

AGENDA

Trust Board – Public Session

Venue: Boardroom, Sandwell General Hospital

Date: 7 April 2016; 0930h – 1300h

Members attending:

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

In attendance:

Mrs C Rickards (CR) Trust Convenor

Board Support

Mr D Whitehouse (DW) Head of Corporate Governance

| Time | Item | Title | Reference Number | Lead |
|--|------|--|------------------|------------|
| 0930h | 1. | Apologies – Dr Paramjit Gill and Mr Robin Russell | Verbal | DW |
| | 2. | Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> | Verbal | Chair |
| 0935 | 3. | Patient story | Presentation | CO |
| 0955h | 4. | Minutes of the previous meeting <i>To approve the minutes of the meeting held on 3 March 2016 as a true and accurate records of discussions</i> | SWBTB: 16-17/002 | Chair |
| | 5. | Update on actions arising from previous meetings | SWBTB: 16-17/003 | DW |
| 1000h | 5.1 | Community caseloads | SWBTB: 16-17/004 | RB |
| | 5.2 | Patient Safety Ten out of Ten 100 Day Programme | SWBTB: 16-17/005 | CO |
| | 5.3 | Visitor Car Parking Charge Uplift | SWBTB: 16-17/006 | CO |
| 1040h | 6. | Questions from members of the public | Verbal | Chair |
| 1050h | 7. | Chair's opening comments | Verbal | Chair |
| UPDATES FROM THE BOARD COMMITTEES | | | | |
| 1055h | 8. | Update from the MPA Committee meeting held on the 30 March 2016 | To follow | RSM/ TL |

| Time | Item | Title | Reference Number | Lead |
|-------|---|---|------------------|------------|
| | 9. | Minutes from the <u>Finance and Investment Committee</u> meeting held on 26 February 2016 and update from the meeting held on the 1 April 2016 | SWBTB: 16-17/007 | RSM/ TW |
| | 10. | Minutes from the <u>Quality & Safety Committee</u> meeting held on the 26 February 2016 | SWBTB: 16-17/008 | OD/ CO |
| | 11. | Update from the <u>Workforce and OD Committee</u> meeting held on the 30 March 2016 | To follow | HK/ RG |
| | 12. | Minutes of the <u>Charitable Funds Committee</u> meeting held on the 18 March 2016 | SWBTB: 16-17/009 | WZ/ RW |
| | MATTERS FOR APPROVAL OR DISCUSSION | | | |
| 1105h | 13. | Chief Executive's report | SWBTB: 16-17/010 | TL |
| 1125h | 14. | 2016-17 Finances & Annual Plan | SWBTB: 16-17/011 | TL/ TW |
| 1155h | 15. | Cancer Services | SWBTB: 16-17/012 | RB |
| 1210h | 16. | R&D Plan | SWBTB: 16-17/013 | RST |
| 1225h | 17. | Sickness Absence Management 2016/ 17 | SWBTB: 16-17/014 | RG |
| 1235h | 18. | Trust Risk Register | SWBTB: 16-17/015 | KD |
| 1245h | 19. | Integrated Performance Report | SWBTB: 16-17/016 | TW |
| | MATTERS FOR INFORMATION | | | |
| 1255h | 20. | Financial Performance – P11 February 2016 | SWBTB: 16-17/017 | TW |
| | 21. | Safeguarding Children Scorecard | SWBTB: 16-17/018 | CO |
| | 22. | Any other business | Verbal | All |
| | 23. | Details of next meeting The next public Trust Board will be held on 5 May 2016 starting at 09:30am in the Board Room, Sandwell General Hospital. | | |

TRUST BOARD PUBLIC

Venue Anne Gibson Board Room, City Hospital

Date 3 March 2016 13:30h – 17:30h

Members Present

| | |
|-----------------------------|--|
| Mr Richard Samuda | Chair |
| Ms Olwen Dutton | Vice Chair |
| Mr Mike Hoare | Non-Executive Director |
| Mr Harjinder Kang | Non-Executive Director |
| Mr Robin Russell | Non-Executive Director |
| Mr Toby Lewis | Chief Executive |
| Ms Rachel Barlow | Chief Operating Officer |
| Miss Kam Dhami | Director of Governance |
| Mrs Raffaella Goodby | Director of Organisation Development |
| Mr Colin Ovington | Chief Nurse |
| Dr Roger Stedman | Medical Director |
| Mr Tony Waite | Director of Finance & Performance Management |

Also in attendance:

| | |
|----------------|----------------------------|
| Ms R Wilkin | Director of Communications |
| Mrs C Rickards | Trust Convenor |

Board Support:

| | |
|-----------------------------|------------------------------|
| Mr Duncan Whitehouse | Head of Corporate Governance |
|-----------------------------|------------------------------|

| Minutes | Paper Reference |
|--|-----------------|
| 1 Apologies | |
| Apologies were received from Dr Paramjit Gill. | |
| 2 Declarations of interest | |
| Mr Kang notified the Board that he had become a Trustee of the Birmingham Botanical Gardens. | |
| 3 Patient Story | |
| <p>Mr Ovington introduced Emma whose son, Bradley, was receiving treatment having been born with a genetic condition called Peter's Plus Syndrome. The condition results in eye and limb abnormalities and development delays. For Emma's son this had resulted in him having both eyes removed, being reliant on a wheelchair and being subject to ongoing medical treatment including a hip operation and regular hormone injections. Her second son, Charlie, was also diagnosed with the same condition. Jane, a member of the nursing team was also present to support Emma whilst she explained her experiences of hospital.</p> <p>Emma stated that her experience overall was very positive with the likes of Jane having provided direct support for the past 2.5 years. Staff had been very supportive of Bradley and the family. He was now walking with the use of a cane and was developing at his own pace. She felt comfortable that staff were always at the end of the phone. She felt staff explained everything carefully and were given ongoing reassurance.</p> | |

| | |
|---|-------------------|
| <p>As a parent there was the feeling of being thrown in at the deep end when she had a son born with such a condition. She has received support from staff at the hospital and social services in terms of her children's ongoing care.</p> <p>The one negative experience related to when Bradley had a hip operation when he was left in a corridor for a long period and communication with staff was poor. This incident did not however happen whilst receiving treatment at the Sandwell and West Birmingham Trust.</p> <p>Mr Lewis queried what support Emma felt she and her son's needed during the transition through to adulthood. Emma responded by saying that it was a daily journey with Bradley with him making progress everyday over and above what she was told may be the case when he was first diagnosed. Discussions about Bradley growing into an adult did take place during annual reviews.</p> <p>Jane stated that transition conversations started in school when children were around 14 years old. There would be planning as part of the education and health plans around transition. Her concern was around the referral routes with the move into adulthood and the different arrangements that were in place. She also highlighted opportunities for greater child friendly signage including clear reference points that Bradley and other children can use to navigate where they are. Mr Lewis suggested the issue of transition was a matter that could be picked up through the Children's Board.</p> <p>Action: that the Children and Young Peoples Board reflect on transition as part of its forward programme.</p> | |
| <p>4 Minutes of previous meeting – 4 February 2016</p> | SWBTB (03/16) 237 |
| <p>Resolved: the minutes of the previous meeting were agreed as an accurate record.</p> | |
| <p>5 Update on actions arising from previous meetings</p> <p>The action tracker was noted. In respect of the learning disabilities matter Changing Our Lives had been commissioned and meetings were taking place over the coming week to agree the scope of the work.</p> | SWBTB (03/16) 238 |
| <p>5.1 Palliative care coding</p> | SWBTB (03/16) 239 |
| <p>Dr Stedman introduced the item highlighting the noticeable decline in palliative care coding and increase in end of life coding. Press coverage over two years ago had highlighted an increase compared to other Trusts. Recommendations were implemented following an internal audit report in 2014 which highlighted the need for the tightening of procedures.</p> <p>The Trust now used the Somerset Cancer Register System to record activity and establish true specialist palliative care involvement. This provided additional assurances on the accuracy of data. The Trust was confident that it now has a verified and reliable process.</p> <p>Mr Lewis stated that the report had been put on a public agenda to ensure transparency. He queried whether the changes had meant that the Trust was now an outlier compared to other trusts. Dr Stedman responded by saying that neighbouring</p> | |

| | |
|--|--|
| <p>trusts had taken a similar approach to reviewing their coding and that in terms of the data we were now back within the pack rather than an outlier. It was clarified that a number of episodes were combined to make a spell which was a unit of measurement for contracting purposes.</p> | |
| <p>6 Questions from members of the public</p> | |
| <p>Mr Bates asked the Board to outline progress around staff training and development and in particular how decisions were made in respect of which staff went on what training.</p> <p>Mrs Goodby responded by stating that the Trust undertook an annual training needs analysis. This was informed by individual discussions with every member of staff as part of the personal development review process. The Trust had made a significant commitment to the training and development of staff with funding protected for 3 years. Once collated training and development was prioritised in respect of the skills staff needed to be able to do their job through to future development needs. There was a clear prioritisation and categorisation process which was undertaken in a transparent way. It was important not to see training and development as needing to be classroom based and that many effective ways of supporting development can be delivered through other means such as mentoring, job shadowing and other informal means.</p> <p>Mr Cash asked two questions of the Board, one in respect of recent press coverage in regard to letters being sent to patients regarding discharge and the perception that people were being evicted from their beds and a second question regarding recruitment and retention.</p> <p>In response to the first question Mr Lewis clarified that the Trust does write to patients informing them about their care options beyond remaining in a hospital bed. Over the past year 25 such letters had been issued. Of these only one of these matters was progressed to a further stage.</p> <p>This was within the context of the thousands of patients that the Trust cares for. The key priority for the Board was ensuring that the conversation as to how long a person is likely to remain in hospital and the discussion over discharge is started routinely within the first 48 -72 hours so that everybody is clear including the patient and their family/ carers from the outset.</p> <p>In terms of the question in respect of recruitment and retention Mr Ovington stated that there were gaps in some hard to fill roles but that this was a national as well as local issue. There were currently 150 nurse vacancies, the majority of which were being recruited to and the Trust was undertaking an international recruitment campaign to address the vacancy position. Mr Lewis also highlighted the work the Trust was undertaking around retention as well as recruitment in terms of keeping skilled staff within the Trust.</p> | |
| <p>7 Chair's opening comments</p> | |
| <p>Mr Samuda reiterated the success of the Midland Met Hospital multi faith blessing</p> | |

| | |
|---|-------------------|
| event held on the 22 January and the strong attendance from stakeholders and partners. Discussions with the City Council were continuing in terms of the release of housing land and this was resulting in discussions on wider matters. Mr Samuda also highlighted the positive attendance and debate that had taken place at the Members Leadership Group. | |
| 8 Minutes from the Configuration Committee held on the 22 January 2016 | SWBTB (03/16) 240 |
| The minutes of the meeting were accepted. Mr Lewis highlighted that with the move to the MPA Committee, the Treasury and Department of Health would no longer be engaged through the committee but would still have a role in the wider stakeholder groups. | |
| 9 Minutes of the Public Health, Community Development & Equality Committee meeting held on the 28 January 2016 | SWBTB (03/16) 241 |
| Mr Samuda highlighted that the Annual Equality Report had been approved by the committee and that teleconferences were a positive means of managing short focussed agendas. | |
| 10 Minutes from the Audit and Risk Committee meeting held on the 28 January 2016 | SWBTB (03/16) 242 |
| Mr Russell highlighted the information the committee had received in terms of the Information Governance Toolkit and the work underway to ensure compliance against mandatory training. It was also highlighted that the Committee had considered and agreed the key accounting judgements that would be used for the end of year accounts. Mr Lewis highlighted the prudent approach that had been taken in respect of the key accounting judgements. | |
| 11 Minutes from the Finance and Investment Committee meeting held on the 29 January 2016 | SWBTB (03/16) 243 |
| Mr Lewis highlighted that the end of year position was likely to be secured through the use of one off non recurrent measures and the need for Groups to take a step up in 2016-17 to ensure delivery against plans. The Board meeting in April would be an opportunity for more detailed discussion. National policy was at risk of disadvantaging Trusts such as ours that had delivered a consistent surplus budget. Mr Waite highlighted that the Trust had delivered expedient measures that retained patient safety. The Executive were working through credible routes through to the original plan surplus. The regulators were fully appraised of the situation and discussions were taking place in respect of an appropriate control total. | |
| 12 Minutes of the Quality and Safety Committee meeting held on the 29 January 2016 | SWBTB (03/16) 244 |
| Mr Samuda highlighted that the committee would reframe its forward plan and agenda to reflect the focus of the Quality and Safety Plans. Mr Lewis stated that he had presented a report to the committee outlining agency rate cap breaches. The Trust intended to eliminate non framework use by the end of March for non-clinical specialties. This may have an impact upon patient treatment with the potential of | |

| | |
|--|--------------------------|
| <p>some delays but with reprofiling taking place from April the impact should be minimised. Where this was the case then Mr Lewis would report matters back to the Board. Where there were breaches these were relatively small numbers and the Trust was working with Walsall and Dudley to mitigate market issues. Internal agency booking systems had been tightened which was driving positive behaviour internally.</p> <p>Ms Dutton sought assurances that clinical advice would be sought if profiling was to lead to an impact on patients. Mr Lewis responded by highlighting that there would be discussion where appropriate and the decision would never be simply on the basis of finance but that there needed to be strong central control to ensure sustainability of the Trust's plans going forward.</p> | |
| <p>13 Chief Executive's report</p> | <p>SWBTB (03/16) 245</p> |
| <p>Mr Lewis introduced his report highlighting the intensive work that was going on to prepare for 2016-17. Progress was being made in respect of Oncology, including support from Wolverhampton. Patients would continue to be treated on site and discussions with UHB were ongoing.</p> <p>The Rowley Regis site was nearing completion of the major investment previously approved by the Board. The PCAT contract was in place until the end of April. Discussions were ongoing with the CCG in respect of longer term plans. The Trust continued to lead discussions around the most effective way of moving people out of hospital and what was proven or not proven to work. There were clear system wide issues as evidenced by the ongoing increase in admissions over the past 12 months.</p> <p>Mr Lewis went on to highlight key matters in the top 10 annual plan commitments. In regards to caseload management Ms Barlow highlighted the need for a clear trajectory of improvement. The Trust had benchmarked its position and a lot of work was going on to re-profile care where care was best delivered in the home. Ambitious targets were being set for the coming year and whilst progress had been made there was still more to do. The worsened judgement related to issues in respect of services for children. There was an opportunity for the Trust to make a strong case to prospective community nurses that caseloads were effectively managed and that IT and wider support was in place to support community nurses.</p> <p>Ms Barlow highlighted that progress was being made around readmissions and that assurances around data quality were evidencing quality improvement. Positive steps were being taken with the next focus being on the quality of care. It was agreed to compare Q4 2015-16 and Q4 2014-15 to obtain an informed view of impact.</p> <p>Mr Ovington provided an update on Ten out of Ten stating that progress was being made but that this was not yet consistent and sustainable across the Trust. Behaviour change needed to be driven at a local level including ward managers and matrons. This would be given a stronger emphasis as roles were reviewed.</p> <p>Ms Dutton challenged the extent to which staff were seeing a real and immediate impact from Ten out of Ten. It was something people did but were they conscious of the impact it was having and hence the need to deliver against the standards consistently.</p> | |

Mr Ovington responded by saying the focus was on the impact for the patient. Are steps around an individual's care being taken in the right order and in a timely way? Done in the right way Ten out of Ten does have an impact on individual patient care. Ms Barlow went on to state the need for more holistic assessment processes. The risk was that the assessment units may not see the impact as patients moved through to another service. Further work was needed to better integrate teams and link more strongly inputs to outcomes.

Mr Lewis recommended an initial focus on assessment units. After two years of effort to implement Ten out of Ten there was a need for a 100 day approach in Q1 to ensure once and for all consistent implementation. The Board's patience would inevitably run out if we failed to embed it now. He asked for a report to be brought to the April meeting around the 100 day plan and the importance of generating momentum including it being an area of focus in future mock inspections.

Ms Dutton highlighted the need to consider what it was possible to stop doing to ensure the time and capacity to deliver this effectively as it remained a Board priority. Ms Barlow highlighted the opportunity to utilise some of the challenge week methodology to provide a focus on redesign.

In respect of Annex B the push needed to be on shifting the amber rated priorities to green. Mrs Goodby highlighted that the launch of the tolerance policy would help staff feel confident in speaking up and addressing issues in respect of mutual tolerance. Advice and guidance was being issued to staff. Mrs Rickards drew attention to the positive views staff had about this being a priority for the Board.

Actions:

- **That a report to be brought to the April Board meeting outlining the 100 day action plan for progress around Ten out of Ten.**
- **An update to be brought back in terms of caseload management.**

14 Never Event in Surgery A

SWBTB (03/16) 246

Dr Stedman introduced the report which highlighted the background to the Never Event that had occurred on the 18 February. The incident related to wrong site surgery with the correct wrist having been operated on but the wrong aspect. Identification of the correct site had been complicated by the patient having had operations on both aspects and hence scarring on both aspects of the wrist. In addition the surgery was on the ulnar side which is only the case in 1% of surgical operations.

The site had been correctly marked in accordance with policy and the procedure had been properly documented but the specificity of the site was not detailed enough.

Dr Tyagi highlighted that it had been 8 months since the last Never Event. The patient had been informed immediately and had accepted the explanation provided. The team whilst devastated were seeing the event as a learning opportunity. The WHO checklist had been undertaken methodically but there was a need to review the policy with the consent policy needing to be more prescriptive as should the marking policy.

| | |
|--|--------------------------|
| <p>Mr Lewis highlighted the need to acknowledge the work that had been undertaken after the event in terms of reviewing procedures and addressing the impact on morale and team working. He asked that in changing the policy every affected member of staff be written to and asked to confirm their understanding of the new policy by completing a reply slip in relation to changes to site marking. Any wider policy amendments needed to go through the appropriate channels and be communicated effectively.</p> <p>Mr Kang queried that given the infrequency of such an operation was some of the fault a consequence of assumptions being made about the nature of the operation? Dr Tyagi stated that there was clearly an error made but it was not clear whether an assumption had incorrectly been made. Dr Stedman stated that it was not a case of it slipping the team's mind but a genuine issue of the granularity of the marking that would direct somebody to query the procedure that was being performed. Any error was a matter for the team collectively rather than any one individual.</p> <p>Mr Lewis highlighted the need for somebody within the team to be confident in asking the awkward questions and intervening where there was any possibility of doubt.</p> <p>Action: that all staff be informed of the policy change relating to site marking and be required to sign a reply slip stating that they have read and understood the changes.</p> | |
| <p>15 Trust Risk Register</p> | <p>SWBTB (03/16) 247</p> |
| <p>Ms Dhami introduced the report highlighting that risk 770 (trauma operating tables) should now be removed as the new tables had arrived and been installed. In respect of risk 332 (national BCG vaccination shortage) everything was on track for the recall to be complete by the end of March.</p> <p>A new risk was highlighted relating to the impact on staff and the use of temporary staff to support unfunded beds. This reduced the time to care and raised potential safety risks. Mr Ovington stated that the risk had been escalated given the sustained impact over time of unfunded beds and the difficulties this presented in managing capacity. Ms Barlow highlighted the need in the action column to review bed plans and the ongoing development of ward teams.</p> <p>Ms Dutton queried progress against the CAMHS risk (666). Mr Lewis responded by stating that there was a growing appetite through commissioners and the Health and Wellbeing Board to look at additional beds. Through the mock inspection process it would be useful to look at children's pathways.</p> <p>Mr Lewis queried progress in respect of open referrals. Ms Barlow responded that mid-way through February there were 192,000 referrals which was seeing an upward increase compared to reductions in December and January. An extensive validation exercise had taken place. These improvements had not been embedded sustainably however in the pathway management process. The expectation was for a ten percent reduction over the coming months. Ms Barlow agreed to update the risk commentary.</p> <p>Mr Kang queried progress against risk 566 (risk of reduction or failure to recruit senior medical staff). Ms Barlow highlighted the work that was going on around recruitment including recruitment day and the appointment of an acute physician. The Midland Met Hospital was a strong springboard for increasing recruitment across the Trust.</p> | |

| | |
|--|-------------------|
| 16 Integrated Performance Report | |
| <p>Mr Waite introduced the IPR highlighting positive performance in respect of Rapid Access Chest Pain (RACP), Fractured Neck and Femur and progress in terms of the safety thermometer. RACP performance in January was 100% following improvements to the patient pathway. Fractured Neck and Femur delivery was at 87% in January which was above the target of 85%. Compliance against the safety thermometer was 95.3%.</p> <p>Areas for further focus included VTE assessments with Dr Stedman highlighting that there remained some areas where there were issues although there had been improvements in maternity and emergency care. Performance was 93.4% in January compared to a national target of 95% and a local target of 100%.</p> <p>Ms Barlow drew attention to stroke patients receiving treatment within 60 minutes of admission with performance at 50% compared to previous month's performance being 80% against a target of 85%. This was a small cohort of patients. Some of the impact on performance was down to patient choice and clinical decisions taken.</p> <p>Ms Barlow went on to highlight that cancelled elective operations had improved. There were no breaches of the 28 day guarantee in January. Performance around multiple cancellations however was poor with 63 patients receiving multiple cancellations in January. Ms Barlow agreed to bring an update back on this issue to a future Board meeting.</p> <p>In respect of cancer care all national cancer targets were met in December. There were no Urology breeches in January and the relationship with University Hospitals Birmingham was working well.</p> <p>Miss Dhami highlighted that there had been 12 incidents, relating to pressure ulcers, falls and treatment delays. This was the first time of reporting double figures for some time. Ms Dutton highlighted the progress that had been made around complaints and highlighted how the devolved approach was proving a success story.</p> <p>In response to a query from Mr Lewis about when mortality reviews would get back on track following the CDA failures Dr Stedman stated that there had been a loss of data from mid October – mid December. By May performance should be back on track as patients completed their treatment journeys. Mrs Goodby also highlighted that sickness rates were again creeping up but that return to work interviews were also increasing.</p> | |
| <p>Actions:</p> <ul style="list-style-type: none"> • A report to be brought back to the May meeting in respect of multiple cancellations. | |
| 17 CQC Improvement Plan | SWBTB (03/16) 249 |
| <p>Miss Dhami introduced the report drawing the Board's attention to the delivery at a glance summary in appendix 1. This highlighted that of the 67 areas for improvement 43 had been delivered and the issues addressed, 11 areas needed further evidence of improvement, 8 had been delivered in part but some issues remained and there were 3</p> | |

| | |
|---|--------------------------|
| <p>areas where there were actions outstanding. Clinical and internal audit plans as well as the in house inspection process would have a focus around CQC improvement for the coming year to provide further assurance against the CQC recommendations.</p> <p>In terms of the areas where further progress was needed then these included the implementation of secure drug storage which had yet to be rolled out across the whole of the Sandwell site. There also remained issues around person centred care plans. Mr Lewis stated that other drug storage facilities would be phased out by June. The summary table highlighted that Medicine had ongoing matters to resolve and that there remained issues in respect of ward related concerns.</p> <p>Mr Kang queried whether there was less traction in large dispersed teams and whether a different approach was needed. Mr Lewis responded by saying that communication was easier when done face to face in small teams but that there were opportunities to improve consistency and performance across all areas.</p> <p>Ms Barlow stressed the need for focus rather than implementing a range of new initiatives at the same time. Miss Dhami stated that there was a clear plan of what needed to be delivered in Q1 with a focus on particular teams.</p> <p>The Board welcomed the dashboard summary and asked for a monthly update on progress.</p> | |
| <p>18 Fully staffed – sickness absence update</p> | <p>SWBTB (03/16) 250</p> |
| <p>Mrs Goodby introduced the paper stating that in month performance of sickness absence rates had deteriorated. Short term sickness had dropped in January but long term sickness had started to increase.</p> <p>The Executive were sighted on each long term sickness case and were challenging progress to address these. Confirm and challenge sessions were scheduled across the Groups and a workshop with the Group Directors of Operations was scheduled for later in March.</p> <p>Mr Kang highlighted that consistency and execution were key. He also asked whether the Trust placed a financial figure of sickness absence to make it clear to managers and staff the implications of sickness.</p> <p>Mrs Goodby stated that targeted communications had gone out to staff and to line managers. Work was underway to encourage the sharing of good practice.</p> <p>Mr Lewis stressed the significance of talking about numbers of people rather than percentages. The scale in terms of long term sickness was in the region of 200 people. Short term sickness looked to be moving in the right direction. The plan of action needed to be around long term sickness and those off sick in excess of 28 days.</p> <p>Mrs Rickards stated the importance of open and honest conversations. Not all managers had the skills or confidence to support staff back into work or have those difficult conversations. Managers needed to be encouraged to think innovatively about the options for getting people back into work.</p> | |

| | |
|--|-------------------|
| <p>Mrs Goodby reiterated the importance of flexibility in terms of getting people back to work through phased return for example. This was not about people who genuinely were unable to be at work but rather continuing a conversation which prevented abuses of the system and helped people back into the workplace which would benefit everybody. Where the process was working well this was in areas where there was a strong culture around wellness and it not being acceptable to be off sick for anything other than genuine reasons.</p> <p>Action: that a further report be brought to the April meeting outlining the actions that will be undertaken differently to impact upon sickness absence rates.</p> | |
| <p>19 Recruitment revolution: recruitment and retention – what will make the difference in 2016-17</p> | SWBTB (03/16) 251 |
| <p>Mrs Goodby introduced the report which set out the recruitment and retention challenge and the key actions to address these including a 3% reduction in those leaving the Trust which equated to keeping 174 people, promoting the SWBH family brand, developing the employee benefits package and securing a staff discount package service.</p> <p>Mr Kang challenged whether the Trust had a firm grip on why people were leaving and whether exit interviews were carried out consistently.</p> <p>Mrs Goodby stated that exit interviews did take place but the data around themes was not always robust as not everybody would be open about their reasons for leaving. Work was underway to carry out exit interviews when a person leaves, after 6 weeks and after 6 months to gain greater insight as to why people were choosing to leave. She also highlighted the importance of the impression people have of the organisation when they leave as much as when they start.</p> <p>Mr Hoare queried the timing of the social media campaign and whether this could be brought forward as a quick win. Mrs Goodby responded by stating that the Trust was purchasing google analytics tools and the timing was intentional so as to link with the SWBH family branding launch.</p> <p>Ms Dutton challenged the work that was needed to reduce turnover rates. The figures in terms of recommending the organisation as a place to work were just over 50%. She stressed the importance of effective induction and support to new starters.</p> <p>Mr Ovington queried why newly qualified nurses needed to go externally to gain experience and the ability to grow expertise internally. Mr Kang also highlighted issues around IT access etc. not being available until some weeks after somebody had started with the Trust.</p> <p>Ms Dutton highlighted the need to review the time to hire period. Job adverts should include shortlisting dates and when interviews will be held. The Trust should look to review its paperwork and the process for applying for a job to ensure it is as welcoming and as simple as possible.</p> <p>Ms Barlow stated that there was a need to do some focussed work around holes in the delivery chain. The Trust also needed to be clear about the calibre of staff it needed</p> | |

| | |
|--|--------------------------|
| <p>and the challenge to recruit the right calibre of person. Mr Waite stressed the importance of growing our own talent and supporting experienced professionals. Mr Ovington highlighted that the Trust was working closely with the University of Wolverhampton to develop and grow talent internally.</p> <p>Mrs Goodby concluded by stating that there needed to be a package of options including the quality of appraisals, being made to feel valued, a culture of internal recruitment first and to provide clear stepping stones into management internally. Mr Lewis also stressed the need for a change of mindset within HR to support the direction of travel.</p> <p>Action: that Mr Lewis report trajectory compliance monthly in his overview report.</p> | |
| <p>20 Safe Nurse Staffing</p> | <p>SWBTB (03/16) 252</p> |
| <p>Mr Ovington introduced the paper which provided an update on safe nurse staffing for January 2016. In January there had been issues in pulling data through in respect of Children's Services on the system. Additional beds open had generated further staffing issues during the period.</p> <p>The average fill rate across the Trust, including permanent bank and agency staff was 93.5%. He also stressed the importance of qualitative measures of care in addition to length of contact.</p> <p>Mr Lewis expressed concern around fill rates in respect of community beds and whether the Board should be worried about nursing levels in community areas.</p> <p>Mr Ovington responded saying that community nursing was a problem area in terms of recruitment and retention. There were some great staff working out in the local community. Technology would assist staff in the community including effective caseload management systems.</p> | |
| <p>21 Visitor car parking charge uplift</p> | <p>SWBTB (03/16) 253</p> |
| <p>Mr Ovington introduced the report and the recommendation to approve option 3 which would see 20p rise on each charging point across the Trust. This would mean the Trust was still in line with, or still below, other Trust pricing structures across the Midlands.</p> <p>Cllr Zaffar expressed concern about the proposal which equated to an 80% increase in charges over the past 5 years and the extent to which patients and their families had been consulted.</p> <p>Mr Ovington stated that it was not normally a matter that would be consulted on. The cost increases were largely a consequence of the cost of improved lighting, increased energy costs, maintenance and increased wage costs.</p> <p>Mr Lewis stressed that one of the motivations was to dissuade people from using their cars given the excellent public transport routes to the hospital sites. There were already a range of schemes in place for those who needed to park on regular occasions due to treatment for themselves or their relatives. Concessions for parking for long periods were also in place.</p> | |

| | |
|---|-------------------|
| <p>In response to a question from Mrs Goodby Mr Ovington confirmed that it was proposed there be an increase in staff parking charges as well.</p> <p>It was agreed that there the favoured option be an increase in charges but that there should be a public consultation prior to any final decision being taken to determine the best rates by which to apply this change.</p> <p>A revised paper would be circulated and a consultation exercise organised with a report back to the next meeting of the Board.</p> <p>Action: that a consultation exercise be undertaken prior to the Board making a final decision about how to increase parking charges.</p> | |
| 22 Financial performance report – P10 January 2016 | SWBTB (03/16) 254 |
| The report was noted. | |
| 23 Any other business | |
| There were no issues highlighted under any other business. | |
| 24 Details of the next meeting: | |
| The next public Trust Board will be held on 7 April, starting at 09:30. | |

Signed

Print

Date

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

Last Updated: 1 April 2016

| | Item | Paper Ref | Date | Action | Assigned To | Completion Date | Response Submitted | Status |
|-------------|--|-------------------|-----------|---|-------------|-----------------|---|--------|
| SWBTACT.510 | Smoking Cessation | SBBTB (11/15) 181 | 05-Nov-15 | Updates to be provided to the Board as the policy is progressed | TL | 02/06/2016 | Update to be provided at the June meeting as the policy is progressed. | Open |
| SWBTACT.512 | Integrated Performance Report | SWBTB (12/15) 192 | 03-Dec-15 | Report back to the Board in Quarter 4 2015-16 regarding progress around cancer targets | RB | 07/04/2016 | Report included on the agenda for the April Board meeting | Closed |
| SWBTACT.518 | The contribution of volunteers to SWBH | SWBTB (12/15) 199 | 03-Dec-15 | Meeting to be organised to cohere ambitions in terms of contribution of volunteers and for a report back to the Board | CO | 05/05/2016 | Report to be brought to the May meeting of the Trust Board. | Open |
| SWBTACT.521 | Learning Disabilities: People's Parliament | SWBTB (01/16) 210 | 07-Jan-16 | 1 page scorecard to be developed providing assurances around objectives and in particular objectives 1, 4 and 5 | CO | 07/07/2016 | Changing Our Lives are being commissioned to undertake an audit of the Trust. Once the audit has been completed the outcome of the audit and relevant scorecard will be brought back to the Board | Open |
| SWBTACT.523 | Financial performance | SWBTB (01/16) 211 | 07-Jan-16 | Report to June meeting on list of generic drugs agreed between Trust and GPs | RSt | 02/06/2016 | Report due to the June Board meeting | Open |
| SWBTACT.524 | Wider safe staffing | SWBTB (01/16) 213 | 07-Jan-16 | Report back on table top review of ward rotas determining accurate ratios of wider staff time on wards. | RG | 05/05/2016 | Report to be brought to the May meeting of the Trust Board. | Open |
| SWBTACT.525 | Chief Executive's Report | SWBTB (03/16) | 03-Mar-16 | Update on case management to be brought to the next meeting of the Board | RB | 07/04/2016 | Report included on the agenda for the April meeting of the Board | Closed |
| SWBTACT.526 | Trust Risk Register | SWBTB (03/16) | 03-Mar-16 | Report to be brought back to the May meeting regarding multiple cancellations | RB | 05/05/2016 | Report to be presented to the May Board meeting | Open |
| SWBTACT.527 | Fully staffed | SWBTB (03/16) | 03-Mar-16 | Report back to the April meeting on what will be done differently in Q1 to address sickness absence | RG | 07/04/2016 | Report included on agenda for the April meeting. | Closed |

| | | | | | | | | |
|-------------|-----------------------------|---------------|-----------|--|--------|------------|--|--------|
| SWBTACT.528 | Visitor car parking charges | SWBTB (03/16) | 03-Mar-16 | Consultation exercise to be undertaken prior to a final decision being taken by the Board at its next meeting. | CO/ RW | 07/04/2016 | Report included on agenda for the April meeting. | Closed |
| SWBTACT.529 | Chief Executives report | SWBTB (03/16) | 03-Mar-16 | Report to be Board outlining the 100 day action plan for progressing Ten out of Ten | CO | 07/04/2016 | Report included on agenda for the April meeting. | Closed |

TRUST BOARD

| | | | | | |
|---|--|-----------------------------------|---|------------------------|---|
| DOCUMENT TITLE: | Community Caseloads | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Rachel Barlow - Chief Operating Officer | | | | |
| AUTHOR: | Fiona Shorney - Group Director for Community and Therapies | | | | |
| DATE OF MEETING: | 7 th April 2015 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <p>The annual objective of tackling caseload management in community teams includes an aspiration to increase patient contact time by 10% among district nurses, health visitors and midwives.</p> <p>Although progress has been delayed in year through the installation of the new capacity information tool and the agreement on IT device solutions for community teams, both of which have a line of sight to resolution, there has been progress particularly through district nursing to new ways of working and delivering care that will deliver the anticipated improvements. Early analysis and evaluation indicates in excess of 10% improvements can be made in district nursing.</p> <p>The paper outlines progress to date and describes the forward plan to complete the technical and programme solutions as well as implementing productivity goals, standardising roles and ways of working amongst our clinician to have maximum positive impact on care received in our community settings.</p> <p>Adult Community Services have led the way on progress and piloting. The Women and Children's services are working in the Black Country Alliance arena on solutions that fit a wider geographical footprint. Women and Children's services have reviewed the progress in adult services and will repeat the same work in Q1-2.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| The Trust Board are asked to consider the update and progress and discuss progress to date and the delivery intentions for next year. | | | | | |
| ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i> | | | | | |
| The receiving body is asked to receive, consider and: | | | | | |
| Accept | | Approve the recommendation | | Discuss | |
| | | | | x | |
| KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i> | | | | | |
| Financial | | Environmental | | Communications & Media | |
| Business and market share | X | Legal & Policy | X | Patient Experience | X |
| Clinical | X | Equality and Diversity | X | Workforce | X |
| Comments: | | | | | |

Annual priority update: Tackling Community caseloads

| Priority for 2015-16 | How were we performing at the start of 2015/16? | Where do we need to get to? |
|---|--|--|
| Tackling caseload management in community teams | <ul style="list-style-type: none">• Successful implementation of new IT tools to make caseload management more visible and part of our management of performance | <ul style="list-style-type: none">• 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 |

1. Introduction

Within the domain of Safe High Quality Care is an annual objective to tackle the management of community caseloads.

For the purpose of this report the community teams included are from both Community & Therapies and Women & Child Health Clinical Groups, namely;

- **District Nurses** have 9 teams aligned to 23 GP practices in Sandwell and West Birmingham where caseload includes urgent, unplanned and planned pathways at home and in clinics.
- **Community Midwifery** caseloads are driven by the number of pregnant women in Sandwell and West Birmingham and the contact with women is prescribed and delivered in line with NICE guidance and college standards. Care is delivered at home, GP practices, and Children's Centres.
- **Health Visiting** caseloads are driven by the number of 0-5s in the Sandwell borough with 5 key visits mandated in GP practices, at home, nurseries and Children's Centres
- **Children's Therapy Service** caseloads are dictated by demand in schools, clinics and at home.
- **Community Children's Nurses** have 4 teams delivering care at home, clinics, schools and Children's Centres. Specifically, these include acute/chronic post discharge, palliative care, complex, continuing healthcare needs and special education (special and mainstream).

A joint QIHD in September 2015 attended by all 5 services acknowledged not only significant differences in the manner that caseloads are acquired and monitored but also the distinct lack of nationally recognised capacity/caseload management tools in District Nursing, Community Therapies or Community Nursing. However the event proved an excellent platform to generate new ideas and develop potential harmonisation of working practice. We have continued to meet formally bi-monthly to share progress and issues.

2. Progress to date

2.1 Single Point of Access achieved for each of the 5 services

2.2 Smart Scheduling

- This is still largely done at practitioner level through paper and electronic means provided there is accessibility via mobile devices. Standardising scheduling is an imperative for all community services to maximise time for clinical care, reducing administration and travel times.
- Community Adults, Children's Therapies and Nursing teams are using SystmOne for EPR. The exception is Community Midwifery who will continue to use Badgernet.
- The District Nurse service are using a new capacity information tool (GEL data solutions) which has the potential to interface with SystmOne to provide real time capacity information by combining staff availability with patient dependency. The solution offers visualisation of current and future workload projections across

the teams, giving the opportunity to flex the workforce in advance and establish if the correct staffing numbers are in place within a given team/locality.

- Full implementation has been delayed due to poor compliance and communication with TPP, the providers of SystemOne. Some very recent progress has been made with IT so we remain optimistic that it can deliver what we require within Q1. In the interim the tool is used for day to day rota management.
- Community Children's Nursing and Therapies have received demonstrations of the Gel tool and are considering its benefits in comparison with the Balance Solution tool from whom they have also had a demonstration. The Balance tool is currently in use in Dudley so in line with the Black Country Alliance it may prove to be of greater operational value. A response to this will be made by the end of Q1.

2.3 District Nursing Productivity Programme.

- We have been invited to join the NHS Benchmarking Network for Community Services from May 2016. This well established group expects 70 organisations to participate incorporating up to 27 clinical areas. Of particular interest to SWBH are District Nursing, Community Dietetics, Speech & Language Therapy, Physiotherapy, Occupational Therapy and Wheelchair Services.
- We will in time utilise the network report in relation to therapy services but our current priority is with regard to District Nursing.
- The data from the 2015 network review related to District Nursing has allowed us compare our service with the national picture in areas such as RTT and DNA rates. As reported in the Chief Nurse's last Safe Nurse Staffing paper to Trust Board we report a 5.18 day wait from referral to first visit compared to 8.8 nationally and a low DNA rate of 0.66% compared to 2% nationally.
- In terms of contacts per nurse across all staff bands the national picture is 6.44/wte/day.
- In response to this we carried out a deep dive in to the caseloads and activity of every District Nurse over a 6 month period (Sept 2015 – Feb 2016.) This has identified a number of issues across all teams and all grades of staff;
 - Average daily contacts 6.60/nurse, although compares well against the national average our view is that for those nurses working in a single locality this is unacceptably low and warranted a standardised approach to ensure consistency across all staff.
 - Significant variances in activity within the same band group.
 - This was particularly evident in band 3 HCA staff and band 6, experienced District Nurses.
 - The band 6 issue is most concerning as this group should have most clinical responsibility, seeing some of the most complex patients, training new starters, mentoring students and supporting the team leaders. Some of these staff had 5 contacts a day, others 9.
 - Early analysis reveals that too many of these nurses are undertaking tasks requiring lower skill levels (eye drops, personal care, simple wound dressings) and not the more specialist tasks (palliative care drug management, new assessments, complex wound care). Clearly further work has to be done to understand the responsibilities of the band 6 nurse and their relationship with the band 7 team leaders. A meeting, chaired by the Group Director of Nursing is planned for the start of April 2016.
- In view of the above related to band 5s and 3s the Group Director of Nursing in Community & Therapies is proposing to introduce minimum daily activity targets of 8 face to face contacts per day for band 5 nurses and 10 per day for band 3 nurses.
- Adherence to the above would improve overall productivity by **15.8%** or 37,796 patient contacts. The implementation date to achieve this increase in patient contacts is May 2016.
- As just one component of productivity improvements this is a positive outcome but needs to be viewed in conjunction with other methods we are implementing to confirm the real benefits.
- Targets for band 6 nurses will be decided once we have evaluated the operational benefits of those for the more junior staff.

2.4 Community Clinics

- Community Midwives work across 93 venues plus home visits (eg post natal)
- Health Visitors undertake most of their work in clinic locations with home visits as required as part of the safeguarding agenda. This is not expected to change.
- Children's Therapies already carry out most activity in schools and clinics with home visits as required.
- Children's Nurses attend MDT clinics for planning sessions but otherwise review their patients at home.
- Currently it is in the District Nurse Clinics where there is likely to be most productivity gain;
 - Key aspect of Community & Therapies' Business Planning 2016 -18 to move towards increased clinic based working.
 - Over the last 3 months District Nurse Team Leaders have identified 400 patients who are not house bound and could be suitable to attend a clinic. 80% of which would require transport to access a clinic base.
 - The intention is to establish 5 clinic bases across the Sandwell borough. Each District Nurse team will run their own clinic and see their own patients to ensure we maintain the GP practice relationships.
 - We are currently mapping patients to appropriate clinics and very early calculations suggest that **164hrs of District Nurse (4.37wte)** can be saved. This will be refined and verified.
 - We are piloting clinics at Rowley and Neptune HC to assess the inclusion criteria and the plan is to phase in further ones in June 2016.
 - Once this has been agreed and confirmed and clinics are established patients will be booked directly in to an appointment at the point of clinical triage via the contact centre.
 - In the interim we are reviewing potential transport options including the voluntary sector.

2.5 Clinical Triage

- As the District Nurse clinics are introduced the intention is for band 6 nurses to be based on a rota system within the Contact Centre to undertake a clinical triage role at peak call times.
The purpose of clinical triage is for a senior decision maker to receive calls in to the District Nursing service as opposed to an administrative officer. These calls may be from patients, carers, nurses or GPs.
- The nurse will immediately assess, by asking the right questions, the urgency and relevance of the referral and will be able to divert calls to the most appropriate service, for example the Practice Nurse or directly in to a clinic, another community service or simply offer advice over the telephone.
- The benefits of this will be to reduce the number of inappropriate referrals with the potential to waste valuable clinical time, reduce travel costs and DNAs so maximising time with patients who really need their attention.
- The Clinical Triage will be established by Q2
- Community Therapies have implemented their FASTA (Faster Access to Sandwell Therapy Assessment) which has facilitated a triage system which is working well.

2.6 Multiple Practitioner Delivery

- Within iCares (Nurses, Physiotherapists, Occupational Therapists, Dieticians, Speech and Language Therapists) we have co-located services to include the Primary Care Assessment and Treatment service (PCAT), Admission Avoidance, Heart Failure, Respiratory and IV clinics to a joint staff rota across 7 days to maximise productivity and maximise efficiency by reducing duplicate visits, handovers and improving patient experience.
- We are also aiming to maximise the assistance of the third sector. They are keen to work with us and referrals to these services at the point of triage will ensure professional staff can direct their time appropriately. This opportunity will be scoped over Quarter 1.

2.7 Improved Technology

- All community staff require access to mobile, lightweight devices to facilitate EPR at the point of clinical delivery
- All services are highly engaged in this work and are currently trialling laptops and tablets to evaluate the best option
- In Community & Therapies specifically the plan is to introduce mobile working across the iCares workforce (300 staff) by Q3 2016/17. The project has the following objectives:
 - To provide real time access at point of care to electronic records (primarily SystmOne) for mobile clinicians, reducing the need for paper records.
 - To provide access to SWBHT office applications and files for mobile clinicians
 - To reduce the amount of un-necessary travel for mobile workers – providing clinicians with real time access to their calendars will help prevent them attending cancelled appointments and give them more time for direct patient contact
 - To improve patient care at point of delivery in the community by providing live access to patient records, resulting in better informed decisions, reduced risk and decreased numbers of un-necessary admissions to A&E and AMU
 - To provide secure network access from clinicians' bases

3.0 Summary of key actions

| Timeframe | Proposed Productivity Gain Method | Action | By Whom |
|-----------|-----------------------------------|--|---|
| Q1-3 | Optimise use of technology | Meet with Mark Reynolds CIO and facilitate his first hand introduction to community services with specific attention to the following; <ul style="list-style-type: none">• SystmOne interface with Gel Solutions as robust capacity tool• Mobile working to facilitate EPR at point of care• Review potential options for telemedicine/virtual visiting/patient self-management. | Clinical Group Director, Group Director of Nursing Directorate and clinical leads |
| Q1 | Caseload targets | Implementation of daily targets for band 5 and band nurses in District Nursing service | Group Director of Nursing |
| Q1 | Band 6 District Nurses caseloads | Confirm and challenge meetings with Matrons and Band 7 Team Leads | Group Director of Nursing |
| Q2-3 | District Nurse Clinics | Phased roll out of clinics in 5 locations (Rowley, Lyng, Glebefields, Victoria, Oldbury) | Group Director on Nursing & District Nursing Matrons |

Community services are committed to maximising their interface with patients, improving patient experience and minimising wasted time by implementing all of the above during the early part of this year. The Clinical Group Director and Group Director of Nursing will provide regular updates to Chief Operating Officer and Chief Nurse via 1:1, Senior Nurse forums and bimonthly Group Reviews.

TRUST BOARD

| | | | |
|---|---|------------------------|---|
| DOCUMENT TITLE: | Patient Safety Ten Out of Ten 100 Day Programme | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Colin Ovington- Chief Nurse | | |
| AUTHOR: | Debbie Talbot- Deputy Chief Nurse Q&S | | |
| DATE OF MEETING: | 7 TH April 2016 | | |
| EXECUTIVE SUMMARY: | | | |
| <p>This paper is a summary of our 100 day programme to ensure effective implementation of the safety standards checklist within 24 hrs of admission on the assessment units – often the clinical areas where our patients commence their journey with us.</p> <p>The plan utilises a rapid improvement change model as used in the successful implementation of focused care and contributes to staff growth and development.</p> <p>Formal launch is the week commencing 11th April which will focus on the multidisciplinary team approach to implementation and communications to help celebrate successes.</p> | | | |
| REPORT RECOMMENDATION: | | | |
| <p>Board members are requested to support the approach using the rapid improvement change model. To receive feedback on both the change model and the scale of achievement at the Quality and Safety Committee.</p> | | | |
| ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i> | | | |
| The receiving body is asked to receive, consider and: | | | |
| Accept | Approve the recommendation | Discuss | |
| | X | | |
| KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i> | | | |
| Financial | | Environmental | |
| Business and market share | | Legal & Policy | |
| Clinical | x | Equality and Diversity | |
| | | Communications & Media | |
| | | Patient Experience | x |
| | | Workforce | |
| Comments: Research & Development | | | |
| ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS: | | | |
| High Quality Care , Quality Accounts , Patient Safety Plan, | | | |
| PREVIOUS CONSIDERATION: | | | |
| Trust Board December 20 15 | | | |

TEN OUT OF TEN 100 DAY PROGRAMME

Report to Trust Board on 7th April 2016

1 EXECUTIVE SUMMARY

- Ten out of Ten is a key criteria in the Safety Plan and is part of the Quality Accounts supporting the organisational objective 'High Quality Care' and our Quality Improvement and Public Health plans. It was featured as the sharing event in QIHD and the AGM to raise awareness with staff and the public
- To successfully implement Ten out of Ten and promote a strong safety culture it is essential that the process is commenced early in the patient's journey (in the main this is via the surgical and medical assessment units across site) and is part of the individual holistic assessment undertaken on admission by nursing and medical staff.
- The aim of our 100 day programme is to successfully implement the use of individual patient safety standards checklist within 24hrs of being admitted to our assessment units
- Utilising lessons learnt from the Specialising (Focused Care) Innovation Project with the TDA we will be using a rapid change model broken into 3 key stages
- The result we are seeking to achieve is that all patients are assessed against all ten standards within 24 hours, for a plan of care to be developed as a result of that assessment which the patient acknowledges and agrees with.

2 WHERE ARE WE NOW?

- SWBH Safety Standards patient checklist was introduced in 2014 to support reduction in harm by promoting real time interventions from the multi-disciplinary team, co-ordinated by the Ward Sister and with the involvement of patients and carers. Safety is a key priority to support delivery of High Quality Care and reduction in avoidable harms. Initially a ward /department white board was utilised to record the completion of the checklist within the first 24hrs of admission. A communication and training strategy enabled organisational spread and prevalence studies as well as incident data reported in the IPR illustrated effect of implementation. These results suggest there is more work to be done to integrate cultural change. Good practice from Lyndon 4 and Surgery A wards progressed their 10/10 by providing patient information leaflets on the ten standards and developing an individual patient checklist stored in patient's folders by the bedside. In Dec 2015 this concept was used to further refine the organisational wide individual patient checklist to include guidance on completing each standard effectively.
- To successfully implement Ten out of Ten and promote a strong safety culture it is essential that the process is commenced early in the patient's journey (in the main this is via the surgical and medical assessment units across site) and is part of the individual holistic assessment undertaken on admission by nursing and medical staff. For example each patient has a falls, pressure ulcer, DVT risk assessment and determinant on risk level identified a person centred plan of care is written in

conjunction with patients and carers. Initial assessment includes assessment of discharge needs and this along with the admitting condition and treatment plan allows the MDT to determine a realistic EDD. To support these activities, there has been a revision around the availability of evidence based assessments /interventions and care plan frameworks supported with communication and ward based raising awareness. Early reviews suggest lack of evidence that patients /carers are involved in the assessment and care planning process. Implementation and evaluation of care is reviewed per shift and via ward and Board rounds.

3 IMPLEMENTATION PLAN - 2016 100 Day Programme

Where do we want to be ? Aim : to successfully implement the use of individual patient safety standards checklist within 24hrs of being admitted to our assessment units

Why?

- Promote safety culture
- Promote patient empowerment for their health needs
- Promote multi-disciplinary working and role of ward sister as ward 'owner'
- Ensure risks are identified early and prevention plans documented to reduce harms
- Use checklist as aide memoire to manage risks in real time
- Move away from the re-active , retrospective culture to 'must do' culture

How will we get there ?

Methodology:

Utilising lessons learnt from the Specialling (Focused Care) Innovation Project with the TDA we will be using a rapid change model broken into 3 key stages :

1. Project group , project plan , local aims , and perceived outcomes.
An engagement event will be organised in April to bring together stakeholders of all disciplines and grades from the assessment units to discuss philosophy of Ten out of Ten, what is working well and how we can make improvements. This will include role of Ward Sister as MDT co-ordinator and interaction with patients /carers to promote holistic care. Confirm how other key initiatives will compliment this concept .
This will lead to the development of a project plan reflecting key actions /leads and timeframes.
2. Measurement tools (Plan ,Do , Study, Act assurance tool)
For each change to be tested (the checklist, role of Ward sister, involvement of patients etc.) Baseline incidence data will be collated to confirm baseline performance and decision regarding do we implement the current tool/model or continue on another cycle of testing?
3. Evaluation – has the change been successful ?– the evaluation will be in both qualitative via staff surveys –staff tend to respond to change designed to improve patient care ; do they feel Ten out of Ten delivers this vision? Patient surveys would be used to elicit if patients are aware of their risks and care plans as well as feeling safe in our organisation. Quantitative – does the data reflect improvement – for example :are less patients developing pressure sores, are

more patients being referred for smoking cessation , do we know RN do vital signs on admission?

Between these stages weekly huddles will be organised on the assessment units with full representation at all meetings by either the ward sister or matron or delegated 'hero'. At each huddle PDSA documents , data and measurement tools will be reviewed , problems solved and active support offered to clinical area as indicated to facilitate change. We will consider the development of Ten out of Ten hero awards to recognise staff who have adopted and integrated the concept to reduce the risk of harm, to promote the culture of empowering patients and facilitate pro-active MDT working. This work may be supplemented with some organisational development within ward MDTs to enable shared learning, problem solving continuing throughout the journey and following the engagement event. This will work in conjunction with the organisational vision for promoting effective leadership at all levels in all teams. Accountability for implementation sits jointly between corporate nursing and clinical groups

The project group will consist of:

- Executive Lead – Chief Nurse
- Deputy Chief Nurse – project manager
- Project Facilitator - who has supported the Focused care project to manage documents and organise events – chase data etc
- Ward Sister- change agent in clinical area
- Ward Matron- assurance and transformational role
- Data support from the clinical area
- Doctor affiliated to the speciality
- AHP affiliated to the speciality

General Roles /responsibilities:

- Standardise practice across all SWBH sites and act as role models to other wards particularly at the time of patient transfer when there should be a discussion regarding Ten out of Ten status.
- Expert advisor – promotion of ten out of ten via accurate and timely assessment and care planning with the MDT and to other wards at time of transfer.
- Participate in peer review as part of evaluating impact in practice – undertake confirm and challenge discussions with MDT.
- Staff training- Patient centred care philosophy, communicating effectively the message to patients and their carers and dissemination of Ten out of Ten information leaflets
- Incident analysis regarding the ten standards and inappropriate actions or omissions leading to avoidable harm or near miss
- Challenge and feedback to MDT where there has been avoidable harms.
- Support organisational events and reports actively.
- Support external events to promote good practice on behalf of the organisation

Training:

Intranet up-date to ensure evidence based information nationally and locally available to staff. To include training opportunities and directory for patient/carer support for all ten standards.

How will we know if we have been successful?

The result we are seeking to achieve is that all patients are assessed against all ten standards within 24 hours, for a plan of care to be developed as a result of that assessment which the patient acknowledges and agrees with. This will be tested by:












- Observations of care and patient /staff interaction in the ward environment (peer review)
- Surveying patients /relatives to determine level of reassurance 10/10 gives regarding safety in SWBH
- Staff feedback – use of checklist, real time model , change
- Prevalence studies monthly – increased compliance with anticoagulation prophylaxis and commencing conversations regarding health education and making every contact count
- Incidence data reported on IPR – evidence of reduction in avoidable harm – zero tolerance approach.
- Actions completed in a timely process – see enclosed Gantt chart for key milestones

4 RECOMMENDATION

Board members are requested to:

1. support the approach to reenergise the implementation of 10/10 safety standards using the rapid improvement change model.
2. receive feedback on both the change model and the scale of achievement at the August 2016 Quality and Safety Committee at the end of the 100 day programme.

TEN OUT OF TEN 100 DAY IMPLEMENTATION PROGRAMME 2016

| KEY MILESTONES | Apr Day 1-14 | Apr Day 15-30 | May Day 31-45 | May Day 46-60 | June Day 61-75 | July Day 76-90 | July Day 91-100 | Contingency |
|--|---|---|---------------------|---------------------|----------------------|---|---|-------------|
| 1: Communication to surgical and medical assessment units triumvirate by Chief Nurse |  | | | | | | | |
| 2: Engagement Event for stakeholders from MDT – how to make changes successful |  | | | | | | | |
| 3: Project steering group formed – establish date of huddles and objectives |  | | | | | | | |
| 4: Staff training, assessment and person centred care planning, communication strategies to raise awareness, role of ward sister as co-ordinator of care | |  | | | | | | |
| 5: Collect baseline data for ten standards on checklist, including staff surveys | |  | | | | | | |
| 6: Change management theory – introduce PDSA and cycle of improvement | |  | | | | | | |
| 7: Commence use of revised individual safety standards checklists – use of coaching , challenge and support. | |  | | | | | | |
| 8: Weekly huddles in clinical areas to review PDSA |  | | | | | | | |
| 9: Review of relevant documents, surveys and audits following outcome of pilot-are harms reduced? Did patients feel safe? Staff feedback | | | | | |  | | |
| 10: Report to Chief Nurse initially then organisation to decide next steps-should this EBP be implemented across more wards? | | | | | | |  | |
| 11: Celebrate/ Publicise | | | | | | |  | |

TRUST BOARD

| | |
|--------------------------------------|-------------------------------------|
| DOCUMENT TITLE: | Visitor Car Parking Charge Uplift |
| SPONSOR (EXECUTIVE DIRECTOR): | Colin Ovington – Chief Nurse |
| AUTHOR: | Colin Ovington – Chief Nurse |
| DATE OF MEETING: | Thursday 7 th April 2016 |

EXECUTIVE SUMMARY:

The Board received a paper in March recommending an increase in car parking charges. Following discussion at the board meeting it was agreed to undertake a survey of patients and visitors about how the option to increase the charge should be applied. Three options were surveyed using a range of different media.

The three options which respondents were asked to rank in order of preference were:

1. Implement a slightly higher rate for parking in the first two hours (£2.90 instead of £2.60) than in the subsequent hours for the remainder of the parking stay.
2. Implement a slightly higher rate for parking for longer with a reduced tariff in the first two hours, so the charge for the first two hours would increase by 10p to £2.70 and the rates for over two hours would increase by 30p.
3. Implement the same increase to the entire car parking tariffs to keep the increase as low as possible eg an additional 20p for each parking tariff.

The results of the survey were:

1st Place – Option 3 : Implement the same increase to all car parking charges, so 20p added to all tariffs. 229 Points

2nd Place – Option 1: Implement a higher rate for parking in the first two hours of stay e.g. increase by 30p up to £2.90, with no increase for the other rates. 183 Points

3rd Place – Option 2: Implement a higher rate for parking for longer, such as an increase of 10p for the first two hours up to £2.70 and a 30p increase for parking rates over two hours. 173 Points

An increase to visitor car parking charges by 20 pence on each tariff at the City Hospital and Sandwell hospital, and a 30 pence increase at Rowley hospital which aligns the charges nets £90k which will be offset against the maintenance contract which increases by 2.5% each year (approximately £2500), 40% increase in rent to Sandwell Borough Council (£5200); additional expenditure to barriers because of damage (£10k); maintenance contracts for CCTV (£23k), enhanced security (£50k), maintenance and upgrade of car parks (£50k).

Current Charges

Car parking charges as of March 2016:

| Site | Up To | | | | | | | | | | | |
|------------|---------|---------|---------|--------|-----------|---------|---------|---------|---------|---------|---------|----------|
| | 10 Mins | 15 Mins | 30 Mins | 1 Hour | 1.5 Hours | 2 Hours | 3 Hours | 4 Hours | 5 Hours | 6 Hours | 8 Hours | 24 Hours |
| SGH & City | Free | | £2.60 | | £3.60 | | £4.10 | £4.60 | | £5.10 | | |
| Rowley | Free | | £2.50 | | | | | | | | £5.00 | |

Proposed charges

| Site | Up To | | | | | | | | | | | |
|------------|---------|---------|---------|--------|-----------|---------|---------|---------|---------|---------|---------|----------|
| | 10 Mins | 15 Mins | 30 Mins | 1 Hour | 1.5 Hours | 2 Hours | 3 Hours | 4 Hours | 5 Hours | 6 Hours | 8 Hours | 24 Hours |
| SGH & City | Free | | £2.80 | | £3.80 | | £4.30 | £4.80 | | £5.30 | | |
| Rowley | Free | | £2.80 | | | | | | | | £5.30 | |

Survey results are attached for information.

It will take approximately four weeks to implement the changes, this includes altering the payment machines and getting signage printed and mounted across the car parks.

REPORT RECOMMENDATION:

To increase the visitor car parking charges in line with option 3 as detailed in the March 2016 Trust Board paper and supported by direct feedback from patients and the public surveyed during March. This option increases every tariff but keeps all of our parking tariffs the lowest across all Birmingham acute hospitals.

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 | | Equality and Diversity | | Workforce | |

Comments:

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

March 2016 Board meeting

Car Parking Survey Results

The Survey

This is the survey which we asked patients and visitors to fill in through a website link and by had with the help from our matrons and communications team.

Our results are based on 100 responses that we have received through manually collecting the data. Feedback was given to communications team by matrons, but the feedback did not reflect responses to the consultation questions so could not be used.

Sandwell and West Birmingham Hospitals NHS Trust

Car parking charge increase options
(Survey closes on **Monday 27th March 2015**)

Car parks are essential – Car parks are essential to ensure the smooth running of our hospitals. The current car parks are free of charge for some of the car parking on site and address maintenance and security charges. As a consequence we will have to increase the parking charges. We would like to involve you in the way we set our parking charges to help us manage this.

We want to ensure all of our patients, staff and visitors will be happy with any parking charges and that they are not too high. You have to pay nothing. If you are a patient or a visitor you can choose to pay nothing or choose to pay a small amount. If you are a staff member you will have to pay a small amount. If you are a patient or a visitor you can choose to pay nothing or choose to pay a small amount. If you are a staff member you will have to pay a small amount.

There are four parking charge options you can choose to pay. The options are:

| Option 1 | Option 2 | Option 3 | Option 4 |
|---|---|---|---|
| Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. |
| Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. | Free parking for patients and visitors only. Staff will have to pay a small amount. |

1. 2. 3. 4. 5. 6. 7. 8.

We want to hear from you. Please contact us on 0121 633 3333 or visit our website at www.sandwellhospitals.nhs.uk

We're EVERYONE

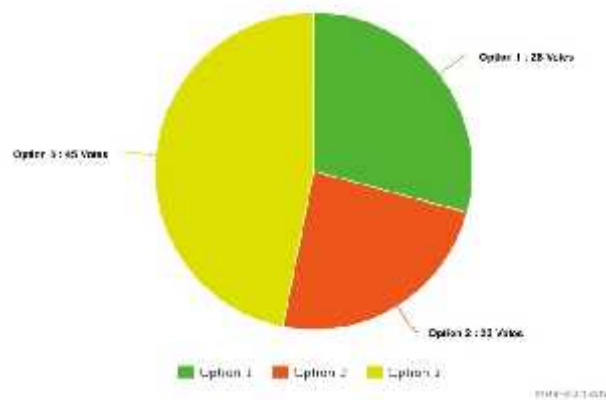
[illegible]

Patient's Preferences

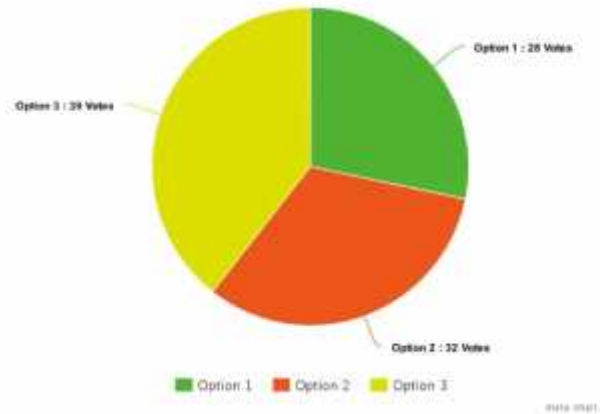
Option 1: **Implement a higher rate for parking in the first two hours of stay eg increase by 30p up to £2.90, with no increase for the other rates.**

Option 2: **Implement a higher rate for parking for longer, such as an increase of 10p for the first two hours up to £2.70 and a 30p increase for parking rates over two hours.**

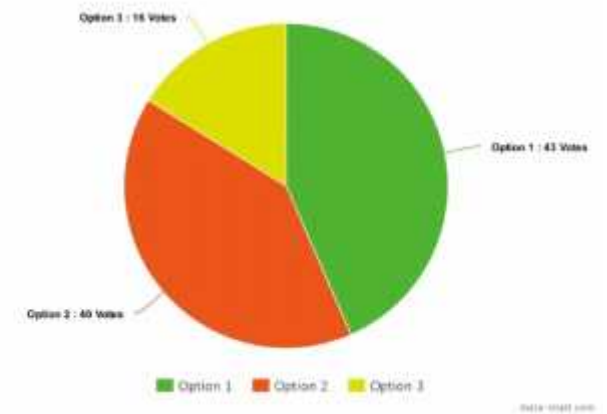
Option 3: **Implement the same increase to all car parking charges, so 20p added to all tariffs.**



First Preference



Second Preference



Third Preference

How to decide?

We can decide the outcome on a points scoring basis:

- Three points for each vote as a first preference
- Two points for each vote as a second preference
- One point for each vote as a third preference

Final Outcome

1st Place – Option 3 : Implement the same increase to all car parking charges, so 20p added to all tariffs. 229 Points

2nd Place – Option 1: Implement a higher rate for parking in the first two hours of stay eg increase by 30p up to £2.90, with no increase for the other rates. 183 Points

3rd Place – Option 2: Implement a higher rate for parking for longer, such as an increase of 10p for the first two hours up to £2.70 and a 30p increase for parking rates over two hours. 173 Points

Finance & Investment Committee - Minutes

Venue: Anne Gibson Committee Room, City Hospital Date: 26 February 2016: 1300 – 14:00

Members Present

Mr Richard Samuda Chairman

Mr Robin Russell Non-Executive Director

Mr Harjinder Kang Non-Executive Director

Mr Toby Lewis Chief Executive

Mr Tony Waite Director of Finance and Performance Management

Mrs Raffaella Goodby Director of Organisation Development

In attendance

Mr Tim Reardon Deputy Chief Finance Officer

Committee Support

Mr Duncan Whitehouse Head of Corporate Governance

| Minutes | Paper Reference |
|--|----------------------|
| 1. Apologies: | Verbal |
| Apologies were received from Ms Rachel Barlow. | |
| 2. Minutes of the previous meetings – 29 January 2016 | SWBFI (02/16) 045 |
| The minutes were agreed as a true and accurate record. | |
| 2.1. Matters arising and update on actions from the previous meetings | SWBFI (01/16) 045(a) |
| Mr Samuda queried the extent to which the Carter data was bringing a new and helpful perspective on how we could deliver greater efficiencies out of the system. Mr Waite responded by stating that it was important to not treat this data in isolation but, as the Trust was doing, combine it with other local data that provided granularity which enabled the Trust to take an informed view of its financial strategy and potential efficiency savings. The Carter data had been shared with Groups who were responding positively. It was important to be cautious about cutting the same data in different ways. Fundamentally it was about translating the data in a way that staff on the frontline could understand in terms of what they can do on a practical daily basis to reduce costs and improve efficiency. | |
| 3. Financial Performance P10 – January 2016 | SWBFI (01/16) 046 |
| Mr Waite introduced the report highlighting that overall January was an improving picture in terms of headline and underlying performance. I&E remained off plan for the year to date however with reliance on significant contingencies. Temporary staffing and agency spend had increased as a consequence of the additional bed capacity open during the month. Work was ongoing around coding reviews to address matters of accuracy. Confirm and deliver challenge was being put into demand and capacity plans given the flat lining of | |

| | |
|--|--------------------------|
| <p>performance in terms of planned care. With effective progress on expedient measures then there was a likelihood of a surplus at the end of year between £1m-£3.8m. The Trust would look to end on the top end of this scale but this would require the need to close off key matters that had been well rehearsed by the Board. Action was ongoing in respect of the challenge to the Council, letters had been drafted in respect of Health Education West Midlands and an offer had been made in terms of the property dispute.</p> <p>There had also been the recovery of VAT which would feed into financial performance. TR stated that the VAT recovery was a one off non-recurrent benefit but that the Trust had commissioned a VAT advisor to support our approach going forwards.</p> <p>In terms of negotiations with the CCG Mr Waite stated that these were ongoing around £25m-£27m with our expectation being at the upper end of this figure. Mr Lewis stated that the Trust was negotiating on the basis of bringing together all outstanding matters on a no precedent basis including matters such as RAID and overseas payments and that he was conscious of how the CCG would need to package any proposal in terms of its governing body.</p> <p>Mr Russell queried the TDA and Monitor advice in terms of flexibilities around prudence guidelines. Mr Lewis gave an explicit assurance that the Trust had no intention of taking a different approach to what had been agreed by the committee and the Board previously and was reflected in the financial accounting judgements previously agreed by the committee. Mr Waite stated that the Trust was undertaking a line by line review of its financial position but that this would at no point compromise the Trust's audit position.</p> <p>Mr Kang challenged progress of the CIP schemes. Mr Waite stated that the Trust would not hit delivery against all of the schemes which would impact on how the Trust would start the new financial year. Mr Lewis explained that the expectation was that the Trust would be able to deliver a £3.8m surplus by the end of year rather than the £5m TDA figure previously agreed. We had yet to receive formal approval from the TDA in terms of the £3.8m figure.</p> <p>Mrs Goodby asked how the financial position would be communicated to staff in a positive way. Mr Lewis stated the need very a very clear communication message that reinforced that the Trust was in a positive financial position with a surplus that was rare for the NHS. This did not deflect however from the need for pace around transformation of services to ensure both patient experience and sustainable delivery going forwards.</p> | |
| <p>4. Financial Challenge 2016-17</p> | <p>SWBFI (01/16) 047</p> |
| <p>Mr Lewis introduced the item by stating that the Trust had been "offered" a financial control total of £20m. This figure was derived from a national formula. The Trust had responded to this offer by seeking clarity on specific points to understand whether this was anything more than money which would flush through the system but then add significant national stretch of the challenge for 2016-17. There also appeared to be discrepancies across the offers being given to Trusts as to whether this was recurrent or not.</p> <p>For SWBH the formula as applied appeared to be distinctly unhelpful. Encompassing RCRH savings would mean an ask of delivery of £10.3m of savings which was heroic by national standards. As a Trust it was imperative to work through the detail of any offers otherwise any ill-informed decisions at this point would be seen as foolhardy in 2 years and the requirement to make a unitary payment.</p> <p>There appeared to be a disconnect in terms of the national narrative in that the baseline</p> | |

| | |
|---|---------------|
| <p>appeared to be the same for everybody in terms of improvement no matter the starting point. The offers were also based on month 6 estimated predictions.</p> <p>Mr Lewis reiterated the need for the committee to focus on what was an income issue which was a matter the Trust was unable to resolve on its own. There was a current income gap of c£4.3m. Were we to accept the offer then the ask would be to exceed those income targets. If asked to sign a contract by the 31 March Mr Lewis stated he would clearly struggle to do so if there remained a £4.3m hole.</p> <p>Key over the coming weeks was the need to be very internally challenging in terms of delivering against the ask. We must collectively set a real challenge around the capacity to deliver as an organisation. Timing and pace were essential.</p> <p>In response to a question from Mr Samuda, Mr Lewis stated that this was a 2 year plan but that the rate of improvement needed to be much higher to regain ground from the end of year outturn for 2015-16. The Trust would not be in a position to sign off a plan which did not align with the LTFM or where there was a discrepancy between the provider and commissioner side. Scale and pace was essential to ensure delivery. There remain issues such as reductions in spend on bank and agency and in terms of recruitment and retention.</p> <p>Mr Lewis reiterated that if there needed to be difficult discussions with partners and the TDA then these must happen now and not in 6 months time. One sensible option would be for the £11m to be channelled through the CCG which would enable us to collectively build a credible plan going forwards.</p> <p>One of the current key priorities was to ensure a coherent capacity model. There was a need for a big step up in volume which was needed within the existing financial envelope. There was a need to work backwards from the 2016-17 LTFM capacity asks, especially the level of throughput needed. By 2016-17 the financial challenge would be £30m with this reducing to £23m assuming income of £7m.</p> <p>Mr Samuda challenged the plans in place to repair cash balances. In response Mr Waite stated that if we met the £4.3m target that this encompassed repairing the cash position. He stated that the plan was for cash balances to be repaired over 2 years and that land proceeds would also provide a benefit. The current risk was if cash reserves were eroded even further.</p> <p>Actions:-</p> <ul style="list-style-type: none"> • NEDs to be offered the opportunity to experience the war room. • Finance would be a focus of debate at the April Board meeting. | |
| <p>5. Matters to highlight to the Board and Audit & Risk Management Committee</p> | <p>Verbal</p> |
| <p>The EPR business case would be coming to the Board at its April meeting. The Board would also be kept up to date in regard to the summer workforce consultations.</p> | |
| <p>6. Meeting Effectiveness Feedback</p> | |
| <p>The Committee felt the matters on the agenda were the key matters that the committee needed to focus its attention on.</p> | |
| <p>7. Any Other Business</p> | <p>Verbal</p> |

| | |
|---|---------------|
| There were no other matters discussed. | |
| 8. Details of the next meeting | Verbal |
| The next Finance and Investment Committee meeting would be on the 1 April 2016 at 13:00h. | |

Signed

Print

Date

Sandwell and West Birmingham Hospitals



NHS Trust

Quality and Safety Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 26 February 2016 2016; 1030h – 1230h

Members attending:

Mr R Samuda Chairman
Mr M Hoare Non-Executive Director
Dr R Stedman Medical Director
Mr C Ovington Chief Nurse
Miss K Dhami Director of Governance
Ms C Parker Chief Officer SWB CCG

In attendance:

Committee support:

Mr D Whitehouse Head of Corporate Governance

| Minutes | Paper Reference |
|--|----------------------|
| 1. Apologies for absence: | Verbal |
| Apologies for absence were received from Ms Olwen Dutton and Ms R Barlow. | |
| 2. Minutes of the previous meeting held on 27 November 2015 | SWBQS (01/16) 116 |
| The minutes of the meeting held on the 29 January 2016 were agreed as a true and accurate record of the meeting. | |
| 3. Matters and actions arising from previous meetings | SWBQS (01/16) 116(b) |
| The action log was noted with agreement that the work programme would be reviewed in light of the approval of the Quality and Safety Plans and options presented to the next meeting of the Committee. | |
| 3.1 Patient Story to the Board | |
| Mr Ovington stated that a mother would be attending the meeting to discuss the experiences she had of care provider to her son who had a genetic disease that affected his eyes and limbs. | |
| 4. Integrated Performance Report | SWBQS (01/16) 117 |
| Mr Waite introduced the IPR highlighting positive progress in respect of Rapid Access Chest | |

Pain with performance at 100% in January and real progress in respect of Fractured Neck and Femur with performance at 87% which was above the 85% target performance in respect of the NHS Safety Thermometer had also improved.

In terms of areas of focus these included VTE with Dr Stedman highlighting modest but not sufficient improvement in Emergency Care but deterioration in Surgery A and Medicine. There was daily monitoring of VTE Assessments. Assessments were now recorded through eBMS.

There were issues in terms of locums being able to access IT systems but this did not explain the deterioration over recent months. There remained issues around duplicate recording given the use of different IT systems. He stated that the Trust's that achieved 100% were those that had implemented electronic prescribing.

Mr Waite also sought clarification in respect of a deterioration in stroke thrombolysis within 60 minutes with performance at 80% compared to a target of 85%. Dr Stedman responded by stating that the percentage was impacted by the small numbers of patients resulting in one or two patients having a significant impact on the percentage figure. He also highlighted the upward trend in sickness absence rates.

Ms Parker stressed the importance of creating a culture where staff did not feel pressured into attending work when they may have flu or an illness that could be easily spread to colleagues or patients. Ms Parker also asked for clarification in respect of readmissions rates which appeared to be worsening and whether people were being discharged quicker than they should have been. Mr Ovington responded by stating that the cause was more to do with the Trust receiving more poorly patients who had more complex care requirements leading to further readmissions rather than anything relating to the discharge process.

Mortality performance had been affected by the CDA failures and the impact in terms of loss of scan data which would flow through performance data over the coming months. The trust had a robust mortality review process which utilised the Hogan Review Methodology. Ms Parker highlighted renewed national work being undertaken by a mortality group led by NHS England.

Dr Stedman stated that there were seasonal spikes in regard to mortality rates but that for the Trust these rates remained consistent. There had been under coding in respect of palliative care episodes which had previously resulted in an adverse mortality ratio which had been corrected.

Mr Ovington highlighted that in regard to infection control Priory 5 had been closed due to an outbreak of flu. This had been managed successfully. MMSA Bacteraemia had increased but was in line with the target for the year.

Ms Parker highlighted that contamination rates in Sandwell were higher than at City. Mr Ovington stated that this would be reviewed.

Dr Stedman also informed the committee of the Never Event that had taken place in February. A full review had been undertaken the previous day with the team having reported the incident immediately and were candid during the review process. NHS England were notified. Procedures were followed appropriately but a lack of specificity over which joint was to be operated on had led to the incident. Learning had been identified and the consent policy was

| | |
|--|------------------------------|
| <p>being updated to include a stronger element of specificity. Staff were being supported following the incident and the incident had been fully explained to the patient who had accepted the explanation given. Ms Parker welcomed the swift notification and that this was, unlike previous occasions, not about learning that had not been implemented. This felt like progress and there were an unusual set of circumstances with the patient having received treatment to both aspects of the wrist previously.</p> | |
| <p>5. Quality and Safety Plans – implications for Q&S Committee</p> | <p>SWBQS (01/16) 118</p> |
| <p>Mr Ovington introduced the item stating that the discussion was an opportunity to reflect on the implications for the Q&S Committee and how best to effectively assess progress against the Plans as they are implemented.</p> <p>In response to a query from Mr Samuda as to the level of detail that sat behind the plans Mr Ovington stated that this was being worked up currently with clear output and outcome measures being visible shortly. All of the objectives had detail sat behind them but some had greater detail than others. Mr Ovington stressed the on-going need to engage staff on the ground and ensure a clear and visible link between the Plans and the practical impact on patient care.</p> <p>Dr Stedman also highlighted the work that was on-going to develop outcomes measures around the Quality Plan objectives. He stressed the importance of co-ordinating are with patient outcomes dependant on staff working in partnership with others to deliver the best possible outcome. Perinatal mortality for example was closely aligned to socio economic factors outside of the control of the Trust with the health of a foetus impacted upon by the health of the mother. Some sections of the community also have long held beliefs about care which prevented them accessing services at an early opportunity. Ultimately success across a care pathway was dependant on working in partnership.</p> <p>Mr Samuda challenged whether all staff would recognise the objectives set out in the two plans and the detail that sat behind them. Dr Stedman reiterated that there would be detailed implementation plans that sat behind these that would ensure these were embedded in the organisation but that the objectives closely aligned with other key plans and priorities so should not come as a surprise to staff.</p> <p>Ms Parker expressed the benefits of primary care data being fed into these 2 plans to encourage integration of local priorities. There would be a genuine benefit to joint ownership of the dashboard with joint health economy reporting. Dr Stedman stated that performance would be integrated and a reporting cycle developed to reflect the different time periods through which some outcome measures were reported (e.g. 30 days, annually or every 3 years). He felt there would be merit in organising joint quality and safety meetings with the CCG.</p> | |
| <p>6. Serious incident report</p> | <p>SWBQS (01/16) 119</p> |
| <p>Dr Stedman stated that significant progress had been made around the reporting and management of incidents and that the Trust remained one of the best reporters of incidents.</p> | |

| | |
|---|------------------------------|
| <p>There was a differing response rate from staff in terms of feedback once an incident had been reported. There were occasions where the perception of the member of staff as to the seriousness of the incident varied to the person who then investigated it. Mr Ovington stated that where staff had been involved in table top reviews of incidents they had valued being engaged in the process. He also stated that even if a patient had not made a complaint they would still receive feedback if an incident had been reported as part of the duty of candor.</p> <p>Dr Stedman agreed to review the sepsis matter regarding correct observations identified from the paper by Mr Samuda. Overall Mr Ovington stated that it was possible to evidence real step change.</p> | |
| <p>7. Clinical audit forward plan: monitoring report</p> | <p>SWBQS (01/16) 120</p> |
| <p>The plan currently included 89 audits that covered key areas recognised as priorities. Typically fifty of these are ones which contractually have to be done. These will be a mix of national priorities, commissioner priorities and local priorities.</p> <p>Mr Samuda queried the impact of these audits. Mr Ovington responded by stating that in narrowing the focus of the clinical audit plan then it gave greater direction with a shift from a pure governance focus to a more quality improvement model. The Forward Plan may usefully include an additional column which drew links to the Quality and Safety Plans.</p> | |
| <p>8. Agency rate cap breach summary</p> | <p>SWBQS (01/16) 121</p> |
| <p>Mr Ovington introduced the report highlighting that the opening of unfunded beds which has led to a shift off framework to fill capacity. Consideration was being given to an increase in bank rates to make bank more attractive to agency staff. Conversations were taking place within the BCA to ensure we were not destabilising each other. Dr Stedman highlighted that Accident and Emergency remained an issue given vacancy rates nationally.</p> | |
| <p>9. Matters of topical or national media interest</p> | <p>SWBQS (01/16) 122</p> |
| <p>Dr Stedman highlighted the announcement of further junior doctors' strikes that were planned which would be for 48 hours. He thanked clinicians that had stepped up and provided support during recent strikes. There was a commitment that they would continue to respond positively. There was not a clear route forward as both sides appeared to remain entrenched.</p> | |
| <p>10. Meeting effectiveness</p> | <p>SWBQS (01/16) 123</p> |
| <p>It was agreed that Mr Ovington and Mr Whitehouse would discuss options around the future shape of the forward plan for the committee and reframing of the agenda in discussion with Ms Dutton and Mr Samuda.</p> | |
| <p>11. Any other business</p> | <p>SWBQS (01/16) 124</p> |
| <p>Mr Ovington highlighted the publication of a Healthwatch report in which issues were highlighted about the quality of care at the rust based interviews with 11 patients. All concerns</p> | |

| | |
|---|--|
| and complaints are taken seriously and the trust welcomes any form of feedback but there were issues in terms of the length of time it took for these concerns to be brought to the Trust's attention. It was important the issues were set in context and the report has been published alongside the response from the Trust. | |
|---|--|

Sandwell and West Birmingham Hospitals



NHS Trust

Charitable Funds Committee

Venue Anne Gibson Committee Room, City Hospital

Date 18 March 2016 1300 - 1430

Members Present

Mr W Zaffar

Mr R Samuda

Mr R Russell

Mr T Lewis

[Chair]

[part]

In attendance

Ms R Wilkin

Mr S Crump

Mr T Reardon

Committee Support

Mr D Whitehouse

| Minutes | Paper Reference |
|---|--------------------------|
| 1 Apologies | Verbal |
| Apologies for absence were submitted by Mr Tony Waite. | |
| 2 Minutes of the previous meeting | SWBCF (12/15) 024 |
| AGREED: The minutes of the previous meetings were approved as a correct record of the meeting. | |
| 3 Matters arising from the previous meeting | SWBCF (12/15) 025 |
| The key actions from the action tracker would be covered by items on the agenda for the meeting. | |
| 3.1 Investment Management Report | SWBCF (12/15) 026 |
| Mr Reardon introduced the report outlining the advice provided around equity levels. It was agreed that the approach taken to date remained appropriate and that further discussion be deferred until the next meeting with the advisor from Barclays being invited to attend and respond to questions. | |
| 4 Progressing to a single charity | SWBCF (12/15) 027 |
| Ms Wilkins introduced the report stating that the Trust was still awaiting guidance from the Charity Commission which was due in March. A review had been undertaken of every fund. The recommendation was to move to a single general | |

| | |
|--|---------------------------------|
| <p>fund and 8 thematic funds relating to: End of Life Care, cancer, cardiology, maternal, child and newborn, diabetes, sickle cell, education and research and BMEC. There would be a significant shift from the current structure and some of the changes would likely cause controversy.</p> <p>In response to a query from Mr Samuda regarding how the changes would be communicated Ms Wilkins highlighted that staff could see the benefits of the proposed changes. Mr Lewis queried why diabetes and sickle cell had been identified as themes. Mr Crump responded by saying there was a high level of public awareness and interest in respect of the issues. It was also agreed that requests for additional themes would be carefully considered on a case by case basis.</p> <p>Resolved: the committee approved the recommendation that the Trust Charity should be restructured into one General Fund and 8 thematic funds.</p> <p>That subject to formal feedback from the Charity Commission the existing SWBH charitable funds be dissolved and the new single General Fund and themed funds be established.</p> | |
| <p>5 Progress Reports of Large Bids</p> | <p>SWBCF (12/15) 028</p> |
| <p>Ms Wilkin introduced the report which provided an update on large bids. Changes to staffing and potential changes to scope were being discussed in respect of the sobriety project. Mr Lewis asked that the revised scope be brought back to the next meeting of the committee. It was essential that if the scope of a project were to change then this must be with the agreement of the committee. The pain management project was another one that fell into this category. It was agreed that a smaller sub committee be set up to review changes to bids.</p> <p>ClIr Zaffar asked that regular updates be provided back the committee in terms of large bids. Mr Lewis highlighted that in calling back people to present progress of a bid that they be explicit in terms of what they had promised to deliver and what was actually being proposed to be delivered and the impact this was having.</p> <p>Action: that representatives of the sobriety and pain relief bids be invited to the next meeting to provide updates on the scope and impact of the projects.</p> | |
| <p>6 Grant Programme 2016-17</p> | |
| <p>Ms Wilkin introduced the item highlighting the intention to start the grant programme again.</p> <p>It was proposed that there be 20 small grants and then larger grants. The application process would commence at the start of May and run through to September. Lessons from previous rounds included the need to provide support to those writing bids and the need to reflect on how better to engage and encourage</p> | |

| | |
|---|--|
| <p>voluntary and community groups.</p> <p>Cllr Zaffar queried how the grant scheme would be promoted. Mr Crump responded by stating that a Year Book was being produced which would provide a means of promoting the opportunity to apply. Mr Lewis stressed the need for those making applications to be explicit about implementation and that a distinction needed to be drawn between a well-articulated bid and the need to be convinced the scheme can be effectively implemented and followed through.</p> <p>Resolved: that the grant framework and timeframe be approved.</p> | |
| <p>7 Midland Met Hospital Appeal Progress</p> | |
| <p>Mr Samuda highlighted that he was having ongoing dialogue with representatives of the Local Enterprise Partnership and the Trust had a table at a forthcoming charitable dinner which provided a means of promoting ongoing discussion and persuasion. There were positive signals of people who wanted to engage with the charity. A subcommittee would be established in March and it was important that the right people were involved.</p> | |
| <p>8.1 Statement of financial activities</p> | |
| <p>Mr Reardon introduced the report stating that £630,000 of income existed within restricted funds. A large element of this related to Pathology. From April a large element of this would transfer into exchequer funds. In terms of legacies the largest single legacy amounted to £55,000. Clarity was needed in respect of accrued balances.</p> | |
| <p>8.2 Fund balances</p> | |
| <p>Mr Reardon introduced the item highlighting that there was just short of £6m in fund balances. £1.1m of this related to Pathology. In term of governance in respect of Pathology Mr Lewis made clear the need for this to come through the committee and a process agreed with him.</p> <p>A report was requested back to the next meeting setting out the governance issues. This needed to be effectively communicated so that it did not come as a surprise to Pathology. There would be agreement at Executive level around where the Pathology fund best sat in terms of ring fenced funds or the General Fund.</p> | |

| | |
|--|--|
| 9 Matters to raise to the Board and the Audit and Risk Management Committee | |
| The Committee felt the Board needed to be made aware of the progress of the Midland Met Hospital appeal and the review of the grant programme. | |
| 10. Any other business | |
| Mr Lewis sought assurances around staff awareness and understanding that if they were using Trust resources to raise money for charity that this would need to be on a 50/ 50 basis with 50% going to the Trust charity. Mr Crump stated that it was clear in all communications that this was the case. The Charity would shortly be promoted through Heartbeat, a Year Book and through t-shirts and pens etc. | |

Signed

Print

Date

REPORT TO THE TRUST BOARD HELD IN PUBLIC

Chief Executive's Report – April 2016

The Board faces some major decisions at our first morning meeting! In particular we review the Annual Plan 2016-17. The intent of our Long Term Financial Model was to see a surplus of £4.3m. National policy asks us to make a surplus of up to £20m. The submission asks the Board to aim instead for a deficit of £7m, necessitating efficiencies of 18m. This equation requires us to treat 4,000 more patients in the year ahead. Beyond that, we return to the important issues of community caseloads, car parking policy and R&D – all referrals from prior Board meetings where challenge produced a need for more or revised information. And finally, crucially, the private Board is invited to endorse the final selection from our two Electronic Patient Record (EPR) bids, funded by past and future surpluses, but vital to unlocking innovation and reform.

1. Our patients

We had set ourselves an aim to seek to operate from April within our funded bed base. This requires us to prevent 19 admissions each day or remove half a day from length of stay in medicine. In reality we need to move some way to do both. We have decided that we cannot continue to act as a 'safety valve' for the failure of admission avoidance policies locally. In the current annual plan we do not propose to fund £2m+ for an additional ward – however, this is clearly a challengeable decision for the Board to consider, given the prospect of success of our plan. The principal intervention to try and reduce length of stay remains consultant delivered ward based medicine, with consequent impact on elective supply availability for clinic and diagnostic work.

Immense time and energy has been put into capacity planning our elective work. This follows our significant failure in 2015-2016 to increase volumes of care in theatres, at a time when we sought to avoid premium payments. The 8-6-4-2 programme, launched autumn 2015, and backed by the 'control room' visited by non-executives, has to show impact in the coming weeks where it has not seen material improvement sustained over the last four months. A significant part of our step up is in day surgery, which should be unaffected by our capacity pressures from emergency care.

The Board is aware that some months ago we indicated support for a programme called John's campaign. This seeks to provide a 'right to stay' for partners and carers of those with dementia. The project is starting on the same four wards who have led our work on focused care. By the end of 2016 we want the project to be Trust-wide, and we have invested in equipment on that basis. The programme is an exciting part of our commitment to carers, which forms part of our 2020 vision, and which is beginning to 'draw in' partners from across the local system, notably from the third sector.

On April 2nd our new weekend interventional radiology service begins. This spans Wolverhampton, Dudley and City Hospitals, with input from clinicians in those three Trusts and Walsall. We have successfully recruited two further interventional radiologists pending confirmation of access to vascular interventional sessions, possibly via the QE – and failing that via Dudley and Wolverhampton. Meanwhile, NHS England are reviewing vascular services across the Midlands and East region, and we would hope that that work will look at the impact of other Interventional Radiology services on best practice in vascular surgical care.

From the start of April, we expand the scale of our oncology clinics, and from the end of April alter our chemotherapy delivery to a 'next-day' model. This should be good news for waiting times and for quality. The service will be supported by our appointments, colleagues from Wolverhampton and from UHB. We continue to work with regulatory bodies, concerned both by the prior threat from UHB to withdraw, and by the 'last minute' nature of the arrangements now in place. Our governance channels directly through to our medical director, and gives rise to no new issues over and above those reflected on public board risk register since 2014, and visible in peer review criticisms of the services' oncology input for several years. I intend that we press ahead with remedying those issues, based on the Board's decision to invest in resolution 18 months ago.

2. Our workforce

The NHS now has a published openness and learning league. This data was not trailed with the service, but largely derives from the national staff survey. We were a very low responder to that tool, in large part because we have our own local and more regular survey which staff use. Notwithstanding that, we were rated Good for our performance and placed 98th. In so far as this league is to be a regular feature of NHS governance, we will consider what improvement can be expected in the future.

We discussed sickness rates in detail at the last Board meeting. The focus in early weeks of April must be on tackling long term sickness rates. Two thirds of our sickness days lost are from staff who have been absent for four weeks or more. We need to become much more rapid at putting place return to work arrangements, or where suitable exit arrangements, with those staff. I propose that we put in place specific scrutiny efforts led at non-executive level for any individual absent from work for six months or more, an intervention I will personally replicate at 100 days. That intervention will focus on whether everything that could be being done is being done. Meanwhile, in addition to more developmental support, we are changing from April our arrangements for dismissal on ill health grounds, with a standing panel now established to hear cases.

We have now launched our mutual respect and tolerance policy. This has been well received inside the organisation, and a number of partners have asked us for details of it with a view to replication. Whilst this is a good start, we want to see real change in how issues are both raised and addressed internally. More broadly, my scorecard in the annex to this report shows our progress with diversity and equality. We will use Your Voice to examine progress on these issues in summer 2016.

The workforce and organisational development committee is being invited to approve a corporate restructure document, due for 30-day consultation during April. This re-shapes the senior structure of our nursing, workforce, and medical directors' teams, among other changes. Discussions continue with staff and managers about our larger, long-signalled, re-organisation due for summer 2016.

Together we would expect to make changes equivalent to over 400 roles within the organisation to align income and expenditure and to make sure that posts that remain are in the teams and services in the Trust where they are most needed. By restructuring corporate senior functions now, we intend to have in place those best able to support and lead those changes before they commence.

3. Our partners

Enormous commissioning energy continues to be devoted to the Sustainability and Transformation planning process. Draft plans are due in mid-April, and a final submission in June. It remains unclear within the Black Country STP what issues the plan is particularly intended to remedy, although there are worrying signs of an intent to divert NHS resources from the area to support other parts of the West Midlands. We will use Board time in May to how this plan is shaping up, and any implications it may create for our plans. The Midland Met business case makes a series of assumptions, based on promises, about how commissioners will behave and we will need to be active in making explicit any deviation to those intentions which might create operational difficulties or financial pressures by 2018-19. The NAO review of the failure of private finance in Peterborough provides a very explicit warning of what can happen when best paid plans are not implemented prior to mobilisation of new sites.

We now expect to make a planning application associated with redevelopment and sales on the City site during summer 2016. The majority of the site is to be sold, while we retain land between Sheldon and the BTC. Of course such a large development will mean new access routes and roads within the current hospital site, and that needs to be worked through. Good discussions continue with Birmingham City Council about how our intentions can fit within the vision of the city for housing and other developments.

We continue to work with Carillion to finalise the detailed design of the new hospital. In June 2016, we are due to sign off the most detailed level of internal design. The design vision group and arts strategy group continue to examine the right finishes and fittings for the hospital, which will start to appear at street level as a framed building from autumn 2016. We are working to make sure that the hoardings that now surround the site do a good job of explaining both what to expect and when it will happen, including detail of the transport infrastructure which is being put in place.

4. Our regulators

In April we will be reviewed for our Core Medical Training (CMT) efforts. This is an important examination of how we support junior doctors. The prior report raised some questions around rota compliance and protected teaching time, which I am advised we are making good progress with, but have not yet surmounted. Vacancies remain an issue in some disciplines. Across most training posts it will be clear by June what proportion of regional shortages will be borne by the Trust.

Similarly in coming weeks we will be reviewed by NHS Protect in relation to safety and security. A new security manager for the Trust is now in place, which will help to put policies and procedures around our extended efforts to drive further improvement. I am mindful that the Board wished to see not simply improved security but a reduction in staff fear of violence during 2016-17.

I am attending the Local Authority's Overview and Scrutiny Committee to discuss delayed transfers of care and Health-watch's recent report into fifth floor wards at Sandwell. Inevitably we will also

discuss car parking, and I will raise my concern about reported comments via the media about Trust staff born overseas, where our right of reply was published by the newspaper.

5. Attachments to my routine monthly report

During 2016-17 we intend to continue to frame our Board's agenda through our risk register, BAF, and the integrated performance report (IPR - including our finances).

Quarterly we will see an independent assessment of our work to deliver the five plans that underpin our 2020 vision (the strategic performance report or SPR), together with six monthly analysis of the trajectories within the Midland Met business case (July and January).

In supporting those core documents, I intend to continue to report on equality and diversity objectives, to which I am adding as annexes our Safe Staffing report, and from May monthly figures on recruitment and retention against the plan presented last month to the Board. The intention is that the report therefore frames an overall status report on Trust performance, for the Board to test and challenge.

Toby Lewis – Chief Executive, March 30th 2016

ANNEX A: SAFE NURSE STAFFING UPDATE

1 EXECUTIVE SUMMARY

1.1 This is an update on nurse staffing data collected for February 2016. Since the last report the data for Children's wards continues to demonstrate a data accuracy problem despite remedial work having been undertaken. This will continue to be a focus over the coming month.

2 FEBRUARY DATA UPDATE

During the latter part of December 2015 to the end of February we have continued to have additional beds open at both acute hospital sites. The risks associated with this were described at the last board meeting. Overall we have been able to fill shifts with a mixture of our permanent staff and temporary staff, however because we have additional wards in operation we have needed to share our permanent ward staff with these wards to provide shift leadership and continuity. The average fill rates across the trust which includes permanent, bank and agency staff for day shifts is 92.8% and for night shifts is 95.2% slightly less than in the previous month. We had slightly more healthcare assistant staff on both shift patterns than in the previous month. Exploration of data at ward level demonstrates that there are gaps in the staffing on some wards; this supports the ongoing discussions with Group Directors of Nursing and Matrons who work to ensure that we have a balance of staff across all wards including those which have been opened on a temporary basis. Temporary staffing resources are not able to fill all gaps and as a result off framework agency staff have been used to maintain patient safety.

The children's wards were showing higher fill rates than in previous months and much higher than would be expected after corrections have been made to the systems for collecting the information have been made. This continues to be an area for additional focus for data accuracy, local understanding and daily rota's continue to show that nurse staffing is closer to expectation than this data calculation implies.

Table 1. – Three Month Average Fill Rate Percentages For Each Hospital

| | | | 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 - nurses/m nurses/m day shift (%) | Average fill rate - care staff day shift (%) | Average fill rate - nurses/m idwives Night shift (%) | Average fill rate - care staff Night shift (%) |
|------------------|-----------|--------------------------------------|---|--|---|--|---|--|---|--|--|--|---|--|
| | Site Code | Site Name | | | | | | | | | | | | |
| Dec-15 | RXK03 | BIRMINGHAM MIDLAND EYE CENTRE (BMEC) | 465 | 450 | 232 | 195 | 573 | 545 | 185 | 148 | 96.8% | 84.1% | 95.1% | 80.0% |
| | RXK02 | CITY HOSPITAL | 28783 | 27400 | 12089 | 11327 | 27170 | 24752 | 9454 | 8471 | 95.2% | 93.7% | 91.1% | 89.6% |
| | RXK10 | ROWLEY REGIS HOSPITAL | 3044 | 2561 | 1975 | 2027 | 2030 | 2007 | 1689 | 1586 | 84.1% | 102.6% | 98.9% | 93.9% |
| | RXK01 | SANDWELL GENERAL HOSPITAL | 26109 | 24203 | 13225 | 12669 | 21872 | 20396 | 10342 | 10095 | 92.7% | 95.8% | 93.3% | 97.6% |
| | | | 58401 | 54614 | 27521 | 26218 | 51645 | 47700 | 21670 | 20300 | 93.5% | 95.3% | 92.4% | 93.7% |
| Jan-16 | RXK03 | BIRMINGHAM MIDLAND EYE CENTRE (BMEC) | 465 | 465 | 232 | 198 | 573 | 564 | 148 | 148 | 100.0% | 85.3% | 98.4% | 100.0% |
| | RXK02 | CITY HOSPITAL | 26001 | 24220 | 10586 | 9949 | 24291 | 23361 | 8611 | 7795 | 93.2% | 94.0% | 96.2% | 90.5% |
| | RXK10 | ROWLEY REGIS HOSPITAL | 2867 | 2417 | 1798 | 1775 | 1912 | 1888 | 1235 | 1223 | 84.3% | 98.7% | 98.7% | 99.0% |
| | RXK01 | SANDWELL GENERAL HOSPITAL | 25861 | 24488 | 12914 | 12728 | 21731 | 20994 | 10454 | 10439 | 94.7% | 98.6% | 96.6% | 99.9% |
| | | | 55194 | 51590 | 25530 | 24650 | 48507 | 46807 | 20448 | 19605 | 93.5% | 96.6% | 96.5% | 95.9% |
| Feb-16 | RXK03 | BIRMINGHAM MIDLAND EYE CENTRE (BMEC) | 420 | 420 | 210 | 195 | 518 | 518 | 148 | 148 | 100.0% | 92.9% | 100.0% | 100.0% |
| | RXK02 | CITY HOSPITAL | 27047 | 25992 | 11249 | 10768 | 25705 | 24916 | 8501 | 8412 | 96.1% | 95.7% | 96.9% | 99.0% |
| | RXK10 | ROWLEY REGIS HOSPITAL | 3906 | 3279 | 3664 | 3960 | 2604 | 2557 | 2779 | 3098 | 83.9% | 108.1% | 98.2% | 111.5% |
| | RXK01 | SANDWELL GENERAL HOSPITAL | 25483 | 23052 | 12166 | 12244 | 21532 | 19958 | 9856 | 9788 | 90.5% | 100.6% | 92.7% | 99.3% |
| | | | 56856 | 52743 | 27289 | 27167 | 50359 | 47949 | 21284 | 21446 | 92.8% | 99.6% | 95.2% | 100.8% |
| 3-month Avges | RXK03 | BIRMINGHAM MIDLAND EYE CENTRE (BMEC) | 450 | 445 | 225 | 196 | 555 | 542 | 160 | 148 | 98.9% | 87.2% | 97.8% | 92.3% |
| | RXK02 | CITY HOSPITAL | 27277 | 25871 | 11308 | 10681 | 25722 | 24343 | 8855 | 8226 | 94.8% | 94.5% | 94.6% | 92.9% |
| | RXK10 | ROWLEY REGIS HOSPITAL | 3272 | 2752 | 2479 | 2587 | 2182 | 2151 | 1901 | 1969 | 84.1% | 104.4% | 98.6% | 103.6% |
| | RXK01 | SANDWELL GENERAL HOSPITAL | 25818 | 23914 | 12768 | 12547 | 21712 | 20449 | 10217 | 10107 | 92.6% | 98.3% | 94.2% | 98.9% |
| | Total | Latest 3 month average====> | 56817 | 52982 | 26780 | 26012 | 50170 | 47485 | 21134 | 20450 | 93.3% | 97.1% | 94.6% | 96.8% |

4 RECOMMENDATION

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

Chief Nurse continues to work with the information team to produce consistent and assured data in relation to ward nurse staffing, with a continued and focused attention to the children's wards.

Colin Ovington, Chief Nurse

Appendix 1 – February 2016 ward nurse staffing data

| Medicine & Emergency care | Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 | | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 |
|---------------------------|--------------------|----------|----------|--|--|---------------------------|---|---|---|--|----------------------------------|---------------------------|---|---|
| | D5 | City | 13 | 5 | 5 | 5 | 98.6% | 100.0% | | 1 | 1 | 0 | 91.0% | N/A |
| | D7 | City | 19 | 3 | 3 | 3 | 100.9% | 104.3% | | 1 | 1 | 0 | 94.4% | N/A |
| | D11 | City | 21 | 3 | 3 | 3 | 100.0% | 100.0% | | 2 | 2 | 1 | 100.0% | 100.0% |
| | D12 | City | 10 | 2 | 2 | 2 | 96.4% | 100.0% | | 1 | 1 | 1 | 92.9% | 100.0% |
| | D15 | City | 24 | 3.5 | 3.5 | 3 | 113.1% | 121.4% | | 2 | 2 | 1 | 94.0% | 92.8% |
| | D16 | City | 21 | 3 | 3 | 3 | 94.0% | 96.4% | | 2 | 2 | 1 | 97.2% | 124.8% |
| | D26 | City | 21 | 3 | 3 | 3 | 109.5% | 109.5% | | 2 | 2 | 1 | 123.1% | 103.4% |
| | AMU 1 | City | 41 | 10 | 10 | 10 | 94.4% | 96.0% | | 4 | 4 | 4 | 90.1% | 74.1% |
| | AMU 2 | City | 19 | 5 | 5 | 5 | 91.1% | 84.3% | | 1 | 1 | 1 | 141.0% | 110.6% |
| | PR4 | Sandwell | 25 | 7 | 7 | 7 | 92.2% | 81.0% | | 3 | 3 | 3 | 91.6% | 94.0% |
| | PR5 | Sandwell | 34 | 5 | 5 | 4 | 73.9% | 69.6% | | 3 | 3 | 2 | 95.8% | 101.7% |
| | NT4 | Sandwell | 28 | 4 | 4 | 4 | 97.7% | 97.3% | | 3 | 3 | 3 | 94.0% | 98.8% |
| | LY 4 | Sandwell | 34 | 5 | 5 | 4 | 88.2% | 91.9% | | 3 | 3 | 2 | 98.2% | 105.3% |
| | temporary ward LY2 | Sandwell | 29 | 4 | 4 | 4 | | | | 4 | 4 | 2 | | |
| | N5 | Sandwell | 15 | 5 | 5 | 2 | 116.0% | 116.0% | | 1 | 1 | 1 | 96.3% | 96.3% |
| AMU A | Sandwell | 32 | 11 | 11 | 11 | 94.4% | 98.2% | | 4 | 4 | 4 | 98.8% | 100.0% | |
| AMU B | Sandwell | 20 | 3.5 | 3.5 | 3 | 65.2% | 60.0% | | 3 | 3 | 3 | 96.3% | 100.0% | |
| | | | | | | | | | | | | | | |
| Surgery A | Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 | | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 |
| | D21 | City | 23 | 4 | 4 | 2 | 88.8% | 100.0% | | 2 | 2 | 2 | 100.0% | 96.6% |
| | D17 | City | 19 | 4 | 4 | 2 | 96.9% | 98.9% | | 2 | 2 | 2 | 99.0% | 97.9% |
| | SAU | SGH | 14 | 5+1 on mid shift | 6 | 4 | 89.1% | 98.3% | | 2 | 2 | 1 | 95.7% | 89.8% |
| | temporary move L5 | SGH | 20 | 6 | 6 | 4 | 92.2% | 84.5% | | 3 | 3 | 2 | 94.8% | 81.2% |
| | P2 | SGH | 20 | 5 | 5 | 3 | 100.0% | 101.2% | | 4 | 4 | 3 | 91.4% | 89.7% |
| | N3 | SGH | 33 | 5 | 5 | 3 | 95.5% | 103.5% | | 4 | 4 | 3 | 112.4% | 115.0% |
| | L3 | SGH | 33 | 5 | 5 | 3 | 86.9% | 97.7% | | 4 | 4 | 3 | 91.4% | 95.4% |
| | CCS | City | | Staff flexed to the dependency/number of patients in the units | | | 97.7% | 98.1% | | Staff flexed to the dependency/number of patients in the units | | | 87.5% | 90.5% |
| CCS | SGH | | | | | 90.6% | 95.1% | | | | | 135.7% | 92.9% | |
| | | | | | | | | | | | | | | |
| Community & Therapies | Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 | | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 |
| | Henderson | RH | 24 | 3 | 3 | 3 | 85.7% | 98.2% | | 3 | 3 | 3 | 106.0% | 94.0% |
| | Elisa Tinsley | RRH | 24 | 3 | 3 | 3 | 88.1% | 96.4% | | 0 | 0 | 0 | 97.7% | 100.0% |
| | McCarthy | City | 24 | 3 | 3 | 2 | 90.5% | 98.1% | | 3.5 | 3.5 | 3 | 110.1% | 158.9% |
| | D43 | City | 24 | 6 | 6 | 4 | 100.0% | 100.0% | | 5 | 5 | 2 | 100.0% | 100.0% |
| | D47 | City | 20 | 2 | 2 | 2 | 74.0% | 94.4% | | 0 | 0 | 0 | N/A | N/A |
| | Leasowes | RH | 20 | 3 | 3 | 2 | 71.4% | 100.0% | | 3 | 3 | 2 | 116.0% | 100.0% |
| | | | | | | | | | | | | | | |
| Surgery B | Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 | | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 |
| | Eye ward | City | 10 | 2 | 2 | 2 | 100.0% | 100.0% | | 1 | 1 | 0 | 92.9% | |
| | | | | | | | | | | | | | | |
| Womens & Children's | Ward | site | No. Beds | Morning shift RN's expected | Afternoon /Evening shift RN's expected | Night shift RN's expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 | | Morning HCSW expected | Afternoon /Evening HCSW expected | Night Shift HCSW expected | Percentage day time fill rate during Feb 2016 | Percentage night time fill rate during Feb 2016 |
| | L G | SGH | 14 | 3 | 3 | 2 | 110.7% | 116.0% | | 1 | 1 | 1 | 227.1% | 207.1% |
| | L1 | SGH | 26 | 5 | 5 | 4 | 125.3% | 164.2% | | 3 | 3 | 2 | 135.5% | 107.1% |
| | D19 | City | 8 | 3 | 3 | 2 | 131.7% | 161.1% | | 1 | 1 | 0 | 364.3% | N/A |
| | D27 | City | 18 | 4 | 3 | 2 | 99.5% | 90.5% | | 2 | 2 | 1 | 91.4% | 90.5% |
| | Maternity | City | 42 | 6 | 5 | 4 | 99.7% | 93.4% | | 4 | 4 | 2 | 86.6% | 94.6% |

ANNEX B – Board Equality and Diversity Plan

| Public Health Plan Diversity Pledge | Detail | Update |
|---|--|--|
| 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. | Taken to Education Committee December 2014 Expected end of April 2016 for all training requests during 2015/2016 financial year. |
| 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 LGBT Speaker is attending April 2016 Trust Board development session. | This will happen during April 16 th Board Development Session. |
| We would undertake an EDS2 self-assessment for every single directorate in the Trust. Almost all directorates have submitted to post a draft for review. | It is to be reviewed in full and final form at the next meeting of the Board’s PHCD&E committee. | Chief Nurse to update as part of EDS Review |
| 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. | Developed and included in declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. Outpatient kiosks remains outstanding action – effective July 2016. |
| Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC) | Use CIPD Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first ‘positioning’ campaign. February Campaign around Deaf Awareness March Gender Equality | Deaf Awareness Campaign February 2016 Mutual Respect and Guidance campaign March 2016 onwards. Gender Equality March 2016 (international women’s day) |
| Add into our portfolio of | Raffaella Goodby will determine how we | Wider diverse leadership |

| | | |
|---|---|--|
| leadership development activities a series of structured programmes for people with PC | move ahead by October 2015 with an unambiguous programme which will certainly include a specific BME leadership offer. | programme being developed (not just BME colleagues) - design phase March / April delivery from May 16. |
| 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. | <p>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.</p> <p>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.</p> | <p>Policies being reviewed on 31st March with feedback and recommendations to Harjinder Kang, Staffside, Raffaella Goodby and Nick bellis on 8th April AM.</p> <p>First HR development session held in March 2016 with further sessions planned for 16/17.</p> |
| With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group] | <p>The next CLE committee (which one?) will review the progress made with Raffaella Goodby in an effort to set a clear timetable for progress.</p> <p>Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.</p> | <p>Will form part of design phase of work with Hay Group during March and April 2016.</p> <p>Clear timetable identified as above.</p> |
| Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others | We will start by producing a pictorial 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. | <p>Data both qualitative and quantitative will be developed during phase one March / April 2016.</p> <p>Clear product output of first phase of work.</p> |

TRUST BOARD

| | |
|--------------------------------------|--------------------------------|
| DOCUMENT TITLE: | 2016-17 Finances & Annual Plan |
| SPONSOR (EXECUTIVE DIRECTOR): | Toby Lewis, Chief Executive |
| AUTHOR: | Toby Lewis, Chief Executive |
| DATE OF MEETING: | 7 April 2016 |

EXECUTIVE SUMMARY:

This plan follows a format designed to satisfy NHSI. The published format for staff will reflect that advice. The Board's attention is drawn to the need to successfully blend delivery of the immediate and medium term metrics we face. 20/30 of our 2015-16 deliverables remain relevant. The key focus of discussion needs to be on finances where we cannot yet set a balanced budget plan for 2016/ 17. The draft plan is £11 million short of our LTFM surplus. Further discussions regarding the STF funding available in the NHS is needed.

REPORT RECOMMENDATION:

1. That the Board consider the operational plan and importantly the finances needed to deliver against the Trust's annual and medium term priorities.
2. That the Board discuss and agree a way forward.

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|--------|----------------------------|---------|
| X | | X |

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

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

Comments:

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

The operational plan incorporates to key objectives for the Trust for the coming year.

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS Trust

Operational Plan - Narrative

Final Draft

April 2016

DOCUMENT CONTROL SHEET

| VERSION | DATE | COMMENTS |
|---------|-------------|-----------------------------------|
| 0.1 | 8 Feb 2016 | 1 st submission to TDA |
| 0.2 | 31 Mar 2016 | |
| FINAL | 4 Apr 2016 | For 11-04 submission to NHSI |
| | | |
| | | |

TABLE OF CONTENTS

| | | |
|----------|---|-----------|
| 1 | Our 2020 Vision..... | 6 |
| 1.1 | Introduction | 6 |
| 1.2 | Moving towards our 2020 vision in 2016/17 | 7 |
| 2 | 2016/17 Priorities | 10 |
| 2.1 | Introduction | 10 |
| 2.2 | Safe, High Quality Care | 10 |
| 2.3 | Accessible & Responsive | 11 |
| 2.4 | Care Closer to Home | 11 |
| 2.5 | Good Use of Resources | 12 |
| 2.6 | 21st Century Infrastructure..... | 13 |
| 2.7 | An Engaged and Effective Organisation | 14 |
| 3 | Approach to Activity Planning..... | 15 |
| 3.1 | Introduction | 15 |
| 3.2 | Capacity Planning Process..... | 15 |
| 3.3 | Outcome of the Capacity Planning Process | 15 |
| 4 | Approach to Quality Planning | 16 |
| 4.1 | Introduction | 16 |
| 4.2 | Quality Plan | 16 |
| 4.3 | Safety Plan..... | 18 |
| 4.4 | CQC Improvement Plan..... | 19 |
| 4.5 | Seven Day Service..... | 20 |
| 4.6 | Quality Impact Assessment Process..... | 20 |
| 4.7 | Triangulation of Indicators | 21 |

| | | |
|----------|--|-----------|
| 5 | Approach to Workforce Planning | 23 |
| 5.1 | Introduction | 23 |
| 5.2 | Long Term Workforce Model (LTWM)..... | 23 |
| 5.3 | Development and Delivery of CIP Schemes | 25 |
| 5.4 | Board Assurance | 25 |
| 5.5 | Monitoring | 25 |
| 5.6 | Balancing of Agency Rules with the achievement of appropriate Staffing Levels.... | 26 |
| 5.7 | E-rostering and Reduction in Reliance on Agency Staffing | 26 |
| 5.8 | Alignment with Local Education and Training Board plans to ensure workforce supply needs are met | 26 |
| 5.9 | Conclusion | 26 |
| 6 | Approach to Financial Planning | 27 |
| 6.1 | Introduction | 27 |
| 6.2 | Financial Forecasts and Modelling..... | 27 |
| 6.3 | Efficiency Savings for 2016/17 | 28 |
| 6.4 | Lord Carter’s provider productivity Work Programme | 28 |
| 6.5 | Agency Rules | 28 |
| 6.6 | Procurement..... | 28 |
| 6.7 | Capital Planning..... | 28 |
| 7 | Link to the emerging ‘Sustainability and Transformation Plan’ (STP) | 30 |
| 7.1 | Introduction | 30 |
| 7.2 | Right Care Right Here (RCRH) Partners..... | 30 |
| 7.3 | The Black Country Alliance (BCA)..... | 30 |
| 7.4 | West Birmingham & the Black Country STP..... | 31 |

LIST OF TABLES

Table 1 Quality Plan Objectives16

Table 2 Long Term Workforce Model (LTWM) 2014-202023

Table 3 Overview of Key Workforce Changes April 2016 to March 2020.....24

Table 4 Capital Programme29

LIST OF FIGURES

Figure 1: The RCRH Approach30

1 Our 2020 Vision

1.1 Introduction

1.1.1 We launched our 2020 vision in 2015 following extensive engagement with clinicians, managers, patients, third sector organisations and wider stakeholders. Our goal is to **'become renowned as the best integrated care organisation in the NHS'**. This is an ambitious goal but we have already started the journey by helping our patients make healthier lifestyle choices and offering more locally accessible outpatient clinics in community centres and GP practices. Our challenge is now to make this a reality across every part of the Trust. Our single measure of success will be the opinion of our patients.

1.1.2 Our vision describes change across 7 key clinical areas and across our corporate teams:

- Community and Therapy
- Imaging Services
- Medicine and Emergency Services
- Pathology Services
- Specialist Eye, ENT and Dental Care
- Surgical and Critical Care
- Women and Child Health
- Corporate Services

1.1.3 In delivering the wider vision the Board has agreed **five key plans**, or pillars, to support our future ambitions. These plans comprise firm quantified commitments to change, prioritised in different parts of the Trust with divergent pace, but seeking to execute as a whole on time. The level of ambition in these plans is significant: If delivered they would be the achievements by which patients recognise the Trust, and around which we secure staff alignment and pride. The five plans are:

- Public Health Plan 2014 – 2017
- Research and Development Plan 2015 – 2018
- Education, learning and development Plan 2016 – 2019
- Safety Plan 2016 – 2019
- Quality improvement plan 2016 – 2019

The 60 metrics underpinning these plans will be reviewed at the full Board on a quarterly basis during 2016-17 through a new document called the strategic performance report [SPR]. This mirrors our monthly integrated performance report. In addition committees of the Board track these plans' delivery.

1.1.4 The enabling workstreams to support organisational change are also in place. Together these have been dubbed our **Future Operating Model**. In practice, as we move to detailed implementation of change we want to synthesise how our plans for change in four areas work together to alter how we work in a given team or department. We will look to implement concurrently changes in:

- Our workforce, both the scale and disposition of it, and the skills needed
- Our Information Technology
- Our estates and configuration
- Our finances, including our extensive cost improvement plans

1.2 Moving towards our 2020 vision in 2016/17

1.2.1 We will be making progress towards our vision this year in all clinical areas.

| | What will be different in 2020? | Steps towards the vision in 2016/17? |
|-------------------------------------|---|--|
| Community & Therapy Care | <ul style="list-style-type: none"> • All referrals will come via a single point of access. • Collaboration with local GPs will be strengthened with roll-out of Early Supported Discharge model. • Increased use of technology to support patient self-care, hospital discharge planning and to track progress. • Improved ability to help support people's choice of where they die and how they are supported. • Greater collaboration with partners to deliver co-ordinated palliative and End of Life Care. • Provide co-ordinated care by appropriate people with best skills at earliest opportunity. • Use enhanced technology to further support self-care at home, plan for care after hospital discharge and support intensive rehabilitation and care at home. • Provide co-ordinated full range of care via clinic based services in facilities closer to home without need to attend hospital setting. | <p>The Trust has signed an important five year contract to be the lead provider for end of life care across the system in Sandwell and West Birmingham.</p> <p>We continue to implement moves to improve community nursing effectiveness by both ensuring well-functioning primary care multi-disciplinary teams, to which we contribute, and moving towards clinic based models of care with reduced reliance on home visiting.</p> |
| Imaging Services | <ul style="list-style-type: none"> • Patient choice regarding where and when scan(s) take place. • Trust will contact patient to advise that test results are ready. • More services will be open at evenings/weekends. • Additional scanners will result in shorter waiting times. | <p>The Trust will seek to deliver a 4 week referral-scan wait and a 2 week scan-report wait, as the maximum tolerable standard of care.</p> <p>Our Managed Equipment Service contract will commence in Q1, replacing aging CT</p> |

| | What will be different in 2020? | Steps towards the vision in 2016/17? |
|---|---|---|
| | | scanner and providing greater reliability and 'up time'. |
| Medicine & Emergency Care Services | <ul style="list-style-type: none"> • Outpatient care will be provided in community locations across the catchment area with care closer to home. • More services to be provided seven days per week. • Conduct research across specialties to attract high calibre of staff. • Trust to be in top quartile for waiting times to see specialty teams. | <p>The Trust is one of four RCP Future Hospital Pilot sites, in respiratory medicine, which is a key step in securing a move towards seven day services in our sites.</p> <p>Wait times continue to reduce and we are pressing ahead with plans to have in place SWBH-wide a 6 week maximum first outpatient waiting time.</p> |
| Pathology Services | <ul style="list-style-type: none"> • Single main base taking samples for analysis seven days per week. • Provision of booked phlebotomy service as well as drop-in service. • All service users will request tests electronically rather than on paper. • Results will be sent via text and some results will be provided securely but remotely. | The move to electronic only ordering is accompanied by full role out of the new transport service to support GP samples. |
| Specialist Eye, ENT and Dental Care Services | <ul style="list-style-type: none"> • ENT services will operate in partnership with other centres to maintain specialist services locally. • Waits will be shorter and many more visits will be on a one-stop basis. • Links to primary care practitioners will be transformed, offering seamless integrated care. | A variety of CCG-initiated changes in eye pathways 'kick in' from early 2016-17. The Trust will take steps necessary to examine moving more of our eye casualty service onto a pre-booked clinic basis by Q3. |
| Surgical and Critical Care | <ul style="list-style-type: none"> • Direct access to scanning allowing appointments to be booked at a suitable time and location meaning more convenience and quicker results. • Standardised surgical pathways and protocols. • Follow-up appointments following surgery booked at patient's choice rather than automatically. • Majority of pre-operative screening to be undertaken at outpatient appointment rather than at separate pre-operative assessment visit. | <ul style="list-style-type: none"> • Minimally invasive approaches being developed in vascular surgery using radiofrequency ablation. • Simple hand surgery will be provided in an outpatient setting rather than in a theatre. • Patient initiated follow ups successfully trialled in breast surgery and now to be rolled out to other specialities (local CQuin) • Occasions where pre-operative screening is required will be reduced and more will take place as part of a 'one stop shop' outpatient appointment. |

| | What will be different in 2020? | Steps towards the vision in 2016/17? |
|---------------------------------|--|--|
| Women & Child Health | <ul style="list-style-type: none"> • GUM and CASH services to be combined. • Provision of services in more convenient locations and use of technology will increase alternative forms of contact in the home. • Pregnant women will have access to their maternity records via on-line technology. • Investigations (eg scans) will be more widely available in community venues. • Hospital venues will be designed and purpose built for women and children. | <p>The GUM service is expected to relocate during 2016-17.</p> |
| Corporate Services | <ul style="list-style-type: none"> • When opportunities present themselves, the Trust will automate a process and standardise it safely. • We will explore how the Trust sells or shares its expertise with other organisations, in the NHS, or wider local landscape. • Clinical teams will have more influence over the service that they receive from corporate areas. • Some key corporate functions will change due to future fixed term plans (e.g. MMH and IT). • Some published plans will signal changes in delivery within corporate services (e.g. research and development, diversity) • Long term plans will generate new roles and focus for corporate teams (e.g. financial, workforce). • The need to ensure that the corporate support around safety, risk management, patient experience, quality improvement and change management is outstanding. | <p>An agreed programme of back-office reviews is in place across the Black Country Alliance.</p> <p>The co-location of HR/finance and informatics takes place in April 2016. Among other 'spin off' projects we want to ensure that we build the business intelligence capacity required to operate effectively across our directorates.</p> |

2 2016/17 Priorities

2.1 Introduction

2.1.1 We launched our 30 priorities in 2015/16 which together serve to further improve the quality of our services and deliver improvements in productivity. **20 of these priorities have been retained for 2016/17 recognising their continued importance and relevance**, or where prior delivery has fallen short. Our annual plan is reported publicly on a quarterly basis. Our Group and Directorate business plans include clear actions of how, where applicable, they will contribute towards the successful delivery of these priorities.

2.2 Safe, High Quality Care

2.2.1 Safe, high quality care continues to be our focus. In 2015-16 we responded to our CQC inspection by delivering a comprehensive improvement plan. However, we are not complacent and seek to make further improvements to quality across our services.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|---|--|--|
| 1. Reducing readmissions | <ul style="list-style-type: none"> There is a 2% late year fall against prior performance after action taken in Q3 and Q4 15-16 | <p>Sustained delivery measured by:</p> <ul style="list-style-type: none"> 2% fall in re-admission rates at Sandwell vs. 14/15 baseline |
| 2. Improving outpatients by implementing phase 2 of our Year of Outpatients programme | <ul style="list-style-type: none"> 2014-15 was our first Year of Outpatients and we have implemented in 15-16 Self Check In Kiosks, Partial Booking and other developments | <p>Benefits realisation measured by:</p> <ul style="list-style-type: none"> Maximum wait of 6 weeks Elimination of clinic rescheduling Reduction of 2% in DNA rate 98% patient satisfaction rate |
| 3. Achieving the gains promised within our 10/10 programme | <ul style="list-style-type: none"> 10/10 launched in September 2014 and rolled out across number of wards The project has not yet succeeded in achieving success at ward clinical team level | <p>Remedial deployment through:</p> <ul style="list-style-type: none"> 100-day roll out in assessments Investment in ward managers to support delivery |
| 4. Meeting the improvement requirements agreed with the Care Quality Commission | <ul style="list-style-type: none"> Our improvement plan has been delivered only in part We now want to embed the 5 themes further to ensure long term resilience and high quality care. | <p>In Q1/2 we want to ensure we complete all of the tasks we set ourselves in the Impr. Plan.</p> <p>In Q3 we need to ensure benefits have been gained from that work.</p> |
| 5. Tackling caseload management in community teams | <ul style="list-style-type: none"> Successful implementation of new IT tools to make caseload management more visible and part of our management of performance | <p>Sustained delivery measured by:</p> <ul style="list-style-type: none"> 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 |

2.3 Accessible & Responsive

2.3.1 Our Integrated Performance Report is produced on a month by month basis and captures all of our performance targets across the organisation to ensure that progress is made. More locally, clinical and corporate directorate business plans for 2016-17 set out specific measures for improvement across their services.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|--|--|--|
| 6. Meet national wait time standards, and deliver from October a guaranteed maximum six week outpatient wait | <ul style="list-style-type: none"> Consistent Trust level delivery of Referral to Treatment pathway targets, and Cancer Waiting Time targets at Trust level | <ul style="list-style-type: none"> 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 |
| 7. 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 | <ul style="list-style-type: none"> Performance for discharges remains below 25% with a handful of wards achieving their goals | <ul style="list-style-type: none"> Fewer than 15 DTOCs in Trust bed base 40% of discharges take place before 12 midday |
| 8. Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive high standards of professional support at home | <ul style="list-style-type: none"> Trust largely meets 14 day standard within Universal offer Trust has improved significantly one and two year developmental checks coverage rates | <ul style="list-style-type: none"> 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 |
| 9. Work within our agreed capacity plan for the year ahead, thereby cutting Do Not Attend rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure, and accommodating patients declined NHS care elsewhere | <ul style="list-style-type: none"> Demand & Capacity plans modelled at specialty level and detailed plans developed Stalled rollout of 8-6-4-2 deployment for booking in theatres Substantial elective IP/DC underperformance in year | <ul style="list-style-type: none"> DNA rates fall by 2% vs. outturn All specialties by October 2016 achieve recurrent demand-supply balance Weeks worked calculation delivered across all specialties |

2.4 Care Closer to Home

2.4.1 Central to our 2020 plan is the need to develop our out of hospital offering to patients and communities. This will include outpatient clinics, home visits, community clinics, mobile diagnostics

and, increasingly, the use of telecommunications within patients' homes to communicate with health specialists.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|---|---|---|
| 10. Ensure that we improve the ability of patients to die in a location of their choosing, including their own home | <ul style="list-style-type: none"> Our End of Life service was rated as 'Good' by the CQC Completed Board commissioned audit on last year of life | <ul style="list-style-type: none"> 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 |
| 11. Respiratory medicine service sees material transfer into community setting, in support of GPs | <ul style="list-style-type: none"> Community respiratory service in place across Sandwell (now part of iCares) | <ul style="list-style-type: none"> The respiratory medicine equivalent of the DiCE project is in place Unplanned readmissions for respiratory patients have been reduced at Sandwell |

2.5 Good Use of Resources

2.5.1 Our Long Term Financial Model sets out the savings and efficiencies we need to make over the next ten years. The funding we receive continues to be reduced, and our challenge is to continue to provide high quality, reputable services within these means. We have developed a 2 year plan to deliver a Cost Improvement Programme and associated cost saving schemes 2016-18. This has enabled us to identify more than enough savings for the first year and has also enabled longer term planning for complex changes such as retraining and redeploying staff. In addition to the 2 year savings plan, comprehensive planning has been undertaken to ensure that we have sufficient capacity to deliver the patient activity forecast for 2016-17.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|---|---|--|
| 12. Create balanced financial plans for all directorates, and deliver Group level I&E balance on a full year basis | <ul style="list-style-type: none"> Balanced plan being formed for 2016/17 and 2017/18. Additional support being provided to enable quick start to Q1 16/17. | <ul style="list-style-type: none"> Group level FYE I&E balance |
| 13. Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board | <ul style="list-style-type: none"> Transfer of key reporting tool to BIU from April 2015 achieved Project team in place to create standard cycle of directorate, Group and Trust-wide reports | <ul style="list-style-type: none"> Reporting tool in place at frontline service level Standard reports visible monthly to support performance improvement cycle |
| 14. Reform how corporate services operate to create efficient transactional services by April 2016 that benchmark well | <ul style="list-style-type: none"> Project established to develop transactional services, with external support | <ul style="list-style-type: none"> KPIs for each corporate service being met Benchmarking work across partnership concluded and reported to the Programme Board, with rationalisation plan |

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|---|----------------------------------|-----------------------------|
| against peers within the Black Country Alliance | | developed |

2.6 21st Century Infrastructure

- 2.6.1 We completed our procurement for the most significant element of our new infrastructure - Midland Metropolitan Hospital (MMH) - in December 2015. The procurement took less than 18 months which was a significant achievement given the scale of the scheme. We have now commenced our 1,000 day countdown to the opening of the new hospital in October 2018.
- 2.6.2 In early 2016/17 we will be signing contracts on a new 10 year Managed Equipment Service which will ensure that MMH is furnished with up to date, new equipment and that much of the Trust's current assets are also maintained and managed to a high standard.
- 2.6.3 Procurement is on track for our new Electronic Patient Records system which is due to be introduced in 2017, sufficiently before the opening of MMH.
- 2.6.4 During 2015-16 we reconfigured our urgent Cardiology services onto City Hospital, the Surgical Assessment Unit onto Sandwell General Hospital and also some corporate services into the Trust Headquarters at Sandwell. Further relocations of corporate services into our Trust Headquarters will take place in 2016-17 enabling a more integrated service offering.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|--|---|--|
| 15. Agree EPR Outline Business Case, and initiate procurement process, whilst completing infrastructure investment programme | <ul style="list-style-type: none"> The Outline Business Case agreed. Procurement commenced with Final Business Case due 2016/17. | <ul style="list-style-type: none"> 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 |
| 16. Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre | <ul style="list-style-type: none"> Plan for STC confirmed. First corporate teams already re-located. | <ul style="list-style-type: none"> 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 |
| 17. 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 | Procurement repeatedly delayed through CCG, frustrating progress. Now in place with bids due back shortly. | <ul style="list-style-type: none"> Successfully procured as the W/Birmingham Intermediate care facility (under the BCF) |

2.7 An Engaged and Effective Organisation

2.7.1 The Trust remains committed to achieving increased levels of patient and staff engagement. Staff sickness continues to be a high priority and features in all Group business plans for 2016-17.

| Priority for 2016-17 | How are we performing currently? | Where do we need to get to? |
|---|--|---|
| 18. Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness | <ul style="list-style-type: none"> Sickness Absence is reported as 5.13% for January 2016 and 4.9% for the 12-month rolling period. | <ul style="list-style-type: none"> 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 |
| 19. Finalise our long term workforce plan, explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019 | <ul style="list-style-type: none"> 'Safe and Sound' workforce programme concluding 2016 Trust Board agreed high level plan December 2015 showing how pay-bill will be reduced safely Business plans 2016-18 show how pay-bill will be reduced | <ul style="list-style-type: none"> 17-18 pay/WTE start point and proposed change plans reflects Long Term Workforce model at Trust level |
| 20. 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 | <ul style="list-style-type: none"> Quality Improvement Half Days established since April 2015. Your Voice well established across Trust, with three Groups showing high reporting rates (C&T, path, corporate) | <ul style="list-style-type: none"> 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 |

3 Approach to Activity Planning

3.1 Introduction

- 3.1.1 The activity included in the plan for 2016/17 is broadly in line with the 10 year planning assumptions. These have been supported by commissioners as part of the 'Right Care Right Here' local health economy partnership and were detailed in the Trust's business case for the Midland Metropolitan Hospital which was approved in December 2015.

3.2 Capacity Planning Process

- 3.2.1 The detailed activity capacity planning process underpinning the business case has engaged both clinical leads and management teams across the Trust. In line with the TDA launch of the national Demand and Capacity programme in January 2016 and following attendance at the launch forum, the exercise is underway and will have been completed prior to submission to the TDA in April 2016.
- 3.2.2 Key, high volume specialties have been modelled using the IMAS tools that have been recommended by the TDA. Medical specialties have adopted the New Outpatient model and surgical specialties have used the Full Flow model. In addition, endoscopy has been modelled using the dedicated tool provided.
- 3.2.3 To support on-going and regular review of demand and capacity, the exercise has been diarised to be undertaken each quarter throughout 2016/17. In addition, the Trust's planned care team have identified a series of triggers to identify additional ad-hoc modelling including changes to and large variation in referral patterns and change in national or local policy.
- 3.2.4 The following key principles have been adopted for the capacity planning process:
- Core capacity has been maximised;
 - Productivity scenarios have been applied to increase capacity;
 - Focus on backlog reduction at each key patient milestone to increase activity;
 - No patient will wait longer than 6 weeks for their TCI from decision to admit;
 - No patient will wait longer than 6 weeks for their 1st OPA;
 - No patient requiring a follow up review will wait longer than consultant specified.

3.3 Outcome of the Capacity Planning Process

- 3.3.1 A plan has now been formed which bridges the £6m gap between 2015/16 outturn and the 2016/17 control total. £5.3m of this is addressed through waiting list clearance:
- £4.5m: Elective and Day Case patients
 - £0.9m: New patients
 - £0.8m: Follow Up patients
- 3.3.2 The remaining £0.7m will be met through ophthalmology activity.

4 Approach to Quality Planning

4.1 Introduction

4.1.1 The Trust has a Quality Plan and a Safety Plan which set out the Trust's objectives in these areas. Additionally, the Trust has a CQC improvement plan following the CQC's assessment made in 2014.

4.2 Quality Plan

4.2.1 A 3 year strategy (2016 – 2019) has been developed and agreed within the Trust about how to improve quality in the following key areas across the Trust:

Table 1 Quality Plan Objectives

| No. | Objective |
|-----|---|
| 1 | By 2019 the Trust will be ranked in the top quartile of relevant peers for the reduction of Avoidable Hospital Mortality |
| 2 | To ensure there is early recognition and treatment of sepsis leading to a reduction in avoidable deaths attributable to sepsis |
| 3 | To achieve a year-on-year reduction in hospital associated venous thromboembolisms (pulmonary emboli [PEs] and deep vein thromboses [DVT]) |
| 4 | For the Trust to be amongst the best performers for implementing care processes for patient admitted with an acute stroke and for the rate of deaths in hospital within 30 days of admission |
| 5 | The Trust will demonstrate the most effective management of patients admitted with a heart attack (Acute myocardial Infarction) by ensuring that they have prompt access to treatment in order to achieve the best possible outcomes |
| 6 | Patients presenting to the Trust as an emergency with a fractured neck of femur are routinely operated on within 24 hours and achieve outcomes that are better than selected peers |
| 7 | For all high risk surgical patients an assessment of mortality risk will be made explicit to the patient and recorded clearly on the consent form and in the medical record so that the most appropriate level of care is provided in order to achieve the best possible outcomes |
| 8 | Outcomes for the treatment of all common cancers will be amongst the best in the UK |
| 9 | By 2019 avoidable readmissions are reduced to a minimum as a result of enhanced care coordination across interfaces between care settings and patient education and support for self-management. |
| 10 | By 2018, our Trust will be amongst the best performers in avoiding preventable sight loss |
| 11 | To ensure that Trust operated screening services exceed national norms for uptake by local populations. |
| 12 | To reduce avoidable causes of peri-natal mortality |
| 13 | The majority of our patients for whom death is expected and not avoidable will do so in the place of their choosing – receiving excellent end of life care |
| 14 | Paediatrics and Community Child Health Services – Days of School Lost |
| 15 | By 2019 the overall average adjusted health gain in the general health status reported for the Trust for patients undergoing all 4 index PROMS procedure, is higher than the national average |

4.2.2 In developing the Quality Plan, clinical directorates have been engaged to agree which measures should be used and what will be done to achieve them. This has been undertaken with both clinical and managerial staff at service level.

4.2.3 Change schemes are tracked through the Trust's 'Transformation Plan Reporting System (TPRS). This enables the Executive to monitor progress and hold directorates to account for delivery. TPRS also supports directorates with a robust framework and consistent approach.

4.2.4 A new approach being adopted for 2016/17 is for schemes requiring a level of service redesign to incorporate additional rigour in developing the new design prior to implementation. This will ensure that directorates have undertaken sufficient clinical and service user engagement in re-designing services with a focus on delivering quality as well as greater productivity.

4.2.5 Expected improvements to quality and productivity identified prior to scheme delivery and will be tracked through the benefits realisation process.

4.2.6 Of the Quality Plan Objectives, the 3 quality priorities for 2016/17 are:

- Reducing Avoidable Hospital Mortality;
- Treatment of sepsis; and
- Reducing hospital associated venous thromboembolisms.

4.2.7 The top 3 risks to quality and the associated mitigating actions have been extracted from the Trust's risk register and are shown in the table below:

| Risk Statement | Risk Rating | Existing Controls | Actions | Residual Risk Score |
|---|-------------|--|--|---------------------|
| National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB | 5 x 4 = 20 | <p>Pooling all available vaccines from other areas in the Trust.</p> <p>Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage.</p> <p>Recording of all infants who are discharged who qualify but do not receive the vaccine.</p> <p>All the community midwives informed that infants will be discharged without being vaccinated.</p> | Clinics commenced October 2015 – 1400 babies to be recalled. As at mid-January babies that are under 3 months old have been vaccinated and those that are over 3 months old will be vaccinated by the end of March | 4 x 4 = 16 |

| Risk Statement | Risk Rating | Existing Controls | Actions | Residual Risk Score |
|---|-------------|---|--|---------------------|
| 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 redevelopment 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 redevelopment of the area | 5 x 4 = 20 | <p>Reviewing plans in line with STC retained estate.</p> <p>Staff trained in IG and mindful of conversations being overhead by nearby patients/staff/visitors.</p> | To rectify IC/IG issues or relocate to another suitable workspace. | 4 x 4 = 16 |
| 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 patients safety. | 4 x 5 = 20 | <p>Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Agree a recruitment and retention premium. Marketing of new hospital plans pending approval of Full Business Case. Leadership development and mentorship. Programme to support staff development. Continued communication and engagement of the Urgent Care Strategy.</p> | Recruitment on-going | 3 x 5 = 15 |

4.2.8 Baseline performance has been established in each area using specific measures and internal performance targets have been set. As part of the business planning process for 2016/17, each directorate has developed plans to achieve these targets.

4.3 Safety Plan

4.3.1 A safety plan has been developed with the following 'always' events:

- We will always ensure that no adult patient has avoidable harm from a pressure ulcer, fall or catheter related urinary tract infection.
- We will always ensure that no child or young person has avoidable harm because of deterioration, an intravenous infusion into the tissues, pain or damage to skin integrity.

- We will always ensure that no patient's clinical condition deteriorates as a result of a lack of timely monitoring of vital signs and escalation.
- We will always ensure that no patient has an avoidable use of antibiotics.
- We will always ensure that no patient has an unplanned medication omission.
- We will always ensure a Ten out of Ten safety checklist is fully completed for every patient within 24 hours of admission.
- We will always ensure that no patient will suffer harm from a delay or failure in diagnosis or a misdiagnosis.
- We will always ensure that no patient will suffer harm due to a lack of, or delay in, requesting diagnostic tests or a failure or delay to review the results.
- We will always ensure that all patients undergoing invasive procedures will have received timely and adequate information to make an informed decision with consent evidenced.
- We will always ensure that no patient has an invasive procedure without having a safety checklist undertaken prior to commencement.
- We will always ensure that fully completed assessments must be undertaken and an informed plan of care documented with every patient.

4.3.2 Each directorate has developed plans to ensure that the 'always events' occur, where appropriate.

4.3.3 The implementation architecture for these plans, alongside the other three key Trust plans (R&D, education and public health) is being finalised presently. However, the key drivers for change will be local management teams, breaking down any quality/safety silos.

4.4 CQC Improvement Plan

4.4.1 The CQC rated the Trust as requiring improvement in 2014. In response to this a comprehensive action plan has been developed and largely implemented. In addition to the action plan, clinical directorates are putting in place measures to ensure that the improvements are sustainable. The 5 key themes of improvement are:

- **Being better at learning.** We need to be better at learning across our organisation, spreading good practice and identifying why some wards, teams and departments are better able to deliver outstanding outcomes for patients – the solution to our issues is already being implemented somewhere in our Trust.
- **Getting the basics right.** We need to ensure that we consistently deliver the basics of great care, with disciplined implementation of policies on hand-washing, medicines security, end of life decision making, and personalised care observations – we have to get this right every time.
- **Addressing sickness and vacancy rates.** We need to tackle our sickness and vacancy rates if we are to reduce gaps in our care, and ensure that all of our staff have time and space to be trained and to develop their skills – being fully staffed matters.
- **Empowering local managers.** We need to build on our best practice around local management and leadership, empowering capable local managers, and reducing hierarchies between executive and departmental leaders –communication can be better here and must be two-way.
- **Making more informed decisions.** We need to do even more to evidence how our incident, risk management, and safety data inform the decisions that we make and the priorities that we set – we know where our issues are, and need to address them more quickly when they are identified.

4.4.2 The lead executive director for the CQC Improvement Plan is the Director of Governance.

4.5 Seven Day Service

4.5.1 The Trust does not have a statistically significant elevated mortality issue at weekends. This subject is routinely scrutinised and we keep the position under constant review. We do however see opportunity to improve patient and staff experience by working differently over weekends. We have made progress towards this over the last two years and expect to make further progress in the year ahead. Some issues cannot be resolved until single acute site working from October 2018.

4.5.2 The 111 re-procurement is something that we are fully involved with through the RCRH urgent care workstream. This, together with booking access to GP appointments, will help us to offer a streamlined service to patients presenting 'in the wrong place'. We know, from detailed local analysis, that the ED issue in our area is not a lack of GP slots, nor patient registration, but patient preference to see clinicians they perceive to be more specialist.

4.5.3 Priorities for 2016-17 include: ensuring good access to endoscopy for inpatients at weekends; improving MRI access; stabilising psychiatric consultant cover at weekends; and matching semi-urgent surgical supply to demand.

4.5.4 More details required on the seven day services plans, specifically linked to Consultant cover at weekends & improving access to out-of-hours care.

4.6 Quality Impact Assessment Process

4.6.1 All cost improvement plans (CIPs) are subject to a Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) during the planning phase. The QIA and EIA assessments have to be approved before a CIP is permitted to progress to delivery.

Planning Phase

- A QIA and EIA must be completed and approved for all CIPs as part of developing the CIP plan and before moving to the delivery phase.
- QIAs must be undertaken in the context of the Trust's strategic objectives and consider the impact on patient experience, quality and safety.
- Each QIA must identify KPIs to be used to monitor the impact on quality (in addition to KPIs identified to monitor delivery of the CIP).
- QIAs and EIAs must be completed by the project lead for the CIP, on TPRS (the Trust's electronic tracking system for CIPs) using the QIA and EIA templates.
- QIAs must be approved by the Medical Director and Chief Nurse with this approval being recorded on TPRS. The completed QIA is presented by the relevant Clinical Group Director of Operations or corporate head of service to the Medical Director and Chief Nurse (at a pre-planned meeting) for review prior to sign off.
- All EIAs must be approved by the relevant Clinical Group Director of Operations or corporate head of service with this approval being recorded on TPRS.
- In addition to the QIA process for 2016/17 additional rigour will be applied to projects where greater productivity is required as well as improved quality. This is to ensure that changes that are made are sustainable and don't result in simply fewer staff working harder. It is expected that this will result in more sustainable working practices and also improved innovation. Clinical Groups will detail the changes in processes and working practices and will involve their staff in

both developing the new design and also in working through the implications. Higher value and / or risk schemes will be reviewed by the executive to ensure that sufficient staff engagement has taken place.

Delivery Phase

- The project lead must ensure monitoring against the QIA and EIA is on-going during the delivery phase of CIPs.
- It is expected that every financial calendar quarter the Group Director of Ops (GDOPs) or Head of Service (HoS) or equivalent will review all schemes that have had a QIA signed off.
- Once the appropriate schemes have been reviewed, the GDOP's or HoS will complete a pro-forma and provide an assurance statement that will inform if there are any unexpected risks or unintended consequences from the implementation of the schemes. This will also capture the total number schemes reviewed and number of QIAs with and without issues.
- For schemes with issues GDOPs/HoS will be required to provide mitigation. This will then be submitted directly to the Chief Nurse and Medical Directors for review, carbon copying the PMO for audit and information tracking purpose. The mitigation for all schemes will be reviewed and depending on the robustness of the mitigation and the discretion of the Chief Nurse and Medical Director, staff will be called in for a more detailed review.
- The Medical Director and Chief Nurse will consider the cumulative risk of adverse impact on quality and equality from multiple similar schemes – when the risk of each scheme may be small but together the risk is significant –e.g. closure of small numbers of beds in several directorates.

Assurance

- The process for QIA and EIA for the Trust's CIPs is approved by the Trust Quality and Safety Committee.
- Regular random audits of EIAs covering all Clinical Groups and Corporate Directorates will be undertaken by the Trust's Equality and Diversity Advisor/team. The audit process will involve 10 audits each month consisting of:
 - One project from each Clinical Group,
 - One from each of Operations Directorate and Facilities
 - One from a corporate group
 - Any significant adverse impact on quality or equality will be escalated by the Medical Director and Chief Nurse in a timely manner to the Quality and Safety Committee for agreement of mitigating actions and further escalation as appropriate.
- Quarterly update reports regarding quality and equality impacts of our cost improvement plans/TSPs are presented to the Performance Management Committee and the Trust Quality and Safety Committee by the Medical Director and Chief Nurse.

4.7 Triangulation of Indicators

- 4.7.1 Bi-monthly clinical group reviews take place where quality, activity and financial performance will be assessed. The indicators will be as per the quality and safety plan, each directorate's capacity plan and each directorate's budget and CIP plan. There is then a monthly performance committee chaired by the Chief Executive, looking across all issues within our Integrated Performance Report.

- 4.7.2 Board assurance will continue to be provided via the Quality and Safety Committee, Workforce and OD Committee and Finance and Investment Committee.
- 4.7.3 When a QIA is undertaken, the relevant set of quality indicators will be identified in relation to the potential impact which is expected. These will be reviewed during and following implementation of a change to ensure that no adverse impact of quality has occurred. In addition to these indicators, productivity metrics will also be monitored, where appropriate, to ensure that the expected improvements in productivity (and if applicable reduction in costs) have occurred.
- 4.7.4 More focus on the 'well-led' element and framework.
- 4.7.5 Detail required on how the Trust is considering the Academy of Medical Royal College's guidance for taking responsibility: accountable clinicians and informed patients.
- 4.7.6 Reference required on the Trust's participation in publishing details on avoidable deaths.

5 Approach to Workforce Planning

5.1 Introduction

5.1.1 The Trust's key workforce objectives are to:

- Develop and retain a high quality workforce that enables the Trust to provide the very best patient care;
- Become the employer of choice in the region; and
- Ensure that the workforce is highly productive and affordable.

5.2 Long Term Workforce Model (LTWM)

5.2.1 To achieve the goal to become renowned as the best integrated care organisation in the NHS, a view of the future has been modelled in the Trust's LTWM. This embeds the rigor of top down modelling through integration with the Long Term Financial Model (LTFM) as well as addressing bottom-up design of the future workforce in line with activity trajectories, productivity improvements and safe staffing standards. The LTWM forecasts WTE changes by staff group for and is presented below.

Table 2 Long Term Workforce Model (LTWM) 2014-2020

| | Outturn 2014/15 Wte | Plan 2015/16 Wte | Forecast 2016/17 Wte | Forecast 2017/18 Wte | Forecast 2018/19 Wte | Forecast 2019/20 Wte | Forecast 2020/21 Wte | Forecast 2021/22 Wte | Forecast 2022/23 Wte | Forecast 2023/24 Wte |
|--|---------------------------|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| BASELINE inc RCRH Change & CIP | | | | | | | | | | |
| Pay - Consultants | 289 | 289 | 290 | 290 | 291 | 292 | 293 | 299 | 302 | 305 |
| Pay - Junior Medical | 501 | 477 | 476 | 476 | 473 | 471 | 471 | 471 | 471 | 471 |
| Pay - Nursing, Midwifery and Health Visitors | 1790 | 1760 | 1735 | 1697 | 1664 | 1635 | 1661 | 1678 | 1692 | 1706 |
| Pay - Community Nursing, and Health Visitors | 473 | 466 | 473 | 483 | 496 | 505 | 513 | 520 | 537 | 544 |
| Pay - Scientific, Therapeutic and Technical | 1132 | 1079 | 1089 | 1097 | 1109 | 1130 | 1145 | 1157 | 1169 | 1181 |
| PAY - OTHER CLINICAL | 683 | 672 | 667 | 649 | 640 | 661 | 669 | 674 | 680 | 685 |
| Pay - Non Clinical | 2127 | 1980 | 1978 | 1973 | 1904 | 1834 | 1830 | 1834 | 1840 | 1845 |
| Agency | 240 | 240 | 227 | 206 | 189 | 196 | 197 | 192 | 194 | 195 |
| Sub Total | 7235 | 6962 | 6934 | 6870 | 6766 | 6722 | 6779 | 6825 | 6885 | 6932 |
| Repatriation & Community Developments | | | | | | | | | | |
| Pay - Consultants | 0 | 2 | 3 | 3 | 4 | 6 | 7 | 8 | 9 | 10 |
| Pay - Junior Medical | 0 | 3 | 5 | 6 | 7 | 10 | 13 | 14 | 16 | 17 |
| Pay - Nursing, Midwifery and Health Visitors | 0 | 34 | 86 | 156 | 204 | 288 | 365 | 426 | 498 | 574 |
| Pay - Community Nursing, and Health Visitors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pay - Scientific, Therapeutic and Technical | 0 | 12 | 18 | 19 | 22 | 33 | 42 | 46 | 47 | 47 |
| PAY - OTHER CLINICAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pay - Non Clinical | 0 | 4 | 5 | 6 | 6 | 9 | 12 | 13 | 13 | 13 |
| Agency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sub Total | 0 | 55 | 117 | 190 | 244 | 347 | 439 | 508 | 582 | 661 |
| CIP Impact | | | | | | | | | | |
| Pay - Consultants | 0 | (0) | (1) | (2) | (2) | (3) | (3) | (4) | (5) | (5) |
| Pay - Junior Medical | (24) | (12) | (22) | (33) | (44) | (53) | (66) | (79) | (92) | (105) |
| Pay - Nursing, Midwifery and Health Visitors | (30) | (48) | (88) | (132) | (176) | (214) | (241) | (269) | (296) | (323) |
| Pay - Community Nursing, and Health Visitors | (8) | (17) | (31) | (46) | (62) | (75) | (96) | (117) | (138) | (159) |
| Pay - Scientific, Therapeutic and Technical | (53) | (36) | (66) | (99) | (132) | (160) | (187) | (213) | (239) | (266) |
| PAY - OTHER CLINICAL | (11) | (24) | (44) | (66) | (88) | (107) | (120) | (133) | (145) | (158) |
| Pay - Non Clinical | (147) | (103) | (188) | (282) | (376) | (457) | (537) | (617) | (697) | (777) |
| Agency | 0 | (20) | (55) | (105) | (125) | (125) | (125) | (125) | (125) | (125) |
| Sub Total | (274) | (260) | (495) | (765) | (1005) | (1195) | (1376) | (1557) | (1738) | (1919) |
| Net Trust Wide Position | | | | | | | | | | |
| Pay - Consultants | 289 | 290 | 291 | 292 | 293 | 295 | 298 | 304 | 306 | 309 |
| Pay - Junior Medical | 477 | 467 | 459 | 449 | 437 | 428 | 418 | 406 | 395 | 383 |
| Pay - Nursing, Midwifery and Health Visitors | 1,760 | 1,746 | 1,733 | 1,720 | 1,692 | 1,709 | 1,784 | 1,835 | 1,894 | 1,957 |
| Pay - Community Nursing, and Health Visitors | 466 | 449 | 442 | 437 | 434 | 430 | 402 | 398 | 385 | 385 |
| Pay - Scientific, Therapeutic and Technical | 1,079 | 1,055 | 1,040 | 1,018 | 999 | 1,002 | 1,000 | 989 | 976 | 962 |
| PAY - OTHER CLINICAL | 672 | 648 | 623 | 583 | 552 | 554 | 549 | 541 | 534 | 527 |
| Pay - Non Clinical | 1,980 | 1,881 | 1,795 | 1,696 | 1,534 | 1,386 | 1,305 | 1,230 | 1,156 | 1,081 |
| Agency | 240 | 220 | 172 | 101 | 64 | 71 | 72 | 67 | 69 | 70 |
| Net Position | 7,221 | 6,962 | 6,757 | 6,556 | 6,295 | 6,004 | 5,875 | 5,842 | 5,776 | 5,729 |
| ABC Annual Movement | (260) | (205) | (201) | (261) | (291) | (130) | (32) | (67) | (47) | (54) |
| ABC Cumulative Movement | (260) | (465) | (665) | (926) | (1217) | (1347) | (1379) | (1445) | (1493) | (1547) |
| CONTEXT | | | | | | | | | | |
| OBC Assumed | 7,047 | 6,893 | 6,645 | 6,354 | 6,111 | 5,780 | 5,686 | 5,628 | 5,577 | 5,483 |
| OBC Annual Movement | (154) | (248) | (291) | (243) | (330) | (94) | (58) | (50) | (94) | |
| OBC Cumulative Movement | (154) | (402) | (693) | (936) | (1267) | (1361) | (1419) | (1470) | (1564) | |
| Actual Variance to OBC Trajectory | 174 | 69 | 112 | 202 | 185 | 224 | 188 | | | |

5.2.2 The Trust has already successfully delivered the 'Safe and Sound Phase 1' – the first stage of the Trust's workforce change plan. This has resulted in the reduction of 260 Whole Time Equivalents (WTEs). The Trust is entering year 3 of its six year Workforce Change Plan. Between 1st April 2016 and 31st March 2018 the Trust will deliver workforce changes to achieve a pay bill reduction of 462 WTE net reduction and £11.3m of additional pay (non-WTE pay bill costs), through the following key drivers as set out in the table below:

- Activity and pathway driven changes in workforce
- Productivity driven reductions in workforce; and
- Reduction in cost per WTE (set out below):

Table 3 Overview of Key Workforce Changes April 2016 to March 2020

| Key Drivers | Strategic Workforce Change Theme | Transition Phase (April 2016 – March 2018) | MMH Phase (April 2018- March 2020) |
|--|----------------------------------|--|---|
| Activity and pathway driven changes in workforce | Clinical restructuring | Fewer nurses and HCAs due to fewer outpatient sessions and a reduction in beds. Investment in community nursing. | Fewer nurses and HCAs due to fewer outpatient sessions and a reduction in beds. Investment in community nursing. Fewer emergency department staff as a result of single ED within MMH |
| | Non-Clinical | Reduction in facilities staff due to greater cross-functional working. | |
| Productivity driven reductions in workforce | Technology | Fewer healthcare records staff due to introduction of EPR. Better use of consultants' time through tele-health enabling resources to be channelled into seven day working. Introduction of mobile technology to improve productivity in community. Fewer medical secretaries as a result of completing speech recognition technology. | Fewer porters and distribution staff as a result of introduction of automated guided vehicles. |
| | Clinical Transformation | Medical and surgical bed reductions, shift to community settings, outpatients redesign, theatre utilisation, site reconfiguration, de-duplication of on-call rotas. | Single site reconfiguration will result in the transfer of Hard FM staff to PF2 provider under TUPE. |
| | Scheduling | Reduction in theatre staff and outpatient staff as a result of improved scheduling and changing working practices to ensure optimal use of clinics and theatres | |
| | Black Country Alliance | Collaboration of three Trusts to share back office processes and reduce costs | - |
| | Sickness Absence | Driving down sickness absence to ensure that the Trust is fully staffed. | |

| Key Drivers | Strategic Workforce Change Theme | Transition Phase (April 2016 – March 2018) | MMH Phase (April 2018- March 2020) |
|-------------|-------------------------------------|--|---|
| | User-Led | Empowering service users to carry out certain administrative tasks relating to their appointments e.g. booking and changing appointments, transport and tests. | |
| | Management de-layering | Completion of management delayering pre-MMH. Fewer corporate staff due to co-location into single head office site. | Further management de-layering as a result of site configuration. Fewer corporate staff due to completion of co-location into single head office site a Sandwell General Hospital. |
| | Non-consultant Doctors | Improving senior medical cover/review of middle grade doctors against future requirements. | Reduction in medical staff due to de-duplication of medical rotas enabled by single site configuration. |
| | Skill mix and role redesign | A review of roles to introduce new more junior roles to reduce cost per WTE and create a career path for progression from a wider range of backgrounds. | |
| | Premium payments | Eliminating bank, agency, overtime and waiting list payment to reduce temporary staffing costs. | |
| | Intermediate Care is Cheaper | Shifting care from acute to community models of care. | |

5.2.3 The LTWM and approach to workforce planning and CIP delivery was rigorously tested by the DH and the NHS TDA in the MMH business case approval process in 2015. This occurred through a series of stakeholder meetings, development sessions and bespoke 'deep dives'.

5.3 Development and Delivery of CIP Schemes

5.3.1 In September 2015 two workstreams, one Executive led (top down) and the other Clinical Group led (bottom up), were launched to identify, develop and test all opportunities before developing robust schemes for mobilising and delivering the necessary pay cost reductions in 2016/17 and 2017/18. The outputs of these workstreams have been developed and form part of the overall CIP for 2016/17 and 2017/18.

5.4 Board Assurance

5.4.1 The Board is sighted on the workforce assurance process undertaken by the DH and NHS TDA. On 3rd December 2015 the Trust Board considered and assured the workforce plan for 2016-18. Further Board scrutiny of our 2016-2018 workforce plans took place in February and March in face to face sessions between the Trust Board and the clinical and corporate group leadership teams.

5.5 Monitoring

5.5.1 The change schemes that will deliver our workforce plan will be monitored and tracked through the Trust's Programme Management Office and Transformation Plan Reporting System (TPRS), where a robust programme/project management methodology is deployed including for every scheme a quality and safety impact assessment (signed off by the Chief Nurse and the Medical director), a risk assessment and an equality impact assessment.

5.5.2 The Workforce Delivery Committee (a sub-committee of the Clinical Leadership Executive) is the main body for engaging clinical and corporate group representatives in strategic and operational workforce planning matters and oversight of the management of workforce risks. This committee reports to the board level Workforce and OD Committee.

5.5.3 Key workforce metrics feature alongside operational and quality key performance indicators in the Trust's Integrated Performance dashboard that is reported and overseen through a number of executive committees and the Trust Board. Workforce risks are assessed and where appropriate added to the relevant Trust risk register in line with the Trusts risk management policy.

5.6 Balancing of Agency Rules with the achievement of appropriate Staffing Levels

5.6.1 The Trust has made the necessary changes and investments in safe staffing and now meets all of the standards agreed by the Trust Board. A robust approach is in place to ensure that these standards are maintained.

5.6.2 The Trust did not comply with national agency framework guidance in December and also exceeded the national agency rate cap effective from 23rd November 2015. Any shifts outside of this are subject to the approval of the Chief Executive and is driven by a strict commitment to maintaining safe staffing levels. We do not expect to comply with the cap for some medical shifts throughout 2016-17.

5.7 E-rostering and Reduction in Reliance on Agency Staffing

5.7.1 The use of temporary staffing continues to be high. There is a shift away from the use of premium rate agency staff. Significant actions are being taken to reduce 'unplanned' agency use and all requests for temporary staffing are considered and require sign off by the Chief Nurse.

5.7.2 We are making modifications to further exploit the functionality of e-rostering to enable requests for temporary staffing to be scrutinised against the shift rostering at the time of booking. Accountability challenges with nurse leaders are being introduced.

5.7.3 Our "Fully Staffed" plans to recruit to 'hard to fill' posts, reduce 'time to hire', drive down sickness absence and manage vacancies are all in place and being actively monitored, reported and scrutinised at the Workforce Delivery Committee and the Workforce and OD Committee.

5.8 Alignment with Local Education and Training Board plans to ensure workforce supply needs are met

5.8.1 Everything in our 2020 vision depends on the skills, talents and teamwork of our workforce. To support this in 2015 we launched our multi-year education, learning and development plan setting out extra ring-fenced investment in training and development and how we will support staff to develop the skills and competence they need to deliver our ambitions for 2020 and the years in between. We are active members of the Black Country LETC/West Midlands LETB and continue to influence strategies to improve workforce supply through education commissioning and skills development.

5.9 Conclusion

5.9.1 The Trust has a safe and sustainable workforce plan for the delivery of its financial plan in 2016/17 as part of its 2 year change programme. The plan has been developed with clinical and service lead engagement. A robust governance and internal assurance process is in place to ensure that delivery is achieved safely and sustainably.

6 Approach to Financial Planning

6.1 Introduction

- 6.1.1 The Trust's financial plans are grounded in the long term financial model (LTFM) underpinning the business case for the Midland Metropolitan Hospital (MMH) which have been supported by local commissioners and approved by the Department of Health and the Treasury.
- 6.1.2 Those plans have been amended on an exceptional basis to take account of more up to date information. The changes include: changed approach to accounting treatment for the Managed Equipment Service (MES) business case; update to the Trust capital programme reflecting progress in 2015/16 and a review of the phasing of the longer term programme; update of inflation assumptions to reflect the December draft tariff publication; update of the Trust's forecast financial position at 31st March 2016 and the related underlying position.

6.2 Financial Forecasts and Modelling

- 6.2.1 The underlying long term financial plan is consistent with activity and workforce plans in the MMH business case.
- 6.2.2 The "source and application of funds" statements in the financial return set out the key movements that bridge 2015/16 forecasts to plans for 2016/17.
- The Trust savings requirement is currently set at £23m, 4.8% of expenditure. This delivers national efficiency, continues the establishment of the "Right Care Right Here" reserve which will be used non-recurrently to support transformation prior to its recurrent use to support the MMH Unitary Payment, and recovers the underlying 2015/16 deficit.
 - The Trust's plans continue to include a significant assumption around repatriation of activity from other providers, consistent with the MMH LTFM.
 - The plan reflects neither receipt nor use of the sustainability and transformation fund, consistent with the Trust Chief Executive's response to Bob Alexander.
- 6.2.3 The plan results in a Capital Servicing and Liquidity rating of 4 and a Financial Sustainability risk rating of 4 for 2016/17.
- 6.2.4 The 2015/16 forecast outturn is set at £3.8m which is the position to be reflected in the Trust's period 10 return for 2015/16. Since the plan return is built on the LTFM position for 2015/16 it may differ in detail from the actual outturn, though not in aggregate.
- 6.2.5 The forecast surplus for 2016/17 as per the LTFM is £4.3m. This is contingent upon the Trust achieving an additional £7m of SLA income, restoring it to LTFM levels and also achieving the full £23m CIP. The risk to achieving the increased income is assessed as £5m - £8m due to commissioners not currently supporting the LTFM levels. The risk to achieving the £23m CIP is also assessed as £5m - £8m, principally due to insufficient schemes being delivered in the first half of the year. Finally, a risk of delivery is costed at £1m, reflecting the potential additional support that the Trust will require in delivering the significant CIP agenda.
- 6.2.6 Given the risks to delivering the 2016/17 agenda cited above, the Trust plans to make a deficit of £7m in 2016/17, £11.3m below the LTFM £4.3m surplus. This is a prudent position and the Trust is reviewing how any impact can be mitigated to revert to LTFM levels.

6.3 Efficiency Savings for 2016/17

6.3.1 The Trust has developed a 2 year cost improvement programme for April 2016 – March 2018 with the objective of delivering £44m of savings. £23m of these savings are planned for 2016/17. A workforce planning process commenced in September 2015 as a precursor to the business planning process which is generating detailed bottom up plans. Savings plans have also been informed by external benchmarking, the Lord Carter of Coles' data and case studies.

6.3.2 The key themes identified for 2016/17 include:

- A reduction of 2 acute wards, partly enabled by the provision of additional community services;
- A reduction of 1 theatre;
- The reduction in administrative time of both administrative and clinical staff through the introduction of technology;
- A reduction of sickness and absence, releasing temporary staffing costs;
- A reduction in temporary staffing costs;
- A focus on reducing procurement costs through more standardisation, negotiating better terms and tighter stock control.

6.4 Lord Carter's provider productivity Work Programme

6.4.1 The Trust has been undertaking detailed planning for CIPs for 2016/17 and 2017/18. The plan is to reduce operating costs by c.£44m over the 2 year period. This compares to an opportunity of c.£51m identified in the Adjusted Treatment Cost Data Pack that the Trust has received. Given that this is derived on the basis of the Trust achieving the national mean cost for treatments provided, prima facie the data endorses the achievability of the Trust's CIP agenda.

6.5 Agency Rules

6.5.1 The Trust Board in December 2015 delegated the authority to breach the agency rate cap to the Chief Executive. The Trust is complying with the TDA weekly reporting requirement to notify the number of shifts where the agency rate price cap has been exceeded and an 'off-framework' agency has been used.

6.5.2 In line with approach that the TDA is taking nationally, the Trust along with a group of its counterparts is working together to avoid use of agencies with rates that are above the agency rate cap such that they will only be used in a 'break glass' situation on the grounds of safety.

6.5.3 The Trust will continue to monitor weekly breaches and to negotiate revised terms with those agencies above the agency cap rate.

6.6 Procurement

6.6.1 Procurement improvement is a one of a number of savings themes pursued using the Programme Management Office (PMO) approach to savings identification and delivery. The Trust's approach has been examined by the TDA as part of the approval process for the MMH business case.

6.7 Capital Planning

6.7.1 The Trust's capital programme is shown below:

Sandwell and West Birmingham Hospitals NHS Trust

Operational Plan

Table 4 Capital Programme

| | CBC Position | | | | | | | | | Period Total £000's |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---------------------------|
| | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | |
| | Mar-16 £000's | Mar-17 £000's | Mar-18 £000's | Mar-19 £000's | Mar-20 £000's | Mar-21 £000's | Mar-22 £000's | Mar-23 £000's | Mar-24 £000's | |
| Construction Costs | 42,146 | 113,885 | 98,408 | 38,061 | 4,454 | 0 | 0 | 0 | 0 | 296,954 |
| Capital Programme | 14,911 | 8,596 | 9,687 | 7,484 | 13,503 | 9,814 | 7,896 | 7,156 | 7,026 | 86,074 |
| Fixed Imaging Kit | - | 2,300 | 3,000 | 10,800 | - | 1,800 | 70 | 80 | 800 | 18,850 |
| EPR & IM&T | 5,096 | 7,147 | 8,899 | 2,116 | 600 | 1,472 | 1,309 | 1,000 | 900 | 28,539 |
| Retained Estate Refurbishment Contingency | - | - | 1,000 | 1,000 | - | 4,000 | - | - | - | 6,000 |
| Total | 62,153 | 131,929 | 120,994 | 59,461 | 18,557 | 17,086 | 9,275 | 8,236 | 8,726 | 436,416 |
| Funded by: | | | | | | | | | | |
| Special Purpose Vehicle | 42,146 | 69,384 | 51,849 | 31,921 | 4,454 | 0 | 0 | 0 | 0 | 199,754 |
| Public Dividend Capital | 0 | 44,501 | 46,559 | 6,140 | - | 0 | 0 | 0 | 0 | 97,200 |
| Trust Capital Programme | 20,008 | 15,744 | 18,586 | 9,600 | 14,103 | 11,286 | 9,205 | 8,156 | 7,926 | 114,612 |
| MES operating Lease | - | 2,300 | 3,000 | 10,800 | - | 1,800 | 70 | 80 | 800 | 18,850 |
| Land Sale Proceeds | - | - | - | 1,500 | 1,500 | 3,000 | - | - | - | 6,000 |
| Total | 62,153 | 131,929 | 119,994 | 59,961 | 20,057 | 16,086 | 9,275 | 8,236 | 8,726 | 436,416 |
| Working Capital Impact | - | - | 1,000 | 500 | - 1,000 | - | - | - | - | |

- 6.7.2** The capital programme is a single whole. It covers the estate, IT and equipping requirements identified in our TDA-agreed business case. The Board has approved a four year single programme, which is overseen via the Finance and Investment Committee.
- 6.7.3** The Trust's capital programme is self-funded, other than pre-agreed PDC contributions. The managed equipment service for imaging is at FBC stage. Land disposal will proceed in 2017-18 as identified in the Midland Met FBC.

7 Link to the emerging 'Sustainability and Transformation Plan' (STP)

7.1 Introduction

7.1.1 The Trust will develop three linked plans at aggregated scale:

- Right Care, Right Here
- The Black Country Alliance
- The West Birmingham and the Black Country STP

7.2 Right Care Right Here (RCRH) Partners

7.2.1 The RCRH Programme has developed a new model of care for the local population summarised in the figure below. Through RCRH we expect to deliver changes in outpatient demand and follow up care, and alterations to models of intermediate care too.

Figure 1: The RCRH Approach



7.2.2 The RCRH Programme is overseen by a programme executive and office. All stakeholders contribute and public oversight is obtained via Board meeting quarterly.

7.3 The Black Country Alliance (BCA)

7.3.1 This vehicle, which spans three local Trusts, is the principal route by which we will achieve rationalisation of back office functions and clinical coherence at a subspecialist level. The scope of pathways under consideration at present is:

- Urology
- Histopathology

- Rheumatology
- Interventional Radiology
- Stroke
- Oncology

7.3.2 Joint working between clinicians from the participating trusts is well underway to develop who these services will operate at scale. Additionally, procurement is within scope of the BCA, offering an opportunity to drive more competitive rates with greater volumes.

7.3.3 Governance of the Alliance is well developed with a programme office, and monthly Programme Board attended by Chairs and Chief Executives. An independent chair for the BCA will be agreed in spring 2016.

7.4 West Birmingham & the Black Country STP

7.4.1 This is a new collaboration, organised to submit an aggregated plan across organisations within the four boroughs of the Black Country and the 22% of Birmingham residents served by the local CCG. We will look to meet the planning requirements on this wider footprint, where they cannot be satisfied at a more local level.

7.4.2 Each STP is required to deliver 9 'must dos'. The Trust's role in delivering these is set out below:

| Must do | Trust's contribution |
|--|---|
| Develop a high quality and agreed STP , and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View . | The Trust is working with its lead Commissioner in developing a STP, based on the firm foundation of the Right Care Right Here programme, which has formed the basis of the Trust's LTFM. |
| Return the system to aggregate financial balance . This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the Right Care programme in every locality. | <p>In accordance with its LTFM, the Trust has developed a £23m cost improvement programme for 2016/17. The Lord Carter report has been considered when putting this programme together.</p> <p>Efficiency savings identified in the programme will be made through improved productivity, better quality and driving better value for money from the products and services that the Trust buys in.</p> <p>In addition, the Trust is working towards the Right Care Right Here plan, reducing and shifting activity where appropriate such as reduced new:follow up ratios for outpatient appointments and moving care closer to home.</p> |
| Develop and implement a local plan to address the sustainability and quality of general practice , including workforce and workload | The Trust is working with local practices to develop more sustainable models of care and is also exploring the use of shared infrastructure |

| Must do | Trust's contribution |
|---|--|
| issues. | such as finance functions. |
| Get back on track with access standards for A&E and ambulance waits , ensuring more than 95% of patients wait no more than four hours in A&E, and that all Ambulance Trusts respond to 75% of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots. | The Trust's year to date performance as at the end of January 2016 was 93.3%. This is up from 92.8% for the same period in 2015. |
| Improvement against and maintenance of the NHS Constitution standards that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment , including offering patient choice. | <p>At least 92% of patients have been treated within 18 weeks on the incomplete pathway.</p> <p>For the non admitted and admitted patient pathways, the Trust exceeded the national targets of 95% and 90% respectively until October 2015. Performance in January 2016 was 91.2% and 86.6% respectively.</p> <p>Significant demand and capacity modelling has been undertaken and a clear plan established to ensure that activity standards are met for 2016/17.</p> |
| Deliver the NHS Constitution 62 day cancer waiting standard , including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission. | <p>2 week waits have been consistently met during 2015/16. Performance in January 2015 was 93.6% and 96.1% for breast symptomatic.</p> <p>31 day standards have been met throughout the year to date and have consistently exceeded national performance.</p> |
| Achieve and maintain the two new mental health access standards : more than 50% of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95% treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. | n/a |
| Deliver actions set out in local plans to transform care for people with learning disabilities , including implementing enhanced community | n/a |

Sandwell and West Birmingham Hospitals NHS Trust
Operational Plan

| Must do | Trust's contribution |
|--|---|
| provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. | |
| Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual Trusts. | The Trust has developed a 'Quality Plan' which sets internal outcome based standards across services. These either exceed or complement national standards. |

TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Cancer update |
| SPONSOR (EXECUTIVE DIRECTOR): | Rachel Barlow - Chief Operating Officer |
| AUTHOR: | Rachel Barlow - Chief Operating Officer |
| DATE OF MEETING: | 7 th April 2015 |

EXECUTIVE SUMMARY:

The Trust performs well in the delivery of cancer access to treatment, particularly against the regional and national context.

We are consistently well rated by patients with 87% of our patients rating our experience of our services as good or excellent. We enjoy a tradition of active patient engagement holding an annual well-being fair for patients and carers.

Our strategic vision for cancer services at Sandwell and West Birmingham is to provide comprehensive and state of the art surgical and medical cancer services to the people of Sandwell, West Birmingham and the wider Black Country as locally as possible - through a number of strategic service and academic partnerships within the Black Country Alliance, regional cancer centres and local universities.

This will require us to be better than we currently are, aligning tumour site access standards, further improving clinical outcomes (aligned to our Quality Plan) and patient experience as well as developing excellence in research (aligned to our internal R&D Plan).

REPORT RECOMMENDATION:

The Trust Board is asked to discuss the elements of cancer services as presented and to consider the breadth and depth of the improvement goals in line with our ambitions.

The Trust Board are asked to support the establishment of a non-executive director portfolio related to cancer.

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|--------|----------------------------|---------|
| | | x |

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

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

Comments:

Cancer briefing

1. Introduction

Our strategic vision for cancer services at Sandwell and West Birmingham is to provide comprehensive and state of the art surgical and medical cancer services to the people of Sandwell, West Birmingham and the wider Black Country as locally as possible - through a number of strategic service and academic partnerships within the Black Country Alliance, regional cancer centres and local universities.

This paper covers several aspects related to the provision of cancer services:

- Service provision, performance and clinical outcomes
- Improvement goals are identified throughout the document
- Update on the future oncology model
- Future governance arrangements for Cancer

2. Service provision and performance

2.1 Our services

The Trusts hosts the Specialist Cancer Centre service for Gynae-oncology and provides cancer unit services for other tumour sites as summarised in Table 1.

| Table 1; summary of tumour sites, Trust base and performance against the 62 day time to treatment standard (target to meet 85%) | | | |
|--|--------------------------|----------------|-------------------|
| <i>62 day performance January 2016</i> | <i>Base</i> | <i>TRUST %</i> | <i>NATIONAL %</i> |
| BREAST | <i>City</i> | 100 | 95.1 |
| GYNAE | <i>City</i> | 78.9 | 80.7 |
| HAEMATOLOGY | <i>Sandwell</i> | 77.8 | 81.2 |
| H&N | <i>City</i> | 66.7 | 70.3 |
| LOWER GI | <i>Sandwell</i> | 90.2 | 75.2 |
| LUNG | <i>City and sandwell</i> | 100 | 75.2 |
| SKIN | <i>City</i> | 95 | 94.8 |
| UGI | <i>Sandwell</i> | 73.7 | 75.4 |
| UROLOGY | <i>City</i> | 76.4 | 78.7 |

There are 2 Chemotherapy units based at Sandwell Hospital and the Birmingham Treatment Centre. Waits from decision to treat to chemotherapy administration are unacceptable and can take up to 10 days. The current 1 stop model of chemotherapy is fraught with long delays for patients waiting for administration and drug preparation. A new 2 stop model which will be implemented in May will see patients in clinic on day 1 where their chemotherapy is prescribed and the patient prepared to receive treatment. The following day patients will attend for chemotherapy and treatment will be delivered without delay. Over all patients will spend less time in the hospital and delays in treatment will be reduced.

Improvement goal 1: access to chemotherapy within 30 minutes of appointment time

Improvement goal 2: access to chemotherapy within 7 days of decision to treat

Radiotherapy and specialist cancer surgery are provided at neighbouring cancer centres. For these pathways, patients are transferred to partners such as University Hospital Birmingham for treatment.

An Acute Oncology Service is provided in the Trust which provides a rapid response for cancer patients when an acute episode develops in their treatment pathway, for example sepsis, or side effects of their treatment which need additional support to that originally planned. There is current inequity between our sites in terms of oncology admissions, in which patients known at Sandwell Hospital are admitted there, and those visiting City attend the University Hospital Birmingham.

Improvement goal 3: resolve the current inequity between our sites in terms of oncology admissions, in which patients known at SGH are admitted there, and those visiting City attend the UHBFT.

2.2 Our performance

Compared to regional and national cancer performance, the Trust performs well against the cancer access standards meeting the 2 week referral and 62 day treatment standards regularly. We aim to better this performance by achieving tumour site level compliance. Table 1 (page 1) compares our performance with national delivery.

Improvement goal 4: achieve tumour level compliance with the 62 day treatment target

Focus nationally now includes near misses defined as 60-62 days and the very longest of waits that are over 104 days. These cases tend to be complex patients, but our root cause reviews demonstrate there are efficiencies within our pathways that could further reduce the redundant or non-added value waiting times.

Urology has typically accounted for a majority of our 62 day breaches. Redesign of the TRUS biopsy pathway and the new scheduling of diagnostic tests have reduced the mean waiting time, eliminating breaches on this pathway in January.

Each tumour pathway should have key stage milestones from referral through diagnostics and a multidisciplinary team meeting to treatment which are agreed across a Cancer Network and published. The local cancer network has been fairly inactive in recent years. The Trust has worked with partner provider organisations and more recently the Cancer Network to agree pathways for most specialities.

Improvement goal 5: agree and publish pathways for all tumour sites

2.3 Our Clinical Outcomes

Our early detection rates of cancers detected at stage 1 and 2 has increased over the two year period ending in 2013 to 46.7% compared to the England average of 45.7%.

Our under 75 mortality rate from cancer (>75 DSR per 100,000 population) is 135.90 for 2014, which was a 3.5 point reduction compared to the previous year. A reduction was also seen, to a lesser extent, in England for the same period where the average under 75 mortality rate from cancer is 121.4. SWB CCG has the second highest rate in the local area with only Wolverhampton CCG higher with 142.9. The next publication of this national data is September 2016.

Linked to the Quality Plan we have ambitious goals over the next 3 years to improve our health outcomes for patients with SWBH being among the top 20% of comparable NHS Trusts.

Improvement goal 6: Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.

In terms of improving outcomes, research and clinical trials are important factors. We are currently contributing well to research in gynae-oncology and colorectal specialities. Breast cancer is not particularly active in the research domain - and we are targeting this as part of the Research and Development Plan. Our recruitment of oncologists includes targeting research active consultants.

Improvement goal 7: to increase the number of patients recruited to clinical studies

2.4 Our patient experience

The consistently high level of response to the national patient experience surveys for cancer and chemotherapy, demonstrates how much patients value the opportunity to provide us with feedback about their experiences of attending our hospitals for their cancer treatment. The survey results provides us with a real opportunity to identify areas that matter most to our patients and to take responsive and positive action to ensure this information is used to improve our services.

The latest national cancer patient experience survey (2014) provided another positive set of results with 87% patients of our patients rating our care 'excellent / 'very good'. Our patients commended us for:

- Staff having access to all necessary patient records
- Post discharge advise
- Privacy on examination
- Clinical Nurse Specialist support
- Provision of written patient information for chemotherapy treatment and side effects

Over previous years we demonstrated improvements on:

- Waits and nurses on duty
- Diagnostic explanation, written information, family involved in care
- Enabling access to support groups and financial assistance
- Keeping our GP's informed on patient condition & treatment

The positive comments received from patients as part of the survey results, tell us that we continue to do well in many areas and that our cancer teams continue to provide dedicated and empathetic care. However, we know that in some areas our patients think we need to, and could do, better:

- Waits on the day for chemotherapy appointments
- Frequency of GP presentation prior to referral
- Care planning and emotional support

Improvement goal 8: By April 2017, all patients diagnosed with Breast, Prostate, Lung or Bowel cancer will receive a Holistic Needs Assessment with their allocated Key Worker (Clinical Nurse Specialist) within 3 months of their initial diagnosis, which will be recorded in their clinical notes and shared with the patient and GP.

The Trust holds an annual cancer well-being fair which works with patients and carers offering support to those both receiving treatment and those who are survivors of cancer. This year's annual event is on Saturday 14th May at Aston Villa Football Ground, with an anticipated attendance of 350 carers and patients.

3. Oncology update and peer review standards

The Trust's provision of cancer care is measured in accordance with the national peer review standards. The immediate concerns raised in previous reviews are related to oncology cover at Multidisciplinary Team Meetings (MDTs).

In August 2015 University Hospitals Birmingham (UHB) formally withdrew from providing oncology input into the Trust effective April 2016. The Board agreed that the Trust should seek other partners, whilst working to develop a proposal based around the Black Country Alliance population of over 1 million people. In late February 2016, UHB confirmed that they would be able to provide some aspects of their prior service through to July 1st.

During the intervening six months, in order to sustain safe services, and meet our ambitions to expand provision, the Trust has both employed our own staff, and created new partnerships with Royal Wolverhampton and UHCW. These arrangements provide a stable basis for service delivery beyond July. To date no confirmation has been received of UHB's intentions beyond July 1st.

NHS England commission these services and remain profoundly concerned by the overall situation. The Trust is seeking to work them to understand their concerns, and ensure that they understand our concerns. The Joint OSC, as well as Health-watch, have been kept updated on service proposals and changes.

From April patients adjacent to the QE and RWT should have the opportunity to receive radiotherapy locally, from a clinical oncologist who routinely attends an MDT, as the IOG requires. The Trust's tumour group leads have voiced strong support for the changes being put in place.

Looking forward there is a need to bring base stability to this set of services and the Trust is taking steps to ensure that this happens, and that decisions about local services are made locally, in the context of the Sustainability and Transformation planning process.

There are a number of key performance indicators that underpin the peer review standards that input to an operational scorecard, measuring administration effectiveness and imaging reporting times. These will be tracked regularly and reported to the Cancer Board (see section 4).

Improvement goal 9: change our MDT structure, to reduce the very high proportion currently taking place on a Thursday, which makes it impossible for either oncologists, radiologists or pathologists to provide cross cover during leave of absence.

In addition to the oncology developments, the Trust will create an acute oncology and Cancer of Unknown Primary (CUP) MDT this year to meet peer review standards. This builds on prior work done in the Trust on cancer of unknown primary, notably through our Beacon gastro service.

Improvement goal 10: Create by July 2015 both an acute oncology and CUP MDT.

4. Cancer Board and leadership roles

The intention is to establish a new Cancer Board as a subcommittee of CLE. This Board will be a successor to the Local Cancer Action Team (LCAT), Cancer Taskforce and Pace Group. The LCAT has lacked attendance and direction, possibly confused by the existence of 3, albeit necessary, cancer related groups or projects.

The triumvirate leadership for cancer will be strengthened with the appointment of the substantive deputy COO for Planned Care and the Trust Lead Cancer Nurse role in Q4, to work alongside the Cancer Lead Clinical role. The role of this team will be to have strategic oversight for Cancer services and the delivery of the improvement and development programmes that support our vision.

It is intended the Board be established in April 2016 and a full terms of reference signed off at that stage; the principles of which will include:

- Demand and capacity planning including horizon scanning campaigns
- Peer review standard compliance
(Peer review programme 2016 attached as appendix 2 for information)
- Pathway design (including across network)
- Delivery of the Chemotherapy model
- Development of oncology
- E-prescribing
- Survivorship strategy
- Partnership development eg; Macmillan
- Research and education plans

Membership of the Board will include:

- Cancer Lead Clinician
- Trust Lead Cancer Nurse
- Deputy COO for Planned Care
- Tumour site leads
- General Manager supporting Oncology
- Cancer Services Manager
- Oncology configuration project manager
- Radiologist
- Executive sponsor
- Partnership representatives

A patient stakeholder group will support and inform the work of the Cancer Board.

It is also recommended that a non-executive director portfolio be established to take a special interest in cancer.

5. Conclusion and recommendations

The Trust Board is asked to consider the improvement goals and discuss the breadth and ambition of the goals in light of our strategic vision for cancer services at Sandwell and West Birmingham being to provide comprehensive and state of the art surgical and medical cancer services to the people of Sandwell, West Birmingham and the wider Black Country as locally as possible - through a number of strategic service and academic partnerships within the Black Country Alliance, regional cancer centres and local universities.

TRUST BOARD

| | |
|--------------------------------------|-----------------------------------|
| DOCUMENT TITLE: | R&D Plan |
| SPONSOR (EXECUTIVE DIRECTOR): | Roger Stedman, Medical Director |
| AUTHOR: | Prof Karim Raza, Director of R&D. |
| DATE OF MEETING: | 7 April 2016 |

EXECUTIVE SUMMARY:

The Trust's R&D Plan has nine objectives. We are making good progress towards eight of them as described in the R&D report presented to the Trust Board in February 2016. The one objective for which R&D is significantly behind target relates to the very significant expansion in numbers of patients recruited to portfolio adopted studies. This report details how we will meet **our target** of recruiting 6,000 patients to NIHR portfolio adopted studies with a revised timeline and explains the **required enablers** for this.

REPORT RECOMMENDATION:

That the Board:

- consider and challenge progress against the R&D plan.
- seek assurances around those matters listed in the report as requiring Trust level support.

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

The receiving body is asked to receive, consider and:

| Accept | Approve the recommendation | Discuss |
|--------|----------------------------|---------|
| x | | |

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

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

Comments:

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

PREVIOUS CONSIDERATION:

Background:

2014-15 saw SWBH recruit its largest ever number of patients to NIHR portfolio adopted studies (2,085 patients).

We are now exceeding our 2014-15 recruitment and are on track to reach **2,450 patients in 2015-16**. SWBH was one of very few secondary care Trusts to increase recruitment in 2015-16. This 18% increase in activity will have been achieved with an R&D workforce that was reduced by approximately 20% over that period due to vacant posts. These posts have now been filled and our revised timeline is described below.

The Trust's R&D plan requires an increase in activity (defined as the number of patients recruited to studies) by a further 250%. The majority the R&D funding comes from the West Midlands Clinical Research Network (CRN). The CRN's funding model is based on median activity based funding units in the 3 preceding years and allows a year on year increase in funding that is capped at 15%. The 3 year median rule means that our funding for 2017-18 cannot rise above our funding for 2016-17. Over the next 3 years we can only grow our funding by ~30%. Our proposal for increased activity thus involves new ways of working. For some of these R&D will have primary responsibility. Others require facilitation at a Clinical Group level.

Enhanced recruitment will be facilitated by R&D functions including:

1. **R&D staffing up to complement:** 20% increase in staffing compared with 2015-16 should translate to circa 20% increased activity.
2. **Promotion of research in previously less active specialities but with significant potential for research delivery:** e.g. respiratory, maternity, anaesthetics.
3. **Increased cooperation between specialties:** Cardiology & Stroke; Respiratory & Rheumatology.
4. **Expansion of studies recruiting well at one site to another:** BBC-AF from City to Sandwell.
5. **Enhanced R&D activity by Allied Health Professionals:** e.g. Physiotherapists and Speech and Language Therapists.
6. **New high recruiting studies identified:** e.g. [1] CANDID: Cancer Diagnosis Decision Rules (~70pts); [2] DOMINO ID: Defining Outcome Measures in Ocular Inflammatory Disease (~150pts); [3] CVR-AF Cerebral vasomotor regulation in atrial fibrillation (~60pts); [4] Perceptions of risk amongst patients with rheumatoid arthritis (~600pts : study funded but NIHR portfolio adoption to be confirmed).
7. Continuing to develop links with **partner organisations** (e.g. University of Birmingham and Aston University) to facilitate access to resources (e.g. research nurses via NIHR Wellcome CRF).

These are all areas where we have made significant progress in 2015-16.

These R&D functions will require support at a Trust level in the context of the following:

1. Provision of **space** that is fit for purpose - Academic Cardiology, the Ophthalmology Clinical Research Facility and the R&D Department itself have all been informed that they all have to vacate their current premises in 2016-17. Plans for alternative space are currently uncertain.

2. The appointment of **oncologists** who can support expansion in the oncology portfolio.
3. Creation of **SPA time for consultants** that allows research delivery in the specialities identified on p2 and the effective performance management of these individuals and this time.
4. Review of **clinical nurse specialist** job plans to create time to allow for research delivery in the specialities identified on p2 and the effective performance management of these individuals and this time.
5. Develop **new academic appointments** with University of Birmingham and Aston University.
6. Support R&D via additional **IAP funding** in 2016-17.

| | | | 2016-17 | | | | 2017-18 | | | | 2018-19 | | | |
|--|---------------|--|---------|------|----------|---------|----------|------|------|------|---------|------|------|------|
| | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Targets | | Original target | | | | 4500 | | | | 6000 | | | | 6000 |
| | | Revised target | 700 | 1700 | 2700 | 3700 | 1225 | 2450 | 3675 | 4900 | 1500 | 3000 | 4500 | 6000 |
| Required enablers | Space | Cardiology | | | | | | | | | | | | |
| | | Ophthalmology CRF R&D | | | | | | | | | | | | |
| | Oncology | Appointment of reseach active oncologists | | | | | | | | | | | | |
| | Clinical SPAs | Respiratory | | | | | | | | | | | | |
| | | Obstetrics | | | | | | | | | | | | |
| | | Gyanecology | | | | | | | | | | | | |
| | | Paediatrics | | | | | | | | | | | | |
| | | Diabetes / Endocrine | | | | | | | | | | | | |
| | | Colorectal surgery | | | | | | | | | | | | |
| | | Breast surgery | | | | | | | | | | | | |
| | | Stroke | | | | | | | | | | | | |
| | | Gastroenterology | | | | | | | | | | | | |
| | | Critical care | | | | | | | | | | | | |
| | | Ophthalmology | | | | | | | | | | | | |
| | | Cardiology | | | | | | | | | | | | |
| | | Rheumatology | | | | | | | | | | | | |
| | Nursing SPAs | Rheumatology | | | | | | | | | | | | |
| | | Cardiology | | | | | | | | | | | | |
| | | Ophthalmology | | | | | | | | | | | | |
| | | Respiratory | | | | | | | | | | | | |
| | | Obstetrics | | | | | | | | | | | | |
| | | Gyanecology | | | | | | | | | | | | |
| | | Paediatrics | | | | | | | | | | | | |
| | | Diabetes / Endocrine | | | | | | | | | | | | |
| | | Colorectal surgery | | | | | | | | | | | | |
| | | Breast surgery | | | | | | | | | | | | |
| | | Stroke | | | | | | | | | | | | |
| | | Gastroenterology | | | | | | | | | | | | |
| | | Critical care | | | | | | | | | | | | |
| IAP funding | | | | | £200,000 | | | | | | | | | |
| Support via Wellcome CRF/ NIHR Biomedical Research Centre | | | | | | | 2 nurses | | | | | | | |
| Joint academic appointments with Aston University | | | | | | 2 posts | | | | | | | | |

TRUST BOARD

| | | | | | |
|--|---|------------------------|--|------------------------|---|
| DOCUMENT TITLE: | Sickness Absence Update - Q1 Actions for 2016/17 | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Raffaella Goodby, Director of Organisation Development | | | | |
| AUTHOR: | Lesley Barnett, Head of Workforce (Deputy Director) | | | | |
| DATE OF MEETING: | 7th April 2016 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <p>The attached report provides an overview of sickness absence levels and progress with agreed actions since April 2015. It sets out what has worked and what hasn't worked, to provide an answer to 'what do we need to do differently in 2016/17 Q1 to tackle sickness absence in SWBH'.</p> <p>Trust sickness absence remains unacceptably high with the rolling 12 month sickness figure for February 2016 being 4.99% and in-month 4.92%. At Group level, Surgery B has consistently maintained an strong level of attendance on target to achieve a sickness absence rate below 3.5%. Only 15 of the Trust's Directorates are likely to achieve the 3.5% target by the March 2016 year end.</p> <p>Significant progress has been made towards many of the agreed actions, but consistent, local leadership via the agreed 'confirm and challenge' process has not been adopted consistently across all Groups with more robust governance and outcomes from each meeting needed and monitored at executive level.</p> <p>The Trust will have a focus on sickness & absence (and procurement) in Q1 in order to drive the £923k of 'Reducing Sickness CIP savings' identified in the 2016-2018 business planning process. Each group has a detailed trajectory for achieving those savings. Surgery A is given as an example in appendix D.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| <ol style="list-style-type: none"> 1. Review why our smaller Groups and Directorates tend to ensure a better attendance level than their larger counterparts. 2. Group's to embed the Confirm and Challenge process and to provide visible leadership, coaching and supporting line managers, with a more robust governance process to be monitored at exec level. 3. To continue to focus on data quality and to consider the introduction of an alternative electronic system to capture sickness absence data. 4. To analyse the increased long-term sickness absence to better understand the causal reasons. 5. To review the staff health and wellbeing programme to ensure that it is reflective of sickness absence data and is well communicated and understood and responds to staff feedback. 6. To review the impact of the staff physiotherapy service 7. Deep dive review on psychological support offered to employees in response to increase in long term sickness cases. 8. Host Focus groups, QIHD and local feedback on 100% and good attendance 9. Review and consider changes to shifts in hot spot areas if this is found to be driving absence | | | | | |
| ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i> | | | | | |
| The receiving body is asked to receive, consider and: | | | | | |
| Accept | Approve the recommendation | Discuss | | | |
| | X | | | | |
| KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i> | | | | | |
| 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: | | | | | |
| | | | | | |

Introduction:

We started the financial year with reducing sickness as one of our key priorities.

2015 – 2016 Priority Number 26 - Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness*

- o This means that return to work interviews become standard and we enforce comprehensively our existing sickness policy.

Where did we start? The baseline as at April 2015 was well above the target figure of 3.5% across all Groups with the exception of Surgery B. Details of the Trust's sickness absence levels by Group in April 2015 are set out in table 1 below. The data is expressed as a twelve month rolling average, an accepted technique to smooth out the seasonal variation normally associated with sickness absence levels. The target of 3.5% set by the organisation requires the Groups to have achieved an in-month sickness absence level by 31st March 2016.

What are the prospects of achieving the target of 3.5%? The only Group expected to meet the target of 3.5%, achieved through consistent high levels of attendance is Surgery B. With the exception of Community and Therapies where sickness levels have begun to reduce all other Groups remain either at a static level or deteriorating position.

Table 1: Group Sickness Absence – Rolling 12 month figures:

| Groups | Target | Baseline (14/15) | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Rank | Current Mth v Target |
|---------------------------|-------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------|----------------------|
| Community & Therapies | 3.50 | 4.93 | 5.03 | 5.19 | 5.20 | 5.29 | 5.36 | 5.27 | 5.05 | 5.02 | 4.92 | 4.85 | 4.79 | 5 | |
| Corporate | 3.50 | 4.46 | 4.57 | 4.64 | 4.75 | 4.78 | 4.73 | 4.77 | 4.91 | 4.91 | 4.90 | 4.79 | 4.73 | 4 | |
| Imaging | 3.50 | 4.63 | 4.74 | 4.71 | 4.78 | 4.78 | 4.61 | 4.51 | 4.44 | 4.57 | 4.57 | 4.60 | 4.66 | 3 | |
| Medicine & Emergency Care | 3.50 | 4.57 | 4.67 | 4.83 | 4.75 | 4.87 | 4.91 | 5.01 | 5.17 | 5.37 | 5.43 | 5.56 | 5.53 | 7 | |
| Pathology | 3.50 | 4.17 | 4.20 | 4.27 | 4.34 | 4.34 | 4.36 | 4.39 | 4.31 | 4.20 | 4.15 | 4.34 | 4.28 | 2 | |
| Surgery A | 3.50 | 5.36 | 5.39 | 5.32 | 5.21 | 5.23 | 5.18 | 5.24 | 5.25 | 5.28 | 5.20 | 5.27 | 5.27 | 6 | |
| Surgery B | 3.50 | 3.24 | 3.19 | 3.28 | 3.24 | 3.18 | 3.25 | 3.22 | 3.14 | 3.14 | 3.16 | 3.23 | 3.12 | 1 | |
| Women's & Child Health | 3.50 | 5.21 | 5.32 | 5.48 | 5.56 | 5.64 | 5.60 | 5.62 | 5.64 | 5.71 | 5.83 | 5.83 | 5.60 | 8 | |
| Trust | 3.50 | 4.69 | 4.77 | 4.86 | 4.87 | 4.92 | 4.91 | 4.94 | 4.98 | 5.04 | 5.04 | 5.06 | 4.99 | | |

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

| Group: In Month Sickness % | Short-term | | Long-term | | Total: | |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | April 2015 | Feb 2016 | April 2015 | Feb 2016 | April 2015 | Feb 2016 |
| C&T | 2.01 | 1.86 | 3.82 | 3.37 | 5.84 | 5.22 |
| Corporate | 1.50 | 1.80 | 3.36 | 2.44 | 4.86 | 4.24 |
| Imaging | 1.87 | 1.79 | 3.25 | 5.20 | 5.12 | 6.99 |
| Medicine | 2.06 | 1.88 | 3.47 | 3.71 | 5.53 | 5.59 |
| Pathology | 1.18 | 1.99 | 3.31 | 2.79 | 4.49 | 4.78 |
| Surgery A | 1.86 | 2.41 | 3.05 | 3.50 | 4.91 | 5.90 |
| Surgery B | 0.49 | 1.08 | 1.55 | 1.13 | 2.04 | 2.21 |
| W&CH | 1.47 | 1.53 | 4.20 | 2.80 | 5.67 | 4.33 |
| Total: | 1.67 | 1.85 | 3.39 | 3.07 | 5.06 | 4.92 |

The trajectories for 2016/17, using 3% as an assumed end point in March 2017, are set out in appendix E.

In summary:

Surgery B has consistently maintained an strong level of attendance on target to achieve a sickness absence rate below 3.5% both rolling 12 month average and in month. This is a huge achievement and is testament to the consistent level of leadership within the Group.

Only 15 of the Trust's Directorates are likely to achieve the 3.5% in-month target by the year end as set out in Appendix A. Typically these directorates are relatively small with the largest being Ophthalmology accounting for 3.89% of the Trust's headcount.

The larger bed holding Directorates have experienced the highest levels of sickness absence throughout the year. A pattern typical to previous years. There are early signs of an improvement in Medicine, Scheduled Care with in-month figures close to 4.00% with effect from December 2015 which co-incides with the introduction of Directorate confirm and challenge process.

Progress against agreed actions:

| Action: | Progress: |
|---|--|
| Robust application of the Trust's sickness absence policy. <ul style="list-style-type: none"> Sickness absence triggers | <p>The number of employees breaching policy triggers, leading to formal action is unacceptably low.</p> <p>The number of cases resulting in a formal hearing has increased over the year but remain unacceptably low. Community and Therapies, Surgery A and Facilities have been most active but this trend is not seen consistently across all Groups.</p> |
| Robust application of the Trust's sickness absence policy. <ul style="list-style-type: none"> Return to Work Interviews | <p>Conducting a robust return to work interview is considered a central part of robust sickness absence management. There has been a steady rise in recorded compliance since April 2015, to the current report position of 72%. Given that sickness absence is a Trust priority this level of compliance remains disappointing and is not sufficiently comprehensive to provide assurance that all employees receive a return to work interview following their return from sickness absence.</p> |
| Robust application of the Trust's sickness absence policy. <ul style="list-style-type: none"> Review Meetings | <p>Feedback from HR/Occupational Health monthly case conferences identified that delays with holding timely review meetings and acting upon occupational advice extended sickness absence in approximately half of all cases reviewed.</p> <p>This will be the subject of review for 2016/17 Q1 with improved interaction between OH and the manager at early stages, and escalation through the confirm and challenge process.</p> |
| To implement a central telephone Call Line for staff to use to report a sick. | <p>The implementation of central call line for each Group has been a key recommendation as it ensures consistency of approach.</p> <p>Currently the following Groups have adopted a central call line in line with the recommendation:</p> <p>Medicine Facilities Surgery A Surgery B Community and Therapies</p> <p>Managers have been provided with an agreed 'script' to support them to ensure the conversation is supportive whilst being robust.</p> |
| Confirm and Challenge Meetings | <p>It was agreed at CLE that Groups with directorates above target would implement a monthly confirm and challenge meeting to ensure line managers were managing absences in accordance with policy i.e. by providing discipline and rigour coupled with manager coaching and support.</p> <p>The adoption at directorate level has been mixed in terms of regularity and depth. Meetings are often cancelled, or have not been arranged at all, with operational pressures being cited as the primary cause.</p> <p>To support Directorates to undertake confirm and challenge meetings, the HR Dept provide a monthly score card, a copy of which is attached at Appendix A. It is expected that the style and content of the scorecard will evolve in response to feedback from directorate leads.</p> |

| Action: | Progress: |
|------------------------------------|--|
| Support to Line Managers | <p>Sickness Absence Clinics: The HR team provide monthly sickness absence clinics for Group managers to enable them to seek advice on individual cases. To date this has proven to be a positive intervention, well received by line managers.</p> <p>Sickness Absence Training: Bespoke sickness absence training has been provided by the HR team, notably within Community and Therapies, Women's and Child Health, Facilities and Surgery A. General sickness absence training sessions continue.</p> |
| Data Quality | <p>Line managers are responsible for entering sickness absence data into ESR. Whilst the quality of data held in the system has improved, there remain a number of concerns as detailed below:</p> <ul style="list-style-type: none"> a) Doctors' absence remains particularly low. Surgery A have recently modified their sickness absence reporting arrangements and have as a consequence identified that under reporting was almost certainly an issue in their Group. This has increased recorded doctor sickness by 50%. The same issues are likely to be present within our other clinical groups and will be addressed as we implement planned changes to the line management of our doctors. b) The interface between the e-rostering system and ESR remains unsatisfactory; requiring wards to dual enter sickness absence. This needs to be addressed in Q1 as part of the E-roster review. c) The ESR system is designed to default to a "nil return" if sickness data is not entered. Managers of departments with nil returns are sent reminders to ensure accuracy. Management engagement with the process is patchy, despite escalation, so whilst the level of assurance has improved there remains a residual issue. d) The number of apparent long-term cases occurring due to a failure to record an employee as having "returned to work" remain unacceptably high. Cases are being identified earlier in those Directorates that have adopted a monthly confirm and challenge process. |
| Sickness Absence Reports | <p>There are two key avenues to accessing information:</p> <ul style="list-style-type: none"> • ESR Business Intelligence Reports • Workforce Information Reports – posted on the Workforce Information page monthly. The information provided has been reviewed and now includes directorates trajectories, and FTE lost in addition to details of individual absence. |
| Staff physiotherapy support | <p>Employees with musculoskeletal health issues now have access to an improved staff physiotherapy service that was launched over the summer of 2015.</p> |

Other items of note:

1. Rise in long-term sickness

As illustrated in Appendix B, there has been a steady rise in the number of long-term sickness absence cases, across most staff groups over the last three years. Of particular note is the number of long-term cases of 1 – 3 months duration, reported as being due to anxiety/stress/depression/psychiatric illnesses.

It is not possible to say conclusively what is driving this trend. The current levels of vacancies, sustained increase in demand, uncertainty linked to organisational change and the age profile of the workforce are all likely to be contributory factors. The top reported workplace issues in the BDMA annual counselling report were work pressure, work overload and feeling undervalued, whilst 51 clients said that bullying was the reason for seeking counselling, this represents 5.8% of the referrals.

During Q1 a full review of long term sickness will take place – including 1) a review of the hot spot areas 2) a conversion of % to days / numbers of people to enable managers to understand the scale of their individual challenge 3) consider impact of shift working and model moving to a mixed shift model as suggested by WODC on 30th March.

2. Community and Therapies

Community Trusts generally have a higher level of sickness absence to that of acute Trusts. When benchmarked against a number of local community Trusts as illustrated in Appendix C, it is clear that Community and Therapies has moved from one of the worst performing to one of the better performing. The graph illustrates a clearly improving trend from April 2015 associated with the period from which the Group began active management.

3. Staff Health and Wellbeing

The Trust benefits from an active health and wellbeing programme which has over the last year has been focussed on the goals in the Public Health Plan, reported to the Trust's Public Health Committee. Whilst this may have been beneficial from a Public Health perspective, the downside has been the loss of direct contact with the sickness absence agenda. For the forthcoming year it is intended that the Workforce Delivery Committee has a more active role in debating and shaping the focus of the future staff health and wellbeing agenda around the data and trends of staff absence including a complete review of the communications and branding around 'staff health and well being'.

4. 100 % attendance areas – understanding and celebrating

Over the past 12 months the Trust focus has been on getting a 'grip' on sickness absence and in applying the policies and procedures – providing information and guidance, training and development. This has meant a decrease in focus on what is working well, and on celebrating good attendance. During Q1 we will host a series of focus groups with high performing areas to ascertain what works well, and gain some practical local ideas on reducing absence in other areas. We will also host a Shared Learning Topic on Absence and Well Being at a QIHD.

Conclusions:

1. Smaller Groups/Directorates typically have better levels of attendance.
2. Where Groups or Directorates are actively and visibly managing sickness absence, they are seeing improvements. Surgery B evidences that high levels of attendance can be maintained. Community and Therapies, whilst still above target within the Trust have evidenced improvements and are now benchmarked as a high performer compared to other community Trusts.
3. Changing the culture of a team or service area on sickness and absence will take time and requires clear, consistent visible leadership. It is important that our leaders have confidence in the sickness policy and process, and ensure sickness absence management is prioritised during their busy day jobs, with appropriate support from HR and OH.
4. Benchmarking the Trust against other acute Trusts within the Region clearly evidences that there is significant scope for improvement.

Recommendations in Q1: The focus required during 2016 as follows:

1. Review why our smaller Groups and Directorates tend to ensure a better attendance level than their larger counterparts.
2. Group's to embed the Confirm and Challenge process and to provide visible leadership, coaching and supporting line managers, with a more robust governance process to be monitored at exec level.
3. To continue to focus on data quality and to consider the introduction of an alternative electronic system to capture sickness absence data.
4. To analyse the increased long-term sickness absence to better understand the causal reasons.
5. To review the staff health and wellbeing programme to ensure that it is reflective of sickness absence data and is well communicated and understood and responds to staff feedback.
6. To review the impact of the staff physiotherapy service
7. Deep dive review on psychological support offered to employees in response to increase in long term sickness cases.
8. Host Focus groups, QIHD and local feedback on 100% and good attendance
9. Review and consider changes to shifts in hot spot areas if this is found to be driving absence

Select Group Here
Medicine & Emergency Care

Admitted Care

Sickness Absence Rate (Rolling 12 month)

| Overall Target (Mar 2016) | Baseline (14/15) | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Current Mth v Target | Current Mth v Baseline |
|---------------------------|------------------|--------|--------|--------|--------|--------|--------|----------------------|------------------------|
| 3.50 | 4.98 | 5.07 | 5.22 | 5.08 | 5.22 | 5.32 | 5.38 | | |
| | | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | | |
| | | 5.39 | 5.75 | 5.82 | --- | --- | --- | | |

Sickness Absence Rate (In month)

| Previous 3 months | | Oct-15 | | | Nov-15 | | | Dec-15 | | |
|------------------------------------|--|----------------|-------------|-------------|----------------|-------------|-------------|----------------|-------------|-------------|
| Department (Cost Centres) | | In Month Total | In Month ST | In Month LT | In Month Total | In Month ST | In Month LT | In Month Total | In Month ST | In Month LT |
| CMD05 - Coronary Care Unit - City | | 8.80% | 3.57% | 5.23% | 7.23% | 4.91% | 2.32% | 8.66% | 2.98% | 5.68% |
| NMEC1 - Lyndon 4 | | 6.60% | 3.09% | 3.50% | 8.90% | 2.47% | 6.43% | 12.67% | 3.28% | 9.39% |
| NMSTU - Priory 4 | | 6.92% | 2.35% | 4.57% | 7.71% | 2.48% | 5.24% | 13.72% | 2.47% | 11.25% |
| CMD26 - Elderly Care | | 12.48% | 6.68% | 5.80% | 11.89% | 2.60% | 9.29% | 13.78% | 4.84% | 8.94% |
| SNPR5 - Priory 5 | | 6.58% | 1.87% | 4.71% | 7.53% | 0.63% | 6.90% | 8.94% | 2.22% | 6.72% |
| SNARU - Acute Medical Ward (Lyn 5) | | 0.00% | 0.00% | 0.00% | | | | | | |
| CMD15 - D15 | | 18.14% | 1.13% | 17.01% | 11.51% | 0.20% | 11.31% | 12.60% | 0.00% | 12.60% |
| CMD05 - Coronary Care Unit - SGH | | 8.75% | 0.00% | 8.75% | 9.57% | 0.00% | 9.57% | 11.46% | 1.86% | 9.60% |
| CMD17 - D17 | | 3.37% | 3.37% | 0.00% | 7.69% | 4.09% | 3.60% | 5.07% | 1.33% | 3.74% |
| CNCRT - Cardiology Technicians | | 7.28% | 1.40% | 5.88% | 6.61% | 0.67% | 5.94% | 7.07% | 1.58% | 5.48% |

Top 10 Hot Spot Areas

| Department (Cost Centres) | YTD Sickness | YTD Short Term Sickness | YTD Long Term Sickness | Cost of Sick Pay | Current PDR Compliance Rate | Current MT Compliance Rate |
|------------------------------------|--------------|-------------------------|------------------------|------------------|-----------------------------|----------------------------|
| CMD05 - Coronary Care Unit - City | 5.94% | 4.01% | 1.93% | £90,482.04 | 85.00% | |
| NMEC1 - Lyndon 4 | 9.89% | 3.31% | 6.58% | £89,640.14 | 61.54% | 79.78 |
| NMSTU - Priory 4 | 5.77% | 2.62% | 3.14% | £80,667.14 | 85.71% | |
| CMD26 - Elderly Care | 12.34% | 5.02% | 7.32% | £73,896.77 | 75.86% | 74.10 |
| SNPR5 - Priory 5 | 7.92% | 2.70% | 5.23% | £66,825.61 | 80.95% | 83.23 |
| SNARU - Acute Medical Ward (Lyn 5) | 9.74% | 3.21% | 6.53% | £63,381.44 | | |
| CMD15 - D15 | 9.46% | 1.33% | 8.12% | £40,516.80 | 83.33% | 83.41 |
| CMD05 - Coronary Care Unit - SGH | 7.86% | 1.45% | 6.41% | £38,505.02 | 72.73% | |
| CMD17 - D17 | 5.45% | 2.96% | 2.48% | £37,149.53 | 48.15% | 81.64 |
| CNCRT - Cardiology Technicians | 3.99% | 1.46% | 2.52% | £36,625.32 | 50.00% | 91.68 |

Top 10 Hot Spot Areas (Short Term Sickness)

| Department (Cost Centres) | YTD ST Episodes | No. of RTW Interviews | RTW % | No. of Cases Hitting Triggers | HC Attending Hearing | Conversion Rate % |
|------------------------------------|-----------------|-----------------------|--------|-------------------------------|----------------------|-------------------|
| CMD05 - Coronary Care Unit - City | 144 | 115 | 79.86% | 4 | 0 | 0.0% |
| NMEC1 - Lyndon 4 | 102 | 83 | 81.37% | none recorded | none recorded | n/a |
| NMSTU - Priory 4 | 116 | 36 | 31.03% | none recorded | none recorded | n/a |
| CMD26 - Elderly Care | 86 | 80 | 93.02% | 3 | 0 | 0.0% |
| SNPR5 - Priory 5 | 96 | 77 | 80.21% | none recorded | none recorded | n/a |
| SNARU - Acute Medical Ward (Lyn 5) | 83 | 70 | 84.34% | 2 | 0 | 0.0% |
| CMD15 - D15 | 36 | 31 | 86.11% | none recorded | none recorded | n/a |
| CMD05 - Coronary Care Unit - SGH | 22 | 17 | 77.27% | none recorded | none recorded | n/a |
| CMD17 - D17 | 91 | 53 | 58.24% | 3 | 0 | 0.0% |
| CNCRT - Cardiology Technicians | 57 | 50 | 87.72% | none recorded | none recorded | n/a |

| Department (Cost Centres) | Sickness Reasons No. 1 | Sickness Reasons No. 2 | Sickness Reasons No. 3 |
|------------------------------------|--------------------------------|---|---|
| CMD05 - Coronary Care Unit - City | Cold, Cough, Flu - Influenza | Back Problems | Other musculoskeletal problems |
| NMEC1 - Lyndon 4 | Injury, fracture | Gastrointestinal problems | Cold, Cough, Flu - Influenza |
| NMSTU - Priory 4 | Cold, Cough, Flu - Influenza | Other known causes - not elsewhere classified | Anxiety/stress/depression/psychiatric illnesses |
| CMD26 - Elderly Care | Chest & respiratory problems | Cold, Cough, Flu - Influenza | Heart, cardiac & circulatory problems |
| SNPR5 - Priory 5 | Gastrointestinal problems | Cold, Cough, Flu - Influenza | Other known causes - not elsewhere classified |
| SNARU - Acute Medical Ward (Lyn 5) | Cold, Cough, Flu - Influenza | Anxiety/stress/depression/psychiatric illnesses | Gastrointestinal problems |
| CMD15 - D15 | Other musculoskeletal problems | Headache / migraine | Gastrointestinal problems |
| CMD05 - Coronary Care Unit - SGH | Cold, Cough, Flu - Influenza | Gastrointestinal problems | Other musculoskeletal problems |
| CMD17 - D17 | Cold, Cough, Flu - Influenza | Other known causes - not elsewhere classified | Anxiety/stress/depression/psychiatric illnesses |
| CNCRT - Cardiology Technicians | Cold, Cough, Flu - Influenza | Gastrointestinal problems | Chest & respiratory problems |

| Department (Cost Centres) | Comments Completed by HR (Short Term) |
|------------------------------------|---------------------------------------|
| CMD05 - Coronary Care Unit - City | |
| NMEC1 - Lyndon 4 | |
| NMSTU - Priory 4 | |
| CMD26 - Elderly Care | |
| SNPR5 - Priory 5 | |
| SNARU - Acute Medical Ward (Lyn 5) | |
| CMD15 - D15 | |
| CMD05 - Coronary Care Unit - SGH | |
| CMD17 - D17 | |
| CNCRT - Cardiology Technicians | |

Top 10 Hot Spot Areas (Long Term Sickness- Open Absence)

| Department (Cost Centres) | HC (1-3 Months) | HC (3+ Months) | HC (6+ Months) |
|------------------------------------|-----------------|----------------|----------------|
| CMD05 - Coronary Care Unit - City | 2 | 1 | 0 |
| NMEC1 - Lyndon 4 | 4 | 1 | 0 |
| NMSTU - Priory 4 | 1 | 2 | 0 |
| CMD26 - Elderly Care | 0 | 1 | 0 |
| SNPR5 - Priory 5 | 1 | 2 | 0 |
| SNARU - Acute Medical Ward (Lyn 5) | 0 | 0 | 0 |
| CMD15 - D15 | 1 | 0 | 0 |
| CMD05 - Coronary Care Unit - SGH | 1 | 0 | 0 |
| CMD17 - D17 | 1 | 0 | 0 |
| CNCRT - Cardiology Technicians | 0 | 2 | 0 |

| Department (Cost Centres) | Sickness Reasons No. 1 | Sickness Reasons No. 2 | Sickness Reasons No. 3 |
|------------------------------------|---|---|---|
| CMD05 - Coronary Care Unit - City | Back Problems | Genitourinary & gynaecological disorders | Endocrine / glandular problems |
| NMEC1 - Lyndon 4 | Injury, fracture | Other known causes - not elsewhere classified | Other musculoskeletal problems |
| NMSTU - Priory 4 | Other musculoskeletal problems | Eye problems | Other known causes - not elsewhere classified |
| CMD26 - Elderly Care | Nervous system disorders | Other musculoskeletal problems | Benign and malignant tumours, cancers |
| SNPR5 - Priory 5 | Anxiety/stress/depression/psychiatric illnesses | Other musculoskeletal problems | Genitourinary & gynaecological disorders |
| SNARU - Acute Medical Ward (Lyn 5) | Other musculoskeletal problems | Gastrointestinal problems | Anxiety/stress/depression/psychiatric illnesses |
| CMD15 - D15 | Other musculoskeletal problems | Other known causes - not elsewhere classified | Injury, fracture |
| CMD05 - Coronary Care Unit - SGH | Back Problems | Genitourinary & gynaecological disorders | Anxiety/stress/depression/psychiatric illnesses |
| CMD17 - D17 | Anxiety/stress/depression/psychiatric illnesses | Other known causes - not elsewhere classified | Back Problems |
| CNCRT - Cardiology Technicians | Cold, Cough, Flu - Influenza | Other musculoskeletal problems | Gastrointestinal problems |

| Department (Cost Centres) | Comments Completed by HR Long Term) |
|------------------------------------|-------------------------------------|
| CMD05 - Coronary Care Unit - City | |
| NMEC1 - Lyndon 4 | |
| NMSTU - Priory 4 | |
| CMD26 - Elderly Care | |
| SNPR5 - Priory 5 | |
| SNARU - Acute Medical Ward (Lyn 5) | |
| CMD15 - D15 | |
| CMD05 - Coronary Care Unit - SGH | |
| CMD17 - D17 | |
| CNCRT - Cardiology Technicians | |

Absence Reasons

| 6+ Months | 2013 | 2014 | 2015 |
|---|-------------|-------------|-------------|
| Anxiety/stress/depression/psychiatric illnesses | 21 | 9 | 32 |
| Other musculoskeletal problems | 10 | 14 | 18 |
| Benign and malignant tumours, cancers | 7 | 12 | 12 |
| Back Problems | 7 | 6 | 8 |
| Injury, fracture | 4 | 2 | 6 |
| Nervous system disorders | 1 | | 6 |
| Heart, cardiac & circulatory problems | 3 | 2 | 6 |
| Gastrointestinal problems | 3 | 1 | 6 |
| Other known causes - not elsewhere classified | | 6 | 3 |
| Genitourinary & gynaecological disorders | | | 3 |

| 3+ Months | 2013 | 2014 | 2015 |
|---|-------------|-------------|-------------|
| Anxiety/stress/depression/psychiatric illnesses | 59 | 57 | 81 |
| Other musculoskeletal problems | 25 | 35 | 50 |
| Genitourinary & gynaecological disorders | 6 | 12 | 24 |
| Other known causes - not elsewhere classified | 12 | 10 | 20 |
| Injury, fracture | 8 | 16 | 18 |
| Back Problems | 12 | 8 | 18 |
| Gastrointestinal problems | 9 | 8 | 11 |
| Benign and malignant tumours, cancers | 5 | 8 | 9 |
| Heart, cardiac & circulatory problems | 16 | 9 | 9 |
| Chest & respiratory problems | 3 | 5 | 7 |

| 1 - 3 Months | 2013 | 2014 | 2015 |
|---|-------------|-------------|-------------|
| Anxiety/stress/depression/psychiatric illnesses | 167 | 195 | 233 |
| Other musculoskeletal problems | 148 | 141 | 129 |
| Other known causes - not elsewhere classified | 67 | 37 | 78 |
| Injury, fracture | 42 | 57 | 73 |
| Gastrointestinal problems | 47 | 38 | 61 |
| Back Problems | 51 | 44 | 56 |
| Genitourinary & gynaecological disorders | 60 | 44 | 49 |
| Chest & respiratory problems | 24 | 25 | 34 |
| Pregnancy related disorders | 27 | 38 | 33 |
| Heart, cardiac & circulatory problems | 14 | 26 | 29 |
| Cold, Cough, Flu - Influenza | 18 | 9 | 25 |
| Eye problems | 10 | 19 | 20 |
| Benign and malignant tumours, cancers | 11 | 12 | 15 |
| Ear, nose, throat (ENT) | 11 | 16 | 14 |

Staff Groups

| 6+ Months | 2013 | 2014 | 2015 |
|----------------------------------|-------------|-------------|-------------|
| Nursing and Midwifery Registered | 22 | 23 | 34 |
| Additional Clinical Services | 21 | 13 | 33 |
| Administrative and Clerical | 9 | 11 | 18 |
| Estates and Ancillary | 9 | 4 | 13 |
| Allied Health Professionals | 3 | 2 | 3 |

| 3+ Months | 2013 | 2014 | 2015 |
|----------------------------------|-------------|-------------|-------------|
| Nursing and Midwifery Registered | 62 | 62 | 85 |
| Additional Clinical Services | 43 | 37 | 69 |
| Administrative and Clerical | 33 | 40 | 50 |
| Estates and Ancillary | 23 | 23 | 35 |
| Add Prof Scientific and Technic | 2 | 8 | 8 |
| Allied Health Professionals | 7 | 7 | 8 |
| Medical and Dental | 3 | 1 | 7 |
| Healthcare Scientists | 5 | 5 | 5 |

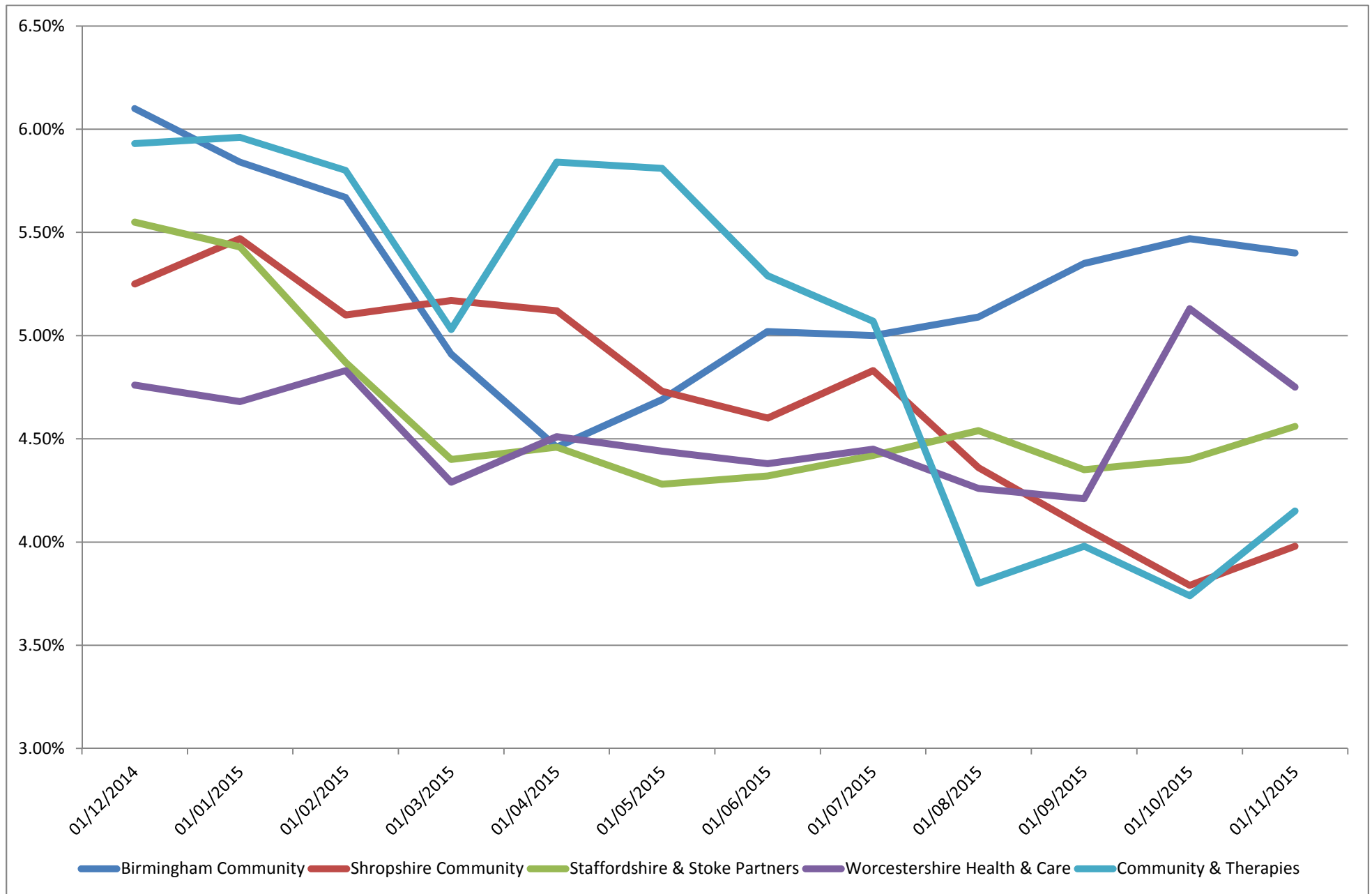
| 1 - 3 Months | 2013 | 2014 | 2015 |
|----------------------------------|-------------|-------------|-------------|
| Nursing and Midwifery Registered | 250 | 256 | 322 |
| Additional Clinical Services | 174 | 189 | 206 |
| Administrative and Clerical | 119 | 138 | 163 |
| Estates and Ancillary | 111 | 103 | 137 |
| Add Prof Scientific and Technic | 23 | 25 | 26 |
| Allied Health Professionals | 20 | 26 | 22 |
| Medical and Dental | 20 | 22 | 17 |
| Healthcare Scientists | 20 | 6 | 13 |

Groups

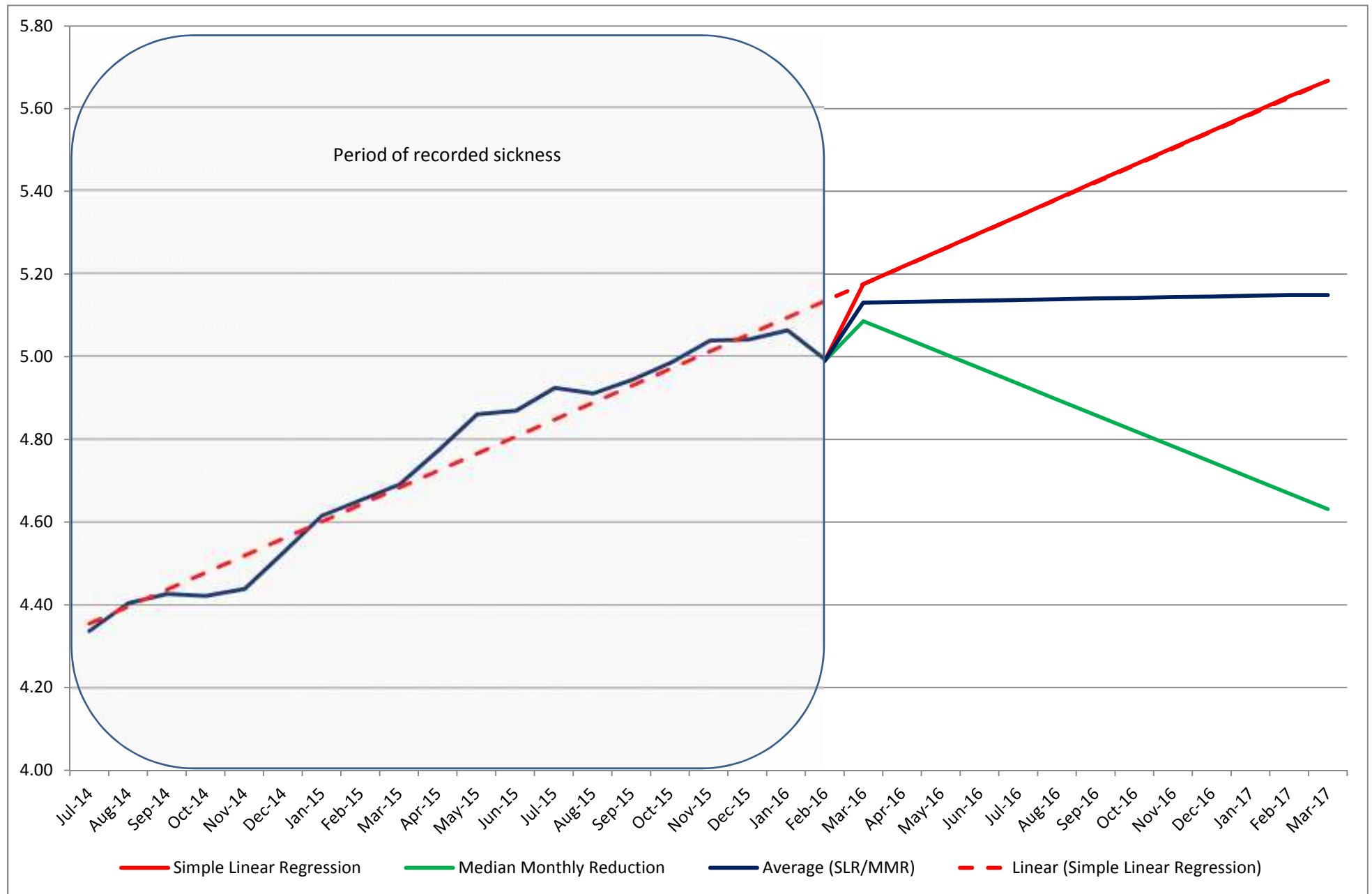
| 6+ Months | 2013 | 2014 | 2015 |
|---------------------------|-------------|-------------|-------------|
| Corporate | 14 | 9 | 30 |
| Medicine & Emergency Care | 9 | 12 | 25 |
| Women's & Child Health | 12 | 8 | 21 |
| Community & Therapies | 6 | 8 | 13 |
| Surgery A | 17 | 16 | 9 |
| Pathology | 5 | 1 | 6 |
| Imaging | 3 | 4 | 3 |
| Surgery B | 2 | 1 | 2 |

| 3+ Months | 2013 | 2014 | 2015 |
|---------------------------|-------------|-------------|-------------|
| Corporate | 43 | 47 | 66 |
| Medicine & Emergency Care | 46 | 37 | 60 |
| Women's & Child Health | 27 | 30 | 44 |
| Surgery A | 22 | 29 | 42 |
| Community & Therapies | 15 | 16 | 26 |
| Imaging | 6 | 8 | 12 |
| Surgery B | 10 | 10 | 10 |
| Pathology | 9 | 7 | 7 |

| 1 - 3 Months | 2013 | 2014 | 2015 |
|---------------------------|-------------|-------------|-------------|
| Corporate | 196 | 203 | 234 |
| Medicine & Emergency Care | 155 | 171 | 198 |
| Women's & Child Health | 115 | 119 | 155 |
| Surgery A | 120 | 104 | 144 |
| Community & Therapies | 67 | 98 | 68 |
| Surgery B | 30 | 26 | 40 |
| Imaging | 20 | 28 | 38 |
| Pathology | 38 | 18 | 30 |



| Directorate | Department | Sum of Sickness % | Sum of Est. Cost | Mar-16 | Apr-16 | May-16 | Jun-16 | Qtr Est Cost | Jul-16 | Aug-16 | Sep-16 | Qtr Est Cost | Oct-16 | Nov-16 | Dec-16 | Qtr Est Cost | Jan-17 | Feb-17 | Mar-17 | Qtr Est Cost | Apr-17 | May-17 | Jun-17 | Qtr Est Cost | Jul-17 | Aug-17 | Sep-17 | Revised Est Cost |
|---|--|-------------------|--------------------|-------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|--------------------|
| Anaesthetics, Pain Mgt and Critical Care | CBITU - Critical Care Services | 6.75 | E135,073.60 | 6.55 | 6.35 | 6.15 | 5.96 | E119,284.82 | 5.76 | 5.56 | 5.37 | E107,443.24 | 5.17 | 4.97 | 4.77 | E95,601.66 | 4.58 | 4.38 | 4.18 | E83,760.08 | 3.99 | 3.79 | 3.59 | E71,918.50 | 3.39 | 3.20 | 3.00 | E60,076.91 |
| Anaesthetics, Pain Mgt and Critical Care | CBPRL - Acute Pain Relief | 5.00 | E18,921.93 | 4.90 | 4.79 | 4.69 | 4.58 | E17,326.50 | 4.48 | 4.37 | 4.27 | E16,129.93 | 4.16 | 4.05 | 3.95 | E14,933.35 | 3.84 | 3.74 | 3.63 | E13,736.78 | 3.53 | 3.42 | 3.32 | E12,540.21 | 3.21 | 3.11 | 3.00 | E11,343.63 |
| Anaesthetics, Pain Mgt and Critical Care | NBANA - Medical Staff - Anaesthetics | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | E192,886.38 | 2.34 | 2.34 | 2.34 | E192,886.38 |
| Anaesthetics, Pain Mgt and Critical Care | NBORH - ITU Outreach | 3.99 | E23,757.92 | 3.94 | 3.88 | 3.83 | 3.78 | E22,519.18 | 3.73 | 3.68 | 3.62 | E21,590.12 | 3.57 | 3.52 | 3.47 | E20,661.07 | 3.42 | 3.36 | 3.31 | E19,732.01 | 3.26 | 3.21 | 3.16 | E18,802.95 | 3.10 | 3.05 | 3.00 | E17,873.89 |
| Anaesthetics, Pain Mgt and Critical Care | NWSAG - Anaesthetics Medical Secretaries | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 |
| Anaesthetics, Pain Mgt and Critical Care | SSIST - Critical Care Services | 7.48 | E160,417.64 | 7.25 | 7.01 | 6.78 | 6.54 | E140,181.94 | 6.30 | 6.07 | 5.83 | E125,005.16 | 5.60 | 5.36 | 5.12 | E109,828.38 | 4.89 | 4.65 | 4.42 | E94,651.62 | 4.18 | 3.94 | 3.71 | E79,474.82 | 3.47 | 3.24 | 3.00 | E64,298.04 |
| Anaesthetics, Pain Mgt and Critical Care Total | | 4.90 | E531,057.47 | 4.80 | 4.70 | 4.60 | 4.50 | E487,719.48 | 4.40 | 4.30 | 4.20 | E455,215.99 | 4.10 | 4.00 | 3.90 | E422,712.49 | 3.80 | 3.70 | 3.60 | E390,209.00 | 3.50 | 3.40 | 3.30 | E357,705.50 | 3.20 | 3.10 | 3.00 | E325,202.01 |
| Cancer Services | NWCAN - Cancer 2 Week Wait | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 |
| Cancer Services Total | | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 | 2.36 | 2.36 | 2.36 | E9,497.95 |
| General Surgery | CWDD1 - Ward D21 | 8.23 | E51,260.54 | 7.96 | 7.69 | 7.41 | 7.13 | E44,401.47 | 6.86 | 6.58 | 6.30 | E39,257.17 | 6.03 | 5.75 | 5.48 | E34,112.87 | 5.20 | 4.93 | 4.65 | E28,968.58 | 4.38 | 4.10 | 3.83 | E23,824.28 | 3.55 | 3.28 | 3.00 | E18,679.88 |
| General Surgery | CWDS2 - D25 | 7.63 | E48,533.72 | 7.39 | 7.15 | 6.90 | 6.66 | E42,331.38 | 6.41 | 6.17 | 5.93 | E37,679.63 | 5.68 | 5.44 | 5.20 | E33,027.87 | 4.95 | 4.71 | 4.46 | E28,376.12 | 4.22 | 3.98 | 3.73 | E23,724.36 | 3.49 | 3.24 | 3.00 | E19,072.60 |
| General Surgery | CWSAU - SAU Team | 3.43 | E18,432.10 | 3.40 | 3.38 | 3.36 | 3.34 | E17,948.11 | 3.31 | 3.29 | 3.27 | E17,585.13 | 3.25 | 3.22 | 3.20 | E17,222.14 | 3.18 | 3.16 | 3.13 | E16,859.15 | 3.11 | 3.09 | 3.07 | E16,496.16 | 3.04 | 3.02 | 3.00 | E16,133.17 |
| General Surgery | CWUDY - Uro-Dynamics | 4.47 | E3,708.71 | 4.39 | 4.32 | 4.24 | 4.16 | E3,451.68 | 4.08 | 4.01 | 3.93 | E3,206.91 | 3.85 | 3.77 | 3.70 | E3,006.13 | 3.62 | 3.54 | 3.46 | E2,873.36 | 3.39 | 3.31 | 3.23 | E2,680.58 | 3.15 | 3.08 | 3.00 | E2,487.81 |
| General Surgery | CWVAS - Vascular Services | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | E138.90 | 0.15 | 0.15 | 0.15 | E138.90 |
| General Surgery | NWBRT - Breast Consultants | 5.26 | E28,872.52 | 5.14 | 5.02 | 4.90 | 4.79 | E26,259.71 | 4.67 | 4.55 | 4.43 | E24,300.11 | 4.31 | 4.19 | 4.07 | E22,340.51 | 3.95 | 3.83 | 3.71 | E20,380.90 | 3.60 | 3.48 | 3.36 | E18,421.30 | 3.24 | 3.12 | 3.00 | E16,461.70 |
| General Surgery | NWCNB - Cancer Nurse Specialist - Breast | 16.75 | E46,031.39 | 16.02 | 15.30 | 14.58 | 13.85 | E38,076.64 | 13.13 | 12.41 | 11.68 | E32,110.57 | 10.96 | 10.23 | 9.51 | E26,144.51 | 8.79 | 8.06 | 7.34 | E20,178.44 | 6.62 | 5.89 | 5.17 | E14,212.38 | 4.45 | 3.72 | 3.00 | E8,246.32 |
| General Surgery | NWCNC - Cancer Nurse Specialist - Colorectal | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | E5,427.09 | 1.76 | 1.76 | 1.76 | E5,427.09 |
| General Surgery | NWCNU - Cancer Nurse Specialist - Urology | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 |
| General Surgery | NWCRC - Consultants | 4.82 | E56,841.77 | 4.72 | 4.63 | 4.53 | 4.44 | E52,137.95 | 4.34 | 4.25 | 4.15 | E48,760.08 | 4.05 | 3.96 | 3.86 | E45,382.21 | 3.77 | 3.67 | 3.57 | E42,004.34 | 3.48 | 3.38 | 3.29 | E39,626.48 | 3.19 | 3.10 | 3.00 | E35,248.61 |
| General Surgery | NWGSJ - General Surgery Juniors | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | E3,594.13 | 0.25 | 0.25 | 0.25 | E3,594.13 |
| General Surgery | NWNSA - General Surgery Medical Secretaries | 3.78 | E9,465.85 | 3.74 | 3.70 | 3.66 | 3.62 | E9,053.25 | 3.58 | 3.54 | 3.49 | E8,743.80 | 3.45 | 3.41 | 3.37 | E8,434.35 | 3.33 | 3.29 | 3.25 | E8,124.90 | 3.21 | 3.16 | 3.12 | E7,815.45 | 3.08 | 3.04 | 3.00 | E7,506.00 |
| General Surgery | NWSAC - Urology & Vascular Medical Secretaries | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | E8,957.40 | 3.00 | 3.00 | 3.00 | E8,957.40 |
| General Surgery | NWTHA - Surgical Care Practitioners - Gen Surgery | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | E2,146.70 | 2.00 | 2.00 | 2.00 | E2,146.70 |
| General Surgery | NWTHB - Surgical Care Practitioners - Breast | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 |
| General Surgery | NWTHC - Surgical Care Practitioners - Urology/Theatres | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | E975.86 | 1.36 | 1.36 | 1.36 | E975.86 |
| General Surgery | NWTHV - Surgical Care Practitioners - Vascular | 22.68 | E13,121.96 | 21.64 | 20.61 | 19.57 | 18.53 | E10,724.89 | 17.50 | 16.46 | 15.43 | E8,927.09 | 14.39 | 13.36 | 12.32 | E7,129.29 | 11.29 | 10.25 | 9.21 | E5,331.49 | 8.18 | 7.14 | 6.11 | E3,533.69 | 5.07 | 4.04 | 3.00 | E1,735.89 |
| General Surgery | NWURO - Medical Staff - Urology | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 |
| General Surgery | NWVSC - Vascular Consultants | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 | 0.00 | 0.00 | 0.00 | E0.00 |
| General Surgery | SWLY2 - Lyndon 2 | 7.06 | E43,413.30 | 6.84 | 6.63 | 6.42 | 6.20 | E39,158.99 | 5.99 | 5.78 | 5.56 | E34,128.26 | 5.35 | 5.14 | 4.92 | E30,277.53 | 4.71 | 4.49 | 4.28 | E26,336.80 | 4.07 | 3.85 | 3.64 | E22,396.07 | 3.43 | 3.21 | 3.00 | E18,455.34 |
| General Surgery | SWNT2 - Newton 2 | 9.38 | E24,209.82 | 9.05 | 8.71 | 8.38 | 8.04 | E20,742.41 | 7.70 | 7.37 | 7.03 | E18,141.86 | 6.70 | 6.36 | 6.02 | E15,541.30 | 5.69 | 5.35 | 5.02 | E12,940.75 | 4.68 | 4.34 | 4.01 | E10,340.20 | 3.67 | 3.34 | 3.00 | E7,739.64 |
| General Surgery | SWPR2 - Priory 2 | 12.06 | E67,656.76 | 11.58 | 11.10 | 10.63 | 10.15 | E56,957.51 | 9.67 | 9.20 | 8.72 | E48,933.08 | 8.24 | 7.77 | 7.29 | E40,908.64 | 6.81 | 6.34 | 5.86 | E32,884.21 | 5.38 | 4.91 | 4.43 | E24,859.77 | 3.95 | 3.48 | 3.00 | E16,835.33 |
| General Surgery | SWSSA - Surgical Assessment Unit SGH | 7.16 | E36,446.16 | 6.94 | 6.72 | 6.50 | 6.28 | E31,988.49 | 6.06 | 5.85 | 5.63 | E28,645.24 | 5.41 | 5.19 | 4.97 | E25,301.99 | 4.75 | 4.53 | 4.31 | E21,958.74 | 4.09 | 3.88 | 3.66 | E18,615.49 | 3.44 | 3.22 | 3.00 | E15,272.24 |
| General Surgery Total | | 5.76 | E467,034.68 | 5.62 | 5.47 | 5.33 | 5.18 | E419,912.42 | 5.03 | 4.89 | 4.74 | E384,570.72 | 4.60 | 4.45 | 4.31 | E349,229.02 | 4.16 | 4.02 | 3.87 | E313,897.32 | 3.73 | 3.58 | 3.44 | E276,545.62 | 3.29 | 3.15 | 3.00 | E243,203.33 |
| Group Management - Surgery A | NWMGT - Divisional Management | 5.76 | E24,073.74 | 5.61 | 5.47 | 5.32 | 5.18 | E21,646.01 | 5.03 | 4.89 | 4.74 | E19,825.22 | 4.60 | 4.45 | 4.31 | E18,004.43 | 4.16 | 4.02 | 3.87 | E16,183.63 | 3.73 | 3.58 | 3.44 | E14,362.84 | 3.29 | 3.15 | 3.00 | E12,542.04 |
| Group Management - Surgery A | NWMTR - Matrons | 3.33 | E7,556.14 | 3.32 | 3.30 | 3.28 | 3.26 | E7,397.07 | 3.25 | 3.23 | 3.21 | E7,277.76 | 3.19 | 3.18 | 3.16 | E7,158.45 | 3.14 | 3.12 | 3.11 | E7,039.14 | 3.09 | 3.07 | 3.05 | E6,919.84 | 3.04 | 3.02 | 3.00 | E6,800.53 |
| Group Management - Surgery A Total | | 5.10 | E31,629.88 | 4.99 | 4.88 | 4.77 | 4.66 | E28,886.36 | 4.55 | 4.44 | 4.33 | E26,832.22 | 4.22 | 4.10 | 3.99 | E24,776.08 | 3.88 | 3.77 | 3.66 | E22,719.94 | 3.55 | 3.44 | 3.33 | E20,663.80 | 3.22 | 3.11 | 3.00 | E18,607.65 |
| Specialist Surgery | NWFRA - T&O OPD/Fracture Clinic | 10.39 | E18,272.66 | 10.00 | 9.61 | 9.22 | 8.83 | E15,536.47 | 8.45 | 8.06 | 7.67 | E13,444.32 | 7.28 | 6.89 | 6.50 | E11,432.18 | 6.11 | 5.72 | 5.33 | E9,380.04 | 4.94 | 4.56 | 4.17 | E7,327.90 | 3.78 | 3.39 | 3.00 | E5,275.75 |
| Specialist Surgery | NWPAS - Patient Appliances Department | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | E4,678.29 | 2.91 | 2.91 | 2.91 | E4,678.29 |
| Specialist Surgery | NWPLS - Medical Staff - Plastic Surgery | 0.30 | E2,668.70 | 0.30 | 0.30 | 0.30 | 0.30 | E2,668.70 | 0.30 | 0.30 | 0.30 | E2,668.70 | 0.30 | 0.30 | 0.30 | E2,668.70 | 0.30 | 0.30 | 0.30 | E2,668.70 | 0.30 | 0. | | | | | | |



| | Current Sickness Month | Simple Linear Regression (SLR) | Simple Linear Regression (SLR) | Median Monthly Reduction (MMR) | Average (SLR/MMR) |
|---------------------------|---------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------|
| Groups | Feb-16 | Mar-16 | Mar-17 | Mar-17 | Prediction Average |
| Community & Therapies | 4.79 | 5.39 | 6.09 | 4.23 | 5.16 |
| Corporate | 4.73 | 5.01 | 5.54 | 4.27 | 4.90 |
| Imaging | 4.66 | 4.66 | 4.74 | 3.67 | 4.21 |
| Medicine & Emergency Care | 5.53 | 5.53 | 6.36 | 4.39 | 5.38 |
| Pathology | 4.28 | 4.43 | 4.79 | 3.54 | 4.16 |
| Surgery A | 5.27 | 5.19 | 5.05 | 4.53 | 4.79 |
| Surgery B | 3.12 | 3.17 | 3.10 | 2.29 | 2.70 |
| Women's & Child Health | 5.60 | 6.01 | 6.87 | 5.03 | 5.95 |
| Trust | 4.99 | 5.18 | 5.67 | 4.63 | 5.15 |

| | Feb-16 | Mar-16 | Mar-17 | Mar-17 | Prediction Average |
|--|--------|--------|--------|--------|-----------------------|
| Directorates | Feb-16 | Mar-16 | Mar-17 | Mar-17 | Prediction Average |
| Ambulatory Therapies | 3.22 | 3.56 | 3.23 | 2.52 | 2.88 |
| iBeds | 5.56 | 6.19 | 7.69 | 4.50 | 6.09 |
| iCares | 4.78 | 5.27 | 5.43 | 3.75 | 4.59 |
| Chief Executive & Governance | 2.73 | 2.33 | 1.87 | 1.29 | 1.58 |
| Corporate Nursing & Facilities | 5.66 | 6.16 | 6.78 | 5.24 | 6.01 |
| Estates & New Hospital Project | 3.65 | 3.40 | 4.43 | 2.43 | 3.43 |
| Finance | 2.67 | 2.50 | 2.82 | 1.77 | 2.29 |
| Medical Director | 3.35 | 3.07 | 2.94 | 1.87 | 2.40 |
| Operations | 5.09 | 5.54 | 6.21 | 4.02 | 5.11 |
| Workforce & Organisational Development | 3.52 | 3.65 | 4.35 | 2.22 | 3.28 |
| Breast Screening | 5.95 | 5.44 | 5.46 | 3.03 | 4.25 |
| Diagnostic Radiology | 3.19 | 3.37 | 3.62 | 2.15 | 2.89 |
| Group Management - Imaging | 9.32 | 8.98 | 8.90 | 5.90 | 7.40 |
| Interventional Radiology | 4.87 | 5.64 | 4.73 | 3.03 | 3.88 |
| Nuclear Medicine | 1.93 | 3.00 | 3.96 | 0.79 | 2.38 |
| Admitted Care | 5.75 | 5.77 | 6.37 | 4.77 | 5.57 |
| Emergency Care | 5.40 | 5.29 | 5.96 | 4.21 | 5.09 |
| Group Management - Medicine | 3.71 | 2.15 | 3.17 | -0.08 | 1.55 |
| Scheduled Care | 5.32 | 5.42 | 6.86 | 4.38 | 5.62 |
| Biochemistry | 4.61 | 4.62 | 5.51 | 2.87 | 4.19 |
| Group Management - Pathology | 5.01 | 6.30 | 6.73 | 3.49 | 5.11 |
| Haematology | 5.40 | 5.62 | 6.09 | 2.91 | 4.50 |
| Histopathology | 1.65 | 1.39 | 1.04 | 0.09 | 0.57 |
| Immunology | 7.05 | 6.74 | 9.42 | 3.18 | 6.30 |
| Microbiology | 3.18 | 3.27 | 2.51 | 2.19 | 2.35 |
| Anaesthetics, Pain Mgt and Critical Care | 4.90 | 5.15 | 6.90 | 3.87 | 5.38 |
| Cancer Services | 2.36 | 1.05 | -1.58 | -0.35 | -0.96 |
| General Surgery | 5.76 | 5.46 | 5.35 | 4.16 | 4.76 |
| Group Management - Surgery A | 5.10 | 6.86 | 7.09 | 4.94 | 6.02 |
| Specialist Surgery | 3.71 | 3.86 | 3.15 | 2.43 | 2.79 |

| | | | | | |
|---|------|------|-------|-------|-------|
| Theatres | 6.19 | 6.09 | 5.93 | 4.75 | 5.34 |
| ENT, Oral Surgery & Audiology | 2.42 | 2.35 | 2.39 | 1.18 | 1.78 |
| Group Management - Surgery B | 2.31 | 2.01 | 0.75 | -0.11 | 0.32 |
| Ophthalmology | 3.40 | 3.50 | 3.39 | 2.66 | 3.02 |
| Group Management - W&CH | 6.20 | 9.43 | 14.63 | 7.35 | 10.99 |
| Gynaecology, Gynae-Oncology, GUM & CASH | 5.38 | 5.11 | 5.89 | 3.42 | 4.65 |
| Maternity, Health Visiting & Perinatal Medicine | 6.17 | 6.57 | 7.43 | 5.31 | 6.37 |
| Paediatrics | 4.20 | 4.76 | 5.23 | 3.11 | 4.17 |

| Directorates | 2016 | | | | | | | | | | | | | | | | Median % Change | 2017 | | | | | | | | | | | | | | | | Prediction Average |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--|--|--|--|--------------------|
| | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Mar-16 | Apr-16 | | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | | | | | | |
| Ambulatory Therapies | 3.22 | 3.56 | 3.54 | 3.51 | 3.48 | 3.45 | 3.42 | 3.40 | 3.37 | 3.34 | 3.31 | 3.29 | 3.26 | 3.23 | 0.08 | 3.48 | 3.40 | 3.32 | 3.24 | 3.16 | 3.08 | 3.00 | 2.92 | 2.84 | 2.76 | 2.68 | 2.60 | 2.52 | 2.88 | | | | | |
| iBeds | 5.56 | 6.19 | 6.32 | 6.44 | 6.57 | 6.69 | 6.82 | 6.95 | 7.07 | 7.20 | 7.32 | 7.45 | 7.57 | 7.69 | 0.13 | 6.11 | 5.98 | 5.84 | 5.71 | 5.58 | 5.44 | 5.31 | 5.17 | 5.04 | 4.90 | 4.77 | 4.64 | 4.50 | 6.09 | | | | | |
| iCares | 4.78 | 5.27 | 5.28 | 5.30 | 5.31 | 5.32 | 5.34 | 5.35 | 5.36 | 5.38 | 5.39 | 5.40 | 5.42 | 5.43 | 0.12 | 5.19 | 5.07 | 4.95 | 4.83 | 4.71 | 4.59 | 4.47 | 4.35 | 4.23 | 4.11 | 3.99 | 3.87 | 3.75 | 4.59 | | | | | |
| Chief Executive & Governance | 2.73 | 2.33 | 2.29 | 2.26 | 2.22 | 2.18 | 2.14 | 2.10 | 2.06 | 2.02 | 1.98 | 1.94 | 1.90 | 1.87 | 0.08 | 2.25 | 2.17 | 2.09 | 2.01 | 1.93 | 1.85 | 1.77 | 1.69 | 1.61 | 1.53 | 1.45 | 1.37 | 1.29 | 1.58 | | | | | |
| Corporate Nursing & Facilities | 5.66 | 6.16 | 6.21 | 6.26 | 6.32 | 6.37 | 6.42 | 6.47 | 6.52 | 6.58 | 6.63 | 6.68 | 6.73 | 6.78 | 0.07 | 6.08 | 6.01 | 5.94 | 5.87 | 5.80 | 5.73 | 5.66 | 5.59 | 5.52 | 5.45 | 5.38 | 5.31 | 5.24 | 6.01 | | | | | |
| Estates & New Hospital Project | 3.65 | 3.40 | 3.48 | 3.57 | 3.66 | 3.74 | 3.83 | 3.92 | 4.00 | 4.09 | 4.17 | 4.26 | 4.35 | 4.43 | 0.07 | 3.32 | 3.24 | 3.17 | 3.10 | 3.02 | 2.95 | 2.87 | 2.80 | 2.73 | 2.65 | 2.58 | 2.51 | 2.43 | 3.43 | | | | | |
| Finance | 2.67 | 2.50 | 2.53 | 2.55 | 2.58 | 2.61 | 2.63 | 2.66 | 2.69 | 2.71 | 2.74 | 2.77 | 2.79 | 2.82 | 0.05 | 2.42 | 2.37 | 2.31 | 2.26 | 2.20 | 2.15 | 2.09 | 2.04 | 1.99 | 1.93 | 1.88 | 1.82 | 1.77 | 2.29 | | | | | |
| Medical Director | 3.35 | 3.07 | 3.06 | 3.04 | 3.03 | 3.02 | 3.01 | 3.00 | 2.99 | 2.98 | 2.97 | 2.96 | 2.95 | 2.94 | 0.09 | 2.99 | 2.89 | 2.80 | 2.71 | 2.61 | 2.52 | 2.43 | 2.33 | 2.24 | 2.15 | 2.05 | 1.96 | 1.87 | 2.40 | | | | | |
| Operations | 5.09 | 5.54 | 5.59 | 5.65 | 5.71 | 5.76 | 5.82 | 5.88 | 5.93 | 5.99 | 6.04 | 6.10 | 6.16 | 6.21 | 0.12 | 5.46 | 5.34 | 5.22 | 5.10 | 4.98 | 4.86 | 4.74 | 4.62 | 4.50 | 4.38 | 4.26 | 4.14 | 4.02 | 5.11 | | | | | |
| Workforce & Organisational Development | 3.52 | 3.65 | 3.71 | 3.77 | 3.83 | 3.88 | 3.94 | 4.00 | 4.06 | 4.12 | 4.18 | 4.24 | 4.29 | 4.35 | 0.11 | 3.57 | 3.46 | 3.35 | 3.23 | 3.12 | 3.01 | 2.89 | 2.78 | 2.67 | 2.56 | 2.44 | 2.33 | 2.22 | 3.28 | | | | | |
| Breast Screening | 5.95 | 5.44 | 5.44 | 5.44 | 5.44 | 5.45 | 5.45 | 5.45 | 5.45 | 5.45 | 5.46 | 5.46 | 5.46 | 5.46 | 0.19 | 5.36 | 5.16 | 4.97 | 4.78 | 4.58 | 4.39 | 4.19 | 4.00 | 3.81 | 3.61 | 3.42 | 3.22 | 3.03 | 4.25 | | | | | |
| Diagnostic Radiology | 3.19 | 3.37 | 3.40 | 3.42 | 3.44 | 3.46 | 3.48 | 3.50 | 3.52 | 3.54 | 3.56 | 3.58 | 3.60 | 3.62 | 0.10 | 3.29 | 3.20 | 3.10 | 3.01 | 2.91 | 2.82 | 2.72 | 2.63 | 2.53 | 2.44 | 2.34 | 2.25 | 2.15 | 2.89 | | | | | |
| Group Management - Imaging | 9.32 | 8.98 | 8.97 | 8.96 | 8.96 | 8.95 | 8.94 | 8.94 | 8.93 | 8.92 | 8.92 | 8.92 | 8.90 | 8.90 | 0.25 | 8.90 | 8.65 | 8.40 | 8.15 | 7.90 | 7.65 | 7.40 | 7.15 | 6.90 | 6.65 | 6.40 | 6.15 | 5.90 | 7.40 | | | | | |
| Interventional Radiology | 4.87 | 5.64 | 5.56 | 5.49 | 5.41 | 5.33 | 5.26 | 5.18 | 5.10 | 5.03 | 4.95 | 4.87 | 4.80 | 4.73 | 0.21 | 5.56 | 5.35 | 5.14 | 4.93 | 4.72 | 4.51 | 4.30 | 4.09 | 3.88 | 3.66 | 3.45 | 3.24 | 3.03 | 3.88 | | | | | |
| Nuclear Medicine | 1.93 | 3.00 | 3.08 | 3.16 | 3.24 | 3.32 | 3.40 | 3.48 | 3.56 | 3.64 | 3.72 | 3.81 | 3.89 | 3.96 | 0.18 | 2.92 | 2.74 | 2.56 | 2.39 | 2.21 | 2.03 | 1.86 | 1.68 | 1.50 | 1.32 | 1.15 | 0.97 | 0.79 | 2.38 | | | | | |
| Admitted Care | 5.75 | 5.77 | 5.82 | 5.87 | 5.92 | 5.97 | 6.02 | 6.07 | 6.12 | 6.17 | 6.22 | 6.27 | 6.32 | 6.37 | 0.08 | 5.69 | 5.62 | 5.54 | 5.46 | 5.39 | 5.31 | 5.23 | 5.15 | 5.08 | 5.00 | 4.92 | 4.84 | 4.77 | 5.57 | | | | | |
| Emergency Care | 5.40 | 5.29 | 5.34 | 5.40 | 5.46 | 5.51 | 5.57 | 5.63 | 5.68 | 5.74 | 5.80 | 5.85 | 5.91 | 5.96 | 0.08 | 5.21 | 5.12 | 5.04 | 4.96 | 4.87 | 4.79 | 4.71 | 4.63 | 4.54 | 4.46 | 4.38 | 4.29 | 4.21 | 5.09 | | | | | |
| Group Management - Medicine | 3.71 | 2.15 | 2.24 | 2.32 | 2.41 | 2.49 | 2.58 | 2.67 | 2.75 | 2.84 | 2.92 | 3.01 | 3.09 | 3.17 | 0.18 | 2.07 | 1.89 | 1.71 | 1.54 | 1.36 | 1.18 | 1.00 | 0.82 | 0.64 | 0.46 | 0.28 | 0.10 | -0.08 | 1.55 | | | | | |
| Scheduled Care | 5.32 | 5.22 | 5.54 | 5.66 | 5.78 | 5.90 | 6.02 | 6.15 | 6.26 | 6.39 | 6.51 | 6.63 | 6.75 | 6.86 | 0.08 | 5.34 | 5.26 | 5.18 | 5.10 | 5.02 | 4.94 | 4.86 | 4.78 | 4.70 | 4.62 | 4.54 | 4.46 | 4.38 | 5.62 | | | | | |
| Biochemistry | 4.61 | 4.62 | 4.69 | 4.76 | 4.84 | 4.91 | 4.99 | 5.06 | 5.14 | 5.21 | 5.29 | 5.36 | 5.44 | 5.51 | 0.14 | 4.54 | 4.40 | 4.26 | 4.12 | 3.98 | 3.84 | 3.70 | 3.56 | 3.43 | 3.29 | 3.15 | 3.01 | 2.87 | 4.19 | | | | | |
| Group Management - Pathology | 5.01 | 6.30 | 6.34 | 6.37 | 6.41 | 6.44 | 6.48 | 6.51 | 6.55 | 6.59 | 6.62 | 6.66 | 6.69 | 6.73 | 0.23 | 6.22 | 5.99 | 5.76 | 5.54 | 5.31 | 5.08 | 4.85 | 4.63 | 4.40 | 4.17 | 3.94 | 3.72 | 3.49 | 5.11 | | | | | |
| Haematology | 5.40 | 5.62 | 5.66 | 5.70 | 5.74 | 5.78 | 5.82 | 5.86 | 5.90 | 5.94 | 5.97 | 6.01 | 6.05 | 6.09 | 0.22 | 5.54 | 5.32 | 5.10 | 4.88 | 4.66 | 4.44 | 4.22 | 4.00 | 3.79 | 3.57 | 3.35 | 3.13 | 2.91 | 4.50 | | | | | |
| Histopathology | 1.65 | 1.39 | 1.36 | 1.33 | 1.30 | 1.27 | 1.24 | 1.21 | 1.18 | 1.16 | 1.13 | 1.10 | 1.07 | 1.04 | 0.10 | 1.31 | 1.21 | 1.10 | 1.00 | 0.90 | 0.80 | 0.70 | 0.60 | 0.50 | 0.39 | 0.29 | 0.19 | 0.09 | 0.57 | | | | | |
| Immunology | 7.05 | 6.74 | 6.97 | 7.19 | 7.42 | 7.64 | 7.87 | 8.09 | 8.31 | 8.54 | 8.76 | 8.99 | 9.22 | 9.42 | 0.29 | 6.66 | 6.37 | 6.08 | 5.79 | 5.50 | 5.21 | 4.92 | 4.63 | 4.34 | 4.05 | 3.76 | 3.47 | 3.18 | 6.30 | | | | | |
| Microbiology | 3.18 | 3.27 | 3.20 | 3.14 | 3.08 | 3.01 | 2.95 | 2.88 | 2.82 | 2.76 | 2.69 | 2.63 | 2.57 | 2.51 | 0.08 | 3.19 | 3.10 | 3.02 | 2.94 | 2.86 | 2.77 | 2.69 | 2.61 | 2.52 | 2.44 | 2.36 | 2.28 | 2.19 | 2.35 | | | | | |
| Anaesthetics, Pain Mgt and Critical Care | 4.90 | 5.15 | 5.30 | 5.44 | 5.59 | 5.73 | 5.88 | 6.03 | 6.17 | 6.32 | 6.47 | 6.62 | 6.76 | 6.90 | 0.10 | 5.07 | 4.97 | 4.87 | 4.77 | 4.67 | 4.57 | 4.47 | 4.37 | 4.27 | 4.17 | 4.07 | 3.97 | 3.87 | 5.38 | | | | | |
| Cancer Services | 2.36 | 1.05 | 0.83 | 0.61 | 0.39 | 0.17 | -0.05 | -0.27 | -0.49 | -0.71 | -0.93 | -1.15 | -1.38 | -1.58 | 0.11 | 0.97 | 0.86 | 0.75 | 0.64 | 0.53 | 0.42 | 0.31 | 0.20 | 0.09 | -0.02 | -0.13 | -0.24 | -0.35 | -0.96 | | | | | |
| General Surgery | 5.76 | 5.46 | 5.45 | 5.44 | 5.43 | 5.42 | 5.42 | 5.41 | 5.40 | 5.39 | 5.38 | 5.37 | 5.36 | 5.35 | 0.10 | 5.38 | 5.28 | 5.18 | 5.08 | 4.97 | 4.87 | 4.77 | 4.67 | 4.57 | 4.47 | 4.37 | 4.26 | 4.16 | 4.76 | | | | | |
| Group Management - Surgery A | 5.10 | 6.86 | 6.88 | 6.90 | 6.92 | 6.94 | 6.96 | 6.98 | 7.00 | 7.02 | 7.04 | 7.06 | 7.08 | 7.09 | 0.15 | 6.78 | 6.62 | 6.47 | 6.32 | 6.16 | 6.01 | 5.86 | 5.71 | 5.55 | 5.40 | 5.25 | 5.09 | 4.94 | 6.02 | | | | | |
| Specialist Surgery | 3.71 | 3.86 | 3.80 | 3.74 | 3.68 | 3.62 | 3.56 | 3.50 | 3.44 | 3.38 | 3.33 | 3.27 | 3.21 | 3.15 | 0.11 | 3.78 | 3.66 | 3.55 | 3.44 | 3.33 | 3.21 | 3.10 | 2.99 | 2.88 | 2.76 | 2.65 | 2.54 | 2.43 | 2.79 | | | | | |
| Theatres | 6.19 | 6.09 | 6.07 | 6.06 | 6.05 | 6.03 | 6.02 | 6.01 | 6.00 | 5.98 | 5.97 | 5.96 | 5.94 | 5.93 | 0.10 | 6.01 | 5.90 | 5.80 | 5.69 | 5.59 | 5.48 | 5.38 | 5.27 | 5.17 | 5.06 | 4.96 | 4.85 | 4.75 | 5.34 | | | | | |
| ENT, Oral Surgery & Audiology | 2.42 | 2.35 | 2.35 | 2.35 | 2.36 | 2.36 | 2.36 | 2.37 | 2.37 | 2.37 | 2.38 | 2.38 | 2.38 | 2.39 | 0.09 | 2.27 | 2.18 | 2.09 | 2.00 | 1.91 | 1.82 | 1.73 | 1.63 | 1.54 | 1.45 | 1.36 | 1.27 | 1.18 | 1.78 | | | | | |
| Group Management - Surgery B | 2.31 | 2.01 | 1.90 | 1.80 | 1.69 | 1.59 | 1.48 | 1.37 | 1.27 | 1.16 | 1.06 | 0.96 | 0.85 | 0.75 | 0.17 | 1.93 | 1.76 | 1.59 | 1.42 | 1.25 | 1.08 | 0.91 | 0.74 | 0.57 | 0.40 | 0.23 | 0.06 | -0.11 | 0.32 | | | | | |
| Ophthalmology | 3.40 | 3.50 | 3.49 | 3.48 | 3.47 | 3.46 | 3.45 | 3.44 | 3.43 | 3.42 | 3.42 | 3.41 | 3.40 | 3.39 | 0.06 | 3.42 | 3.36 | 3.29 | 3.23 | 3.17 | 3.10 | 3.04 | 2.98 | 2.91 | 2.85 | 2.79 | 2.72 | 2.66 | 3.02 | | | | | |
| Group Management - W&CH | 6.20 | 9.43 | 9.87 | 10.30 | 10.74 | 11.17 | 11.61 | 12.05 | 12.48 | 12.92 | 13.34 | 13.78 | 14.23 | 14.63 | 0.17 | 9.35 | 9.18 | 9.02 | 8.85 | 8.68 | 8.52 | 8.35 | 8.18 | 8.02 | 7.85 | 7.69 | 7.52 | 7.35 | 10.99 | | | | | |
| Gynaecology, Gynae-Oncology, GUM & CASH | 5.38 | 5.11 | 5.18 | 5.24 | 5.31 | 5.37 | 5.44 | 5.50 | 5.57 | 5.63 | 5.70 | 5.76 | 5.83 | 5.89 | 0.13 | 5.03 | 4.90 | 4.77 | 4.63 | 4.50 | 4.36 | 4.23 | 4.09 | 3.96 | 3.83 | 3.69 | 3.56 | 3.42 | 4.65 | | | | | |
| Maternity, Health Visiting & Perinatal Medicine | 6.17 | 6.57 | 6.64 | 6.71 | 6.78 | 6.85 | 6.93 | 7.00 | 7.07 | 7.14 | 7.21 | 7.29 | 7.36 | 7.43 | 0.10 | 6.49 | 6.39 | 6.29 | 6.19 | 6.10 | 6.00 | 5.90 | 5.80 | 5.71 | 5.61 | 5.51 | 5.41 | 5.31 | 6.37 | | | | | |
| Paediatrics | 4.20 | 4.76 | 4.80 | 4.84 | 4.88 | 4.92 | 4.96 | 5.00 | 5.04 | 5.08 | 5.12 | 5.16 | 5.19 | 5.23 | 0.13 | 4.68 | 4.55 | 4.42 | 4.29 | 4.16 | 4.03 | 3.90 | 3.77 | 3.64 | 3.51 | 3.38 | 3.24 | 3.11 | 4.17 | | | | | |

Monthly Change required to meet 3% target

Required monthly
Reduction

| Groups | Target | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Community & Therapies | 3.00 | 4.65 | 4.51 | 4.38 | 4.24 | 4.10 | 3.96 | 3.83 | 3.69 | 3.55 | 3.41 | 3.28 | 3.14 | 3.00 |
| Corporate | 3.00 | 4.60 | 4.46 | 4.33 | 4.20 | 4.06 | 3.93 | 3.80 | 3.67 | 3.53 | 3.40 | 3.27 | 3.13 | 3.00 |
| Imaging | 3.00 | 4.53 | 4.40 | 4.28 | 4.15 | 4.02 | 3.89 | 3.77 | 3.64 | 3.51 | 3.38 | 3.26 | 3.13 | 3.00 |
| Medicine & Emergency Care | 3.00 | 5.34 | 5.14 | 4.95 | 4.75 | 4.56 | 4.36 | 4.17 | 3.97 | 3.78 | 3.58 | 3.39 | 3.19 | 3.00 |
| Pathology | 3.00 | 4.18 | 4.08 | 3.98 | 3.89 | 3.79 | 3.69 | 3.59 | 3.49 | 3.39 | 3.30 | 3.20 | 3.10 | 3.00 |
| Surgery A | 3.00 | 5.10 | 4.92 | 4.75 | 4.57 | 4.40 | 4.22 | 4.05 | 3.87 | 3.70 | 3.52 | 3.35 | 3.17 | 3.00 |
| Surgery B | 3.00 | 3.11 | 3.10 | 3.09 | 3.08 | 3.07 | 3.06 | 3.06 | 3.05 | 3.04 | 3.03 | 3.02 | 3.01 | 3.00 |
| Women's & Child Health | 3.00 | 5.40 | 5.20 | 5.00 | 4.80 | 4.60 | 4.40 | 4.20 | 4.00 | 3.80 | 3.60 | 3.40 | 3.20 | 3.00 |
| Trust | 3.00 | 4.84 | 4.68 | 4.53 | 4.38 | 4.22 | 4.07 | 3.92 | 3.77 | 3.61 | 3.46 | 3.31 | 3.15 | 3.00 |

0.14
0.13
0.13
0.19
0.10
0.17
0.01
0.20
0.15

| Directorates | Target | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Ambulatory Therapies | 3.00 | 3.21 | 3.19 | 3.17 | 3.16 | 3.14 | 3.12 | 3.10 | 3.09 | 3.07 | 3.05 | 3.03 | 3.02 | 3.00 |
| iBeds | 3.00 | 5.36 | 5.17 | 4.97 | 4.77 | 4.58 | 4.38 | 4.18 | 3.98 | 3.79 | 3.59 | 3.39 | 3.20 | 3.00 |
| iCares | 3.00 | 4.64 | 4.50 | 4.37 | 4.23 | 4.09 | 3.96 | 3.82 | 3.68 | 3.55 | 3.41 | 3.27 | 3.14 | 3.00 |
| Chief Executive & Governance | 3.00 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 | 2.73 |
| Corporate Nursing & Facilities | 3.00 | 5.45 | 5.25 | 5.04 | 4.84 | 4.64 | 4.43 | 4.23 | 4.02 | 3.82 | 3.61 | 3.41 | 3.20 | 3.00 |
| Estates & New Hospital Project | 3.00 | 3.60 | 3.55 | 3.50 | 3.45 | 3.40 | 3.35 | 3.30 | 3.25 | 3.20 | 3.15 | 3.10 | 3.05 | 3.00 |
| Finance | 3.00 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 | 2.67 |
| Medical Director | 3.00 | 3.32 | 3.29 | 3.27 | 3.24 | 3.21 | 3.19 | 3.16 | 3.13 | 3.11 | 3.08 | 3.05 | 3.03 | 3.00 |
| Operations | 3.00 | 4.93 | 4.77 | 4.61 | 4.45 | 4.29 | 4.13 | 3.96 | 3.80 | 3.64 | 3.48 | 3.32 | 3.16 | 3.00 |
| Workforce & Organisational Development | 3.00 | 3.48 | 3.44 | 3.40 | 3.36 | 3.32 | 3.28 | 3.24 | 3.20 | 3.16 | 3.12 | 3.08 | 3.04 | 3.00 |
| Breast Screening | 3.00 | 5.72 | 5.50 | 5.27 | 5.04 | 4.82 | 4.59 | 4.36 | 4.13 | 3.91 | 3.68 | 3.45 | 3.23 | 3.00 |
| Diagnostic Radiology | 3.00 | 3.18 | 3.16 | 3.15 | 3.13 | 3.12 | 3.10 | 3.09 | 3.07 | 3.06 | 3.04 | 3.03 | 3.01 | 3.00 |
| Group Management - Imaging | 3.00 | 8.83 | 8.35 | 7.86 | 7.38 | 6.89 | 6.40 | 5.92 | 5.43 | 4.94 | 4.46 | 3.97 | 3.49 | 3.00 |
| Interventional Radiology | 3.00 | 4.73 | 4.58 | 4.44 | 4.30 | 4.15 | 4.01 | 3.86 | 3.72 | 3.58 | 3.43 | 3.29 | 3.14 | 3.00 |
| Nuclear Medicine | 3.00 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 | 1.93 |
| Admitted Care | 3.00 | 5.54 | 5.33 | 5.12 | 4.91 | 4.69 | 4.48 | 4.27 | 4.06 | 3.85 | 3.64 | 3.42 | 3.21 | 3.00 |
| Emergency Care | 3.00 | 5.21 | 5.03 | 4.85 | 4.66 | 4.48 | 4.29 | 4.11 | 3.92 | 3.74 | 3.55 | 3.37 | 3.18 | 3.00 |
| Group Management - Medicine | 3.00 | 3.66 | 3.60 | 3.55 | 3.49 | 3.44 | 3.38 | 3.33 | 3.27 | 3.22 | 3.16 | 3.11 | 3.05 | 3.00 |
| Scheduled Care | 3.00 | 5.14 | 4.96 | 4.78 | 4.60 | 4.43 | 4.25 | 4.07 | 3.89 | 3.71 | 3.53 | 3.36 | 3.18 | 3.00 |
| Biochemistry | 3.00 | 4.49 | 4.36 | 4.24 | 4.12 | 3.99 | 3.87 | 3.74 | 3.62 | 3.50 | 3.37 | 3.25 | 3.12 | 3.00 |
| Group Management - Pathology | 3.00 | 4.85 | 4.70 | 4.55 | 4.39 | 4.24 | 4.08 | 3.93 | 3.77 | 3.62 | 3.46 | 3.31 | 3.15 | 3.00 |
| Haematology | 3.00 | 5.22 | 5.03 | 4.85 | 4.66 | 4.48 | 4.29 | 4.11 | 3.92 | 3.74 | 3.55 | 3.37 | 3.18 | 3.00 |
| Histopathology | 3.00 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 |
| Immunology | 3.00 | 6.74 | 6.42 | 6.11 | 5.80 | 5.49 | 5.18 | 4.87 | 4.56 | 4.25 | 3.93 | 3.62 | 3.31 | 3.00 |
| Microbiology | 3.00 | 3.17 | 3.15 | 3.14 | 3.12 | 3.11 | 3.10 | 3.08 | 3.07 | 3.06 | 3.04 | 3.03 | 3.01 | 3.00 |
| Anaesthetics, Pain Mgt and Critical Care | 3.00 | 4.75 | 4.61 | 4.46 | 4.31 | 4.17 | 4.02 | 3.88 | 3.73 | 3.58 | 3.44 | 3.29 | 3.15 | 3.00 |
| Cancer Services | 3.00 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 | 2.36 |
| General Surgery | 3.00 | 5.55 | 5.34 | 5.12 | 4.91 | 4.70 | 4.49 | 4.27 | 4.06 | 3.85 | 3.64 | 3.42 | 3.21 | 3.00 |
| Group Management - Surgery A | 3.00 | 4.94 | 4.78 | 4.61 | 4.45 | 4.29 | 4.13 | 3.97 | 3.81 | 3.65 | 3.48 | 3.32 | 3.16 | 3.00 |
| Specialist Surgery | 3.00 | 3.65 | 3.60 | 3.54 | 3.49 | 3.43 | 3.38 | 3.33 | 3.27 | 3.22 | 3.16 | 3.11 | 3.05 | 3.00 |
| Theatres | 3.00 | 5.95 | 5.70 | 5.46 | 5.21 | 4.97 | 4.72 | 4.47 | 4.23 | 3.98 | 3.74 | 3.49 | 3.25 | 3.00 |
| ENT, Oral Surgery & Audiology | 3.00 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 | 2.42 |

0.02
0.20
0.14
0.00
0.20
0.05
0.00
0.03
0.16
0.04
0.23
0.01
0.49
0.14
0.00
0.21
0.18
0.05
0.18
0.12
0.15
0.18
0.00
0.31
0.01
0.15
0.00
0.21
0.16
0.05
0.25
0.00

| | | | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Group Management - Surgery B | 3.00 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 2.31 | 0.00 |
| Ophthalmology | 3.00 | 3.37 | 3.34 | 3.31 | 3.28 | 3.25 | 3.22 | 3.18 | 3.15 | 3.12 | 3.09 | 3.06 | 3.03 | 3.00 | 0.03 |
| Group Management - W&CH | 3.00 | 5.95 | 5.70 | 5.46 | 5.21 | 4.97 | 4.72 | 4.47 | 4.23 | 3.98 | 3.74 | 3.49 | 3.25 | 3.00 | 0.25 |
| Gynaecology, Gynae-Oncology, GUM & CASH | 3.00 | 5.20 | 5.01 | 4.83 | 4.65 | 4.46 | 4.28 | 4.10 | 3.92 | 3.73 | 3.55 | 3.37 | 3.18 | 3.00 | 0.18 |
| Maternity, Health Visiting & Perinatal Medicine | 3.00 | 5.93 | 5.69 | 5.44 | 5.20 | 4.95 | 4.71 | 4.46 | 4.22 | 3.98 | 3.73 | 3.49 | 3.24 | 3.00 | 0.24 |
| Paediatrics | 3.00 | 4.11 | 4.02 | 3.92 | 3.83 | 3.74 | 3.65 | 3.55 | 3.46 | 3.37 | 3.28 | 3.18 | 3.09 | 3.00 | 0.09 |

TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Risk Registers |
| SPONSOR (EXECUTIVE DIRECTOR): | Kam Dhami, Director of Governance |
| AUTHOR: | Mariola Smallman, Head of Risk Management |
| DATE OF MEETING: | 7 April 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.

The Trust Risk Register was last reported to the Board at its March meeting and Executive Director updates are highlighted where these were provided for the meeting.

REPORT RECOMMENDATION:

- **RECEIVE** monthly updates on progress with treatment plans from risk owners for risks on the Trust Risk Register.
- **AGREE** to remove the proposed risks from the Trust Risk Register as they are either for archiving or to be maintained on Clinical Group / Corporate Directorate risk registers.

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 March 2016

Trust Risk Register**Report to the Trust Board on 7 April 2016****1. EXECUTIVE SUMMARY**

- 1.1 This report includes the Trust Risk Register and an update on the implementation of the electronic risk system.

2. TRUST RISK REGISTER (TRR)

- 2.1 Clinical Group and Corporate Directorate risks were reviewed at Risk Management and Clinical Leadership Committees.

- 2.2 The following risks are proposed for removal from the Trust Risk Register:

- Risk of trauma patients requiring traction during surgery being delayed with associated morbidities due to both trauma operating tables being over 15 years old (**770** - the replacement trauma tables have been delivered.)
- Risk of failure to achieve TDA sign off for annual plan return and failure to develop an integrated TDA annual plan submission compliant with TDA guidance requirements which triangulates the Trust's long term finance, activity and workforce projections, which also align to the Trust's long-term integrated business plan and LTFM. (**172** – annual plans submitted for 2015-16 and 2016-17)
- Not all shifts have an appropriately trained trauma nurse on duty due to a lack of nurses trained in ATNC or equivalent which could compromise the quality of care. (**326** – training programme in place).

- 2.3 The new CIO has carried out an initial review of Informatics risks. A more detailed review is planned.

- 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. ELECTRONIC RISK SYSTEM

- 3.1 Implementation of the electronic risk system is ongoing. All risk registers provided by clinical groups and corporate directorates have been imported onto the system and implementation is well underway.
- 3.2 Electronic risk system demonstration / Q&A sessions have been held with Clinical Group / Corporate Directorate leads and further sessions to support implementation at directorate and specialty levels are ongoing. A “How to...guide” and FAQ is available on the Safeguard landing page and the Risk team continues to provide support and advice.
- 3.3 Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System.

4. RECOMMENDATION(S)

- 4.1 The Board is recommended to:
 - **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk Register.
 - **AGREE** to remove the proposed risks from the Trust Risk Register as they are either for archiving or to be maintained on Clinical Group / Corporate Directorate risk registers.

Kam Dhami, Director of Governance

7 April 2015

Appendix: Trust Risk Register

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual 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 | 30/04/2016 | 04/04/2016 | Monthly | 4x4=16 | Tolerate |
| 566 | Live (With Actions) | Emergency Care | 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 start in April as a "grow your own" workforce strategy. | Rachel Barlow | 30/04/2015 | 18/03/2016 | Monthly | 3x5=15 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-----------------|-----------------|--------------------------|---|---|---|---|------------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 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 | Routine medium term financial plan update. Routine cash flow forecasting. Routine monitoring of supplier status avoiding any 'on stop' issues. | Establish and deliver operational plan consistent with living within means to mitigate further cash erosion Establish & progress cash generation programme Determine and progress accelerated programme of surplus asset realisation. | Anthony Waite | 31/03/2018 | 22/01/2016 | Quarterly | 3x5=15 | 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. | Early planning & engagement on 2016/2018 workforce change Workshops, consultation and engagement Remaining ask to be identified by the ongoing programme. | Raffaella Goodby | 31/05/2016 | 04/04/2016 | Quarterly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------------------|-----------------------------|-------------------|---|---|--|--|---------------|---------------------|---------------|------------|---------------------------|-------------------|
| 215 | Live (With Actions) | Waiting List Management | Waiting List Management (S) | Performance | Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity | 4x4=16 | 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. | Confirm plans for a joint health and social care ward to be established and funded on the City site in 2016. Nursing home capacity also a risk and currently unmitigated. EAB and nursing home capacity remain unmitigated risks. System Resilience partners will review demand and capacity of interim bed base and recommend future requirements by end Q1 2016-17. | Rachel Barlow | 30/06/2016 | 18/03/2016 | Bi-Monthly | 3x4=12 | 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 | 30/04/2016 | 04/04/2016 | Monthly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------|-------------------------|---|--|---|---|--|---------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 771 | Live (With Actions) | Theatres | Theatres - 1st | Incident | 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. | 4x4=16 | <p>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 TUG monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance.</p> <p>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. In addition this is compounded by ongoing industrial action 2 strikes have occurred and 2 more planned</p> | Surgery A Group Director of Operations attending Pan-Birmingham Management Board to escalate issues. Contract review planned Q1. | Rachel Barlow | 30/06/2016 | 18/03/2016 | Quarterly | 3x4=12 | Treat |
| 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 | <p>Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation</p> <p>Funding allocated to LTFM</p> <p>OBC approved and procurement almost complete</p> | <p>Complete procurement and business case approval to schedule.</p> <p>Development of contingency plans in relation to clinical IT systems will be established, to ensure that if there is any slippage (for example, a TDA query / Legal challenge), there is an alternative and fully considered option.</p> | Mark Reynolds | 30/06/2016 | 18/03/2016 | Monthly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------|---------------------------|---------------------------------|---|---|---|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| | | | | | | | Project prioritised by Board and management. | Management time will be given for programme elements such as detailed planning, change management, and benefits realisation | | | | | | |
| 325 | Live (With Actions) | Informatix | 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. Complete rollout of Windows 7. Create plan for replacement of Windows Server 2003 | Mark Reynolds | 30/09/2016 | 04/04/2016 | Monthly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------------|---------------------------|---|--|---|--|---|---------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 331 | Live (With Actions) | Maternity_ Health | Community - Midwifery (C) | IT Software - Clinical System Failure / Issue | BadgerNet connectivity problems associated with the use of I Pads is affecting Community Midwives' (CMW) ability to access/ update patient live records. | 4x4=16 | <p>A proforma has been developed to enable CMWs to send critical information to the IT service desk.</p> <p>CMW have the ability to download patient caseloads whilst online so can access offline via their IPads.</p> <p>Utilisation of local super users and dedicated midwife for day- to- day support.</p> <p>CMW reverts to peer notes for retrospective data entry if unable to input data in real time</p> | IT Service Desk liaising with maternity and CSUs to install BN client onto GPs PCs. CIO now leading on mitigation plan. | Mark Reynolds | 30/06/2016 | 04/04/2016 | Monthly | 3x4=12 | Treat |
| 410 | Live (With Actions) | Ophthalmology | Outpatients - EYE | Clinical Environment IC Related | <p>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.</p> <p>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</p> | 5x4=20 | <p>Reviewing plans in line with STC retained estate</p> <p>Staff trained in IG and mindful of conversations being overheard by nearby patients/ staff/ visitors</p> | Department reconstruction at SGH with the exception of theatre location. (May 2016) | Rachel Barlow | 31/05/2016 | 26/01/2016 | Quarterly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-----------------------|-------|----------|---|---|--|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| | | | | | poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area. | | | | | | | | | |
| 1643 | Live (With Actions) | Operations Management | | 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, and raises experience and safety risks. | 4x4=16 | 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. | Review bed plan and clinical team model in March 2016. Fully implement the assessment for discharge bundle in AMU by May 2016. Develop a plan for the closure of the unfunded beds by the end of March. | Rachel Barlow | 01/06/2016 | 18/03/2016 | Monthly | 3x4=12 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------------|--------------------|---------------------------------------|---|---|--|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| 329 | Live (With Actions) | Maternity_ Health | Ante-Natal (C) | Service Level Agreement - Operational | Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH. | 3x5=15 | Implemented alternative ways of providing services to minimise impact. Additional clinics as required Use of agency staff by Imaging to cover gaps in the current service. Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance. | Recruitment and retention strategy ongoing; 2 vacancies currently with potential recruits in progress. Training programme in place with other specialties. Vascular sub-specialty dependent on agency. Workforce strategy to be determined in April. Training being scoped to support the development of Sonographers and other disciplines in house. Programme to start Q2 2016-17 | Rachel Barlow | 31/03/2017 | 04/04/2016 | Monthly | 5x2=10 | Treat |
| 119 | Live (With Actions) | Maternity_ Health | Maternity Theatres | Incident | There is not a 2nd on call theatre team for an obstetric emergency between 1pm and 8am. Risk initially red, downgraded to amber due to reduced frequency. 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. | 2x5=10 | Monitoring of frequency of near misses On call theatre team available but not dedicated to maternity (but where possible maternity is prioritised) Good labour ward management practices and good communication between teams. | Reviewed by TB who advised the risk will continue to be monitored / tolerated. RMC / CLE discussion with a view to removal from TRR. | Rachel Barlow | 30/04/2016 | 04/04/2016 | Monthly | 2x5=10 | Tolerate |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-----------------------|-------------------------|---|--|---|--|--|---------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 755 | Live (With Actions) | Informatics | Informatics Systems (S) | IT Hardware - Clinical System Failure / Issue | There is a risk that the Trust's integration engine fails, as 50% of the disks have already failed and are not repairable and the current version is unsupported by the supplier. Resulting in inability to transfer key clinical information between key clinical systems, making these systems unuseable (e.g. CDA, eMBS etc). | 4x5=20 | Business continuity and communications plans in the event of hardware failure have been put in place. Rhapsody V2 has been successfully transferred off the original failed server onto a virtual server. The transition of Rhapsody 2 to Rhapsody 5 is in progress. | Migrate Rhapsody V2 to current V5 software. This is in progress; 95% completion by end of March 2016. Imaging and Cardiology migrating in line with their local system implementation plans by mid-summer. | Mark Reynolds | 31/08/2016 | 18/03/2016 | Monthly | 2x5=10 | Treat |
| 328 | Live (With Actions) | Operations Management | 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 in train. Deputy COO planned care recruited. Deputy COO for Urgent Care vacant and uncovered in Q4. | Rachel Barlow | 31/08/2016 | 04/04/2016 | Quarterly | 3x3=9 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-----------------------|-------------------------------|---|--|---|--|---------------------------------------|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| 768 | Live (With Actions) | Operations Management | Elective Access Inpatient (C) | Performance | There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment. | 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. | | Rachel Barlow | 30/04/2016 | 18/03/2016 | Monthly | 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 EPR. | 5x4=20 | 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 | Mark Reynolds | 30/06/2016 | 18/03/2016 | Monthly | 3x3=9 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------------------|-----------------------------|-------------|--|---|---|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| | | | | | | | <p>Informatics has undergone organisational review and restructure to support delivery of key transformational activities</p> <p>Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities</p> <p>Infrastructure work to refresh networks and desktops is underway.</p> | | | | | | | |
| 214 | Live (With Actions) | Waiting List Management | Waiting List Management (S) | Performance | Lack of assurance of standard process and data quality approach to 18 weeks. | 4x3=12 | <p>SOP in place</p> <p>Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place.</p> <p>Improvement plan in place for elective access with training being progressed.</p> <p>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.</p> <p>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.</p> | <p>Implement full action plan by Q2</p> <p>Source e-learning module for RTT with a competency sign off for all staff in delivery chain by Q2</p> <p>Data quality process to be documented and KPIs to be published from April.</p> | Rachel Barlow | 01/07/2016 | 18/03/2016 | Monthly | 3x3=9 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|---------------------|------------------|---------------------------------------|---|---|--|---|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| 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. | 100% funding increase proposed by Trust. Strategic partnership working with New Cross and Coventry and Warwick. Actively recruiting two Medical Oncologist for SWBH. Regional networking through the Cancer Network | Roger Stedman | 30/06/2016 | 04/04/2016 | Monthly | 3x3=9 | Treat |
| 330 | Live (With Actions) | Gynaecology_Gynaeco | Gynaecology (C) | Recruitment | Provision of ultra sound support for Gynaecology services is at risk due to difficulties in recruitment and retention of ultra-sonographers which results in the potential for delayed diagnoses, failure to achieve 31 day cancer investigation targets plus impacts on the one-stop community service contract. Group lack confidence that the team will be able to maintain 100% attendance in the | 3x4=12 | Use of agency staff by Imaging to cover gaps in the current service Robust communication with Imaging for timely alerts when sonography not required in clinics to ensure efficient use of sonography time. | Recruitment and retention strategy ongoing Training being scoped to support the development of sonographers and other disciplines in-house. | Rachel Barlow | 31/03/2016 | 18/03/2016 | Monthly | 2x4=8 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|----------------|------------------|-------------|--|---|--|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| | | | | | CGS resulting in the contract being at risk. | | | | | | | | | |
| 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. | Recruit to revised clinic footprint across multi-provider partnership. | Roger Siedman | 30/06/2016 | 04/04/2016 | Monthly | 2x4=8 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|---------------|------------|---------------------------------------|--|---|--|--|---------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 173 | Live (With Actions) | Admitted Care | Priority 4 | Service Level Agreement - Operational | Potential loss of the Hyper Acute Stroke Unit due to an external commissioner led review. | 4x4=16 | Standard operating procedure agreed and in place for data collection and validation. Outcomes rated well nationally. KPI monitoring in place. Review panel feedback being considered as part of strengthening position as preferred provider. Progressing strategy with Black Country Alliance stakeholders for stroke services locally. | Continued monitoring through SSNAP Progress strategic plan for stroke in the BCA in 2016. | Rachel Barlow | 30/04/2016 | 04/04/2016 | Monthly | 2x4=8 | Tolerate |
| 172 | Live (With Actions) | Strategy | Strategy | Loss Of Income | *** PROPOSED REMOVAL FROM TRR *** Risk of failure to achieve TDA sign off for annual plan return and failure to develop an integrated TDA annual plan submission compliant with TDA guidance requirements which triangulates the Trust's long term finance, activity and workforce projections, which also align to the Trust's long-term integrated business | 4x4=16 | Identified resource in place to oversee business planning process. (Simon Cook) | Annual plan successfully submitted to TDA for 2015-16 and 2016-17. | Toby Lewis | 30/04/2016 | 04/04/2016 | Quarterly | 2x4=8 | Treat |

Date run: 04/04/2016

Risks that feature on the Trust Risk Register (TRR) have been escalated and reviewed by management teams through to Clinical Leadership Executive Committee and Trust Board. Trust Board takes the decision whether risks feature on the TRR including approval of requests for risks to be removed from the TRR for them to be managed at the relevant Clinical Group / Corporate Directorate.

Page

14

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|----------------|--------------------------|----------|--|---|--|---|---------------|---------------------|---------------|------------|---------------------------|-------------------|
| | | | | | plan and LTFM. | | | | | | | | | |
| 326 | Live (With Actions) | Emergency Care | Accident & Emergency (C) | Staffing | *** PROPOSED FOR REMOVAL FROM TRR *** Not all shifts have an appropriately trained trauma nurse on duty due to a lack of nurses trained in ATNC or equivalent which could compromise the quality of care. | 5x3=15 | All shift coordinators have ATLS qualifications. The peer review team advised that these staff should have the Advanced Trauma Nurse Course (ATNC) or equivalent. Local trauma teaching in place. ATNC training programme in place for ED staff. RMC request for update on mitigation actions. | All staff within ED are being trained through a rotation course to achieve ATNC. Currently 18 staff have attended the Trauma Study day; further sessions are planned. | Rachel Barlow | 31/12/2015 | 04/04/2016 | Bi-Monthly | 4x2=8 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|--------------------------|------------------------|-------------|---|---|---|---|---------------|---------------------|---------------|------------|---------------------------|-------------------|
| 327 | Live (With Actions) | Interventional Radiology | 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. Short term increased risk with planned sickness and leave to be reviewed urgently and mitigation determined. Locum cover being investigated Request for carers leave under review. | Rachel Barlow | 31/03/2016 | 18/03/2016 | Bi-Monthly | 2x3=6 | Treat |
| 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. | Mitigation plan up to end March successfully completed, however another national shortage is likely. | Elaine Newell | 30/06/2016 | 04/04/2016 | Monthly | 2x2=4 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|----------------|------------------|-------------|---|---|--|--|---------------|---------------------|---------------|---------|---------------------------|-------------------|
| | | | | | | | 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 | | | | | | | |
| 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 system being introduced to equalise waits from beginning of May. | Roger Siedman | 31/07/2016 | 04/04/2016 | Monthly | 1x4=4 | Treat |

Trust Risk Register

| Risk Ref No. | Status | Directorate | Dept. | Type | Risk Statement | Initial risk rating (Likelihood x Severity) | Existing controls | Actions | Owner | Expected completion | Latest review | Review | Residual risk score (LxS) | Control potential |
|--------------|---------------------|-------------|------------------------|-----------------|---|---|--|---------|---------------|---------------------|---------------|-----------|---------------------------|-------------------|
| 770 | Live (With Actions) | Theatres | Theatres - Orthopaedic | Quality Of Care | *** RISK TO BE ARCHIVED AS FULLY MITIGATED *** Risk of Trauma patients requiring traction during surgery being delayed with associated morbidities due to both trauma operating tables being over 15 years old. | 4x4=16 | Increase training for medical and theatre staff to prevent any accidental damage to the table. Trauma tables replaced | | Rachel Barlow | 28/02/2016 | 17/03/2016 | Quarterly | 1x4=4 | Tolerate |

TRUST BOARD

| | |
|--------------------------------------|---|
| DOCUMENT TITLE: | Integrated Performance Report |
| SPONSOR (EXECUTIVE DIRECTOR): | Tony Waite, Director of Finance |
| AUTHOR: | Yasmina Gainer, Head Performance Management & Costing |
| DATE OF MEETING: | 7 April 2016 |

EXECUTIVE SUMMARY:

The report is presented to inform of the performance for the Trust for the period to February 2016.

➤ **IPR – Summary Scorecard for February Month**

| Summary Scorecard | Section | Red Rated | Amber Rated | Green Rated | None | Total | <ul style="list-style-type: none"> February performance has 53 [vs. 48 last month] exceptions (red rated) indicators. Relevant recovery plans are overseen through the executive Performance Management Committee. |
|-------------------|-------------------------------|-----------|-------------|-------------|-----------|------------|--|
| | Infection Control | 3 | 0 | 3 | 0 | 6 | |
| | Harm Free Care | 5 | 0 | 8 | 2 | 15 | |
| | Obstetrics | 1 | 1 | 5 | 6 | 13 | |
| | Mortality and Readmissions | 1 | 0 | 0 | 11 | 12 | |
| | Stroke and Cardiology | 2 | 0 | 9 | 0 | 11 | |
| | Cancer | 0 | 0 | 10 | 3 | 13 | |
| | FFT, MSA, Complaints | 10 | 2 | 4 | 6 | 22 | |
| | Cancellations | 4 | 1 | 4 | 0 | 9 | |
| | Emergency Care & Patient Flow | 9 | 0 | 5 | 4 | 18 | |
| | RTT | 8 | 0 | 2 | 5 | 13 | |
| | Data Completeness | 2 | 0 | 8 | 6 | 16 | |
| | Workforce | 10 | 0 | 1 | 12 | 23 | |
| | Total | 53 | 4 | 59 | 57 | 173 | |

Matters to draw to the Board's attention**Key standards - outlook**

- All cancer targets met in February and expected to achieve full year performance to national standards.
- RTT (incomplete pathway) delivered to 92% standard in February and expected to achieve for full year
- ED 4 hour performance 89.4% in month vs. 95% standard and will fail for Q4 & year
- VTE - improvement in February meeting national target of 95% - close management during March expected to underpin full year delivery to that standard.

Other - positive

- Readmissions 7.4% February [vs. 7.8%] and reinforcing recent step change improvement
- Harm free care >95% standard for second consecutive month; underpinned by significant winter on winter reduction in pressure ulcers
- Sickness & absence 4.9% February [vs. 5.64%] and to be on-going focus of attention in Q1 new year

Requiring attention

- X1 never event [wrong site surgery] recorded in February – x4 year to date
- DTOC bed days 426 in month of which 198 days chargeable to BCC
- Nurse vacancies 274 being flat month on month

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



Integrated Quality & Performance Report

Month Reported: **February 2016**

Reported as at: 29/03/2016

Contents

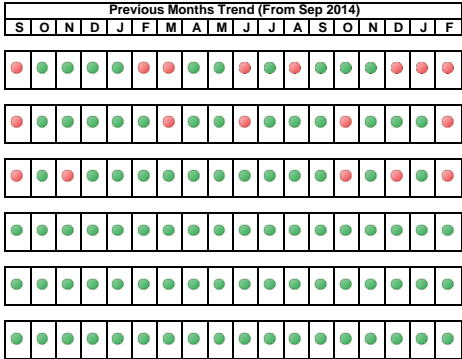
| Item | Page |
|--|----------|
| | |
| At A Glance | 2 |
| Patient Safety - Infection Control | 3 |
| Patient Safety - Harm Free Care | 4 |
| Patient Safety - Obstetrics | 5 |
| Clinical Effectiveness - Mortality & Readmissions | 6 |
| Clinical Effectiveness - Stroke Care & Cardiology | 7 |
| Clinical Effectiveness - Cancer Care | 8 |
| Patient Experience - Friends & Family Test, Mixed Sex Accommodation and Complaints | 9 |
| Patient Experience - Cancelled Operations | 10 |
| Emergency Care & Patient Flow | 11 |

| Item | Page |
|------------------------------|------|
| Referral To Treatment | 12 |
| Data Completeness | 13 |
| Workforce | 14 |
| CQUIN Page 1 | 15 |
| CQUIN Page 2 & CQUIN Summary | 16 |
| Activity Summary | 18 |
| Finance Summary | 19 |
| Legend | 20 |
| | |
| | |
| Group Performance | |

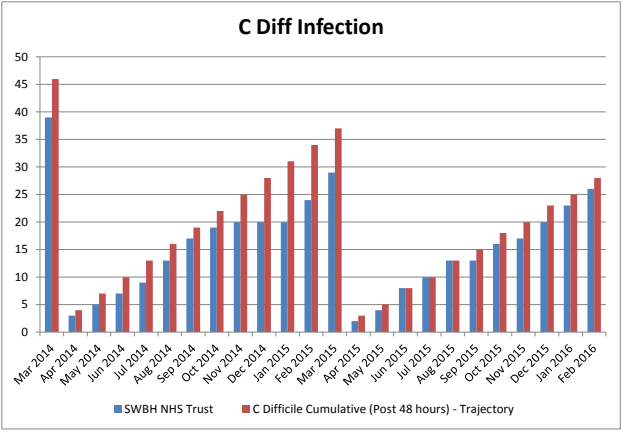
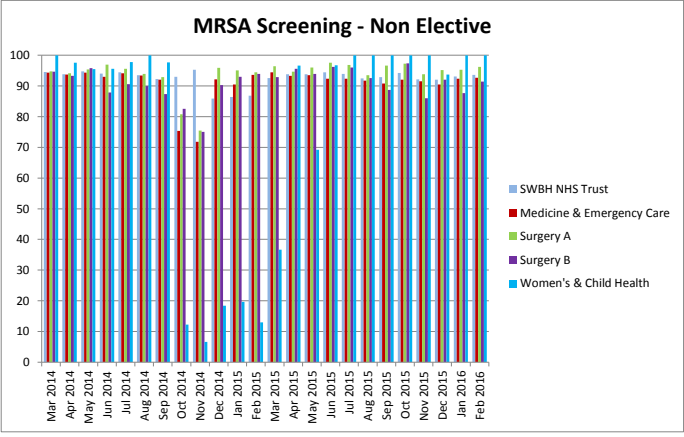
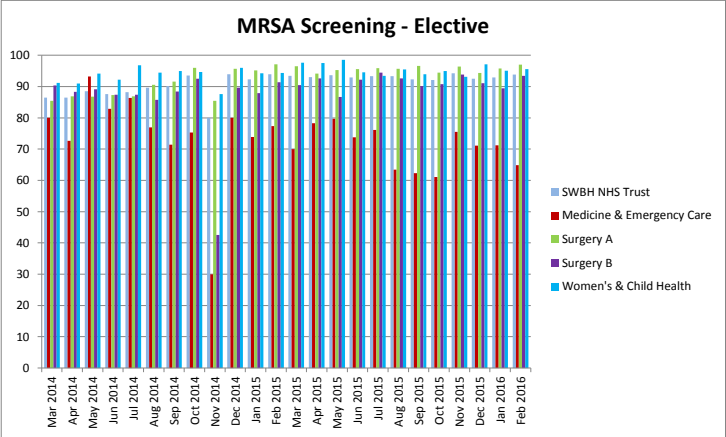
| At Glance - February 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|------|-------------------|---------|-----------|-------------|-------------|------|-------|-------------------|---|---|---|---|---|----------------|---|---|---|---|----|------------|---|---|---|---|----|----------------------------|---|---|---|----|----|-----------------------|---|---|---|---|----|--------|---|---|----|---|----|----------------------|----|---|---|---|----|---------------|---|---|---|---|---|-------------------------------|---|---|---|---|----|-----|---|---|---|---|----|-------------------|---|---|---|---|----|-----------|----|---|---|----|----|-------|----|---|----|----|-----|
| Infection Control | Harm Free Care | Obstetrics | Mortality & Readmissions | Stroke Care & Cardiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>x3 C. Diff cases reported during the month of February (1x in medicine, 1x in SurgeryA, 1x WCH).</p> <p>x26 cases year to date which is consistent with delivery of max x30 full year.</p> | <p>95.8% compliance with NHS Safety Thermometer indicates being above target 95.0%.</p> <p>2nd consecutive month of compliance.</p> | <p>The overall Caesarean Section rate for February is 23.7% (compliant with 25% target)(year to date 25.1% (marginal non-compliance).</p> <p>Elective and Non-Elective rates in month are 8.3% and 15.4% respectively.</p> | <p>The Trust overall RAMI for most recent 12-mth cumulative period is 92 (latest available data is as at November).</p> <p>The RAMI for weekday and weekend each at 93 and 88 respectively and considered within statistical confidence limits.</p> | <p>Stroke data for February indicates 93.8% (94% previous mnth) of patients spending >90% of their time on a stroke ward being compliant with the 90% operational threshold (year to date delivery at 92.7%).</p> <p>Sustaining this performance will bring year end performance in line with target for the year.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>x67 falls reported in February (44 Acute; 23 Community) with 2 falls resulting in serious injury. Best month since February 2015.</p> <p>Data validation review being progressed.</p> | | <p>SHMI measure which includes deaths 30-days after hospital discharge is at 97 for the month of October (latest available data). Consistent with previous months.</p> | <p>February admittance to an acute stroke unit within 4 hours 78.0% (78.9% previous mnth) failing therefore 80% national target.</p> <p>Year to date delivery at 80.8% meeting the national target, but failing to meet the local stretch target of 90% which consistently has not been met.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>x1 cases of MRSA Bacteraemia were reported in February (x1 in medicine).</p> <p>x3 cases reported year to date versus a target of zero.</p> | <p>x6 cases of avoidable, hospital acquired pressure ulcers reported in February (x6 cases in Medicine). 5 were grade 2 and 1 at grade 3.</p> <p>70 avoidable, hospital acquired pressures ulcers year to date,</p> <p>Noted significant improvement winter 2015 on winter 2014.</p> | <p>Adjusted perinatal mortality rate (per 1000 births) for February is 8.44 (4.22 last month) being above target rate of 8.</p> <p>The indicator represents an in-month position and which, together with the small numbers involved provides for some natural variation.</p> <p>Nationally this is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.</p> | <p>Deaths in Low Risk Diagnosis Groups (RAMI) - month of October is at 148 (57 last month). This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.</p> <p>148 is highest recorded rate & subject to review with the mortality team.</p> | <p>Pts receiving CT Scan within 1 hour of presentation is at 76.5% in month (69.2% previous mnth); [73.1% YTD] being compliant with 50% standard.</p> <p>Pts receiving CT Scan within 24 hrs of presentation delivery at 100% (95.0% previous mnth) recovering the performance from trend in the last three months. Year to date performance at 99.0%.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MRSA Screening</p> <p>- Elective patients screening 94% in month (target 80%);</p> <p>Met across all groups except Medicine at 65% (Scheduled Care 18%);</p> <p>Medicine are reviewing the reporting and changes may result for next reporting period.</p> <p>- Non-elective patients screening 94% with target compliance across all groups.</p> | <p>x8 serious incidents reported in February (incl 2 fall serious injury).</p> <p>Governance team continues to review for evidence of any pattern.</p> <p>No concerns noted.</p> | | <p>Crude in-month mortality rate for January has increased to 1.7, but similar to rate in January 2015 which was at 1.9.</p> <p>The rolling crude year to date mortality rate remains static.</p> | <p>In February patients receiving thrombolysis within 60 minutes of admission was at 85.7% against a target of 85%.</p> <p>84.9% YTD and hence just marginally below the 85% target which needs improvement during March in order to meet the year end target.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of February is 15.7 versus the target of 9.42:</p> <p>- Target failed for 3 of last 6 months - a pattern of performance not previously experienced</p> <p>- Year to date at 4.6 and still in line with target despite significant spike in the monthly performance.</p> | <p>x1 Never Event recorded in February (x4 year to date) relating to a T&O patient where wrong site was selected.</p> <p>There were no medication error causing serious harm in February.</p> <p>x2 cases on a year to date basis.</p> <p>x6 Open CAS Alerts reported at the end of February, 1 of which were overdue at the end of February.</p> <p>Venous Thromboembolism (VTE) Assessments in February are at 95.4% (93.4% previous mnth) compliant with national target of 95% and short of local target of 100%.</p> <p>Achievement of national target represents improvement to the prior two months.</p> <p>Residual variation remains to be addressed with 3/4 Groups recording a marginal fail on 95% standard.</p> <p>On-going remedial plan to secure consistent performance & recovery to national standard for the year.</p> | <p>Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for February the delivery is 75.08%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births.</p> <p>Trust based registrations convert to lower deliveries at the Trust, as other centres pick up the births element.</p> <p>Breastfeeding initiation is at 73.9% on a cumulative basis as at quarter 3, below the target of 77% . Consistently around c4% below target over the 3 quarters of this year.</p> | <p>Mortality review rate in January is at 46% being below internally set target of 90%. CDA system issues inhibited review process. To remedy review backlog in Q1.</p> <p>Readmissions (in-hospital) reported at 7.4% in February (7.8% previous month) in-month [8.2% rolling 12 mnths].</p> <p>For CQC diagnostic group reporting 8.6% rolling 12 months (vs. peer 6.2%).</p> | <p>For February, Primary Angioplasty Door to balloon time (<90 minutes) 96.0% and Call to balloon time (<150 minutes) 80.0% (80% targets); both indicators delivering year to date target, but have dropped from previous 100% performance.</p> <p>RACP performance for February is 97.6% just below the 98% target impacted by one GP breach (which has been shared with the relevant GP for improvement).</p> <p>A significant improvement in results for the last two months, following successful implementation of improvements across the full pathway.</p> <p>March performance at this stage reported at 100%.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer Care | Patient Experience - MSA & Complaints | Patient Experience - Cancelled Operations | Emergency Care | Referral To Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The Trust has met all its national cancer targets in January including the 62-day urgent GP referral to treatment target, with overall performance of 91.1% (vs. 85% target).</p> <p>x5.5 breaches in month across tumour-site specialities, mainly in Gynae (x3).</p> <p>Overall Q3 targets have been met by the Trust.</p> | <p>There were no reportable mixed sex accommodation breaches reported during the month of February.</p> <p>- Inpatients FFT is meeting score target, but significantly below the response rates required, the failure to achieve response rate is a consistent position.</p> <p>- A&E is missing both targets for scores and response rate in February, which again has been a continuous position during the year.</p> <p>Outpatients FFT is below the required score rates.</p> <p>- Maternity scores routinely compliant with exception of birth element.</p> | <p>The proportion of elective operations cancelled at the last minute was 1.0% for February (0.6% previous mnth) exceeding the in month target of 0.8%. The under-performance in month impacts the year to date performance to 0.9% and hence failing the target of 0.8%.</p> <p>No breaches of 28 days guarantee were reported in February.</p> | <p>The Trust's performance against the 4-hour ED wait target in February was 89.4% (90.91% in January).</p> <p>Performance for Q3 was at 93.12% (Q2 was 94.57% and Q1 at 92.99%).</p> <p>The trust will not meet the 95% standard for Q4 or the year.</p> | <p>RTT Incomplete pathway for February was at 92.0% closely meeting the 92% target. This is the only pathway now monitored nationally.</p> <p>The forecast is that incomplete RTT will be met over the next 3 months.</p> <p>Admitted and non-admitted RTT pathways continue to be monitored & both under-achieved in February as per projections.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Internal hospital referrals at 92.1% meeting the 90% target for February.</p> | <p>The number of complaints received for the month is at 100 (avg for this year is 96), with 3 formal complaints.</p> <p>All have been acknowledged within target timeframes.</p> <p>The level of responses above the agreed timeframe is 1.6% (0.9% last mnth) so a slight deterioration in line with the volume of complaints which have increased too.</p> <p>The oldest complaint on the system is 48 days old.</p> | <p>56 [vs. 63 last month] of all cancelled patients experienced multiple cancellations in February.</p> <p>A pro-active plan to monitor and minimise multiple cancellations is in progress and due to be implemented.</p> <p>The number of sitrep cancellations increased in February to 41 [vs 26 previous mnth] .</p> <p>There were no urgent cancellations in the month, being 4th consecutive month zero.</p> | <p>WMAS fineable 30 - 60 minutes delayed handovers at 97 in February (116 in January) hence a slight recovery month on month despite significant hospital pressures.</p> <p>Over 60 minutes delayed handovers reported at 6 cases in February (10 cases in January) another improvement month on month</p> <p>WMAS - Handover Delays > 60 mins (% all emergency conveyances) is at 0.15% versus target of 0.02% in the month, 0.13% year to date and hence behind target.</p> | <p>At the end of February 5 [vs. 4 last mnth] patients were waiting more than 52 weeks for commencement of treatment: 3 of these are on the incomplete pathway.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Forward look is that in Q4 all targets will be met (February already confirmed as delivered). Hence the Trust will have delivered on a full year basis across all targets, which is a significant achievement by comparison to national norms.</p> | <p>The Learning Disability indicator is red.</p> <p>The service is re-writing an action plan for April PMC.</p> | <p>Theatre utilisation is consistently below the target of 85% at a Trust average of 71.2% (70% previous mnth).</p> <p>The theatre capacity and performance is subject to remedial action through Theatres Board.</p> | <p>Fractured Neck of Femur patients delivery for February is at 88% above the 85% target. Second consecutive month of achieving target.</p> <p>Year to date performance is impacted by previous under performance and at 71.4% so will fail the standard for the year.</p> | <p>23 Treatment Functions failed the respective RTT pathway performance thresholds for the month of February. Of which 4 specialities are failing the incomplete pathway.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>In January, 5.5 [vs. 7.5 previous mnth] patients were waiting over 62 days.</p> <p>No patients were waiting more than 104 days [vs. 3.5 last month]</p> <p>There is now a national focus on this cohort of patients (104 days waiters) and the trust submits detailed patient level information for this indicator.</p> <p>The longest waiting patient is at 98 days [vs. 167 days last mnth].</p> | | <p>Theatre utilisation is consistently below the target of 85% at a Trust average of 71.2% (70% previous mnth).</p> <p>The theatre capacity and performance is subject to remedial action through Theatres Board.</p> | <p>Patient moves out of hours at 269 in month [vs 320 previous mnth] & reflecting activity & bed pressures.</p> <p>DTCOs are at 1.9% in February (1% previous mnth) and hence below the target of 3.5%. Year to date at 2% again below target of 3.5%. Total DTOC bed days are at 426 in the month of February with 198 bed days fine-able to Bham CC.</p> | <p>Diagnostic waits beyond 6 weeks were 0.50% for February, remaining well beneath the operational threshold of 1.00%. The number of patients over the 6 week diagnostic wait time (referral to test) are at 273 - a significant reduction from previous months with the aim to reduce even further.</p> <p>ASIs (Appointment Slot Issues) arising from e-referrals is a new indicator subject to ongoing development and validation..</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data Completeness | Staff | CQUIN | Community | Summary Scorecard - February (Month) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields.</p> <p>¹ AE, OP, Community and IP parameters remain above target up to Jan/Feb.</p> | <p>PDR overall compliance as at the end of February is at 85.4% (85.7%LM).</p> <p>The Medical Appraisal / Revalidation rate as at February is 86.0% measuring only validated appraisals, not appraisals 'carried out'.</p> <p>Both indicators are below targets of 95%.</p> <p>Mandatory Training at the end of February is at 87.0% overall against target of 95%. Health & Safety related mandatory training is at 97.5%.</p> | <p>The Trust has submitted the Q3 returns to CCG and SCG. Overall the CQUINs are delivering well. The formal feedback has been received and most schemes have been confirmed as delivering. However, the Trust has incurred some financial impact due to schemes behind projected 'quarterly improvement' trajectory. At a high level, several schemes continue to be challenging in terms of delivery due to system/development issues and continuous manual audits and work-around continue which is a significant resource effort at this stage. The CQUIN dashboard in this report highlights the main risks and focus actions for Q4. All of which has been endorsed by the Performance Management Committee. The Trust anticipates to have delivered most of the schemes to their full qualitative and financial values at the year end.</p> <p>Specialised CQUINs deliver across most schemes except on the follow up ratios, which has been confirmed as un-delivered, but has attracted payment and will be monitored via next year's contract.</p> <p>Public Health England schemes have been met on financial grounds, but the Bowel screening scheme has not been able to deliver the expected uptake, despite the significant effort from the team.</p> | <p>Community & Therapies indicators are below target on a number of indicators. There is work on-going in the group to address this with the individual teams.</p> <p>Health Visiting targets are in line with targets across a wide range of indicators. The group has already moved to team based target monitoring and this has improved a number of targets in recent months; some of the improvement is due to lack of completion which is continually being addressed.</p> | <table><tr><th rowspan="13">Summary Scorecard</th><th>Section</th><th>Red Rated</th><th>Amber Rated</th><th>Green Rated</th><th>None</th><th>Total</th></tr><tr><td>Infection Control</td><td>3</td><td>0</td><td>3</td><td>0</td><td>6</td></tr><tr><td>Harm Free Care</td><td>5</td><td>0</td><td>8</td><td>2</td><td>15</td></tr><tr><td>Obstetrics</td><td>1</td><td>1</td><td>5</td><td>6</td><td>13</td></tr><tr><td>Mortality and Readmissions</td><td>1</td><td>0</td><td>0</td><td>11</td><td>12</td></tr><tr><td>Stroke and Cardiology</td><td>2</td><td>0</td><td>9</td><td>0</td><td>11</td></tr><tr><td>Cancer</td><td>0</td><td>0</td><td>10</td><td>3</td><td>13</td></tr><tr><td>FFT, MSA, Complaints</td><td>10</td><td>2</td><td>4</td><td>6</td><td>22</td></tr><tr><td>Cancellations</td><td>4</td><td>1</td><td>4</td><td>0</td><td>9</td></tr><tr><td>Emergency Care & Patient Flow</td><td>9</td><td>0</td><td>5</td><td>4</td><td>18</td></tr><tr><td>RTT</td><td>6</td><td>0</td><td>2</td><td>5</td><td>13</td></tr><tr><td>Data Completeness</td><td>2</td><td>0</td><td>8</td><td>8</td><td>18</td></tr><tr><td>Workforce</td><td>10</td><td>0</td><td>1</td><td>12</td><td>23</td></tr><tr><td>Total</td><td>53</td><td>4</td><td>59</td><td>57</td><td>173</td></tr></table> | | Summary Scorecard | Section | Red Rated | Amber Rated | Green Rated | None | Total | Infection Control | 3 | 0 | 3 | 0 | 6 | Harm Free Care | 5 | 0 | 8 | 2 | 15 | Obstetrics | 1 | 1 | 5 | 6 | 13 | Mortality and Readmissions | 1 | 0 | 0 | 11 | 12 | Stroke and Cardiology | 2 | 0 | 9 | 0 | 11 | Cancer | 0 | 0 | 10 | 3 | 13 | FFT, MSA, Complaints | 10 | 2 | 4 | 6 | 22 | Cancellations | 4 | 1 | 4 | 0 | 9 | Emergency Care & Patient Flow | 9 | 0 | 5 | 4 | 18 | RTT | 6 | 0 | 2 | 5 | 13 | Data Completeness | 2 | 0 | 8 | 8 | 18 | Workforce | 10 | 0 | 1 | 12 | 23 | Total | 53 | 4 | 59 | 57 | 173 |
| Summary Scorecard | Section | Red Rated | Amber Rated | Green Rated | None | | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Infection Control | 3 | 0 | 3 | 0 | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Harm Free Care | 5 | 0 | 8 | 2 | | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Obstetrics | 1 | 1 | 5 | 6 | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mortality and Readmissions | 1 | 0 | 0 | 11 | | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stroke and Cardiology | 2 | 0 | 9 | 0 | | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cancer | 0 | 0 | 10 | 3 | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FFT, MSA, Complaints | 10 | 2 | 4 | 6 | | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cancellations | 4 | 1 | 4 | 0 | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Emergency Care & Patient Flow | 9 | 0 | 5 | 4 | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RTT | 6 | 0 | 2 | 5 | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Data Completeness | 2 | 0 | 8 | 8 | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Workforce | 10 | 0 | 1 | 12 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 53 | 4 | 59 | 57 | 173 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold. Inpatient actual performance (completeness) during February reported as 96.5% and hence below target but Outpatient, Community and A&E data sets continue to exceed their respective thresholds.</p> <p>Coding for Ethnicity in Inpatients is at 89% (vs 90% target) in month, failing 4/6 months but compliant on a year to date basis. Outpatient Ethnicity coding routinely failing standard & 86.8% YTD vs 90% target.</p> <p>Open Referrals as at February are further reduced at 187,876k.</p> <p>This follows decisions to auto-close certain referrals and implement a more robust management process throughout the organisation.</p> <p>Daily reports are being issued to services for ongoing management and control, but slower than expected to close out back-log. A number of training workshops has been taking place to refresh staff training on how to manage open referrals as part of waiting list management.</p> <p>A closer monitoring process will be proposed for Board approval.</p> | <p>In-month sickness for February is at 4.9% (5.64% last month). The cumulative sickness rate is at 5.0%.</p> <p>The Trust annualised turnover rate is at 13.5% as at February. Specifically, nursing turnover has been recorded at 14.8% for the month, a consistent trend against this staff group.</p> <p>Qualified nurse vacancies as at February reported at 274 (272wte LM).</p> | | | <p>Exceptions are being managed in respective groups and are monitored in Group Reviews and in the Operational Management Committee governed by Performance Committee</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Nurse Bank & Agency utilisation continues to be high; fill rate via Bank nurses has fallen to 71% vs 89% in last month. Admin & Clerical agency usage also continues.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Patient Safety - Infection Control

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|--|----------|------------|-------|
| | | | | | Year | Month |
| 4 | | | C. Difficile | <= No | 30 | 3 |
| 4 | | | MRSA Bacteraemia | <= No | 0 | 0 |
| 4 | | | MSSA Bacteraemia (rate per 100,000 bed days) | <= Rate2 | 9.42 | 9 |
| 4 | | | E Coli Bacteraemia (rate per 100,000 bed days) | <= Rate2 | 94.9 | 95 |
| 3 | | | MRSA Screening - Elective | => % | 80 | 80 |
| 3 | | | MRSA Screening - Non Elective | => % | 80 | 80 |



| Data Period | Group | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|----|----|-----|---|---|---|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | | | | | |
| Feb 2016 | 1 | 1 | 0 | 1 | | | | 3 | 26 | | | |
| Feb 2016 | 1 | 0 | 0 | 0 | | | | 1 | 3 | | | |
| Feb 2016 | | | | | | | | 15.7 | 4.6 | | | |
| Feb 2016 | | | | | | | | 21.0 | 18.7 | | | |
| Feb 2016 | 65 | 97 | 93 | 96 | | | | 93.8 | | | | |
| Feb 2016 | 93 | 96 | 91 | 100 | | | | 93.6 | | | | |

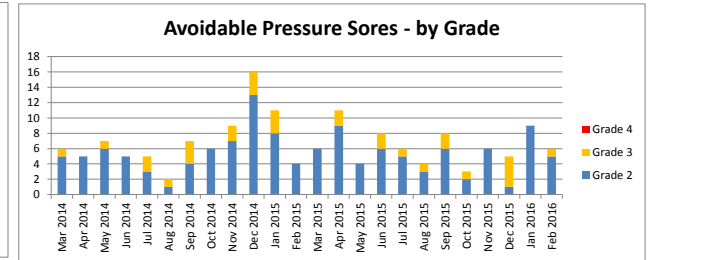
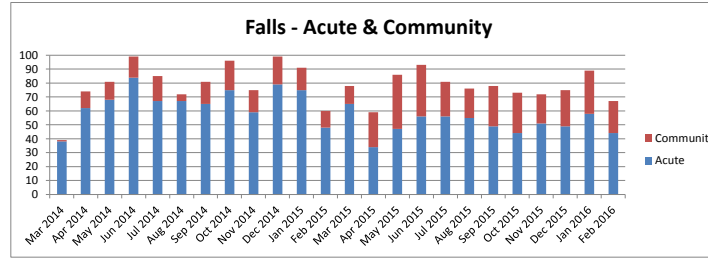
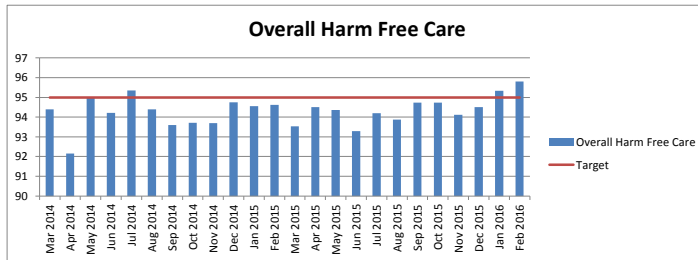


Patient Safety - Harm Free Care

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|--|---------|------------|-------|
| | | | | | Year | Month |
| 8 | | •d | Patient Safety Thermometer - Overall Harm Free Care | => % | 95 | 95 |
| 8 | | •d | Patient Safety Thermometer - Catheters & UTIs | % | | |
| 8 | | | Falls | <= No | 804 | 67 |
| 9 | | | Falls with a serious injury | <= No | 0 | 0 |
| 8 | | | Grade 2,3 or 4 Pressure Ulcers (Hospital Acquired Avoidable) | <= No | 0 | 0 |
| 3 | | •d• | Venous Thromboembolism (VTE) Assessments | => % | 95 | 95 |
| 3 | | | WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete) | => % | 98 | 98 |
| 3 | | | WHO Safer Surgery - brief (% lists where complete) | => % | 95 | 95 |
| 3 | | | WHO Safer Surgery - Audit - brief and debrief (% lists where complete) | => % | 85 | 85 |
| 9 | | •d• | Never Events | <= No | 0 | 0 |
| 9 | | •d | Medication Errors causing serious harm | <= No | 0 | 0 |
| 9 | | •d• | Serious Incidents | <= No | 0 | 0 |
| 9 | | | Open Central Alert System (CAS) Alerts | <= No | | |
| 9 | | •d | Open Central Alert System (CAS) Alerts beyond deadline date | No | 0 | 0 |

| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|--|--|--|--|--|--|--|--|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | | | | | | | |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | |
| 0.41 | 0.40 | 0.25 | 0.31 | 0.41 | 0.40 | 0.64 | 0.25 | 4.00 | 2.00 | 1.00 | 9.00 | 3.00 | 4.00 | 7.00 | 4.00 | 2.00 | | | | | | | | | |
| 81 | 96 | 75 | 99 | 91 | 64 | 78 | 80 | 106 | 90 | 70 | 76 | 78 | 73 | 72 | 75 | 89 | 67 | | | | | | | | |
| 1 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 5 | 0 | 1 | 2 | 3 | 1 | 2 | 2 | | | | | | | | |
| 7 | 6 | 9 | 16 | 11 | 4 | 6 | 11 | 4 | 8 | 6 | 4 | 8 | 3 | 6 | 5 | 9 | 6 | | | | | | | | |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | | | |
| 1 | 1 | 2 | 3 | 4 | 4 | 6 | 5 | 4 | 7 | 9 | 7 | 5 | 7 | 6 | 2 | 12 | 8 | | | | | | | | |
| 5 | 5 | 15 | 17 | 10 | 9 | 4 | 8 | 5 | 4 | 8 | 11 | 8 | 7 | 4 | 9 | 7 | 6 | | | | | | | | |
| 0 | 0 | 4 | 0 | 1 | 0 | 1 | 0 | 3 | 2 | 0 | 1 | 2 | 2 | 0 | 0 | 2 | 1 | | | | | | | | |

| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|-----|----|----|--------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Feb 2016 | | | | | | | | | 95.8 | | | | |
| Feb 2016 | | | | | | | | | 0.17 | | | | |
| Feb 2016 | 35 | 6 | 1 | 0 | 2 | 0 | 23 | | 67 | 876 | | | |
| Feb 2016 | 1 | 0 | 0 | 0 | | 0 | 1 | | 2 | 19 | | | |
| Feb 2016 | 6 | 0 | 0 | 0 | | | 0 | | 6 | 70 | | | |
| Feb 2016 | 94.9 | 94.8 | 99.3 | 94.7 | | | | | 95.4 | | | | |
| Feb 2016 | 98.8 | 99.9 | 99.8 | 99.0 | | 0.0 | | | 99.6 | | | | |
| Feb 2016 | 99 | 99 | 100 | 97 | | 100 | | | 99 | | | | |
| Feb 2016 | 98 | 96 | 100 | 97 | | 100 | | | 98.614 | | | | |
| Feb 2016 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | 1 | 4 | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | - | 0 | 0 | | 0 | 2 | | | |
| Feb 2016 | 4 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 8 | 72 | | | |
| Feb 2016 | | | | | | | | | 6 | | | | |
| Feb 2016 | | | | | | | | | 1 | | | | |



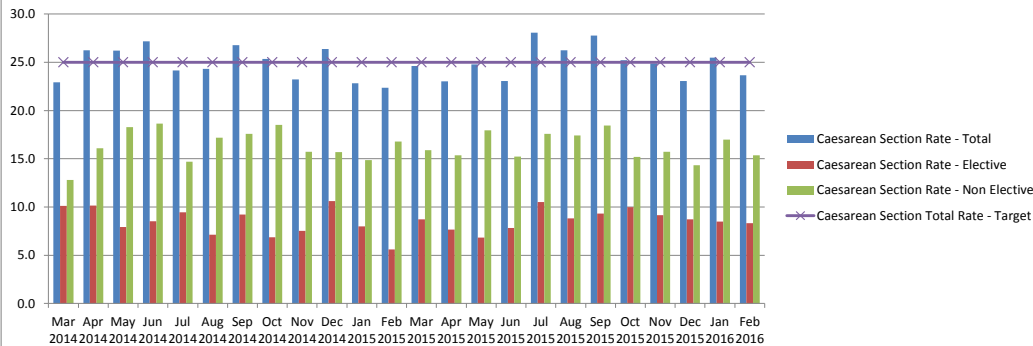
Patient Safety - Obstetrics

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|---|----------|------------|-------|
| | | | | | Year | Month |
| 3 | | | Caesarean Section Rate - Total | <= % | 25.0 | 25.0 |
| 3 | | | Caesarean Section Rate - Elective | <= % | | |
| 3 | | | | <= % | | |
| 2 | | | Maternal Deaths | <= No | 0 | 0 |
| 3 | | | Post Partum Haemorrhage (>2000ml) | <= No | 48 | 4 |
| 3 | | | Admissions to Neonatal Intensive Care (Level 3) | <= % | 10.0 | 10.0 |
| 12 | | | Adjusted Perinatal Mortality Rate (per 1000 babies) | <= Rate1 | 8.0 | 8.0 |
| 12 | | | Early Booking Assessment (<12 + 6 weeks) - SWBH Specific | => % | 90.0 | 90.0 |
| 12 | | | Early Booking Assessment (<12 + 6 weeks) - National Definition | => % | 90.0 | 90.0 |
| 2 | | | Breast Feeding Initiation (Quarterly) | => % | 77.0 | 77.0 |
| 2 | | | Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) - | <= % | | |
| 2 | | | Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) | <= % | | |
| 2 | | | Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) | <= % | | |

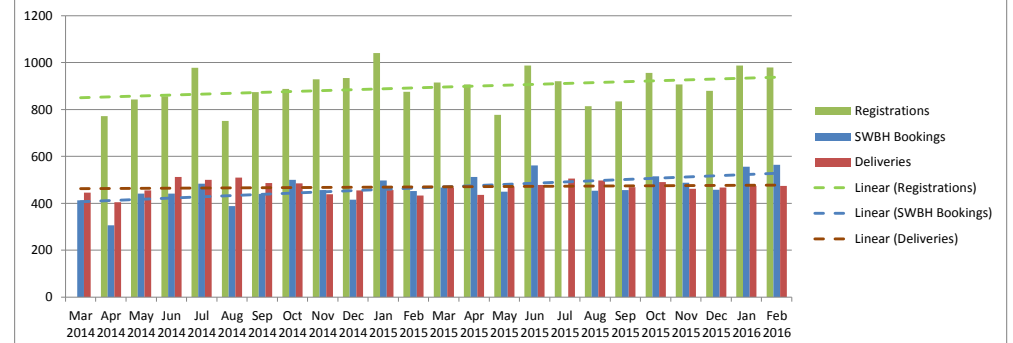
| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|-------------|-------------|-------------|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| 9 | 7 | 8 | 11 | 8 | 6 | 9 | 8 | 7 | 8 | 11 | 9 | 9 | 10 | 9 | 9 | 8 | 8 |
| 18 | 19 | 16 | 16 | 15 | 17 | 16 | 15 | 18 | 15 | 18 | 17 | 18 | 15 | 16 | 14 | 17 | 15 |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></</div> | | | |

| Data Period | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|--------------|-------|------------|----------|
| Feb 2016 | 23.7 | 25.1 | | | |
| Feb 2016 | 8.3 | 8.7 | | | |
| Feb 2016 | 15.4 | 16.4 | | | |
| Feb 2016 | 0 | 0 | | | |
| Feb 2016 | 2 | 23 | | | |
| Feb 2016 | 0.42 | 1.76 | | | |
| Feb 2016 | 8.44 | | | | |
| Feb 2016 | 75.08 | | | | |
| Feb 2016 | 155.4 | | | | |
| Feb 2016 | - | 73.87 | | | |
| Feb 2016 | 1.63 | 1.56 | | | |
| Feb 2016 | 0.81 | 1.15 | | | |
| Feb 2016 | 0.81 | 0.68 | | | |

Caesarean Section Rate (%)



Registrations & Deliveries

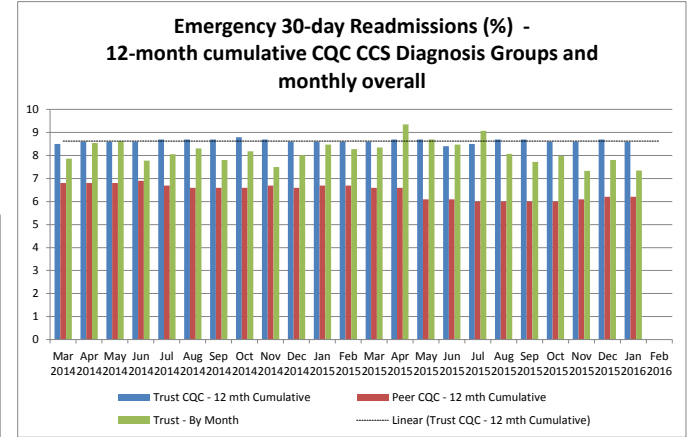
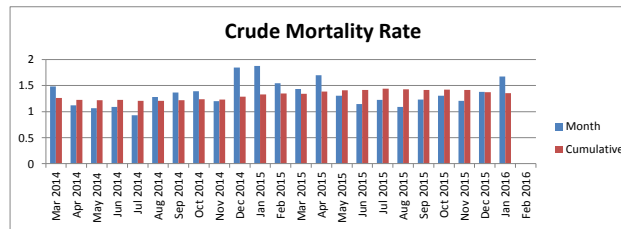
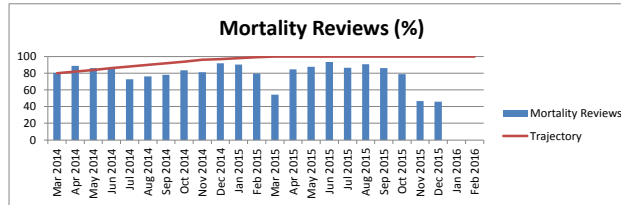
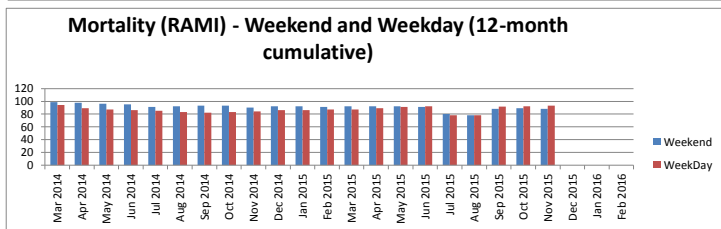
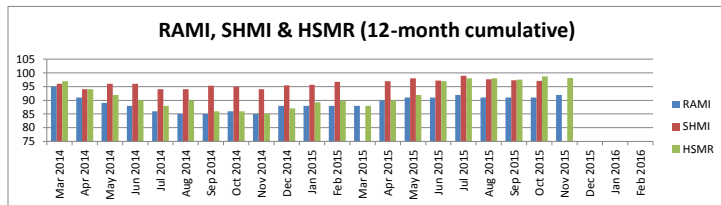


Clinical Effectiveness - Mortality & Readmissions












| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|---|---------|----------------|----------------|
| | | | | | Year | Month |
| 5 | | | Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative) | RAMI | Below Upper CI | Below Upper CI |
| 5 | | | Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative) | RAMI | Below Upper CI | Below Upper CI |
| 5 | | | Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative) | RAMI | Below Upper CI | Below Upper CI |
| 6 | | | Summary Hospital-level Mortality Index (SHMI) (12-month cumulative) | SHMI | Below Upper CI | Below Upper CI |
| 5 | | | Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative) | HSMR | | |
| 5 | | | Deaths in Low Risk Diagnosis Groups (RAMI) - month | RAMI | Below Upper CI | Below Upper CI |
| 3 | | | Mortality Reviews within 42 working days | => % | 90 | 90 |
| 3 | | | Crude In-Hospital Mortality Rate (Deaths / Spells) (by month) | % | | |
| 3 | | | Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative) | % | | |
| 20 | | | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | |
| 20 | | | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | |
| 5 | | | Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative) | % | | |

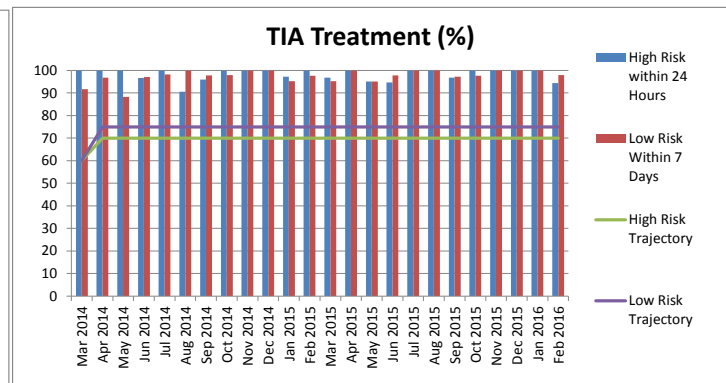
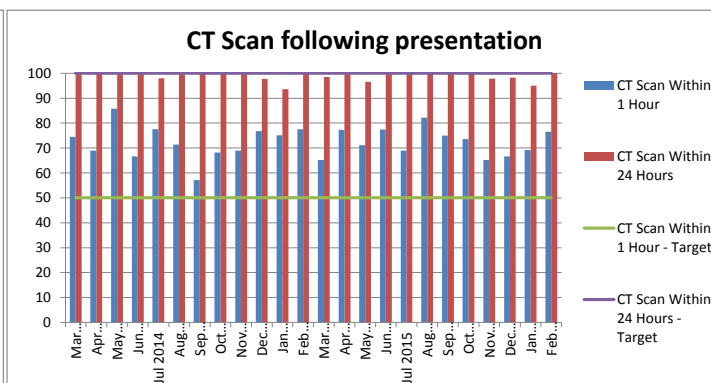
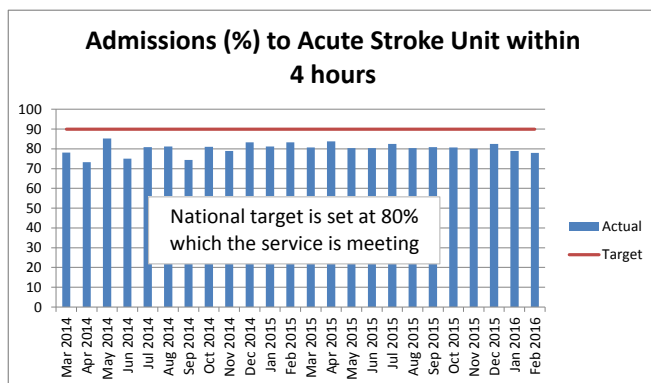
| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|--|--|--|--|--|--|--|--|--|--|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | | | | | | | | | |
| 85 | 86 | 85 | 88 | 88 | 88 | 90 | 91 | 91 | 92 | 91 | 91 | 91 | 92 | - | - | - | | | | | | | | | | | |
| 82 | 83 | 84 | 86 | 86 | 87 | 87 | 89 | 91 | 92 | 78 | 78 | 92 | 92 | 93 | - | - | - | | | | | | | | | | |
| 93 | 93 | 90 | 92 | 92 | 91 | 92 | 92 | 92 | 91 | 80 | 78 | 88 | 89 | 88 | - | - | - | | | | | | | | | | |
| 95 | 95 | 94 | 96 | 96 | 97 | - | 97 | 98 | 97 | 99 | 98 | 97 | 97 | - | - | - | - | | | | | | | | | | |
| 86 | 86 | 85 | 87 | 89 | 90 | 88 | 90 | 92 | 97 | 98 | 98 | 98 | 99 | 98 | - | - | - | | | | | | | | | | |
| 89 | 80 | 76 | 111 | 105 | 94 | 93 | 75 | 84 | 53 | 102 | 44 | 80 | 57 | 148 | - | - | - | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | 1.4 | 1.2 | 1.8 | 1.9 | 1.5 | 1.4 | 1.7 | 1.3 | 1.1 | 1.2 | 1.1 | 1.2 | 1.3 | 1.2 | 1.4 | 1.7 | - | | | | | | | | | | |
| 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.3 | 1.3 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | - | | | | | | | | | | |
| 7.8 | 8.2 | 7.5 | 8.0 | 8.5 | 8.3 | 8.4 | 9.4 | 8.7 | 8.5 | 9.1 | 8.1 | 7.7 | 8.0 | 7.3 | 7.8 | 7.4 | - | | | | | | | | | | |
| 8.0 | 8.0 | 8.0 | 8.0 | 8.1 | 8.1 | 8.2 | 8.2 | 8.2 | 8.3 | 8.4 | 8.4 | 8.3 | 8.3 | 8.3 | 8.3 | 8.2 | - | | | | | | | | | | |
| 8.7 | 8.8 | 8.7 | 8.6 | 8.6 | 8.6 | 8.7 | 8.7 | 8.4 | 8.5 | 8.7 | 8.7 | 8.6 | 8.6 | 8.7 | 8.6 | - | | | | | | | | | | | |

| Data Period | Group | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|----|---|---|---|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | CO | | | | | |
| Nov 2015 | | | | | | | | | 729 | | | |
| Nov 2015 | | | | | | | | | 705 | | | |
| Nov 2015 | | | | | | | | | 698 | | | |
| Oct 2015 | | | | | | | | | 683 | | | |
| Nov 2015 | | | | | | | | | 769.4 | | | |
| Nov 2015 | | | | | | | | 148 | | | | |
| Dec 2015 | 46 | 42 | 0 | 0 | | | | 46 | | | | |
| Jan 2016 | | | | | | | | 1.67 | | | | |
| Jan 2016 | | | | | | | | | 1.40 | | | |
| Jan 2016 | | | | | | | | 7.35 | | | | |
| Jan 2016 | | | | | | | | 8.30 | | | | |
| Jan 2016 | - | - | - | - | | | | 8.62 | | | | |



Clinical Effectiveness - Stroke Care & Cardiology

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | | Previous Months Trend (Since Sep 2014) | | | | | | | | | | | | | | | | Data Period | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|---|-----|--|---------|------------|-------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|-------|--------------|-------|------------|----------|
| | | | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | | | |
| 3 |  | | Pts spending >90% stay on Acute Stroke Unit | => % | 90.0 | 90.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | Pts admitted to Acute Stroke Unit within 4 hrs | => % | 90.0 | 90.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | ● | Pts receiving CT Scan within 1 hr of presentation | => % | 50.0 | 50.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | Pts receiving CT Scan within 24 hrs of presentation | => % | 100.0 | 100.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | Stroke Admission to Thrombolysis Time (% within 60 mins) | => % | 85.0 | 85.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | Stroke Admissions - Swallowing assessments (<24h) | => % | 98.0 | 98.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | TIA (High Risk) Treatment <24 Hours from receipt of referral | => % | 70.0 | 70.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 3 |  | | TIA (Low Risk) Treatment <7 days from receipt of referral | => % | 75.0 | 75.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 9 |  | | Primary Angioplasty (Door To Balloon Time 90 mins) | => % | 80.0 | 80.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 9 |  | | Primary Angioplasty (Call To Balloon Time 150 mins) | => % | 80.0 | 80.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 9 |  | | Rapid Access Chest Pain - seen within 14 days | => % | 98.0 | 98.0 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |


































Clinical Effectiveness - Cancer Care

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|--|---------|------------|-------|
| | | | | | Year | Month |
| 1 | | | 2 weeks | => % | 93.0 | 93.0 |
| 1 | | | 2 weeks (Breast Symptomatic) | => % | 93.0 | 93.0 |
| 1 | | | 31 Day (diagnosis to treatment) | => % | 96.0 | 96.0 |
| 1 | | | 31 Day (second/subsequent treatment - surgery) | => % | 94.0 | 94.0 |
| 1 | | | 31 Day (second/subsequent treatment - drug) | => % | 98.0 | 98.0 |
| 1 | | | 31 Day (second/subsequent treat - radiotherapy) | => % | 94.0 | 94.0 |
| 1 | | | 62 Day (urgent GP referral to treatment) Excluding Rare Cancer | => % | 85.0 | 85.0 |
| 1 | | | 62 Day (urgent GP referral to treatment) Including Rare Cancer | => % | 85.0 | 85.0 |
| 1 | | | 62 Day (referral to treat from screening) | => % | 90.0 | 90.0 |
| 1 | | | 62 Day (referral to treat from hosp specialist) | => % | 90.0 | 90.0 |
| 1 | | | Cancer - Patients Waiting over 62 days | No | | |
| 1 | | | Cancer - Patients Waiting over 104 days | No | | |
| 1 | | | Cancer - Longest Waiter in days | No | | |

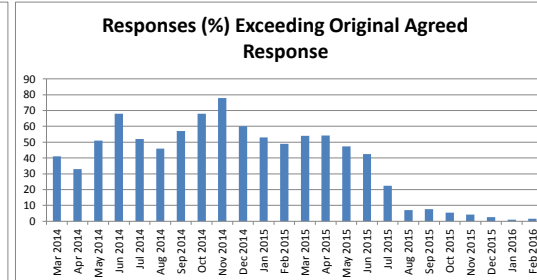
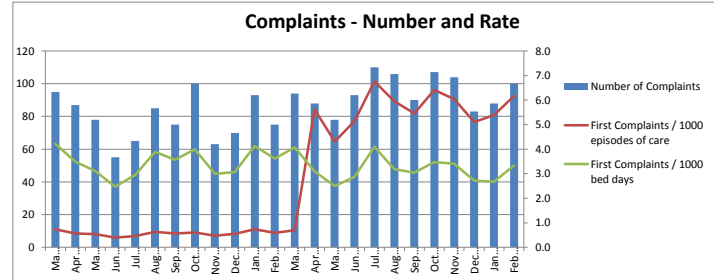
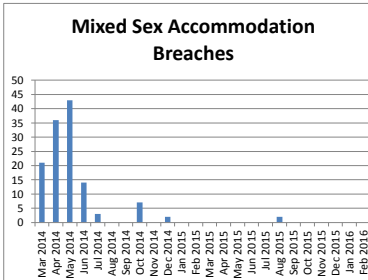
| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|---|---|---|----------|------------|-------|
| | | | | | Year | Month |
| 8 |  |   | FFT Response Rate - Adult and Children Inpatients (including day cases and community) | => % | 50.0 | 50.0 |
| 8 |  |   | FFT Score - Adult and Children Inpatients (including day cases and community) | => No | 95.0 | 95.0 |
| 8 |  |   | FFT Response Rate: Type 1 and 2 Emergency Department | => % | 50.0 | 50.0 |
| 8 |  |   | FFT Score - Adult and Children Emergency Department (type 1 and type 2) | => No | 95.0 | 95.0 |
| 8 |  | | FFT Score - Outpatients | => No | 95.0 | 95.0 |
| 8 | | | FFT Score - Maternity Antenatal | => No | 95.0 | 95.0 |
| 8 | | | FFT Score - Maternity Postnatal Ward | => No | 95.0 | 95.0 |
| 8 | | | FFT Score - Maternity Community | => No | 95.0 | 95.0 |
| 8 |  | | FFT Score - Maternity Birth | => No | 95.0 | 95.0 |
| 8 |  | | FFT Response Rate - Maternity Birth | => % | 50.0 | 50.0 |
| 13 |  |  | Mixed Sex Accommodation Breaches | <= No | 0.0 | 0.0 |
| 9 | |  | No. of Complaints Received (formal and link) | No | | |
| 9 |  | | No. of Active Complaints in the System (formal and link) | No | | |
| 9 |  |   | No. of First Formal Complaints received / 1000 bed days | Rate1 | | |
| 9 |  | | No. of First Formal Complaints received / 1000 episodes of care | Rate1 | | |
| 9 |  | | No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt) | => % | 100 | 100 |
| 9 |  | | No. of responses which have exceeded their original agreed response date (% of total active complaints) | <= % | 0 | 0 |
| 9 |  | | No. of responses sent out | No | | |
| 9 |  | | Oldest' complaint currently in system | No | | |
| 14 |  |    | Access to healthcare for people with Learning Disability (% within 3 compliance) | Yes / No | Yes | Yes |

[illegible]

| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|-----|-----|-----|-----|-----|-----|-----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | O | | | | | |
| Feb 2016 | | | | | | | | | 15 | | | | |
| Feb 2016 | | | | | | | | | 95 | | | | |
| Feb 2016 | 6 | | | | | | | | 6.0 | | | | |
| Feb 2016 | 74 | | | | | | | | 74 | | | | |
| Feb 2016 | | | | | | | | | 88 | | | | |
| Feb 2016 | | | | | | | | | 100 | | | | |
| Feb 2016 | | | | | | | | | 91 | | | | |
| Feb 2016 | | | | | | | | | 99 | | | | |
| Feb 2016 | | | | | | | | | 94 | | | | |
| Feb 2016 | | | | | | | | | 15 | | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 2 | | | |
| Feb 2016 | 47 | 14 | 14 | 4 | 4 | 6 | 6 | 5 | 100 | 1047 | | | |
| Feb 2016 | 65 | 23 | 14 | 6 | 4 | 6 | 6 | 4 | 128 | | | | |
| Feb 2016 | 3.2 | 3.9 | 20 | 1 | | | | | 3.33 | 3.12 | | | |
| Feb 2016 | 7.1 | 7.2 | 8.6 | 1.6 | | | 0 | | 6.16 | 5.67 | | | |
| Feb 2016 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | |
| Feb 2016 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | |
| Feb 2016 | 29 | 13 | 11 | 17 | 3 | 0 | 1 | 7 | 81 | | | | |
| Feb 2016 | 48 | 29 | 21 | 25 | 21 | 27 | 25 | 26 | 48 | | | | |
| Feb 2016 | N | N | N | N | N | N | N | N | No | | | | |



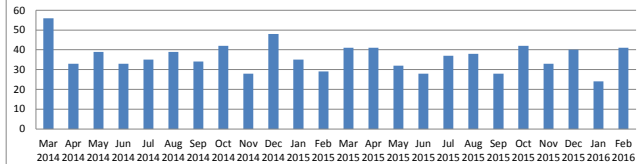
Patient Experience - Cancelled Operations

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|--|---------|------------|-------|
| | | | | | Year | Month |
| 2 | | | Elective Admissions Cancelled at last minute for non-clinical reasons | <= % | 0.8 | 0.8 |
| 2 | | | Number of 28 day breaches | <= No | 0 | 0 |
| 2 | | | No. of second or subsequent urgent operations cancelled | <= No | 0 | 0 |
| 2 | | | No. of Sitrep Declared Late Cancellations | <= No | 320 | 27 |
| 3 | | | No. of Sitrep Declared Late Cancellations (Pts. >1 occasion) | <= No | 0 | 0 |
| 3 | | | Multiple Cancellations experienced by same patient (all cancellations) | <= No | 0 | 0 |
| 3 | | | All Cancellations, with 7 or less days notice (expressed as % overall elective activity) | <= No | 0 | 0 |
| 3 | | | Weekday Theatre Utilisation (as % of scheduled) | => % | 85.0 | 85.0 |
| 2 | | | Urgent Cancellations | <= No | 0.0 | 0.0 |

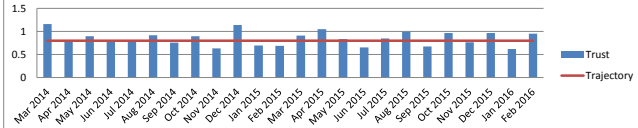
| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | 42 | 28 | 48 | 36 | 29 | 41 | 41 | 32 | 28 | 37 | 38 | 28 | 42 | 33 | 40 | 24 | 41 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| - | - | - | - | - | - | - | 46 | 52 | 59 | 46 | 39 | 49 | 50 | 57 | 39 | 63 | 56 |
| - | - | - | - | - | - | - | 209 | 204 | 229 | 222 | 211 | 229 | 244 | 238 | 194 | 210 | 228 |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| - | - | - | - | - | - | - | 11 | 5 | 6 | 0 | 7 | 3 | 9 | 0 | 0 | 0 | 0 |

| Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------|------|------|------|---|---|---|----|-------|--------------|-------|------------|----------|
| | M | A | B | W | P | I | C | CO | | | | | |
| Feb 2016 | 0.05 | 1.78 | 1.25 | 2.50 | | | | | 1.0 | 0.9 | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | | | | | 0 | 1 | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | | | | | 0 | 1 | | | |
| Feb 2016 | 1 | 19 | 14 | 7 | | | | | 41 | 403 | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | | | | | 0 | 5 | | | |
| Feb 2016 | 6 | 25 | 18 | 7 | | | | | 56 | | | | |
| Feb 2016 | 42 | 82 | 84 | 20 | | | | | 228 | | | | |
| Feb 2016 | 31.6 | 75.8 | 74.8 | 70.9 | | | | | 71.2 | | | | |
| Feb 2016 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | 0 | 41 | | | |

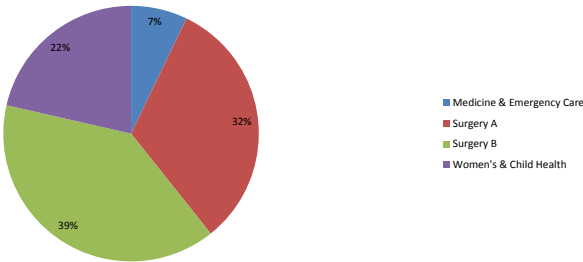
SitRep Late Cancellations



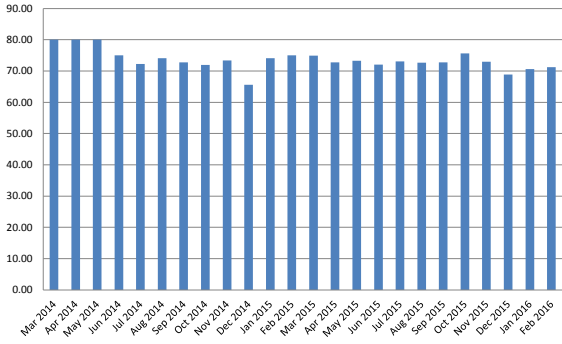
Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)



SitRep Late Cancellations by Group (Last 24 Months)



Weekday Theatre Utilisation (%) - Scheduled Sessions

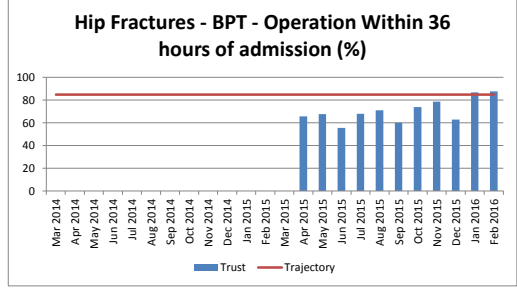
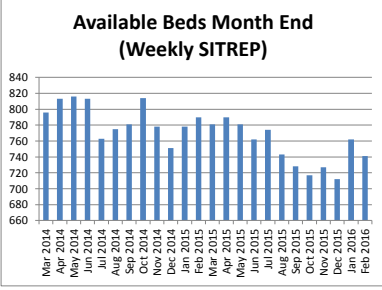
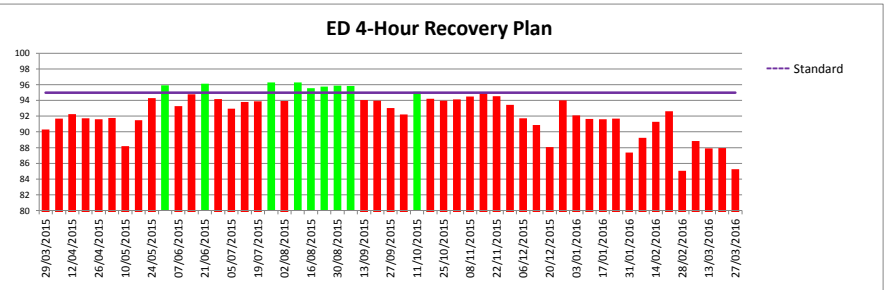


Access To Emergency Care & Patient Flow

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|---|---------|--------------|--------------|
| | | | | | Year | Month |
| 2 | | | Emergency Care 4-hour waits | => % | 95.00 | 95.00 |
| 2 | | | Emergency Care 4-hour breach (numbers) | No | | |
| 2 | | | Emergency Care Trolley Waits >12 hours | <= No | 0.00 | 0.00 |
| 3 | | | Emergency Care Timeliness - Time to Initial Assessment (95th centile) | <= No | 15.00 | 15.00 |
| 3 | | | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60 | 60 |
| 3 | | | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5.0 | 5.0 |
| 3 | | | Emergency Care Patient Impact - Left Department Without Being Seen Rate (%) | <= % | 5.0 | 5.0 |
| 11 | | | WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number) | <= No | 0 | 0 |
| 11 | | | WMAS - Finable Handovers (emergency conveyances) >60 mins (number) | <= No | 0 | 0 |
| 11 | | | WMAS - Handover Delays > 60 mins (% all emergency conveyances) | <= % | 0.02 | 0.02 |
| 11 | | | WMAS - Emergency Conveyances (total) | No | | |
| 2 | | | Delayed Transfers of Care (Acute) (%) | <= % | 3.5 | 3.5 |
| 2 | | | Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS | <= No | <10 per site | <10 per site |
| 2 | | | Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) | <= No | 0 | 0 |
| 2 | | | Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only) | <= No | 0 | 0 |
| 2 | | | Patient Bed Moves (10pm - 6am) (No.) -ALL | No | | |
| 2 | | | Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units | No | | |
| | | | Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%) | => % | 85.0 | 85.0 |
| | | | Non-Elective Follow-Up Surgical Procedures > 48 hours (unless clinically appropriate) | No | | |

[illegible]

| Data Period | Unit | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|------|------|------|-------|--------------|-------|------------|----------|
| | S | C | B | | | | | |
| Feb 2016 | 86.7 | 89.1 | 99.6 | 89.40 | 92.93 | | | |
| Feb 2016 | 1020 | 926 | 10 | 1956 | 14572 | | | |
| Feb 2016 | 0 | 0 | | 0 | 0 | | | |
| Feb 2016 | 21 | 17 | 15 | 18 | 17 | | | |
| Feb 2016 | 64 | 61 | 94 | 67 | 52 | | | |
| Feb 2016 | 7.96 | 7.74 | 3.19 | 7.25 | 7.73 | | | |
| Feb 2016 | 4.06 | 5.02 | 1.03 | 4.11 | 4.17 | | | |
| Feb 2016 | 57 | 40 | | 97 | 949 | | | |
| Feb 2016 | 4 | 2 | | 6 | 54 | | | |
| Feb 2016 | 0.20 | 0.10 | | 0.15 | 0.13 | | | |
| Feb 2016 | 1952 | 2009 | | 3961 | 42497 | | | |
| Feb 2016 | 0.5 | 3.6 | | 1.9 | 2 | | | |
| Feb 2016 | 1.75 | 9.75 | | 12 | | | | |
| Feb 2016 | - | - | | 426.0 | 5513 | | | |
| Feb 2016 | - | - | | 198.0 | 2596 | | | |
| Feb 2016 | | | | 543 | 6161 | | | |
| Feb 2016 | | | | 269 | 2816 | | | |
| Feb 2016 | | | | 88 | 71.4 | | | |
| Jan-00 | | | | - | - | | | |



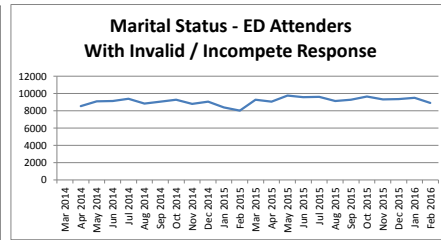
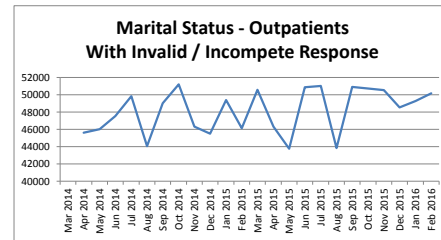
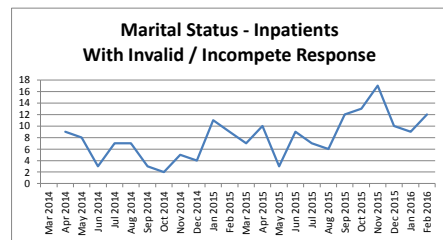
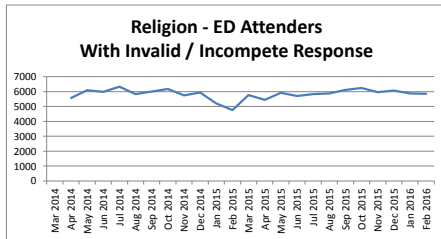
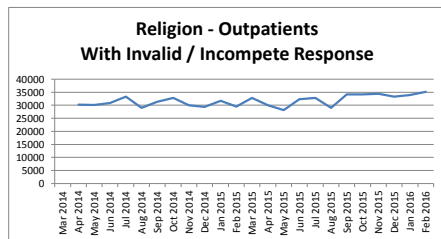
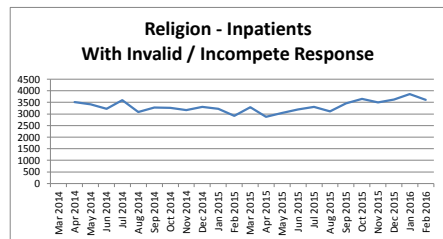
Referral To Treatment

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | |
|-------------|--------------|-----|--|---------|------------|-------|
| | | | | | Year | Month |
| 2 | | | RTT - Admitted Care (18-weeks) | => % | 90.0 | 90.0 |
| 2 | | | RTT - Non Admitted Care (18-weeks) | => % | 95.0 | 95.0 |
| 2 | | | RTT - Incomplete Pathway (18-weeks) | => % | 92.0 | 92.0 |
| 2 | | | Patients Waiting >52 weeks | <= No | 0 | 0 |
| 2 | | | Patients Waiting >52 weeks (Incomplete) | <= No | 0 | 0 |
| 2 | | | Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete) | <= No | 0 | 0 |
| 2 | | | Treatment Functions Underperforming (Incomplete) | <= No | 0 | 0 |
| 2 | | | Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census) | <= % | 1.0 | 1.0 |
| | | | Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters) | No | | |
| | | | Total ASIs in the month | No | | |
| | | | Total ASIs - 2WW | No | | |
| | | | Total ASIs - Urgent | No | | |
| | | | Failed Appointments within required period (2WW, Urgent Pathway) | No | | |























| Previous Months Trend (since Sep 2014) | | | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| S | O | N | D | J | F | M | A | M | J | J | A |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | < | | | | | | | |

Data Completeness

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | | Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | | Data Period | Group | | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months | | | | |
|-------------|--------------|-----|--|---------|------------|-------|--|-------|-------|-------|------|------|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------|----------|---|---|---|---|---|--------|--------|--------|--------------|-------|------------|----------|---------|--|--|--|
| | | | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | M | A | B | W | P | I | C | CO | | | | | | | | | |
| 14 | | | Data Completeness Community Services | => % | 50.0 | 50.0 | | | | | | | | | | | | | | | | | | | | Feb 2016 | | | | | | | 61.2 | 61.2 | | | | | | | | |
| 2 | | | Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | | | | | | | | | | | | | | | | | | | | Jan 2016 | | | | | | | 99.5 | 99.5 | | | | | | | | |
| 2 | | | Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | | | | | | | | | | | | | | | | | | | | Jan 2016 | | | | | | | 99.4 | 99.4 | | | | | | | | |
| 2 | | | Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | | | | | | | | | | | | | | | | | | | | Jan 2016 | | | | | | | 99.5 | 99.5 | | | | | | | | |
| 2 | | | Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS | => % | 99.0 | 99.0 | 95.7 | 95.3 | 95.7 | 96.0 | 96.5 | 96.9 | 96.6 | 96.9 | 96.6 | 96.3 | 96.5 | 95.8 | 96.5 | 97.0 | 97.4 | 97.0 | 97.5 | 96.5 | Feb 2016 | | | | | | | 96.5 | 96.7 | | | | | | | | | |
| 2 | | | Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS | => % | 99.0 | 99.0 | 99.4 | 99.5 | 99.5 | 99.5 | 99.6 | 99.6 | 99.6 | 99.6 | 99.6 | 99.6 | 99.6 | 99.5 | 99.4 | 99.5 | 99.5 | 99.5 | 99.5 | 99.5 | 99.5 | Feb 2016 | | | | | | | 99.5 | 99.5 | | | | | | | | |
| 2 | | | Completion of Valid NHS Number Field in A&E data set submissions to SUS | => % | 95.0 | 95.0 | 96.2 | 96.4 | 96.6 | 96.2 | 97.0 | 96.7 | 96.8 | 96.8 | 96.9 | 96.9 | 96.3 | 96.0 | 96.7 | 96.3 | 97.1 | 96.8 | 97.3 | 97.0 | 97.0 | Feb 2016 | | | | | | | 97.0 | 96.8 | | | | | | | | |
| 2 | | | Ethnicity Coding - percentage of inpatients with recorded response | => % | 90.0 | 90.0 | | | | | | | | | | | | | | | | | | | Feb 2016 | | | | | | | 89.0 | 90.5 | | | | | | | | | |
| | | | Ethnicity Coding - percentage of outpatients with recorded response | => % | 90.0 | 90.0 | | | | | | | | | | | | | | | | | | | Feb 2016 | | | | | | | 85.2 | 86.8 | | | | | | | | | |
| | | | Protected Characteristic - Religion - INPATIENTS with recorded response | % | | | 74.0 | 74.6 | 74.2 | 74.5 | 74.2 | 75.1 | 75.0 | 75.2 | 74.7 | 73.8 | 73.2 | 72.9 | 71.6 | 70.9 | 71.2 | 70.8 | 68.9 | 70.3 | Feb 2016 | | | | | | | 70.3 | 72.1 | | | | | | | | | |
| | | | Protected Characteristic - Religion - OUTPATIENTS with recorded response | % | | | 63.7 | 63.5 | 62.8 | 63.1 | 62.9 | 63.2 | 62.2 | 62.5 | 62.6 | 63.0 | 62.5 | 61.3 | 60.8 | 60.4 | 59.9 | 59.3 | 59.3 | 58.4 | 58.4 | Feb 2016 | | | | | | | 58.4 | 60.9 | | | | | | | | |
| | | | Protected Characteristic - Religion - ED patients with recorded response | % | | | 61.7 | 61.4 | 62.3 | 63.1 | 64.2 | 65.8 | 64.9 | 65.5 | 64.4 | 65.8 | 64.1 | 61.8 | 61.2 | 61.8 | 62.9 | 62.0 | 63.9 | 62.3 | 62.3 | Feb 2016 | | | | | | | 62.3 | 63.3 | | | | | | | | |
| | | | Protected Characteristic - Marital Status - INPATIENTS with recorded response | % | | | 100.0 | 100.0 | 100.0 | 100.0 | 99.9 | 99.9 | 99.9 | 99.9 | 100.0 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | Feb 2016 | | | | | | | 99.9 | 99.9 | | | | | | | | |
| | | | Protected Characteristic - Marital Status - OUTPATIENTS with recorded response | % | | | 43.3 | 43.0 | 42.6 | 42.8 | 42.1 | 42.3 | 41.7 | 42.2 | 41.8 | 41.6 | 41.8 | 41.6 | 41.6 | 41.2 | 41.1 | 40.7 | 40.8 | 40.5 | 40.5 | Feb 2016 | | | | | | | 40.5 | 41.3 | | | | | | | | |
| | | | Protected Characteristic - Marital Status - ED patients with recorded response | % | | | 42.0 | 41.9 | 42.4 | 43.8 | 42.4 | 42.4 | 43.5 | 42.5 | 41.2 | 42.6 | 40.7 | 40.6 | 41.1 | 40.8 | 42.0 | 41.5 | 41.7 | 42.5 | 42.5 | Feb 2016 | | | | | | | 42.5 | 41.6 | | | | | | | | |
| 2 | | | Maternity - Percentage of invalid fields completed in SUS submission | <= % | 15.0 | 15.0 | | | | | | | | | | | | | | | | | | | Feb 2016 | | | | | | | 5.9 | 5.7 | | | | | | | | | |
| 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 | Feb 2016 | | | | | | | 65,055 | 35,305 | 60,870 | 23,021 | 3,294 | 271 | 60 | 187,876 | | | |
| | | | Duplicate Entries | % | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Jan-00 | | | | | | | - | - | | | | | | | | | |



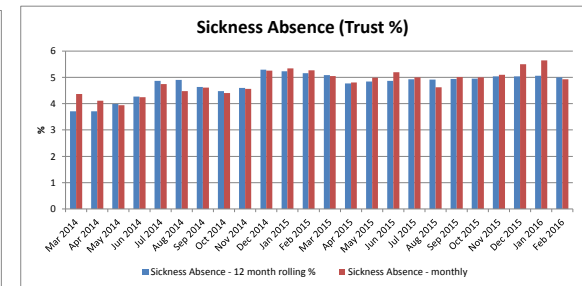
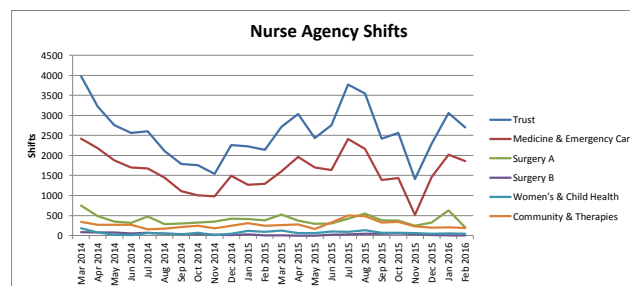
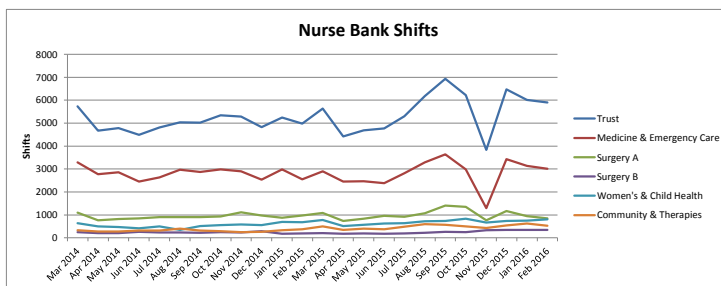
Workforce

| Data Source | Data Quality | PAF | Indicator | Measure | Trajectory | | |
|-------------|---|------|---|---------|------------|-------|---------------|
| | | | | | Year | Month | Month - Amber |
| 7 |  | •b | WTE - Actual versus Plan (FTE) | No | | | |
| 3 |  | •b • | PDRs - 12 month rolling | => % | 95.0 | 95.0 | 90.0 |
| 7 |  | •b | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | 90.0 |
| 3 |  | •b | Sickness Absence (Rolling 12 Months) | <= % | 3.15 | 3.15 | 3.8 |
| 3 | | | Sickness Absence (Monthly) | => % | 3.15 | 3.15 | 3.8 |
| 3 |  | | Return to Work Interviews following Sickness Absence | => % | 100.0 | 100.0 | 100.0 |
| 3 |  | | Mandatory Training | => % | 95.0 | 95.0 | 90.0 |
| 3 |  | • | Mandatory Training - Health & Safety (% staff) | => % | 95.0 | 95.0 | 90.0 |
| 7 |  | •b • | Employee Turnover (rolling 12 months) | <= % | 10.0 | 10.0 | 10.0 |
| 7 |  | | Nursing Turnover | <= % | 10.0 | 10.0 | 10.0 |
| 7 |  | | New Investigations in Month | No | | | |
| 7 |  | | Vacancy Time to Fill | Weeks | | | |
| 7 |  | • | Professional Registration Lapses | <= No | 0 | 0 | 0.0 |
| 7 |  | | Qualified Nursing Variance (FIMS) (FTE) | No | | | |
| 10 |  | | Nurse Bank Fill Rate | => % | 100.0 | 100.0 | 100.0 |
| 10 |  | | Nurse Bank Shifts Not Filled | <= No | 0 | 0 | 0.0 |
| 10 |  | | Nurse Bank Use (shifts) | <= No | 46980 | 3915 | 3915.0 |
| 10 |  | | Nurse Agency Use (shifts) | <= No | 0 | 0 | 0.0 |
| 10 |  | | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | 0.0 |
| 10 |  | | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | 0.0 |
| |  | | Medical Staffing - Number of instances when junior rotas not fully filled | <= No | 0 | 0 | 0.0 |
| 15 |  | | Your Voice - Response Rate | No | | | 0.0 |
| 15 |  | | Your Voice - Overall Score | No | | | 0.0 |

| Previous Months Trend (since Sep 2014) | | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|--------------|---|---|---|---|---|---|---|---|---|---|---|---|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A |
| 608 | 628 | 674 | 685 | 701 | 732 | 689 | under review | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| Data Period | Group | | | | | | | |
|----------------|-------|------|------|------|------|------|------|-------|
| | M | A | B | W | P | I | C | CO |
| Feb 2016 | | | | | | | | |
| Feb 2016 | 76.7 | 80.3 | 81.6 | 85.9 | 85.1 | 69.3 | 91.0 | 84.3 |
| Feb 2016 | 86.2 | 75.9 | 71.9 | 69.8 | 89.5 | 83.9 | 0.0 | 0.0 |
| Feb 2016 | 5.5 | 5.3 | 3.1 | 5.6 | 4.3 | 4.7 | 4.8 | 4.7 |
| Feb 2016 | 5.6 | 5.9 | 2.2 | 4.3 | 4.8 | 7.0 | 5.2 | 4.2 |
| Feb 2016 | 65.2 | 73.8 | 72.1 | 70.1 | 81.7 | 52.4 | 85.7 | 77.0 |
| Feb 2016 | 81.6 | 86.3 | 85.9 | 84.5 | 93.3 | 86.8 | 90.0 | 90.5 |
| Feb 2016 | 95.3 | 97.4 | 93.4 | 96.3 | 99.1 | 97.8 | 98.6 | 98.5 |
| Feb 2016 | | | | | | | | |
| Feb 2016 | | | | | | | | |
| Feb 2016 | 6 | 1 | 0 | 1 | 0 | 0 | 2 | 2 |
| Feb 2016 | | | | | | | | |
| Feb 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb 2016 | | | | | | | | |
| Feb 2016 | 65.2 | 57.2 | 95.9 | 90.8 | 0.0 | 99.4 | 78.3 | 100.0 |
| Feb 2016 | 700 | 202 | 14 | 74 | 0 | 1 | 78 | 0 |
| Feb 2016 | 3006 | 844 | 346 | 804 | 0 | 161 | 524 | 220 |
| Feb 2016 | 1862 | 202 | 3 | 43 | 0 | 388 | 192 | 12 |
| Feb 2016 | 1140 | 227 | 144 | 86 | 452 | 79 | 209 | 271 |
| Feb 2016 | 78 | 83 | 46 | 61 | 0 | 0 | 0 | 167 |
| Jan-00 | - | - | - | - | - | - | - | - |
| Dec 2015 | 6 | 8 | 14 | 11 | 19 | 21 | 21 | 15 |
| Dec 2015 | 3.37 | 3.31 | 3.63 | 3.63 | 3.79 | 3.4 | 3.72 | 3.58 |

| Month | Year To Date | Trend | Next Month | 3 Months |
|-------|--------------|-------|------------|----------|
| | | | | |
| | 85.4 | | | |
| | 86.0 | | | |
| 5.0 | 4.9 | | | |
| 4.9 | 5.11 | | | |
| 72.5 | 67.2 | | | |
| | 87.0 | | | |
| | 97.5 | | | |
| 13.5 | 13.5 | | | |
| 14.8 | 14.7 | | | |
| 12 | | | | |
| 26 | | | | |
| 0 | 0 | | | |
| 274 | | | | |
| 70.5 | 81.6 | | | |
| 1069 | 13535 | | | |
| 5905 | 60727 | | | |
| 2702 | 29990 | | | |
| 5054 | 57696 | | | |
| 435 | 2837 | | | |
| - | - | | | |
| 12.6 | | | | |
| 3.57 | | | | |



CQUIN (page 1 of 2)

| | CQUIN | Annual Plan Values (000s) | Achieved Values - YTD | Value at Risk (000s) | Indicator | Trajectory | Q1 | Q2 | Q3 | Q4 | Monthly Trend | | | | | | | | | | | | Comments | Data Period | Year To Date | Trend | Next Month | 3 Months |
|----|----------|---------------------------|-----------------------|----------------------|--|---|----------------------------------|--|---|-----------------------------|---------------|--------|--------|--------|---|---|---|---|---|---|---|---|---|-------------|--------------|-------|------------|----------|
| | | | | | | Notes | | | | | A | M | J | J | A | S | O | N | D | J | F | M | | | | | | |
| 1 | National | £615,136 | £399,839 | £65,000 | Acute Kidney Injury | Improvement from previous Quarter | Derive Base Data | Improvement to last Qtr - GP Letter Pilot Delayed | Improvement to last Qtr - GP Letter Pilot Jan | Improvement to last Qtr | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | No report by CQUIN lead at this stage, but assuming that January and February are delivering. | Feb-16 | | | | |
| 2 | National | £307,568 | £184,541 | £0 | Sepsis Screening | Improvement from base to agreed target | Derive Base Data | Target set at 32.5% | Improvement to Target | Improvement to Target | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | In October Patient First implemented . However, system configuration not complete yet - supplier challenged and meetings re-instated - awaiting full update on the latest position. Jan and Feb results have been delivered. | Feb-16 | | | | |
| 3 | National | £307,568 | £184,541 | £60,000 | Sepsis Antibiotic Administration | 90% by Q4 | Establish Audit Mech. | CCG aware - small samples | Work towards 90% | 90% Achieved | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Only one patient in this period. The patient was not administered antibiotics within the 1 hour timeframe. ED are looking into the delay (it was about ten minutes over the hour). This illustrates the issue of small numbers against this scheme as we already raised with the CCG. Scheme has delivered consistently up until now and this is just a blip in the process, so assuming CCG will agree to pay for the quarter. | Feb-16 | | | | |
| 4 | National | £369,082 | £369,082 | £0 | Dementia - Find, Assess, Investigate, Refer & Inform | 90% (each of 3 elements) in Q4 | Carry fwd from last year | Query with CCG - inform? | Work towards 90% | 90% Achieved | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | The 'inform' part of delivery a concern, till discharge letter goes live now not in this financial year. Unaware if this has happened. However, letters for eligible patients have now been successfully issued to GPs using a manual work-around. It is therefore likely we will be able to deliver this scheme full year. | Feb-16 | | | | |
| 5 | National | £61,514 | | £30,757 | Dementia - Staff Training | Target this - Qtrly reports to Board | Carry fwd from last year | Work towards 90% | Work towards 90% | 90% Achieved | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Overall training delivering targets. University training reduced from 80 to 40 however, CCG are challenging on this and will reduce payment if not increased to original 80 which CQUIN leads state will not happen. £30k at risk due to reduced university numbers. | Feb-16 | | | | |
| 6 | National | £184,541 | | £0 | Dementia - Supporting Carers | Bi-annual reports to Board | Carry fwd from last year | Work towards 90% | Work towards 90% | 90% Achieved | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Q3 delivered, likely to achieve Q4 | Feb-16 | | | | |
| 7 | National | £1,230,272 | £1,107,245 | £0 | Improvement in diagnosis recording in HES Data Set of Mental Health presentations | 85% in one month | Qtrly Data Collection | Achieve 85% in one month to complete CQUIN - already achieved in July & August at 99% - maintain performance | | | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Scheme was previously declared as delivering, however it appears that codes may have been used incorrectly. A review is on its way to pick up delivery for Jan and remaining months of the year. Performance at 80% against scheme vs target of 85%. Recent analysis suggests the coding now meets >85% target, but reports have not been run yet hence amber at this stage. | Feb-16 | | | | |
| 8 | Local | £314,081 | £314,081 | £0 | Community Therapies - Dietetics Community Communication with GPs | Deliver outstanding actions from 14 / 15 | One data submission at end of Q2 | | | | Met | | | | | | | | | | | | Delivered fully | Feb-16 | | | | |
| 9 | Local | £639,742 | £554,443 | £0 | Reduce Number of Ward Transfers experienced by patients with Dementia | Agree improvement trajectory from base | Derive Base Data | Improvement Required | Improvement Required | Improvement Required | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Jan and Feb data indicate delivery to target. Full audit trail is in place. | Feb-16 | | | | |
| 10 | Local | £639,742 | £554,443 | £0 | Reduce Number of Out Of Hours Patient Transfers | Agree improvement trajectory from base | Derive Base Data | Improvement Required | Improvement Required | Improvement Required | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Jan and Feb data indicate delivery to target. Full audit trail is in place. | Feb-16 | | | | |
| 11 | Local | £1,107,245 | TBC | £0 | Safeguarding | Carry Forward from last year | Report to Board (Pat Story) | Report to Board (Pat Story) | Report to Board (Pat Story) | Report to Board (Pat Story) | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Q4 expected to deliver, but still subject to CCG assessment. | Feb-16 | | | | |
| 12 | Local | £400,489 | £0 | £0 | Falls Medication | Baseline now agreed Q2 | Not active Q1 | Not active Q2 | Baseline agreed | | Not Active | | | | | | | | | | | | Delivery reporting due in Q4. Expected to deliver, but no update from the CQUIN lead hence amber here. | Feb-16 | | | | |
| 13 | Spec. | £118,000 | £0 | £0 | Reduce Number of Consultant-Led Follow Up GP Attendances | Implement plans to & monitor FLIN ratio | Formulate Plans | Sign Off of Plans | Monitor & Improve | Monitor & Improve | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Red rating due plan not signed off by Medical Director / COO - the SCG are likely to fail the Trust against this scheme. However, there is recent confirmation that this scheme will be paid despite current delivery. It will be therefore monitored as part of contract performance in 16/17. Clarity with SCG has been sought to ensure we are looking at the appropriate specialities and targets - awaited. | Feb-16 | | | | |
| 14 | Spec. | £118,000 | £88,500 | £0 | HIV - Reducing Unnecessary CD4 Monitoring | 90% pts have no more than 1 CD4 count in 9m | Qtrly Data Collection | Qtrly Data Collection | Qtrly Data Collection | Qtrly Data Collection | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Tracking well and in line to deliver Q4 | Feb-16 | | | | |
| 15 | Spec. | £118,000 | £88,500 | £0 | Haemoglobinopathy Networks - develop partnership working, define pathways and protocol | Publish agreed care p'ways and protocols | Set Up initial network meet | | | | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Network meetings have resumed in January and update expected at the end of the month. No feedback as yet from the SCG, but delivery anticipated as scheme has now picked up in momentum. | Feb-16 | | | | |
| 16 | Spec. | £118,000 | £88,500 | £0 | Breast Cancer - help patients make more informed choices regarding treatment | Provision of anon. pt. Datasets | Derive Base Data | Qtrly Data Collection | Qtrly Data Collection | Qtrly Data Collection | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Tracking well. Assumed delivery in Q4 | Feb-16 | | | | |
| 17 | Spec. | £118,000 | £88,500 | £0 | Bechet's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop | Submit Quarterly return | Qtrly Data Collection | Qtrly Data Collection | Qtrly Data Collection | Qtrly Data Collection | Q1 Met | Q2 Met | Q3 Met | Q4 Met | | | | | | | | | Tracking well. Assumed delivery in Q4 | Feb-16 | | | | |

CQUIN (page 2 of 2)

| | CQUIN | Annual Plan Values (000s) | Achieved Values - YTD (000s) | Value at Risk (000s) | Indicator | Note | Trajectory | | Previous Months Trend | | | | | | | | | | | | Data Period | Comments | Year To Date | Trend | Next Month | 3 Months | |
|----|---------------|---------------------------|------------------------------|----------------------|---|---------------------------------------|------------|-------|-----------------------|---|---|--------|---|---|--------|---|---|---|---|---|-------------|--|---|-------|------------|----------|--|
| | | | | | | | Year | Month | A | M | J | J | A | S | O | N | D | J | F | M | | | | | | | |
| 17 | Public Health | £94 | £0 | £0 | Breast Screening - improvement in uptake | Annual Report | | | Q1 Met | | | Q2 Met | | | Q3 Met | | | | | - | Feb-16 | 13 out of 14 GPs taking part; all have shown improvements and many at desired improvement target of 5% uptake. GPs not taking part shown deterioration; MD to write to non-participating GPs | | | | | |
| 18 | Public Health | £42 | £11 | £32 | Bowel Screening - improvement in uptake | Annual Report | | | Q1 Met | | | Q2 Met | | | | | | | | | | Feb-16 | Patient letter gone out, but 6mths period in which to attend screening so results - uptake unlikely, count of uptake due on 5th February. Significant effort put into this and well recognised, but unfortunately uptake remains below expectation .. anticipate the PH will pay. | | | | |
| 19 | Public Health | £154 | £77 | £0 | Maternity and Health Visiting Services - Integrated working | Implement Shared Assessment Framework | | | Q1 Met | | | Q2 Met | | | Q3 Met | | | | | - | Feb-16 | BadgerNet used to facilitate sharing | | | | | |

Overview

The Trust is contracted to deliver a total of 20 CQUIN schemes during 2015 / 2016. 7 schemes are nationally mandated, a further 5 have been agreed locally, 5 identified by the West Midlands Specialised Commissioners and 3 by Public Health. The collective financial value of the schemes is c.£8.8m. The Trust has reported to CCG, SCG and PH on the Q3 performance and has had its feedback - that all schemes other than AKI and New:FUPs are meeting targets.

Highlights - February 2016 Reporting ..

Overall, the majority of schemes are delivering and are managed extremely well. Delays in system developments have caused large workarounds and significant effort has been needed and provided in order to bridge the gaps.

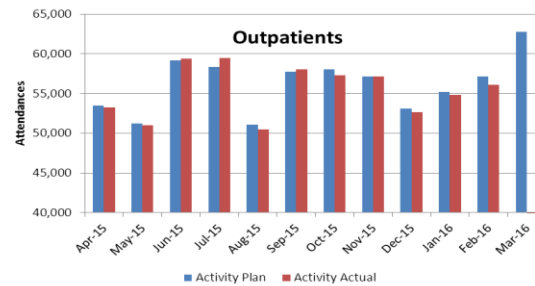
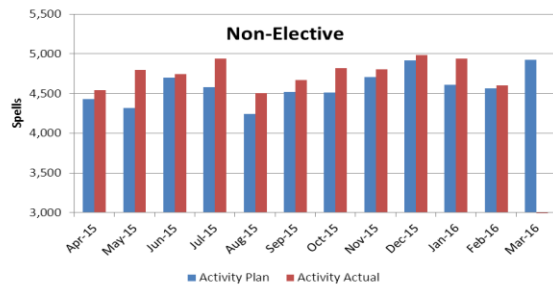
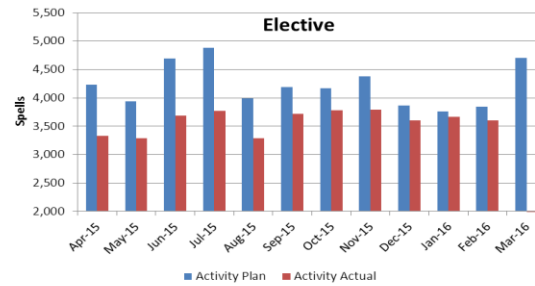
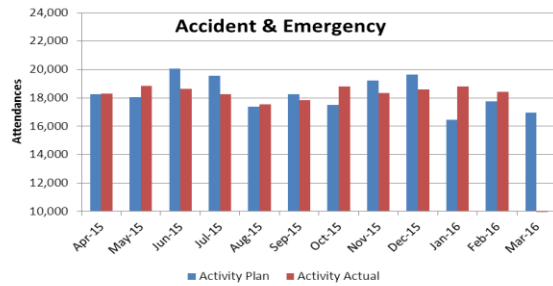
Risks ...£155k of Identified risk of which £65k is a real loss and Irrecoverable - these are:

- No report as yet from CQUIN lead for Jan & Feb. AKI manual auditing continuous until the discharge letter is developed, now expected in February, but appears to have been dropped altogether from development. Improvement payment has been withheld in quarter 3 (**£65k**) as quarter on quarter performance worsens. This is irrecoverable.
- Dementia training payment will be withheld if 80 university students do not complete. The Trust reduced to 40 in this quarter and CCG will not accept (**£30k** at worst risk)
- Sepsis B is a concern as Feb slips below target delivery. Only one patient in cohort and administration of antibiotic was 10 minutes late. Discussions with CCG to take place to acknowledge the small sample (**potential impact c£60k** otherwise).

Recoveries in the month ...

- A&E Mental Health scheme was due to lose 10% loss of payment as we fail to deliver the 85% target. This has now recovered and the scheme is likely to deliver.
- New : Follow up scheme has been failed delivery, however SCG has acknowledged payment for the full year. They will pick up scheme improvements through the 16/17 contract management so the Trust will still be expected to deliver. However, we are requesting now much more clarity on expectations and targets and are able to feed into this on more informed basis.
- Dementia letters to GP to comply with the 'refer' element of the scheme are being issued via manual work-around as discharge letter not yet automated.
- SCG scheme on Bowel Screening may be impacted by low uptake volumes - a paper has been produced by the service and has been shared with SCG but despite significant effort the uptake is not increasing. However, it is anticipated that payment will be received in light of efforts.

Activity Analysis



Values presented are for the **year-to-date period to month 11 (initial cut)** and includes the four activity PODs and Clinical Groups listed from the contracting dataset and does not included 'other income'

POD Activity

- Accident & Emergency Activity

Our emergency departments have over performed again in February, the Sandwell site had the highest over performance again however the City has dropped back into underperformance.

- Elective Activity

Adverse variances to plan in elective and outpatient care are being addressed through the demand and capacity work being led by the Chief Operating Officer. The plan focusses on maintaining underlying contract plan levels of activity through daily reporting of booked admitted and non-admitted activity and management challenge of differences from target.

- Non-Elective Activity

Unplanned admissions in total continue to over perform year-to-date however less so than the significant over performance seen in January driven by increased demand.

- Outpatient Activity

Outpatient attendances and procedures continue to perform close to plan with a continued trend of over performance in procedures offsetting underperformance in attendances.

Price & Volume Variance

The total financial variance to plan as at M11 is **£6.98m (initial cut)** driven by:

Activity driven variance - £4.84m:

- 13,928 cases behind the plan, mainly across elective activity impacted to an extend by non-elective cases;

Price driven variance - £2.14m:

- mainly across non-elective cases

| Activity Group (POD) | Activity Plan (Cases) | Activity Actual (Cases) | Activity Diff (Cases) | Price Plan Inc MFF (£) | Price Actual Inc MFF (£) | Price Diff Inc MFF (£) | Activity Variance (Cases) | Price Variance (£) |
|----------------------|-----------------------|-------------------------|-----------------------|------------------------|--------------------------|------------------------|---------------------------|--------------------|
| Accident & Emergency | 202,134 | 202,380 | 246 | £20,016,831 | £19,185,767 | -£831,063 | £24,362 | -£855,426 |
| Elective | 45,697 | 39,114 | -6,583 | £48,037,608 | £40,475,191 | -£7,562,418 | -£6,920,395 | -£642,023 |
| Non-Elective | 50,100 | 52,085 | 1,985 | £78,867,527 | £79,830,495 | £962,968 | £3,124,509 | -£2,161,541 |
| Outpatients | 548,706 | 539,130 | -9,576 | £61,358,844 | £61,803,205 | £444,361 | -£1,070,841 | £1,515,202 |
| Grand Total | 846,638 | 832,709 | -13,928 | £208,280,810 | £201,294,658 | -£6,986,152 | -£4,842,364 | -£2,143,788 |

Finance Summary

| Data Source | Data Quality | PAF | Indicator | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | RAG | Data Period | Group | | | | | | | | Month | Year To Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--------------|-----|--|------------|-------|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|-------------|-------|---|---|---|---|---|---|---|-------|--------------|---|----|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Year | Month | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | | | F | M | M | A | W | B | C | P | | | I | CO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | •f | Bottom Line Income & Expenditure position - Forecast compared to plan £m | £0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Feb-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MONTHLY: PASTE IN TDA KEY METRICS PAGE TO THIS FILE

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-Healed |
| 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 |



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 | Next Month | 3 Months |
|---------------------------------|---|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|-------------|-------------|------|------|-------|--------------|-------|------------|----------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | EC | AC | SC | | | | | |
| Patient Safety - Inf Control | C. Difficile | <= No | 30 | 3 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 1 | 0 | 0 | 1 | 21 | | | | |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 1 | 0 | 0 | 1 | 3 | | | | |
| Patient Safety - Inf Control | MRSA Screening - Elective (%) | => % | 80 | 80 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 80 | 90 | 18 | 64.9 | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Non Elective (%) | => % | 80 | 80 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 93 | 90 | 86 | 92.7 | | | | | |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 12 | 15 | 8 | 35 | 444 | | | | |
| Patient Safety - Harm Free Care | Falls with a serious injury | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 1 | 0 | 1 | 12 | | | | |
| Patient Safety - Harm Free Care | Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 1 | 5 | 0 | 6 | 44 | | | | |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 93.8 | 84.0 | 98.7 | 94.9 | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 98.0 | 98.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | 98.9 | 100.0 | 98.8 | 98.8 | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | 99 | 0 | 0 | 98.8 | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 85.0 | 85.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | 98 | 0 | 0 | 98.1 | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 0 | 0 | 1 | 0 | | | | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 2 | | | | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 1 | 1 | 2 | 4 | 39 | | | | |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100 | 98 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Dec 2015 | 54 | 43 | 43 | 46 | | | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | | 10.7 | 10.0 | 8.9 | 9.6 | 10.7 | 10.0 | 10.5 | 11.7 | 10.5 | 10.3 | 11.5 | 10.7 | 9.7 | 9.6 | 8.6 | 9.3 | 9.2 | - | Jan 2016 | | | | 9.2 | | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | | 9.9 | 10.0 | 10.0 | 9.9 | 10.1 | 10.1 | 10.2 | 10.3 | 10.3 | 10.3 | 10.4 | 10.4 | 10.3 | 10.3 | 10.3 | 10.3 | 10.1 | - | Jan 2016 | | | | | 10.3 | | | |

Medicine Group

| Section | Indicator | | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months | | |
|--|--|-------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | | F | EC | AC | | | | | | SC | |
| Clinical Effect - Stroke & Card | Pts spending >90% stay on Acute Stroke Unit (%) | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 93.8 | <div></div> | 93.8 | 92.7 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Pts admitted to Acute Stroke Unit within 4 hrs (%) | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 78.0 | <div></div> | 78.0 | 80.8 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 1 hr of presentation (%) | => % | 50.0 | 50.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 76.5 | <div></div> | 76.5 | 73.1 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 24 hrs of presentation (%) | => % | 100.0 | 100.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 100.0 | <div></div> | 100.0 | 99.0 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Stroke Admission to Thrombolysis Time (% within 60 mins) | => % | 85.0 | 85.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 85.7 | <div></div> | 85.7 | 84.9 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Stroke Admissions - Swallowing assessments (<24h) (%) | => % | 98.0 | 98.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 100.0 | <div></div> | 100.0 | 100.0 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | TIA (High Risk) Treatment <24 Hours from receipt of referral (%) | => % | 70.0 | 70.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 94.4 | <div></div> | 94.4 | 98.2 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | TIA (Low Risk) Treatment <7 days from receipt of referral (%) | => % | 75.0 | 75.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 98.0 | <div></div> | 98.0 | 98.7 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Primary Angioplasty (Door To Balloon Time 90 mins) (%) | => % | 80.0 | 80.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 96.0 | <div></div> | 96.0 | 93.9 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Primary Angioplasty (Call To Balloon Time 150 mins) (%) | => % | 80.0 | 80.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 80.0 | <div></div> | 80.0 | 92.7 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Stroke & Card | Rapid Access Chest Pain - seen within 14 days (%) | => % | 98.0 | 98.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 97.7 | <div></div> | 97.7 | 94.6 | <div></div> | <div></div> | <div></div> | |
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 | 93.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | | 92.8 | 92.8 | <div></div> | <div></div> | <div></div> | | |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 | 96.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | | 100.0 | 100.0 | <div></div> | <div></div> | <div></div> | | |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 | 85.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | | 97.0 | 97.0 | <div></div> | <div></div> | <div></div> | | |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | - | - | 0.50 | 0.50 | 15 | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | - | - | 0.00 | 0.00 | 9 | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan 2016 | <div></div> | - | - | 98 | 98 | <div></div> | <div></div> | <div></div> | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0.0 | 0.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 0 | 0 | 0 | 0 | 0 | <div></div> | <div></div> | <div></div> |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 23 | 8 | 16 | 47 | 433 | <div></div> | <div></div> | <div></div> |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 28 | 15 | 22 | 65 | <div></div> | <div></div> | <div></div> | |
| Pt. Experience - FFT,MSA,Comp (Group Sheet Only) | Oldest' complaint currently in system (days) | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 48 | 44 | 30 | 48 | <div></div> | <div></div> | <div></div> | |

Medicine Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months |
|--|---|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|----------|-------|--------------|-------|------------|----------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | EC | AC | SC | | | | | |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non-clinical reasons | <= % | 0.8 | 0.8 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | - | 0.59 | - | 0.05 | | | | | |
| 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 | Feb 2016 | 0.0 | 0.0 | 0.0 | 0 | 0 | | | | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 0 | 2 | 5 | 4 | 1 | 0 | 0 | 9 | 8 | 1 | 2 | 4 | 7 | 0 | 0 | 1 | 0 | 2 | 1 | Feb 2016 | 0.0 | 1.0 | 0.0 | 1 | 26 | | | |
| Pt. Experience - Cancellations | Weekday Theatre Utilisation (as % of scheduled) | => % | 85.0 | 85.0 | 54 | 57 | 60 | 62 | 61 | 49 | 48 | 54 | 60 | 46 | 47 | 45 | 33 | 54 | 35 | 32 | 34 | 32 | Feb 2016 | 0.0 | 0.0 | 31.6 | 31.6 | | | | |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | | - | - | - | - | - | - | - | 1 | 2 | 5 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | Feb 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 10 | | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour waits (%) | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 86.7 | 89.1 | Site S/C | 88.0 | 92.1 | | | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | | 1201 | 1390 | 1181 | 1913 | 940 | 1242 | 1412 | . | . | . | . | . | . | . | . | . | . | Feb 2016 | 1500 | 0 | 60 | 1560 | 11588 | | | | |
| Emergency Care & Pt. Flow | Emergency Care Trolley Waits >12 hours | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 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 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | - | - | - | <div></div> | Feb 2016 | 21.0 | 17.0 | Site S/C | 18 | 17 | | | |
| Emergency Care & Pt. Flow (Group Sheet Only) | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60.0 | 60.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | - | - | - | <div></div> | Feb 2016 | 64.0 | 61.0 | Site S/C | 63 | 55 | | | |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5.0 | 5.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 8.0 | 7.7 | Site S/C | 7.9 | 8.2 | | | | |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Left Department Without Being Seen Rate (%) | <= % | 5.0 | 5.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 4.1 | 5.0 | Site S/C | 4.6 | 4.5 | | | | |
| Emergency Care & Pt. Flow | WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number) | <= No | 0 | 0 | 136 | 219 | 159 | 282 | 185 | 149 | 164 | 43 | 116 | 90 | 72 | 58 | 76 | 93 | 67 | 121 | 116 | 97 | Feb 2016 | 57 | 40 | | 97 | 949 | | | |
| Emergency Care & Pt. Flow | WMAS -Finable Handovers (emergency conveyances) >60 mins (number) | <= No | 0 | 0 | 13 | 21 | 14 | 31 | 7 | 6 | 8 | 9 | 8 | 3 | 3 | 2 | 1 | 1 | 3 | 8 | 10 | 6 | Feb 2016 | 4 | 2 | | 6 | 54 | | | |
| Emergency Care & Pt. Flow | WMAS - Turnaround Delays > 60 mins (% all emergency conveyances) | <= % | 0.02 | 0.02 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0.20 | 0.10 | | 0.15 | 0.13 | | | | |
| Emergency Care & Pt. Flow | WMAS - Emergency Conveyances (total) | No | | | 4067 | 4193 | 4168 | 4470 | 4001 | 3829 | 4182 | 3981 | 4214 | 114 | 4256 | 4241 | 4016 | 4260 | 4202 | 4573 | 4679 | 3961 | Feb 2016 | 1952 | 2009 | | 3961 | 42497 | | | |
| RTT | RTT - Admitted Care (18-weeks) (%) | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0.0 | 95.1 | 94.6 | 94.9 | | | | | |
| RTT | RTT - Non Admittted Care (18-weeks) (%) | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 100.0 | 89.7 | 82.1 | 84.7 | | | | | |
| RTT | RTT - Incomplete Pathway (18-weeks) (%) | => % | 92.0 | 92.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0.0 | 91.8 | 89.7 | 90.4 | | | | | |
| RTT | Patients Waiting >52 weeks | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 3 | Feb 2016 | 0 | 2 | 1 | 3 | | | | | |
| RTT | Treatment Functions Underperforming | <= No | 0 | 0 | 5 | 5 | 7 | 2 | 2 | 6 | 1 | 1 | 1 | 1 | 3 | 4 | 3 | 7 | 8 | 8 | 10 | 8 | Feb 2016 | 0 | 3 | 5 | 8 | | | | |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 | 1.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 2.58 | 0 | 2.00 | | | | | |

Medicine Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months | |
|-------------------|---|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|--------|--------|--------------|-------|------------|----------|----|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | | J | F | EC | | | | | | AC |
| 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 | Feb 2016 | 11,897 | 16,107 | 37,051 | 65055 | | | |
| Workforce | WTE - Actual versus Plan | No | | | 160 | 166 | 197 | 232 | 242 | 244 | 176 | 200 | 200 | 219 | 236 | 262 | 261 | 217 | 214 | 208 | 204 | 201 | Feb 2016 | 96.1 | 54.7 | 46.4 | 201 | | | |
| Workforce | PDRs - 12 month rolling (%) | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 74.57 | 75.77 | 81.97 | | 83.6 | | |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 83.33 | 96.43 | 80 | | 84.4 | | |
| Workforce | Sickness Absence - 12 month rolling (%) | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 5.40 | 5.75 | 5.32 | 5.53 | 5.08 | | |
| Workforce | Sickness Absence - In month | <= No | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 7.34 | 4.72 | 4.10 | 5.59 | 5.86 | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100 | 100 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 63.5 | 72.9 | 44.8 | | 62.13 | | |
| Workforce | Mandatory Training (%) | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 81.07 | 81.71 | 82.45 | | 82.5 | | |
| Workforce | New Investigations in Month | No | | | 2 | 1 | 0 | 0 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 3 | 0 | 0 | 1 | 1 | 6 | Feb 2016 | 4 | 0 | 2 | 6 | | | |
| Workforce | Nurse Bank Fill Rate % | => % | 100 | 100 | . | . | . | . | . | . | 72 | 2528 | 3008 | 2311 | 3287 | 3019 | 4330 | 2700 | 1185 | 3654 | 3001 | 3002 | Feb 2016 | | | | 65 | | | |
| Workforce | Nurse Bank Shifts Not Filled (number) | <= No | 0 | 0 | . | . | . | . | . | . | 1031 | 1136 | 1055 | 771 | 1146 | 977 | 811 | 594 | 217 | 749 | 925 | 700 | Feb 2016 | | | | 700 | | | |
| Workforce | Nurse Bank Use | <= No | 34560 | 2880 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | 3006 | 30875 | | |
| Workforce | Nurse Agency Use | <= No | 0.00 | 0.00 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | 1862 | 18549 | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0.00 | 0.00 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | 1140 | 10840 | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0.00 | 0.00 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | 78 | 686 | | |
| Workforce | Medical Staffing - Number of instances when junior rotas not fully filled | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan-00 | | | | - | - | | |
| Workforce | Your Voice - Response Rate (%) | No | | | --> | --> | 9 | --> | --> | 6 | --> | --> | --> | 6 | --> | --> | 6 | --> | --> | 6 | --> | --> | Dec 2015 | 6.0 | 5.0 | 10.0 | 6.0 | | | |
| Workforce | Your Voice - Overall Score | No | | | --> | --> | 3.76 | --> | --> | 3.57 | --> | --> | --> | 3.49 | --> | --> | 3.45 | --> | --> | 3.37 | --> | --> | Dec 2015 | 3.44 | 3.56 | 3.10 | 3.37 | | | |

Surgery A Group

| Section | Indicator | Measure | Trajector | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | | | |
|---------------------------------|---|---------|-----------|---|----------|------|------|---|------|---|---|---|---|---|---|---|---|---|---|---|---|----------------|-------------|----|----|----|-------|-----------------|-------|---------------|----------|--|--|--|
| | | | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | GS | SS | TH | An | | | | | | | | |
| Patient Safety - Inf Control | C. Difficile | <= No | 1 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 1 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 98.1 | 96 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Non Elective | => % | 80 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 96.5 | 96.3 | 0 | 85.7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | <div><div>9</div><div>9</div><div>6</div><div>6</div><div>0</div><div>4</div><div>4</div><div>5</div><div>9</div><div>5</div><div>4</div><div>2</div><div>4</div><div>2</div><div>6</div><div>11</div><div>13</div><div>6</div><div></div><div></div></div> | Feb 2016 | 2 | 4 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls with a serious injury | <= No | 0 | <div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div>0</div><div>0</div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | <= No | 0 | <div><div>1</div><div>0</div><div>0</div><div>4</div><div>0</div><div>0</div><div>2</div><div>0</div><div>0</div><div>1</div><div>1</div><div>1</div><div>2</div><div>1</div><div>1</div><div>1</div><div>2</div><div>0</div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 95.2 | 91.8 | 0 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 98.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 100 | 100 | 0 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 95.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 85.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div></div> | Feb 2016 | 0 | 1 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 1 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 98.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Dec 2015 | 45 | 42.9 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | <= % | | <div><div>5.7</div><div>6.6</div><div>6.3</div><div>6.4</div><div>7.3</div><div>7.0</div><div>6.4</div><div>7.7</div><div>8.2</div><div>7.9</div><div>7.3</div><div>7.8</div><div>7.8</div><div>7.3</div><div>7.4</div><div>8.7</div><div>7.6</div><div>-</div></div> | Jan 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | <= % | | <div><div>6.6</div><div>6.7</div><div>6.6</div><div>6.7</div><div>6.7</div><div>6.8</div><div>6.7</div><div>6.8</div><div>6.8</div><div>6.8</div><div>6.9</div><div>7</div><div>7.2</div><div>7.3</div><div>7.369</div><div>7.6</div><div>7.6</div><div>-</div></div> | Jan 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Surgery A Group

| Section | Indicator | Measure | Trajectory | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | |
|--------------------------------|---|---------|------------|-----------------------|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|----|-------|----|----|-----------------------------|-------------|-------------|----|----|----|-------|--------------|-------|------------|----------|--|
| | | | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | GS | SS | TH | An | | | | | | |
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Cancer | 2 weeks (Breast Symptomatic) | => % | 93.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | - | - | - | - | - | - | - | - | - | 0 | 10 | 3 | 5 | 2 | 5 | 2 | - | | | | | | | | | | | | |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | - | - | - | - | - | - | - | - | - | 4 | 6 | 1 | 2 | 0 | 4 | 0 | - | | | | | | | | | | | | |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | . | . | . | . | . | . | . | . | . | 180 | 147 | 173 | 124 | 98 | 167 | 75 | . | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | 15 | 13 | 13 | 7 | 15 | 9 | 16 | 16 | 8 | 16 | 16 | 15 | 15 | 18 | 18 | 11 | 16 | 14 | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | 49 | 57 | 78 | 53 | 45 | 40 | 45 | 46 | 27 | 32 | 23 | 26 | 23 | 23 | 24 | 15 | 17 | 23 | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest complaint currently in system (days) | No | | 109 | 133 | 143 | 171 | 192 | 213 | 234 | 254 | 97 | 157 | 108 | 122 | 125 | 27 | 47 | 46 | 29 | 29 | | | | | | | | | | | |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non-clinical reasons | <= % | 0.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pt. Experience - Cancellations | 28 day breaches | <= No | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 10 | 18 | 6 | 33 | 11 | 13 | 17 | 12 | 10 | 8 | 21 | 13 | 13 | 17 | 8 | 16 | 5 | 19 | | | | | | | | | | | |
| Pt. Experience - Cancellations | Weekday Theatre Utilisation (as % of scheduled) | => % | 85.0 | 78 | 75 | 77 | 71 | 78 | 79 | 75 | 78 | 78 | 79 | 80 | 78 | 78 | 78 | 78.01 | 72 | 74 | 76 | | | | | | | | | | | |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | - | - | - | - | - | - | - | 2 | 0 | 0 | 0 | 7 | 2 | 8 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | 103 | 118 | 94 | 121 | 43 | 108 | 127 | . | . | . | . | . | . | . | . | . | . | 49 | | | | | | | | | | | |
| Emergency Care & Pt. Flow | Hip Fractures - Operation < 24 hours of admission (%) | => % | 85 | | | | | | | | | | | | | | | | | | old indicator - update reqd | | | | | | | | | | | |

Surgery A Group

| Section | Indicator | Measure | Trajector | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------------|---|---------|-----------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|----------------|-------------|------|-------|-------|-------|-----------------|-------|---------------|----------|
| | | | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | GS | SS | TH | An | | | | | |
| RTT | RTT - Admitted Care (18-weeks) (%) | => % | 90.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 78.0 | 64.5 | 0.0 | 0.0 | 71.6 | | | | | |
| RTT | RTT - Non Admitted Care (18-weeks) (%) | => % | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 92.8 | 91.1 | 0.0 | 0.0 | 92.1 | | | | | |
| RTT | RTT - Incomplete Pathway (18-weeks) (%) | => % | 92.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 92.1 | 88.0 | 0.0 | 0.0 | 90.1 | | | | | |
| RTT | Patients Waiting >52 weeks | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 1 | 0 | 0 | 1 | | | | | |
| RTT | Treatment Functions Underperforming | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 4 | 5 | 0 | 0 | 9 | | | | | |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0.7 | 0.0 | 0.0 | 0.0 | 0.36 | | | | | |
| Data Completeness | Open Referrals | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 20,091 | 12,061 | 0 | 3,153 | 35305 | | | | | |
| Workforce | WTE - Actual versus Plan | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 32.6 | 22.2 | 24.7 | 18.2 | 102.3 | | | | | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 79.8 | 77.9 | 83.7 | 82.1 | | 84.4 | | | | |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 66.7 | 88.9 | 0 | 75.6 | | 82.9 | | | | |
| Workforce | Sickness Absence - 12 month rolling (%) | <= % | 3.15 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 5.8 | 3.7 | 6.2 | 4.9 | 5.3 | 5.2 | | | | |
| Workforce | Sickness Absence - In Month | <= No | 3.15 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 7.5 | 2.9 | 6.9 | 5.1 | 5.9 | 5.5 | | | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 76.7 | 50.6 | 82.3 | 74.1 | 73.8 | 66.4 | | | | |
| Workforce | Mandatory Training | => % | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 86.1 | 78.7 | 89.3 | 87.9 | | 88.2 | | | | |
| Workforce | New Investigations in Month | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 1 | 0 | 0 | 1 | | | | | |
| Workforce | Nurse Bank Fill Rate | => % | 100.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 57.23 | 78 | | | | |
| Workforce | Nurse Bank Shifts Not Filled | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 202 | 2719 | | | | |
| Workforce | Nurse Bank Use | <= No | 826 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 844 | 10992 | | | | |
| Workforce | Nurse Agency Use | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 202 | 4081 | | | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 227 | 2235 | | | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 83 | 502 | | | | |
| Workforce | Medical Staffing - Number of instances when junior rotas not fully filled | <= No | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Jan-00 | | | | | - | - | | | | |
| Workforce | Your Voice - Response Rate | No | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Dec 2015 | - | - | - | 9 | 8 | | | | | |

Surgery A Group

| Surgery B Group | |
|-----------------|-----|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 16 | 16 |
| 17 | 17 |
| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | 23 |
| 24 | 24 |
| 25 | 25 |
| 26 | 26 |
| 27 | 27 |
| 28 | 28 |
| 29 | 29 |
| 30 | 30 |
| 31 | 31 |
| 32 | 32 |
| 33 | 33 |
| 34 | 34 |
| 35 | 35 |
| 36 | 36 |
| 37 | 37 |
| 38 | 38 |
| 39 | 39 |
| 40 | 40 |
| 41 | 41 |
| 42 | 42 |
| 43 | 43 |
| 44 | 44 |
| 45 | 45 |
| 46 | 46 |
| 47 | 47 |
| 48 | 48 |
| 49 | 49 |
| 50 | 50 |
| 51 | 51 |
| 52 | 52 |
| 53 | 53 |
| 54 | 54 |
| 55 | 55 |
| 56 | 56 |
| 57 | 57 |
| 58 | 58 |
| 59 | 59 |
| 60 | 60 |
| 61 | 61 |
| 62 | 62 |
| 63 | 63 |
| 64 | 64 |
| 65 | 65 |
| 66 | 66 |
| 67 | 67 |
| 68 | 68 |
| 69 | 69 |
| 70 | 70 |
| 71 | 71 |
| 72 | 72 |
| 73 | 73 |
| 74 | 74 |
| 75 | 75 |
| 76 | 76 |
| 77 | 77 |
| 78 | 78 |
| 79 | 79 |
| 80 | 80 |
| 81 | 81 |
| 82 | 82 |
| 83 | 83 |
| 84 | 84 |
| 85 | 85 |
| 86 | 86 |
| 87 | 87 |
| 88 | 88 |
| 89 | 89 |
| 90 | 90 |
| 91 | 91 |
| 92 | 92 |
| 93 | 93 |
| 94 | 94 |
| 95 | 95 |
| 96 | 96 |
| 97 | 97 |
| 98 | 98 |
| 99 | 99 |
| 100 | 100 |

| Section | Indicator | Measure | Trajectory | |
|---------------------------------|---|---------|------------|-------|
| | | | Year | Month |
| Patient Safety - Inf Control | C. Difficile | <= No | 0 | 0 |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | 0 |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80 | 80 |
| Patient Safety - Inf Control | MRSA Screening - Non Elective | => % | 80 | 80 |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 |
| Patient Safety - Harm Free Care | Falls with a serious injury | <= No | 0 | 0 |
| Patient Safety - Harm Free Care | Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable) | <= No | 0 | 0 |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95 | 95 |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 98 | 98 |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 95 | 95 |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 85 | 85 |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100 | 97 |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | |

| Previous Months Trend | | | | | | | | | | | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 2 | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | - | - | - | - | - | N/A | N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | - | - |
| 4.0 | 4.9 | 4.9 | 5.0 | 2.9 | 4.5 | 5.5 | 5.7 | 4.4 | 3.4 | 5.7 | 3.6 | 5.3 | 5.0 | 4.4 | 6.1 | 3.1 | - |
| 4.8 | 4.8 | 4.8 | 4.8 | 4.7 | 4.5 | 4.5 | 4.5 | 4.6 | 4.6 | 4.6 | 4.5 | 4.7 | 4.7 | 4.6 | 4.7 | 4.7 | - |

| Data Period | Directorate | | Month | Year To Date |
|-------------|-------------|------|-------|--------------|
| | O | E | | |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 81.5 | 97.5 | 93.4 | |
| Feb 2016 | 92.6 | 90.7 | 91.4 | |
| Feb 2016 | 1 | 0 | 1 | 9 |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 99 | 99.7 | 99.3 | |
| Jan 2016 | 99.8 | 100 | 99.82 | |
| Jan 2016 | 100 | 100 | 100 | |
| Jan 2016 | 100 | 100 | 100 | |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Feb 2016 | 0 | 0 | 0 | 0 |
| Dec 2015 | 0 | 0 | 0 | |
| Jan 2016 | | | 3.1 | |
| Feb 2016 | | | | 4.6 |

Surgery B Group

| Section | Indicator | Measure | Trajectory | |
|--|---|---------|------------|-------|
| | | | Year | Month |
| Clinical Effect - Cancer | 2 weeks | => % | 93 | 93 |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96 | 96 |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85 | 85 |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | |
| Pt. Experience - FFT,MSA,Comp | Oldest' complaint currently in system (days) | No | | |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non-clinical reasons | <= % | 0.8 | 0.8 |
| Pt. Experience - Cancellations | 28 day breaches | <= No | 0 | 0 |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 0 |
| Pt. Experience - Cancellations | Weekday Theatre Utilisation (as % of scheduled) | => % | 85 | 85 |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour waits (%) | => % | 95 | 95 |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | |
| Emergency Care & Pt. Flow | Emergency Care Trolley Waits >12 hours | <= No | 0 | 0 |
| Emergency Care & Pt. Flow (Group Sheet Only) | Emergency Care Timeliness - Time to Initial Assessment (95th centile) | <= No | 15 | 15 |
| Emergency Care & Pt. Flow (Group Sheet Only) | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60 | 60 |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5 | 5 |

| Previous Months Trend | | | | | | | | | | | | | | | | | |
|-----------------------|----|-----|-----|------|-----|------|------|------|------|------|------|------|---------|------|------|------|------|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F |
| | | | | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | #DIV/0! | | | | |
| - | | | | | | | | | | | | | #DIV/0! | | | | - |
| - | - | - | - | - | - | - | - | - | - | 0 | 0 | 0 | 0 | 1 | 0 | 0.5 | - |
| - | - | - | - | - | - | - | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| - | - | - | - | - | - | - | - | - | - | 62 | 51 | 62 | 0 | 104 | 54 | 84 | - |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | 12 | 11 | 14 | 14 | 12 | 16 | 14 | 9 | 6 | 15 | 15 | 16 | 18 | 18 | 17 | 9 | 14 |
| 36 | 37 | 47 | 33 | 35 | 35 | 36 | 39 | 35 | 17 | 17 | 22 | 19 | 24 | 25 | 21 | 15 | 14 |
| 98 | 63 | 138 | 109 | 102 | 123 | 144 | 164 | 135 | 102 | 126 | 148 | 83 | 106 | 34 | 57 | 25 | 21 |
| | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | 12 | 11 | 7 | 24 | 11 | 8 | 15 | 17 | 16 | 10 | 14 | 8 | 19 | 15 | 11 | 11 | 14 |
| 73.6 | 72 | 73 | 68 | 74.1 | 72 | 75.2 | 73.3 | 71.4 | 73.1 | 73.9 | 70.5 | 73.6 | 75 | 75.1 | 73.8 | 74.5 | 74.8 |
| - | - | - | - | - | - | - | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | |
| 29 | 10 | 27 | 25 | 8 | 8 | 39 | - | - | - | - | - | - | - | - | - | - | 13 |
| - | - | - | - | - | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | - | - | - | - | |
| | | | | | | | | | | | | | - | - | - | - | |
| | | | | | | | | | | | | | | | | | |

| Data Period | Directorate | | Month | Year To Date |
|-------------|-------------|-----|-------|--------------|
| | O | E | | |
| Jan 2016 | | | | |
| Jan 2016 | | | | |
| Jan 2016 | | | | |
| Jan 2016 | - | 0.5 | | |
| Jan 2016 | - | 0 | | |
| Jan 2016 | - | 84 | | |
| Feb 2016 | | | | |
| Feb 2016 | 14 | 0 | | |
| Feb 2016 | 14 | 0 | | |
| Feb 2016 | 21 | 0 | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | 0 | 0 | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |
| Feb 2016 | | | | |

Surgery B Group

| | | | | |
|---------------------------|--|------|---|---|
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Left Department Without Being Seen Rate (%) | <= % | 5 | 5 |
|---------------------------|--|------|---|---|



Feb 2016

1.03

1.03

1.63

Surgery B Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | Month | Year To Date |
|-------------------|--|---------|------------|-------|-----------------------|---------------|---------------|---------------|---------------|---------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------------|------------------|--------------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | O | E | | |
| RTT | RTT - Admitted Care (18-weeks) (%) | => % | 90 | 90 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 86.2 | 87.6 | 86.7 | | |
| RTT | RTT - Non Admitted Care (18-weeks) (%) | => % | 95 | 95 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 93.1 | 88.8 | 92.1 | | |
| RTT | RTT - Incomplete Pathway (18-weeks) (%) | => % | 92 | 92 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 92.7 | 93.5 | 92.9 | | |
| RTT | Patients Waiting >52 weeks | <= No | 0 | 0 | <div>2</div> | <div>2</div> | <div>1</div> | <div>0</div> | <div>0</div> | <div>1</div> | <div>1</div> | <div>0</div> | <div>1</div> | <div>0</div> | <div>3</div> | <div>2</div> | <div>1</div> | <div>3</div> | <div>3</div> | <div>1</div> | <div>2</div> | <div>1</div> | Feb 2016 | 0 | 1 | 1 | |
| RTT | Treatment Functions Underperforming | <= No | 0 | 0 | <div>4</div> | <div>5</div> | <div>5</div> | <div>1</div> | <div>2</div> | <div>7</div> | <div>1</div> | <div>1</div> | <div>2</div> | <div>1</div> | <div>1</div> | <div>1</div> | <div>1</div> | <div>5</div> | <div>3</div> | <div>3</div> | <div>7</div> | <div>5</div> | Feb 2016 | 2 | 3 | 5 | |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1 | 1 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 0 | 0 | | |
| Data Completeness | Open Referrals | No | | | <div>.</div> | <div>.</div> | <div>.</div> | <div>.</div> | <div>.</div> | <div>.</div> | <div>.</div> | <div>58,186</div> | <div>60,484</div> | <div>61,192</div> | <div>63,016</div> | <div>65,129</div> | <div>66,371</div> | <div>67,982</div> | <div>70,005</div> | <div>71,194</div> | <div>62,182</div> | <div>60,870</div> | Feb 2016 | <div>51,054</div> | <div>9,816</div> | 60870 | |
| Workforce | WTE - Actual versus Plan | No | | | <div>28</div> | <div>30</div> | <div>27</div> | <div>30</div> | <div>32</div> | <div>29</div> | <div>28.5</div> | <div>35.3</div> | <div>35.1</div> | <div>46.6</div> | <div>43.1</div> | <div>49.7</div> | <div>57.2</div> | <div>57.7</div> | <div>59.1</div> | <div>61</div> | <div>57.8</div> | <div>50.2</div> | Feb 2016 | | | 50.2 | |
| Workforce | PDRs - 12 month rolling | => % | 95 | 95 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>76.8</div> | <div>93.2</div> | | <div>85.1</div> | |
| Workforce | Medical Appraisal and Revalidation | => % | 95 | 95 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>75</div> | <div>50</div> | 71.9 | <div>86.29</div> | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>3.4</div> | <div>2.42</div> | <div>3.12</div> | <div>3.2</div> | |
| Workforce | Sickness Absence - In Month | <= % | 3.15 | 3.15 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>2.3</div> | <div>2.1</div> | <div>2.21</div> | <div>3.4</div> | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100 | 100 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div></div> | <div>-</div> | <div>-</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>66.5</div> | <div>77.2</div> | <div>72.06</div> | <div>57.92</div> | |
| Workforce | Mandatory Training | => % | 95 | 95 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>83.7</div> | <div>92</div> | | <div>86.3</div> | |
| Workforce | New Investigations in Month | No | | | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>1</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>1</div> | <div>0</div> | <div>0</div> | <div>0</div> | Feb 2016 | | | 0 | | |
| Workforce | Nurse Bank Fill Rate | => % | 100 | 100 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>100</div> | <div>99</div> | <div>99.6</div> | <div>98.4</div> | <div>98.2</div> | <div>96.9</div> | <div>96</div> | <div>97</div> | <div>97.6</div> | <div>93.5</div> | <div>97.3</div> | <div>95.9</div> | Feb 2016 | | | 95.88 | 97 |
| Workforce | Nurse Bank Shifts Not Filled | <= No | 0 | 0 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>1</div> | <div>2</div> | <div>1</div> | <div>3</div> | <div>4</div> | <div>7</div> | <div>13</div> | <div>7</div> | <div>27</div> | <div>23</div> | <div>11</div> | <div>14</div> | Feb 2016 | | | 14 | 112 |
| Workforce | Nurse Bank Use | <= No | 2796 | 233 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | <div>346</div> | <div>2846</div> | |
| Workforce | Nurse Agency Use | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | <div>3</div> | <div>240</div> | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | <div>144.0</div> | 1371.0 | |

Surgery B Group

| | | | | | | | | | | |
|-----------|---|-------|---|---|--|----------|------|------|------|-------|
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | Feb 2016 | | | 46.0 | 252.0 |
| Workforce | Medical Staffing - Number of instances when junior rotas not fully filled | <= No | 0 | 0 | <div><div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div></div></div> | Jan-00 | - | - | - | - |
| Workforce | Your Voice - Response Rate | No | | | <div><div><div>--></div><div>--></div><div>17</div><div>--></div><div>--></div><div>14</div><div>--></div><div>--></div><div>--></div><div>12</div><div>--></div><div>--></div><div>15</div><div>--></div><div>--></div><div>14</div><div>--></div><div>--></div></div></div> | Dec 2015 | 7 | 31 | 14 | |
| Workforce | Your Voice - Overall Score | No | | | <div><div><div>--></div><div>--></div><div>3.52</div><div>--></div><div>--></div><div>3.54</div><div>--></div><div>--></div><div>--></div><div>3.59</div><div>--></div><div>--></div><div>3.63</div><div>--></div><div>--></div><div>3.63</div><div>--></div><div>--></div></div></div> | Dec 2015 | 3.56 | 3.73 | 3.63 | |

Women & Child Health Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | | | | | |
|---------------------------------|---|---------|------------|-------|--|----------|-----|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|-------------|---|---|---|-------|--------------|-------|------------|----------|---|--|--|--|--|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | | F | G | M | P | | | | | | C | | | | |
| Patient Safety - Inf Control | C. Difficile | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 1 | 0 | 0 | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80.00 | 80.00 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Non Elective | => % | 80.00 | 80.00 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 2 | 0 | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls with a serious injury | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable) | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 | 95.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 98 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 98.0 | 98.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 99 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 95.0 | 95.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 97 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 85.0 | 85.00 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Jan 2016 | 97 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 1 | 1 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |

Women & Child Health Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------------------------|---|----------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|-----------------|-------------|-------------|-------------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | G | M | P | C | | | | | |
| Patient Safety - Obstetrics | Caesarean Section Rate - Total | <= % | 25.0 | 25.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 24 | <div></div> | <div></div> | <div>23.7</div> | <div>25.1</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Caesarean Section Rate - Elective | % | | | 9 | 7 | 8 | 11 | 8 | 6 | 9 | 8 | 7 | 8 | 11 | 9 | 9 | 10 | 9 | 9 | 8 | 8 | Feb 2016 | <div></div> | 8.3 | <div></div> | <div></div> | <div>8.3</div> | <div>8.7</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Caesarean Section Rate - Non Elective | % | | | 18 | 19 | 16 | 16 | 15 | 17 | 16 | 15 | 18 | 15 | 18 | 17 | 18 | 15 | 16 | 14 | 17 | 15 | Feb 2016 | <div></div> | 15 | <div></div> | <div></div> | <div>15.4</div> | <div>16.4</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Maternal Deaths | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 0 | <div></div> | <div></div> | <div>0</div> | <div>0</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Post Partum Haemorrhage (>2000ml) | <= No | 48 | 4 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 2 | <div></div> | <div></div> | <div>2</div> | <div>23</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Admissions to Neonatal Intensive Care | <= % | 10.0 | 10.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 0.4 | <div></div> | <div></div> | <div>0.4</div> | <div>1.8</div> | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Adjusted Perinatal Mortality Rate (per 1000 babies) | <= Rate1 | 8.0 | 8.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 8.4 | <div></div> | <div></div> | <div>8.4</div> | | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 75 | <div></div> | <div></div> | <div>75.1</div> | | <div></div> | <div></div> | <div></div> |
| Patient Safety - Obstetrics | Early Booking Assessment (<12 + 6 weeks) (%) - National Definition | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | 155 | <div></div> | <div></div> | <div>155.4</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100.0 | 97.0 | <div></div> | <div></div> | <div></div> | <div></div> | - | <div></div> | <div></div> | <div></div> | N/A | <div></div> | <div></div> | N/A | N/A | <div></div> | <div></div> | N/A | - | - | Dec 2015 | 0 | 0 | 0 | <div></div> | <div>0.0</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | | 5.5 | 7.2 | 6.8 | 7.2 | 6.6 | 7.4 | 6.9 | 7.4 | 6.9 | 7.1 | 7.1 | 4.4 | 4.5 | 6.4 | 5.9 | 4.8 | 4.7 | - | Jan 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>4.7</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | | 6.4 | 6.5 | 6.5 | 6.6 | 6.5 | 6.6 | 6.7 | 6.7 | 6.7 | 6.8 | 6.9 | 6.7 | 6.6 | 6.6 | 6.5 | 6.3 | 6.1 | - | Jan 2016 | <div></div> | <div></div> | <div></div> | <div></div> | | <div>6.6</div> | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 | 93.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | Jan 2016 | 93 | <div></div> | 0 | <div></div> | <div>93.2</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 | 96.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | Jan 2016 | 94 | <div></div> | <div></div> | <div></div> | <div>94.4</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 | 85.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | Jan 2016 | 74 | <div></div> | <div></div> | <div></div> | <div>73.9</div> | | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | - | - | - | - | - | - | - | - | - | - | 0 | 1.5 | 1.5 | 4 | 0.5 | 1.5 | 3 | - | Jan 2016 | 3 | - | 0 | - | <div>3</div> | <div>12</div> | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 0 | 2 | 0 | 0 | 0 | - | Jan 2016 | 0 | - | 0 | - | <div>0</div> | <div>4</div> | <div></div> | <div></div> | <div></div> |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | | - | - | - | - | - | - | - | - | - | - | 123 | 130 | 98 | 146 | 89 | 71 | 104 | - | Jan 2016 | 104 | - | 0 | - | <div>104</div> | | <div></div> | <div></div> | <div></div> |

Women & Child Health Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|--------------------------------|---|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|---|----|-------|--------------|-------|------------|----------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | G | M | P | C | | | | | |
| 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 | Feb 2016 | 0 | | | | 0 | 0 | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 8 | 8 | 12 | 7 | 11 | 9 | 11 | 7 | 9 | 14 | 14 | 12 | 10 | 9 | 10 | 15 | 17 | 4 | Feb 2016 | 0 | 3 | 1 | 0 | 4 | 121 | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 29 | 29 | 33 | 12 | 21 | 27 | 32 | 28 | 28 | 20 | 18 | 17 | 13 | 13 | 13 | 14 | 20 | 6 | Feb 2016 | 0 | 0 | 0 | 0 | 6 | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest' complaint currently in system (days) | No | | | 87 | 104 | 123 | 151 | 52 | 73 | 94 | 113 | 128 | 96 | 50 | 57 | 57 | 27 | 24 | 28 | 25 | 25 | Feb 2016 | 25 | 25 | 5 | 0 | 25 | | | | |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non-clinical reasons | <= % | 0.8 | 0.8 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 3.4 | | - | | 2.5 | | | | |
| 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 | Feb 2016 | 0 | | | | 0 | 0 | | | | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 0 | 6 | 7 | 7 | 7 | 1 | 5 | 7 | 6 | 4 | 2 | 2 | 4 | 7 | 6 | 9 | 13 | 6 | 7 | Feb 2016 | 7 | | | | 7 | 66 | | | |
| Pt. Experience - Cancellations | Weekday Theatre Utilisation (as % of scheduled) | => % | 85.0 | 85.0 | 76 | 77 | 77 | 80 | 77 | 78 | 79 | 76 | 78 | 74 | 75 | 76 | 79 | 76 | 76 | 72 | 74 | 71 | Feb 2016 | 71 | - | | | 70.9 | | | | |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | | - | - | - | - | - | - | - | 8 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Feb 2016 | 0 | - | 0 | - | 0 | 11 | | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | | 30 | 23 | 36 | 82 | 5 | 30 | 16 | - | - | - | - | - | - | - | - | - | 15 | Feb 2016 | 9 | 0 | 6 | 0 | 15 | 199 | | | | |
| RTT | RTT - Admitted Care (18-weeks) | => % | 90.0 | 90.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 95 | | | | 94.9 | | | | |
| RTT | RTT - Non Admitted Care (18-weeks) | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 96 | | | | 96.1 | | | | |
| RTT | RTT - Incomplete Pathway (18-weeks) | => % | 92.0 | 92.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 95 | | | | 95.5 | | | | |
| RTT | Patients Waiting >52 weeks | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Feb 2016 | 0 | | | | 0 | | | | | |
| RTT | Treatment Functions Underperforming | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | Feb 2016 | 0 | | | | 0 | | | | |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks | <= % | 0.1 | 0.1 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | | | | 0.0 | | | | |

Women & Child Health Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | | |
|-------------------|---|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|--------|-------|-------|--------------|-------|------------|----------|---|---|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | | J | F | G | M | | | | | | P | C |
| 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 | Feb 2016 | 6,786 | 10,401 | 5,820 | 14 | 23021 | | | | | |
| Workforce | WTE - Actual versus Plan | No | | | 61 | 60 | 59 | 66 | 67 | 68.6 | 66.9 | 67.9 | 70.8 | 87.2 | 95.8 | 111 | 96.6 | 85.7 | 82.5 | 98.9 | 96.9 | 94.7 | Feb 2016 | 27 | 56 | 13 | 0 | 94.7 | | | | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 89 | 84 | 89 | 0 | | 87.4 | | | |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 79 | 91 | 38 | 0 | | 85.4 | | | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 5.4 | 6.2 | 4.2 | 14 | 5.6 | 5.6 | | | |
| Workforce | Sickness Absence - in month | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 4 | 4.6 | 3.5 | 0 | 4.3 | 5.8 | | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100.0 | 100.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 76 | 68 | 72 | 45 | 70.06 | 62.04 | | | |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 89 | 82 | 88 | 0 | | 84.3 | | | |
| Workforce | New Investigations in Month | No | | | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | Feb 2016 | 0 | 1 | 0 | 0 | 1 | | | | |
| Workforce | Nurse Bank Fill Rate | => % | 100 | 100 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 90 | 93.6 | 95.4 | 91.9 | 93.9 | 90.9 | 94.7 | 94.2 | 96.1 | 87.4 | 93.5 | 90.8 | Feb 2016 | | | | | 90.8 | 93.0 | | | |
| Workforce | Nurse Bank Shifts Not Filled | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 81 | 37 | 35 | 53 | 50 | 68 | 51 | 48 | 394 | 95 | 54 | 74 | Feb 2016 | | | | | 74 | 93 | | | |
| Workforce | Nurse Bank Use | <= No | 6852 | 571 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 804 | 7567 | | | |
| Workforce | Nurse Agency Use | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 43 | 778 | | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 86 | 634 | | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | | | | | 61 | 202 | | | |
| Workforce | Medical Staffing - Number of instances when junior rotas not fully filled | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce | Your Voice - Response Rate | No | | | --> | --> | 12 | --> | --> | 9 | --> | --> | --> | 13 | --> | --> | 12 | --> | --> | 11 | --> | --> | Dec 2015 | 15 | 5 | 17 | 13 | 11 | | | | |
| Workforce | Your Voice - Overall Score | No | | | --> | --> | 3.65 | --> | --> | 3.53 | --> | --> | --> | 3.66 | --> | --> | 3.64 | --> | --> | 3.63 | --> | --> | Dec 2015 | 3.7 | 3.7 | 3.6 | 3.5 | 3.6 | | | | |

Women & Child Health Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|----------------|---|---------|------------|-------|-----------------------|---|---|---|---|---|------|------|------|------|------|------|------|------|------|------|------|----------|-------------|-------------|---|-----|-------|-------|-------|--------------|-------|------------|----------|
| | | | Year | Month | 3 | 2 | 3 | 8 | 5 | 3 | 1 | | | | | | | | | | | | | 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 pregnancy | No | | | - | - | - | - | - | - | 17 | 26 | 56 | 97 | 124 | 118 | 111 | 159 | 167 | 207 | 193 | Feb 2016 | | | | 193 | 193 | 1275 | | | | | |
| 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 | - | Jan 2016 | | | | 88 | 87.64 | 88.25 | | | | | |
| 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 | - | Jan 2016 | | | | 7.7 | 7.69 | 8.92 | | | | | |
| 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 | Feb 2016 | | | | 90 | 90.29 | 86.58 | | | | | |
| 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 | - | - | - | - | Oct 2015 | | | | 91 | 91.02 | 86.23 | | | | | |
| 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 | Feb 2016 | | | | 89 | 88.89 | 90.93 | | | | | |
| 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 | Feb 2016 | | | | 84 | 84.18 | 79.94 | | | | | |
| 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 | Feb 2016 | | | | 1 | 1 | 11 | | | | | |
| 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 | Feb 2016 | | | | 94 | 93.58 | 91.98 | | | | | |
| 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 | Feb 2016 | | | | 99 | 99.35 | 85.46 | | | | | |
| 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 | Feb 2016 | | | | 36 | 35.62 | 33.63 | | | | | |
| 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 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Feb 2016 | | | | - | - | - | | | | | |
| 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 | - | Jan 2016 | | | | 335 | 335 | 2483 | | | | | |
| 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 | - | Jan 2016 | | | | 96 | 96.26 | 93.97 | | | | | |
| 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 | | | - | - | - | - | - | - | - | - | - | 359 | 374 | 340 | 365 | 337 | 376 | 366 | - | Jan 2016 | | | | 366 | 366 | 2517 | | | | | |
| 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 | - | Jan 2016 | | | | 100 | 99.73 | 94.34 | | | | | |
| 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 | - | Jan 2016 | | | | 352 | 352 | 2176 | | | | | |
| 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 | - | Jan 2016 | | | | 90 | 89.57 | 87.9 | | | | | |
| 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 | - | - | Dec 2015 | | | | 51 | 51 | 291 | | | | | |
| 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 | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|---------------------------------|--|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|-------------|-------------|-------------|-------------|-------------|-------|-------|--------------|-------|------------|----------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | HA | HI | B | M | I | | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Jan 2016 | - | - | - | - | - | - | - | | | | |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Jan 2016 | - | - | - | - | - | - | - | | | | |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | | - | - | - | - | - | - | - | - | - | 0 | - | - | - | - | - | - | - | Jan 2016 | - | - | - | - | - | - | - | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 1 | 3 | 0 | 2 | 3 | 1 | 5 | 0 | 2 | 3 | 0 | 2 | 0 | 1 | 2 | 0 | 2 | 4 | Feb 2016 | 3 | 1 | 0 | 0 | 0 | 4 | 16 | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 3 | 6 | 5 | 5 | 8 | 7 | 6 | 4 | 6 | 5 | 2 | 3 | 0 | 2 | 2 | 1 | 1 | 4 | Feb 2016 | 4 | 0 | 0 | 0 | 0 | 4 | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest' complaint currently in system (days) | No | | | 68 | 92 | 111 | 90 | 96 | 117 | 138 | 73 | 92 | 27 | 23 | 18 | 0 | 25 | 4 | 11 | 5 | 21 | Feb 2016 | 21 | 0 | 0 | 0 | 0 | 21 | | | | |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Feb 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 | Feb 2016 | 1,287 | 1 | 1,562 | 0 | 444 | 3,294 | | | | |
| Workforce | WTE - Actual versus Plan | No | | | 27 | 25 | 27 | 27 | 24 | 16 | 16 | 20.4 | 22.8 | 32.5 | 34 | 33.7 | 40.3 | 40.1 | 39.2 | 38.2 | 32.5 | 22.9 | Feb 2016 | 3 | 5.2 | 13.5 | 1.9 | 0.1 | 23 | | | | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 70.3 | 97.1 | 83.5 | 86.7 | 100 | 90.09 | | | | | |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 80 | 87.5 | 100 | 100 | 100 | 89.56 | | | | | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 5.4 | 1.65 | 4.61 | 3.18 | 7.05 | 4.28 | 4.29 | | | | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | - | - | - | - | - | - | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 8.4 | 3.8 | 3.9 | 4.5 | 1.1 | 4.78 | 4.2 | | | | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100.0 | 100.0 | - | - | - | - | - | <div></div> | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 83 | 94.9 | 80.6 | 91.7 | 100 | 81.7 | 79.9 | | | | |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | 86.2 | 97.9 | 93.6 | 94.3 | 98.3 | 94.8 | | | | | |
| Workforce | New Investigations in Month | No | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | Feb 2016 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 452 | 5603 | | | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 0 | 0 | | | | |
| Workforce | Your Voice - Response Rate | No | | | --> | --> | 31 | --> | --> | 12 | --> | --> | --> | 21 | --> | --> | 24 | --> | --> | 19 | --> | --> | Dec 2015 | 15 | 28 | 12 | 26 | 57 | 19 | | | | |
| Workforce | Your Voice - Overall Score | No | | | --> | --> | 3.74 | --> | --> | 3.76 | --> | --> | --> | 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 | | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | | Month | Year To Date | Trend | Next Month | 3 Months | |
|---------------------------------|---|---------|------------|--------|--|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------|-----------------|-----------------|-----------------|------------------|------------------|-----------------|--------------|------------|----------|--|
| | | | Year | Month | | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | DR | IR | NM | BS | | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>9</div> | <div>9</div> | | | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>9</div> | <div>9</div> | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | <= No | 0 | 0 | | - | - | 1.0 | 3.0 | 1.0 | 1.0 | - | - | 2.0 | 2.0 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | - | - | 1.0 | - | Jan 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>3.9</div> | | | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | => % | 0 | 0 | | 4.0 | 4.0 | 5.0 | 7.0 | 8.0 | 9.0 | 9.0 | 9.0 | 11.0 | 12.0 | 13.0 | 13.0 | 14.0 | 15.0 | 14.0 | 11.0 | 11.0 | - | Jan 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div>4.27</div> | | | | |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 1 hr of presentation (%) | => % | 50.0 | 50.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div>76.5</div> | <div>76.47</div> | <div>73.12</div> | | | | | |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 24 hrs of presentation (%) | => % | 100.0 | 100.00 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div>100</div> | <div>100</div> | <div>98.95</div> | | | | | |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Jan 2016 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | | | | | |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Jan 2016 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | | | | | |
| Clinical Effect - Cancer | Cancer - Oldest wait for treatment | No | | | | - | - | - | - | - | - | - | - | - | 0 | - | - | - | - | - | - | - | - | Jan 2016 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | | | | | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Feb 2016 | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | | 0 | 4 | 2 | 2 | 3 | 2 | 1 | 0 | 4 | 3 | 5 | 8 | 4 | 1 | 2 | 1 | 3 | 6 | Feb 2016 | <div>1</div> | <div>5</div> | <div>0</div> | <div>0</div> | <div>6</div> | <div>37</div> | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | | 5 | 8 | 10 | 8 | 9 | 7 | 5 | 0 | 5 | 5 | 7 | 11 | 7 | 3 | 2 | 0 | 3 | 6 | Feb 2016 | <div>1</div> | <div>5</div> | <div>0</div> | <div>0</div> | <div>6</div> | | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest' complaint currently in system (days) | No | | | | 52 | 76 | 72 | 75 | 83 | 75 | 96 | 123 | 102 | 27 | 24 | 43 | 62 | 29 | 3 | 0 | 6 | 27 | Feb 2016 | <div>27</div> | <div>19</div> | <div>0</div> | <div>0</div> | <div>0</div> | | | | | |
| Pt. Experience - Cancellations | Urgent Cancelled Operations | No | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Feb 2016 | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | <div>-</div> | | | | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | | | 49 | 50 | 52 | 45 | 41 | 49 | 51 | - | - | - | - | - | - | - | - | - | - | 49 | Feb 2016 | <div>49</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>49</div> | <div>457</div> | | | | |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 | 1.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>0</div> | <div></div> | <div></div> | <div></div> | <div>0</div> | | | | | |
| Data Completeness | Open Referrals | No | | | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div>132</div> | <div>148</div> | <div>151</div> | <div>173</div> | <div>178</div> | <div>198</div> | <div>208</div> | <div>231</div> | <div>248</div> | <div>269</div> | <div>271</div> | Feb 2016 | <div>271</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>271</div> | | | | | |
| Workforce | WTE - Actual versus Plan | No | | | | 14 | 16 | 15 | 21 | 21 | 33 | 34 | 41 | 46 | 58 | 59 | 56 | 50 | 48 | 45 | 40 | 44 | 44 | Feb 2016 | <div>23</div> | <div>1.2</div> | <div>5.1</div> | <div>5.6</div> | <div>44.2</div> | | | | | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>60.4</div> | <div>100</div> | <div>77.8</div> | <div>87.3</div> | <div>75.3</div> | | | | | |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>88</div> | <div>0</div> | <div>100</div> | <div>50</div> | <div>94.4</div> | | | | | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>3.2</div> | <div>4.9</div> | <div>1.9</div> | <div>6.0</div> | <div>4.66</div> | <div>4.63</div> | | | | |
| Workforce | Sickness Absence - in month | <= % | 3.15 | 3.15 | | - | - | - | - | - | - | - | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>3.9</div> | <div>2.4</div> | <div>1.6</div> | <div>11.2</div> | <div>6.99</div> | <div>4.94</div> | | | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100.0 | 100.0 | | - | - | - | - | - | <div></div> | - | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>53.6</div> | <div>93.8</div> | <div>75.6</div> | <div>18.9</div> | <div>52.4</div> | <div>47.2</div> | | | | |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div>83.7</div> | <div>94.5</div> | <div>89.4</div> | <div>88.9</div> | <div>87.9</div> | | | | | |
| Workforce | New Investigations in Month | No | | | | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | | | | | |
| Workforce | Nurse Bank Use | <= No | 288 | 24 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>161</div> | <div>1033</div> | | | | |
| Workforce | Nurse Agency Use | <= No | 0 | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>388</div> | <div>2694</div> | | | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>79</div> | <div>1719</div> | | | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | Feb 2016 | <div></div> | <div></div> | <div></div> | <div></div> | <div>0</div> | <div>0</div> | | | | |
| Workforce | Your Voice - Response Rate | No | | | | --> | --> | 33 | --> | --> | 18 | --> | --> | --> | 19 | --> | --> | 24 | --> | --> | 21 | --> | --> | Dec 2015 | <div>18</div> | <div>0</div> | <div>61</div> | <div>11</div> | <div>21</div> | | | | | |
| Workforce | Your Voice - Overall Score | No | | | | --> | --> | 3.73 | --> | --> | 3.28 | --> | --> | --> | 3.41 | --> | --> | 3.11 | --> | --> | 3.40 | --> | --> | Dec 2015 | <div>3.3</div> | <div>0</div> | <div>3.8</div> | <div>3.9</div> | <div>3.4</div> | | | | | |

Community & Therapies Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months | | |
|---------------------------------|--|---------|------------|-------|---|----------|----|----|----|----|-----|---|---|---|---|---|---|---|---|---|---|---|-------------|-------------|----|----|-------|--------------|-------|------------|----------|--|--|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | AT | IB | IC | | | | | | | |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80.0 | 80.0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | <div><div>14</div><div>20</div><div>17</div><div>21</div><div>22</div><div>16</div><div>13</div><div>30</div><div>47</div><div>37</div><div>25</div><div>27</div><div>29</div><div>29</div><div>21</div><div>26</div><div>31</div><div>23</div></div> | Feb 2016 | 0 | 21 | 2 | 23 | 325 | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Falls with a serious injury | <= No | 0 | 0 | <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0</div><div>1</div><div>2</div><div>1</div></div> | Feb 2016 | 0 | 1 | 0 | 1 | 6 | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Grade 3 or 4 Pressure Ulcers (avoidable) | <= No | 0 | 0 | <div><div>1</div><div>1</div><div>3</div><div>5</div><div>2</div><div>1</div><div>3</div><div>3</div><div>1</div><div>1</div><div>3</div><div>2</div><div>0</div><div>0</div><div>2</div><div>0</div><div>3</div><div>0</div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 15 | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Feb 2016 | 0 | 1 | 0 | 1 | 8 | | | | | | | | | | | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div> | Feb 2016 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | <div><div>2</div><div>5</div><div>1</div><div>1</div><div>2</div><div>1</div><div>1</div><div>0</div><div>1</div><div>2</div><div>1</div><div>3</div><div>5</div><div>4</div><div>4</div><div>2</div><div>3</div><div>6</div></div> | Feb 2016 | 3 | 3 | 0 | 6 | 31 | | | | | | | | | | | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | <div><div>8</div><div>10</div><div>12</div><div>3</div><div>4</div><div>3</div><div>6</div><div>0</div><div>7</div><div>6</div><div>4</div><div>5</div><div>7</div><div>5</div><div>5</div><div>5</div><div>3</div><div>6</div></div> | Feb 2016 | 2 | 3 | 1 | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest complaint currently in system (days) | No | | | <div><div>60</div><div>64</div><div>81</div><div>75</div><div>61</div><div>82</div><div>103</div><div>158</div><div>0</div><div>99</div><div>118</div><div>140</div><div>10</div><div>21</div><div>40</div><div>59</div><div>10</div><div>25</div></div> | Feb 2016 | 10 | 7 | 25 | 25 | | | | | | | | | | | | | | | | | | | | | | | |

Community & Therapies Group

| Section | Indicator | Measure | Trajectory | | Previous Months Trend | | | | | | | | | | | | | | | | | | Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-----------|--|---------|------------|-------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------|--------------|-------|------------|----------|
| | | | Year | Month | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | | AT | IB | IC | | | | | |
| Workforce | WTE - Actual versus Plan | No | | | 65 | 67 | 71 | 75 | 76 | 72.2 | 77.4 | 174 | 92.8 | 77.3 | 85.3 | 87.7 | 114 | 124 | 103 | 105 | 94.7 | 100 | Feb 2016 | 15.2 | 60.5 | 24.4 | 100.1 | | | | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 97.3 | 87.4 | 90.9 | | 87.3 | | | | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.15 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 3.22 | 5.56 | 4.78 | 4.79 | 5.08 | | | | |
| Workforce | Sickness Absence - in month | <= % | 3.15 | 3.15 | - | - | - | - | - | - | - | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 1.96 | 5.44 | 6.56 | 5.22 | 4.57 | | | | | |
| Workforce | Return to Work Interviews (%) following Sickness Absence | => % | 100.0 | 100.0 | - | - | - | - | - | - | <div></div> | - | - | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 97.7 | 84.8 | 82 | 85.66 | 81.19 | | | | | |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 93.9 | 86.8 | 90.9 | | 89.4 | | | | | |
| Workforce | New Investigations in Month | No | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 2 | Feb 2016 | | | | 2 | | | | |
| Workforce | Nurse Bank Fill Rate | => % | 100 | 100 | - | - | - | - | - | - | 93 | 89.5 | 94.2 | 89.2 | 89 | 89.7 | 92.2 | 90.6 | 95.6 | 88 | 88.4 | 78.3 | Feb 2016 | - | - | - | 78.31 | 89.17 | | | |
| Workforce | Nurse Bank Shifts Not Filled | <= No | 0 | 0 | - | - | - | - | - | - | 36 | 41 | 31 | 46 | 72 | 62 | 56 | 48 | 19 | 78 | 90 | 78 | Feb 2016 | - | - | - | 78 | 621 | | | |
| Workforce | Nurse Bank Use | <= No | 5408 | 451 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 524 | 5392 | | | | |
| Workforce | Nurse Agency Use | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 192 | 3236 | | | | |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 209 | 2670 | | | | |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | 0 | 0 | | | | |
| Workforce | Your Voice - Response Rate | No | | | --> | --> | 32 | --> | --> | 28 | --> | --> | --> | 26 | --> | --> | 31 | --> | --> | 21 | --> | --> | Dec 2015 | 30 | 21 | 18 | 21 | | | | |
| Workforce | Your Voice - Overall Score | No | | | --> | --> | 3.88 | --> | --> | 3.76 | --> | --> | --> | 3.77 | --> | --> | 3.68 | --> | --> | 3.72 | --> | --> | Dec 2015 | 3.63 | 3.7 | 3.82 | 3.72 | | | | |

Community & Therapies Group

| Section | Indicator | Measure | Trajectory | |
|----------------------------------|---|---------|------------|-------|
| | | | Year | Month |
| Community & Therapies Group Only | DVT numbers | => No | 730 | 61 |
| Community & Therapies Group Only | Therapy DNA rate OP services | <= % | 9 | 9 |
| Community & Therapies Group Only | FEES assessment | <= No | 100 | 8 |
| Community & Therapies Group Only | ESD Response time | <= Hr | 48 | 48 |
| Community & Therapies Group Only | STEIS | <= No | 0 | 0 |
| Community & Therapies Group Only | Rapid response to AMU, RRTS | <= mins | 60 | 60 |
| Community & Therapies Group Only | Avoidable weight loss | <= % | 20.0 | 20.0 |
| Community & Therapies Group Only | Green Stream Community Rehab response time for treatment (days) | <= No | 11.0 | 11.0 |
| Community & Therapies Group Only | DNA/No Access Visits | % | | |
| Community & Therapies Group Only | Falls Assessments - DN service only | % | | |
| Community & Therapies Group Only | Pressure Ulcer Assessment - DN service only | % | | |
| Community & Therapies Group Only | MUST Assessments - DN Service only | % | | |
| Community & Therapies Group Only | Incident Rates - per 1000 charge | Rate1 | | |
| Community & Therapies Group Only | Dementia Assessments - DN Service only | % | | |
| Community & Therapies Group Only | 48 hour inputting rate | % | | |

| Previous Months Trend | | | | | | | | | | | | | | | | | |
|-----------------------|------|------|------|------|------|------|------|----|------|------|------|------|------|------|------|------|------|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F |
| 70 | 35 | 42 | 47 | 54 | 53 | 55 | 56 | 53 | 67 | 64 | 78 | 59 | 44 | - | - | - | - |
| 11.3 | 12 | 13.6 | 12 | 12.3 | 13.9 | 12.9 | 13.3 | 12 | 14.5 | 10.7 | 9.85 | 10.5 | 11.4 | 11 | 10.5 | 11.3 | 9 |
| 5 | 5 | 3 | 2 | 14 | 1 | 2 | 0 | 2 | 0 | 0 | - | - | - | - | - | - | - |
| ● | ● | ● | ● | ● | ● | - | - | - | - | - | - | - | - | - | - | - | - |
| 0 | 0 | 0 | 1 | 0 | 0 | - | - | - | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 1 |
| 81 | 79 | 82 | 86 | 79 | 98 | - | - | - | - | - | - | - | - | - | - | - | - |
| 0 | 0 | 0 | 9 | 0 | 0 | 8 | 0 | 25 | 20 | 0 | - | - | - | - | - | - | - |
| 17.1 | 14.3 | 12.3 | 13.1 | 9.5 | 12.1 | 13.7 | 16 | 14 | 11 | 15 | 15 | 12 | 15 | - | - | - | - |
| 1 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | 6 | 1 | 1 | - | 1 | 1 | 1 | 1 |
| 58 | 49 | 45 | 45 | 62 | 54 | 65 | 47 | 55 | 50 | 46 | 44 | 43 | 42 | 41 | 46 | 52 | 55 |
| 61 | 50 | 48 | 46 | 63 | 57 | 65 | 51 | 55 | 51 | 48 | 44 | 43 | 44 | 33 | 48 | 54 | 56 |
| 11 | 10 | 11 | 10 | 19 | 18 | - | 22 | 22 | 24 | 21 | 23 | 23 | 23 | 23 | 26 | 28 | 32 |
| 5 | 5 | 4 | 4 | 5 | 4 | - | 4 | 5 | 5 | 4 | 4 | #### | #### | #### | #### | #### | #### |
| 62 | 55 | 52 | 51 | 61 | 62 | - | 46 | 56 | 40 | 48 | 45 | 50 | 43 | 50 | 29 | 28 | 31 |
| 83 | 81 | 85 | 86 | 89 | 83 | - | 87 | 89 | 92 | 91 | 94 | 90 | 90 | 94 | 94 | 93 | 94 |

| Data Period | Directorate | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------------|----|----|-------|--------------|-------|------------|----------|
| | AT | IB | IC | | | | | |
| Oct 2015 | | | | 44 | 421 | | | |
| Feb 2016 | | | | 9.0 | 11.2 | | | |
| Jul 2015 | | | | 0 | 2 | | | |
| Feb 2015 | | | | 0 | 0 | | | |
| Feb 2016 | | | | 1 | 5 | | | |
| Feb 2015 | | | | 98 | 864 | | | |
| Jul 2015 | | | | 0.0 | 11.8 | | | |
| Oct 2015 | | | | 15 | 98 | | | |
| Feb 2016 | | | | 0.71 | | | | |
| Feb 2016 | | | | 54.51 | | | | |
| Feb 2016 | | | | 56.34 | | | | |
| Feb 2016 | | | | 31.55 | | | | |
| Feb 2016 | | | | 0 | | | | |
| Feb 2016 | | | | 31.16 | | | | |
| Feb 2016 | | | | 93.62 | | | | |

Corporate Group

| Section | Indicator | Measure | Trajectory | | | |
|-------------------------------|--|---------|------------|---------|-------|--------|
| | | | Year | | | Month |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | | |
| Pt. Experience - FFT,MSA,Comp | Oldest' complaint currently in system (days) | No | | | | |
| Workforce | WTE - Actual versus Plan | No | | | | |
| Workforce | PDRs - 12 month rolling | >=> % | 95.0 | 90.0 | 95.0 | 90.0 |
| Workforce | Medical Appraisal and Revalidation | >=> % | 95.0 | 90.0 | 95.0 | 90.0 |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.15 | 3.75 | 3.15 | 3.75 |
| Workforce | Sickness Absence - in month | <= % | 3.15 | 3.75 | 3.15 | 3.75 |
| Workforce | Return to Work Interviews (%) following Sickness Absence | >=> % | 100.0 | 100.00 | 100.0 | 100.00 |
| Workforce | Mandatory Training | >=> % | 95.0 | 90.0 | 95.0 | 90.0 |
| Workforce | New Investigations in Month | No | | | | |
| Workforce | Nurse Bank Use | <= No | 1088 | 1088.00 | 91 | 91.00 |
| Workforce | Nurse Agency Use | <= No | 0 | 0.00 | 0 | 0.00 |
| Workforce | Admin & Clerical Bank Use (shifts) | <= No | 0 | 0.00 | 0 | 0.00 |
| Workforce | Admin & Clerical Agency Use (shifts) | <= No | 0 | 0.00 | 0 | 0.00 |
| Workforce | Your Voice - Response Rate | No | | | | |
| Workforce | Your Voice - Overall Score | No | | | | |

| Previous Months Trend | | | | | | | | | | | | | | | | | | | |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A |
| 5 | 7 | 6 | 6 | 15 | 5 | 6 | 5 | 7 | 8 | 6 | 15 | 11 | 13 | 8 | 5 | 4 | 5 | | |
| 21 | 21 | 25 | 12 | 21 | 16 | 18 | 14 | 12 | 14 | 9 | 16 | 16 | 16 | 9 | 8 | 4 | 4 | | |
| 121 | 106 | 104 | 104 | 123 | 145 | 138 | 158 | 99 | 121 | 53 | 24 | 27 | 29 | 27 | 25 | 21 | 26 | | |
| 183 | 194 | 203 | 168 | 175 | 200 | 220 | 260 | 267 | 110 | 99.6 | 103 | 100 | 92.2 | 89.3 | 97.8 | 81.9 | 83.2 | | |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div>#DIV/0!</div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| 5 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 1 | 1 | 5 | 0 | 1 | 2 | 2 | | |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| --> | --> | 21 | --> | --> | 15 | --> | --> | --> | 16 | --> | --> | 19 | --> | --> | 15 | --> | --> | | |
| --> | --> | 3.49 | --> | --> | 3.48 | --> | --> | --> | 3.50 | --> | --> | 3.46 | --> | --> | 3.58 | --> | --> | | |

| Data Period | Directorate | | | | | | | Month | Year To Date | Trend | Next Month | 3 Months |
|-------------|-------------|------|-------|------|------|------|------|-------|--------------|-------|------------|----------|
| | CEO | F | W | M | E | N | O | | | | | |
| Feb 2016 | 2 | 0 | 1 | 0 | 0 | 1 | 1 | 5 | 87 | | | |
| Feb 2016 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 4 | | | | |
| Feb 2016 | - | - | - | - | - | - | - | 26 | | | | |
| Feb 2016 | 10.7 | 0.3 | -12.9 | 17.5 | -2.5 | 37.3 | 32.8 | 83.2 | | | | |
| Feb 2016 | 90 | 64 | 88 | 77 | 78 | 67 | 85 | | 86.2 | | | |
| Feb 2016 | | | 95 | | | | | 0.0 | 78 | | | |
| Feb 2016 | 2.73 | 2.67 | 3.52 | 3.35 | 3.65 | 5.66 | 5.09 | 4.73 | 4.77 | | | |
| Feb 2016 | 3.21 | 4.17 | 1.16 | 3.57 | 3.52 | 4.83 | 5.05 | 4.24 | 4.66 | | | |
| Feb 2016 | 86.8 | 72.6 | 50.8 | 83.2 | 58.0 | 84.8 | 76.9 | 77.6 | 73.6 | | | |
| Feb 2016 | 96 | 90 | 93 | 94 | 97 | 89 | 91 | 90.9 | 90 | | | |
| Feb 2016 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | | | | |
| Feb 2016 | | | | | | | | 220 | 1979 | | | |
| Feb 2016 | | | | | | | | 12 | 330 | | | |
| Feb 2016 | - | - | - | - | - | - | - | 2717 | 32624 | | | |
| Feb 2016 | - | - | - | - | - | - | - | 167 | 1195 | | | |
| Dec 2015 | 67 | 24 | 25 | 20 | 15 | 9 | 10 | 15 | | | | |
| Dec 2015 | 3.65 | 3.44 | 3.77 | 3.76 | 3.59 | 3.47 | 3.35 | 3.58 | | | | |

TRUST BOARD

| | |
|--------------------------------------|--|
| DOCUMENT TITLE: | Financial performance – P11 February 2016 |
| SPONSOR (EXECUTIVE DIRECTOR): | Tony Waite – Finance Director |
| AUTHOR: | Tim Reardon – Associate Director of Finance |
| DATE OF MEETING: | 7th April 2016 |

EXECUTIVE SUMMARY:**Key messages:**

- In month headline surplus but underlying performance in deficit. I&E off plan year to date.
- I&E outlook indicates route to £3.8m plan surplus dependent on resolution of specific key matters. Full & final settlements successfully concluded with key commissioners covering c£300m SLA income.
- Necessary reliance on significant contingencies and non-recurrent measures to underpin delivery of best financial result possible consistent with safe care and clean audit opinion.
- Erosion of underlying cash balances consequent on use of contingencies and which will require to be remedied to underpin forward investment programme. No risk to ability to meet current obligations.
- Step improvement in monthly run rate income recovery and expenditure reduction required to secure run rate consistent with medium term financial plan. This will not be achieved by P12 and is being addressed through 2016.18 business plan.

Key actions:

- Resolve specific residual key matters consistent with delivery of £3.8m plan surplus
- Progress necessary working capital management actions consistent with living within approved External Finance Limit
- Progress work to schedule and secure expedient valuations consistent with meeting approved Capital Resource Limit.
- Confirm 2016.18 financial plan having regard to likely contracts secured with commissioners and objective assessment of scale & pace of safe expenditure reduction.
- Progress plan to restore liquidity consistent with medium term investment plans

Key numbers:

- Month surplus £1,821k being £969k favourable to plan; YTD surplus £1,739k being £(1,754)k adverse.
- Forecast surplus £3.8m in line with original financial plan agreed with TDA.
- Pay bill £24.8 (vs. £25.1m) in month; Agency spend £1.9m (vs. £2.0m) in month; £17.4m YTD.
- CIP delivery to date £12.7m being £5.4m adverse to TDA plan. Recovery in 2016/17 required.
- Capex YTD £16.3m being £2.1m below plan. Capital commitments £3.1m.
- Cash at 29th February £27.7m being £1.1m above plan due to timing differences.
- New FSRR 3 to date being as plan despite adverse EBITDA performance; forecast 3 below plan.
- Capital Resource Limit (CRL) duty will be achieved.
- External Finance Limit (EFL) duty will be achieved.

REPORT RECOMMENDATION:

The Committee is recommended to

- note the report and in particular those specific matters relevant to delivery of key financial targets
- require those actions necessary to secure the required step change in underlying run rate consistent with the delivery of safe, high quality care
- require those actions necessary to restore liquidity in line with medium term 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:

Good use of resources
Safe, high quality care

PREVIOUS CONSIDERATION:

Performance Management Committee
Finance & Investment Committee

Finance Report

Period 11 2015/16
February 2016

Trust Board
7th April 2016

Contents

Page Title

1. Title & contents
2. Summary, key financial targets and recommendations
3. Performance to date – I&E and cash
4. I&E performance to date
5. I&E out look & route to delivery of plan surplus
6. Income analysis
7. Pay bill & workforce
8. CIP achievement
9. Group analysis – Month & YTD
10. Capital
11. SOFP
12. Working capital metrics

Finance Report

Summary & Recommendations

Period 11 2015/16

| Statutory Financial Duties | Value | Outlook | Note |
|--|---------|---------|------|
| I&E surplus | £3.8m | ✓ | 1 |
| Live within Capital Resource Limit | £20.2m | ✓ | 2 |
| Live within External Finance Limit | £(0.7)m | ✓ | 3 |
| <ol style="list-style-type: none"> 1. I&E surplus delivery dependent on resolution of specific matters outwith SWBH gift to deliver alone. 2. Capex control totals clear & to be managed to secure compliance with CRL. Includes planned undershoot £500k. 3. Management of working capital including creditor stretch necessary as P&L delivery reliant on non-cash contingencies. | | | |

Outlook

- Clear & plausible route to delivery of plan I&E surplus. Requires successful close out of specific residual matters.
- Headline position underpinned by significant non recurrent measures and contingencies with impact on liquidity.
- Underlying position is a deficit and exit run rate is significantly below that necessary to secure medium term plans and related investment. To remedy in 2016.17 plan.

Financial Performance for the 11 months to 29th February

- I&E deficit of £1,739k being £1,754k adverse to plan;
- Capital spend of £16,341k, £2,096k adverse to plan;
- Cash at the end of February is £27,694k being £1,082k favourable to plan.

Opportunities & risks

Delivery of original plan surplus dependent on satisfactory resolution of three specific matters:

- Recovery of DTOC fines to local authority.
- Resolution of community property charges
- Ante-natal provider to provider tariff improvement

The trust has successfully concluded full & final settlements for 2015.16 income with SWBCCG, NHSE and HEWM and which are consistent with delivery of plan surplus subject to the above matters.

Recommendation

- Note the actions necessary to secure key financial targets and implications for 2016.17 financial plan.
- Maintain focus on driving step change in underlying run-rate – planned care income, agency pay reduction, CIP delivery

Finance Report

Performance to date – I&E and cash

Period 11 2015/16

I&E

The key I&E issues are:

- Planned care [elective IP & DC] income below plan levels;
- Premium rate interim staffing spend above plan levels;
- Rate of cost reduction not yet consistent with that required to meet medium term financial plan trajectory

The reported I&E deficit is after the benefit of £12.0m of balance sheet flexibility released to improve the position.

Reserves planned but not spent or accrued to date total £6.3m.

Savings

Progress reported through the Trust's savings management system TPRS continues to deteriorate relative to plan. The concern remains with regard to the delivery of full year plans where significant savings remain to be identified and allocated. Forecasts undertaken during Q3 and Q4 from Groups re CIP achievement have consistently confirmed this concern.

Capital & Cash

Capital expenditure to date stands at £16.3m against a full year plan of £20.2m. A further £3.1m of firm commitments have been made to date. The revised programme will be managed within the Trust's notified capital resource limit.

The cash position continues to reflect disputed payments to NHS suppliers, including rentals on community properties and current year ante natal charges. Payments due from the local authority for delayed discharges are disputed and so the debtors variance is partially offsetting any benefit on creditors.

Better Payments Practice Code

Timely payment of bills from commercial suppliers was 90% in month [89% to date] vs. target of 95%.

No suppliers have placed the trust 'on stop'.

Payment performance in respect of NHS bodies 70% in month [80% to date]. This reflects the impact of settling significant historic disputes in respect of ante natal charges

Financial Sustainability Risk Rating

Rating of 3 in month compares with planned rating of 3.

Forecast is 3 which is below plan of 4.

Finance Report

Performance to date – Underlying I&E

Period 11 2015/16

| Year to date | Mth 1 £'000s | Mth 2 £'000s | Mth 3 £'000s | Mth 4 £'000s | Mth 5 £'000s | Mth 6 £'000s | Mth 7 £'000s | Mth 8 £'000s | Mth 9 £'000s | Mth 10 £'000s | Mth 11 £'000s | Reported YTD £'000s |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------------|
| Patient Related Income | 33,210 | 33,423 | 31,421 | 33,280 | 32,315 | 32,754 | 33,498 | 33,096 | 32,634 | 34,474 | 34,889 | 364,993 |
| Other Income | 3,298 | 3,193 | 3,596 | 2,941 | 3,426 | 3,536 | 3,425 | 3,890 | 3,232 | 4,078 | 4,231 | 38,846 |
| Income total | 36,508 | 36,616 | 35,017 | 36,221 | 35,741 | 36,290 | 36,923 | 36,986 | 35,866 | 38,552 | 39,120 | 403,840 |
| Pay | (24,276) | (24,881) | (24,436) | (24,217) | (24,020) | (24,929) | (24,598) | (24,445) | (24,413) | (25,149) | (24,811) | (270,175) |
| Non-Pay | (10,294) | (9,766) | (9,051) | (10,431) | (10,041) | (9,903) | (11,064) | (10,286) | (10,565) | (11,272) | (11,660) | (114,334) |
| Expenditure total | (34,570) | (34,647) | (33,487) | (34,648) | (34,061) | (34,832) | (35,662) | (34,731) | (34,978) | (36,421) | (36,471) | (384,508) |
| EBITDA | 1,938 | 1,969 | 1,530 | 1,573 | 1,680 | 1,458 | 1,261 | 2,254 | 888 | 2,131 | 2,649 | 19,331 |
| Non-Operating Expenditure | (1,911) | (1,924) | (1,918) | (1,900) | (1,901) | (1,903) | (1,246) | (1,617) | (1,318) | (997) | (727) | (17,362) |
| IFRIC12 | 31 | 18 | 21 | 13 | (198) | 63 | 21 | (133) | 27 | 8 | (101) | (230) |
| DH Surplus/(Deficit) | 58 | 63 | (367) | (314) | (419) | (382) | 36 | 504 | (403) | 1,142 | 1,821 | 1,739 |
| Support included in reported position (Memo) | | (1,132) | (1,148) | (775) | (290) | (900) | (890) | (1,752) | (1,160) | (1,219) | (2,775) | (12,041) |
| Underlying DH Surplus/(Deficit) | 58 | (1,069) | (1,515) | (1,089) | (709) | (1,282) | (854) | (1,248) | (1,563) | (77) | (954) | (10,302) |
| Reserves not accrued (Memo) | (2,480) | (73) | 637 | (721) | (1,074) | (948) | (1,737) | 2,393 | (683) | (963) | (638) | (6,287) |
| Underlying DH Surplus/(Deficit) | (2,422) | (1,142) | (878) | (1,810) | (1,783) | (2,230) | (2,591) | 1,145 | (2,246) | (1,040) | (1,592) | (16,589) |

The above table shows the statement of comprehensive income with headline to date reported surplus of £1.7m .

The underlying financial position is a deficit of £10.3m.

The reported position is achieved by the application of £12.0m of balance sheet flexibility & other technical measures.

Finance Report

Outlook – RAG Rating

Period 11 2015/16

| P11 RAG Rating | Underlying P&L Outlook £'000s | Reserves Spend £'000s | Technical Support £'000s | Risks £'000s | Improvement Plan £'000 | Expedient Measures £'000s | Outlook £'000s |
|---|-------------------------------------|--------------------------|-----------------------------|-----------------|------------------------------|---------------------------------|-------------------|
| <i>Scenario 2 - Last quarter repeated</i> | (11,166) | | | | | | (11,166) |
| Red | | 0 | 0 | 0 | 0 | 1,948 | 1,948 |
| Amber | | 0 | 750 | (400) | 0 | 2,739 | 3,089 |
| Green | | (85) | 12,443 | (74) | 0 | 767 | 13,052 |
| Out-look surplus | (11,166) | (85) | 13,193 | (474) | 0 | 5,454 | 6,923 |

| | |
|--------------------|-------|
| RAG rated out-turn | 3,430 |
|--------------------|-------|

| | |
|-----------------------|-------|
| Original Plan surplus | 3,804 |
|-----------------------|-------|

| P10 RAG Rating | Underlying P&L Outlook £'000s | Reserves Spend £'000s | Technical Support £'000s | Risks £'000s | Improvement Plan £'000 | Expedient Measures £'000s | Outlook £'000s |
|---|-------------------------------------|--------------------------|-----------------------------|-----------------|------------------------------|---------------------------------|-------------------|
| <i>Scenario 2 - Last quarter repeated</i> | (11,273) | | | | | | (11,273) |
| Red | | 0 | 0 | 0 | 0 | 2,783 | 2,783 |
| Amber | | 0 | 1,550 | (400) | 0 | 2,077 | 3,227 |
| Green | | (169) | 12,083 | (148) | 0 | 688 | 12,454 |
| Out-look surplus | (11,273) | (169) | 13,633 | (548) | 0 | 5,548 | 7,191 |

| | |
|--------------------|-------|
| RAG rated out-turn | 2,795 |
|--------------------|-------|

| | |
|-----------------------|-------|
| Original Plan surplus | 3,804 |
|-----------------------|-------|

These tables demonstrate further improvement in the RAG rated value of non-recurrent measures necessary to delivery of plan surplus target of £3.8m. The key residual matters to that delivery are et out on slide 3 above.

The RAG shortfall of £0.4m should be addressed by the SLA income settlements agreed with commissioners subject to satisfactory P12 operational performance.

Finance Report

Income Analysis

Period 11 2015/16

| Year to Date Performance Against SLA by Patient Type | | | | | | |
|---|-----------|-----------|----------|-----------------|----------------|------------------|
| PERFORMANCE UP TO February 2016 | Activity | | | Finance | | |
| | Planned | Actual | Variance | Planned £000 | Actual £000 | Variance £000 |
| Accident and Emergency | 202,134 | 202,380 | 246 | 20,017 | 19,186 | (831) |
| Adult Renal Dialysis | 504 | 264 | (240) | 62 | 32 | (29) |
| Community | 532,912 | 542,089 | 9,177 | 32,330 | 32,488 | 158 |
| Day Cases | 37,589 | 33,451 | (4,138) | 29,194 | 26,475 | (2,719) |
| Elective | 10,580 | 7,866 | (2,714) | 19,533 | 14,873 | (4,659) |
| Maternity | 17,322 | 18,494 | 1,172 | 16,487 | 17,653 | 1,166 |
| Non-Elective & Emergency | 62,955 | 62,521 | (434) | 81,667 | 83,006 | 1,339 |
| Occupied Cot Days | 10,404 | 12,021 | 1,617 | 5,356 | 5,548 | 192 |
| Other Contract Lines | 2,910,672 | 2,941,244 | 30,573 | 83,187 | 83,178 | (9) |
| Outpatient | 10,859 | 8,873 | (1,986) | 2,075 | 1,705 | (370) |
| Outpatient FA Multi Professional Non-Consultant Led | 154 | 52 | (102) | 42 | 31 | (11) |
| Outpatient FA Single Professional Consultant Led | 108,615 | 112,583 | 3,968 | 17,724 | 18,572 | 848 |
| Outpatient FA Single Professional Non-Consultant Led | 43,644 | 46,685 | 3,041 | 4,060 | 4,060 | 0 |
| Outpatient FUP Multi Professional Consultant Led | 24,655 | 15,742 | (8,913) | 3,084 | 2,035 | (1,048) |
| Outpatient FUP Multi Professional Non-Consultant Led | 609 | 657 | 48 | 29 | 31 | 1 |
| Outpatient FUP Single Professional Consultant Led | 270,481 | 257,501 | (12,981) | 22,265 | 21,250 | (1,015) |
| Outpatient FUP Single Professional Non-Consultant Led | 95,962 | 103,582 | 7,620 | 6,166 | 6,510 | 344 |
| Outpatient Procedures | 44,871 | 52,798 | 7,927 | 8,302 | 10,185 | 1,883 |
| Outpatient Telephone Consultation | 11,800 | 11,167 | (633) | 267 | 261 | (6) |
| Other | 56,571 | 63,739 | 7,168 | 7,759 | 8,327 | 568 |
| Total | | | | 359,606 | 355,408 | (4,197) |

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 and elective activity. That these have only been partially offset by additional activity on outpatients and non-elective work underlines the importance of the elective demand and capacity work to the recovery plan.

The variance on total Patient Related Income to date is £(1,880)k.

The difference to SLA income shown above is primarily related to pass through costs of drugs & devices being above plan £2.1m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 11 2015/16

Paybill & Workforce

- Total workforce of 7,023 WTE [being 37 WTE above plan] including 318 WTE of agency staff.
- Total pay costs (including agency workers) were £24.8m in February being £0.8m over plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets. 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 February. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust exceeded the February 2016 national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.

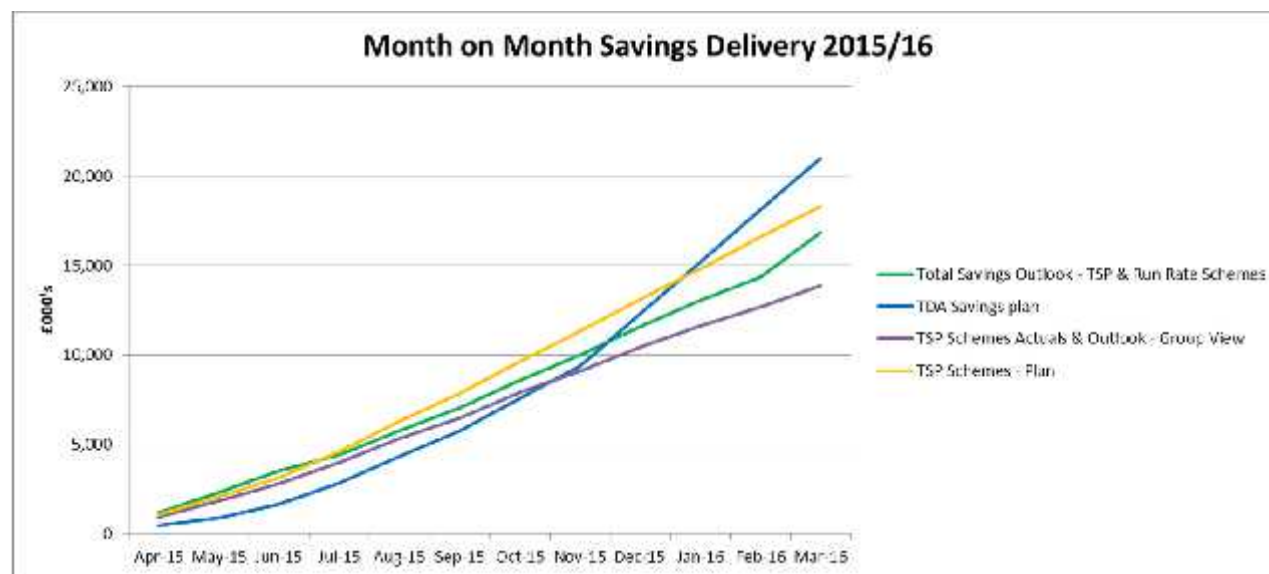
| Variance From Plan by Expenditure Type | Current Period £000 | Year to Date £000 |
|--|---------------------|-------------------|
| | (Adv) / Fav | (Adv) / Fav |
| Patient Income | 1,401 | (1,880) |
| Other Income | 840 | 1,504 |
| Medical Pay | (39) | (599) |
| Nursing | (500) | 293 |
| Other Pay | (258) | (6,989) |
| Drugs & Consumables | (742) | (3,744) |
| Other Costs | (704) | 7,450 |
| Interest & Dividends | 1,103 | 2,780 |
| IFRIC etc adjustments | (132) | (570) |
| Total | 969 | (1,754) |

| Pay and Workforce | Current Period | Previous Period | Change in period | |
|-------------------------------|----------------|-----------------|------------------|-----|
| | | | Value | % |
| Pay - total spend | 24,811 | 25,149 | (338) | -1% |
| Pay - substantive | 20,945 | 21,377 | (432) | -2% |
| Pay - agency spend | 1,852 | 1,969 | (117) | -6% |
| Pay - bank (inc. locum) spend | 2,014 | 1,804 | 210 | 12% |
| WTE - total | 7,023 | 6,853 | 170 | 2% |
| WTE - substantive | 6,075 | 6,026 | 49 | 1% |
| WTE - agency | 318 | 284 | 34 | 12% |
| WTE - bank | 630 | 543 | 87 | 16% |

Finance Report

CIP achievement

Period 11 2015/16



This chart shows the savings profile in our plan submission to TDA; the plan value of identified TSP savings schemes; the value of those TSP schemes delivered to date and outlook.

The chart also shows a total savings plan from TSP & run rate schemes included in our forecast reported to TDA.

£21m of TSP schemes is necessary to meet the requirements of the trust's plan. Run rate schemes are tracked as part of group 'route to balance'.

At P11 [TSP] savings delivery was behind TDA plan with £12.7m of savings delivered against a plan of £18.1m.

TSP savings delivery was also below the internal plan value of those schemes with £12.7m delivered against a plan of £16.6m.

A group view of the outlook suggests a shortfall in TSP delivery of £7.1m against TDA plan target £21.0m.

This is consistent with the P10 outlook but is down compared to Q3 group forecasts and, crucially, is below the level required for the 2016/17 financial year start point.

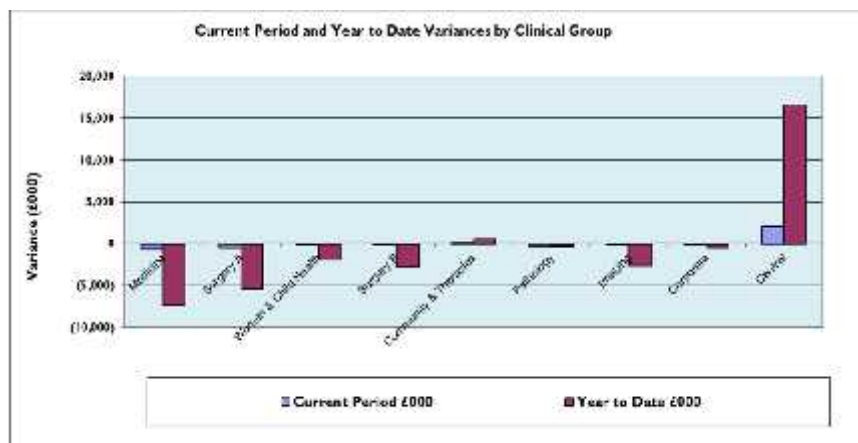
PMO governance & support arrangements for savings identification, design & delivery are in the process of being strengthened.

Finance Report

Group Analysis – Month & YTD

Period 11 2015/16

| Group Variances from Plan (Operating income and expenditure) | Current Period £000 | Year to Date £000 |
|---|---------------------|-------------------|
| Medicine | (695) | (7,385) |
| Surgery A | (538) | (5,453) |
| Women & Child Health | (86) | (1,962) |
| Surgery B | (179) | (2,730) |
| Community & Therapies | 18 | 545 |
| Pathology | (383) | (452) |
| Imaging | (72) | (2,613) |
| Corporate | (28) | (530) |
| Central | 1,961 | 16,615 |



Performance of Clinical Groups

- Medicine:** Key risks continue to be medical and nursing agency; delivery of savings plans especially the major scheme around closure of capacity. Significant CIP Plans value were identified but actual delivery significantly away from plan; risk for 2016/17.
- Surgery A:** Key risks are, delivery of contract, and delivering CIP target. Demand and Capacity work is forecasting significant improvement against contract, not realised to date.
- Women & Child Health:** Settlement of Maternity Pathway forward SLA & historic payments key for the Group. February position reflects reduced HIV drugs spend.
- Surgery B:** Intensive work around Demand and Capacity will continue in FY 2016/17; expectation that significant improvements can be delivered although deterioration in February income reported. Significant gap in CIP identification and delivery are also a concern.
- Community & Therapies'** position includes significant vacancy management as route to CIP savings. workforce plan assuring sustainability & safety.
- Pathology:** Reduction in direct access activity seen since December combined with loss of Lab work to HEFT from other Trusts and non-pay items within medical equipment and consumables lines.
- Imaging:** Significant use of Premium Rate Working, contracted out reporting (now ceased) and mobile MRI scanner in order to deliver activity. Use of agency staff has reduced but remains above the target level. A number of improvement opportunities have been identified across this group and there appears to be an overall run rate improvement emerging.

Corporate Areas

- Pay underspends are offset by share of SLA underperformance, savings under-delivery and non-pay overspending. Delivery of Demand and Capacity work in clinical Groups will have positive impact on position. Corporate Nursing & Facilities; and Operations remain the two Directorates under most financial pressure.

Central

- Release of balance sheet contingency and impact of deferred / avoided reserves spend.

Finance Report

Capital
Period 11 2015/16

| Summary Capital Expenditure: FY 2015/16 | | | | | | | |
|---|---------------|---------------|----------------|--------------------|---------------------|-------------------|--------------------|
| Expenditure Category | Flex Plan | YTD Actual | Gap | Full Year | | | |
| | £'000s | £'000s | £'000s | TDA Plan £'000s | Flex Plan £'000s | Outlook £'000s | Variance £'000s |
| Estates | 11,315 | 9,600 | (1,715) | 10,759 | 12,442 | 12,442 | 0 |
| Information | 3,479 | 3,346 | (133) | 5,100 | 4,254 | 4,254 | 0 |
| Medical equipment | 3,163 | 2,868 | (295) | 3,000 | 2,915 | 2,915 | 0 |
| Contingency | 29 | 0 | (29) | 1,294 | 42 | 42 | 0 |
| NHS funded expenditure | 17,986 | 15,814 | (2,172) | 20,153 | 19,653 | 19,653 | 0 |
| Donated assets | 451 | 527 | 76 | 76 | 519 | 519 | 0 |
| Total Expenditure | 18,437 | 16,341 | (2,096) | 20,229 | 20,172 | 20,172 | 0 |

The above table shows the status of the capital programme, analysed by category, at the end of Period 11 together with the latest view of out-turn.

Out turn capex is expected to be consistent with the £500k undershoot planned and agreed with TDA as part of those measures necessary to deliver the I&E plan surplus.

The trust is anticipating a c£200k adjustment to capex & CRL in P12 consistent with the appropriate recognition of life cycle elements of the BTC unitary payment as capital.

Finance Report

SOFP

Period 11 2015/16

| Sandwell & West Birmingham Hospitals NHS Trust | | | | | | |
|--|-------------------------------------|--|---|---|-----------------------------------|-----------------------------|
| STATEMENT OF FINANCIAL POSITION 2015/16 | | | | | | |
| | Balance as at 31st March 2015 | Balance as at 28th February 2016 | TDA Planned Balance as at 28th February 2016 | Variance to plan as at 28th February 2016 | TDA Plan at 31st March 2016 | Forecast 31st March 2016 |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Non Current Assets | | | | | | |
| Property, Plant and Equipment | 233,309 | 238,193 | 238,051 | 142 | 238,898 | 187,539 |
| Intangible Assets | 677 | 523 | 457 | 66 | 437 | 437 |
| Trade and Other Receivables | 890 | 1,024 | 986 | 38 | 1,011 | 1,011 |
| Current Assets | | | | | | |
| Inventories | 3,467 | 3,514 | 3,003 | 511 | 2,972 | 2,972 |
| Trade and Other Receivables | 16,318 | 17,910 | 16,031 | 1,879 | 15,966 | 15,966 |
| Cash and Cash Equivalents | 28,382 | 27,694 | 26,612 | 1,082 | 27,082 | 27,082 |
| Current Liabilities | | | | | | |
| Trade and Other Payables | (45,951) | (54,640) | (47,823) | (6,817) | (48,974) | (48,974) |
| Provisions | (4,502) | (1,708) | (3,883) | 2,175 | (3,437) | (3,437) |
| Borrowings | (1,017) | (1,017) | (1,017) | 0 | (1,017) | (1,017) |
| DH Capital Loan | (1,000) | 0 | 0 | 0 | 0 | 0 |
| Non Current Liabilities | | | | | | |
| Provisions | (2,986) | (2,869) | (2,363) | (506) | (1,434) | (1,434) |
| Borrowings | (26,898) | (25,966) | (25,963) | (3) | (25,881) | (25,881) |
| DH Capital Loan | | 0 | 0 | 0 | 0 | 0 |
| | 200,689 | 202,658 | 204,091 | (1,433) | 205,623 | 154,264 |
| Financed By | | | | | | |
| Taxpayers Equity | | | | | | |
| Public Dividend Capital | 162,210 | 162,210 | 162,210 | 0 | 162,210 | 162,210 |
| Retained Earnings reserve | (13,758) | (11,789) | (10,356) | (1,433) | (8,824) | (22,362) |
| Revaluation Reserve | 43,179 | 43,179 | 43,179 | 0 | 43,179 | 5,358 |
| Other Reserves | 9,058 | 9,058 | 9,058 | 0 | 9,058 | 9,058 |
| | 200,689 | 202,658 | 204,091 | (1,433) | 205,623 | 154,264 |

The table opposite is a summarised SOFP for the Trust including the actual and planned positions at the end of February and the full year. Full year forecast reflects the Trust's decision to revalue Property at 1st April 2015 and this is represented in the variance from plan at 31st March 2016.

The Receivables variance from plan is predominantly related to the aged NHS debt position.

Payables also remains higher than plan due mainly to disputed NHS payments in relation to maternity pathway inter-provider charging. It is expected that during March NHS disputes will be settled enabling payments to be made which will reduce the debtors and creditors balances.

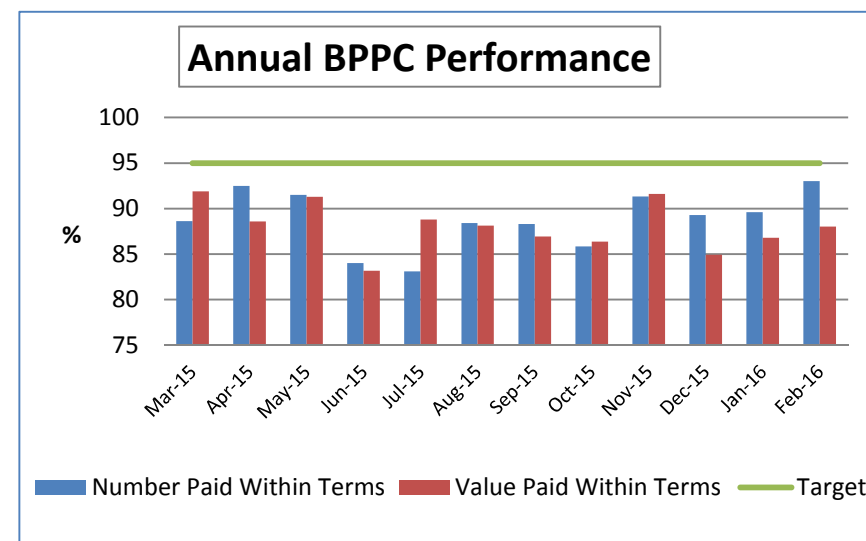
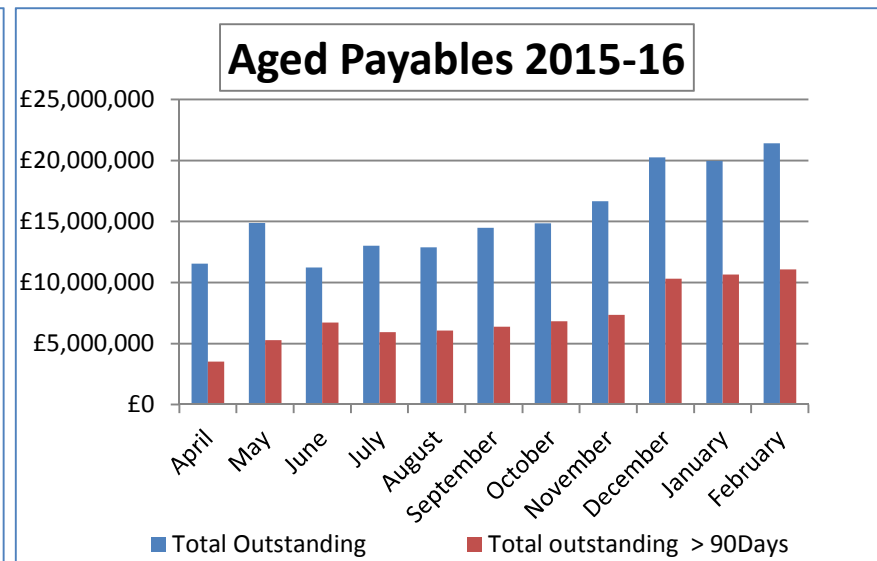
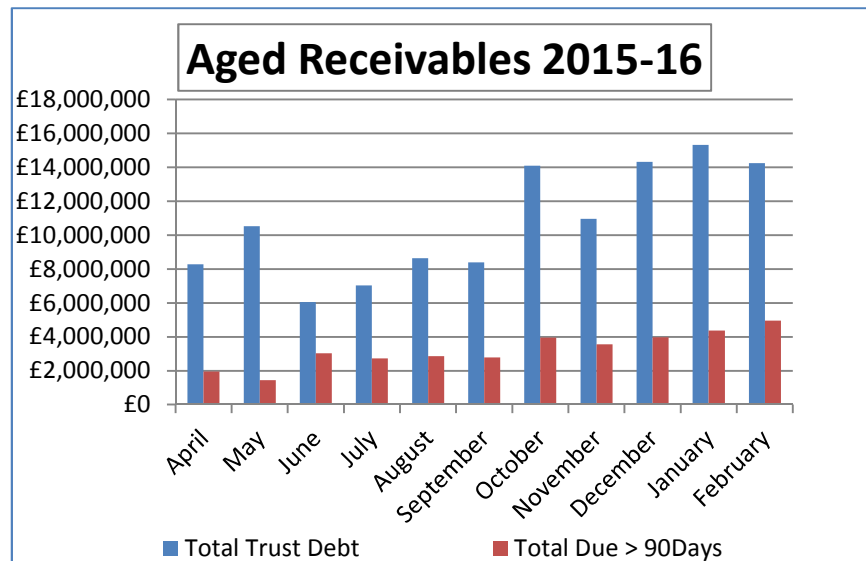
Progress continues on the Non-NHS aged creditor profile.

Graphs to represent the profile of Receivables and Payables can be found on the following slide.

Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 11 2015/16



Note

- The February Debt position shows a decrease reflecting progress made in settling NHS debt, however the remaining 90+ Day debt continues to be predominantly represented by NHS Debt that remains under discussion at Executive Level for resolution in March 2016
- The Payables position has increased during February as the Trust manages cash pressures and retains BPPC performance. The level of over 90 days liability has increased but there is a planned reduction in March 2016 as Maternity Pathway and other NHS invoices are settled
- BPPC is below target of 95% but reflects consistent performance to date. The main challenges in improving this relate to the trust P2P process and specifically the use of purchase orders, including receipting.

TRUST BOARD

| | | | | | |
|---|--|-----------------------------------|---|------------------------|---|
| DOCUMENT TITLE: | Safeguarding Children Dashboard | | | | |
| SPONSOR (EXECUTIVE DIRECTOR): | Colin Ovington – Chief Nurse | | | | |
| AUTHOR: | Jayne Clarke- Safeguarding Children Lead Nurse | | | | |
| DATE OF MEETING: | 7 th April 2016 | | | | |
| EXECUTIVE SUMMARY: | | | | | |
| <p>Safeguarding children submit monthly performance information via the Dashboard, to Sandwell & West Birmingham Clinical Commissioning Group (SWB CCG) as part of contract monitoring and to Sandwell Safeguarding Children Board (this has replaced Sandwell's Performance Accountability Board) the data required from SWBH is currently under review). Enclosed is an exception report highlighting key challenges, progress and achievements against Q3 Children Dashboard metrics.</p> <p>Data is collected from a variety of sources both internally and externally (Sandwell Multi-agency Safeguarding Hub (MASH)); this is collated by Corporate Nursing and reported via the Performance Monitoring Team. The Dashboard is discussed quarterly at the Safeguarding Children Operational Group and items escalated to the Safeguarding Steering Group as required.</p> | | | | | |
| REPORT RECOMMENDATION: | | | | | |
| Review content of report and progress to date | | | | | |
| ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>): | | | | | |
| The receiving body is asked to receive, consider and: | | | | | |
| Accept | | Approve the recommendation | | Discuss | |
| X | | | | X | |
| KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>): | | | | | |
| Financial | | Environmental | | Communications & Media | |
| Business and market share | | 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: | | | | | |
| CQC Standard 7 Section 11 Children Act 2004 Safeguarding Children CQUIN KPI metrics | | | | | |
| PREVIOUS CONSIDERATION: | | | | | |
| | | | | | |

| CCG External Childrens Safeguarding Dashboard including Internal KPI's | | | | | | | | |
|--|-------|--|---|--------------------------|-------------|---------------------------|---|--|
| CCG/ LSCB | SWBHT | National and Local Quality Metrics | Definitions of Metrics | Data Source & Type | Target | Q1: Apr to Jun 2015 | Q2: Jul to Sept 2015 | Q3: Oct to Dec 2015 |
| ✓ | ✓ | Safeguarding supervision for appropriate frontline staff | % compliance with provider protocol for clinical supervision (for frontline staff who work with children). | SWBHT | 90.00% | 49.00% | 23.00% | 71.00% |
| ✓ | ✓ | % compliance with CCG protocol for clinical supervision for named nurse for safeguarding | Clinical supervision for Named Professionals for Safeguarding from Designated Professionals. | SWBHT | 90.00% | 100.00% | 100.00% | 100.00% |
| ✓ | ✓ | Safeguarding training for children (level 1) | % compliance with staff safeguarding training strategy at level 1. | SWBHT | 90.00% | | 99.01% at 30.09.15 | 98.47% |
| ✓ | ✓ | Safeguarding training for children (level 2) | % compliance with staff safeguarding training strategy at level 2. | SWBHT | 83.00% | | 69.88% at 30.09.15 | 69.66% |
| ✓ | ✓ | Safeguarding training for children (level 3) | % compliance with staff safeguarding training strategy at level 3. | SWBHT | 83.00% | | 64.71% at 30.09.15 | 67.14% |
| ✓ | ✓ | Patient experience- CQUIN | Quarterly report on progress on delivering patient experience strategy. | SWBHT | RAG | | | |
| ✓ | ✓ | Complaints involving services for children | Number of complaints as determined by the contract. | SWBHT | RAG | 1 | 7 | 9 |
| ✓ | ✓ | CQC outcome 7/ section 11 reporting | % of compliance with outcome 7 and section 11. | SWBHT | RAG | | | |
| ✓ | | Total Number of Referrals to Social Care involving children | Number of referrals to Social Services shared with Childrens Safeguarding Team (theme analysis) | Provider | 10% ↑ + + + | | 796 | 774 |
| ✓ | | Domestic violence referrals | Number of domestic violence referrals as agreed with the provider. | MASH | N/A | 672 | 143 *Families | 204* Families |
| ✓ | | Drug & Alcohol referrals | Number of referrals to social care that relate to parents experiencing drug and alcohol misuse as agreed with provider. | MASH | N/A | 48 * Families | 38 * Families | 803* Families |
| ✓ | | Mental Health referrals | Number of referrals to social care that relate to parents experiencing mental illness as agreed with provider. | SCPFT | N/A | 65 * Families | 90 * Families | N/R |
| ✓ | | Percentage of children's appointments not attended | DNA rate as agreed with provider. | SWBHT | 10.00% | | 13.80% | 13.62% |
| ✓ | | Sickness absence HV team | Total sickness absence for the month. | SWBHT | 3.30% | | N/R | 3.28% |
| ✓ | | Staff turnover HV team | Number of staff who leave the organisation within the quarter. | SWBHT | <14.20% | | N/R | 5 = 3.98 WTE |
| ✓ | | Staff vacancy HV team | Overall vacancy rate for staff. | SWBHT | < | | N/R | 14 |
| ✓ | ✓ | Person in a position of trust allegations | Numbers of employed/ contracted staff referred for persons in a position of trust. | SWBHT | N/A | 0 | 0 | 0 |
| ✓ | | Number of Children not registered with a GP | At 1 yr/2 yrs and 3 years. | SWBHT | N/A | | < 1 yr 48% / < 2yr 0% / < 3 02% | 89.35% |
| ✓ | | % of children receiving immunisations at specified time | Up to 1st birthday DTaP/IPV/Hib/Men C/PVC. Up to 2nd birthday DTaP/IPV/Hib/MMR/Men C/Hib/Men C booster/PVC. Up to 3th birthday PT/Pol/DTaP/IPV/Pertussis/Hib/Men C/ Hib& Men C/MMR 1st/MMR 2nd/PVC/PCV Booster. | SWBHT | N/A | | 91.3%/1.1%/90.9% 2 yr = 93.7%/89% /86.8% / 88.1%/89% 3 years 88.6%/79 | 91.6%/Men C 93.8%/PCV 91.1%/ 2 yrs - 91.1% / 800ster 91.6%/MMR |
| ✓ | | Rate of hospital inpatient admissions caused by unintentional injuries or deliberate injuries per 10,000 | | SWBHT | N/A | | 125 | 101 |
| ✓ | | Number of children presenting in ED with thoughts of self-harming | | SWBHT | N/A | | 9 | 8 |
| ✓ | | Number of children presenting at ED with attempted suicide (overdose) | | SWBHT | N/A | | 24 | 29 |
| ✓ | | Rate of ED attendance caused by unintentional injuries or deliberate injuries per 10,000 | | SWBHT | N/A | | | |
| ✓ | | Teenage pregnancy rate per 1,000 | Teenage Pregnancy MW | TBC | | City (37)/SW (62) | City(32)/SW (38) | City =48/Sand well = 74 |
| ✓ | | Number of Under 18's alcohol misuse to ED | Pathway implementation | SWBHT | N/A | | 21 | 7 |
| ✓ | ✓ | CQC action plans | completion progress | SWBHT | RAG | | | |
| ✓ | ✓ | Court report requests | legal proceedings | SWBHT | N/A | | 18 | 31 |
| ✓ | | Number of FGM cases reported | 10% increase reported. in 14/15 figures (already highest in region) | SWBHT | TBC | | 184 | 20** |
| ✓ | ✓ | Number of potential CSE cases reported for investigation | 10% increase in 14/15 figures for completed risk assessments | SWBHT | TBC | | 0 | 1 |

DASHBOARD Exception Report:

- **Child Protection Supervision**
 - Q3 has seen a significant increase on Q2 percentages (71% & 25% respectively) as a result of reviewing data capture and maximising available specialist nursing resource (safeguarding children lead supporting process). Thus achieving 88% and 86% in January and February. However, since the end of February there has been a full time vacancy due to a team member reducing hours and no confirmed start date of the successfully appointed Named Nurse. This vacancy will impact on previous improvements. As a result of this the team only achieved 47% for March which is in part due to the competing demands on the reduced Named Nurse resource but also staff not accessing supervision as requested. When this occurs, if after 2 requests to arrange and no response from practitioner their team leader is advised.
- **Safeguarding Children Training**
 - Level 2 and Level 3 training figures remain well below projected targets. Level 2 69.66% (this represents 2608 of 3744 staff trained) a slight decrease on Q2 figures. However, Level 3 67.14% shows a slight improvement and represents 429 of 639 staff compliant with training. Training dates have been circulated for the remainder of the year.
- **Patient Experience (CQUIN)**
 - On target for Q4 submission. The Safeguarding Children Lead has requested a review of the CQUIN submission for 2016/17 due to lack of feedback and questionable value of the current process with SWB CCG Designated Nurses.
- **Children Social Care Referrals**
 - All staff is advised to forward a copy of completed Multi-Agency Referral Form's (MARF's) to the Safeguarding Team however this is not consistent across the organisation to enable the safeguarding team to undertake any accurate assessment of numbers submitted or themed analysis on the reason for referral. Sandwell MASH data across the whole economy shows a slight reduction in the numbers of referrals submitted and accepted in Q2. The team do not currently receive this level of detail on referrals made to Birmingham MASH.
 - Both Birmingham and Sandwell MASH will return all MARF's to the safeguarding team where these either do not meet the threshold for social care intervention or there is incomplete information on the form. There has been a slight reduction in numbers returned in Q3 from Q2 (17 and 19 respectively) however, without having the total number of referrals submitted it is difficult to draw any conclusion from this information and slight reduction noted.
 - Previously, the reason for referral was gathered from Sandwell MASH data but since Q2 this has not been provided and due to the above unable to provide any themed analysis on referrals made by SWBH.
 - Domestic Abuse (DA) cases involving children has significantly increased through Sandwell MASH and numbers continue to rise; for example in February 276 cases were screening involving children and 35 cases pertaining to adults only. SWBH DA Nurses (2 WTE) sit within Sandwell MASH as part of the multi-agency screening team. As agreed with SWB CCG the safeguarding team provide 1 WTE DA Nurse in MASH for 5 day cover; however due to the significant increase in numbers being screened 2 members of staff are required to work in MASH Monday – Wednesday to meet demand and ensure safeguarding risks to victims and their children are identified and assessed in a timely manner. This capacity/demand deficit has been highlighted to Sandwell MASH and a paper submitted to SWB CCG to increase the

DA nursing resource.

- **Health Visitor Vacancies**

- Current number 14 WTE; service plan to undertake a number of roadshows over the next few months to increase recruitment. During Q3 5 staff left the service (3.98WTE). Sickness levels for the service were below the agreed target at 3.28%.

- **Sandwell Safeguarding Children Board Data (Purple Section)**

- This section is self-explanatory and as stated previously is under review due to Local Safeguarding Children Boards regionally reviewing their dataset to ensure consistency and value of data collected. For example reporting purely on the number of children and young people (CYP) accessing the Emergency Department (ED) due to substance misuse or self-harm gives no qualitative data or correlation to improve the response to this vulnerable group from a 'whole systems approach'.

- **Enhanced Female Genital Mutilation (FGM) Data set**

- Since mandatory reporting came into place June 2015 there have been 261 cases reported. For Q3 there have been 20 reported cases. Previous data submitted included all women attending the Vulnerable Women's Clinic and was not exclusive to FGM therefore falsely inflating numbers.
- We are currently reviewing FGM resource with commissioners as there is no FGM commissioned service for SWBH and the clinical service provided to victims of FGM are currently provided by an Obstetrician with a special interest in this topic.
- Named Nurse and Specialist Safeguarding Midwife developing an FGM protocol to support referral/reporting processes which is underpinned by Sandwell Safeguarding Children Board FGM policy.

- **Child Sexual Exploitation (CSE) Reporting**

- CSE Training Session delivered 17th February via the CSE Health Group; SWBH had good representation with a plan to provide further bespoke training to key areas (ED/Paediatric Wards). Currently the Electronic Patient Record is flagged when CYP have been identified to be at medium/high risk of CSE (Sandwell CSE MASH Team provide this information) to help support professionals in their safeguarding risk assessment.
- The safeguarding team have delivered training to staff in ED and the paediatric wards on the use of the CSE Screening tool to aid assessment and referral.
- An audit is being finalised by Safeguarding Children Team on the number of CYP who have a CSE flag in place and have accessed services to determine the care pathway and whether this information has made a difference to the outcome and involvement of the CSE MASH Team.

- **Care Quality Commission Safeguarding Children Action Plans**

- There are monitored internally via the Safeguarding Children Operational Group and externally via Sandwell and Birmingham CCG's. Rag rating for Q3 is amber due to outstanding elements:
 - **Flagging of Child Protection** concerns (City) – Child Protection-Information Sharing (CP-IS) project addressing this (Birmingham Local Authority) and for Sandwell CYP the safeguarding team flag systems where there are Child Protection plans in place.
Currently on risk register as no IT solution agreed for CP-IS despite numerous requests and escalation to IT Head of Service; Birmingham plan to go live with sharing information on Child Protection status in May 2016

- **Supervision** model/ numbers to include staff in acute/community paediatric areas in addition to health visitors and midwives (Child Protection supervision policy due ratification April 2016).
- **Safeguarding Children Training** (Training Strategy and Matrix developed against Intercollegiate Guidance 2014). Remains on risk register due to compliance being well below trajectory.
- **Safeguarding children risk assessment** in ED when adults present with one or more of the '*trio of vulnerabilities* (DA, Mental Health & Substance Misuse). Audit undertaken in June 2015 demonstrated that practitioners did not consider safeguarding children risks when patients presented with one or more of these identified vulnerabilities. Audit recommendations presented to Safeguarding Steering Group and included 'trigger questions' to be added to the Adult ED card. Card due to be amended.

Challenges:

- Attendance at 2 safeguarding children boards and related sub- groups
- Continued requests for data from differing sources and assurance reports from a wide number of groups/meetings i.e. CSE/ Domestic Abuse Strategic Partnership and FGM.
- Lack of robust data collection systems and team ability to manually analyse available data.
- Increasing safeguarding children agenda as outlined above with no accompanying increase in clinical resource from commissioners

Achievements:

- Independent Domestic Violence Advocate (IDVA) project (SWBH Charitable monies joint project with Sandwell Women's Aid) went live in November 2015 and although showing positive improvements in the identification of domestic abuse there is a continued need to raise awareness with ED staff to refer suspected cases of DA to the IDVA's (despite a significant increase in referrals (50 from November- January), this is not always as a result of clinical assessment)
- SWBH has attended both Sandwell and Birmingham Section 11 Audit scrutiny panels in January and March to provide evidence and assurance against audit requirements