Relevant recovery plans are overseen through the Executive Performance Management Committee.
- Current focus is ED, RTT, diagnostic waits & VTE.
- Formal performance notice received from CCG in respect of ED performance. Requires credible system solution to remedy

Key targets – September Delivery

× **ED 4 hour** performance for September was 89.15% against the 95% national target and against the 92.8% STF Trajectory. 2,051 (1884) breaches were incurred in September. October outlook c86.3%. Quarterly ED performance: Q1 91.9%, Q2 89.2%.
Modelling future activity, to deliver the target full year and achieve STF funding, the number of breaches need to reduce significantly to c1,037 for each of the next 6 months (this is against current attendance patterns).

× **RTT** performance for September is at 91.2% falling short of national standard of 92.0% and STF of 91.5%. 1x 52 week breach in ENT has been declared.

✓ **62 day cancer** August performance at 84.1% falling short of target; but September achieved and hence securing the Q2 delivery at c87.1%. All other cancer targets continue to deliver. Neutropenic sepsis compliance improvement in month to 55% but remains significantly short of 100% standard.

× **Acute Diagnostic waiting times** in excess of 6 weeks 1.38% in month being non-compliant with 1% tolerance. Historic record of consistent compliance. Key area requiring attention is endoscopy and which is subject to focussed remedial action.

× **Never event** 12 hour DTA wait time breach in ED reported in October

Positive delivery

- ✓ **Readmissions** 6.5% in August represents further step reduction; tracking towards peer 6.2%
- ✓ **Hip fractures** performance in month improving significantly from the last 6 months to 86.4% against standard of 85% and indicating positive impact of improvement plan reported at P06
- ✓ **Infection control** delivers across all indicators in September and well within targets
- ✓ **Stroke and Cardiology** primary angioplasty and rapid access chest pain sustaining high performance
- ✓ **Mortality reviews** undertaken within 42 days at 69.4% in July and continues to improve; Q1 performance at 68.1% being just compliant with CQUIN trajectory.
- ✓ **VTE** performance recovered to 96.2% being compliant with 95% national standard and with all groups meeting standard; remains focus of attention to secure delivery to 100% local standard

Requiring attention – action for improvement

RTT
- Chronological booking compliance to be improved
- Deliver total clock stop volumes to plan trajectory
- Reduce latent time on pathway [results reporting timeliness; letter production etc.]
- Improve discipline in management & control of RTT production planning

Diagnostics
- resolution of endoscopy production management & control to remedy prospective capacity shortfall to sustain compliant performance

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

VTE Assessments
- noted improvement in compliance during September
- continue to embed delivery at individual clinician level

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

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

CQUINs
- Noted risk to delivery of x2 CQUINs with potential financial impact c£0.5m, but aiming to recover some of this
- Remedial plans for delivery of at risk standards specifically sepsis in ED and mortality reviews

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. There is a significant risk to Q3 plan delivery and which would close off access to all STF funding for that quarter and potentially Q4 including the operational performance component of STF reported below.

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%						
STF payment 12.5% £k	£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%						
STF payment 12.5% £k	£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%	85.00%						
STF payment 5.0% £k	£141			£141			£141			£141

STF lost for Q2 in respect of ED 4hr performance [£353k] and likely RTT [£118k].

Prospective Q3 failure for ED [£353k] and both cancer and RTT targets risk being affected by diagnostic times not being achieved.

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: September 2016

Reported as at: 27/10/2016

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Infection Control

3x C. Diff cases reported during the month of September;
x13 cases year to date being within trajectory of 15
Max x30 cases for the year have been agreed within the CCG Contract 16/17.

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

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

MRSA Screening - September month:
- Non-elective patients screening 93.1%
- Elective patients screening 91.0%
- both indicators are compliant with 80% target in-month and YTD

Whilst elective screening is compliant overall, Medicine Group which is at 65% (with Scheduled Care @ 53% only) - subject of remedial action within the group.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of September at 5.3 against a tolerance rate of 9.42.
Year to date the rate is at 5.1 and within target of 9.42.

Harm Free Care

94.1% September NHS Safety Thermometer below target 95.0%.
Consistent underperformance driven mainly by falls and pressure ulcers.

x85 [x94] falls reported in September with x3 [x3] falls resulting in serious injury.
29 falls within community and 56 in acute setting.
Year on year elevated level and subject to CNO scrutiny.

x5 [x8] avoidable, hospital acquired pressure sores reported in month.
x2 [x3] 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.

x4 [x6 last mnth] serious incidents reported in September;
x28 year to date.
Routine collective review and no pattern of concern identified.

No never events were reported in September; x2 on a year to date basis.
x1 12 hour post DTA breach reported October.

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

1x Open CAS Alert has been reported at September month end.

Venous Thromboembolism (VTE) Assessments in September at 96.2% compliant with 95% standard across all Groups.

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 September is 29.0% (27.9% LM); 26.1% on a year to date basis against target of 25%
Year to date, elective and non-elective rates are 8.9% and 17.3% respectively.

3 consecutive months of elevated levels, whilst consistent with same period last year, referred to Group Director for review & assurance

Adjusted perinatal mortality rate (per 1000 births) for September is 5.8 being within the tolerance rate of 8.
The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
The year to date position is also within the tolerance rate of 8 at 5.9.

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

Puerperal Sepsis indicators showing 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 75.9%; 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 102 (latest available data is as at June)
RAMI for weekday and weekend each at 103 and 100 respectively.

SHMI measure which includes deaths 30-days after hospital discharge is at 101 for the month of April (latest available data).
Slightly decreased to previous months.

Deaths in Low Risk Diagnosis Groups (RAMI) - month of June is 3.
This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

Crude in-month mortality rate for August is 1.1, and is the same as last year same period. The rolling crude year to date mortality rate remains consistent at 1.4 and consistent with last year same period.
There were x102 [x119] deaths in our hospitals in the month of August.

Mortality review rate in July at 69.4% a slight increase on previous month.
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.

Readmissions (in-hospital) reported at 6.5% in August (7.0% in July); [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 September indicates that 95.7% (91.2% last month) of patients spending >90% of their time on a stroke ward which is compliant with the 90% operational threshold; year to date at 93.3%

September admittance to an acute stroke unit within 4 hours is at 70.0% (70.8% LM 86.0% month before last) below 80% national and 90% local 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 66.7% in September (60.4% LM) ; being compliant with 50% standard

Pts receiving CT Scan within 24 hrs of presentation delivery in month at 92.9% (97.9%LM) below the 95% standard in month;
2/3 mnths failed standard & subject to follow up review.

September eligible patients for thrombolysis are at 50.0% (66.7% LM) failing the 85% standard.
4/6 mnths failed standard & subject to follow up.

For September, 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 September is at 99.1% exceeding the 98% target for x7 consecutive mnths.
From 1st April count is being amended to appropriately be 'from receipt' of referral (vs. date of referral), but the service monitors both.

TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at 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

- August position has been confirmed and the Trust is meeting all cancer targets other than the 62 day standard.
- 62 day performance was at 84.1% in August and hence falling below the national standard of 85%.
- September target has met in month, and hence Q2 delivery is expected at c87.1% for this indicator. Hence meeting quarterly STF targets as projected.
- Endoscopy remains a risk factor at present for cancer delivery, but improvement plans are in place.
- A risk log has been shared at OMC, which highlights areas for improvement in order to secure ongoing delivery of 62 day target.

-August validated position is that 11.5 patients waited longer than the 62 days.
Specialities breaching (Gynae 0.5, Head and Neck 1.5, Lower GI 4.0, Lung 1.0, Skin 1.0, UGI 2.0, Urology 1.5).

-x3 patients waited more than 104 days at the end of August
-The longest waiting patient as at the end of August was at 131 days
- 55% neutropenic sepsis cases received treatment within prescribed period (less than 1hr). Improvement but below standard required.

Patient Experience - MSA & Complaints

X13mths consecutive without mixed sex accommodation breach.
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 September is at 82 with 2.6 formal complaints per 1000 bed days.
100% have been acknowledged within target timeframes (3 days).
6.3% 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 September (1.2% August, 1.1% July, June at 0.7%) failing the in-month tolerance of 0.8% for three months running.

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

- 42 [55] sitrep declared late (on day) cancelations were reported of which 11 were deemed avoidable..
- The Trust also reports 258 cancellations in September 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 recommended in respect of capturing reasons.
- 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 69.8% in September (68.3% LM); 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 September was 89.15% against the 95% national target and against the 93.8% STF Trajectory. 2,051 (1884) breaches were incurred in September.
ED performance trend : **Q1 at 91.9% and Q2 at 89.2%.**
October performance as at 27/10 is at 86.3%.

- WMAS fineable 30 - 60 minutes delayed handovers at 135 in September (112 in August)
- 9x cases were > 60 minutes delayed handovers in September
- Handovers >60mins (against all conveyances) are at 0.22% (0.14% LM) below the target of 0.02% (0.10% on a year to date basis) . This is against total conveyances of 4, 138 in September (4,204 Aug, 4,363 Jul, 4,099 Jun, 4,604 May).

Fractured Neck of Femur patients delivery for September is at 86.4% exceeding the 85% target for the first time in 6 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 483 bed days in September; of which 215 [287] 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 September at 91.2% (92.0% Aug, 92.06% July, 92.72% June) failing national and STF standards.
A significant and growing backlog of 3,289 patients backlog (2,968 August, 2870 July, 2,515 June). Subject to detailed reviews and improvement trajectories.
Meaningful prospect of recovery of STF funding for September on the basis of the cumulative tolerance remains to be confirmed.

x33 patient pathways are under-performing of which 5 are failing on the incomplete pathway. RTT Improvement trajectories have been established for all specialties with recovery from July through December led by the Groups, but that forecast is under increased scrutiny, as slipping from original projections.

In September, there are 1x 52 week breaches on the incomplete pathway to which the trust is held accountable; this is in ENT. The Trust is constantly striving for improvement in the RTT validation cycle with a wide-ranging action plan.

Diagnostic waits beyond 6 weeks were at 1.38% (0.85% August), hence failing the national target of 1% and STF trajectory; mainly driven by breaches in Endoscopy and Echograms.

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 86,300 as at September (81,000 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. Low patient risk rated (green risk) amount to c15,00 are subject to auto-closures since Jan2016. The Task & Finish group continuous to keep up awareness and a more robust solution is being sought with iPM provider which aims to close referrals simultaneously with the discharge process avoiding the user to carry this out. Awaiting feedback.

Staff

PDR overall compliance as at the end of September is at 88.9% against the 95% target. Medical Appraisal at 87.6% (performance indicates appraisals 'validated' not 'carried out').

In-month sickness for September is at 4.21% (4.47% August, 4.15% July) a reduction on last month. The cumulative sickness rate is at 4.65%. RTW is at 78.8% in month.

The Trust annualised turnover rate is at 11.7% in September (11.9% July, 12.1% June) - reducing steadily. Specifically, nursing turnover has been recorded at 11.9% (11.2% Aug, 11.3% July, 11.8% June) more in line with the overall turnover. Both are still well above trust aspirations in respect of turnover.

Mandatory Training at the end of September is at 87.6% overall against target of 95%. Safeguarding training non-compliance has been a focus with catch up sessions for non-compliant staff scheduled. A large proportion of training is below the 85% delivery at present.

CQUINs, Local Quality Requirements 2016/17

The Trust is preparing to report the Q2 position during October in line with timetable; it is anticipated that the quarter will be missed for Sepsis ED.
We expect all other schemes to deliver.

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, comm falls & dementia, morning discharges . A new IPR page has been added to highlight areas of non-compliance. Community falls and dementia assessments improving as per improvement plans.

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).

Performance STF Criteria:
ED failure through Q2 with consequent £354k STF loss. No meaningful prospect of recovery in Q3.
RTT fail in September 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. Significant reliance on use of contingencies and flexibilities necesssary to report as plan.

Summary Scorecard - September (Month)

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	7	6	2	**15**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	3	8	0	**11**
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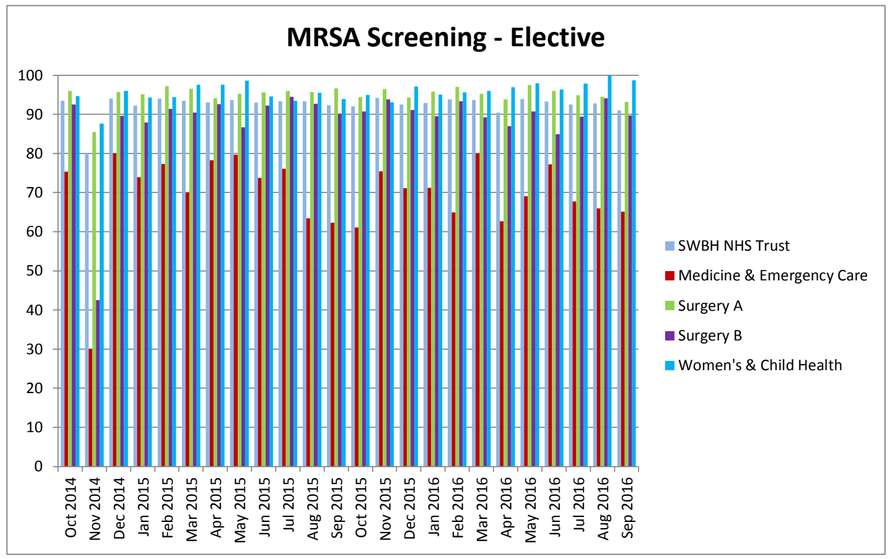
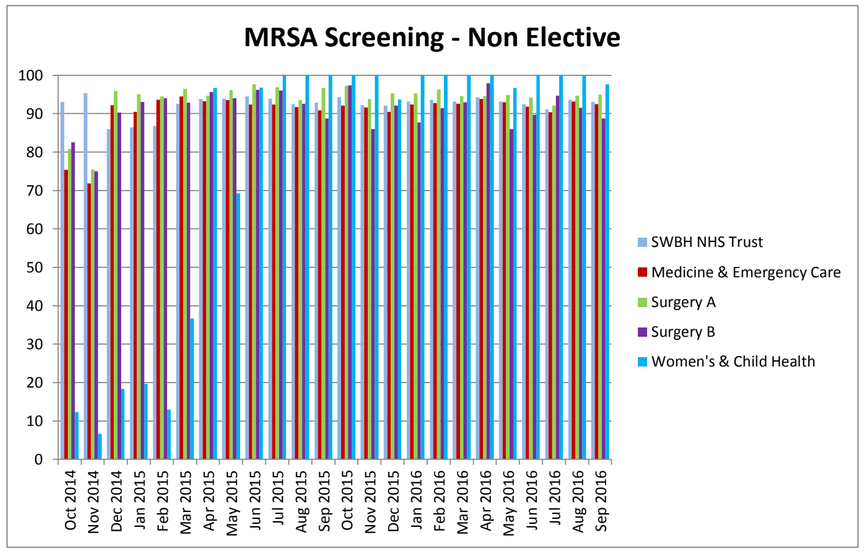
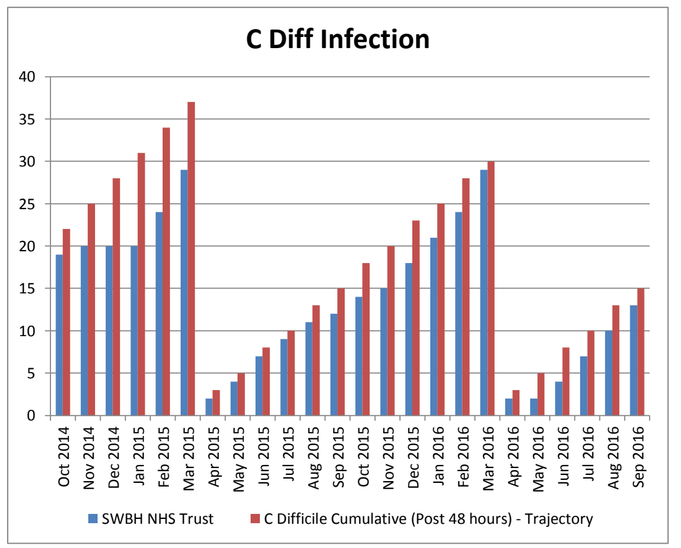
Emergency Care & Patient Flow	9	5	4	**18**
RTT	8	0	6	**14**
Data Completeness	1	9	9	**19**
Workforce	11	1	10	**22**
SQPR	10	0	0	**10**
Total	**74**	**54**	**58**	**186**

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Apr 2015) A M J J A S O N D J F M A M J J A S	Data Period	Group M	Group A	Group B	Group W	Group P	Group I	Group C	Group CO	Month	Year To Date	Trend
4		d	C. Difficile	<= No	30	3		Sep 2016	3	0	0	0					3	13	
4		d	MRSA Bacteraemia	<= No	0	0		Sep 2016	0	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Sep 2016									5.3	5.1	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	95		Sep 2016									10.5	15.3	
3			MRSA Screening - Elective	=> %	80	80		Sep 2016	65.1	93.2	89.7	98.7					91.0	92.4	
3			MRSA Screening - Non Elective	=> %	80	80		Sep 2016	92.5	94.9	88.7	97.7					93.1	92.9	

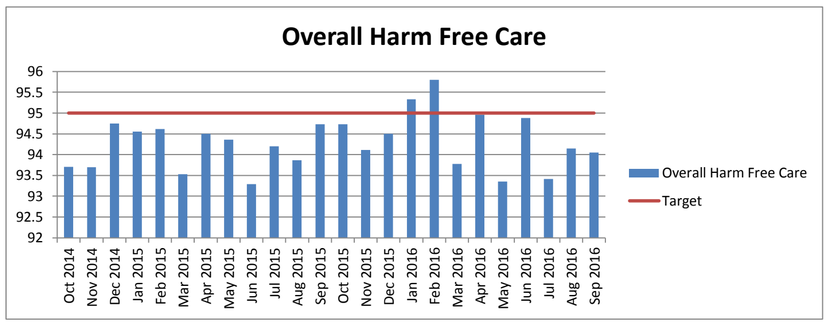


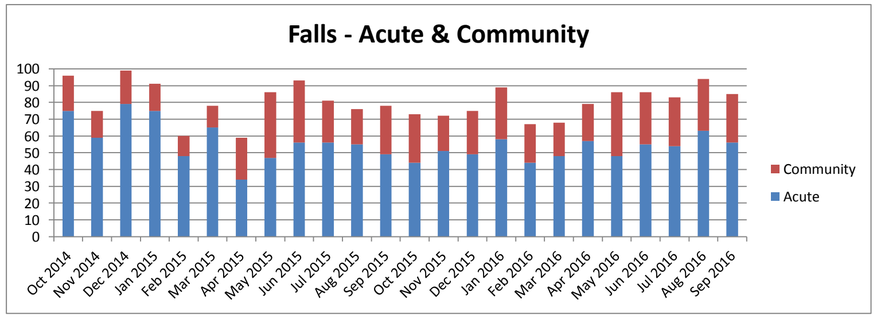


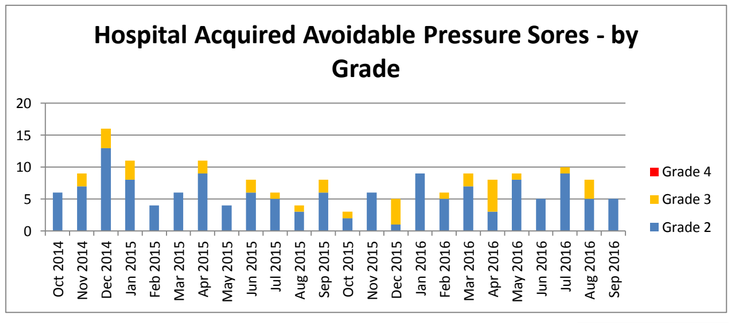


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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																				Sep 2016									94.1	94.1	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			0.25	4.00	2.00	1.00	9.00	3.00	3.00	4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	3.00	3.00		Sep 2016									0.27	0.30	
8			Falls	<= No	804	67	80	106	90	70	76	78	73	72	75	89	67	68	79	86	86	83	94	85		Sep 2016	44	6	3	2	1	0	29		85	513	
9			Falls with a serious injury	<= No	0	0	1	1	1	5	0	1	2	3	1	2	2	2	1	0	4	1	3	3		Sep 2016	2	0	0	0		0	1		3	12	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	11	4	8	6	4	8	3	6	5	9	6	9	8	9	-	10	8	5		Sep 2016	4	0	0	0			1		5	45	
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	2		Sep 2016							2		2	15	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																				Sep 2016	95.4	95.6	98.7	97.3					96.2	95.3	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																				Sep 2016	98.6	99.8	100.0	99.4		0.0			99.5	99.9	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																				Sep 2016	100	100	100	100		0			99.8	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																				Sep 2016	99	100	100	100		0			99.6	99.1	
9		d	Never Events	<= No	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0		Sep 2016	0	0	0	0	0	0	0		0	2	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0		Sep 2016	0	0	0	0	-	0	0		0	0	
9		d	Serious Incidents	<= No	0	0	5	4	7	9	7	5	7	6	2	12	8	5	2	1	10	5	6	4		Sep 2016	2	0	0	0	0	0	2	0	4	28	
9			Open Central Alert System (CAS) Alerts	<= No			8	5	4	8	11	8	7	4	9	7	6	5	1	13	3	11	12	12		Sep 2016									12	52	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	0	3	2	0	1	2	2	0	0	2	1	2	0	0	0	0	1	1		Sep 2016									1	2	

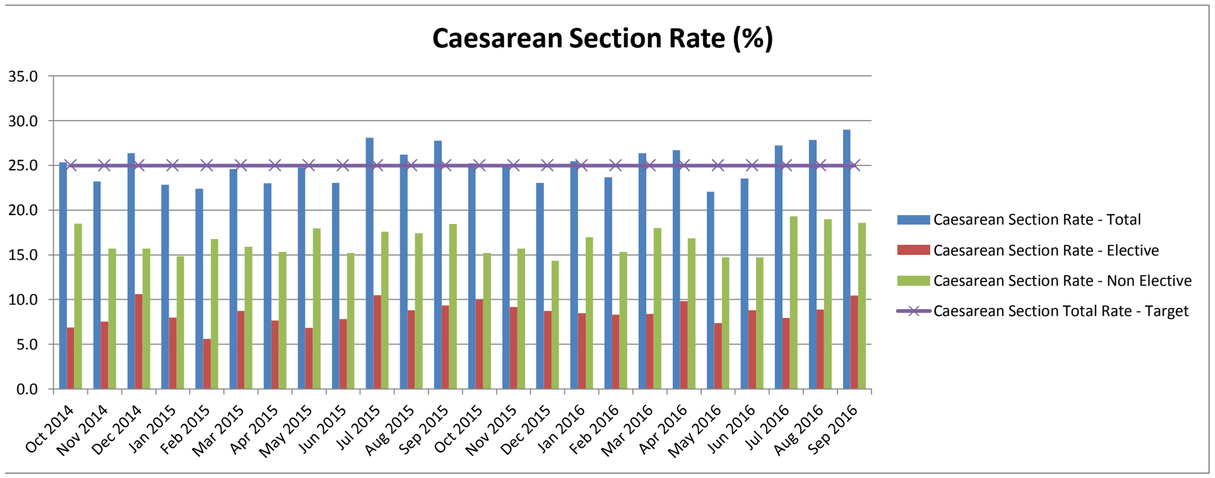


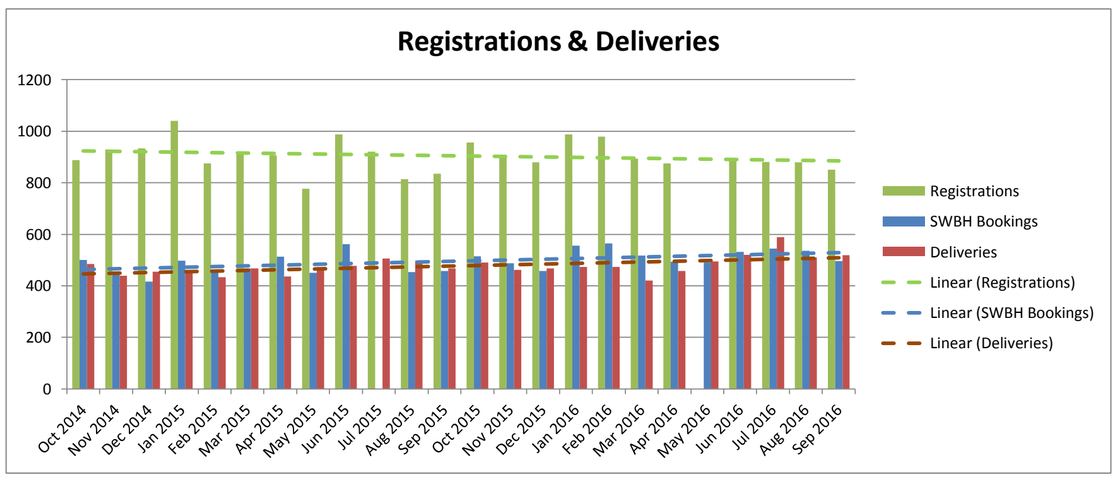




Patient Safety - Obstetrics

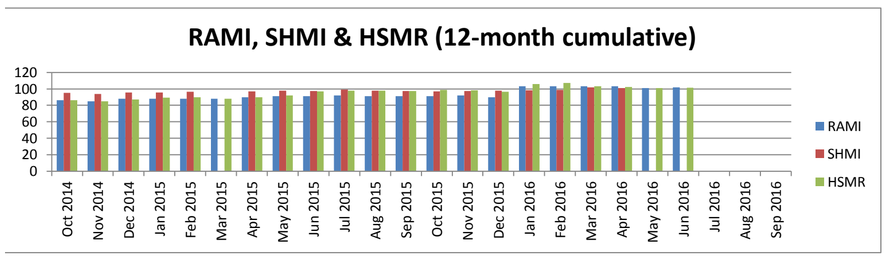
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2016	29.0	26.1	
3		•	Caesarean Section Rate - Elective	<= %			8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	10	Sep 2016	10.4	8.9	
3		•	Caesarean Section Rate - Non Elective	<= %			15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	19	Sep 2016	18.6	17.3	
2		•d	Maternal Deaths	<= No	0	0																			Sep 2016	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2016	1	9	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Sep 2016	1.73	1.46	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2016	5.80	5.82	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Sep 2016	75.9	78.0	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Sep 2016	125.0	132.3	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	-->	-->		-->	-->		-->	-->		-->		-->	-->		-->	-->			Sep 2016	-	75.80	
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			2.1	2.1	1.3	1.6	1.6	1.6	1.5	1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	1.8	3.2	Sep 2016	3.25	2.32	
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.6	1.0	1.3	1.0	1.1	1.3	1.1	1.3	0.3	-	0.8	1.5	1.3	3.4	1.3	1.4	1.5	3.0	Sep 2016	3.02	1.99	
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.7	0.8	0.9	0.2	0.5	0.8	1.1	1.0	0.0	-	0.8	1.1	1.0	2.4	1.3	1.4	1.5	3.0	Sep 2016	3.02	1.80	

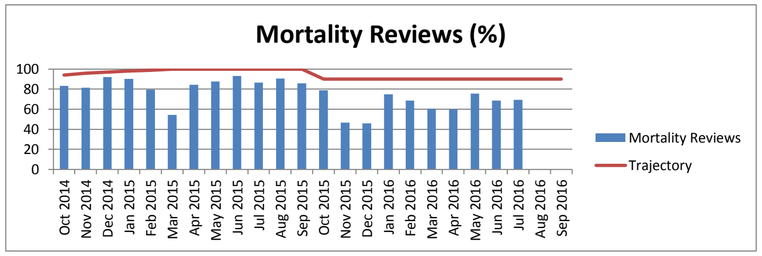


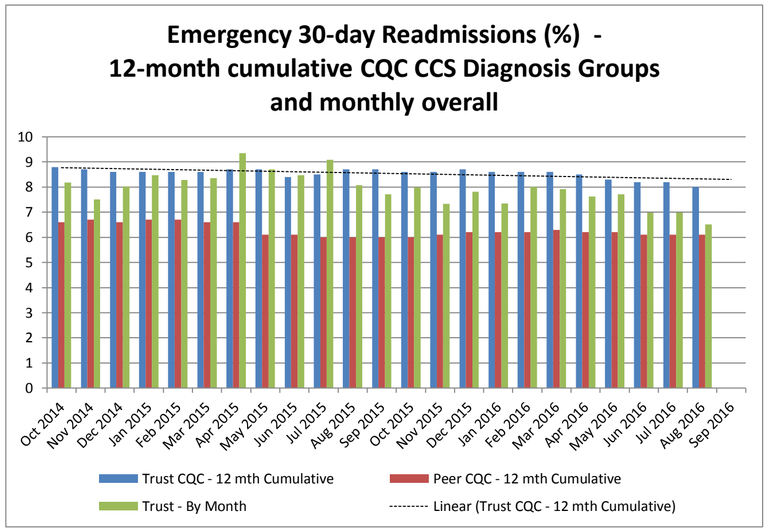


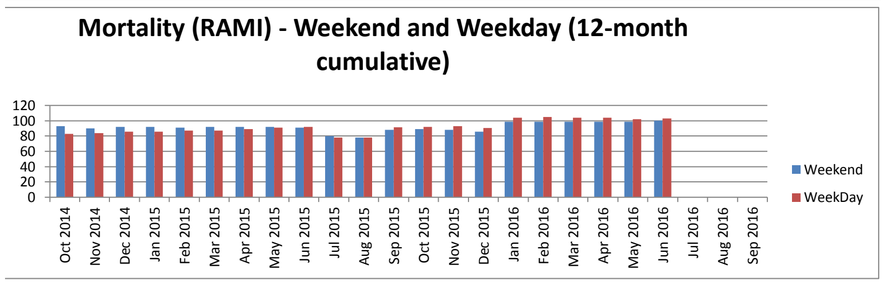
Clinical Effectiveness - Mortality & Readmissions

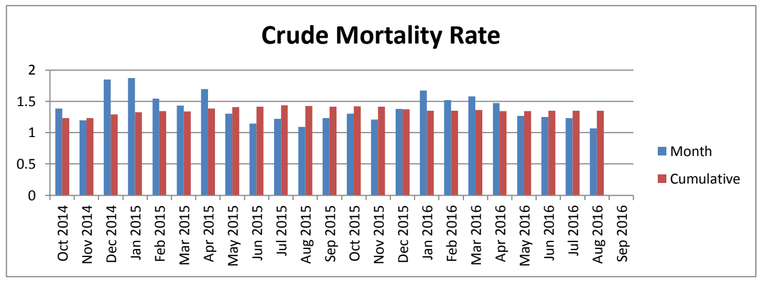
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	90	91	91	92	91	91	91	92	90	103	103	103	103	101	102	-	-	-	Jun 2016										306	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	89	91	92	78	78	92	92	93	91	104	105	104	104	102	103	-	-	-	Jun 2016										309	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	92	92	91	80	78	88	89	88	86	99	99	99	99	99	100	-	-	-	Jun 2016										298	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	97	98	97	99	98	97	97	97	98	98	99	102	101	-	-	-	-	-	Apr 2016										101	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			90	92	97	98	98	98	99	98	97	106	107	103	102	101	101	-	-	-	Jun 2016										304.3	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	75	84	53	102	44	80	57	148	40	68	113	82	103	50	3.0	-	-	-	Jun 2016									3		
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	Jul 2016	70	64	50	0					69.4	68	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.7	1.3	1.1	1.2	1.1	1.2	1.3	1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	1.2	1.1	-	Aug 2016									1.07		
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	1.4	1.3	1.3	1.4	1.4	1.4	-	Aug 2016										1.35	
	NEW		Deaths in the Trust	No			151	122	110	122	98	117	129	116	135	163	146	158	142	121	123	119	102	-	Aug 2016									102	607	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			9.4	8.7	8.5	9.1	8.1	7.7	8.0	7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	7.0	6.5	-	Aug 2016									6.51		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.2	8.2	8.3	8.4	8.4	8.3	8.3	8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	7.6	7.5	-	Aug 2016										7.77	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.7	8.7	8.4	8.5	8.7	8.7	8.6	8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	8.2	8.0	-	Aug 2016	-	-	-	-						8.24	





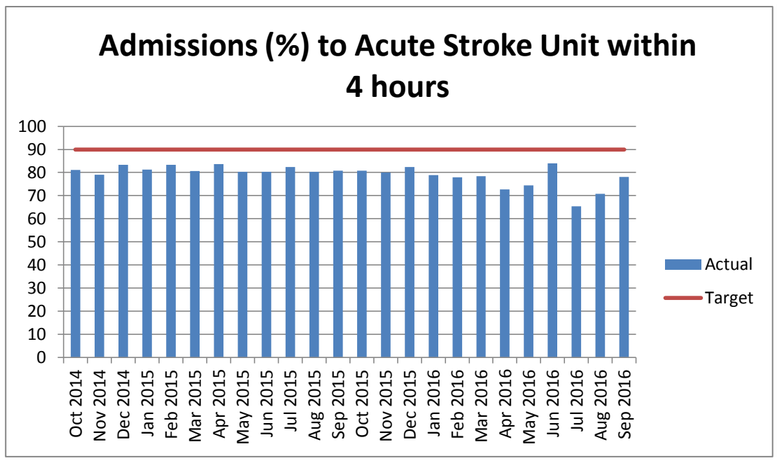


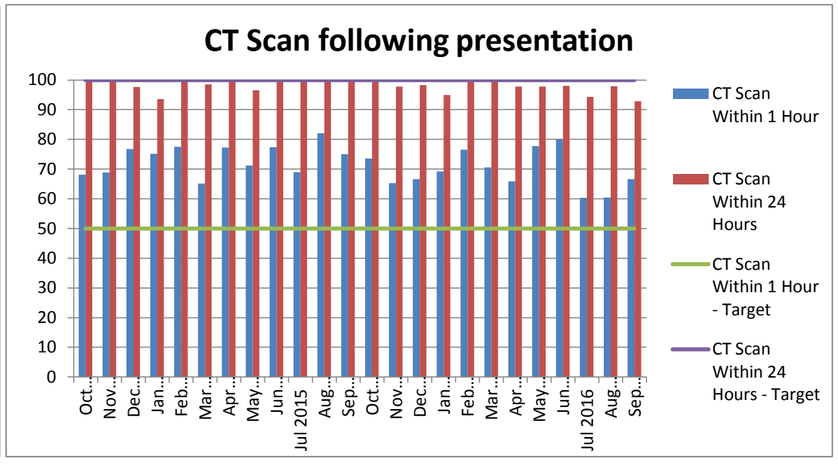


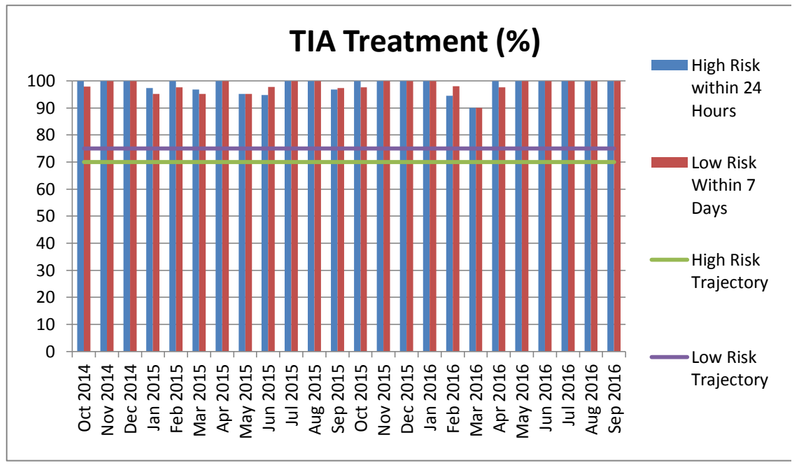


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Apr 2015) A M J J A S O N D J F M A M J J A S	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Sep 2016	95.7	93.3	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Sep 2016	78.0	74.1	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Sep 2016	66.7	68.4	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Sep 2016	92.9	96.5	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Sep 2016	50.0	75.0	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Sep 2016	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Sep 2016	100.0	100.0	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Sep 2016	100.0	99.5	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Sep 2016	100.0	96.5	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Sep 2016	100.0	96.2	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Sep 2016	99.1	99.7	



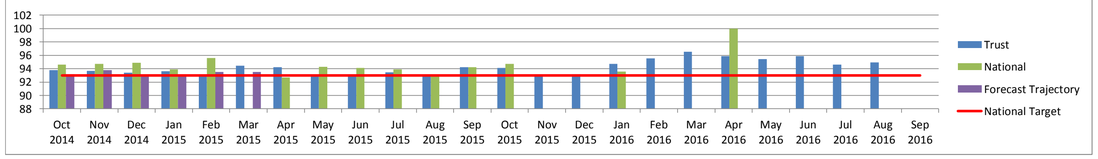




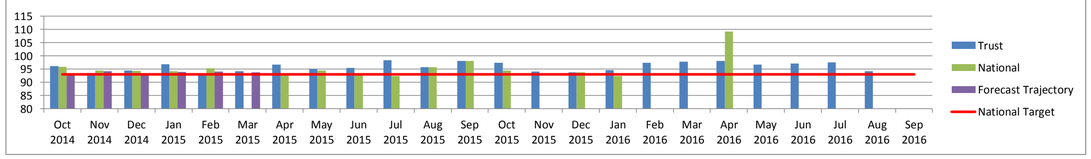
Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																			-	Aug 2016	91.8	97.2	96.9	92.4					94.9	95.3	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			-	Aug 2016		-							94.2	97.0	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																			-	Aug 2016	98.0	98.6	100.0	100.0					98.7	98.3	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0					N/A														-	Aug 2016									100.0	97.2	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			-	Aug 2016									100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			-	Aug 2016									-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			-	Aug 2016	83.0	84.3	66.7	94.1					84.1	87.0	
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0					-														-	Aug 2016	83.0	91.0	66.7	90.0					88.0	87.9	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																			-	Aug 2016	0.0	100.0	0.0	66.7					98.2	97.5	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			-	Aug 2016	100.0	92.3	0.0	100.0					95.2	93.0	
1			Cancer - Patients Waiting over 62 days	No			-	-	-	0.0	12.0	8.5	13.0	5.5	7.5	5.5	10.0	5.5	8.5	11.0	6.5	7.0	11.5	-	Aug 2016	4.0	5.5	1.5	0.5					11.5	44.5	
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	-	Aug 2016	1.5	1.0	0.5	0.0					3.0	12.0	
1			Cancer - Longest Waiter in days	No			-	-	-	180	147	228	165	138	167	98	154	98	175	95	130	113	131	-	Aug 2016	107	161	131	70					131		
1			Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-									Sep 2016	55	0	0	0					55	41	
	NEW		IPT Referrals - Within 42 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	-	-	-	-	50	33	50	43	-		Aug 2016	-	-	-	-					43	44	

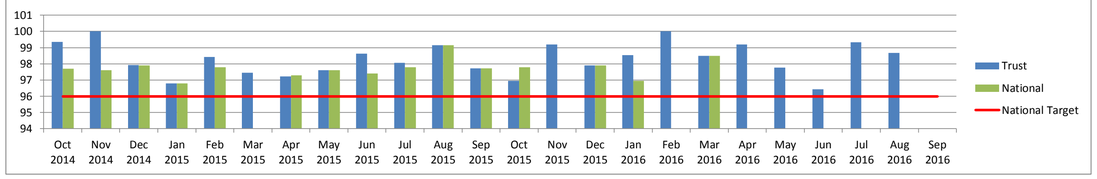
2-week wait from Referral to Date First Seen



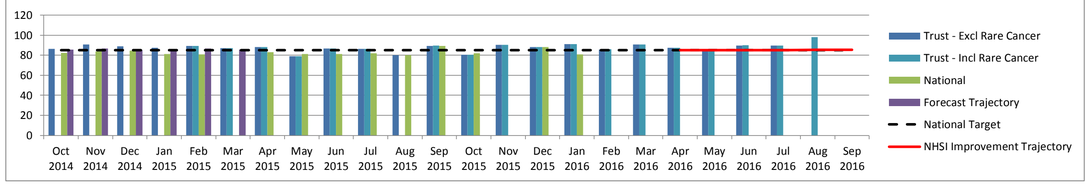
2-week wait from Breast Symptomatic Patients



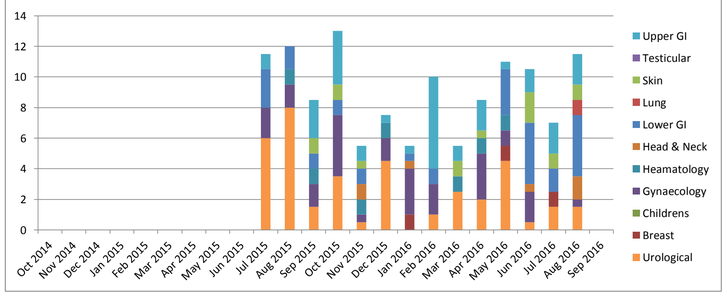
31-day Diagnosis to First Treatment



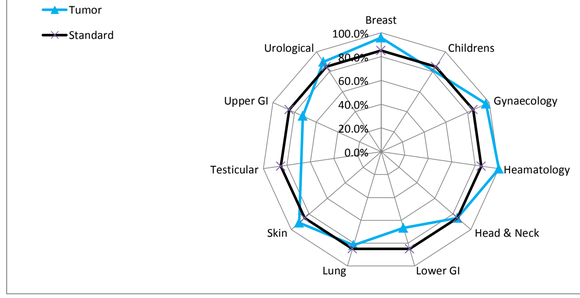
62-day Urgent GP Referral to First Treatment



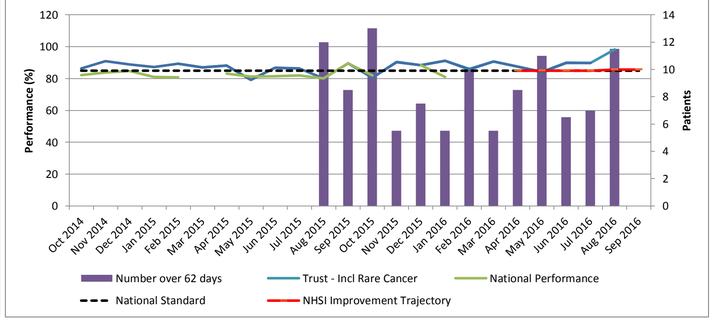
62-day Urgent GP Referral to First Treatment Breach- By Tumour Site



62 Day (Urgent GP referral) wait for first treatment By specialty for previous quarter

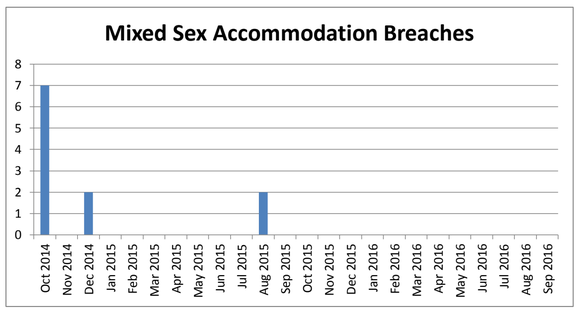


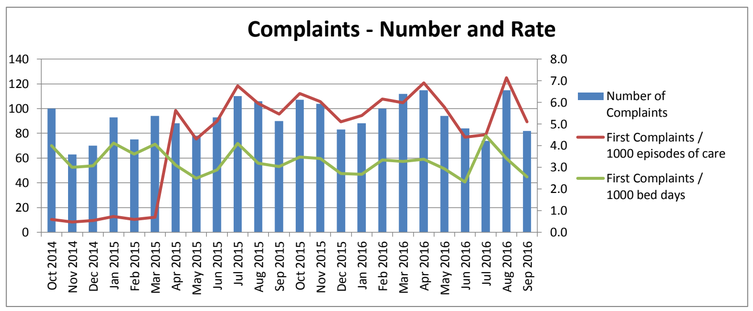
62-day Urgent GP Referral to First Treatment

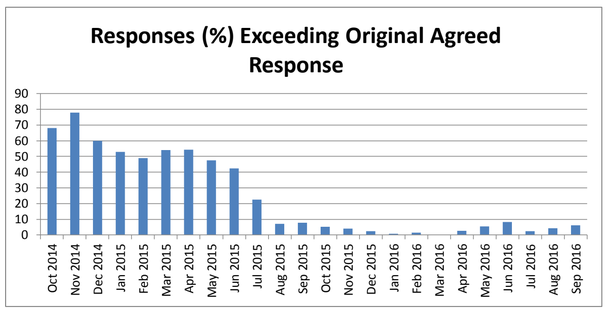


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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	29	31	31	28	25	22	27	16	15	15	15	14	17	15.8	17.1	16.7	13.1	19.7	Sep 2016									20	17	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	95	95	95	96	95	95	95	93	96	96	95	95	96	90.3	83.1	86	83	86.4	Sep 2016									86		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	9.9	8.4	7.2	9.4	9.6	7.5	6.8	5.9	5.7	6.3	6	5.3	5.1	8.32	10.1	7.78	7.49	7.14	Sep 2016	7.1								7.1	7.7	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	79	79	79	84	88	83	80	82	81	79	74	74	78	84.5	86.5	86	82.8	77.7	Sep 2016	78								78		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	-	0	0.1	1.5	0.1	0	0.3	2.46	0.08	1.29	0.57	0.55	Sep 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	95.9	50	95	100	85.7	Sep 2016	-								86		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	87	86	90	88	87	87	88.3	88.2	86	89.3	88.4	Sep 2016									88		
8			FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	-	100	100	96	100	95	100	90.9	100	94	85.7	78.9	Sep 2016									79		
8			FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	-	97	97	95	91	91	97	100	100	100	100	73.9	Sep 2016									74		
8			FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	-	95	98	96	99	99	99	98.7	100	98	95.5	91.4	Sep 2016									91		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	-	86	82	90	94	93	92	90.4	0	0	100	87.3	Sep 2016									87		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	-	28	14	23	15	10	12	9.01	0	0	1.41	14.9	Sep 2016									15	7	
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0		0	0		0	0	
9			No. of Complaints Received (formal and link)	No			88	78	93	110	106	90	107	104	83	88	100	112	115	94	84	74	115	82	Sep 2016	23	15	15	15	1	1	4	8	82	564	
9			No. of Active Complaints in the System (formal and link)	No			278	225	186	170	174	143	151	145	121	113	128	147	154	144	147	127	143	144	Sep 2016	55	25	22	23	2	0	7	10	144		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.1	2.5	2.9	4.1	3.2	3.0	3.5	3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	3.4	2.6	Sep 2016	1.3	3.3	23	3					2.57	3.07	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			5.6	4.3	5.1	6.8	6.0	5.5	6.4	6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	7.1	5.1	Sep 2016	3	6.7	11	5.4			0		5.11	5.64	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	95.9	100	100	Sep 2016	100	100	100	100	100	100	100	100	100	99	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	54	47	42	22	7.1	7.7	5.3	4.1	2.5	0.9	1.6	0	2.6	5.56	8.16	2.36	4.2	6.25	Sep 2016	7.3	4	0	4.4	0	0	14	20	6	5	
9			No. of responses sent out	No			56	115	102	129	77	107	101	94	98	69	81	84	98	81	103	103	80	110	Sep 2016	37	19	17	13	2	2	5	15	110	575	
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Jul 2016	N	N	N	N	N	N	N	N	No		

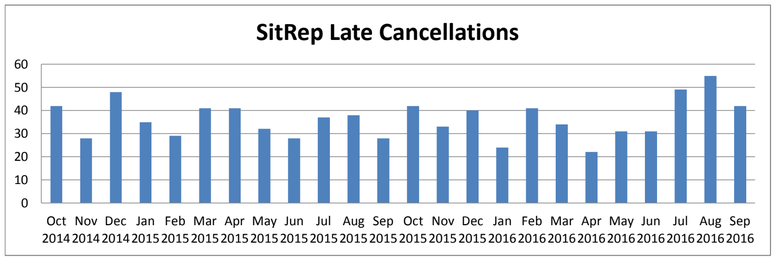


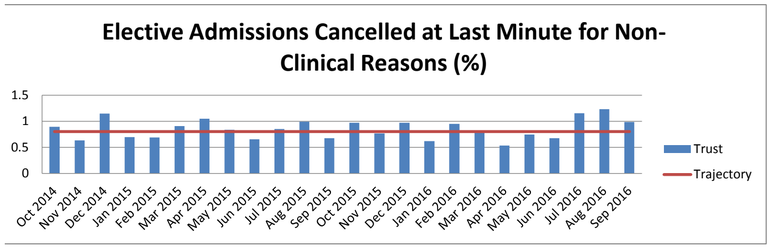


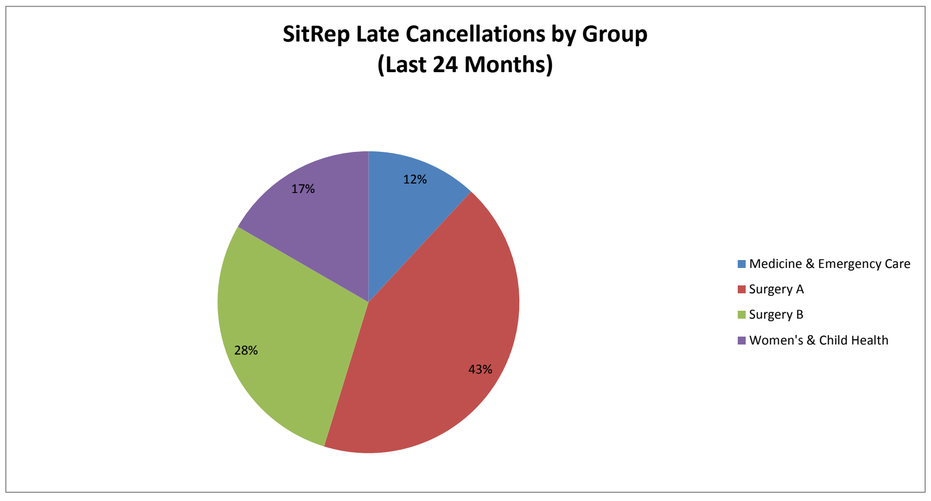


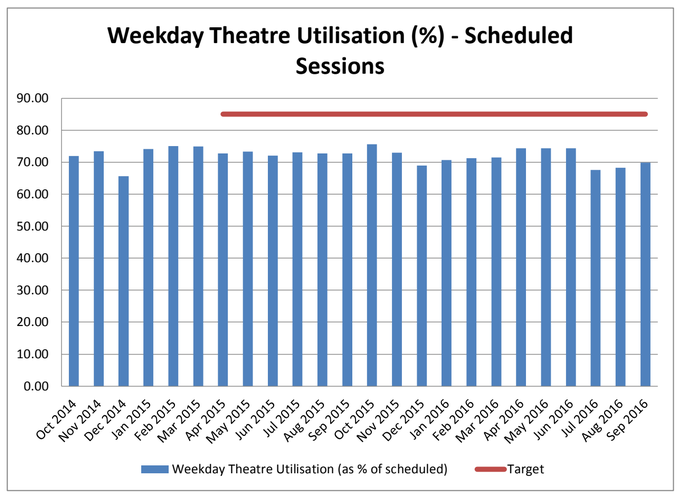
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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																			Sep 2016	0.06	0.52	2.25	3.32					1.0	0.9	
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0					0	0	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	41	32	28	37	38	28	42	33	40	24	41	34	22	31	31	49	55	42	Sep 2016	1	6	26	9					42	230	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	Sep 2016	0	0	0	0					0	3	
	NEW		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	46	52	59	46	39	49	50	57	39	63	56	57	79	63	43	56	51	60	Sep 2016	3	26	24	7					60	352	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	209	204	229	222	211	229	244	238	194	210	228	223	229	257	229	241	223	258	Sep 2016	22	83	125	28					258	1437	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Sep 2016	28.0	73.4	74.1	76.5					69.8	71.3	
2			Urgent Cancellations	<= No	0.0	0.0	11	5	6	0	7	3	9	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0.0	0.0	0.0	0.0					0	0	



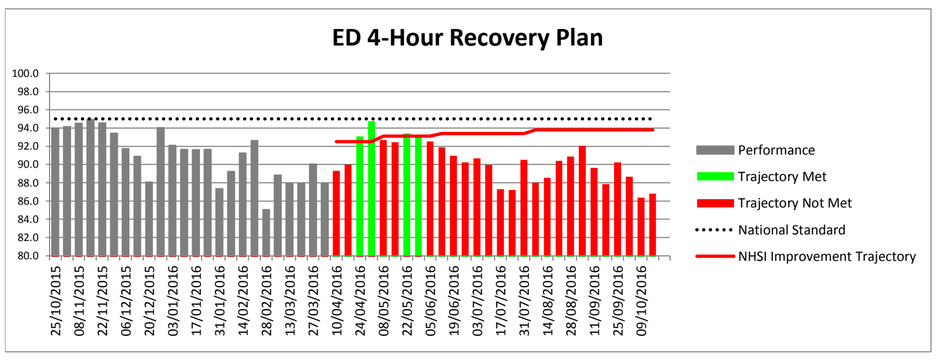


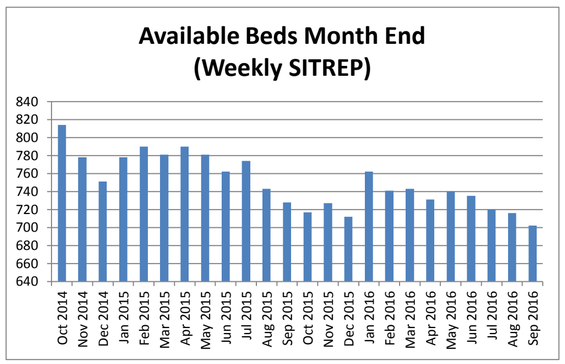


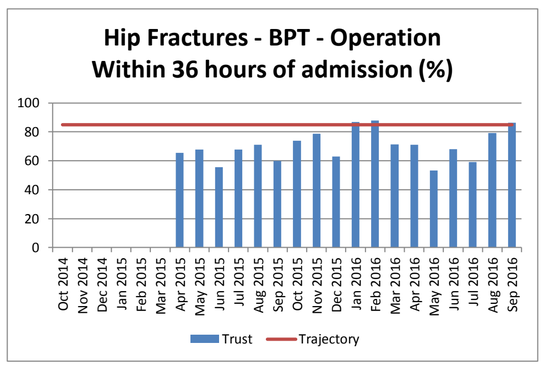


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2			Emergency Care 4-hour waits	=> %	95.00	95.00																			Sep 2016	88.2	87.8	98.6	89.15	90.57	
2			Emergency Care 4-hour breach (numbers)	No			1527	1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	2168	1884	2051	Sep 2016	912	1108	31	2051	10787	
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Sep 2016	0	0		0	0	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Sep 2016	16	18	15	17	17	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Sep 2016	53	62	103	63	57	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Sep 2016	8.61	8.96	2.20	7.95	7.55	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Sep 2016	3.71	5.67	2.48	4.47	3.98	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	135	Sep 2016	67	68		135	585	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	9	Sep 2016	0	9		9	26	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Sep 2016	0.00	0.41		0.22	0.10	
11			WMAS - Emergency Conveyances (total)	No			3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	Sep 2016	1935	2203		4138	25523	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Sep 2016	1.5	3.7		2.5	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Sep 2016	5	9.75		15		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	641	698	653	464	494	430	394	497	498	318	426	397	454	494	588	617	530	483	Sep 2016				483	3166	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	283	404	286	212	204	193	110	254	267	185	198	232	234	228	251	245	287	215	Sep 2016				215	1460	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			567	596	502	545	529	588	601	518	540	632	543	546	563	498	451	578	533	525	Sep 2016				525	3148	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			237	293	239	240	237	275	261	209	236	320	269	232	255	222	204	268	246	248	Sep 2016				248	1443	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Sep 2016				86.4	68.7	

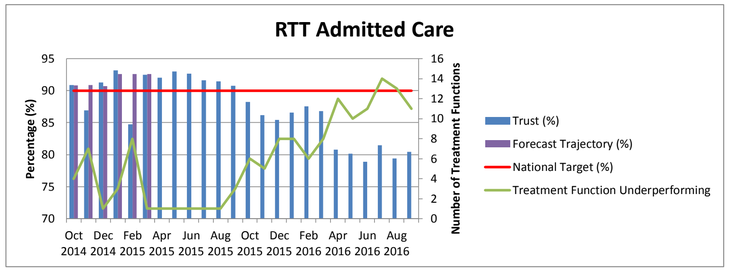


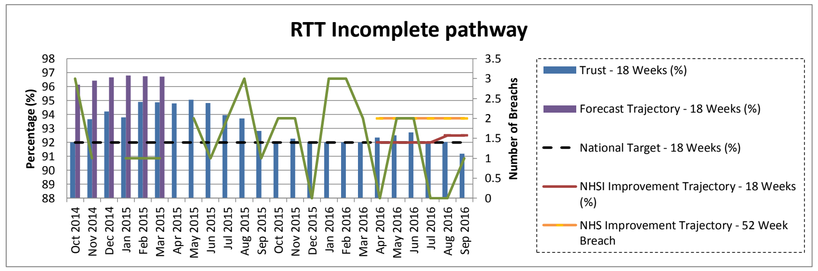


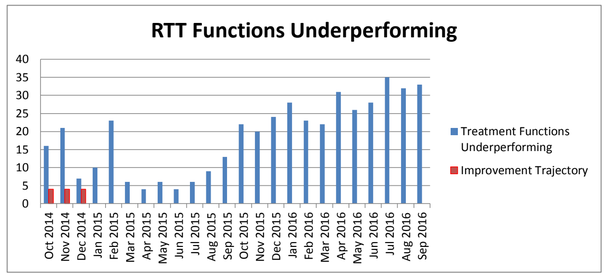


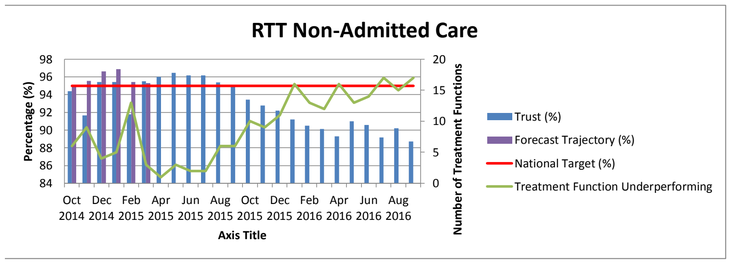
Referral To Treatment

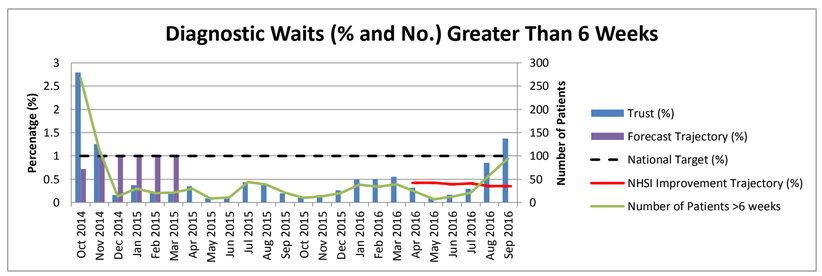
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2016	86.6	75.8	82.8	77.6					80.46		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2016	77.2	91.1	91.0	91.2					88.72		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2016	88.0	90.8	94.2	93.8					91.20		
	NEW		RTT - Backlog	No			1601	1619	1727	2034	2181	2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	3289	Sep 2016	1172	646	608	129					3289		
2			Patients Waiting >52 weeks	<= No	0	0	1	2	1	3	5	2	4	4	2	4	5	8	3	2	4	4	-	1	Sep 2016	0	0	1	0					1	14	
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	2	1	2	3	1	2	2	0	3	3	2	0	2	2	0	0	1	Sep 2016	-	-	1	-					1	5	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	4	6	4	6	9	13	22	20	24	28	23	22	31	26	28	35	32	33	Sep 2016	12	10	6	2.0					33		
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0	2	2	1	3	2	4	6	6	5	4	4	2	3	3	3	4	4	5	Sep 2016	2	2	0	0					5		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Sep 2016	1.9	6.0	0.4	0.0		0.5			1.38		
	NEW		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			524	511	699	995	2244	2442	2872	2258	1593	1250	273	281	542	480	419	502	-	500	Sep 2016	124	176	-	-		200			500		

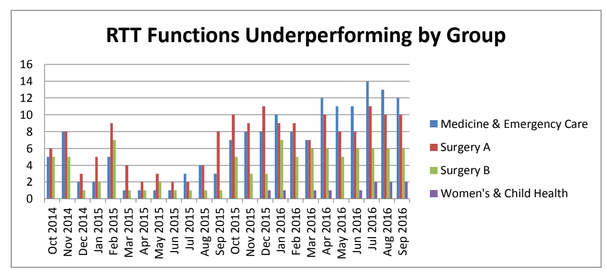


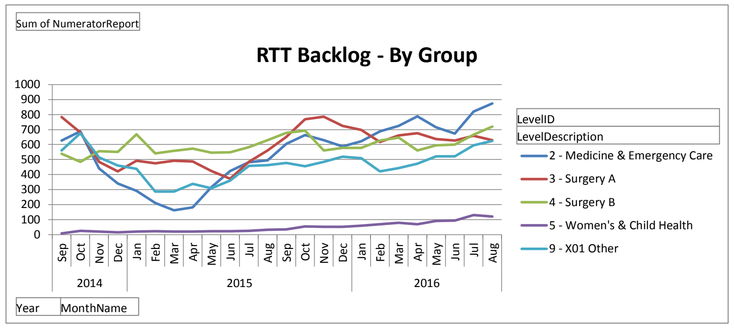


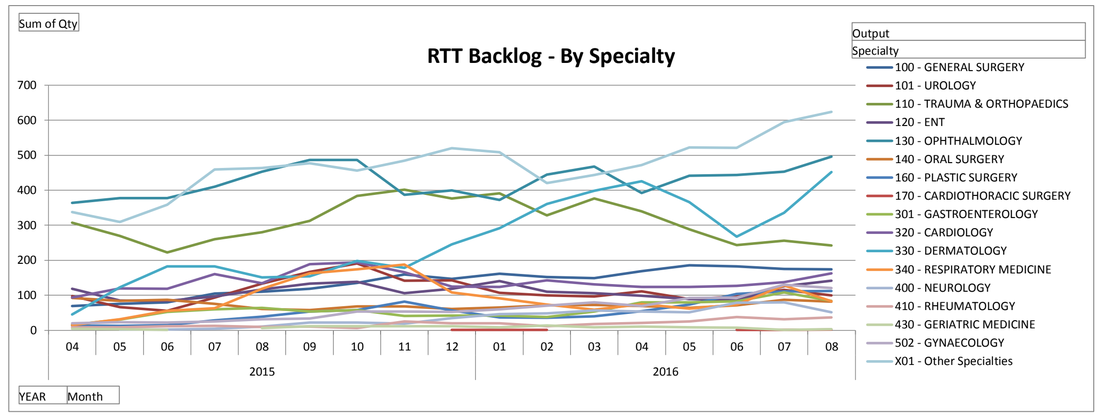






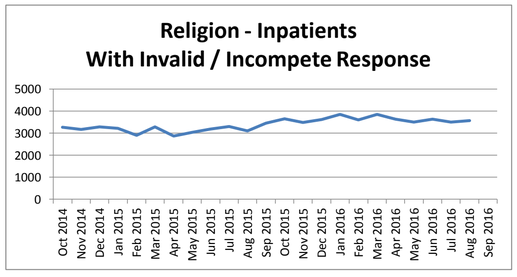


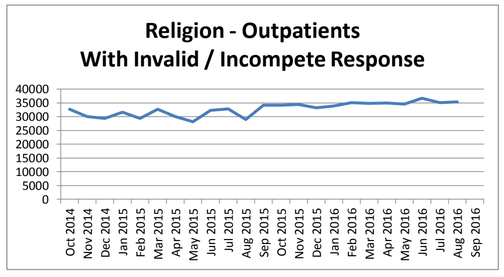


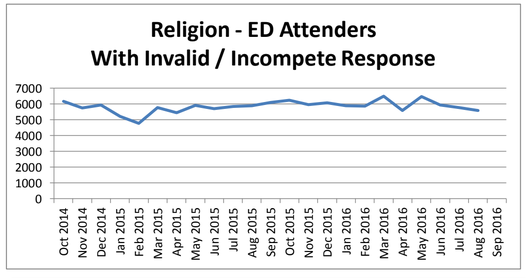


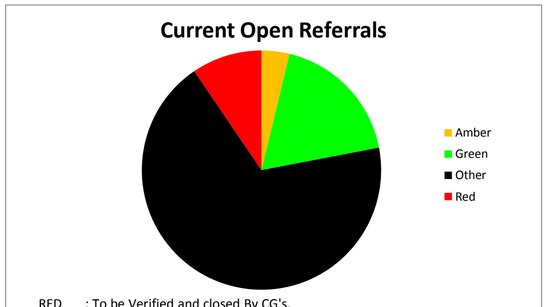
Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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																			Sep 2016								61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2016									99.4		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2016									99.3		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2016									99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.9	96.6	96.3	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	-	Aug 2016									97.9	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	99.6	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	-	Aug 2016									99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.8	96.9	96.9	96.3	96.0	96.7	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	96.7	-	Aug 2016									96.7	96.9	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		-	Aug 2016									93.0	93.4	
	NEW		Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		-	Aug 2016									91.0	90.8	
	NEW		Protected Characteristic - Religion - INPATIENTS with recorded response	%			75.2	74.7	73.8	73.2	72.9	71.6	70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	69.8	69.2	-	Aug 2016									69.2	69.6	
	NEW		Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			62.5	62.6	63.0	62.5	61.3	60.8	60.4	59.9	59.3	59.3	58.4	58.1	58.1	58.2	57.8	58.0	57.8	-	Aug 2016									57.8	58.0	
	NEW		Protected Characteristic - Religion - ED patients with recorded response	%			65.5	64.4	65.8	64.1	61.8	61.2	61.8	62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	65.3	-	Aug 2016									65.3	64.8	
	NEW		Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.9	100.0	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	100.0	100.0	100.0	-	Aug 2016									100.0	100.0	
	NEW		Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			42.2	41.8	41.6	41.8	41.6	41.6	41.2	41.1	40.7	40.8	40.5	40.5	39.8	39.8	39.9	40.1	40.8	-	Aug 2016									40.8	40.1	
	NEW		Protected Characteristic - Marital Status - ED patients with recorded response	%			42.5	41.2	42.6	40.7	40.6	41.1	40.8	42.0	41.5	41.7	42.5	41.2	40.9	41.3	41.9	40.9	39.5	-	Aug 2016									39.5	40.9	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																		-	Aug 2016									5.7	5.8	
2			Open Referrals	No			173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,876	190,396	194,788	199,207	204,824	206,563	210,740	215,396	Sep 2016	72,581	41,359	69,271	25,985	5,764	376	60		215,396		
	NEW		Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	#####	#####	#####	#####	#####	Sep 2016	#####	#####	#####	#####	2,275	331	39		86309		

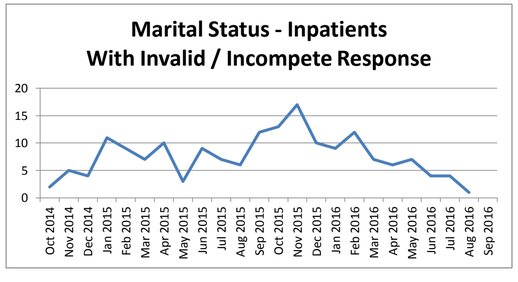


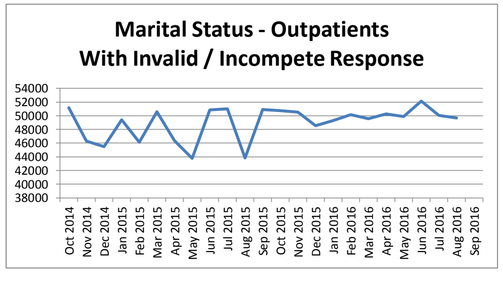


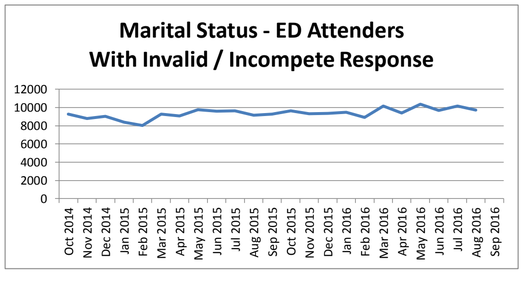




RED : To be Verified and closed By CG's.
AMBER : To be looked at by CG's once RED's are actioned.
GREEN : Automatic Closures.



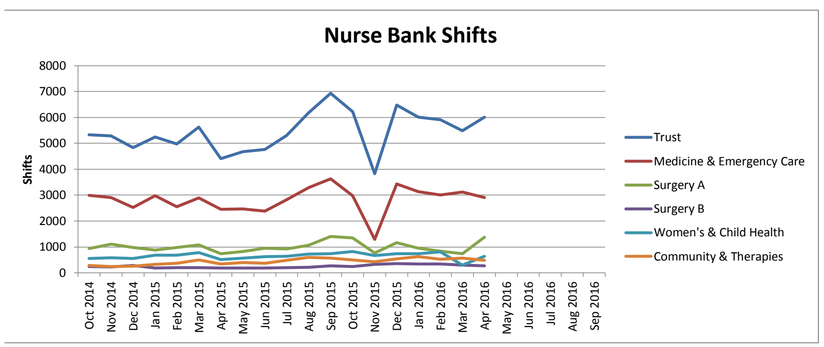


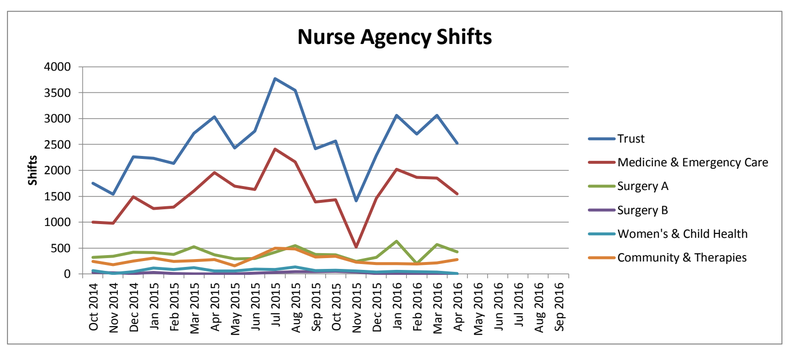


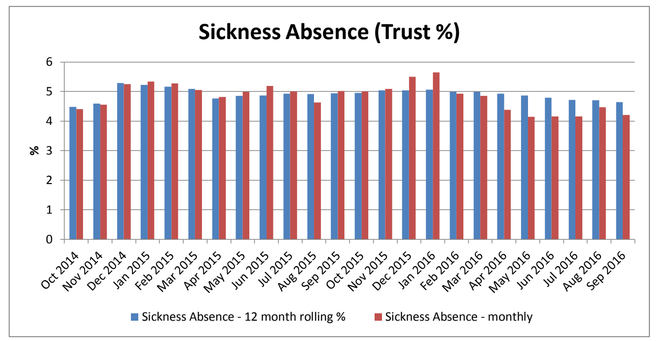
Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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																				Sep 2016	89.7	85.3	91.8	87.1	89.7	82.1	85.6	84.8		88.9	
7		b	Medical Appraisal	=> %	95.0	95.0	-																			Sep 2016	84.3	73.2	90.3	84.4	93.8	82.8	0.0	100.0	82.59	87.9	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																				Sep 2016	5.2	5.3	3.1	4.9	4.2	4.2	4.4	4.3	4.65	4.8	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																				Sep 2016	4.0	4.9	3.3	5.0	4.9	2.9	3.3	4.2	4.21	4.3	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	-	-																		Sep 2016	70.2	81.5	87.5	80.2	81.7	65.7	90.4	80.7	78.8	77.2	
3			Mandatory Training	=> %	95.0	95.0																				Sep 2016	78.5	83.6	83.0	82.9	91.7	82.0	86.3	88.6		87.6	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																				Sep 2016	87.4	89.3	88.8	90.5	94.6	93.5	92.5	96.3		96.0	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																				Sep 2016									11.7	12.1	
	NEW		Nursing Turnover	%			-	-	-	-	-	-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	11.9	Sep 2016									12	12	
7			New Investigations in Month	No			8	11	5	8	4	5	10	6	2	5	12	9	6	4	3	8	4	4	Sep 2016	0	1	0	0	2	0	0	1	4		
7			Vacancy Time to Fill	Weeks			23	24	26	25	27	25	23	23	23	24	26	23	26	25	23	24	24	21	Sep 2016									21		
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	Sep 2016	0	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			221	247	288	303	321	320	279	267	293	272	274	293	292	315	317	339	343	341	Sep 2016									341		
10			Nurse Bank Fill Rate	=> %	100.0	100.0	75	81	81	79	80	87	82	90	85	89	71	87	87							Apr 2016	84.9	86.3	96.4	91.4	100.0	100.0	87.9	100.0	87.2	87.2	
10			Nurse Bank Shifts Not Filled	<= No	0	0	1532	1378	1073	1622	1423	1207	917	780	1178	1356	1069	1128	1100							Apr 2016	710	226	12	65	0	0	87	0	1100	1100	
10			Nurse Bank Use (shifts)	<= No	46980	3915																				Apr 2016	2913	1370	274	635	12	170	485	156	6015	6015	
10			Nurse Agency Use (shifts)	<= No	0	0																				Apr 2016	1546	431	0	8	0	241	282	18	2526	2526	
10			Admin & Clerical Bank Use (shifts)	<= No	0	0																				Apr 2016	1102	218	144	98	265	120	211	2492	4650	4650	
10			Admin & Clerical Agency Use (shifts)	<= No	0	0																				Apr 2016	83	56	42	40	0	0	0	113	334	334	
15			Your Voice - Response Rate	No			-->	-->	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		

Under development - Barnacles







SQPR

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Apr 2015) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	-	79	78	78	79	79	81	Sep 2016									80.504	78.68	
			Safeguarding Children Level 2 Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	-	74	73	73	72	73	71	Sep 2016									71.2	72.8	
			Safeguarding Children Level 3 Training	=> %	85	85	-	-	-	-	-	-	-	-	-	-	-	-	71	72	72	75	74	73	Sep 2016									72.7	72.6	
			WHO Safer Surgery - Audit - brief and debrief (% lists w	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	99	99	99	100	99	100	Sep 2016	99	100	100	100					99.6	99.1	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27	-	-	-	-	-	-	-	-	-	-	-	-	16	15	17	17	13	16	Sep 2016	14.5	12.3	5.41	28.9					15.5	15.8	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	-	88	88	87	87	87	87	Sep 2016									86.5	87.2	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	-	83	81	79	79	78	87	Sep 2016									87.2	81.3	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	-	-	-	-	-	-	-	-	-	-	-	-	79	80	81	82	82	75	Sep 2016									75.3	79.8	
			Community - Screening For Dementia - SQPR	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	40	37	53	30	37	45	Aug 2016									45.1	40.2	
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	61	67	56	61	55	65	Aug 2016									64.7	60.8	

NOTES:
SQPR stands for Service Quality Performance Report. The Trust has implemented this report to monitor national, operation 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 - which has been passed to Director of Workforce & OD for comment
- 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 are under review

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.

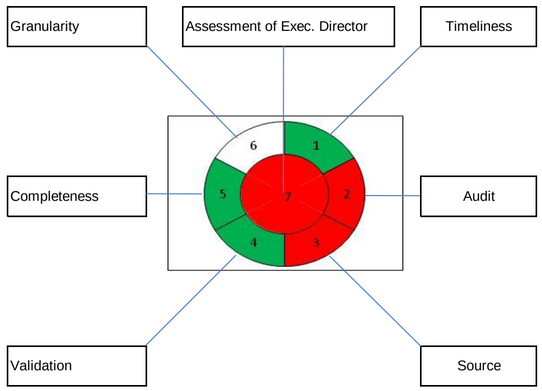
Legend

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	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Sep 2016	3	0	0	3	9	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Sep 2016	60	81	53	65.1		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Sep 2016	93	90	86	92.5		
Patient Safety - Harm Free Care	Falls	<= No	0	0	43	47	42	39	41	40	41	41	35	40	35	32	44	37	47	39	47	44	Sep 2016	17	27	0	44	258	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	1	5	0	1	1	2	0	0	1	1	0	0	2	1	2	2	Sep 2016	0	2	0	2	7	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	8	3	6	2	0	6	2	3	4	4	6	4	4	3	-	5	5	4	Sep 2016	0	4	0	4	24	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2016	93.1	90.9	99.2	95.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Sep 2016	98.3	100.0	100.0	98.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Sep 2016	99	100	0	99.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Sep 2016	99	98	0	99.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2016	0	2	0	2	13	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Jul 2016	65	69	79	70		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			11.7	10.5	10.3	11.5	10.7	9.7	9.6	8.6	9.3	9.2	9.4	9.6	9.7	10.0	9.2	9.0	8.6	-	Aug 2016				8.6		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			10.3	10.3	10.3	10.4	10.4	10.3	10.3	10.3	10.3	10.1	10.1	10.0	9.8	9.8	9.7	9.5	9.3	-	Aug 2016					9.6	

Medicine Group

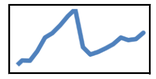
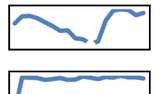
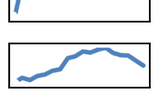
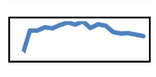
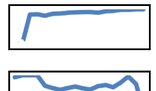
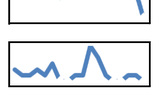
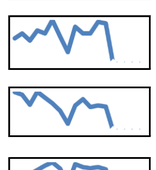
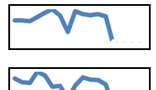
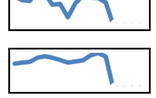
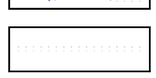
Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	Directorate AC	Directorate SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																			Sep 2016		95.7		95.7	93.3	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Sep 2016		78.1		78.1	74.1	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Sep 2016		66.7		66.7	68.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																			Sep 2016		92.9		92.9	96.5	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Sep 2016		50.0		50.0	75.0	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Sep 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																			Sep 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																			Sep 2016		100.0		100.0	99.5	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Sep 2016		100.0		100.0	96.5	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Sep 2016		100.0		100.0	96.2	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Sep 2016		99.1		99.1	99.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2016			91.8	91.8		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2016			98.0	98.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2016			-	83.0		
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	-	Aug 2016	-	-	4.00	4.00	16	
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	-	Aug 2016	-	-	1.50	1.50	7	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	62	97	228	165	138	104	98	154	98	175	95	130	113	107	-	Aug 2016	-	-	107	107		
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	Sep 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			41	35	41	53	36	29	43	42	32	34	47	39	49	36	28	25	40	23	Sep 2016	10	6	7	23	201	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			112	104	87	90	74	58	65	65	57	50	65	63	72	57	62	46	47	55	Sep 2016	27	16	12	55		

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		EC	AC	SC			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																	Sep 2016	-	0.62	-	0.06		
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	Sep 2016	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	8	1	2	4	7	0	0	1	0	2	1	1	0	3	0	0	6	1	Sep 2016	0.0	1.0	0.0	1	10	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	54	60	46	47	45	33	54	35	32	34	32	31	58	56	54	28	32	28	Sep 2016	0.0	0.0	28.0	28.0		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			1	2	5	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																	Sep 2016	88.2	87.8	Site S/C	87.9	89.6	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			'	'	'	'	'	'	'	'	'	'	1560	1908	1246	1046	1187	1333	1227	1280	Sep 2016	1200	0	80	1280	7319	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																	Sep 2016	0.0	0.0	Site S/C	0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0							-	-	-	-							Sep 2016	16.0	18.0	Site S/C	17	17	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0							-	-	-	-							Sep 2016	53.0	62.0	Site S/C	58	51	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																	Sep 2016	8.6	9.0	Site S/C	8.8	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																	Sep 2016	3.7	5.7	Site S/C	4.8	4.3	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	135	Sep 2016	67	68		135	585	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	9	Sep 2016	0	9		9	26	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																	Sep 2016	0.00	0.41		0.22	0.10	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	Sep 2016	1935	2203		4138	25523	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																	Sep 2016	0.0	85.0	87.1	86.6		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																	Sep 2016	0.0	74.8	78.4	77.2		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																	Sep 2016	0.0	93.0	85.3	88.0		
RTT	RTT - Backlog	<= No	0	0	181	317	424	482	494	604	664	629	587	623	689	725	789	716	674	821	873	1172	Sep 2016	0	247	925	1172		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	1	0	0	1	1	1	3	4	0	0	0	1	-	0	Sep 2016	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	1	1	1	3	4	3	7	8	8	10	8	7	12	11	11	14	13	12	Sep 2016	0	4	8	12		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																	Sep 2016	0	0.88	5.07	1.86		

Medicine Group

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Data Completeness	Open Referrals	No			60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	70,424	72,581	Sep 2016	12,520	19,626	40,435	72581		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	26,178	27,360	25,493	26,511	28,710	Sep 2016	8,831	8,532	11,347	28710		
Workforce	WTE - Actual versus Plan	No			200	200	219	236	262	261	217	214	208	204	201	219	220	207	213	220	229	231	Sep 2016	112.4	74.91	43.16	231		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Sep 2016	92.26	88.36	88.04		89.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-																		Sep 2016	72.73	86.21	89.47		87.5	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Sep 2016	5.44	5.48	4.05	5.16	5.43	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-	-																	Sep 2016	4.64	4.08	2.72	3.97	4.67	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-																	Sep 2016	68.5	74.0	63.3		68.84	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Sep 2016	80.49	77.19	77.75		81.9	
Workforce	New Investigations in Month	No			2	1	1	2	1	3	0	0	1	1	6	4	1	0	0	1	1	0	Sep 2016	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	2528	3008	2311	3287	3019	4330	2700	1185	3654	3001	3002	4159	3992	-	-	-	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	1136	1055	771	1146	977	811	594	217	749	925	700	748	710	-	-	-	-	-	Apr 2016				710		
Workforce	Nurse Bank Use	<= No	34560	2880														-	-	-	-	-	Apr 2016				2913	2913	
Workforce	Nurse Agency Use	<= No	0.00	0.00														-	-	-	-	-	Apr 2016				1546	1546	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00														-	-	-	-	-	Apr 2016				1102	1102	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00														-	-	-	-	-	Apr 2016				83	83	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	-->	6	-->	-->	6	-->	-->	6	-->	-->	-->	-->	-->	-->	-->	-->	-->	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		

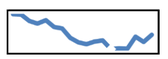
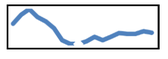
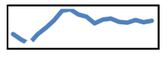
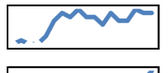
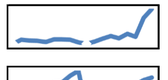
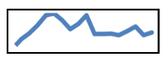
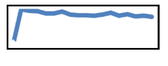
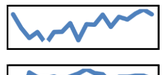
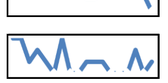
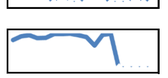
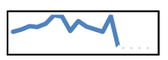
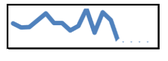
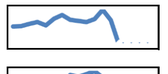
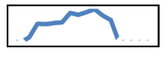
Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		GS	SS	TH	An			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Sep 2016	0	0	0	0	0	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Sep 2016	95.22	93.64	0	11.11	93.2		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Sep 2016	94.59	95.52	0	100	94.9		
Patient Safety - Harm Free Care	Falls	<= No	0	0	5	9	5	4	2	4	2	6	11	13	6	11	7	8	3	11	10	6	Sep 2016	1	5	0	0	6	45	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	0	Sep 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	0	1	1	1	2	1	1	1	2	0	1	2	2	-	1	2	0	Sep 2016	0	0	0	0	0	7	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2016	94.48	96.09	0	100	95.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Sep 2016	99.47	100	0	100	99.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Sep 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Sep 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	Sep 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	Sep 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2016	0	0	0	0	0	7	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Jul 2016	71	66.67	0	0	64.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.7	8.2	7.9	7.3	7.8	7.8	7.3	7.4	8.7	7.6	7.2	7.9	7.4	6.6	5.9	6.9	6.0	-	Aug 2016					6.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.78	6.77	6.85	6.92	7.03	7.21	7.27	7.37	7.56	7.58	7.6	7.73	7.71	7.57	7.4	7.37	7.23	-	Aug 2016						7.5	

Surgery A Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2016	97.2		0.0		97.16		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Aug 2016	94.2				94.19		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2016	98.6		0.0		98.61		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2016	-		-		84.29		
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	-	Aug 2016	-	-	-	-	5.5	21	
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	-	Aug 2016	1	-	0	-	1	3	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	180	147	173	124	98	167	75	74	117	73	114	100	153	161	-	Aug 2016	161	-	0	-	161		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	<= No	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	9896	4838	0	2031	16765	79278	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			16	8	16	16	15	15	18	18	11	16	14	19	24	15	9	9	21	15	Sep 2016	9	3	2	1	15	93	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			46	27	32	23	26	23	23	24	15	17	23	26	24	29	25	18	21	25	Sep 2016	14	5	2	4	25		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2016	0.88	-	0	0.43	0.52		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	12	10	8	21	13	13	17	8	16	5	19	6	10	6	14	9	23	6	Sep 2016	5	0	0	1	6	68	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	78.5	77.8	78.7	80.2	78.2	77.9	78.4	78	72.2	74	75.8	76.8	76.2	76.2	77.9	71.8	72.7	73.4	Sep 2016	74.2	71.9	0.0	76.0	73.39		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			2	0	0	0	7	2	8	0	0	0	0	0	0	0	0	0	0	0	Sep 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	Sep 2016	15	12	0	2	29	318	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	85																			Sep 2016		86.4			86.4	68.7	

Surgery A Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Sep 2016	86.0	61.8	0.0	0.0	75.8		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Sep 2016	89.1	93.7	0.0	0.0	91.1		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Sep 2016	92.6	88.7	0.0	0.0	90.8		
RTT	RTT - Backlog	<= No	0	0	488	423	373	486	562	651	768	785	725	698	617	662	676	636	627	658	630	646	Sep 2016	275	371	0	0	646		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	0	0	2	1	1	0	0	1	1	0	2	1	2	3	-	0	Sep 2016	0	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	2	3	2	2	4	8	10	9	11	9	9	7	10	8	8	11	10	10	Sep 2016	4	6	0	0	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Sep 2016	7.0	0.0	4.0	0.0	6.02		
Data Completeness	Open Referrals	No			32,829	34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	37,034	38,099	38,955	40,183	40,895	41,359	Sep 2016	23,463	13,830	0	4,066	41359		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	15,456	15,128	15,709	16,220	16,765	Sep 2016	9,896	4,838	0	2,031	16765		
Workforce	WTE - Actual versus Plan	No			88.3	97.1	103	110	120	122	116	107	112	120	102	102	103	101	105	109	101	104	Sep 2016	40.85	11.56	28.77	18.81	103.53		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2016	84.2	88.0	87.4	83.3		88.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-																		Sep 2016	80	76.47	0	67.5		76.9	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Sep 2016	6.2	3.3	6.6	4.4	5.3	5.3	
Workforce	Sickness Absence - In Month	<= No	3.15	3.15	-	-																	Sep 2016	4.8	#####	6.8	#####	4.9	5.1	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-																	Sep 2016	84.7	63.1	87.1	81.6	81.5	79.9	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2016	80.6	79.6	87.1	85.7		87.1	
Workforce	New Investigations in Month	No			3	3	1	2	1	0	3	0	0	1	1	1	0	0	0	2	0	1	Sep 2016	0	0	1	0	1		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	71	80	82.2	75.6	76.4	85.8	85.3	86.3	82.3	77.9	57.2	83.5	86.3	-	-	-	-	-	Apr 2016					86.34	86	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	313	247	197	347	303	272	220	117	232	269	202	223	226	'	'	'	'	'	Apr 2016					226	226	
Workforce	Nurse Bank Use	<= No	9908	826														-	-	-	-	-	Apr 2016					1370	1370	
Workforce	Nurse Agency Use	<= No	0	0														-	-	-	-	-	Apr 2016					431	431	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016					218	218	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016					56	56	

Surgery A Group

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Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate O	Directorate E	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	82.1	94	89.7		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	87.5	90	88.7		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	2	1	0	0	1	2	1	1	1	1	1	1	1	1	2	3	Sep 2016	2	1	3	9	
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	Sep 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	Sep 2016	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	98.8	98.5	98.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	100	100	100		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	100	100	100		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	100	100	100		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 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	●	-	-	Jul 2016	100	0	50		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.7	4.4	3.4	5.7	3.6	5.3	5.0	4.4	6.1	3.1	5.8	4.9	2.8	4.9	4.2	5.3	3.5	-	Aug 2016			3.5		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.5	4.6	4.6	4.6	4.5	4.7	4.7	4.6	4.7	4.7	4.8	4.8	4.5	4.6	4.6	4.6	4.6	-	Sep 2016				4.6	

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate O	Directorate E	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	Aug 2016		96.9	96.9		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96							#DIV/0!						#DIV/0!					-	Aug 2016		100	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85							#DIV/0!				#DIV/0!			#DIV/0!				-	Aug 2016		-	66.7		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	0	0	0	0	1	0	0.5	0	0	0	0	0.5	0	1.5	-	Aug 2016	-	1.5	1.5	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	-	Aug 2016	-	0.5	0.5	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	-	Aug 2016	-	131	131		
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	Sep 2016	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			14	9	6	15	15	16	18	18	17	9	14	19	21	14	18	15	17	15	Sep 2016	12	3	15	100	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			39	35	17	17	22	19	24	25	21	15	14	19	25	23	23	23	24	22	Sep 2016	16	6	22		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2016	1.63	3.37	2.25		
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	Sep 2016	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	15	17	16	10	14	8	19	15	11	11	14	14	8	12	8	36	20	26	Sep 2016	12	14	26	110	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	73.3	71.4	73.1	73.9	70.5	73.6	75	75.1	73.8	74.5	74.8	72.5	73.9	75	73.4	69	70.3	74.1	Sep 2016	77.2	66.6	74.14		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Sep 2016	98.6		98.6	98.3	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	-	13	33	41	52	42	44	43	34	Sep 2016	30	4	34	256	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Sep 2016	0		0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15							-	-	-	-									Sep 2016	15		15	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60							-	-	-	-									Sep 2016	103		22	110	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Sep 2016	2.2		2.2	3.09	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Sep 2016	2.48		2.48	1.86	

Surgery B Group

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate O	Directorate E	Month	Year To Date
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Sep 2016	82.1	84.1	82.8	
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Sep 2016	92.3	85.7	91.0	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Sep 2016	94.7	93.3	94.2	
RTT	RTT - Backlog	<= No	0	0	574	547	549	582	630	678	693	561	579	578	626	646	560	595	600	666	720	608	Sep 2016	376	232	608	
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	0	3	2	1	3	3	1	2	1	3	1	0	0	0	-	1	Sep 2016	0	1	1	
RTT	Treatment Functions Underperforming	<= No	0	0	1	2	1	1	1	1	5	3	3	7	5	6	6	5	6	6	6	6	Sep 2016	2	4	6	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Sep 2016	0	0.35	0	
Data Completeness	Open Referrals	No			58,186	60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	63,337	64,441	65,936	67,252	68,140	69,271	Sep 2016	56,557	12,714	69271	
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	20,583	20,129	21,126	22,147	23,686	Sep 2016	17,982	5,704	23686	
Workforce	WTE - Actual versus Plan	No			35.3	35.1	46.6	43.1	49.7	57.2	57.7	59.1	61.1	57.8	50.2	46.7	41.5	41.6	46.1	48	53.9	48.9	Sep 2016			48.9	
Workforce	PDRs - 12 month rolling	=> %	95	95																			Sep 2016	92.1	93.3		94.4
Workforce	Medical Appraisal and Revalidation	=> %	95	95	-																		Sep 2016	96.2	60	90.3	93.51
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2016	3.33	2.67	3.11	3.18
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-	-																	Sep 2016	3.09	3.61	3.29	3.25
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-																	Sep 2016	84.7	77.2	87.45	83.47
Workforce	Mandatory Training	=> %	95	95																			Sep 2016	82.2	85.3		87.24
Workforce	New Investigations in Month	No			0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	Sep 2016			0	
Workforce	Nurse Bank Fill Rate	=> %	100	100	99	99.6	98.4	98.2	96.9	96	97	97.6	93.5	97.32	95.9	97.1	96.4	-	-	-	-	-	Apr 2016			96.41	96.41
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	2	1	3	4	7	13	7	27	23	11	14	10	12	-	-	-	-	-	Apr 2016			12	12
Workforce	Nurse Bank Use	<= No	2796	233														-	-	-	-	-	Apr 2016			274	274
Workforce	Nurse Agency Use	<= No	0	0														-	-	-	-	-	Apr 2016			0	0

Surgery B Group

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Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P	C			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Sep 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Sep 2016	98.7				98.7		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Sep 2016	0	97.7			97.7		
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	2	1	0	1	2	0	1	0	2	0	1	0	1	2	1	1	2	Sep 2016	1	0	0	1	2	7	
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	Sep 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	-	0	0	0	Sep 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2016	98.2	96.9			97.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Sep 2016	99.5	99.4			99.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Sep 2016	100	100			100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Sep 2016	100	100			100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2016	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Sep 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2016	0	0	0	0	0	3	

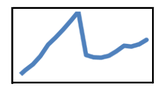
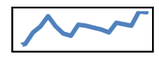
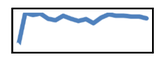
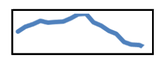
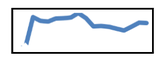
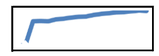
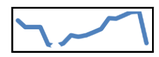
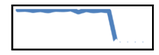
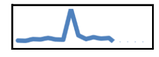
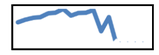
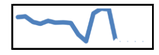
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	C	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2016		29			29.0	26.1	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	10	Sep 2016		10.4			10.4	8.9	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	19	Sep 2016		18.6			18.6	17.3	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Sep 2016		0			0	0	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2016		1			1	9	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Sep 2016		1.73			1.7	1.5	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2016		5.8			5.8		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Sep 2016		75.9			75.9		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Sep 2016		125			125.0		
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	-	-	Jul 2016	0	0	0		0.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.4	6.9	7.1	7.1	4.4	4.5	6.4	5.9	4.8	4.7	6.7	5.5	4.9	5.0	4.7	4.4	4.2	-	Aug 2016					4.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.7	6.7	6.8	6.9	6.7	6.6	6.6	6.5	6.3	6.1	6.1	5.9	5.8	5.6	5.4	5.2	5.2	-	Aug 2016						5.4	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2016	92.4		0		92.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2016	100				100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2016	-				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	-	Aug 2016	0.5	-	0	-	0.5	6.5	
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	-	Aug 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	-	Aug 2016	70	-	0	-	70		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	0	-	0	-	0	0	

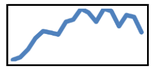
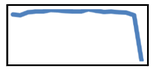
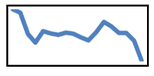
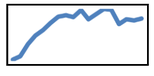
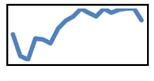
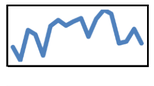
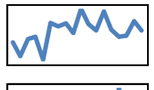
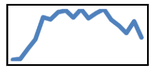
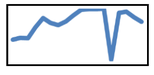
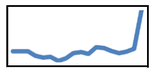
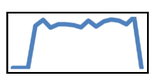
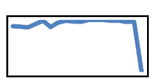
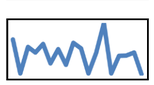
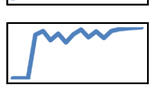
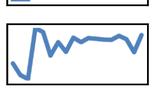
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	C	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	Sep 2016	0				0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			7	9	14	14	12	10	9	10	15	17	4	13	5	10	9	15	15	15	Sep 2016	4	8	3	0	15	69	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			28	28	20	18	17	13	13	13	14	20	6	17	9	13	10	19	21	23	Sep 2016	0	0	0	0	23		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2016	4.97		-		3.3		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0				0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	4	2	2	4	7	6	9	13	6	7	13	4	10	9	4	6	9	Sep 2016	9				9	42	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	78	74	75	76	79	76	76	72	74	71	78	76	73	74	76	76	76	Sep 2016	76.5	-			76.5		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			8	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2016	0	-	0	-	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	-	15	6	16	5	5	10	7	43	Sep 2016	8	0	35	0	43	86	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2016	77.6				77.6		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2016	91.2				91.2		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2016	93.8				93.8		
RTT	RTT - Backlog	<= No	0	0	20	23	22	25	32	34	54	53	52	60	70	80	69	92	93	130	121	129	Sep 2016	129				129		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	-	0	Sep 2016	0				0		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	2	2	2	Sep 2016	2				2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Sep 2016	0				0.0		

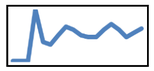
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	C	Month	Year To Date	
Data Completeness	Open Referrals	No			19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	25,985	Sep 2016	7,616	12,293	6,065	11	25985		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	10,041	10,069	10,168	10,770	11,488	Sep 2016	3,645	6,435	1,408	0	11488		
Workforce	WTE - Actual versus Plan	No			67.9	70.8	87.2	95.8	111	96.6	85.7	82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	118	116	Sep 2016	8.39	77.5	30.6	0	116.5		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2016	88.5	85.6	90.6	0		88.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-																		Sep 2016	79	84.6	92.3	0		90.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2016	4.71	5.5	3.42	0	4.9	5.1	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-																	Sep 2016	5.2	5.76	2.9	0	5.0	4.3	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-																	Sep 2016	83.7	80.7	77.7	0	80.23	78.16	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2016	84.1	82.6	83	0		86.4	
Workforce	New Investigations in Month	No			1	3	2	2	1	1	1	1	0	0	1	0	1	0	0	1	1	0	Sep 2016	0	0	0	0	0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	93.6	95.4	91.9	93.9	90.9	94.7	94.2	96.1	87.4	93.5	90.8	92.9	91.4	-	-	-	-	-	Apr 2016					91.4	91.4	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	37	35	53	50	68	51	48	394	95	54	74	60	65	-	-	-	-	-	Apr 2016					65	91	
Workforce	Nurse Bank Use	<= No	6852	571														-	-	-	-	-	Apr 2016					635	635	
Workforce	Nurse Agency Use	<= No	0	0														-	-	-	-	-	Apr 2016					8	8	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016					98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016					40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																											
Workforce	Your Voice - Response Rate	No			-->	-->	13	-->	-->	12	-->	-->	11	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	5	17	13	11		
Workforce	Your Voice - Overall Score	No			-->	-->	3.66	-->	-->	3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.69	3.67	3.62	3.45	3.6		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P	C			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			17	26	56	97	124	118	111	159	167	207	193	159	207	198	141	184	176	119	Sep 2016				119	119	1025	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	82.6	81	86.7	88.3	87.9	90.7	89.9	88.9	88.2	87.6	91.9	89	87.2	87.7	86.7	86.2	81.3	-	Aug 2016				81.3	81.3	85.89	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			17	15.9	8.8	5.87	9.69	9.04	8.51	9.19	8.82	7.69	6.68	9.33	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	59.2	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	Sep 2016				90.7	90.7	91.82	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			88.4	78.8	77.3	86.7	86.1	84.5	91	94.5	96.2	99.8	97.9	96.2	99.8	97.9	99.2	99.7	99.7	94.7	Sep 2016				94.7	94.67	98.44	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	85.1	80.2	91.4	89.8	82	92.9	95.1	93	94.5	95.8	88.9	95.6	99	97.5	86.5	87.1	91.9	86.5	Sep 2016				86.5	86.51	91.32	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			76.9	71.5	78.3	79.2	70	84.7	83.2	84.4	80.5	90.2	84.2	81.6	89.2	81.9	79.2	79.5	85.4	81.7	Sep 2016				81.7	81.68	82.78	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100	1	1	1	Sep 2016				1	1	105	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	74	74.3	79.1	83.5	94	93	96.5	97.1	93.9	97.9	93.6	96	97.9	92.8	90.1	86.5	92.1	84.4	Sep 2016				84.4	84.37	90.68	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	63.3	65.3	65	77.7	88.5	83.1	80.2	84.7	91.9	98.6	99.3	99.4	99.8	39.4	94.9	96.1	89.8	84.4	Sep 2016				84.4	84.37	85.24	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			38.7	38.7	38.7	33.6	31.4	32.3	27.6	30.7	36.8	37.9	35.6	43.9	42.8	39.4	36.7	38.3	41.9	87.6	Sep 2016				87.6	87.6	47.97	
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	Sep 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	88	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				96.1	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			382	322	369	359	374	340	365	337	376	366	322	358	411	322	353	354	359	321	Sep 2016				321	321	2120	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	74.1	80.9	79	99.7	95.4	94.7	94.1	91.8	98.2	99.7	98.8	100	99.4	99.4	99.2	98.3	91.8	98.8	Sep 2016				98.8	98.77	97.64	
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	Sep 2016				367	367	2076	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	76.2	68.8	66.3	98.4	95.8	81.1	89.4	83.4	92.4	89.6	92.2	91.6	91.2	90.9	93.5	91.3	83.1	93.9	Sep 2016				93.9	93.86	90.44	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			0	0	0	84	31	27	42	56	51	42	39	39	51	60	51	39	46	53	Sep 2016				53	53	300	
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 A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	2	3	0	2	0	1	2	0	2	4	2	3	4	2	1	2	1	Sep 2016	0	0	0	0	1	1	13	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			4	6	5	2	3	0	2	2	1	1	4	3	3	5	4	2	2	2	Sep 2016	0	0	0	0	2	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			1,700	1,743	1,808	1,870	1,957	3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	5,631	5,764	Sep 2016	1,615	1	1,866	0	2,282	5,764		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	1,502	1,437	1,510	2,208	2,275	Sep 2016	771	0	847	0	657	2,275		
Workforce	WTE - Actual versus Plan	No			20.4	22.8	32.5	34	33.7	40.3	40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	39.8	38.4	Sep 2016	13.7	5.19	16	5.14	-1.1	38		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	80.4	94.3	84.5	98.3	95.7		92.72	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	87.5	100	100	100		92.71	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	5.01	3.04	5.74	3.4	2.71	4.23	4.24	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	-	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	4.6	5.9	4.9	4.4	5.8	4.92	4.51	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	91.1	100	65.2	95.9	100	81.7	81.3	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	89.2	95.3	89.9	95.2	87.1		94.6	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	2	Sep 2016	0	0	2	0	0	2		
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	3.64	3.73	3.77	3.75	4.14	3.79		

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 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	-	Aug 2016					9.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	9.0	11.0	12.0	13.0	13.0	14.0	15.0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	12.0	14.0	-	Aug 2016						4.59	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016			66.67		66.67	68.44	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016			92.86		92.86	96.45	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 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	Sep 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	4	3	5	8	4	1	2	1	3	6	5	2	0	1	1	2	1	Sep 2016	1	0	0	0	1	7	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			0	5	5	7	11	7	3	2	0	3	6	5	2	1	2	2	2	0	Sep 2016	0	0	0	0	0		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2016	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	-	-	-	-	-	-	49	62	36	67	69	86	66	54	Sep 2016	54	0	0	0	54	378	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0.45				0.45		
Data Completeness	Open Referrals	No			132	148	151	173	178	198	208	231	248	259	271	286	288	298	325	342	361	376	Sep 2016	376	0	0	0	376		
Data Completeness	Open Referrals - Awaiting Management	No			'	'	'	'	'	'	'	'	'	'	'	'	'	287	267	299	315	331	Sep 2016	331	0	0	0	331		
Workforce	WTE - Actual versus Plan	No			41.4	46.3	57.9	58.9	55.9	50	47.5	45.1	40.1	43.9	44.2	46.3	48.5	51	44.2	44.5	47	45.4	Sep 2016	21.4	2.95	5.01	4.34	45.4		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	78	100	91.7	77.2		84.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	78.3	0	100	100		100.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	3.1	3.9	2.0	5.7	4.21	4.47	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	3.6	0.0	1.0	1.4	2.93	4.04	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	67.5	93.8	92.1	38.9	65.7	62.5	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	76.5	91.1	89.9	82.8		85.8	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Sep 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	3.34	0	3.84	3.91	3.4		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

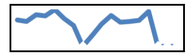
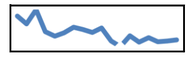
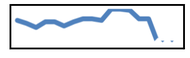
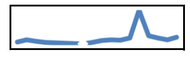
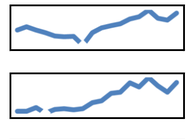
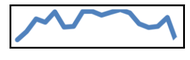
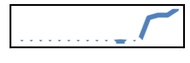
Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate AT	IB	IC	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	30	47	37	25	27	29	29	21	26	31	23	20	22	38	31	29	31	29	Sep 2016	0	28	1	29	180	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	0	0	0	1	0	1	2	1	1	0	0	1	0	0	1	Sep 2016	0	1	0	1	2	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	3	1	1	3	2	0	0	2	0	3	0	4	2	4	-	3	1	1	Sep 2016	-	1	-	1	13	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2016	0	2	0	2	5	
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	Sep 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	1	2	1	3	5	4	4	2	3	6	7	3	5	5	4	5	4	Sep 2016	0	2	2	4	26	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			0	7	6	4	5	7	5	5	5	3	6	7	11	7	9	8	9	7	Sep 2016	0	5	2	7		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			174	92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	102	123	128	154	152	135	Sep 2016	16.6	86.1	32.7	135.37		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																		Sep 2016	82.6	90.5	83.4		88.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																		Sep 2016	3.08	4.4	5.04	4.42	4.5	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-																Sep 2016	1.96	3.27	3.95	3.32	3.96	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-																Sep 2016	97.2	90.7	87.5	90.43	88.72	
Workforce	Mandatory Training	=> %	95.0	95.0																		Sep 2016	86.8	82.9	88.6		91.4	
Workforce	New Investigations in Month	No			1	3	0	0	0	0	0	4	0	0	2	0	0	0	2	0	1	0	Sep 2016				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	89.5	94.2	89.2	89	89.7	92.2	90.6	95.6	88	88.4	78.3	89.3	87.9	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	41	31	46	72	62	56	48	19	78	90	78	86	87	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Nurse Bank Use	<= No	5408	451														-	-	-	-	-	Apr 2016				485	485	
Workforce	Nurse Agency Use	<= No	0	0														-	-	-	-	-	Apr 2016				282	282	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016				211	211	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0														-	-	-	-	-	Apr 2016				0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	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 Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate AT	IB	IC	Month	Year To Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	56	53	67	64	78	59	44	0	24	47	65	51	53	55	74	-	-	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	13.3	12	14.5	10.7	9.85	10.5	11.4	11	10.5	11.3	9	8.06	9.9	8.82	9.6	8.85	9.01	9.22	Sep 2016				9.2	9.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	1.58	1.58	1.58	1.58	1.29	Sep 2016				1.3	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	Sep 2016				2	4	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	16	14	11	15	15	12	15	17	17	16	24	24	23	17	17	-	-	-	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			2	2	2	6	1	1	2	1	1	1	1	0	1	1	2	3	2	2	Sep 2016				1.91		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38.5	42.4	41.5	60.1	Sep 2016				60.15	44.31	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			47	55	50	46	44	43	42	41	46	52	55	54	61	161	70	61	55	65	Sep 2016				64.74		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			51	55	51	48	44	43	44	33	48	54	56	58	64	67	75	65	63	71	Sep 2016				71.41		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			22	22	24	21	23	23	23	23	26	28	32	32	37	35	40	36	32	37	Sep 2016				37.19		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			46	56	40	48	45	50	43	50	29	28	31	21	40	37	11	30	37	45	Sep 2016				45.09		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			87	89	92	91	94	90	90	94	94	93	94	94	93	91	90	90	92	86	Sep 2016				86.33		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	-	-	-	-	-	7	-	-	200	222	222	270	Sep 2016				40	31.13	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	2	Sep 2016				2	15	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	3	1	1	Sep 2016				1	11	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	1	1	1	Sep 2016				1	3	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	1	0	Sep 2016				0	1	

Corporate Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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			5	7	8	6	15	11	13	8	5	4	5	8	8	10	12	4	13	8	Sep 2016	1	0	0	0	0	6	1	8	55	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			14	12	14	9	16	16	16	9	8	4	4	7	8	9	12	9	17	10	Sep 2016	2	0	0	0	0	5	3	10		
Workforce	WTE - Actual versus Plan	No			260	267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	146	Sep 2016	10.8	7.04	3.11	25.7	0.36	63.6	35.8	146.34		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2016	90	69	80	94	87	85	86		87.6	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	-						#DIV/0!												Sep 2016			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2016	2.53	2.66	4.36	2.96	4.54	4.80	4.36	4.28	4.33	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-																	Sep 2016	3.15	3.15	2.82	3.00	5.40	4.53	4.98	4.24	3.73	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-																	Sep 2016	90.8	76.8	66.3	82.5	72.0	86.5	76.4	80.7	79.9	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2016	92	94	0	87	95	88	88	88.6	92	
Workforce	New Investigations in Month	No			1	0	1	2	1	1	5	0	1	2	2	2	4	4	1	4	1	1	Sep 2016	0	0	0	0	0	1	0	1		
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:	**Reducing our Sickness Absence**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby, Director of Organisation Development**
AUTHOR:	**Sarah Towe, HR Business Partner**
DATE OF MEETING:	**3rd November 2016**

EXECUTIVE SUMMARY:

The attached report provides a summary postion of sickness absence levels and the proposed set of actions to ensure the Trusts target of 2.5% by end of March 2017 is achieved.

The Trusts "in month" and overall 'rolling 12 month' sickness figures as at September 2016 are showing an improving position, but insufficent to give assurance that we will achieve the in month target of 2.5% by 31st March 2017.

Long term absence accounts for the majority of absence and as it is felt that effective management will acheive reduction in absence length and consequently a reduction in absence levels, this needs to be the main area of focus moving forward.

Key barriers have been identified with a particular concern about lack of group grip on the management of sickness absence, including delays with timely management of long term absence cases and inconsistent Group / Directorate oversight and appropriate assurance of absence management. This must be addressed with full Trust Board support if sickness absence is to be reduced.

REPORT RECOMMENDATION:

Rigorous Group leadership focus to ensure comprehensive and timely local management.
Continued dedicated focus from HRBP's on reducing length of long-term absences i.e. reducing unnecessary delays
Full Trust Board support of the seasonal flu vaccination program on areas where we have typically low uptake and high levels of sickness absence.
Continued provision of sickness absence training sessions.

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

Accept	Approve the recommendation	Discuss
	X	

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

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

Comments:

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

Trust objective to reduce sickness absence

PREVIOUS CONSIDERATION:

Summary position of the Trusts sickness absence rates & trajectories:

The Trusts rolling 12 month sickness figure as at September 2016 is showing a consistently improving position. The 'in month' Trust position has also demonstrated a declining trend. See appendix 1, tables 1 and 2, for data.

These improvements have been achieved as a result of a number of key interventions, including:

- Increased focus and commitment to sickness management of leaders at Group & Directorate level, in the main via implementation of monthly confirm and challlenge processes.
- Weekly central ill health dismissal panels have reduced delays in the dismissal process.
- Monthly corporate sickness absence training for managers to ensure confidence and capability.
- Implementation of central reporting lines for sickness absence to ensure consistency in approach / appropriate challenge.
- Monthly HR sickness absence clinics to ensure managers have dedicated time for advice and support.
- Monthly sickness absence factsheet for managers to ensure managers are provided with regular updates on key sickness absence issues.
- Monthly sickness absence escalation process for long term cases, which involves HR assessment and escalation of cases to the Group and Director of Organisation Development, Chief Executive and Non Exceutive Director.
- Ward Management Development programme in Medicine and Emergency Care.

These improvements are however insufficent to give assurance that we will achieve the in-month target of 2.5% by 31st March 2017 (the Trusts overall in-month sickness absence figure for Sept 16 is 4.20%). September's trajectory analysis indicates that the majority of the Trusts Directorates are above September's target and therefore unlikely to achieve the target rate of 2.5% by March 2017. Surgery B is the only Group with all of its Directorates being on track. (appendix 1, table 3, for data)

Evidence is clear that Groups where managers are trained and where senior Group and Directorate leadership are fully engaged and proactively challenging/assuring themselves that absence is being managed effectively, are seeing improvements in absence levels. However it has been established that there remains a great deal of inconsistency with regards to practices within Groups for assuring effective absence management. This has to be embedded consistently by all Groups or we will not achieve sustained improvements in absence levels.

Long Term Sickness Absence Management:

Given that long term sickness absence consistently accounts for the majority of sickness absence in the Trust and it is considered that effective management should enable significant reduction in length of absences (and therefore reduction in overall absence rates), it needs to remain a key area of focus.

It is now managed in a fixed monthly cycle, which involves HR assessment, HR intervention and then escalation of outstanding cases of 56 and 84 calendar days to the Director of Organisation Development and Chief Executive and Non-Executive Director respectively. Review of case management of long term cases has illustrated a mixture of positive management and management practice that clearly requires improvement. Concerns include untimely management action, (for example, delays in holding sickness reviews) and delayed decision making (for example, failure to act on those cases where the OH team are unable to provide clear guidance on a likely date of return. Whilst we are seeing some improvements, ESR errors remain a concern and are adversely affecting Group sickness figures. Importantly the fact that these errors are remaining open until the point they reach the monthly HR reporting cycle is indicative that locally line managers are not focused on long term sickness management and using the resource materials available to them.

Effective management of long term absence involves adopting a proactive, case management approach including:

- regular communication / consultation with the employee
- timely referral to Occupational Health
- consideration / implementation of support options to facilitate an early return to work
- timely action
- ensuring appropriate support options provided by the Trust for employees are communicated / utilised as appropriate.
- having to make difficult decisions

Actions required moving forward to achieve the Trust target of 2.5% by March 2017

Reduce length of long term absences:

We currently have 132 employees on long term absence and these will be the immediate area of focus:

- all cases to be reviewed to ensure robust and proactive management.
- encourage earlier return to work by use of temporary redeployment / modified duties.
- ensure absences at three months duration have a return to work plan / exit strategy.
- Groups to be responsive to the monthly long term escalation process and take necessary action should concerns be identified with case management.
- in addition to the monthly escalation process, focus on cases which are in the pipeline to turning into long term absence to ensure effective and early intervention. The aim being to prevent cases turning into long term absence or to reduce the length of absence to a minimum.
- ensure no ESR errors.
- change in focus of monthly HR clinics. Current approach is that managers themselves choose whether to attend and these have not been well utilised by managers over recent months. HR team to request managers to attend based on sickness data and escalate within the Group if managers fail to engage.

Training for line managers:

Additional sickness absence training sessions to be provided to ensure all managers responsible for managing sickness absence who haven't received training within the last 18 months, attend training by end of Feb 2017. Groups to ensure managers are released for training.

HR to work closely with Groups to ensure the following actions are complete / embedded by end of Dec 2016:

- ensure line managers utilise HR clinics
- robust implementation by Groups of monthly confirm and challenge processes.
- ensure elimination of ESR errors.
- Review the implementation of central reporting lines where not already in place and implement in areas of concern.
- ensure managers are held accountable for the management of absence and concerns are addressed in line with appropriate Trust processes.

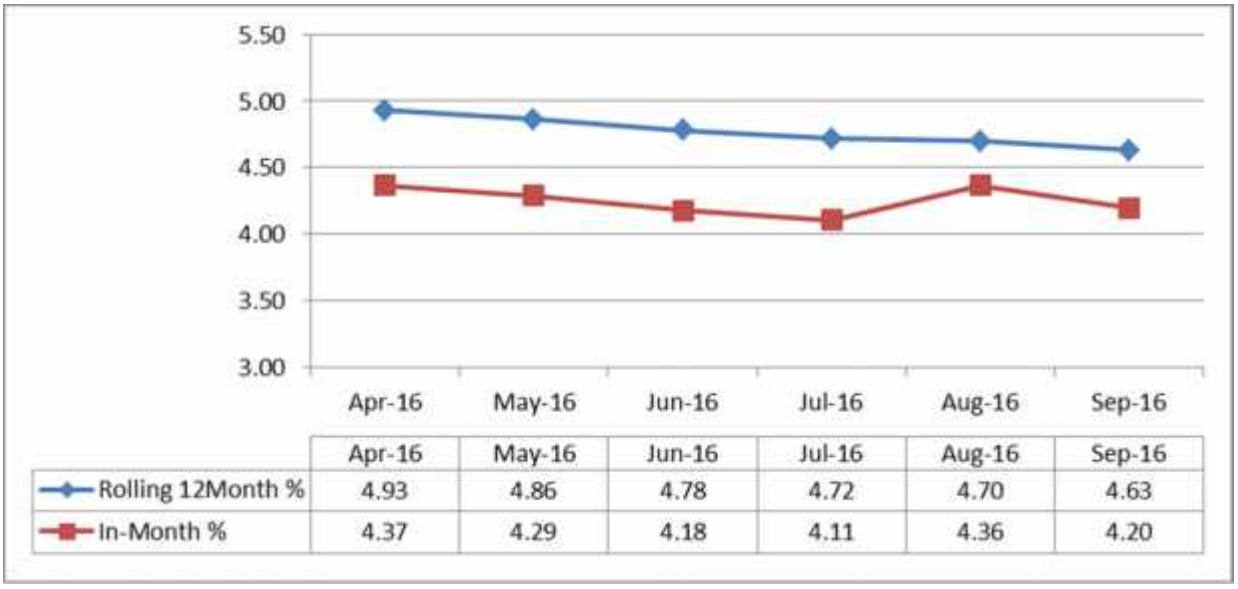
Flu vaccination:

Focus the seasonal flu vaccination program on areas where we have typically low uptake and high levels of sickness absence.

Sarah Towe
HR Business Partner

Appendix 1:

Table 1: Trust Sickness Absence – rolling and in-month figures for last 6 months



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Rolling 12Month %	4.93	4.86	4.78	4.72	4.70	4.63
In-Month %	4.37	4.29	4.18	4.11	4.36	4.20

Table 2: Group Sickness Absence – % 'in-month' figures

Group	Short term Aug 16	Short term Sept 16	Long term Aug 16	Long term Sept 16	Total Aug 16	Total Sept 16
Community and Therapies	1.90	0.86	2.90	2.45	4.80	3.32
Corporate	1.43	1.53	2.46	2.71	3.89	4.24
Imaging	1.09	1.09	1.46	1.84	2.54	2.93
Medicine and Emergency Care	1.81	1.62	2.30	2.36	4.10	3.97
Pathology	1.67	1.74	3.10	3.18	4.78	4.92
Surgery A	2.33	1.99	3.11	2.88	5.44	4.87
Surgery B	1.94	1.72	1.96	1.57	3.90	3.29
Women and Child Health	1.45	1.69	3.30	3.30	4.76	4.98

Table 3: Directorate Trajectories

Group	Directorate	Directorate HC as % of Trust total	Overall Target (Mar 2017)	Previous Month's Sickness (Aug 2016)	Sickness Target (Sep 2016)	Current Sickness (Sep 2016)	On Target?	Sickness Target (Oct 2016)
Community & Therapies	Ambulatory Therapies	2.18	2.50	3.16	3.08	3.08		2.98
	iBeds	3.49	2.50	4.57	4.31	4.40		4.08
	iCares	4.80	2.50	5.00	4.69	5.04		4.62
Corporate	Chief Executive & Governance	0.98	2.50	2.46		2.53		2.53
	Corporate Nursing & Facilities	12.64	2.50	4.92	4.62	4.80		4.42
	Estates & New Hospital Project	1.37	2.50	4.56	4.30	4.54		4.20
	Finance	1.22	2.50	2.68	2.66	2.66		2.63
	Medical Director	2.42	2.50	3.07	3.00	2.96		2.88
	Operations	5.43	2.50	4.32	4.09	4.36		4.05
	Workforce & Organisation Development	2.39	2.50	2.91	2.86	2.91		2.84
Imaging	Breast Screening	0.84	2.50	6.27	5.80	5.74		5.20
	Diagnostic Radiology	1.99	2.50	3.03	2.96	3.05		2.96
	Group Management - Imaging	0.63	2.50	7.28	6.68	7.21		6.43
	Interventional Radiology	0.14	2.50	4.55	4.29	3.91		3.68
	Nuclear Medicine	0.35	2.50	1.95		1.96		
Medicine & Emergency Care	Admitted Care	8.93	2.50	5.62	5.23	5.48		4.98
	Emergency Care	7.32	2.50	5.52	5.14	5.44		4.95
	Group Management - Medicine	0.10	2.50	3.84	3.67	3.72		3.52
	Scheduled Care	4.35	2.50	4.31	4.08	4.05		3.79
Pathology	Biochemistry	1.56	2.50	5.58	5.20	5.68		5.15
	Group Management - Pathology	0.75	2.50	3.70	3.55	3.96		3.72
	Haematology	0.71	2.50	5.38	5.02	5.01		4.59
	Histopathology	0.52	2.50	2.66	2.64	3.04		2.95
	Immunology	0.29	2.50	2.44		2.71		2.68
	Microbiology	0.82	2.50	3.50	3.38	3.40		3.25
Surgery A	Anaesthetics, Pain Mgt and Critical Care	3.63	2.50	4.49	4.24	4.42		4.10
	Cancer Services	0.27	2.50	2.54	2.54	2.35		
	General Surgery	3.72	2.50	6.18	5.72	6.23		5.61
	Group Management - Surgery A	0.20	2.50	3.30	3.20	3.26		3.13
	Specialist Surgery	2.41	2.50	3.56	3.43	3.32		3.18
	Theatres	4.03	2.50	6.55	6.04	6.64		5.95
Surgery B	ENT, Oral Surgery & Audiology	1.50	2.50	2.76	2.73	2.67		2.64
	Group Management - Surgery B	0.13	2.50	0.95		1.08		
	Ophthalmology	4.03	2.50	3.48	3.36	3.33		3.19
Women's & Child Health	Group Management - W&CH	0.06	2.50	12.15	10.94	12.41		4.34
	Gynaecology, Gynae-Oncology, GUM & CASH	2.16	2.50	4.47	4.22	4.71		5.00
	Maternity, Health Visiting & Perinatal Medicine	8.30	2.50	5.53	5.15	5.50		3.27
	Paediatrics	3.36	2.50	3.70	3.55	3.42		4.28
Total			2.50	4.70	4.43	4.63		

On Target? RAG Descriptions

Under current monthly target and due to meet 2.50% by the end of March 2017
Already under the 2.50% target
Over current monthly target by 0.25% or less. Will possibly miss 2.50% by March 2017 at current trajectory
Over current monthly target by more than 0.25%. Will likely miss 2.50% by March 2017 at current trajectory

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Complaints & PALS report: 2016/17 Quarter 2
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Karen Wood, Head of PALS & Complaints
DATE OF MEETING:	3rd November 2016

EXECUTIVE SUMMARY:

This report sets out details of Complaints and PALS enquiries received between July and September 2016 (Quarter 2).

The report provides high level data on PALS and Complaints, demographics of the subject of the complaint if a patient, and the reasons those complaints were made.

In this quarter, it is reported that the complaints activity has increased, from 272 to 274, and also shows that 84% (87% year to date) of complaints have been managed within their target date. Themes and outcomes remain consistent with previous quarters and show a continued focus on lessons learned, and quality responses that are caring, transparent, timely and responsive to the needs of complainants.

REPORT RECOMMENDATION:

The Board is recommended to DISCUSS and NOTE the contents of the report.

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

Accept	Approve the recommendation	Discuss
✓		✓

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

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

Comments:

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

Safe, high quality care
Improve and heighten awareness of the need to report and learn from complaints.

PREVIOUS CONSIDERATION:

None

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Complaints and PALS Report

2016/17: Quarter 2

Where EVERYONE Matters

At a glance

274

Complaints dealt with in Q2 2016/17

718

PALS enquiries dealt with in Q2 2016/17

28.66

The average number of days taken to complete a formal complaint

43

Complaints reopened because of dissatisfaction with the original response

3.4

Number of complaints received per 1000 bed days

6.7

Complaints made per 1000 finished consultant episodes (FCEs)

70% (172)

of the complaints that were either Partially or wholly Upheld in favour of the complainant

8 new /6 closed

PHSO investigations for the quarter

50% (7)

Of the respondents who felt their complaint had been handled well, or very well.

50% (129)

Of the complaints received were about the clinical care received

In detail

A total of 292 complaints were presented to the Trust in Q2 2016/17 with 19 being withdrawn, leaving a total of 274 to manage. This compares to 272 in Q1 2016/17 with 8 being withdrawn leaving 264 left to manage. This small increase in this quarter's complaints can largely be attributed to Women and Child Health, who saw double the amount of complaints made, mainly about the clinical and nursing care provided.

A total of 718 enquiries were made of PALS in Q2 2016/17, compared to 635 in Q1 2016/17. The most significant increase in enquiries was in Medicine and Emergency Care. In Q1, two thirds of the enquiries related to clinical care, staff, or appointments. In Q2, these same categories made up nearly three quarters of the enquiries with an increase in concerns about appointments and clinical care. Concerns about staff and communication fell.

The average number of days taken to conclude the cases closed in Q2 2016/17 was 28.66, compared to 28.73 in Q1 2016/17. The percentage of complaints sent out on or before their target date was 84%, and 87% year to

43 complaints were reopened as a result of the complainant's dissatisfaction with their original response in Q2 2016/17. This compares to 48 in Q1 2016/17. Only 2 of these cases were because we had not answered all issues in the complaint, compared to an average of 4 since Q1 2015/16.

The number of complaints per 1000 bed days has come down slightly to 3.4 in Q2 2016/17, compared to 3.8 in Q1 2016/17.

The number of complaints per 1000 FCEs has risen slightly to 6.7 in Q2 2016/17 compared to 6.1 in Q1 2016/17. Surgery B still have the highest complaint rate and appointment management still features as a prevalent theme.

70% of complaints closed in Q2 2016/17 were either partially or wholly upheld in favour of the complainant. This is consistent with the last 2 quarters where 72% and 70% respectively were closed with the same results.

PHSO cases remained constant with 8 new cases being opened for investigation and 6 cases being closed. Consistent is the trend that the PHSO generally agree with the Trusts original investigation. The not upheld rate for this quarter was 83%. This brings the not upheld rate for the last 3 quarters to 79%.

The most complained about theme, continues to be clinical care, at 50% (129) of complaints made. The second most complained about issue for the Trust is our ability to manage appointments, making up 17% of complaints in Q2 2016/17. The third most issue complained about is the attitude of staff at 11%. These issues have been the most complained about issues consistently in the previous 2 quarters.

50% (7) of respondents to the complaints satisfaction survey thought that their complaint had been handled either well, or very well. Work is about to start to reconfigure the PALS and complaints team to ensure that the service for those raising complaints or concerns, improves and feedback about what would improve user experience is being factored in to this work.

Learning from patient feedback

Concerns and complaints raised by patients and visitors must be viewed positively as an unsolicited form of feedback. These are opportunities to improve our services and the care we provide based on user experience.

It is the Trust's responsibility to ensure that this feedback is used to improve patient safety, the delivery of service, and patient experience.

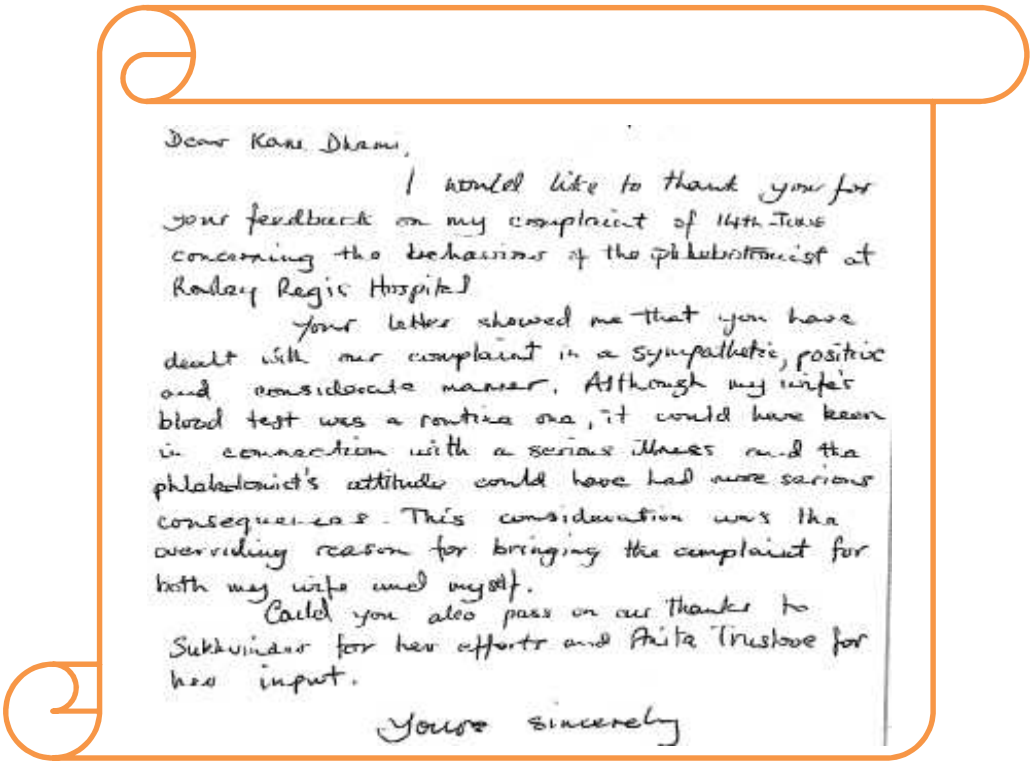
Below are some examples of improvements made as a direct result of complaints received

The patient's daughter expressed concerns around many aspects of her mother's care, one of which was our ability to manage her diabetes effectively. One of the issues impacting the patient's sugar levels was the fact that she was on SAU for a very short period of time, and not at meal time. SAU, have now implemented drink and snack rounds at 3.00pm and 8.00pm to ensure all patients, even those on the ward for a short time, receive appropriate refreshments. This is recorded to aid nursing staff in ensuring that diet and fluid intake is recorded so that the ward that the patient is transferred to is aware.

The management of the patient's pressure sores, by district nurses were questioned, by the family. They felt that they had not been fully aware of the care that was being provided by the nurses in their absence. As a result, a communication sheet has been developed by the team. This sheet is left with the patient after a visit, with updates on care, or concerns, allowing the family to be more involved in the visits when they are not present.

An urgent outpatient appointment was misinterpreted by the booking team, and managed as a non- urgent booking. This resulted in a potential 9 week wait for this appointment so the patient paid privately. At this private appointment, she was diagnosed with cancer of the optic nerve. As a result of this complaint, and the underlying theme of concerns around appointment bookings, the contact centre responsible for these bookings are all undergoing a competency based training programme to ensure that all staff have the appropriate knowledge and skills to manage this important aspect of their roles.

Positive Feedback- 1716 compliments were reported* across the Trust in Q2 2016/17



Dear Karen Dhami,

I would like to thank you for your feedback on my complaint of 14th June concerning the behaviour of the phlebotomist at Rowley Regis Hospital

Your letter showed me that you have dealt with our complaint in a sympathetic, positive and considerate manner. Although my wife's blood test was a routine one, it could have been in connection with a serious illness and the phlebotomist's attitude could have had more serious consequences. This consideration was the overriding reason for bringing the complaint for both my wife and myself.

Could you also pass on our thanks to Sukhvinder for her efforts and Anita Trustlove for her input.

Yours sincerely

My father was under your care at the Upper GI Endoscopy and a Colonoscopy Treatment at your day unit at Sandwell Hospital on Friday 15th July 2016 at 10:30am.

My father has been very unwell and has been to many GP appointments and is rather weak, so having to then take the shakes to clear him out and then the trip to the hospital was a long day but also a very unwelcome one for him.

I have to say I was very happy to say and reason for the e-mail that your team was fantastic and made the day as good as could be expected. The three members of staff I have to say stood out was first of all the translator that was supplied by yourself. This is a fantastic service and helped my father a great deal, she was very good and I think your hospital showed head and shoulders above others by doing this service for people like my father.

The second member of your team was Nurse Cheryle, she was very good at her job and even though seemed to be the one running around more than others always maintained a smile, this was nice to see in that intense environment. Cheryle would keep family member up to date with and my father also and she showed a very human side to the hospital I can only say a big thank you to her and to say her day at work makes such a difference to many she never realises.

The third was the camera tests that was carried out my father, he has told me that he was very upset and nervous but once the person who carried out the tests spoke to him in a language he understood and the manor in the way things had been explained during the test, my father was made to feel more relaxed and had said he had the up most respect for the work and the way it was carried out.

This again shows the personal side once again and this has made a world of difference to my family and my father, I don't have the name of that person as only my father was in contact with them but please can you forward this on to them and the others mentioned. I want to thank you all and you as the manager as it reflects your hard work as well to have such a fantastic team alongside you and it was a very good experience under not so good circumstances. THANK YOU.

Liz Zulueta (Surgical Care Practitioner, Appointment- :27/06/2016) I also wish to thank as once again the personal and friendly approach made a big difference to my sister and father. This was the start of the impressive care and service and made a big difference to all the family at a very distressing and worrying time. This has been amplified after we lost our mother at another hospital and so we all and more so my farther have panic descends on us when in relates to medical or hospital visits.

I work away a lot due to the goings on with security in the UK and so I appreciate the teams work and personal care they give to each patient with the pressures you all work under. I hope when each member gets a copy of this it shows the many that don't write in but feel the same as me that you make the difference and are a valued member of the NHS and Sandwell Hospital.

Please keep doing what you all do and hope you and your dedicated team get recognition of your hard work, If not please rest assured the work you do is one you all should be proud off and rewarding inside if not monetary like many of us that work to help others.

Kind regards.

Hi Karen,

Just a little more customer feedback in relation to Lyndon 4

All I can say is that the second half of my dad's stay was the total opposite to the first. Christine (I think that's her name – she's the nurse who has a lot to do with the Battle of the Somme charity), was really friendly and helpful and willing to explain things to my dad and his family in relation to his on-going care. Despite being busy, she would always make you feel as if it was the patient that mattered and not the paperwork (all of which I know is important) and the patient was the most important thing. She was caring and compassionate – all of which are what is needed to make a good nurse.

This was a real positive about my dad's stay and I would be grateful if our thanks could be passed on to her.

Kind regards

* Figure taken from ward dashboards reported within the quarter.

In summary

- Surgery B still have the highest complaint rate, with a large number relating to appointment management, with competency training underway to support the team to improve their performance.

- 83% (246) of complaints resolved in this quarter were sent within their target date. This is a decreased number of cases compared to previous bringing the year to date result down to 87%. Work undertaken by the team to improve escalation and organisation did not improve this result over the summer months, with resourcing sighted as an issue. This work continues.

- The average time to respond has also decreased, but is still reflective of a higher than acceptable number of cases having breached their target date, and a smaller number of cases being 'fast tracked'. The result achieved was 28.66 compared to 28.73

- The Complaints Satisfaction Survey return rate has decreased again to just 5% and a more effective way of collecting this feedback is now needed. This compares to 10.3% in Q1 2016/17 and 22.9% in Q4 2016/17. It is considered that the administration of the process, rather than the new timeframe is the root cause of the low rate, and this is where efforts for improvement will be focused in Q3 2016/17.

Key areas for focus in Quarter 3 2016/17

- Work has now started on blending the two functions of PALS and Complaints. Staff have been allocated adjusted roles and cross training is currently underway. Enquiry access points are being redesigned, including research into how to implement dedicated phone lines in strategic locations outside Wards. This work on accessibility will be incorporated into the new Governance Staffing Structure and processes are being reviewed to ensure that there is no risk to the way cases are managed. It is envisaged that this work will have a positive impact on user experience.

- The complaints team are now refocusing on management processes that were implemented last year, to get cases back on track. Whilst this was supposed to happen in earnest over Q2 2016/17, resource levels in the team and across the Trust stopped this from having a real impact on the reduction of cases that breached their target date.

- As reported, the Elective Access team are currently rolling out a competency based training programme to support the improvement of the skills of the team. This in turn will improve the way appointments are managed across the Trust, and in particular, with Surgery B.