Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Anne Gibson Boardroom, City Hospital

Date: 5 May 2016; 0930h – 1230h

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
Mr R Russell	(RR)	Non-Executive Director
Dr P Gill	(PG)	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
09:30h	1.	**Apologies – Mr Robin Russell**	Verbal	DW
	2.	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	Chair
	2.1	**Register of Interests**	SWBTB (05/16) 020	DW
09:35h	3.	**Patient story**	Presentation	CO
09:55h	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 7 April 2016 as a true and accurate records of discussions*	SWBTB (05/16) 021	Chair
	5.	**Update on actions arising from previous meetings**	SWBTB (05/16) 022	DW
10:00h	5.1	**Cancelled Operations on the Day of Surgery and Multiple Cancellations**	SWBTB (05/16) 023	RB
10:10h	5.2	**Reducing unplanned readmissions**	SWBTB (05/16) 024	RB
10:20h	5.3	**PMO capacity and development**	SWBTB (05/16) 025	RB
10:30h	6.	**Questions from members of the public**	Verbal	Chair
10:45h	7.	**Chair's opening comments**	Verbal	Chair

Time	Item	Title	Reference Number	Lead
10:50h	**8.**	**Revised terms of reference for the Audit and Risk Committee**	SWBTB (05/16) 026	**KD**
		UPDATES FROM THE BOARD COMMITTEES		
10:55h	**9.**	Minutes of the **MPA Committee** held on the 30 March 2016	SWBTB (05/16) 027	**RSM/ TL**
	10.	Minutes from the **Finance and Investment Committee** meeting held on 1 April 2016	SWBTB (05/16) 028	**RSM/ TW**
	11.	Update from the **Quality & Safety Committee** meeting held on the 22 April 2016	SWBTB (05/16) 029	**OD/ CO**
	12.	Minutes from the **Workforce and OD Committee** meeting held on the 30 March 2016	SWBTB (05/16) 030	**HK/ RG**
	13.	Update from the **Audit and Risk Committee** meeting held on the 28 April 2016	To follow	**RR/ KD**
		MATTERS FOR APPROVAL OR DISCUSSION		
11:10h	**14.**	**Chief Executive's report**	SWBTB (05/16) 032	**TL**
11:30h	**15.**	**Contribution of volunteers to SWBH**	SWBTB (05/16) 033	**CO**
11:45h	**16.**	**Better Back at Work -with a focus on long term sickness**	SWBTB (05/16) 034	**RG**
11:55h	**17.**	**Trust Risk Register**	SWBTB (05/16) 035	**KD**
12:10h	**18.**	**Integrated Performance Report**	SWBTB (05/16) 036	**TW**
12:20h	**19.**	**Approval and execution of a lease of the Old Chapel, Sandwell Hospital to HHI Limited trading as Healthy Hearts**	SWBTB (05/16) 037	**AK**
		MATTERS FOR INFORMATION		
12:25h	**20.**	**Financial performance – P12 March 2016**	SWBTB (05/16) 038	**TW**
	21.	**Complaints & PALS report: 2015/16 quarter 4**	SWBTB (05/16) 039	**KD**
	22.	**Any other business**	Verbal	**All**
	23.	**Details of next meeting** The next public Trust Board will be held on 2 June 2016 **starting at 09:30am** in the Boardroom, Sandwell General Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Register of Interests**
SPONSOR (EXECUTIVE DIRECTOR):	**Kam Dhami, Director of Governance**
AUTHOR:	**Duncan Whitehouse, Head of Corporate Governance**
DATE OF MEETING:	**5 May 2016**

EXECUTIVE SUMMARY:

An updated version of the Register of Interests for Board members is presented for approval, which has been amended to take into account notified changes of interests. The Register of Interests is correct as at 1 May 2016.

REPORT RECOMMENDATION:

The Board is requested to approve revised Register of Interests.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	

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

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

Comments:

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

None specifically, although represents good governance practice

PREVIOUS CONSIDERATION:

Last considered by the Trust Board at its meeting in May 2015.

Name	Interests Declared
Chairman	
Richard Samuda	▪ Director – 'Kissing It Better' ▪ Non Executive Director – Warwick Racecourse
Non-Executive Directors	
Olwen Dutton	▪ Partner – Bevan Brittan LLP ▪ Fellow – Royal Society of Arts ▪ Member – Lunar Society ▪ Member – Council of the Birmingham Law Society ▪ Member – Labour Party
Paramjit Gill	▪ Trustee South Asian Health Foundation ▪ Trustee – Healthy Hearts ▪ Clinical Academic at University of Birmingham collaborating with colleagues based at the Trust on a number of research studies ▪ Academic Lead, NIHR Clinical Research Network: West Midlands ▪ General Practitioner
Michael Hoare	▪ Director-Metech Consulting ▪ Director CCL Group
Harjinder Kang	▪ Managing Consultant – PA Consulting Group
Robin Russell	▪ School Governor – Birchfield Community School
Waseem Zaffar	▪ Elected Councillor – Lozells & East Handsworth Ward (Birmingham City Council) ▪ School Governor at Heathfield Primary School. ▪ Member of Unite the Union and the Labour Party. ▪ Director at Simmer Down CIC.
Executive Directors	
Toby Lewis (Chief Executive)	▪ Board member – Sandwell University Technical College ▪ Independent member - Council of Aston University
Rachel Barlow (Chief Operating Officer)	▪ None
Kam Dhami (Director of Governance)	▪ None
Raffaela Goodby	▪ Board member in PPMA (public sector people

(Director of Organisation Development)	manager's association) member's association ▪ E4S Practitioner Board member (voluntary national body)
Colin Ovington(Chief Nurse)	▪ None
Roger Stedman (Medical Director)	▪ Partner – Excel Anaesthesia (private anaesthesia services)
Tony Waite (Director of Finance & Performance Management)	▪ None

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Anne Gibson Board Room, City Hospital **Date** 7 April 2016 09:30h – 13:00h

Members Present

Mr Richard Samuda	Chair
Ms Olwen Dutton	Vice Chair
Mr Mike Hoare	Non-Executive Director
Mr Harjinder Kang	Non-Executive Director
Mr Toby Lewis	Chief Executive
Ms Rachel Barlow	Chief Operating Officer
Miss Kam Dhami	Director of Governance
Mrs Raffaela 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 and Mr Robin Russell.	
2 Declarations of interest	
There were no declarations of interest.	
3 Patient Story	
The Board were shown a DVD of a woman called Sam who shared the story of her father's treatment for lung cancer where he ultimately died in hospital. During the retelling of her experience she highlighted a lack of communication of her dads care, not being allowed an extra chair to make herself comfortable staying overnight, nurses doing a good job the majority of time but issues in respect of care especially at night and eventually feeling distressed, abandoned and having let her father down following his death. Ms Dutton highlighted the priority given by the Board when signing off the quality goals in terms of giving choice to patients at the end of their lives as to where they chose to die. The DVD provided a deeply emotional story in which the Board would need assurances that this was an isolated case and that mechanisms were in place to prevent	

such occurrences happening again. The patient story clearly highlighted elements of poor care that were unacceptable. Mr Ovington drew attention to John's Campaign which was being rolled out across the Trust as a means of supporting carers to stay overnight and would have addressed one of the issues highlighted in the story. Mr Ovington also stated that since the incident staff were working with the woman whose story the Board had just heard to learn the lessons from the case. The DVD would be used internally to ensure learning was disseminated widely to prevent such an occurrence happening again.	
4 Minutes of previous meeting – 3 March 2016	SWBTB (04/16) 002
Resolved: the minutes of the previous meeting were agreed as an accurate record.	
5 Update on actions arising from previous meetings	SWBTB (04/16) 003
The action tracker was noted. Mr Lewis asked for assurances that the Trust was on track in regard to the learning disabilities actions highlighted in the action tracker. The Board would receive a report back in July at which point there needed to be a detailed plan in place for the Board to consider. Ms Dutton highlighted the link with the equality and diversity plan that was regularly reported to the Board. **Action: detailed action plan to be brought to July meeting in terms of learning disabilities.**	
5.1 Community caseloads	SWBTB (04/16) 004
Ms Barlow introduced the report which outlined progress around tackling caseload management in community teams. Progress had been made in new ways of working through district nursing teams with early indications of a 10% improvement being made. The redesign work included a hub and spoke model where patients could access treatment for non-essential homecare. The project had highlighted issues where experienced nurses were not undertaking some of the complex work spending time instead on more basic tasks. This evidence had been helpful in providing supportive challenge around the redesign work. There had been some resistance to the hub and spoke model previously but these concerns were being worked through. Ms Dutton challenged the delivery dates in the report and whether they were achievable given that some staff would need to change the way in which they worked and undertake work equivalent to their grade. Ms Barlow responded by stating that progress by the end of May was achievable in terms of caseload distribution. In terms of some of the leadership work that was needed, this would take longer. Following a query from Ms Dutton Ms Barlow stated that time spent with patients was on the basis of 10 minute allocations with more complex activities allocated 20-30 minutes. There was a system whereby this work could be tracked and monitored. She also stated that it was not simply about measuring time spent with a patient and that importantly there would be quality measures embedded in terms of patient satisfaction and clinical outcomes.	

Ms Dutton questioned whether there was an agreed standard in terms of the use of improved technology and whether the third sector and volunteers were engaged. Mr Ovington highlighted that more work needed to be done to define the role of volunteers such as with transport services for example. Dr Stedman highlighted that in terms of technology the work was embedded in EPR and that a strategy was being developed through to September. It was important to find the right solution that worked in the community with kit that worked when not connected to the Trust servers but could be reconciled when a member of staff returned to base. Mr Lewis stressed the need for effective caseload management including the effective exiting of patients out of the system when their care had concluded. Ms Barlow highlighted that work was ongoing to ensure this data was being effectively reported routinely and was being picked up through the leadership teams. Mr Kang challenged whether there was a clear understanding of what good performance looked like and whether we would be measuring this in terms of efficiency and clinical outcomes. Ms Barlow responded by saying that the project had initially started out as a caseload issue but had purposefully been broadened out to look at wider issues of efficiency, sustainability and importantly patient outcomes and clinical need. An obvious example was in terms of more experienced nurses treating leg ulcers which would see improvements for the patient more quickly and knock on implications in terms of efficiencies. Mr Lewis reiterated that the hub and spoke model would lead to a shift away from home visits to a stronger clinic based service. **Action: that a report be brought back to the June meeting with a focus on midwifery.**	
5.2 Patient Safety Ten out of Ten 100 Day Programme	SWBTB (04-16) 005
Mr Ovington introduced the item stating that there would be formal launch event the following week and that the patient story and post meeting visits following the next Board would have a focus on ten out of Ten. The focus currently was on the Assessment Units. In response to a query from Miss Dhami he stated that there was more work to be done in respect of the role of the ward matrons and sisters and the relationships across the multi-disciplinary teams. Miss Dhami highlighted the opportunity to pick the issue up as a line of questioning as part of the upcoming internal inspections. Dr Stedman highlighted that there was evidence of impact from improvements in VTE assessments. Mr Lewis queried what the Board's role would be over the remainder of the 100 days to drive and embed practice in to the organisation. Mr Ovington responded by stating that visibility was the key with the Board testing the reality of implementation on the ground. There was good support from staff but it was early days and he agreed to report back to the Board if there were areas of resistance. Mr Samuda questioned whether patients would be aware of the changes. Mr Ovington responded that information on Ten out of Ten was provided to patients but that from a patient's perspective it was about receiving timely, safe and high quality care each and every time rather than raising awareness of a specific initiative.	

Action: the May Board patient story and post board visits to have a focus on Ten out of Ten.	
5.3 Visitor car parking charge uplift	SWBTB (04-16) 006
Mr Ovington introduced the report highlighting the outcome of the consultation on car parking charges as requested by the Board at its previous meeting. The feedback from respondents was to favour option 3 (implement the same increase to all car parking charges, so 20p added to all tariffs. The recommendation in the report was to approve option 3 including an uplift at the Rowley site to bring it in line with charges at the other Trust hospitals. The charge increase would still mean that parking charges were lower than most other hospitals in the area. Mr Zaffar stated that whilst any increase was not ideal the fact that the decision was being taken following engagement and consultation was appropriate and provided learning in terms of the approach that should be taken in the future. **Approved:** • **The Board approved option 3: implement the same increase to all car parking charges, so 20p added to all tariffs.** • **That the changes to parking rates at Rowley Regis commence after the improvement works to the car parks are concluded.**	
6 Questions from members of the public	SWBTB (04-16) 007
A question was asked about the potential for further car parking increases in the future and whether staff car parking charges were affected. Mr Ovington highlighted that decisions in respect of staff car parking were not a matter for the Board but that staff parking would be affected as was the case for visitors. Mr Lewis asked that a car parking strategy be developed for agreement by the Board prior to the development of budgets for 2017-18. **Action: that a longer term car park strategy be developed over the coming nine months.**	
7 Chair's opening comments	SWBTB (04-16) 008
Mr Samuda spoke of the tragic loss of Councillor Darren Cooper as Leader of Sandwell Borough Council. He was straight talking with an NHS background that made him a staunch advocate for patients. He left a strong legacy and the Trust would always be appreciative of the support he provided, not least in the development of the Midland Metropolitan Hospital. The Board's thoughts were with his family. Mr Samuda highlighted the Risk Summit that the Trust had participated in the previous week. He thanked Healthwatch for the support they provided at the meeting. He stated that an ongoing focus for the Trust, as with all other Trusts, was the financial pressures faced by providers which would be the subject of discussion later in the meeting and subsequently.	

Mr Lewis reiterated that Sandwell and West Birmingham was one of the few Trusts nationally to have closed 2015-16 with a surplus financial position. There were a series of internal and external factors that would however impact on the Trust's financial position going forward that were picked up in the papers on the agenda.	
8 Minutes from the MPA Committee meeting held on the 30 March 2016	SWBTB (04-16) 009
Mr Samuda stated that the MPA Committee would seek assurances around the alignment of MMH, IT, workforce and estates projects going forward. It had an important role in ensuring interdependencies and timelines were brought together across the various workstreams to facilitate timely delivery of the projects. EPR was a matter that would be discussed by the Board as part of its private agenda. The Committee agreed that further work was needed around defining all of the key milestones across the projects. Mr Lewis highlighted that there was still work to do to ensure Executive alignment across all of the work streams.	
9 Minutes from the Finance and Investment Committee meeting held on the 26 February 2016 and the update from the meeting held on the 1 April 2016	SWBTB (04/16) 010
Mr Samuda highlighted the ongoing risks in respect of income and expenditure remaining off plan and the ongoing reliance of contingencies. There remained an income gap for the coming year that it was not in the gift of the Trust in isolation to resolve.	
10 Minutes from the Quality and Safety Committee meeting held on the 26 February 2016	SWBTB (04/16) 011
There were no additional comments made in respect of the minutes of the Quality and Safety Committee meeting held on the 26 February 2016.	
11 Update from the Workforce and OD Committee meeting held on the 30 March 2016	SWBTB (04/16) 012
Mr Kang highlighted the interesting challenge provided by the committee in respect of how the Trust was addressing sickness absence rates in the Trust. There were positive examples of where data was being reviewed at a granular level to better inform management action in response to short and long term sickness rates. There remained however issues of consistent implementation across all groups. The committee also considered progress in respect of the phase 2 workforce transformation and the Easter consultation.	
12 Minutes of the Charitable Funds Committee meeting held on the 18 March 2016	SWBTB (04/16) 013
Cllr Zaffar highlighted the work that was taking place around reducing the number of individual funds and the creation of 8 thematic funds. Ms Wilkin highlighted that the grant approvals process had been agreed and that a sub committee to oversee the Midlands Metropolitan Appeal was being established.	
13 Chief Executive's report	SWBTB (04/16) 014
Mr Lewis introduced his report drawing attention to the live workforce consultation that had been approved by the Workforce and OD Committee. This consultation focussed on senior leaders in the organisation which would result in uncertainty and dislocation for some staff.	

Board agendas would continue to be framed around the Risk Register, BAF and the Integrated Performance Report. Safe staffing would continue to be reported on monthly through the Chief Executive's report and on a quarterly basis the Board would have sight of the strategic performance report which would enable tracking against the 5 pillars that underpin our transformation work.

Mr Lewis had attended the overview and scrutiny committee to discuss the recent Healthwatch report. Dialogue with the committee would continue with further feedback over the summer around some of the themes.

Progress was being made on Oncology with agreement on clinical pathways and a two week review which would be undertaken by the Cancer Network. This reflected the decisions taken by the Board in August 2015.

Mr Kang and Mr Samuda highlighted their recent visits to the war room in which capacity across the Trust was being co-ordinated. Mr Kang stated that he was impressed by the level of granularity of the data that was being utilised to plan but with the need for ongoing assurance around timely execution of plans.

Mr Lewis highlighted the need to address the issue of surgery bookings in Q1. If not sorted within this timescale then Q2 and Q3 will become increasingly challenging.

Ms Barlow highlighted that there needed to be greater impetus around booking of patients and that there was a phased plan in place that met the contractual ask in respect of planned care. There needed to be step change in productivity which would be programme managed weekly with the support of the new Deputy Chief Operating Officer. List capacity needed to consistently be at 92%.

Mr Lewis outlined the need for the Executive to have weekly sight of data on the issue in order for swift intervention to prevent blips turning into ongoing trends. Lists needed to be fully booked in April and May and for this to continue thereafter.

Mr Kang challenged how this would translate into longer term remodelling and whether it would be possible for staff to see their performance relative to colleagues as an incentive around performance.

Mr Lewis responded by stating that there was an indicator around theatre cancellation rates. A lot of work had been done around the alignment of plans with the LTFM which would be monitored by the Finance and Investment Committee. A key issue remained the booking of patients to lists in a timely and effective way.

Mr Lewis highlighted the ongoing utilisation of 60 unfunded beds. This could not continue through the course of the year with the need to remove some of the additional capacity during quarter one. As the Trust developed a clear plan to address the gap in funding against the LTFM the Board would need to have a clear view as to how we addressed the matter of unfunded beds which in turn would impact upon the deficit challenge.

Ms Dutton challenged the impact of readmissions on the requirement for additional bed capacity. Mr Lewis clarified that it was bed days that was the key figure and that in

real terms would mean the need to reduce 19 admissions across the two sites. Dr Stedman stated that there was a stronger driver to ensure the clinical workforce delivered. It was important to shift decision making earlier along the patient pathway to facilitate effective and timely discharge.

Mr Lewis highlighted that the local Better Care Fund had yet to have the desired impact in reducing admissions and that as a local health system more work needed to be done to build on existing good practice that was proven to be having impact locally and ensure that funding was appropriately directed at these initiatives.

14 2016-17 Finances and Annual Plan | SWBTB (04/16) 015

Mr Lewis introduced the Operational Plan which was presented in a prescribed national format. The deadline for submission was the 18 April but there remained issues nationally in terms of many providers having yet to sign off contracts with commissioners.

The Trust would be able to deliver against the national "must do's" but further work was needed to develop a credible plan around four hour standards, especially at Sandwell. The forecast surplus for 2016/ 17 as per the LTFM was £4.3m. This would be contingent however upon achieving additional income, and achieving the full CIP. Given that there was as yet not clear agreement with commissioners over the income levels to support the LTFM and past experience of delayed delivery of CIP levels at the start of the year the Trust planned to make a deficit of £7m in 2016/ 17, £11.3m below the LTFM surplus of £4.3m. £5m of this equated to a gap in income. The Executive were currently looking to a route through which the £7m gap could be closed.

Mr Samuda challenged whether there was sufficient middle management capacity/ capability to address these issues. Mr Lewis responded by saying that one of the biggest issues was the capacity and capability to deliver the transformation needed and the capacity across the leadership space with much of the work sitting with Directors. He requested a PMO organogram to the next meeting which would help facilitate the discussion around leadership and support.

The Change Team was being reinvigorated with existing team members being bolstered by external expertise. Mr Lewis was clear that the PMO would have ready access to the Executive Team with the ability then to get decisions made quickly. These changes were not a turnaround model but rather a means of facilitating rapid improvement.

Ms Dutton queried the role telecare played in the transformation journey. Dr Stedman highlighted that there was an absolute focus on technology but that it was important to work through the issue before simply seeking a technological solution to it. Mr Lewis pointed to some tangible examples of the impact of technology including a hospital consultant being able to discuss care with a patient via video link whilst the patient was sat in the GP surgery. He also stated that Sandwell Borough Council had a well established history in terms of the use of telecare.

Mr Waite stated that in terms of the scale of the financial challenge then the Trust needed to deliver £30m of improvement against the original; target. In terms of building a credible plan it would be important to be clear about:

- How much income could the Trust reasonably expect to earn?
- The confidence the Trust had in delivering cost reduction at scale and pace with the effective phasing of delivery, and
- The ability to retain the support of the organisation and partners through the challenges that lay ahead.

In agreeing the way forward as a Board it would be important not to lose sight of the potential medium term impact on things such as the investment plans.

Mr Lewis reiterated that as of today the Trust was proposing a £7m deficit. This may alter over the coming months as other matters were closed out including further discussions with commissioners. If there was not an agreed position by the 18 April then the matter may be subject to formal arbitration. The Trust's position remained one of ensuring high quality and safe patient care and that part of that required a commitment from commissioners who had previously been committed to community provision and the benefits that would be derived from the Midland Metropolitan Hospital.

Mr Kang queried whether this was simply a debate around which parties would carry the risks. Mr Lewis responded by saying that the Trust had a long history of working in partnership around areas of mutual interest. It was hoped that this history and relationship would not be impacted upon by the nature of the current negotiations. He stated that once there was a clear line of sight around how the gap could be closed then it would be possible to discuss risk sharing. Progress was being made however with the negotiations with NHS England.

In response to a query from Mr Lewis as to what the planned savings would be if broken down by calendar quarter Mr Waite stated that the ask would be:

Q1 = £3M
Q2 = £6m
Q3 = £11m
Q4 = £16m

This would be supplemented by technical matters that would be front loaded in quarters 1 and 2.

Ms Dutton queried the progress being made on procurement within the Black Country Alliance. Mr Lewis stated that discussions were ongoing with more work to do to realise the scale of opportunities. The Chair's were keen to progress this and he could provide a verbal update at the next meeting.

Mr Waite stated that there was a need to transform procurement with some real tactical advantages amounting to millions of pounds across the BCA if there was standardisation of goods and supply chains and the ability to procure for value rather than simply price.

Action: that the Board utilises its next Board Development Session to further explore the metrics around financial plan and how to progress the issues highlighted.

15 Cancer Services	SWBTB (04/16) 016
Ms Barlow introduced the report stating that the Trust was performing well in the delivery of cancer access to treatment, especially when compared to regional and national comparators. A new Cancer Board was being established in April and action was being taken to ensure the pace of transformation and improvement. Mr Samuda challenged the differences in performance against tumour groups. Ms Barlow responded by stating that the Trust was performing at national benchmark standards against the majority of tumour groups. Urology had been an issue but was being addressed through local pathways many of which were dependent on other organisations. Mr Lewis stated that strong partnership working with the QE should see these pathways improve. Gynaecology and Oncology services would be impacted by the same issues of delays occurring in other organisations. Ms Dutton queried why the Trust was not looking at international comparators to benchmark ourselves against. Mr Lewis responded by stating that the Quality Plan specifically references the need to look beyond the UK in terms of benchmark comparators. He went on to say that recent data was showing a narrowing of the gap between the UK and international comparators. He felt that further work was needed to bring specialities together around the effective support to cancer treatment with clear commitments and milestones in place. Ms Barlow stated that the Cancer Board would oversee the development and tracking of milestones which in turn would report in to CLE. There was a commitment to a stronger triumvirate to support this work. Further work would be undertaken in terms of working up improvement goals and phasing of delivery. **Action: that a report be brought back to the Board in July.**	
16 R&D Plan	SWBTB (04/16) 017
Dr Stedman introduced the report stating that there had been an 18% improvement in the take up of trials last year which bucked the national trend. Broadening the research base, enhanced recruitment and a focus on key enablers such as clinical time and specialist nurses had all contributed to the position. In response to a question from Mrs Goodby about the engagement of junior staff that may have an interest in research Dr Stedman stated that work was underway to improve the branding of the R&D function and the engagement of patients. Mr Lewis highlighted the need to identify a further 3,700 trials worth of opportunities and then the patients to participate in these if the Trust was to achieve its target of 6,000. He queried the pace with which these number of trials could be identified and the patients recruited to them. Mr Hoare queried whether the space existed for all of these trials. Dr Stedman responded by saying that a different approach would be taken according to what trial was taking place hence not all required additional dedicated space. Ms Dutton went on to query whether there were any reputation of financial risks if we	

were not to achieve our targets. Dr Stedman responded by saying that there would be some financial risk but that the level of funding was capped. One clear benefit to trials was that it attracted high quality clinicians to the Trust with an interest in research. Mr Lewis concluded the discussion by stating that progress would be reported through the STP and that as an organisation staff needed to be aware of and then recruit to the trails that were available.	
17 Sickness Absence Management 2016/ 17	SWBTB (04/16) 018
Mrs Goodby introduced the paper stating that £923k was attached to reducing sickness CIP savings. Each group had a detailed trajectory for achieving those savings. Sickness absence rates continued to be higher than other parts of the region. A series of recommendations had been discussed with the Workforce and Organisation Development Committee which endorsed the proposals. There will be a real local focus around the confirm and challenge sessions. The goal was to halve the levels of short term sickness absence with the rate at 4.99% for the previous month. Ms Dutton welcomed the performance in some groups but queried why performance was not improving across all areas and what more was needed to gain traction on matters previously agreed by the Board. Mrs Goodby responded by stating that there were initiatives that were proving successful and that were being shared across the Trust. Staff phoning into a central number within the group for example with these being shared at CLE previously. There was a need to evidence that the confirm and challenge sessions were being undertaken correctly and consistently. Mr Lewis challenged the action being taken against managers where there were consistent high levels of absence and where the policy was not being followed. Ms Barlow stressed the need for grip and support to address cultural issues in some areas. Consideration also needed to be given to wider factors such as the quality of staff scheduling and shift patterns. Mr Lewis asked that the recommendation in respect of analysis of long term sickness absence to better understand the causal reasons needed to be accelerated and a report brought back to the Board in May. Ms Dutton stressed the need to address the impact of leaders tolerating certain behaviours. She stressed the importance of the emphasis being on people coming to work when they can whilst recognising issues such as infection risks. Ms Barlow reiterated the point in that a lot could be gleamed from speaking to those who consistently turned up for work about the culture as to how sickness was dealt with. Mrs Goodby highlighted that there remained issues relating to wait times for psychological support with some people waiting up to 9 weeks for cognitive behaviour therapy. People did need to demonstrate that they were taking active steps to address their own health and wellbeing. **Action: a further report be brought to the May Board meeting.**	
18 Trust Risk Register	SWBTB (04/16) 019

Miss Dhami introduced the report highlighting that there were no new risks added with the proposal that three be removed in respect of risk 770 (trauma operating tables), 172 (failure to achieve TDA sign off of annual plan return) and 326 (appropriately trained trauma nurses). Risk 332 (BCG vaccine) needed to remain on the register which was due to be concluded by the end of March. Ms Dutton queried why the residual risk for risk 325 (breach of patient and staff confidentiality) remained so high. Miss Dhami highlighted that this was one of the risks that was being reviewed by Mr Reynolds since coming into post. Ms Dutton also queried the risks in terms of the upcoming junior doctors' strike. Mr Lewis stated that there was significant planning going on to prepare for what would be a very different strike to those that had come previously. As yet there remained 40% of capacity that was unscheduled but that this would be addressed in the run up to the strike . There may be implications on the ability to maintain 2 Accident and Emergency Units. **Action: a reflection on the impact and management of the strikes would be brought to the next meeting of the Board.**	
19 Integrated Performance Report	SWBTB (04/16) 020
Mr Waite introduced the report highlighting positive performance in respect of: • VTE Assessments which were at 95.45 for February which was compliant with national targets. • RTT incomplete pathways which at 92% met the target for February. • Cancer targets were also being achieved having met all national targets. • Harm free care was also performing strongly. Matters that remained issues included DTOC and recruitment in some areas. Ms Dutton welcomed the improvement in complaints turnaround and the responsiveness with which we were now responding to people's concerns. She also highlighted the need for a focus on the learning disability indicators.	
20 Financial performance – P11 February 2016.	SWBTB (04/16) 021
Mr Waite introduced the item stating that the draft accounts must be submitted by the 22 April and that there would be ongoing discussion at the Board.	
21 Safeguarding Children Scorecard	SWBTB (04/16) 022
Mr Ovington introduced the safeguarding scorecard which reflected data that was reported externally. The dashboard included data on child protection supervision, training, patient experience and referrals as well as a range of other measures. Mrs Goodby sought clarification on the local safeguarding partnership arrangements including the partnership relationship with WM Police.	
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 5 May 2016, starting at 09:30.	

Signed ……..

Print ……..

Date ……..

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

24-Apr-16

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTCACT.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
SWBTBACT.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 inclued on the agenda for the May Trust Board.	Closed
SWBTBACT.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 udertake 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	A report was presented to Quality and Safety Committee on the 22 April 2016. At that meeting it was agreed that further work was needed to build an accurate picture of the implications of wider safe staffing and that this be brought back to the Quality and Safety Committee before being presented to the Board.	Open
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.530	Community caseloads	SWBTB (04/16) 004	07-Apr-16	That a report be brought back to the June meeting with a focus on midwifery	RB	02/06/2016	Report scheduled for the June Board meeting.	Open
SWBTACT.531	Questions from the public		07-Apr-16	A car parking strategy be developed	CO	05/01/2017	Car parking startegy to be developed linked to financial planning for 2017/ 18	Open

SWBTACT.532	Cancer Services	SWBTB (04-16) 012	07-Apr-16	A report to be brought back to the Board in July	RB	07/07/2016	Report to be scheduled for the July meeting.	Open
SWBTACT.533	2016-17 Financial Plans	SWBTB (04-16) 011	07-Apr-16	April Board Dvelopment Session to include further discussion on finacial plan	TL	15/04/2016	The issue was included on the agenda for the April Board Development session	Closed

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Cancelled Operations on the Day of Surgery and Multiple Cancellations**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Barlow - Chief Operating Officer**
AUTHOR:	**Michelle Harris - Director of Operations**
DATE OF MEETING:	**27th April 2016**

EXECUTIVE SUMMARY:

This paper will outline the current position, reporting and monitoring/escalation mechanisms for the cancellation of operations and the learning to support the sustained reduction of these cancellations with particular emphasis on those cancellation that could have been avoided.

From April 2015 to March 2015, we as a Trust cancelled 2538 patients' surgical procedures, of those, 316 patients have experienced more than one cancellation related to the same planned procedure. As a Trust, we cancelled 419 patients on the day of their surgery From April 2015 to March 2016.

This is not the experience we would wish our patients to have. There has been considerable focus in reducing the number of cancelled operations, in particular those cancelled on the day of surgery and those cancelled on more than one occasion.

The 4 main areas being reviewed in this paper are

- Urgent Cancellations
- On Day Cancellations
- 28 Day Breaches
- Multiple Cancellations

REPORT RECOMMENDATION:

The Trust Board is asked to discuss the themes and improvement focus and goals with regard to theatre cancellations.

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

Accept	Approve the recommendation	Discuss
x		x

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

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

Comments: Failure to escalate any potential avoidable on day cancellation and achieve a reduction overall cancellations will impact on in-list theatre utilisation, activity targets and income as well as providing a suboptimal experience for our patients.

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

Cancelled Operations – Performance metrics

PREVIOUS CONSIDERATION:

Introduction

Each month the Trust cancels and reschedules over 200 procedures a month. This is very poor patient experience and is the focus of improvement work led by Michelle Harris Director of Operations, Siten Roy Clinical Director and team in Surgery A.

The paper addresses the reasons for delays and improvement activities.

Urgent Cancellations

Urgent cancellations are those operations deemed to have a negative or life threatening impact upon the patient the patient. They do not necessarily refer to a patient that is on an urgent waiting list. Any urgent cancellation is reportable external to the Trust. The Trust performs well in this area and improvement has been sustained since November with zero urgent cancellations.

On Day Cancellations

The target for on the day cancellations is at 0.8%; the current rolling performance is 0.9%. an improvement trajectory to achieve 0.8% by September has been set.

From April 2015 to March 2016, we cancelled 419 patients on the day of their surgery, a third of these cancellations were avoidable. Performance over the year is variable. In the last six months this has been achieved twice. Improvement focus has demonstrated a reduction in avoidable cancellations with January seeing only 24 patients cancelled. December was one of our most challenging months with 41 cancellations; significant business continuity issues including loss of water supply at BTC and equipment failures contributed to this.

Over all the avoidable themes include:

1. theatre lists not starting on time resulting in not enough time to operate on all the patients planned for
2. not enough notice when planning the list to ensure any specialist equipment was identified
3. available and missing patient information eg results and consent issues between multiple systems.

Improvement focus:

1. Theatre lists not starting on time resulting in not enough time to operate on all the patients planned for
   - Improving start times; 35% of lists start late mainly in orthopaedics and oral surgery. The theatre teams are working with speciality leads to embed prompt starts, now all first listed patients are locked down and agreed in advance.
   - Full theatre list lock down ie no changes to the order of the list is in place
2. Not enough notice when planning the list to ensure any specialist equipment was identified
   - 8642 planning and scheduling intends to identify in advance all equipment requirements by minus 2 weeks pre surgery
2. Available and missing patient information eg results and consent issues.
   - A lean review of the pre-assessment pathway is in train, which seek to address essential results, checks consent against EDTA, ORMIS and the consent form.

The leadership team are addressing concerns in respect of the adherence to the escalation process for on day cancellations as set out in the cancellation section of the Safer Surgery Policy had been

raised and a stricter process in now in place for monitoring compliance against the Policy. A proforma was developed and implemented in January 2016 to allow the formal recording of the reason for cancellation and measures taken to avoid and escalate. Since then a generic email address has been created to submit the cancellation proformas to and a report is generated daily. This report is sent directly to the relevant Directorate General Manager and Service Manager.

The route cause analysis in respect of the avoidable cancellations are published monthly.

28 day breaches

This element monitors any patient who's procedure is cancelled by the hospital and is not given a new date for their procedure within 28 days of the cancellations.

There has been one 28 day breach recorded and reported in 2015/16.

Multiple Cancellations

March 2016, a typical month, recorded 55 patients who had had their procedure cancelled on more than 1 occasion. Of those 55 patients, 49 had been cancelled on 2 occasions and 6 had been cancelled on 3 occasions.

There has been considerable focus of both identifying the reasons for multiple cancellations and reducing the number of occurrences. A recent audit showed:

- 30 % of multiple cancellations were due to the procedure being brought forward; improved scheduling through 8642 should reduce this.
- 20% related to fitness of the patent on the day of surgery
- 15% were related to patient cancellation; resulting in patients being removed from the waiting list and referred back to GP
- 45% is due to inadequacies in pre-assessment process including post discharge planning; a revised pre-assessment health questionnaire includes social care requirements

The aim is to deliver a 30% reduction in multiple cancellations this year.

The Board should note that recent industrial action will regrettably impact on a deterioration in this area.

Forward Planning and Learning

It is recognised that the implementation of 8642 has not been as successful as anticipated and the overall theatre utilisation performance is below expectation. The successful implementation of 8-6-4-2 and reengineering of pre-assessment will reduce our cancellations especially those that can be avoided by effective and timely booking. Additional change expertise has been identified in May to support the necessary pace of change. There is good clinical buy in in most specialities.

Conclusion

The Trust Board is asked to discuss the themes and improvement focus with regard to theatre cancellations.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Reducing unplanned readmissions
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow - Chief Operating Officer
AUTHOR:	Rachel Barlow - Chief Operating Officer, Fiona Shorney - Group Director community and Therapies
DATE OF MEETING:	26 April 2016

EXECUTIVE SUMMARY:

In 2015-16, the readmission rate for the Trust has reduced from 9.4% in March last year to 8% in February 2016.

This year aligned to the quality plan, we will co-ordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.

The forward improvement programme is recommended to include:

1. An acute-community partnership and post discharge case management model to AMU at Sandwell
2. Establishing an ambulatory emergency care service comprising a consultant geriatrician and additional Rapid Response Therapists who currently assess patients in ED and AMU
3. Fully implement and sustain the LACE discharge bundle for patients discharged from inpatient wards.
4. Fully scope the 3rd sector opportunity, development of a partnership strategy and establishing a SWBH volunteer role and workforce to support patients in the community.

REPORT RECOMMENDATION:

The Trust Board are asked to reflect on progress to date and the proposed approach to further reducing unplanned readmissions

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

Reducing unplanned readmissions

1. Introduction

In 2015-16 we aimed to reduce unplanned readmissions by 2%. This paper evaluates our work against the 2015-16 annual objective and recommends an approach to further reduce unplanned readmission in 2016-17 in line with our Quality Plan.

Quality plan statement: We will co-ordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.

In 2015-16, the readmission rate for the Trust has reduced from 9.4% in March last year to 8% in February 2016. 3 out of the 4 most recent months in have seen a readmission rate under 8%, a notable improvement.

The Trust has taken a multifaceted approach to tackling a historically high unplanned 30-day readmission rate. The main themes of the quality improvement efforts have included:

- Piloting a community service intervention within 24 hours of discharge from AMU at Sandwell to reduce the 30-day readmission rate from the Acute Medical Unit, through virtual case management
- Use of LACE the Trusts predictor tool for patients at risk of readmission in discharge planning

This report outlines the findings and future recommendations to sustain current improvement and to further reduce emergency readmissions by 2%.

2. Piloting a community service intervention within 24 hours of discharge from AMU to reduce the 30-day readmission rate from the Acute Medical Unit

In Urgent Care Challenge Week 3 in December 2015, the design of this project was based on the principles of the model for improvement, combining the Plan-Do-Study-Act (PDSA) cycle with statistical process control (SPC). All relevant members of the AMU, Rapid Response Therapy Services and the iCares team were involved in the design of the project.

iCares were invited to the AMU for a daily multidisciplinary review to identify patients needing community intervention within 24 hours of being discharged from AMU. The means of patient identification was based on a holistic needs-based assessment as determined by the multidisciplinary team, including a geriatrician, nursing staff, a pharmacist and therapy services.

Written and verbal information was provided to patients and relatives along with contact details for iCares. After discharge all patients were contacted within 24 hours by telephone and, where appropriate, visits were made or arrangements to attend the Primary Care Assessment and Treatment centre (PCAT) at Rowley Regis Hospital.

The results

A total of 37 patients (19 men) were included in this quality improvement project. The average age of the cohort was 75 years (range 50-94) with a median length of stay (LOS) of 0.6 days (range 0.25 – 4.0). Main diagnoses included cardio-respiratory problems, falls without fracture, and frailty. Most had multiple co-morbidities.

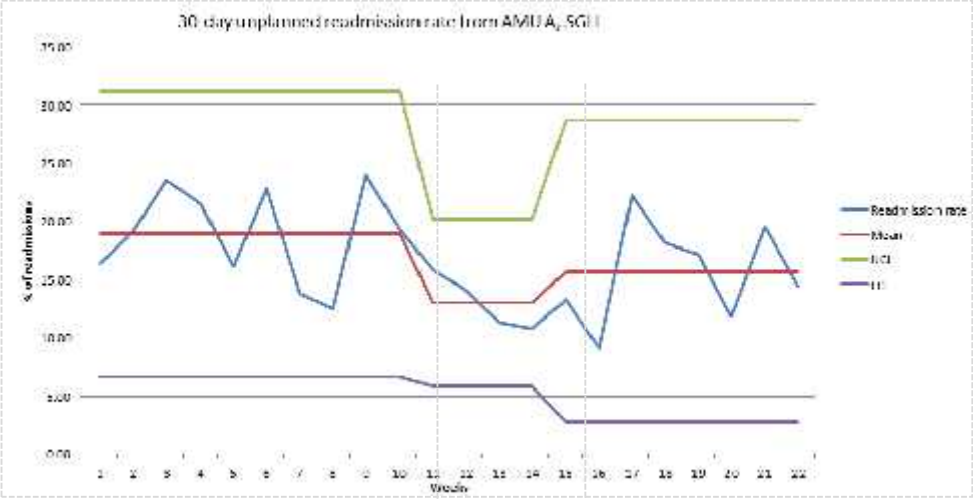
All 37 patients were contacted by phone within 24 hours of discharge. Home visits were undertaken for 14 patients by a member of the iCares team, and 2 were given an appointment for PCAT.

All Patients remained on a virtual ward caseload for 30 days from their discharge from hospital but urged to contact the team if their condition deteriorated.

Readmission to hospital within 30 days of discharge occurred in 10 of the 37 patients (27%). Of those, 5 patients were readmitted within 7 days, and 5 more within 30 days.

The results: the statistical process control chart (Figure 1) shows the 30-day unplanned readmission rate (%) in weekly intervals for AMU A at Sandwell General Hospital. Intervention period runs between weeks 11 – 14. This demonstrates a reduction in mean readmission rate for AMU A from 19% to 13% during the intervention period. In the two months following cessation of the intervention, the mean readmission rate for AMU A is approximately 16%, which is 3 percentage points lower than the pre-intervention period.

Figure 1; Statistical process control chart showing 30-day unplanned readmission rate



The intervention provided by community services interrupts this trend and then demonstrates a week on week reduction in actual readmission rates from the unit. This positive impact is reflected in the normalised data; the mean readmission rate falls by almost six percentage points from 18.9 to 13.0 during the four week period. The descending trend of actual readmission rate is unique to the intervention period. The initial results are impressive and a successful poster submission to the Society of Acute Medicine annual conference will be published in May 2016 celebrating both the pilot results and approach to improvement.

It is important to review this change process and undertake a longer period of intervention to determine whether a) the intervention is reliable in terms of being able to repeat a positive impact on readmission rate, and b) a longer intervention period would exponentially reduce the readmission rate to a point of statistical or operational significance.

If the initial findings were proved sustainable the impact would see a reduction in unplanned readmissions of 83 per year and equate to 500 bed days a year. The addition of a geriatrician to the team would enable ambulatory assessment and admission avoidance, the impact of this is unquantified but as a best practice model this could at least double the impact on bed days.

3. LACE – supporting discharge home from inpatient wards for those patients at risk of readmission

In Quarter 3, patients at risk of readmission identified via use of the electronic predictor tool, LACE, were supported at discharge by a bundle of 4 interventions:

- Full explanation of medicines
- A date for a follow up outpatient's appointment (if necessary)
- A contact number of who to call after discharge if advice needed
- A courtesy follow up call to the patient once discharged

Evaluation at the time suggested 2% impact on reducing emergency readmissions for this cohort. Recent review of a sustained approach has shown that this bundle is not applied consistently on our wards. A legacy impact remains in terms of readmission reduction but the optimal impact is not realised through standardisation. The full impact of the sustained impact of a 2% reduction in unplanned readmission from patients discharged from our wards would see a reduction in unplanned readmissions of 50 per year and equate to 221 bed days.

Where sustainability has failed, we need to consider as a leadership team how we implement change, what key measures are tracked during implementation as well as tracking on-going delivery. Learning will be applied through the current 10 out of 10 implementation approach.

In May and June the clinical ward teams will participate in an accelerated development programme which will include clarification of the basic requirements of the improvement focus at ward level. Key performance indicators will be reviewed and revised with a goal for improvement at team level.

4. 3rd sector and volunteer support

The Trust and partner organisations have some working relationships with the 3rd sector, but this partnership opportunity has not been formally mapped out with regard to supporting discharge and on-going support at home. The Trust has expanded its volunteer capacity in the last year, but this has been mainly focussed on the acute side of the services that we provide.

As part of our approach to reducing unplanned readmissions, this year's improvement work will include a full scoping of the 3rd sector opportunity, development of a partnership strategy and establishing a SWBH volunteer role and workforce to support patients in the community.

5. Conclusion and recommendations

Despite the system wide intention through Better Care Fund projects and transformation work to reduce unplanned readmissions, the Trust are leading the way locally on initiatives that can demonstrate impact on reducing unplanned readmissions.

Since the majority of patients readmitted to the Trust are over 65 years, it appears prudent to commission future models of care that improve the quality of care, and safeguard care transition in older adults and those considered frail. The recommendations below should be commissioned as work this year and proof of concept with a goal of reducing readmission by 200 per year on the Sandwell site saving 1211 bed days. This would equate to a 5% reduction in unplanned readmissions at Sandwell Hospital.

There are 4 key recommendations:
1. It is recommended that the acute-community partnership and post discharge case management model to AMU at Sandwell is commissioned for the remainder of 2016 in order to fully test this model of care.

2. In addition to the original pilot, commissioning an ambulatory emergency care service comprising a consultant geriatrician and additional Rapid Response Therapists who currently assess patients in ED and AMU, could convert a cohort of admissions to an ambulatory pathway through the ambulatory medical assessment unit. It is recommended this be part of the extended pilot in 2016.

3. Fully implement and sustain the LACE discharge bundle for patients discharged from inpatient wards.

4. Fully scope the 3rd sector opportunity, development of a partnership strategy and establishing a SWBH volunteer role and workforce to support patients in the community.

The System Resilience Group has asked for a recommendation in May for schemes to reduce readmissions. Funding will need to be determined.

The Trust Board are asked to discuss the progress to date and support the recommended interventions to further reduce unplanned readmission.

I would like to acknowledge Dr Nigel Page - Consultant Geriatrician, Terry Cordrey - Rapid Response Therapy Service Lead, Fiona Shorney Clinical Group Director of Community and Therapies and Sandra Kennelly, iCares Team Leader for their leadership contributions to this work.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	PMO capacity and development
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow - Chief Operating Officer
AUTHOR:	Rachel Barlow - Chief Operating Officer
DATE OF MEETING:	26 April 2016

EXECUTIVE SUMMARY:

The attached presentation outlines a new approach to achieve sustainable change and implementation aligned to the delivery of our 2020 vision. The delivery of the 5 long terms pillars are supported through the enabling deployment of a new operating model. Critically this synthesises the plans for workforce, digital technology, estates and finance. Delivery will be through a set of clinical programmes. The 3 year programmes need defining and aligning.

The work of the current change team is centred toward a narrow range of improvement programmes. The current PMO tracks transformation saving plan delivery but history shows this is not wholly effective and better grip is needed. The governance needs improved executive connectivity across the breadth of the new operating model.

During the next 8 weeks we will deliver a mobilisation plan that will:

- Establish dedicated leadership for the change team
- Introduce experts to support development and add additional capacity to the team
- Rotate some current members of the change team into the organisation and other staff into the change team to rotate skills
- Set 3 month development plans for individuals in the change team
- Prioritise what we stop, start and continue
- Reengineer the PMO to grip on delivery and be stronger on forecasting and assurance
- Provide assurance on delivery plans for workforce, planned care activity, reducing beds and overall pay spend and review the top 15 TSPs not related to the previous plans.
- Establish a standard methodology, language and engagement strategy

REPORT RECOMMENDATION:

The Board are asked to discuss the deployment of the new operating model and intended mobilisation plan to align our change efforts and achieve reliable delivery of our 4 key programmes that underpin the 2020 vision.

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

Accept	Approve the recommendation	Discuss
		x

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

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

PMO capacity and development

Changing our delivery approach in 2016

We have finalised the design of our 2020 wall with five long term pillars supported through the enabling deployment of a new operating model, which synthesised our plans for workforce, technology, estate and finance. We now need to commit to an approach that ensures delivery and makes it our reality.

Our 2020 vision to become renowned as the best integrated care org. in the NHS

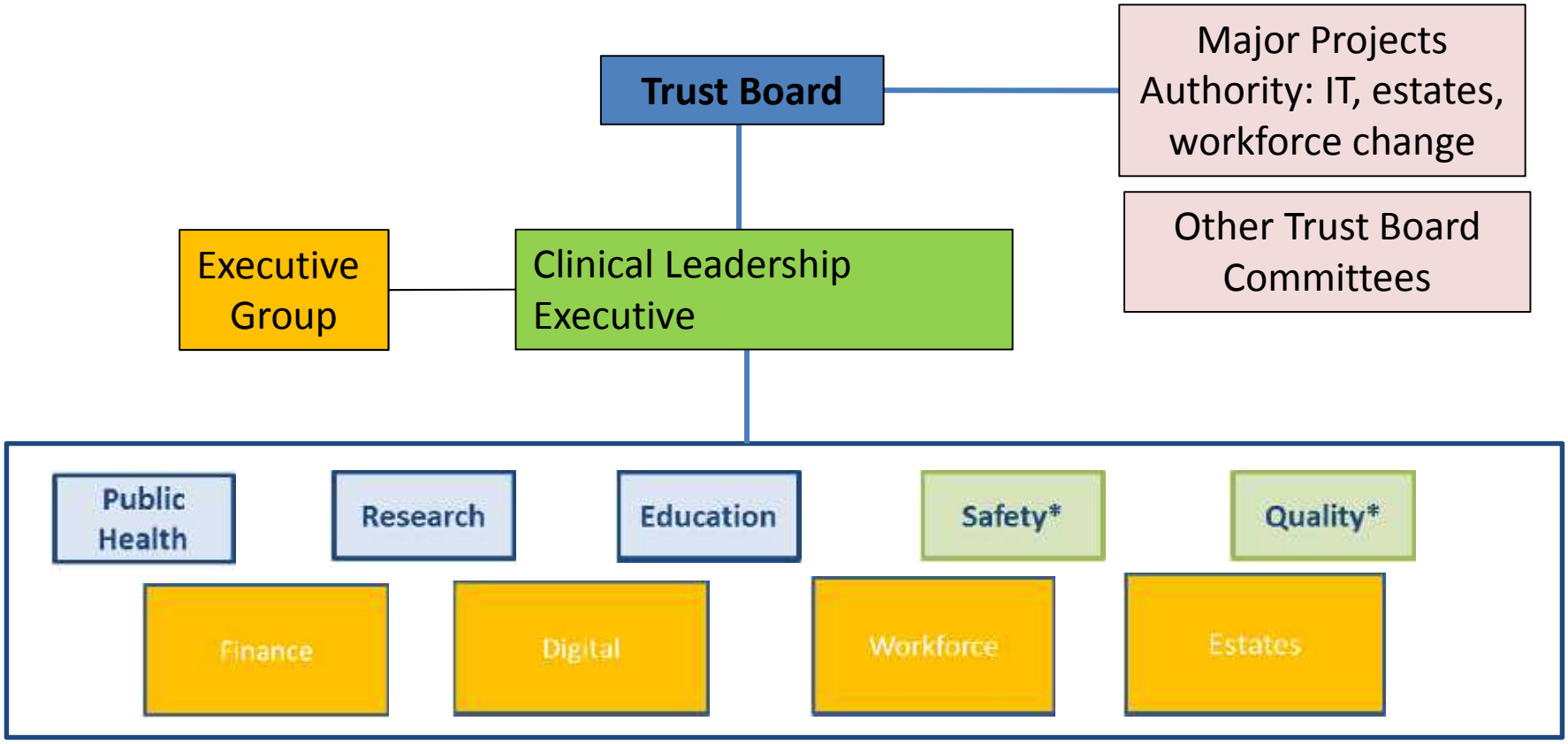
Public health plan	Research & Development plan	Education plan	Quality plan	Safety plan

An improvement culture, which defines how we accomplish the changes set out in these plans, and how we work to prioritise and focus on the goals we have set

Long term financial model	Digital plan	Estates plan	Long term workforce model

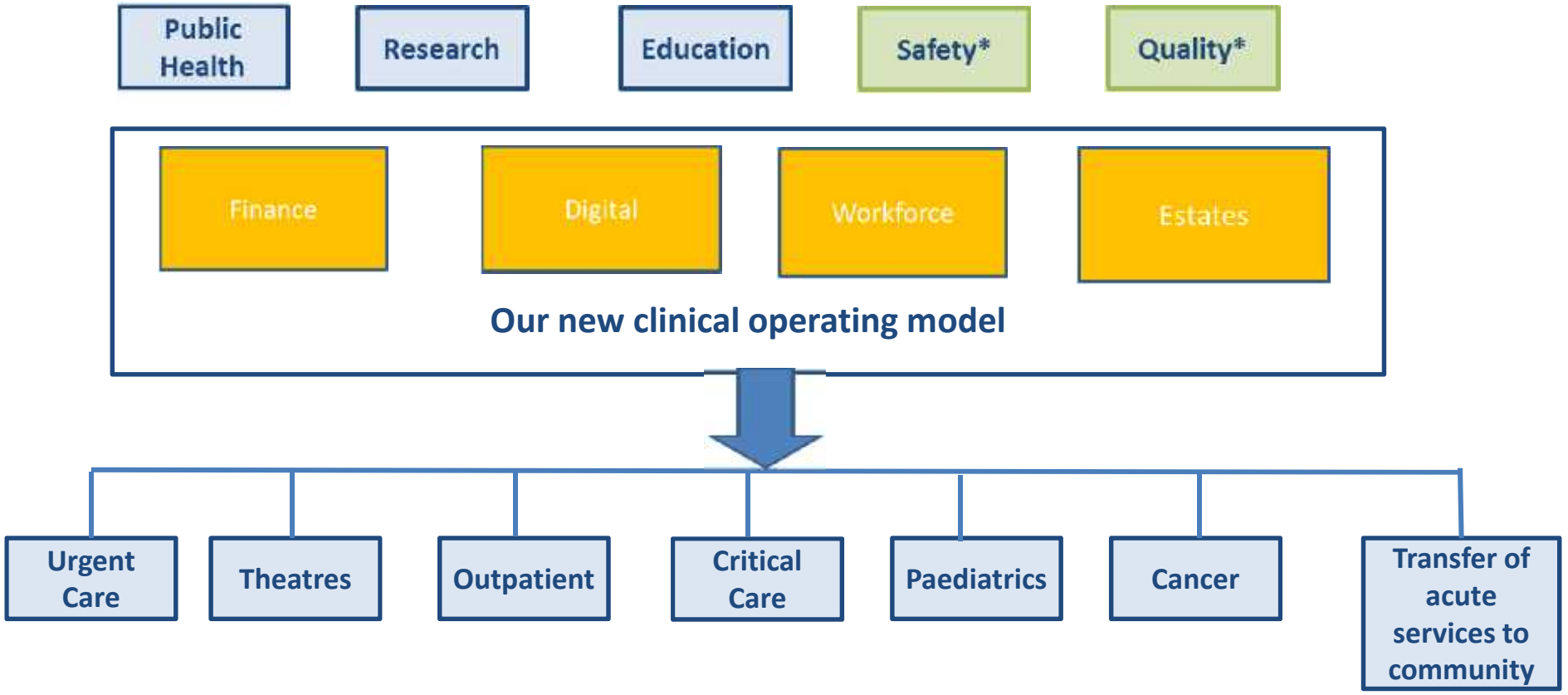
Our new clinical operating model

This is the day job and our priority. To make it happen we need our directorates to be relatively functional, including the corporate ones, freeing Groups to be able to oversee significant transformation alongside the executive.



The Major Projects Authority is an assurance forum through which the executive align the delivery programmes of digital, workforce and estates.

We need to be able to translate changes in people, money, technology and building into what that change means in pathways of the organisation. We will do that through the new clinical operating model. All 4 key programmes need must be clearly defined, estates and digital are better defined than finance and workforce.



Some of the meetings exist but work plans are based on up to a years outlook. We must ensure the trajectory and milestones connect to the long term activity, productivity, workforce and financial plans

How we currently work through the organisation and change team needs to change. The current change team work profile is focussed on a number of change projects. Projects are often elongated and the change team role creeps into operational delivery. The current PMO is anchored around review and progress of TSPs, but the retrospective delivery tells us that needs to improve.

Current change team work portfolio

PMO – TSP delivery

YOOP related projects
Electronic referral management
Patient calling system
Partial booking

Other projects
Respiratory future hospitals project
Speech recognition and letter standards
Adhoc support to challenge weeks
Previously support reconfiguration (eg SAU and cardiology)

Other aspects of change delivery are supported by workforce, HIS, new hospital team and estates.

The why story? It is important we articulate consistently the transition from our current norms to the future outlined here. Crucially, we need to tell our second in lines about the change approach and why it makes sense.

- The **current approach is not delivering** on time and at scale, and **expectations are growing** for what we must achieve this year and in the years after that
- We want to **broaden the coalition of leaders who can contribute**, shape and drive change and to do that we **need a consistent approach**, with **shared language, norms and expectations.** This will include rotation of the change team into the parts of the organisation.
- The work we want to do comprises programmes that reinforce each other and depend on each other – and **must not compete for time or space**
- To succeed we must **align four capabilities** well: The **knowledge and energy** of teams who deliver services, the **ideas and determination** of local managers, the **insight and grip** of a change team who know what works, and the **drive and resilience** of an executive able to support execution.
- The **big change** is not committees or titles. It is a **method of implementation that is time limited and precise**, based on using **ring fenced human resources** to design and coach the actual changes in workflow needed to succeed.
- <u>With learning as we go, this will become the SWBH way of change…</u>

We need to now change the way we work. Part of the next steps is developing an effective PMO model to support delivery.

The PMO team will….

- **have a grip on the detail of change projects, the numbers, key milestone quality, risks and if the project is on track.**
- **offer standardised tools and methodology through which to delivery change.**
- **help get a project specified and set up properly to start.**
- **be able to negotiate on behalf of the groups prompt delivery from corporate directorates.**

Our PMO will have a **dedicated leader** DCOO for Change team
The Change Team will be populated by :

- 2 new **experts** (will buddy with in-house team)
- 3-4 of the **in-house team** (on a 3 month development plan)
- 3 **new recruits** Analyst and administration roles remain and will be subject to development support
- 2 additional programme managers have been appointed to support planned care delivery in theatres, out patients and a focus on ophthalmology.

This team will be established in April – May 2016.

Skills and standardisation

The DCCO for the Change Team will **transition the organisation** to a new standard way of working with set tools, language and branding.
The external experts will be skilled coaches and buddy with the in-house team and new recruits to develop their skills. Assessment will take place over a 3 month period.

Q1 must focus on MONEY, QUALITY AND SAFETY …and stopping some stuff.

Summary and next steps for the change team

•A new (temporary)leader of the change team will be appointed immediately, they will review working arrangements and implement a new permanent structure later in the year following a thorough review

•The change team remain reporting to the Chief Operating Officer

•Some current members of the team will remain in the change team and have additional, structured development

•Some members of the change team will be seconded out to other vacancies within SWBH for their development and to support service delivery

•Additional expertise will be brought in to the change team, with specific skills to enable financial delivery to be accelerated in Q1 and Q2 of the financial year. This will be a mix of internal seconded staff and external (temporary) people.

•The current administration arrangements will not change.

•No one will be put at risk or form part of the Easter consultation. The structure of the team will be developed alongside the temporary arrangements and consulted on (if appropriate) later in the year.

Over the next 8 weeks we will deliver a mobilisation plan. We will prioritise what to stop and what to continue and what to start. We will implement a standardised methodology through which we deliver change across the Trust. We will establish a PMO that has grip on delivery, is strong on numbers and is close to the Executive team to ensure delivery first part of the year.

We will **prioritise quickly** what we stop, continue and start.

We are **freeing up time** through review of our committee structure and the Trust calendar. A corporate meeting day is likely.

The **change team** will have **development plans** in place over 3 months; they will be supported by experts.

The **PMO will be reengineered** to have grip on delivery and be strong on forecasting and assurance.

Achieve assurance of our delivery plans, key milestones and **measures of delivery** with counterbalancing risk KPIs

- A clearly defined workforce delivery plan
- Delivery of planned care contract
- Reduction of unfunded bed base and over all pay spend
- Review of top 15 TSP schemes that fall out of above

Establish a **standard methodology.**

Branding, **communications** and **governance** need to be determined. <u>This is process and culture change</u>.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Audit and Risk Committee – Terms of Reference
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Duncan Whitehouse, Head of Corporate Governance
DATE OF MEETING:	5 May 2016

EXECUTIVE SUMMARY:

The Audit and Risk Committee reviewed its terms of reference at its meeting on the 28 April 2016 in light of the Local Audit and Accountability Act 2014 in which it is recommended it becomes the Trust's Auditor Panel. The Act requires health bodies to move to a new framework in 2017/ 18 whereby individual health bodies are able to appoint their own local auditors and directly manage the contract for the financial year commencing the 1 April 2017.

REPORT RECOMMENDATION:

That the Board approve the revised terms of reference for the Audit and Risk Committee making it the Trust's Auditor Panel.

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:

The recommendation ensures compliance with national legislation and enables the Trust to effectively manage its relationship with its external auditors as part of the Trust's ongoing commitment to openness and transparency.

PREVIOUS CONSIDERATION:

None

Background

1. The Local Audit and Accountability Act 2014 came into force in 2015 and allows local authorities and health bodies to appoint their own external auditors commencing from the financial year 2017/ 18. This is largely as a consequence of the abolition of the Audit Commission from the 1 April 2015 which previously undertook the role of centralised appointments of external auditors. As a Trust we will have responsibility for the appointment of our own external auditors and directly manage the contract and ongoing relationship. This is already the case for NHS Foundation Trusts.

2. As a Trust we will be required to appoint an auditor to audit the annual accounts by the 31 December 2016. This appointment can be for a period of one year or more but the appointment process must be carried out at least once every 5 years.

Establishing an Auditor Panel

3. The Auditors Panel will be established to provide advice on:

- The maintenance of an independent relationship with the appointed auditor.
- The selection and appointment of the external auditor.

Its key functions will be to gain firm assurances that:

- Contract arrangements (i.e. procurement and the selection of external auditors) are appropriate.
- The relationship and communications with the external auditors are professional.
- Conflicts of interest are effectively dealt with.

4. The Board will confirm the decision as to which external auditors to appoint but must consult and take into account the advice of the Auditor Panel when doing so.

5. The auditor panel can either be a specially established panel set up specifically to carry out its duties or be an existing committee of the Board. The assumption is that the majority of Trusts will appoint their Audit Committee to fulfil this function.

6. The Auditor Panel needs to be made up of a majority of non-Executives with the minimum membership being 3 people, two of whom need to be present for the meeting to be quorate. The Auditor Panel will conduct its business in accordance with the terms of reference of the Audit and Risk Committee and the Standing Orders of the Trust.

Meeting Arrangements and Reporting Mechanisms

7. The minutes of the Audit and Risk Committee are presented to the Board to provide an update as to the work of the Committee. When the Auditor Panel meets this will be subject to a separate note from the Chair of the Audit and Risk Committee to the Board even when conducted as part of the same meeting to evidence the distinctive and specific role of the Auditor Panel. All other attendees will be asked to withdraw from the meeting unless required to provide advice and support on the appointment and performance of the external auditors.

8. When the Trust's external auditors have been appointed the Trust will issue a notice on its website within 28 days of the decision being made setting out that a decision has been made, who the external auditors will be, the period of appointment, a summary of the advice provided to the Panel when making its selection and, where it has not followed such advice, the reasons why.

Risks

9. The appointment of external auditors needs to be made by the 31 December the year preceding the annual accounts that are being audited. Should the Trust fail to appointment an external auditor within the required timeframe then the Trust must inform the Secretary of State immediately who may direct the Trust to appoint a named auditor or have a local auditor appointed on the Trust's behalf.

AUDIT & RISK MANAGEMENT COMMITTEE

Terms of Reference

1. CONSTITUTION

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit & Risk Management Committee (The Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. Its terms of reference are set out below and can only be amended with the approval of the Trust Board.

1.2 The Committee is also designated as the Trust's Auditor Panel in respect of the appointment and ongoing assurance of the appropriateness of contractual arrangements with the Trust's external auditors.

2. AUTHORITY

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

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

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

3. PURPOSE

3.1 The purpose of the Committee is to provide the Board with assurance concerning the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust's activities that support the achievement of the organisation's objectives. *NOTE: Proposals to establish any material new performance objectives or milestones will be considered by members at Clinical Leadership Executive (CLE) and resolution agreed by the Chair and lead director.*

3.2 The Auditor Panel will also be responsible for advising on:

- The maintenance of an independent relationship with the appointed auditor

- The selection and appointment of the external auditor

4 MEMBERSHIP

4.1 The Committee will comprise of not less than three Non-Executive Directors.

4.2 The Chair of the Committee will be a Non-Executive Director and will be recommended by the Chair of the Trust to the Trust Board for approval. If the Chair is absent from the meeting then another Non-Executive Director shall preside.

4.3 A quorum will be three members.

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

5 ATTENDANCE

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

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

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

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

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

The duties of the Head of Corporate Governance in this regard are:

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

6 FREQUENCY OF MEETINGS

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

7 REPORTING AND ESCALATION

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

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

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

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

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

(i) insisting on an additional special meeting;
(ii) escalating a matter directly to the full Board;
(iii) requesting a chair's meeting with the Chief Executive and Chairman;
(iv) attending the relevant Executive committee to challenge progress directly; and
(v) asking the Audit Committee to direct internal, clinical or external audit to review the position

7.6 The minutes of the Auditor Panel will be subject to a separate note from the Chair of Audit and Risk Committee to the Board even when conducted as part of the same meeting to evidence the distinctive and specific role of the Auditor Panel.

7.7 When the Trust's external auditors have been appointed the Trust will issue a notice on its website within 28 days of the decision being made setting out that a decision has been made, who the external auditors will be, the period of appointment, a summary of the advice provided to the Panel when making its selection and, where it has not followed such advice, the reasons why.

8 REVIEW

8.1 The terms of reference should be reviewed by the Committee and approved by the Trust Board annually.

9 DUTIES

9.1 The Committee shall seek assurance on the delivery against the Trust's long term goals, Trust objectives, the annual corporate & financial plans and national requirements through:

9.1.1 The receipt of reports at each meeting outlining progress with the long term delivery plan appropriate to the domain in which the Committee is providing assurance, paying attention to the depth and breadth of delivery in the Trust, principally through Group level performance within its domain.

9.1.2 The receipt of reports on compliance with key national and local targets relevant to the remit of the Committee

9.1.3 The receipt of reports which focus on improvement or recovery to address areas of material deviation from the long term delivery plan or areas where poor performance against national or local targets is identified

9.1.4 To receive all external reports on the Trust that are deemed to fall within the remit of the Committee, seeking assurance that actions are being taken to address recommendations and other issues identified and that learning is promulgated and acted upon

9.1.5 To seek assurance that the Trust is complying with relevant policies and statutory guidance that falls within the remit of the Committee

9.1.6 To receive reports on key risks to the Trust which fall within the remit of the Committee and seek assurance that sufficiently robust mitigating actions are in place to manage these

Governance, internal control and risk management

9.2 The Committee will seek assurance on – either directly or through the work of the Quality & Safety Committee – the adequacy of:

- The Trust's general risk management structures, processes and responsibilities. This will include an annual review of the Trust's Risk Management Strategy and Policy ahead of Trust Board approval.

- All risk and control-related disclosure statements (in particular the Annual Governance Statement and declarations of compliance with the Essential

Standards of Quality and Safety), together with any accompanying Head of Internal Audit Opinion, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Trust Board.

- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

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

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

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

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

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

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

Internal Audit

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

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

- Review and approval of the Internal Audit strategy, operational plan and detailed work programme, ensuring that this is consistent with the audit needs of the

organisation as identified in the Board Assurance Framework and the recommendations of the Quality & Safety Committee.

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

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

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

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

The appointment of external auditors

9.7 The Auditor Panel will advise the Trust in respect of:

- Contract arrangements (i.e. procurement and the selection of external auditors) and the extent to which they are appropriate.
- The relationship and communications with the external auditors and that these have been conducted in a professional manner.
- Conflicts of interest and that these have been effectively dealt with.

External Audit

9.8 The Committee shall review the work and findings of the External Auditor appointed by the Trust and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy.

- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

- Review of External Audit reports, including agreement of the annual audit letter before submission to the Trust Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses. While the Quality & Safety Committee will lead on the review of external audit reports covering patient safety and quality risk and controls, the Audit and Risk Committee will seek assurance that they have been carefully reviewed by the Quality & Safety Committee.

- Assuring itself that the management of the Trust has implemented the agreed recommendations of External Audit reports in a timely and effective way.

Other assurance functions

9.9 The Audit and Risk Committee shall review as appropriate the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

9.10 In doing this, the Committee may review the work of other committees within the Trust whose work can provide relevant assurance to the Audit and Risk Management Committee's own scope of work. In particular, the Audit and Risk Management Committee will look to the assurance provided by the Quality & Safety Committee, which will report annually to the Audit Committee on its work. In reviewing clinical governance arrangements and issues around clinical risk management, the Audit and Risk Management Committee will wish to satisfy itself on the assurance that can be gained from the work of the Quality & Safety Committee.

Management

9.11 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

9.12 They may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

Annual accounts review

9.13 The Committee shall review the annual statutory accounts before they are presented to the Trust Board, to determine their completeness, objectivity, integrity and accuracy. This review will cover but not be limited to:

- The meaning and significance of the figures, notes and significant changes.

- Areas where judgement has been exercised.

- Changes in, and compliance with, accounting policies and practices.

- Explanation of estimates or provisions having material effect.

- The schedule of losses and special payments.
- Any unadjusted misstatements.
- Any reservations and disagreements between the External Auditors and management which have not been satisfactorily resolved.

9.14 The Committee shall review the Annual Report and Annual Governance Statement before they are submitted to the Trust Board to determine completeness, objectivity, integrity and accuracy.

9.15 The Committee shall also ensure that the systems for financial reporting to the Finance and Investment Committee and the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board.

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

9.16 The Committee will review on behalf of the Trust Board the operation of, and proposed changes to, the Standing Orders and Standing Financial Instructions, the Scheme of Delegation and Standards of Business Conduct, including the maintenance of registers of interests.

9.17 The Committee will examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension.

9.18 Specifically, the Committee will receive regular reports on Waivers of Standing Orders and Losses and Special Payments.

9.19 To seek assurance on any additional matter referred to the Committee from the Board.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MPA Committee - Minutes

Venue D29 Meeting Room, City Hospital **Date** 30 March 2016, 10:30am – 14:00

Members Present:		**In Attendance:**	
Mr Richard Samuda	Chair	Mr Martin Evans	Deputy Director - Systems
Mr Mike Hoare	Non-Executive Director		
Mr Toby Lewis	Chief Executive		
Ms Rachel Barlow	Chief Operating Officer		
Mr Tony Waite	Director of Finance and Performance Management		
Mrs Raffaela Goodby	Director of Organisation Development		
Alan Kenny	Director of Estates and New Hospital	**Committee Support:**	
Mr Mark Reynolds	Chief Informatics Officer	Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1. Apologies	**Verbal**
All members of the committee were in attendance.	
2. Minutes of the previous meetings – 17 November 2015	**SWBCC (01/16) 080**
The minutes of the former Configuration Committee meeting held on the 22 January 2016 were accepted as a true and correct record of the meeting.	
Matters arising from previous meeting	**SWBCC (01/16) 082**
The actions arising from the previous Configuration Committee had been captured in the reports included on the agenda for this meeting in particular the key deliverables Q1 – 16/ 17 paper. It was agreed the dates of future meetings be forwarded to the other Non-Executive Directors (NEDS) so they were in the diary but that individual confirmations would be sent when items were of specific interest to a particular NED who was not a member of the committee.	
3. Capital Development Control Plan (CDCP)	**SWBCC (01/16) 082**

Mr Kenny introduced the paper stating that the plan had been devised to provide the committee with a concise update on programme milestone delivery dates and critical interdependencies which until now had not been mapped in one place. The CPCP provided the minimum information needed for the committee and included Gantt charts for each scheme consistent with key milestones. These would be updated and tracked monthly.

Mr Waite added that the CDCP provided a detailed summary of each scheme and provided an early warning mechanism around key interdependencies and would highlight where expenditure was being channelled and importantly where progress was on or off track in respect of the overall programme.

In response to a challenge from Mr Samuda as to whether all critical interdependencies had been identified Mr Kenny responded by stating that not all had been completely scoped. The work he and Mark Reynolds were doing provided a level of understanding around IT interdependencies which the Trust was not sighted on previously. The Finance and Investment Committee also retained an important role as it was responsible for oversight of the Capital Programme.

Mr Reynolds highlighted two categories of interdependencies which were timings and phasing to ensure all interdependencies were adequately mapped and mitigated. He used the example of the potential sale of land and the subsequent need to move data centres and switchboard facilities.

Mr Lewis highlighted the previous history of poor engagement and communication between IT and Estates and that the MPA Committee provided an open forum to debate progress and identify ongoing obstacles and importantly the actions needed to overcome these. He queried the timescales set out in the paper stating that the STC changes marked for 2020 and the CPU changes in March 2017 could not be correct. Mr Kenny responded by saying that more work was needed to rationalise the timescales across the programme. Ms Barlow also stressed the importance of clinical and operational engagement to ensure effective leadership of any potential interdependencies. Executive leads needed to be at Director level.

Mr Hoare highlighted the need to mark as completed progress against each of the projects as they progressed with the RAG rating also indicating a direction of travel. He also felt that the committee needed to be very clear as to how projects would be promoted into the programme and signed off and moved out of the programme.

Mr Lewis reiterated the need for the committee to retain oversight of the full 4 year programme and not focus just on the next one or two quarters. There had been numerous occasions where programmes had started late or had drifted and it was important given the interdependencies that the committee had clear line of sight of progress over the whole programme. Whilst technically everything within the Capital Programme was in the scope of the committee the focus needed to be retained around the big ticket items for Estates, IT and workforce transformation. Mr Waite opened up the conversation by asking how best to structure the conversation around status, risk and mitigation points for each of the projects and that this would shape the paperwork that the committee needed to consider.

The workforce transformation project would be included in greater detail in future iterations of the report. Mr Lewis stated that the milestones needed to be reviewed to ensure accurate dates were included with the preference to a standard form of reporting for each of the programmes. In terms of the interdependencies then consideration would be given to how these would be best presented. He highlighted the need for precision and pace to take forward these matters as there was only a short window to ensure progress was being made. The Board also needed to be explicit about what constituted sign off and assurance of delivery which would be discussed further by the Executive.	
Actions: • **That the report continued to evolve and include additional workforce information in its next iteration.**	
4. Addressing space and funding gaps in Midland Metropolitan Hospital business case	**SWBCC (01/16) 083** **SWBCC (01/16)083a**
Mr Kenny introduced the item stating that the report provided an audit trail of the matters leading up to the financial close of MMH. In December 2015 a review was undertaken to confirm the floor area for the Midland Met, planned retained estate at City Hospital and planned retained estate for the Sandwell (STC) development. That review highlighted the requirement for an additional 26,500m2 that had not been reflected in the Trust's LTFM. This had resulted in a cost pressure in the region of £4m. £1.2m of this was attributable to the revaluation of assets with the remainder of the gap reduced through a range of options such as utility costs and estate rationalisation. Mr Waite confirmed the intention to close some of the gap through a revaluation process. Mr Samuda queried whether the Trust was using advisors to ensure the maximum financial benefits from rates etc. It was confirmed that the Trust did use advisors where appropriate. Mr Lewis reiterated that whilst it was unfortunate that the gap in floor space had been found late in the day, once identified, the issue was quantified and the financial gap closed. He and the Board would seek further assurances that there were no other issues that may surface of the same magnitude.	
5. Midland Metropolitan Hospital. – close down arrangements following procurement phase.	**Verbal**
Mr Kenny introduced the item which set out a clear position statement in respect of the closedown arrangements leading to the contract signing of the procurement phase. The report set out progress against the conditions attached to the approval letter and the key issues that required further work after contracts had been signed as well as changes to the project team and advisors. Mr Robin Russell was to be the nominated observer for the Board meetings of the MMH Project Company with his observer status having been approved by the Department of Health. Performance was being monitored through regular operational meetings. Carillion took on sole responsibility for the Grove Lane site from the 4 January 2016.	

Highways scheme specifications had been drawn up and costed and the Trust was progressing agreements with utility suppliers. There were also some changes to advisors for the project with the intention to move to Capsticks delivering legal advice rather than Pinsents. This was because Capsticks could provide a fresh perspective on the agreements made and signed during previous phases of the project.	
6. Midland Met: Key deliverables Q1-16/ 17	
Mr Kenny introduced the paper which set out progress and key deliverables for Q1. The Liaison Committee would meet quarterly and included Mr Samuda, Mr Lewis, and Mr Kenny. The MES contract was with the TDA with a recommendation through to its Investment Committee for approval. Were this to be agreed then work would start in May and was already underway in terms of procurement. The Arts Strategy was in hand as was consultation with transport providers. A Master Plan was being developed for the City Hospital site to progress surplus land with the intention that an application be submitted by July for conclusion in December. In regard to delegated thresholds Mr Kenny stated that control totals of £2m had been set for MMH on a cumulative basis. All projects had pre tender estimates against them with 5% contingency set aside. Where projects were underspent then these should be assigned to projects within the same category with Mr Lewis having the ability to flex ring fenced contingencies which would then be reported to the Finance and Investment Committee and the Trust Board as appropriate. Mr Lewis stated that the Capital Programme had well defined delegated arrangements which stood. There would be a need to consider revenue variations in respect of the unitary payment. He requested a report back to the next meeting of the committee in terms of revenue delegations. He considered it sensible to agree a maximum limit with the ability to differentiate judgements across schemes. Ms Barlow also highlighted the need to link in the new Deputy Chief Operating Officer thorough the proposed meeting structures.	
Action: a further report on delegated thresholds to be brought to the next meeting of the committee.	
7. Workforce transformation	
Mrs Goodby provided a verbal update on the progress of the workforce transformation project. The Easter consultation phase would start the following week with a focus on corporate roles which would be a precursor to the wider consultation that would take place over the summer. In response to a question from Mr Samuda Mrs Goodby stated that there was still more work to do around pathways, workflows and different ways of working across the whole of the Trust.	
8. EPR Programme	
Mr Reynolds introduced the report stating that, subject to approval by the Trust Board on the 7 April, Cerner had been recommended as preferred bidder based on the qualitative aspects of the submissions. There would now be a 3 month approval process through the TDA during which time work was ongoing to agree an implementation plan	

and work up further detail of the future state transformation. Mr Samuda sought assurances around timescales given the changes in structures and personnel nationally over the coming months. Mr Reynolds stated that TDA would be reviewing the numbers over the coming week and HCIC would undertake a review of the scheme. Mr Lewis stressed the importance on engaging partners as the timescales become more complicated should the Trust submit an annual plan with a deficit figure which may prompt challenge back from national bodies. Pre contract mobilisation hence needed to commence quickly. Mr Waite highlighted that it was in the Trust's gift to appoint a preferred bidder but that in doing so it was important to be explicit in the level of costs incurred during the pre-contract period and to account for these appropriately. Mr Lewis highlighted the need to agree as a Board the sum that was at risk if the contract was to fall through. The Board additionally needed to be explicit in articulating what good looked like. Mr Samuda stressed the need for effective communication across the organisation with staff receiving a clear message that reinforced the Trust's direction of travel. Mr Lewis agreed, highlighting the need to work through the different audiences and to tailor the communication messages accordingly.	
9. Meeting effectiveness	
It was agreed that the first meeting of the new committee had been effective.	
10. Matters to raise to the Board and Audit and Risk Management Committee	
The EPR Programme would be discussed at the next Board meeting	
11. Any other business	
There were no other items of business discussed	
12 Date of next meeting	
The next meeting would be held on the 24 June 2016 from 08:30-10:00 at the Anne Gibson Committee Room, City Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance & Investment Committee - Minutes

Venue: Anne Gibson Committee Room, City Hospital Date: 1 April 2016: 1300 – 14:30

Members Present		In attendance	
Mr Richard Samuda	Chairman	Mr Tim Reardon	Deputy Chief Finance Officer
Mr Robin Russell	Non-Executive Director	Mr Mark Reynolds	Chief Informatics Officer
Mr Toby Lewis	Chief Executive	Mr Martin Evans	EPR Programme Manager
Mr Tony Waite	Director of Finance and Performance Management	Mr Chris Archer	Associate Director of Finance – Contracting and Planning
		Committee Support	
		Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1. Apologies:	**Verbal**
Apologies were received from Mr Harjinder Kang, Ms Rachel Barlow and Mrs Raffaela Goodby.	
2. Minutes of the previous meetings – 26 February 2016	**SWBFI (04/16) 002**
The minutes were agreed as a true and accurate record.	
2.1. Matters arising and update on actions from the previous meetings	**SWBFI (04/16) 003**
Mr Samuda highlighted how beneficial it was to visit the 'war room' and to explore the detailed mapping that was in place in regard to care pathways.	
3. Electronic Patient Record (EPR) Business Case	**SWBFI (04/16) 004**
Mr Reynolds introduced the paper stating that procurement evaluation had been completed. The proposed preferred supplier scored higher on the evaluation, subject to approval by the Board. TDA approval was expected by the end of May. In terms of the rationale for investment the CDA had reached the end of its life in terms of both functionality and infrastructure. The new EPR system would also facilitate systems such as e-prescribing where there was a national driver for this to be in place. The preferred bidder had a strong international and national presence. The other bidder had less of a presence within the UK. Mr Samuda queried whether this would push the paperless agenda within the Trust. Mr	

Reynolds responded by saying that it was one of the conditions of the Midland Metropolitan Hospital project that electronic systems were in place. He reiterated that it was a ten year contract which covered initial implementation, hosting and software support. It also incorporated up to three upgrades during the period of the contract. Mr Waite stated that the paper was compelling in terms of progressing the procurement phase with the paper setting out the economic appraisal. The economic case for investment was sound and the moderation meetings had dealt with the evaluation outcomes with clear blue water between the two. In terms of affordability there would be a recurrent LTFM assumption and hence a cost to the Trust that was being worked through. The intention was to minimise this through the phase leading up to final contract signing. Mr Reynolds highlighted the further opportunities that existed around hosting costs. Mr Waite confirmed that there was a plausible route to keep the project within the overall financial envelope with a clear route through the residual issues that remained. Mr Evans stated that a paper would be presented to the Board the following week which outlined the procurement process, economic case and affordability within the LTFM. Mr Russell sought assurances around benefits versus cost reduction. There were risks if the economic case was based purely on potential benefits rather than reduced costs. Mr Reynolds gave a reassurance that there was a strong cost avoidance element given the costs that would be incurred in maintaining the CDA and through redundancy of some systems. Mr Russell highlighted the need to make clearer in the business case the costs incurred if we did nothing and the costs of maintaining current outdated systems. Mr Reynolds said the Trust would develop a clear narrative as to the overall benefits versus maintaining the current systems. Mr Reynolds pointed to e-prescribing as a proven benefit that had a strong track record across other Trusts. Mr Reynolds highlighted that there would be an in depth review of the preferred bidder by HCIC and there would be a national review of the business case to provide external assurance. Mr Samuda sought assurances that there was clear line of sight in terms of the interdependencies. Mr Waite stated that there had been work to identify and map interdependencies. Mr Reynolds highlighted that a digital by default policy would not work without an effective EPR. Mobile technology was covered as part of the infrastructure business case. **Resolved: the committee were assured that the procurement exercise had been carried out thoroughly.** **The committee endorsed the proposals to the Trust Board in respect of the EPR preferred bidder in light of the value for money analysis presented.**	
4. Finances 2016-17	**SWBFI (04/16) 005**
Mr Waite introduced the item stating that the paper provided an audit trail of the discussions taking place with the Board over recent weeks. There was a plausible plan in place to deliver the £4.3m surplus with a reliance on cost improvement plans and the recovery of income.	

Mr Samuda sought clarity on the Right Care Right Here fund. Mr Waite responded by stating that when the new hospital opened the Trust would incur a unitary payment of £19m. The LTFM would consequently have additional costs over a three year period of which RCRH would offset. Stretch savings would be applied non-recurrently through to 2018 and the opening of the new hospital. The issue now was that some of this funding had been used to stabilise the 2015-16 position and hence the full savings ask will not have been achieved. Mr Archer stated that the £44m of target savings included additional savings of £3m. The ask remained the same but the risks were in respect of realisation. The RCRH reserve was £6.1m cumulative but with the need to apply £0.5m to achieve the £4.3m target. Mr Waite's stated that benefits were in practice being deferred until some point over the coming 2 years. Mr Russell challenged the steps that would be taken to get from £12m to £7m. Mr Samuda in turn sought assurances about the process of replacing reserves in realistic stages and that this would in fact be achieved. Mr Waite stated that issues had arisen as a consequence of under delivering on planned care. There was a plausible demand and capacity plan being developed. There is also the issue of a sceptical group of commissioners with the need to hold all parties that signed up to the business case for the Midland Metropolitan Hospital standing firm with the Trust. In terms of relationship with commissioners then there remained some terms of trade to be negotiated and there remained differences around services. Given the granular detail of the plan it was possible to take a reasoned judgement on the margin of risk. Matters that affected the judgement on risk included the capacity to bridge activity plans in terms of productivity improvement, additional work around theatre lists with further capacity to improve. Overall there was a judgement call in terms of whether the figure would be £5m or £8m. The Trust had chosen an optimistic but reasoned judgement that it was confident would pass the credibility test. Mr Samuda stated that he felt resourcing remained an issue and whether there was the capacity and time to deliver against all that needed to be delivered. Mr Waite stated that this matter was being considered by the Executive Team and that any short term actions must be complimentary to the Trust's medium term transformation ambitions. The intention was very much to secure an accelerated improvement rate. Nationally providers had yet to get a clear steer as to the full implications of the junior doctors' industrial action. Mr Waite was clear with the committee of the impact that the current position would have on the financial cash position going forward and in turn the ability to invest in the future. Mr Russell queried whether commissioners could impose a figure on the Trust. Mr Waite stated that the approach remained one of encouraging constructive dialogue. He gave an assurance that the Carter data was being reflected in the CIP. Mr Samuda sought assurances around the scale of ambition the Trust had in for example realising the benefits of land sales. Mr Waite gave an assurance that the intention was to fully realise the benefits of land sales but this would in part be dependent on how early it was possible to go to market. The Board would have further opportunity to work through the detail at the Board meeting.	
5. Financial performance – P11 February 2016	**SWBFI (04/16) 006**

Mr Waite introduced the paper stating that the month 11 position had landed where it needed to be. There was a headline surplus driven mainly by technical matters. March was likely to be a similar position with full settlement on earned income. Risks had been moderated with a small number of matters remaining to be closed out. Responses had been received in respect of the issues relating to community properties.	
5. Matters to highlight to the Board and Audit & Risk Management Committee	**Verbal**
The financial plan 2016-17 would be a key matter for discussion at the Board.	
6. Meeting Effectiveness Feedback	
The Committee felt the matters on the agenda were the key matters that the committee needed to focus its attention on.	
7. Any Other Business	**Verbal**
There were no other matters discussed.	
8. Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting would be on the 27 May 2016.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 22 April 2016; 1030h – 1230h

Members attending:		**In attendance:**	
Ms O Dutton Samuda	Chair	Ms Allison Binns	Assistant Director of Governance
		Mrs Gayna Deakin	Deputy Director of Workforce
		Ms Yasmina Gainer	Head of Performance
Dr R Stedman	Medical Director	Giles Tinsley	NHS Improvement
Ms R Barlow	Chief Operating Officer	Martina Morris	NHS Improvement
Mr C Ovington	Chief Nurse	**Committee support:**	
Miss K Dhami	Director of Governance	Mr D Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1. Apologies for absence:	**Verbal**
Apologies were received from Mr Samuda, Ms Parker and Mr Waite.	
2. Minutes of the previous meeting	**SWBQS (04/16) 002**
The minutes of the previous meetings were agreed as a true and accurate record.	
3. Matters and actions arising from previous meetings	**SWBQS (04/16) 003**
The action tracker for the committee was noted.	
3.1 Patient Story to the Board	
In respect of the patient story that was presented to the last meeting of the Board it was being used with staff to promote learning from what was a very powerful and emotional story. Ms Dutton stated that there were clear examples of unacceptable care highlighted in the story and that it was important that the Board heard such stories in a public setting but that there was also a public discussion as to what would be done to prevent such incidents happening again. Mr Ovington stated that the person in the DVD had worked closely with the matron for that	

area to ensure the Trust learnt the lessons from that experience. The upcoming Board patient experience would have a focus on Ten out of Ten with representatives from clinical teams also in attendance to share their experiences.	
4. Quality & Safety Committee Forward Plan 2016-17	**SWBQS (04/16) 004**
Mr Ovington introduced the paper highlighting the intention to have a stronger focus for the agenda to ensure the committee could effectively fulfil its assurance role. The key part of the forward plan would be around gaining assurance around progress against the Quality and Safety Plans with staff in attendance to speak about the reality of implementation on the frontline. Meetings would be themed against the priorities of each of the plans. Rising Stars would also be invited to attend as they found the experience of attending the committee valuable, as did the committee. It was also requested that an invitation be sent to Healthwatch to nominate a representative on the committee. **Approved:** • **That the work programme for the committee be agreed.** • **That an invitation be sent requesting a representative of Healthwatch to sit on the committee.**	
5. Readmissions	**SWBQS (04/16) 005**
Ms Barlow introduced the report highlighting the innovative work that Fiona Shorney and Nigel Page had been working on which was showing impact over the past 6 months. A pilot was being undertaken in AMU A at Sandwell which had reduced readmissions by 6%. All patients had received medicine reconciliations, a phone call at home or a phone medicine reconciliation and follow up. Work was now ongoing to develop a larger piece of work which was a priority to fund. Work was also ongoing to support frail patients coming onto the unit and to support nursing homes through additional wrap around care. A paper would be presented to the Board which would highlight the evaluation of the AMU pilot. There would be a wider review of readmissions across the Trust and from that set a new and ambitious trajectory going forwards. Dr Stedman highlighted that the biggest impact would be around AMU. Those that went on to wards would inevitably have more complex discharge needs which increased the risk of later readmission. It was important to embed good practice with high standards being delivered but not always consistently. He stated that there was a KPI in respect of reducing readmissions. Ms Barlow sated that a proportion of discharges would always be high risk in terms of likely readmission but the focus should be on those 2-3 discharges that can consistently be managed effectively. Funding from the system remained an issue with the need for a broader understanding of the initiatives that were delivering impact to patients most consistently. Ms Barlow stated that a refreshed paper would go to the Board which would build on the sustainability of delivering against the ambitions. Consideration also needed to be given to maximising the relationship with the third sector to better support the lower end of high risk patients.	
6 Draft Quality Account	**SWBQS (04/16) 006**
Dr Stedman introduced the draft Quality Account which still had some data still to be included.	

He stated that the intention was to write it in as patient friendly language so as to be accessible to the general public. In terms of peer review comparators the Trust did use a mix of foundation and non-foundation comparators but these would be kept under review to ensure we remained aspirational in our targets. Ms. Dutton stated it would be useful to see how the Trust compared to its neighbours with Mr Ovington stating that local communities would probably prefer local comparators that they were familiar with. In response to a query as to who the audience was Ms Wilkin stated that the Quality Account would form part of the Annual Report and would be sent to stakeholders and be available to the public. The Quality Account, once finalised and approved would be uploaded to NHS Choices by the 30 June 2016. **Resolved: that the committee endorse the draft Quality Account.**	
7. IRMER [Ionising Radiation (Medical Exposure) Regulations] Report	**SWBQS (04/16) 007**
Dr Stedman introduced the paper which highlighted ongoing reductions in the number of near misses and reportable/ non-reportable incidents. Ms Dutton queried what appeared to be a high number of wrongly attributed patients. Dr Stedman responded by stating that there was a flaw in the electronic system which made it easy to select the incorrect patient but that this would be resolved with the introduction of EPR and would be addressed before treatment started through the comprehensive ID checks. The incorrect anatomy figures were more of an issue given the risks of irradiating the wrong limb. The majority were non-reportable incidents but there was no room for complacency. Dr Stedman stated that unlike surgery the patient was not required to fill in a consent form for an x-ray. One of the key mechanisms was to ask the patient as part of the standard checklists that were in place. Given the thousands of x-rays that were carried out the error rate remained very small and these cases were the subject of extensive discussion at the Patient Safety Committee. Ms Dutton queried whether operators challenged the request that were made. Dr Stedman stated that operators followed the instructions on the referral card as notes did not accompany the patient to an x-ray. Where a patient speaks to the radiologist then they would query the request. Miss Dhami stated that the issue of training had previously been the subject of an improvement notice hence the strong performance around training was a positive step.	
8. Wider safe staffing – desk top exercise	**SWBQS (04/16) 008**
Mrs Deakin introduced the report which provided an update on the wider safe staffing work that was being undertaken. The work earlier in the year had focussed on a specific ward. Since then a desktop exercise had been undertaken to bring in a wider scope of safe staffing across the Trust. She had received positive engagement from groups in carrying out this work. It was early stages in terms of building up the model including developing a wider profile that would enable analysis of quality trends. Mr Ovington sought clarification in terms of the definition of clinician in the document and Dr Stedman highlighted the value in breaking down data in terms	

of doctors in training and consultants. Ms Dutton questioned what uses there would be for the data once collated. Mrs Deakin stated that the data would be used for a range of purposes including focusing on the correlation between quality and wider safe staffing levels, to inform future workforce modelling and to also inform the debate regarding 7 day working. Mr Ovington stated that the KPI around hours per patient per day was a key indicator with the work now developing. There would be useful intelligence drawn out from this if it was mapped across such things as falls and pressure sores. The committee welcomed the work that had gone into producing the report but requested that the data be further refined based on the discussion at the meeting. **Action: that the wider safe staffing report be updated based on the comments at the meeting and reported back to the Quality and Safety Committee before being presented to the Board.**	
9. Integrated Performance Report	**SWBQS (04/16) 009**
Ms Gainer introduced the report highlighting end of year progress in respect of c diff and MRSA and the positive performance around sepsis screening. Performance in respect of falls and pressure sores was also positive. VTE performance had also achieved national targets. In terms of theatre cancellations performance was mixed and improvements were still need in theatre utilisation. Fractured Neck and Femur had seen significant process improvements which had impacted through improved performance. There had also been significant improvement in the indictor relating to Rapid Access Chest Pain. Ms Barlow drew the committee's attention to Delayed Transfers of Care with a sharp increase over the past week. There were 97 patients in the past week which was the highest rate for some time. The sharp increase was a consequence of the Borough Council having changed domiciliary care providers and problems that had occurred during the transition to the new provider. Contingency plans had been put in place which would hopefully have an impact over the coming days. The bed pressures were quite extreme given the upcoming industrial action by junior doctors and the bank holiday. Ms Dutton sought assurances that the Trust were sighted on the areas for improvement with Ms Barlow stating that there was a clear understanding of the areas of focus.	
10. Serious Incident report	**SWBQS (04/16) 010**
The report was noted.	
11. Clinical audit forward plan: monitoring report	**SWBQS (04/16) 011**
The report was noted.	
12. **Matters of topical or national media interest**	
There were no matters raised under this item	
13. **Meeting effectiveness**	
The committee welcomed the focussing of the work programme and highlighted that with	

focussed presentations on the impact of the work around the Quality and Safety Plans would lead to stronger assurance that could be provided to the Board.	
14. **Matters to raise to the Board and Audit & Risk Management Committee**	
There were no matters raised under this item	
15. **Any other business**	
There were no other matters of business.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Workforce & Organisational Development Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 30 March 2016; 15:00-16:30

Members Present

Mr Harjinder Kang	Chair
Mr Richard Samuda	Chair of the Board
Dr Paramjit Gill	Non-Executive Director
Ms Rachel Barlow	Chief Operating Officer
Mrs Raffaela Goodby	Director of Organisation Development
Mr Colin Ovington	Chief Nurse

Also in attendance:

Mr Jim Pollitt	Associate Director of Education, Learning and Development

Committee Support:

Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1 Apologies for absence	Verbal
Apologies were received from Mr Toby Lewis.	
Minutes of the previous meetings – 3rd & 7th December 2015	
The minutes of the meetings held on the 3 and 7 December were agreed as a true and accurate record.	
Matters arising from previous meetings	
The action tracker was noted.	
Annual Staff Declaration	
The committee endorsed the annual staff declaration that was to shortly be issued to every member of staff.	
Sickness absence update	
Mrs Goodby introduced the report which provided an overview of the focus that had been given to sickness absence management and the impact it had had on sickness rates. There were seven recommendations in the report that the committee were asked to consider.	

Very long term sickness (absence for over 6 months) had fallen. Long term sickness between 1-3 months was creeping up however.

Mr Kang queried what Surgery B was doing whereby they had the best sickness absence rates across the Trust. Mrs Goodby stated that it was a small group which may make it easier to manage absences but that they had a very clear focus on sickness management. They would still have a target to reduce their sickness absence rates further during the coming year. Key was the effective local management of sickness absence.

Ms Barlow stated that Medicine and Surgery A were the largest groups and the nature of the work done and the distribution of management capacity meant that it would be different to a small group such as Surgery B.

Mr Kang sought assurances that sickness absence data was being broken down in to a form that was useful to managers and questioned the extent to which the Trust knew that individual managers were taking action based on this data and what would happen to them if they did not.

Mrs Goodby responded by stating that the data was broken down by directorate which enabled a focusing in on hot spot areas. In terms of managers responsibilities then there was evidence that confirm and challenge sessions were not happening consistently. All information was available to managers for those meetings. Where they were taking place consistently they were working well. Where it is not then managers need to be reminded of the mandated importance of these.

Ms Barlow highlighted that 40% of sickness absence was derived from 4 directorates. It was important to get under the skin of why there were such issues in these areas. In Accident and Emergency for example there was likely to be a big cultural piece of work needed to address some of the underlying issues. There needed to be stronger alignment of good practice in sickness absence management such as had been happening in Women's and Children.

Mr Kang queried whether in some hard to recruit areas staff were off sick and working for other Trusts at the same time. Mrs Goodby responded by stating that there was no evidence of this. The greater risks was the high vacancy and sickness absence rates in some areas was triggering stress in staff that were at work who felt there was no one to relieve them or were being stretched in terms of what they were being asked to do.

Ms Barlow queried whether shift patterns may be a trigger in some areas and whether 12 hour shifts, rota management and lack of recovery time may also be triggers. Mrs Goodby responded by stating that some piloting of different shifts would be beneficial. Research suggested that for younger employees 12 hour shifts did not fit with their work life balance whereas for older staff there was support for the longer shift pattern. Dr Gill highlighted that 12 hour shifts were highly intensive in terms of focus and energy which could be draining. Mr Pollitt also highlighted the cost implications if there was a need to provide temporary cover for longer shifts with anything over 8 hours being deemed to be paid at premium rates.

Ms Barlow reiterated the value of talking to staff that did turn up to work everyday. They would be able to share their experiences of the culture and behaviours that were engrained within a service that could shed light on the culture of sickness absence. Mr

Kang highlighted that he would be happy to be engaged in such discussions to reiterate the importance the Board placed on the issue.

Mr Samuda also questioned whether bullying may be a factor in sickness absence rates. Mrs Goodby stated that HR was keeping a close eye on trends.

Approved: the committee endorsed the recommendations set out in the paper which were:

1. **To review the staff health and wellbeing programme to ensure it is well communicated and understood.**
2. **Review why our smaller Groups and Directorates tend to ensure a better attendance level than their larger counterparts.**
3. **Groups to embed the Confirm and Challenge process and to provide visible leadership, coaching and support to line managers.**
4. **Focus on data quality and to consider the introduction of an alternative electronic system to capture sickness absence data.**
5. **To fully analyse the trend towards increased long-term sickness absence to better understand the causal reasons.**
6. **To review the impact of the revised staff physiotherapy service and impact on improving staff attendance.**
7. **Deep dive review on psychological support on offer to employees, including access to cognitive behavioural therapy as an early intervention.**

Approval of Easter Consultation and Timeline

Mrs Goodby introduced the report which sought the approval of the committee for the commencement of the Easter workforce consultation which would start with a specially convened JCNC meeting. This consultation was focussed on workforce changes for staff that would be supporting the wider workforce changes over the summer and would also deliver some clear financial savings in Q1.

The consultation impacted upon 37 fte posts that would be subject to redeployment or redundancy. Of the changes the closure of the day nursery at the City site was likely to prove the most controversial. Work was ongoing to build additional capacity at Sandwell and to work in partnership with local public/ private sector providers.

Mr Samuda challenged whether the provision of such facilities was a recruitment differentiator that may attract staff to the Trust. Mrs Goodby responded by stating that whilst the decision may have an impact on some individuals the fact remained that the cost of the buildings and staff were not covered by the income that was being generated.

Mr Samuda also sought assurances that the consultation was not based simply on reducing headcount but was infact based on a business case where the transformation of

services meant different staff with different skills were needed in the future. Mrs Goodby gave a reassurance that the proposals were firmly based on transforming the workforce to be able to deliver the vison and ambitions of the Trust. In response to a question from Mr Samuda as to whether staff new the narrative of where the Trust was trying to get to Mrs Goodby stated that people were aware of the implications. Staff would inevitably be nervous about change but there had been consistent communication with staff to enable them to understand the rationale and the need for change. **Approved: that the Easter consultation be approved.**	
Education Learning & Development Plan 2015- 2018	
Mrs Goodby introduced the item stating that the Plan had been agreed by the Board last August. The format had been altered to better reflect that of the Public Health Plan. The aims and objectives had been reviewed to make them more ambitious and case studies had been included. Since the plan was agreed a series of conference events had been held to operationalise the plan across the organisation and stronger governance and performance reporting was now in place. Mr Pollitt stated that there remained an issue in terms of getting union champions which would bolster progress against the plan. Despite being approached several times the unions had yet to make an appointment. Dr Gill stated that the previous iteration had made stronger reference to us being a learning organisation and stronger reference to the partnership with the Midlands Deanery. Mrs Goodby stated that the new version would be reviewed to ensure these references were put back in. Dr Gill sought clarification on the links with Coventry University. Mr Pollitt stated that a lot of work was commissioned from the University especially in respect of therapies. Mr Pollitt agreed to reframe the reference to highlight the support from regional higher education establishments more generally. Mr Pollitt reiterated the ring fencing of budget to support training that the Trust was committed to which was unusual for other Trusts. Progress against the plan would be tracked in order to evidence impact. The intention was very much to position the Trust as an employer of choice on the basis of the training, development and wider support offered to staff in the Trust. Mrs Goodby stated that the final plan would be published in April and would be formally launched at the Leadership Conference. **Resolved: that the 3 year education learning and development plan be approved for publication.**	
Matters to raise to the Board and Audit & Risk Management Committee	
Sickness absence and the workforce transformation consultations were both matters that would continue to be reported to the Board over the coming months. The committee had a concern over the wait times for Cognitive Behaviour Therapy and counselling services with the need for swift support to staff suffering from stress or depression.	

Any other business	
There were no other items of business discussed.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

REPORT TO THE TRUST BOARD HELD IN PUBLIC

Chief Executive's Report – May 2016

The Board's papers this month provide time to discuss the next few months' financial challenges, the Sustainability and Transformation process (STP), and the safety of our emergency care arrangements. We have signed a contract with commissioners for 2016-17 which is less than we had expected in 2015, and we need to work with partners now to set long-term financial expectations consistent with the obligations every one made in supporting the funding of the Midland Met, which is now less than 900 days away.

In addition, we explore the key role of volunteering in our organisation, against a backdrop of new facilities having opened in recent weeks in partnership with the third sector. Our developing relationship more generally with the third sector in Sandwell and in Birmingham is an important symbol of our real strength in working with others: The go-live for the Connected Palliative Care work we are doing with Age Concern, Crossroads, John Taylor and St Mary's Hospices happened during April, and I chaired the first programme board for that collaboration. Over a five year period we now have permission and the chance to change end of life care, not just in hospitals, but at home and in hospices. Last month the board listened to a harrowing story of poor care from a patient's family, and I know all of us are determined to achieve consistently outstanding end of life care.

Our submitted plans for the year ahead do not yet demonstrate recurrent financial balance. The Board discussed this in detail last month. The conclusion of contracting negotiations has modestly improved the position, but we remain in a position of planning a £5m deficit, which is over £9m behind our long term financial plans for the organisation. The largest single item in that gap is delayed phasing on cost improvement plans, but it is also driven by income shortfalls, de-commissioning of services leaving stranded costs, and some unanticipated costs around excess emergency supply. Changes in how we manage the delivery of change are in hand, creating an team to support accelerated improvement on existing projects to tackle waste and inefficiency, as well as to support the refinement of further ideas. Over a two year period we want to reduce our monthly costs by over £3m. This can only be done by improving further the quality of care that we provide, because we know that it is more costly to provide delayed, repeat or sub-optimal care.

1. Our patients

The two nine hour strike periods have taken place since the Board last met. We cancelled planned care in order to free staff to safely operate emergency services and inpatient areas. In outpatient areas we removed 2991 appointments, of which a third were appointments booked for patients that had to be cancelled and rescheduled. 17 patients had elective inpatient procedures cancelled and rescheduled. Our collective success in managing the period of the industrial action needs to be

weighed against that impact on patient's care and experience, as well as the income issues with which the Board is familiar. We look likely to end April behind plan on our new year's contract.

However, care in emergency departments, maternity and our wards was not merely safe during the strike. We formed some new relationships and teams, and gained some ideas to take forward about how to work better. As we look to examine how to safely close our bed base (see below) learning about how to produce conversations between senior staff, how we have ward-level continuity within teams, and which professions are best able to work with the intensity needed in acute care are stand us in good stead. This is not merely our Midland Met 'plan', it needs to be what we begin to adopt in coming months. Of course duplicating those models across two sites is more difficult than operating them within one purpose built facility.

97% of patients attending ED were admitted or discharged home within 4 hours (the overall in-month position is in the IPR and is much less encouraging). Our admission rate was slightly lower, which may be chance, or down to a different mix of staff in ED itself. What made our systems work well was that discharging patients safely was a key focus throughout the period. Social services partners have been working alongside us to move patients who are medically fit into more appropriate community settings. Discharge rates to the community beds regained a previous high with over 20 patients transferred each day from acute to community locations of care. There is further work to do in coming days, especially in Sandwell, to make sure that the scale of care packages in the community is sufficient to meet rising demand, as we see more patients and seek to reduce our length of stay too.

We have now been asked to prepare for various permutations of indefinite industrial action this spring. Clearly, in addition to the lessons learned from the various strikes in 2016, we need to make sure that a sustained period of elective care delay is carefully risk assessed. In each strike to date we have relied heavily on reducing outpatient activity to release clinical time, and undertaking a risk assessment in that field is complicated by the absence of simple READ coding that tells us the prevailing condition of our appointee. It is a substantial clinical and administrative task to understand the consequences of delay for each patient.

2. Our workforce

The statutory consultation on initial phase workforce changes concludes before the Board meets. I have asked for one particular scheme (around out of hours nursing) to have its consultation period extended through May to seek to address issues raised. And during May we will assess the information gained at consultation and propose amendments or alterations to projects. It remains the intent to ensure that, before we undertake a much larger and major workforce consultation this July, we have senior roles, including corporate deputy functions, in place. Proposals to make changes to our day nurseries continue to attract much debate and concern, and there is some time during the month of May to examine all options, so that, if possible we have a clear way forward not just for 2017 but for 2018 and beyond as well.

With pay-slips in May staff will receive details of how to apply to be one of our eight Speak Up guardians, in support of our overall approach to whistleblowing (WB). By appointing far more roles than mandated we hope to create a local peer group able to map to our corporate and clinical groups and facilitate action at middle management level. The Board will recall that when we

reviewed our WB approach, launched in 2014, the sense was that it was at this tier where we had further progress to make, a view validated by survey data and feedback from staff-side. At the same time, we are recruiting to the required Hours Guardian for trainee doctor rotas, notwithstanding the safeguards presently operating here, in which we have confidence. In February we started the latest hours monitoring arrangements, which continue through to the end of May.

I will provide the Board with an oral update on recruitment and retention progress, whilst our team finalise their tracking data for the first three weeks of April. The safe staffing report is attached as an annex to this paper.

3. Our partners

The STP process, referenced at the outset of this report, continues. This is intended by June to set out a route to addressing health, wellbeing and finance 'gaps' across the West Birmingham and Black Country health and social care landscape. The national process envisages some blurring of individual organisational accountabilities and sharing of financial risk. In addition STP areas are required to create a financial reserve to be retained centrally. It remains unclear whether this might then be transferred outside the STP area or is ring-fenced for use locally. It will be important that this forward look around transformation takes account of commitments to the Midland Metropolitan Hospital, and the care re-design envisaged to support improved acute care.

Our contract for 2016-17 anticipates that we will increase planned care activity in the year ahead and that should allow us to further reduce wait times. Analysis requested through the Board of the System Resilience and Better Care Fund plans for the year ahead do not suggest reductions in demand or in out-flow, but they do maintain funding flows to keep the position stable. This does not yet amount to a cohered strategy to reduce pressure on acute systems, albeit recent announcements about primary care funding nationally may assist. There are some service reductions planned by the CCG, which we understand will be subject to public engagement and/or consultation as required. We have also got a signed contract in place with NHS England for 2016-17.

4. Our regulators

As reported orally at our last meeting, the Trust has had recent visits from Health Education West Midlands, as well as an unannounced CQC visit to our day hospice unit. We continue to discuss with partners the best medium term way through which to deliver expanded oncology services, given the need to maintain or reduce waiting times as demand rises.

Toby Lewis, Chief Executive

April 29th 2016

ANNEX A: SAFE NURSE STAFFING UPDATE

1 EXECUTIVE SUMMARY

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

1.2 Since the last report the data for Maternity has shown a wide variation for the norm making it appear that there are very richly staffed.

2 MARCH DATA UPDATE

Since the last board report we have continued to have additional beds open on a number of areas although we are seeing these very gradually and intermittently. This continues to create a demand for temporary staffing above vacancy, sickness and focused care. We have continued to ensure additional wards have some of our permanent staff on duty provide shift leadership and continuity. The average fill rates across the trust which includes permanent, bank and agency staff for day shifts is 99.2% and for night shifts is 104.2%. These figures are inclusive of maternity which have extremely high reported figures this month. Removing the maternity figures gives a fill rate of 93 to 95% for registered nurses and 99 to 100% for healthcare assistants which is equivalent to the previous month. Variation between wards is demonstrated in appendix 1, our community wards are still finding it difficult to fill vacancies and consequently have a higher reliance on temporary staffing. 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. Clearly as we start to reduce the additional bed stock we will pull back on the more expensive agencies first.

As part of the Carter report '*operational productivity and performance in English acute hospitals'* we have receive instruction from NHS Improvement about changes in the reporting requirements from 1st May 2016 which has a measure of Care Hours Per Patient Day. This will be calculated from the midnight statistics in addition to the daily staffing fill numbers which the board are used to receiving. Our information team are working to ensure that we are able to comply with this new instruction.

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

	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	198	573	564	148	148	100.0%	85.3%	98.4%	100.0%
	CITY HOSPITAL	26001	24220	10586	9949	24291	23361	8611	7795	93.2%	94.0%	96.2%	90.5%
	ROWLEY REGIS HOSPITAL	2867	2417	1798	1775	1912	1888	1235	1223	84.3%	98.7%	98.7%	99.0%
	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	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	420	420	210	195	518	518	148	148	100.0%	92.9%	100.0%	100.0%
	CITY HOSPITAL	27047	25992	11249	10768	25705	24916	8501	8412	96.1%	95.7%	96.9%	99.0%
	ROWLEY REGIS HOSPITAL	3906	3279	3664	3960	2604	2557	2779	3098	83.9%	108.1%	98.2%	111.5%
	SANDWELL GENERAL HOSPITAL	25483	23052	12166	12244	21532	19958	9856	9788	90.5%	100.6%	92.7%	99.3%
		56856	52743	27289	27167	50359	47949	21284	21446	92.8%	99.6%	95.2%	100.8%
Mar-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	555	465	277	221	462	573	157	194	83.8%	79.8%	124.0%	123.6%
	CITY HOSPITAL	24357	27553	10043	11106	22770	26280	7890	8653	113.1%	110.6%	115.4%	109.7%
	ROWLEY REGIS HOSPITAL	3936	3194	4367	4836	2625	2530	3224	3693	81.1%	110.7%	96.4%	114.5%
	SANDWELL GENERAL HOSPITAL	28158	25581	13813	13543	23643	21025	10958	10617	90.8%	98.0%	88.9%	96.9%
		57006	56793	28500	29706	49500	50408	22229	23157	99.6%	104.2%	101.8%	104.2%
3-month Avges	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	480	450	240	205	518	552	151	163	93.8%	85.4%	106.6%	108.2%
	CITY HOSPITAL	25802	25922	10626	10608	24255	24852	8334	8287	100.5%	99.8%	102.5%	99.4%
	ROWLEY REGIS HOSPITAL	3570	2963	3276	3524	2380	2325	2413	2671	83.0%	107.5%	97.7%	110.7%
	SANDWELL GENERAL HOSPITAL	26501	24374	12964	12838	22302	20659	10423	10281	92.0%	99.0%	92.6%	98.6%
	Latest 3 month average====>	56352	53709	27106	27174	49455	48388	21320	21403	95.3%	100.3%	97.8%	100.4%

3 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 the new reporting requirement from 1st May.

Colin Ovington,

Chief Nurse

27th April 2016

March 2016 ward nurse staffing data

	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 Jan 2016	Percentage night time fill rate during Jan 2016	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Jan 2016	Percentage night time fill rate during Jan 2016
Medicine & Emergency care	D5	City	13	5	5	5	99.0%	100.0%	1	1	0	85.4%	N/A
	D7	City	19	3	3	3	as per D5		1	1	0	as per D5	
	D11	City	21	3	3	3	99.0%	100.0%	2	2	1	107.2%	103.4%
	D12	City	10	2	2	2	99.2%	98.3%	1	1	1	88.8%	96.9%
	D15	City	24	3.5	3.5	3	118.7%	129.0%	2	2	1	94.2%	106.5%
	D16	City	21	3	3	3	97.8%	95.7%	2	2	1	99.2%	112.9%
	D26	City	21	3	3	3	101.6%	100.0%	2	2	1	114.4%	103.4%
	AMU 1	City	41	10	10	10	92.9%	97.6%	4	4	4	80.2%	70.1%
	AMU 2	City	19	5	5	5	83.6%	78.1%	1	1	1	114.6%	103.4%
	PR4	Sandwell	25	7	7	7	95.9%	82.8%	3	3	3	88.2%	84.4%
	PR5	Sandwell	34	5	5	4	122.7%	126.0%	3	3	2	122.8%	127.5%
	NT4	Sandwell	28	4	4	4	98.8%	96.9%	3	3	3	95.7%	95.7%
	LY 4	Sandwell	34	5	5	4	96.1%	97.5%	3	3	2	95.9%	103.2%
	temporary ward LY2	Sandwell	29	4	4	4			4	4	2		
	N5	Sandwell	15	5	5	2	100.0%	100.0%	1	1	1	100.0%	100.0%
	AMU A	Sandwell	32	11	11	11	97.6%	100.0%	4	4	3	98.4%	108.6%
	AMU B	Sandwell	20	3.5	3.5	3	91.9%	99.0%	3	3	3	108.1%	103.4%

	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 Jan 2016	Percentage night time fill rate during Jan 2016	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Jan 2016	Percentage night time fill rate during Jan 2016
Surgery A	D21	City	23	4	4	2	91.7%	100.0%	2	2	2	100.0%	108.0%
	D17	City	19	4	4	2	84.5%	100.0%	2	2	2	82.4%	107.7%
	SAU	SGH	14	5+1 on mid shift	6	4	89.6%	97.6%	2	2	1	96.4%	93.5%
	temporary move L5	SGH	20	6	6	4	96.1%	89.9%	3	3	2	101.8%	86.5%
	P2	SGH	20	5	5	3	97.1%	101.1%	4	4	3	94.7%	98.8%
	N3	SGH	33	5	5	3	85.7%	100.0%	4	4	3	109.9%	119.0%
	L3	SGH	33	5	5	3	83.8%	91.4%	4	4	3	87.9%	101.1%
	CCS	City		Staff flexed to the dependency/number of patients in the units			96.2%	99.7%	Staff flexed to the dependency/number of patients in the units			88.2%	91.1%
	CCS	SGH					94.3%	98.1%				129.0%	96.8%

	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 Jan 2016	Percentage night time fill rate during Jan 2016	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Jan 2016	Percentage night time fill rate during Jan 2016
Community & Therapies	Henderson	RH	24	3	3	3	88.9%	83.3%	3	3	3	100.0%	100.0%
	Elisa Tinsley	RRH	24	3	3	3	86.5%	98.3%	0	0	0	N/A	N/A
	McCarthy	City	24	3	3	2	88.6%	100.0%	3.5	3.5	3	85.7%	100.0%
	D43	City	24	6	6	4	100.0%	100.0%	5	5	2	100.0%	103.0%
	D47	City	20	2	2	2	100.0%	100.0%	0	0	0	N/A	N/A
	Leasowes	RH	20	3	3	2	74.6%	100.0%	3	3	2	115.9%	97.5%

	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 Jan 2016	Percentage night time fill rate during Jan 2016	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Jan 2016	Percentage night time fill rate during Jan 2016
Surgery B	Eye ward	City	10	2	2	2	100.0%	98.4%	1	1	0	85.3%	

	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 Jan 2016	Percentage night time fill rate during Jan 2016	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Jan 2016	Percentage night time fill rate during Jan 2016
Womens & Children's	L G	SGH	14	3	3	2	96.1%	112.5%	1	1	1	52.6%	60.7%
	L1	SGH	26	5	5	4	63.7%	64.3%	3	3	2	56.4%	103.6%
	D19	City	8	3	3	2	70.0%	80.4%	1	1	0	96.4%	N/A
	D27	City	18	4	3	2	76.7%	87.1%	2	2	1	77.7%	87.1%
	Maternity	City	42	6	5	4	336.1%	281.5%	4	4	2	324.9%	311.1%

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 session was held at the Board development session on the 15 April 2016.
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	Deaf Awareness Campaign February 2016 Mutual Respect and Guidance campaign March 2016 onwards. Gender Equality March 2016

	March Gender Equality	(international women's day)
Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead by October 2015 with an unambiguous programme which will certainly include a specific BME leadership offer.	Wider diverse leadership progamme 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.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	Policies being reviewed on 31st March with feedback and recommendations to Harjinder Kang, Staffside, Raffaela Goodby and Nick bellis on 8th April AM. First HR development session held in March 2016 with further sessions planned for 16/17.
With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	The next CLE committee (which one?) will review the progress made with Raffaela Goodby in an effort to set a clear timetable for progress. Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	Will form part of design phase of work with Hay Group during March and April 2016. Clear timetable identified as above.
Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	Data both qualitative and quantitative will be developed during phase one March / April 2016. Clear product output of first phase of work.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Contribution of Volunteers to SWBH
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington Chief Nurse
AUTHOR:	Linda Pascall Deputy Chief Nurse
DATE OF MEETING:	5th May 2016

EXECUTIVE SUMMARY:

The board have received updates about our volunteer staff, this paper is an update on progress and a stage report on progress on our measures of success. Progress has been made in the crucial area of recruitment, however we are behind trajectory and we will need to double our efforts in order to achieve our aim. The team are making their presence felt across the hospital s, there are a number of quotes from volunteers and staff about their contribution to help bring this to life.

There is still a gap in making an impact within the wider community services we offer to patients, and a wider piece about involvement of the third sector. Early discussions are demonstrating that there are groups and charities that would be willing to work with us, and these need to be actioned in the next month or two. What is becoming more clear is that third sector isn't just a 'nice to have' element in our portfolio, but they can actually make a difference to a patients discharge pathway, and may even help prevent a readmission. These are priorities for us to engage with.

REPORT RECOMMENDATION:

To NOTE the recent progress made to increase the number of volunteers deployed by the Trust and the actions planned to get back on track to achieve the set recruitment targets.

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

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Key Objective – Accessible and responsive

PREVIOUS CONSIDERATION:

Previous reports received at the Board, and Quality & safety Committee

CONTRIBUTION OF VOLUNTEERS TO SWBH

PROGRESS REPORT MAY 2016

1. Introduction

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

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

- A total complement 460 volunteers in the Trust deployed through the various Mi themes
- Volunteer support available 7 days a week through the various mi themes
- Weekly recruitment interviews with 10 volunteers joining us every month [120 a year]
- Monthly updates to volunteers programme
- Volunteers available for way finding at every main entrance to the trust hospitals to help with kiosk and directions to various departments
- 100 volunteers supporting carers with patients in our care
- 150 volunteers in community settings supporting patients in out of hospital settings
- A volunteer workforce representative of the population served and of the protected characteristics
- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts
- A minimum of 30 regular volunteers in each clinical group depending on size and purpose

2. Recruitment:-

Recruitment of our voluntary team is critical to the success of our aims. There has been a steady increase in the number of people joining our Volunteers although behind trajectory. With the current numbers of volunteers signed up and active and those about to finalise checking procedures we will need to double our recruitment to achieve the plan.

In November, 22 volunteers were 'repatriated 'from RVS there are now 65 active volunteers

A further 35 are awaiting DBS checks and references so it is anticipated we will have 100 in place by the end of May 2016

It would be a fair observation to say that the team of volunteers are predominantly working in the hospital setting. The challenge going forward is to consider how these important roles can provide support in community settings including patients own homes.

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

SGH	City	Rowley Regis
5 Main reception 1 First Floor reception 3 Antenatal	5 BTC 5 Eye Centre 3 Maternity	1 Outpatients

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

SGH	City	Bradbury	Rowley	Leasowes
21	13	1	1	1

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

In addition 5 volunteers are supporting Age well Trolley service

3. Progress and Feedback:-

The volunteers have been positively received and are making a difference. The following are examples of feedback from staff and volunteers:-

"*I really enjoy my volunteering and in my element. I find the support I can give to the patients is very rewarding and would eventually like a permanent role within the NHS as the volunteering has given me the confidence and ambition to work within the NHS. I love helping patients and listening to them and helping the nursing team in the areas as they are so busy. I'm enjoying every aspect of my volunteering at the hospital and it was a very lucky day for me when I met Estelle and Lisa. All the staff in the volunteering services are smashing, and working at the BTC and alongside the great team on AMU, and D41 is my absolute privilege.* ***Annie Sharkey –Volunteer – BTC Reception, D41 AMU, BTC Area 3 Clinic Dr Bradbury***

Just wanted to let you know about the effect that our volunteers have had on our unit. They have integrated into the team seamlessly, their assistance can make a hard day much easier, it really is heart-warming to see someone who has given up their own time sitting and chatting with patients.
Michael Beech RN BSc (Hons) MSc (Tox)
Senior Charge Nurse, AMU & West Midlands Poisons Unit, City Hospital

As you know we now have a few more volunteers and just wanted to let you know how well it is working, the uniforms provided are a great way for patients to identify them and they appreciate the help and friendly face. From a managers point of view it helps support the reception staff when they get caught up with a more complicated issue and are unable to assist when there is more than one patient to support.
Pam Towers, Deputy Head Of Medical Records

BMEC have been fortunate in utilising volunteers in different roles. The wayfinders in BMEC OPD provide an invaluable resource in supporting our visually impaired clients in using the automated check in desks and ensuring that they safely reach the correct destination. This has helped to reduce the anxiety around attending for appointments for many of our 150,000 attendees each year. ***Laura Young, Group Lead Nurse – Surgery B***

Volunteers have been helping in Maternity Antenatal Clinic at City Hospital since the beginning of February 2016. There are a small team of female volunteers who support the Antenatal Clinic reception area at different times and days of the week. Easily identifiable in their bright blue and yellow volunteer uniform and Trust name badge, the lovely team of ladies who have given up their own time to come and help us, stand at the front of the reception area, meeting and greeting our patients and their families and friends with a smile and helping them with any queries or concerns they may have and navigate their way around the self-check in kiosks, particularly if it is their first visit to the Clinic.

Their duties are primarily to assist and direct patients and their families through the reception area and to ensure they are in the right area of Clinic in time for their appointment. They strive to improve the patient experience and help to alleviate the anxiety felt by some of our patients whilst in the clinic/hospital environment.

When speaking with one of the volunteers today she said "It is brilliant standing at the front of reception with a smile. Patients are very happy to receive my help, say thank you and make me feel very much needed and appreciated. I look forward to coming every time and really enjoy it. I feel like I am always smiling".

We very much appreciate the assistance given by the Volunteers who have very quickly become part of our team. They are reliable and hardworking, they are an asset to our Service and we would like to thank them very much for giving up their valuable time to help our patients and their families.
Sally Neilson, Assistant Operational Manager – Maternity & Neonates
Women and Child Health Clinical Group

4. Partnership Working

Maternity
Maternity now have 3 way finders in place at the self check-in kiosks at City.

Further project in place supporting the Breast Feeding Network [BFN] via Louise Thompson Infant Feeding Co-ordinator. Training provided by Peer support Training from the BFN. Mi Volunteers are supporting and providing information on breastfeeding services to new mothers

AGEWELL
SGH Shop re-opened by Agewell on 4th April 2016 along with Trolley Service to all wards in SGH. Further discussions in place with volunteer's service, PALS and Agewell for further patient support when discharged from hospital and working together. 5 Mi volunteers recruited and volunteering for AGEWELL and an autonomous group.

BUDS
The local BUDS service have a base on Lyndon 4 where they offer support to carers of patients admitted with Dementia. This support is a combination of practical tips and advice or signposting to appropriate services. This is a lottery funded venture and commenced 1 March for a period of 12 months. In addition the BUD's team offer a training programme in helping families and patients cope with Dementia – this is also available to staff and other volunteers

Community Engagement
Working with Aspire and Succeed in Lozells to support their Health Lottery Programme of community engagement by promoting our volunteering service.

New contact with Action for Children giving services back to deprived area and reaching hard to reach community groups.

New contact with Coventry and Warwickshire Mental health Trust for researching around volunteer drivers.

Nishkam Pharmacy – Handsworth - promotion of Volunteers Service within Pharmacy – date to be arranged.

(SCVO) Sandwells Voluntary and Community Sector - links to weekly updates and attending Voluntary meetings to promote volunteer service we provide and for recruitment.

5. Next Steps

Work more closely with the Community and therapies Group to fully understand where the role of volunteers could support their work with patients in diverse settings.

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

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

Engage with community groups to recruit volunteers to the new volunteering programme and set appropriate profile targets. (Jan 16)

Support establishment of local business involvement pack promoting volunteering services. Building on the work previously undertaken with banks and building societies in 2015

Set up proposal for "Trust Time" to encourage staff to volunteer to support the local community.

Colin Ovington
Chief Nurse
27th April 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Better Back at Work -with a focus on long term sickness**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby, Director of Organisation Development**
AUTHOR:	**Sarah Towe, HR Business Partner**
DATE OF MEETING:	**5th May 2016**

EXECUTIVE SUMMARY:

The attached report provides a summary postion of the sickness absence levels for 15/16 and proposed focus for 16/17 to ensure the Trust's revised target of 2.5% by end of March 2017 is achieved.

The Trust's overall sickness absence rate as at March 2016 was 4.98%, which is considerably higher than the Trust target of 3.5%.

The revised overall Trust target for 16/17 is 2.5%. The planned action to achieve this target are to:

- Introduce a differential sickness target per group, in recognition of the scale of challenge faced by the bed holding groups in particular and to make targets feel achievable for teams.
- Focus on a range of accelerated initiatives in order **to halve the number of current long-term sickness cases**, from c200 to c100 including a defined escalation process to the most senior level within the organisation.
- Improve the use of sickness absence reasons to support targeted health and well being 'offer'
- On-going roll-out of accelerated sickness absence training and support to line managers.
- Review of sickness absence training in conjuction with Occupational Health.
- Promotion of 7 'new deal' actions designed to ensure the Occupational Health function is properly understood and is effectively utilised for rapid decision making.

REPORT RECOMMENDATION:

That the Board consider the adequacy of the proposed actions to achieve the overall Trust target of 2.5% in 2016/17 and seek assurance on the robustness of the delivery plan.

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

Trust BAF objective to reduce sickness absence

PREVIOUS CONSIDERATION:

Summary position of the Trust's sickness absence rate for 15/16:

As at March 2016, the Trust's rolling 12 months sickness rate was 4.98% and in month 4.85%, which means we did not achieve one of our key priorities of reducing sickness absence below 3.5%. Surgery B was the best performing Group at 3.10%, and Medicine and Emergency Care were the worst performing at 5.62% (rolling 12 month average) and 6.32% in month.

The HR team are currently undertaking a close review of sickness absence management within Medicine and Emergency Care is currently being undertaken given that their in-month absence rate has deteriorated to focussing on compliance with policy, timeliness of action and emerging trends (such as reporting errors). Details will be reported directly to the Group Board and to the Workforce Delivery Committee.

At Directorate level there were 14 out of 38 who achieved the sickness target and had an overall sickness absence rate of 3.50% or below, these Directorates are relatively small in terms of head count, with the exception of Ophthalmology which accounts for 3.89% of the Trusts headcount.

Groups		Target	sickness % as at March 2016
Community & Therapies		3.50	4.83
Corporate		3.50	4.65
Imaging		3.50	4.58
Medicine & Emergency Care		3.50	5.62
Pathology		3.50	4.19
Surgery A		3.50	5.32
Surgery B		3.50	3.10
Women's & Child Health		3.50	5.51
Trust		**3.50**	**4.98**
Directorates	**Directorate HC**	**Target**	**sickness % as at March 2016**
Ambulatory Therapies	148	3.50	3.11
iBeds	261	3.50	5.66
iCares	311	3.50	4.86
Chief Executive & Governance	70	3.50	2.76
Corporate Nursing & Facilities	951	3.50	5.56
Estates & New Hospital Project	97	3.50	3.74
Finance	86	3.50	2.79
Medical Director	161	3.50	3.23
Operations	381	3.50	4.93
Workforce & Organisational Development	168	3.50	3.50
Breast Screening	58	3.50	5.73
Diagnostic Radiology	148	3.50	3.00
Group Management - Imaging	51	3.50	9.49
Interventional Radiology	13	3.50	5.99
Nuclear Medicine	28	3.50	1.69
Admitted Care	623	3.50	5.80
Emergency Care	523	3.50	5.61
Group Management - Medicine	5	3.50	4.62
Scheduled Care	307	3.50	5.27
Biochemistry	105	3.50	4.45
Group Management - Pathology	45	3.50	4.72
Haematology	66	3.50	5.60
Histopathology	37	3.50	1.59
Immunology	15	3.50	5.74
Microbiology	60	3.50	3.22
Anaesthetics, Pain Mgt and Critical Care	254	3.50	4.94
Cancer Services	15	3.50	2.82
General Surgery	271	3.50	5.91
Group Management - Surgery A	17	3.50	4.60
Specialist Surgery	157	3.50	3.50
Theatres	288	3.50	6.31
ENT, Oral Surgery & Audiology	106	3.50	2.33
Group Management - Surgery B	10	3.50	2.19
Ophthalmology	277	3.50	3.40
Community Children's	3	3.50	
Group Management - W&CH	4	3.50	6.67
Gynaecology, Gynae-Oncology, GUM & CASH	138	3.50	5.26
Maternity, Health Visiting & Perinatal Medicine	589	3.50	5.99
Paediatrics	265	3.50	4.37

Recommended actions / focus for 2016/2017:

The Trust's revised overall sickness absence target for 2016/2017 has been set at 2.5%. Whilst this level of attendance is clearly necessary to support our ambitious safety and financial objectives, it should be understood that this is an extremely challenging target. To put in context of the 151 acute Trusts in England reported by the NHS Health and Social Care Information Centre only one was reporting to be at or below 2.5% in December 2015 (the latest data available) and only seven at 3% or less. The HR team are making contact with these Trusts to learn from their approach and success.

1. Introduction of differential sickness targets per group:

Given the scale of challenge and the importance of the target being seen as tough but achievable, it is proposed that we consider introducing a differential target approach.

One option is that differential targets are introduced for 2016/2017, whereby the larger bed holding/community Groups (namely Community and Therapies, Medicine and Emergency Care, Surgery A and Women's and Child's Health) are given a higher absence target, with the other groups are given a more stretching target.

It is recognised that this proposal is potentially contentious and could be seen as penalising areas that have achieved better absence rates and making allowances for groups that have not achieved acceptable improvements.

Below is a table of proposed differential absence targets for consideration.

Groups	3.00%	3.25%	3.50%
Community & Therapies	3.00%	3.25%	3.50%
Corporate	1.74%	1.36%	0.98%
Imaging	1.74%	1.36%	0.98%
Medicine & Emergency Care	3.00%	3.25%	3.50%
Pathology	1.74%	1.36%	0.98%
Surgery A	3.00%	3.25%	3.50%
Surgery B	1.74%	1.36%	0.98%
Women's & Child Health	3.00%	3.25%	3.50%
Grand Total	**2.50%**	**2.50%**	**2.50%**

Once the position with regards to the differential target is accepted, the Workforce Information team (OD) will develop directorate level sickness absence trajectories to support the groups to monitor the effectiveness of the actions taken.

2. Reduction of Long Term Sickness Cases to 100 per month or less

Given that the majority of sickness absence is long-term i.e. absences 28 days plus in length, it makes sense that we focus on reducing the numbers in this category immediately.

To recap, in March 2016, sickness absence totalled 4.85% (192,109 hours) of which 3.02% (5,808 hours) was long-term absence. In terms of time lost this equates to 155 WTE each month. In March there were 252 long-term cases and our goal will be to reduce this to approximately 100.

How will we achieve this?

- By eliminating ESR recording issues which are still prevalent despite actions undertaken during 15/16. It is anticipated these will be identified much earlier and addressed promptly via the Group confirm and challenge process.

- Strict adherence to policy requirements to refer to OH within the required timescales and make decisions rapidly. (if the employee does not engage the manager can make reasonable decisions in their absence).

- The expectation that all absences at three months duration will have an anticipated return to work date.

- Reduction of identified 'process' delays through:

    - Rigorous adoption of monthly Group Confirm and Challenge meetings,
    - Monthly HR oversight through monthly HR/Occupational Health case conferences.
    - Adoption of standing weekly ill health dismissal panels.
    - Rapid escalation of case management concerns as set out below

HR ⟹	Group ⟹	Director of OD ⟹	Chief Executive ⟹	Harjinder Kang
Monthly	28 **days**	**56 days**	**56 days**	**118 days**

- Improving early return by increased use of temporary redeployment or modified duties. It is acknowledged that some Groups and Departments are very pro-active in this respect. Good practice is not sufficiently widespread, so it is proposed that this is overseen by the HR Department for which additional temporary capacity will be identified.

- Detailed focus in Women's and Child Health, Facilities (who are rapidly improving during 2016) and Medicine, these groups have struggled to achieve a sustained improvement during 15/16 and hold Trust 'hot spot' areas.

3. Review of Reasons for Absence:

As reported previously, we know that the number of long-term sickness episodes have increased over the last three years and that the number of cases related to stress and anxiety have also increased. These are set out in appendix one.

Our plan during 16/17, in addition to focusing on the effective and consistent management of sickness episodes, is to improve overall levels of attendance through our health and wellbeing offer.

There are a number of sources of data within the organisation i.e. Occupational Health data trends, BDMA trends analysis, ESR sickness reasons, Your Voice etc. that will be collated and used to inform how best to support an improvement in staff health and wellbeing.

To ensure initiatives are effectively communicated, the aim will be to refresh the existing offer, much of which remains very relevant, by re-branding and re-launching.

The proposal is also to change the focus from an absence management culture, to one of an 'attendance management culture', whereby we encourage and celebrate good attendance and essentially create a culture whereby by our employees want to come to work and clearly see the benefits of being at work.

This revised approach will be enforced with on-going communications and supporting OD engagement initiatives.

4. Sickness Absence Management Training:

Bespoke sickness absence training has been provided within groups by the HR team and this will continue as required.

Corporate training sessions scheduled for April, May and June are fully subscribed and further sessions will be provided based on assessment of future need.

5. Sickness Absence Reporting:

Information provided to the Groups was reviewed and updated substantially during 2015/16. It is anticipated that this work will continue during 16/17, in particular:

- HR Business Partners to provide a monthly detailed case review to the Group Directors of Operations/Corporate Exec leads.
- Provision of ESR Bi training (so line managers know they can access their data easily)
- Focus on WTE hours lost in addition to sickness % in month, and rolling 12 months.

6. Role of Occupational Health:

Following discussion at CLE on 26th April, it was agreed to promote 7 key 'new deal' actions designed to ensure that the Occupational Health function is appropriately understood and used to support effective management of sickness absence.

This included an understanding that decisions on a staff member's sickness is a management judgement call that needs to take into account a number of factors, of which the Occupational Health advice and report is only one factor (albeit an important one). Managers will of course have access to HR advice and group leadership support in making this decision as it is recognised that these decisions can be a challenging part of being a SWBH Manager.

Occupational Health: A New Deal

1. All referrals are made online through the COHORT system. All managers can track their cases through this system and seek clarity from OH via phone or email or to build their skill and competence **at any time**.

2. OH jointly running sickness absence training with HR, to offer managers end to end process support on managing absence in their teams. CLE members can speak to Dr Radford (Consultant, Occupational Health) via phone or email if they feel they have not had satisfactory advice in order to manage sickness appropriately. However, it is strongly recommended that they or the referring manager first speak to the author of the report via the OH department, as they are far more likely to be able to answer any queries or explain any anomalies in a timely way.

3. If managers need staff to work differently to rehabilitate back to work, they reserve the right to suggest different working patterns to the employee that is appropriate to their rehabilitation. (e.g. the rehab states reducing hours, OH will not normally instruct which hours these are – and aim to work flexibly with the manager). However there will be occasions where specifics are recommended; these should always be accompanied by a medical reason otherwise it is quite reasonable to challenge/discuss.

4. Visible inclusion of occupational health in coming 12 months in the organisation's well-being offer, including training for managers and staff.

5. Myth busting Communications for managers and staff e.g. you can't return to work unless the GP signs you off with a fit note".

6. OH are developing more partnerships / connections to support colleagues with mental health issues or stress. This will be a range of offers from, Mindfulness, Cognitive Behavioural Therapies.

7. OH developing a Rapid Access for Staff process to be applied across the Trust. (Staff can access diagnostics or treatment at SWBH).

In conclusion:

The above proposals are in addition to existing measures / expectations which need to continue, including:

- Managers knowing and robustly implementing the Trust policy/procedures for managing sickness absence.
- Managers knowing and accessing the support available to them, including monthly HR sickness clinics, training, staff health and well-being initiatives / support, sickness absence management factsheet
- Groups robustly embedding the agreed confirm and challenge process and providing visible leadership, coaching and support.
- Managers knowing and accessing the sickness absence data that is available to them, reviewing trends / patterns and actioning required interventions.
- Groups focusing on the causes of absence and developing bespoke local action plans i.e. to address the impact of poor leadership or ergonomic design etc.
- Continued communications on 'better back at work' focus to enable organisation to be fully staffed, and reduce temporary spend on bank and agency.

Sarah Towe
HR Business Partner
28.04.16

Staff Group	Top Absence Reason	Episodes
Add Prof Scientific and Technic	Gastrointestinal problems	115
	Cold, Cough, Flu - Influenza	99
	Other musculoskeletal problems	33
	Headache / migraine	33
	Other known causes - not elsewhere classified	23
	Anxiety/stress/depression/other psychiatric illnesses	23
	Chest & respiratory problems	16
	Back Problems	15
	Ear, nose, throat (ENT)	13
	Injury, fracture	12
	Blood disorders	9
	Genitourinary & gynaecological disorders	9
	Heart, cardiac & circulatory problems	7
	Eye problems	4
	Dental and oral problems	4
	Benign and malignant tumours, cancers	3
	Skin disorders	1
	Endocrine / glandular problems	1
	Asthma	1
Additional Clinical Services	Gastrointestinal problems	508
	Cold, Cough, Flu - Influenza	451
	Other musculoskeletal problems	216
	Other known causes - not elsewhere classified	176
	Anxiety/stress/depression/other psychiatric illnesses	163
	Headache / migraine	153
	Back Problems	132
	Chest & respiratory problems	117
	Ear, nose, throat (ENT)	94
	Genitourinary & gynaecological disorders	90
	Pregnancy related disorders	80
	Injury, fracture	55
	Dental and oral problems	46
	Eye problems	36
	Skin disorders	31
	Heart, cardiac & circulatory problems	31
	Infectious diseases	21
	Unknown causes / Not specified	17
	Nervous system disorders	14
	Asthma	10
	Blood disorders	9
	Endocrine / glandular problems	5
	Benign and malignant tumours, cancers	2
Administrative and Clerical	Gastrointestinal problems	470
	Cold, Cough, Flu - Influenza	405
	Headache / migraine	187
	Anxiety/stress/depression/other psychiatric illnesses	165
	Other musculoskeletal problems	127
	Other known causes - not elsewhere classified	111
	Ear, nose, throat (ENT)	102
	Back Problems	100
	Chest & respiratory problems	99
	Genitourinary & gynaecological disorders	79
	Injury, fracture	38
	Pregnancy related disorders	33

	Dental and oral problems	25
	Eye problems	25
	Skin disorders	22
	Heart, cardiac & circulatory problems	20
	Benign and malignant tumours, cancers	15
	Asthma	11
	Unknown causes / Not specified	7
	Endocrine / glandular problems	7
	Infectious diseases	6
	Nervous system disorders	6
	Blood disorders	2
	Burns, poisoning, frostbite, hypothermia	1
Allied Health Professionals	Gastrointestinal problems	137
	Cold, Cough, Flu - Influenza	112
	Headache / migraine	40
	Ear, nose, throat (ENT)	35
	Other musculoskeletal problems	24
	Back Problems	22
	Genitourinary & gynaecological disorders	21
	Chest & respiratory problems	16
	Other known causes - not elsewhere classified	15
	Anxiety/stress/depression/other psychiatric illnesses	14
	Eye problems	10
	Injury, fracture	6
	Pregnancy related disorders	4
	Benign and malignant tumours, cancers	4
	Unknown causes / Not specified	4
	Heart, cardiac & circulatory problems	3
	Dental and oral problems	3
	Endocrine / glandular problems	2
	Asthma	2
	Infectious diseases	1
	Blood disorders	1
	Nervous system disorders	1
	Skin disorders	1
Estates and Ancillary	Gastrointestinal problems	323
	Cold, Cough, Flu - Influenza	197
	Other musculoskeletal problems	124
	Back Problems	94
	Chest & respiratory problems	91
	Anxiety/stress/depression/other psychiatric illnesses	77
	Headache / migraine	67
	Injury, fracture	49
	Genitourinary & gynaecological disorders	34
	Other known causes - not elsewhere classified	34
	Ear, nose, throat (ENT)	30
	Eye problems	27
	Heart, cardiac & circulatory problems	22
	Dental and oral problems	20
	Blood disorders	18
	Skin disorders	13
	Infectious diseases	9
	Pregnancy related disorders	8
	Benign and malignant tumours, cancers	7
	Asthma	5
	Unknown causes / Not specified	4

	Nervous system disorders	3
	Substance abuse	2
	Endocrine / glandular problems	2
	Burns, poisoning, frostbite, hypothermia	1
Healthcare Scientists	Cold, Cough, Flu - Influenza	78
	Gastrointestinal problems	63
	Headache / migraine	27
	Ear, nose, throat (ENT)	22
	Anxiety/stress/depression/other psychiatric illnesses	15
	Other known causes - not elsewhere classified	15
	Chest & respiratory problems	13
	Other musculoskeletal problems	10
	Genitourinary & gynaecological disorders	9
	Back Problems	9
	Injury, fracture	6
	Eye problems	6
	Pregnancy related disorders	5
	Dental and oral problems	3
	Infectious diseases	2
	Heart, cardiac & circulatory problems	2
	Benign and malignant tumours, cancers	1
	Burns, poisoning, frostbite, hypothermia	1
	Nervous system disorders	1
Medical and Dental	Cold, Cough, Flu - Influenza	120
	Gastrointestinal problems	88
	Other known causes - not elsewhere classified	38
	Headache / migraine	35
	Injury, fracture	31
	Ear, nose, throat (ENT)	24
	Unknown causes / Not specified	20
	Chest & respiratory problems	20
	Eye problems	11
	Back Problems	11
	Anxiety/stress/depression/other psychiatric illnesses	10
	Genitourinary & gynaecological disorders	6
	Dental and oral problems	6
	Other musculoskeletal problems	6
	Infectious diseases	6
	Skin disorders	5
	Benign and malignant tumours, cancers	3
	Pregnancy related disorders	3
	Blood disorders	2
	Asthma	2
Nursing and Midwifery Registered	Gastrointestinal problems	723
	Cold, Cough, Flu - Influenza	698
	Other known causes - not elsewhere classified	325
	Other musculoskeletal problems	278
	Headache / migraine	254
	Anxiety/stress/depression/other psychiatric illnesses	253
	Chest & respiratory problems	180
	Back Problems	165
	Ear, nose, throat (ENT)	157
	Genitourinary & gynaecological disorders	132
	Pregnancy related disorders	112
	Injury, fracture	95
	Heart, cardiac & circulatory problems	66

	Eye problems	62
	Dental and oral problems	50
	Skin disorders	45
	Unknown causes / Not specified	29
	Nervous system disorders	18
	Endocrine / glandular problems	15
	Benign and malignant tumours, cancers	15
	Asthma	12
	Infectious diseases	11
	Burns, poisoning, frostbite, hypothermia	8
	Blood disorders	8

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	5 May 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 April 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.

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 April 2016

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 5 May 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. There are no additional risks escalated to The Board from Risk Management or Clinical Leadership committees.

2.2 The CIO has carried out an initial review of Informatics risks. A more detailed review is taking place.

2.3 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.

Kam Dhami, Director of Governance

5 May 2015

Appendix: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	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

Sandwell and West Birmingham Hospitals NHS Trust

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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.	Tony Waite	31/03/2018	22/01/2016	Quarterly	3x5=15	Treat
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

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 managed at the relevant Clinical Group / Corporate Directorate.

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	30/04/2016	04/04/2016	Monthly	3x4=12	Treat
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	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.	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

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							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							
221	Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in informatics, significant time constraints (programme should have started earlier) and budgetary constraints.	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM OBC approved and procurement almost complete Project prioritised by Board and management.	Complete procurement and business case approval to schedule. 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. Management time will be given for programme elements such as detailed planning, change management, and benefits realisation	Mark Reynolds	30/06/2016	18/03/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
325	Live (With Actions)	Informatics	Medical Director's Office	Unauthorised Disclosure Of Info	There is a risk of a breach of patient or staff confidentiality due to inadequate information security systems and processes which could result in regulatory and statutory non-compliance.	4x4=16	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Information security assessment completed and actions underway.	Complete actions from information security assessment. 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
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	A proforma has been developed to enable CMWs to send critical information to the IT service desk. CMW have the ability to download patient caseloads whilst online so can access offline via their IPads.	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

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Utilisation of local super users and dedicated midwife for day- to- day support. CMW reverts to peer notes for retrospective data entry if unable to input data in real time							
410	Live (With Actions)	Ophthalmology	Outpatients - EYE	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.	**5x4=20**	Reviewing plans in line with STC retained estate Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors	Department reconstruction at SGH with the exception of theatre location. (May 2016)	Rachel Barlow	31/05/2016	26/01/2016	Quarterly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
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
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.	Remaining ask to be identified by the ongoing programme. Early planning & engagement on 2016/2018 workforce change Workshops, consultation and engagement	Raffaela Goodby	31/05/2016	04/04/2016	Quarterly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	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

Sandwell and West Birmingham Hospitals NHS Trust

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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 Rhaphsody 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

Sandwell and West Birmingham Hospitals NHS Trust

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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

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Informatics has undergone organisational review and restructure to support delivery of key transformational activities Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities Infrastructure work to refresh networks and desktops is underway.							
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**	SOP in place Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place. Improvement plan in place for elective access with training being progressed. 52 week breaches continue to be an issue for the Trust. The RCA identified historical incorrect pathway administration and clock stops. There has been no clinical harm caused to patients. The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.	Implement full action plan by Q2 Source e-learning module for RTT with a competency sign off for all staff in delivery chain by Q2 Data quality process to be documented and KPIs to be published from April.	Rachel Barlow	01/07/2016	18/03/2016	Monthly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	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_Gynaeonco	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

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	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 Stedman	30/06/2016	04/04/2016	Monthly	**2x4=8**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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173	Live (With Actions)	Admitted Care	Priory 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
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	06/04/2016	Bi-Monthly	2x3=6	Treat

Trust Risk Register

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332	Live (With Actions)	Maternity_ Health		Vaccination	National shortage of intradermal BCG vaccination leading to a potential increase in babies affected with TB.	5x4=20	Pooling all available vaccines from other areas in the Trust Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage. Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary. Backlog reduced. All parents offered appointment by end of Feb	Mitigation plan up to end March successfully completed, however another national shortage is likely.	Rachel Barlow	30/06/2016	04/04/2016	Monthly	2x2=4	Treat
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.	New system being introduced to equalise waits from beginning of May.	Roger Stedman	31/07/2016	04/04/2016	Monthly	1x4=4	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change.							

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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:	5 May 2016

EXECUTIVE SUMMARY:

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

- **IPR – Summary Scorecard for March 2016 (In-Month)**

Summary Scorecard

Section	Red Rated	Amber Rated	Green Rated	None	Total
Infection Control	1	0	5	0	**6**
Harm Free Care	6	0	7	2	**15**
Obstetrics	1	1	5	6	**13**
Mortality and Readmissions	1	0	0	11	**12**
Stroke and Cardiology	3	0	8	0	**11**
Cancer	1	0	8	4	**13**
FFT, MSA, Complaints	8	2	6	6	**22**
Cancellations	4	0	5	0	**9**
Emergency Care & Patient I	11	0	3	4	**18**
RTT	6	0	2	5	**13**
Data Completeness	2	0	8	8	**18**
Workforce	10	0	1	12	**23**
Total	**54**	**3**	**58**	**58**	**173**

- March performance has 54 exceptions (red rated) indicators.
- Relevant recovery plans are overseen through the executive Performance Management Committee.

Matters to draw to the Committee's attention :

Key standards – March & Full Year Delivery

- 3 out of 4 key access targets have met targets on a full year basis:
  - ✓ All **cancer** targets met in February (IPR reports in arrears whilst validation across share network takes place), but confirmation is in place that March therefore have achieved meeting all quarters in the year.
  - ✓ **RTT** (incomplete pathway) delivered to 92% standard in March and for full year.
  - ✓ **Diagnostic waiting times** have met March and full year targets well below the 1% target
  - × **ED 4 hour** performance in March was 88.57% with 2,342 breaches in the month. Full year, the Trust delivered 92.5% against the 95% target. 10/16 recent weeks <90% indicating system pressure.

Other – positive delivery & real improvement

- **VTE** in March delivery 95.3%; full year delivery at 95.1% just above the national target of 95% (being validated). Demonstrates recovery from period of missing target.
- **Complaints** 100% responses within target time March and oldest complaint now at 30 days from 254 days 12 months previous
- **Falls & Pressure Ulcers** 29 for year being below maximum threshold and demonstrating significant winter on winter improvement in a stressed system environment

Requiring attention

- Readmissions – February increase bucked recent improvement indicating requirement for improved resilience in a stressed system
- Sickness & absence - 4.9% month and 5% rolling average confirms requirement for on-going focus of attention in Q1
- Nurse vacancies 274 being flat month on month – with consequent stubborn agency use & premium cost – being fully staffed matters as route to safe & cost effective care
- RTT - headline improvement required in line with NHSI trajectory – to be underpinned by move to routine delivery of standard at specialty level consistent with safe, high quality care
- Theatre scheduling & utilisation – improvement to underpin operational & financial plan

Forward Look – Key Access Targets

A trajectory has been submitted to the NHSI for 4 key access metrics. ED performance at 92.5% in Q4 is definitive.

The contract includes activity consistent with delivery of RTT at specialty level. Specialty level trajectories reqd.

Cancer & diagnostic waiting times are required to be sustained from extant levels of performance.

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ED 4 Hours	95%	92.5%	93.1%	93.4%	93.4%	93.8%	93.8%	93.8%	93.8%	92.5%	92.5%	92.5%	92.5%
Cancer 62 Days	85%	85.0%	85.0%	85.0%	85.0%	85.5%	85.5%	85.5%	85.5%	85.1%	85.1%	85.1%	85.1%
Diagnostic Waiting Times	1%	0.42%	0.42%	0.39%	0.41%	0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	0.35%	0.35%
RTT_>52 Wks Waits	0	2	2	2	2	2	2	2	2	2	2	2	2
RTT Incomplete Pathway	92%	92.0%	92.0%	92.0%	92.0%	92.5%	92.5%	92.5%	92.5%	92.8%	92.8%	92.8%	93.6%

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Accessible and Responsive Care, High Quality Care and Good Use of Resources.

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: March 2016

Reported as at: 27/04/2016

Contents

At Glance - March 2016

Infection Control

x5 C. Diff cases reported during the month of March

x29 cases year to date being within the target of max x30 cases full year.

No cases of MRSA Bacteraemia were reported in March.

x3 cases reported full year versus a target of zero.

MRSA Screening
- Elective patients screening 93.6% in month (target 80%);
- Non-elective patients screening 93.1%

Target compliance across all groups in March.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of March is reported at 0.0 - this is currently under query with Infection Control.
Any consequent change will not impair full year compliance with the target

Harm Free Care

93.8% compliance with NHS Safety Thermometer indicates slipping below the target 95.0% in March.

Dip follows x2 months of consecutive compliance.

x68 falls reported in March with 2 falls resulting in serious injury.
x944 falls full year (with 345 community and 599 in an acute setting).

12 pressure sores reported for the month of March of which: x9 cases were avoidable, hospital acquired pressure ulcers reported in March (x3 in community, 4 cases in Medicine and 1 case in Surgery A) and x3 cases reported within the District Nursing caseload, which we have split out for reporting. 10 were grade 2 and 2 at grade 3.
82 avoidable, hospital acquired pressures ulcers reported year to date.
Noted significant improvement winter 2015 on winter 2014.

x5 serious incidents reported in March (incl 2 fall serious injury).
Governance team continues to review for evidence of any pattern.

No Never Events were recorded in March [x4 full year].

There were no medication error causing serious harm in March.
x2 cases on a year to date basis.

x5 Open CAS Alerts reported at the end of March, 2 of which were overdue at the end of March.

Venous Thromboembolism (VTE) Assessments in March are at 95.3% compliant with national target of 95% and short of local target of 100%.
Achievement of national target represents improvement to the prior two months.
Year delivery is at 95.1% meeting the national target. On-going remedial plan is required to secure a more consistent and improved performance for next year.

Obstetrics

The overall Caesarean Section rate for March is 26.4% missing the target of 25% and impacting the full year delivery which is 25.2% (hence delivering marginal non-compliance).

Elective and Non-Elective rates in month are 8.4% and 18% respectively.

Adjusted perinatal mortality rate (per 1000 births) for March is 4.76 (8.44 last month) being below the target rate of 8.

The indicator represents an in-month position and which, together with the small numbers involved provides for some natural variation.

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

Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for March the delivery is 77.9%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust.

Trust based registrations convert to lower deliveries at the Trust, as other centres pick up the births element.

Breastfeeding initiation is at 74% on a cumulative basis as at quarter 4, below the target of 77% . However, this is a higher performance than other local benchmarks and CCG have now signed up to a sustained delivery of 74% in 2016/17.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 91 (latest available data is as at December).
The RAMI for weekday and weekend each at 91 and 86 respectively and considered within statistical confidence limits.

SHMI measure which includes deaths 30-days after hospital discharge is at 97 for the month of November (latest available data).
Consistent with previous months.

Deaths in Low Risk Diagnosis Groups (RAMI) - month of November is 40 (148 last month).
This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

Crude in-month mortality rate for February is 1.5, consistent with the rate in February last year.
The rolling crude year to date mortality rate remains static.

Mortality review rate in January at 75% being step improvement on previous periods following resolution of CDA issues.
To remedy review backlog in Q1.

Readmissions (in-hospital) reported an increase to 8% in February (7.4% previous month) for the month; [8.2% rolling 12 mnths].
For CQC diagnostic group reporting 8.6% rolling 12 months (vs. peer 6.2%).

Stroke Care & Cardiology

Stroke data for March indicates 83.9% of patients spending >90% of their time on a stroke ward which is slightly below the 90% operational threshold;
Full year delivery achieved the target and is at 92.0%.

March admittance to an acute stroke unit within 4 hours 78.4% failing therefore 80% national target.
Full year delivery at 80.6% meeting the national target, but failing to meet the local stretch target of 90%.

Pts receiving CT Scan within 1 hour of presentation is at 70.6% in month;
full year delivery at 72.9% being compliant with 50% standard.

Pts receiving CT Scan within 24 hrs of presentation delivery at 100% in month.
Full year delivery at 99.0% vs. 100% target.

Patients receiving thrombolysis within 60 minutes of admission was at 77.8% in March against a target of 85%.
Consequent full year performance to 83.9% and hence below the 85% target.
Month on month variability in performance is required to be addressed in 2016.17

For March, Primary Angioplasty Door to balloon time (<90 minutes) was at 91.7% and Call to balloon time (<150 minutes) at 83.3% (against 80% targets);
In month performance reduced having previously achieved 100%
Full year performance against both indicators is above target levels.

RACP performance for March is 100% exceeding the 98% target.
Full year the service delivered 95.1% and therefore below target.

However, the Trust has counted referrals this year 'from referral' rather than 'from receipt' and hence the performance has been suppressed by this as GP delays in referring have been counted against the Trust.
The service will implement the guidance from 1st April and count referrals from receipt.

Cancer Care

The Trust has met all its national cancer targets in February including the 62-day urgent GP referral to treatment target, with overall performance of 85.6% (vs. 85% target).

March delivery has been secured and being validated across the shared network at present.
The Trust will have delivered on a full year basis across all targets.

10 patients waited more than 62 days in March (x6 in Upper GI, 1x Urology, 2x Gynae and 1x H&N)

4.5 patients were waiting more than 104 days at the end of February
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.
The longest waiting patient is at 158 days [vs. 98 days last mnth].

Patient Experience - MSA & Complaints

There were no mixed sex accommodation breaches reported during the month of March.
X2 instances only across full year.

- Inpatients FFT is meeting score target, but significantly below the response rates required, the failure to achieve response rate is a consistent position.
- A&E is missing both targets for scores and response rate in February, which again has been a continuous position during the year.
- Outpatients FFT is below the required score rates.
- Maternity scores routinely compliant with exception of birth element.

The number of complaints received for the month is at 112 (avg for this year is 96), with 3 formal complaints per 1000 bed days.
All have been acknowledged within target timeframes.
The level of responses above the agreed timeframe is zero (1.6% last mnth) which is a significant, first achievement this year.
The oldest complaint on the system is 30 days old. It is noticeable that this year's number of complaints exceeds last year.

The Learning Disability indicator remains red.
The service is re-writing an action plan for May PMC.

Patient Experience - Cancelled Operations

The proportion of elective operations cancelled at the last minute was 0.8% for March (1.0% previous mnth) meeting the in-month target of 0.8%.
Full year delivery is at 0.9% and hence just failing the target of 0.8%.

No breaches of 28 days guarantee were reported in March.
Full year the Trust reports 1 breach.

57 [vs. 56 last month] of all cancelled patients experienced multiple cancellations in March .
A pro-active plan to monitor and minimise multiple cancellations is being progressed.

The number of sitrep declared late cancellations decreased in March to 34 [vs 41 previous mnth] .
There were no urgent cancellations in the month for a sustained period of time, full year there were 41 urgent cancellations.

Theatre utilisation is consistently below the target of 85% at a Trust average of 71.5%
The theatre capacity and performance is subject to remedial action through Theatres Board.

Emergency Care

The Trust's performance against the 4-hour ED wait target in March was 88.57% (89.4% in February) with 2,342 breaches in the month.
Full year the Trust delivered 92.5% against the 95% target.
Performance for quarter 4 was 89.61% (Q3 was 93.12%; Q2 was 94.57% and Q1 at 92.99%).

WMAS fineable 30 - 60 minutes delayed handovers at 117 in March increasing month on month.
Over 60 minutes delayed handovers reported at 9 cases in March (6 cases in February)

Fractured Neck of Femur patients delivery for March is at 71.6% below the 85% target.
Follows x2 periods of meeting target.
Full year performance below target.

Patient moves out of hours (10pm-6am) at 232 in month [vs 269 previous mnth]

DTOCs 397 bed days March (5910 year);
of which 232 bed days March (2828 year) fineable to BCC

Referral To Treatment

RTT incomplete pathway for March was at 92.01% closely meeting the 92% target. This is the only pathway now monitored nationally.

Admitted and non-admitted RTT pathways continue to be monitored & both under-achieved in March as plan to treat longest waiting patients.

At the end of March 8 [vs. 5 last mnth] patients were waiting more than 52 weeks for commencement of treatment; 2 of these are on the incomplete pathway for which the trust is held accountable.

22 Treatment Functions failed the respective RTT pathway performance thresholds for the month of March. Of which 2 specialities are failing the incomplete pathway.

Diagnostic waits beyond 6 weeks were 0.55% for March, remaining well beneath the operational threshold of 1.00%, but higher than in previous months. The number of patients over the 6 week diagnostic wait time (referral to test actual time over the 6 weeks) are at 281 - a significant reduction from previous months with the aim to reduce completely the above the 6 week wait time.

ASIs (Appointment Slot Issues) arising from e-referrals indicates that no patients have been left un-appointed above required timelines during the month of March.

Data Completeness

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.
'- AE, OP , Community and IP parameters remain above target up to March (latest available information)

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold (as at March at 96.9%). Outpatient, Community and A&E data sets continue to exceed their respective thresholds.
Inpatient Ethnicity coding has picked up and is for the year at 90.3% just above the standard of 90% target, but OP is failing this indicator (at 86.6%)

Open Referrals as at March month end are at 190k (this excludes patients on the RTT pathway). 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. A closer monitoring process is being proposed for Board approval following which the auto-closure process can be stepped up to close out back-log which is not required to be clinically or managerially validated.

Staff

PDR overall compliance as at the end of March is at 85.8%.
The Medical Appraisal / Revalidation rate as at March is 85.6% measuring only validated appraisals, not appraisals 'carried out'.
Both indicators are below targets of 95% on a full year basis.

Mandatory Training at the end of February is at 87.0% overall against target of 95%. Health & Safety (clinical safety training) related mandatory training is at 97.4% and delivering above the 95% target on a full year basis.

In-month sickness for March is at 4.85% (4.92% last month). The full year, cumulative sickness rate is at 5.09%.

The Trust annualised turnover rate is at 13.4% as at March. Specifically, nursing turnover has been recorded at 14.8% for the month, a consistent trend against this staff group.

Nurse Bank & Agency utilisation continues to be high;
fill rate via Bank nurses has improved to 87% (vs 71% last month);
bank 82% fill rate for year

CQUIN & Local Quality Requirements 2016/17

We are in the process of finalising the CQUIN position for quarter 4 / full year, which takes slightly longer than any other quarter. We anticipate no major changes to previous projections in respect of delivery, but one scheme is still being audited and not available until 2nd May.

Local Quality Requirements 2016/17 are currently being signed off and detailed Trust reviews have been taking place over the last few weeks to ensure that the trust and service can deliver without additional resources. These will be confirmed to the services following sign off of the contract. National and Operational Quality Requirements for 2016/17 are largely identical to what we have seen in 2015/16.

Community

Community & Therapies indicators are below target on a number of indicators (C&T Group tab).

- DN assessments (especially Dementia) have continued trending downward due to staff not been aware that previous assessments are no longer valid (because time limitations of 1 year or 6 months for dementia).
- A new system-based process has been put in place to alert staff about missing KPI assessments whenever a record is opened, this is expected to dramatically improve upon poor KPI scores seen in March as part of preparation for improvement trajectories over 2016-17.

Health Visiting performance are in line with targets across a wide range of indicators. The group has already moved to team-based performance monitoring and this has improved a number of targets in recent months; lack of data completion continuous but is continually addressed.

Summary Scorecard - March (Month)

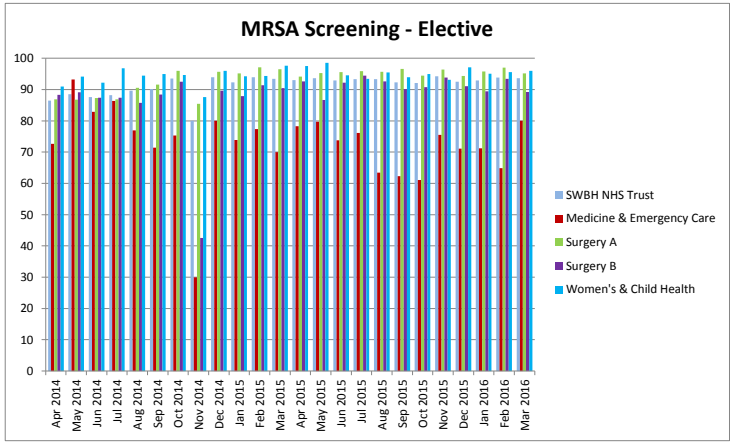
Summary Scorecard

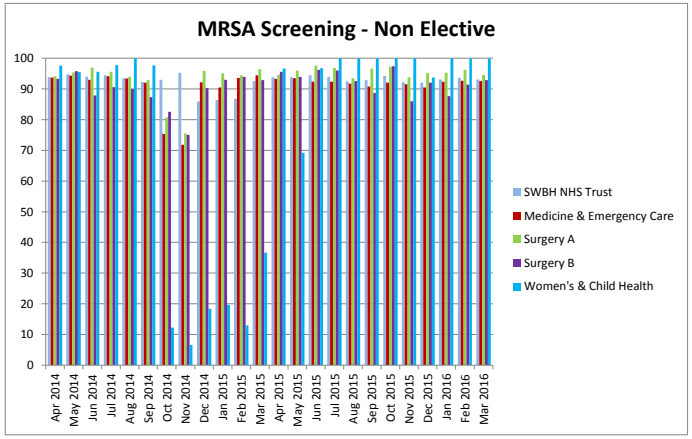
Section	Red Rated	Amber Rated	Green Rated	None	Total
Infection Control	1	0	5	0	**6**
Harm Free Care	6	0	7	2	**15**
Obstetrics	1	1	5	6	**13**
Mortality and Readmissions	1	0	0	11	**12**
Stroke and Cardiology	3	0	8	0	**11**
Cancer	1	0	8	4	**13**
FFT. MSA, Complaints	8	2	6	6	**22**
Cancellations	4	0	5	0	**9**
Emergency Care & Patient F	11	0	3	4	**18**
RTT	6	0	2	5	**13**
Data Completeness	2	0	8	8	**18**
Workforce	10	0	1	12	**23**
Total	**54**	**3**	**58**	**58**	**173**

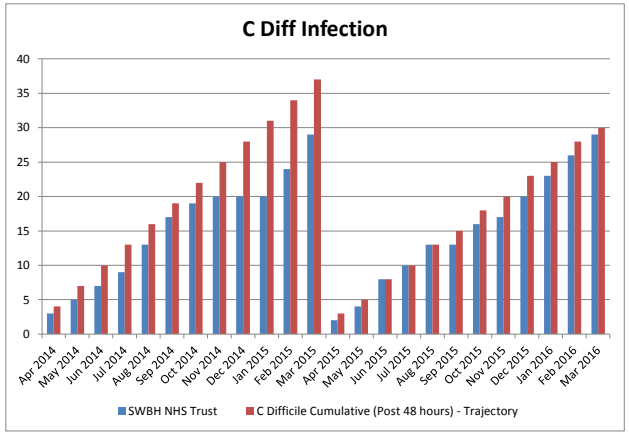
Exceptions are being managed in respective groups and are monitored in Group Reviews and in the Operational Management Committee governed by Performance Committee. As at the end of March the Trust has a number of CCG Exception Reports outstanding, which may result in performance notices rolling into 2016/17.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Oct 2014) O N D J F M A M J J A S O N D J F M	Data Period	Group M	Group A	Group B	Group W	Group P	Group I	Group C	Group CO	Month	Year To Date	Trend	Next Month	3 Months
4			C. Difficile	<= No	30	3		Mar 2016			0	0					3	29			
4			MRSA Bacteraemia	<= No	0	0		Mar 2016	0	0	0	0					0	3			
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9		Mar 2016									0.0	4.3			
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	95		Mar 2016									15.8	18.4			
3			MRSA Screening - Elective	=> %	80	80		Mar 2016	80	95	89	96					93.6				
3			MRSA Screening - Non Elective	=> %	80	80		Mar 2016	93	95	93	100					93.1				

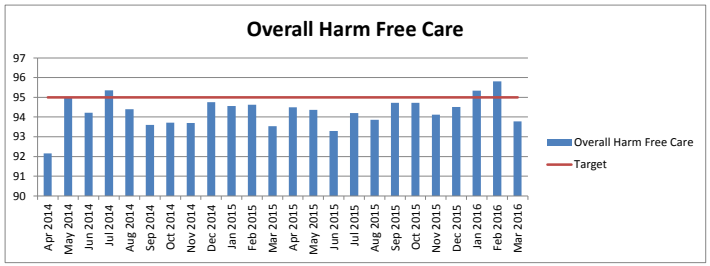


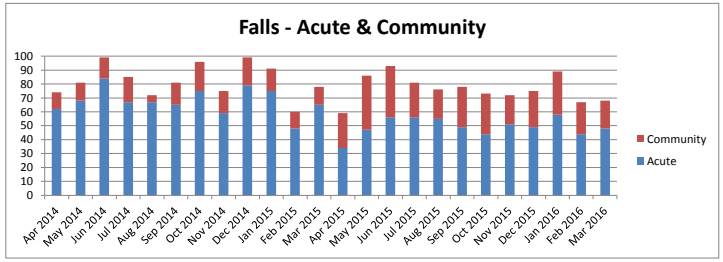


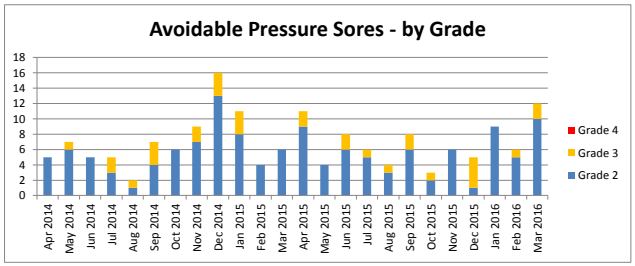


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Mar 2016									93.8				
8		d	Patient Safety Thermometer - Catheters & UTIs	%			0.40	0.25	0.31	0.41	0.40	0.64	0.25	4.00	2.00	1.00	9.00	3.00	3.00	4.00	7.00	4.00	2.00	1.00		Mar 2016									0.08				
8			Falls	<= No	804	67	96	75	99	91	64	78	80	106	90	70	76	78	73	72	75	89	67	68	Mar 2016	32	11	1	1	1	1	20		68	944			
9			Falls with a serious injury	<= No	0	0	1	2	1	1	0	1	1	1	1	5	0	1	2	3	1	2	2	2	Mar 2016	1	0	0	0		0	1		2	21			
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	6	9	16	11	4	6	11	4	8	6	4	8	3	6	5	9	6	12	Mar 2016	4	1	0	0			7		12	82			
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	new indicator																	3	Mar 2016							3		3	3			
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Mar 2016	95.6	92.9	98.8	94					95.3				
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Mar 2016	99.8	99.7	99.8	100.0		0.0			99.8				
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Mar 2016	99	100	100	100		100			100				
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Mar 2016	99	100	100	100		100			99.773				
9		d	Never Events	<= No	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	Mar 2016	0	0	0	0	0	0	0		0	4			
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	Mar 2016	0	0	0	0	-	0	0		0	2			
9		d	Serious Incidents	<= No	0	0	1	2	3	4	4	6	5	4	7	9	7	5	7	6	2	12	8	5	Mar 2016	3	0	0	1	0	0	1	0	5	77			
9			Open Central Alert System (CAS) Alerts	<= No			5	15	17	10	9	4	8	5	4	8	11	8	7	4	9	7	6	5	Mar 2016									5				
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	0	4	0	1	0	1	0	3	2	0	1	2	2	0	0	2	1	2	Mar 2016									2				

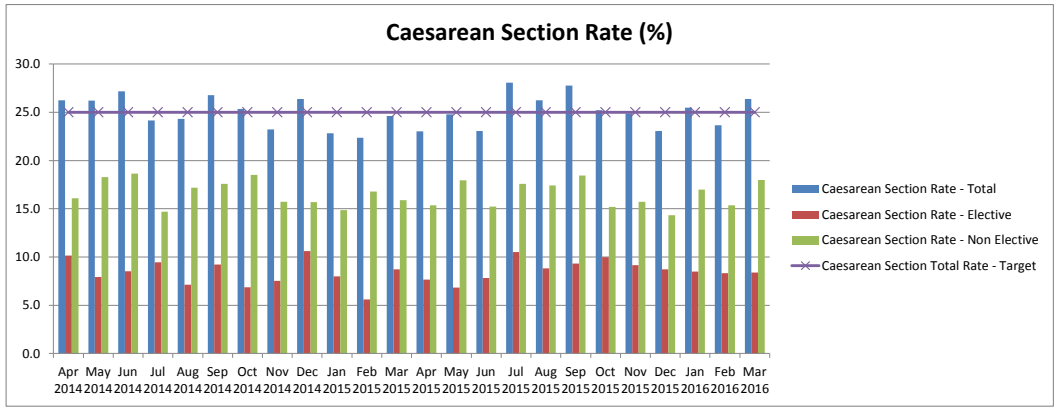


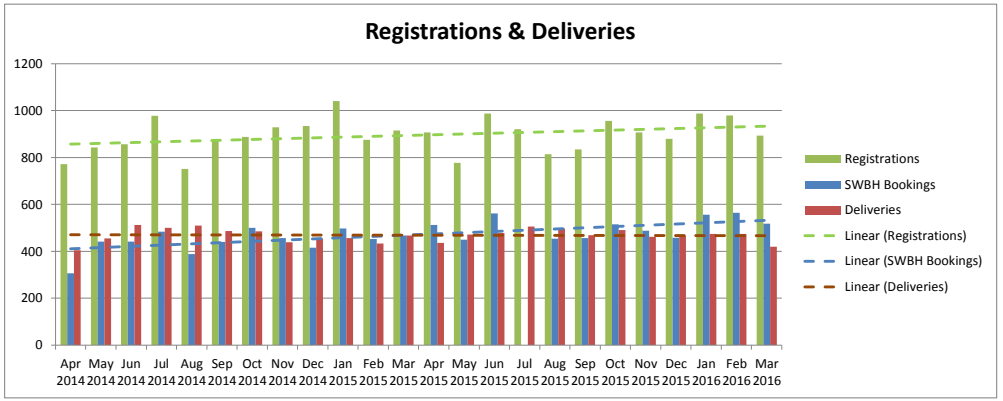




Patient Safety - Obstetrics

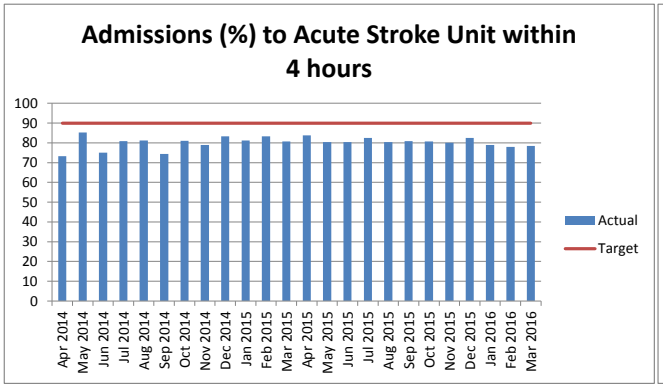
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Mar 2016	26.4	25.2			
3			Caesarean Section Rate - Elective	<= %			7	8	11	8	6	9	8	7	8	11	9	9	10	9	9	8	8	8	Mar 2016	8.4	8.7			
3			Caesarean Section Rate - Non Elective	<= %			19	16	16	15	17	16	15	18	15	18	17	18	15	16	14	17	15	18	Mar 2016	18.0	16.5			
2			Maternal Deaths	<= No	0	0																			Mar 2016	0	0			
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Mar 2016	0	23			
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Mar 2016	1.43	1.74			
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Mar 2016	4.76				
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Mar 2016	77.94				
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Mar 2016	166.6				
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0	-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		Feb 2016	-	73.87			
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.7	1.5	1.2	1.3	0.5	2.1	2.1	2.1	1.3	1.6	1.6	1.6	1.5	1.3	1.3	0.7	1.6	1.8	Mar 2016	1.85	1.58			
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			0.7	1.3	0.8	0.3	0.5	1.5	1.6	1.0	1.3	1.0	1.1	1.3	1.1	1.3	0.3	-	0.8	1.5	Mar 2016	1.48	1.17			
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.0	1.0	0.4	0.0	0.0	1.2	0.7	0.8	0.9	0.2	0.5	0.8	1.1	1.0	0.0	-	0.8	1.1	Mar 2016	1.11	0.70			

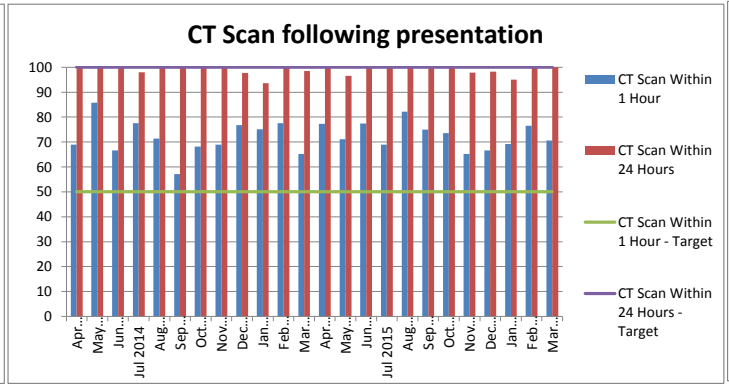


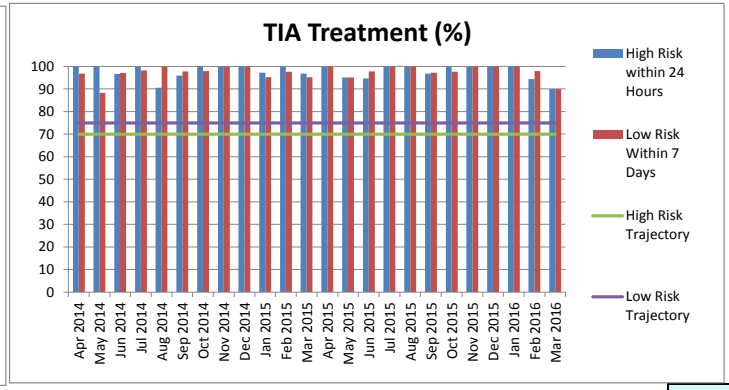


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0																			Mar 2016	83.9	92.0			
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0																			Mar 2016	78.4	80.6			
3			Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0																			Mar 2016	70.6	72.9			
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	100.0	100.0																			Mar 2016	100.0	99.0			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Mar 2016	77.8	83.9			
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0																			Mar 2016	100.0	100.0			
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0																			Mar 2016	90.0	97.4			
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0																			Mar 2016	90.0	97.7			
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0																			Mar 2016	91.7	93.7			
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0																			Mar 2016	83.3	92.2			
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0																			Mar 2016	100.0	95.1			

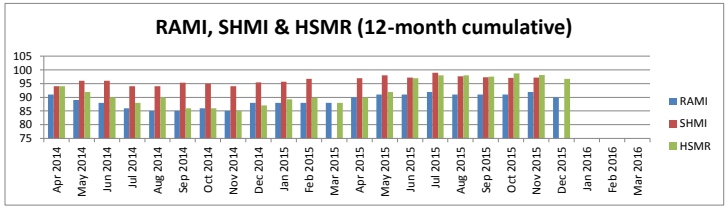


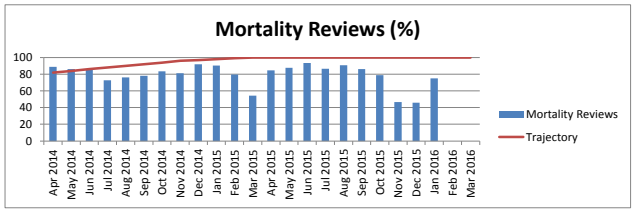


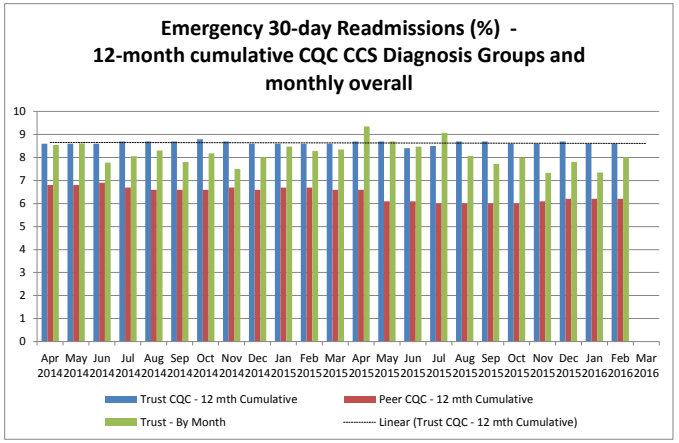


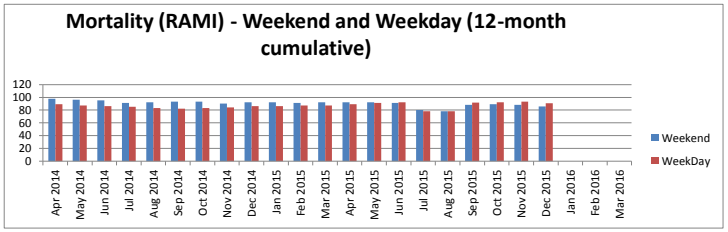
Clinical Effectiveness - Mortality & Readmissions

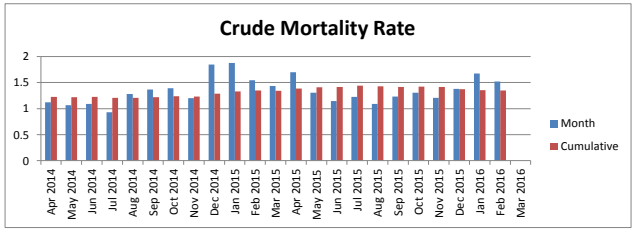
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	86	85	88	88	88	88	90	91	91	92	91	91	91	92	90	-	-	-	Dec 2015										819			
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	83	84	86	86	87	87	89	91	92	78	78	92	92	93	91	-	-	-	Dec 2015										795			
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	93	90	92	92	91	92	92	92	91	80	78	88	89	88	86	-	-	-	Dec 2015										784			
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	95	94	96	96	97	-	97	98	97	99	98	97	97	97	-	-	-	-	Nov 2015										781			
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			86	85	87	89	90	88	90	92	97	98	98	98	99	98	97	-	-	-	Dec 2015										866.0			
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	80	76	111	105	94	93	75	84	53	102	44	80	57	148	40	-	-	-	Dec 2015									40				
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	Jan 2016	75	71	0	100					75				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			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	1.5	-	Feb 2016									1.52				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			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	1.4	-	Feb 2016										1.40			
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	-	Feb 2016									8.01				
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	8.2	-	Feb 2016										8.29			
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.8	8.7	8.6	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	8.6	-	Feb 2016	-	-	-	-						8.62			





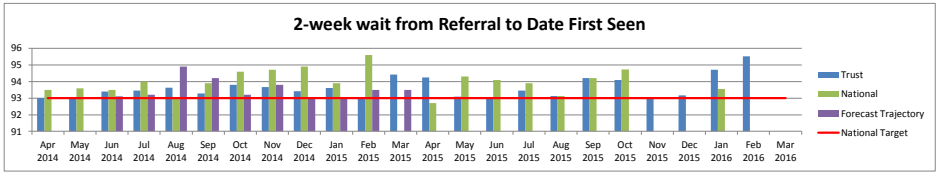


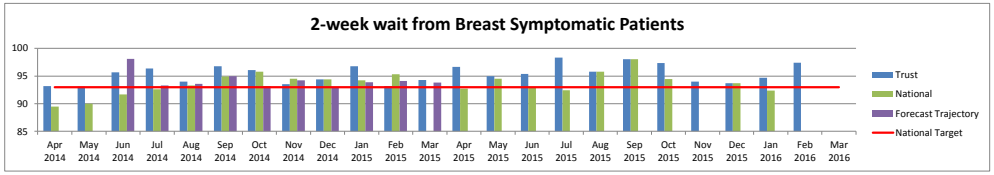


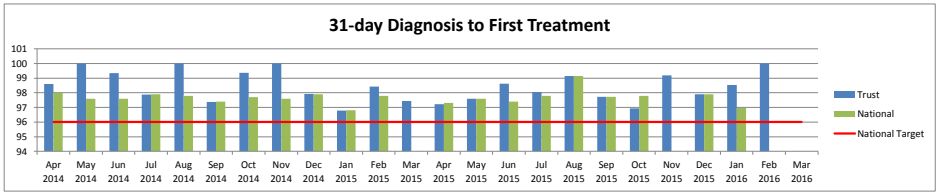


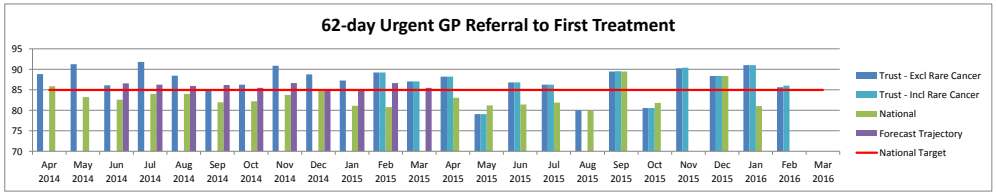
Clinical Effectiveness - Cancer Care

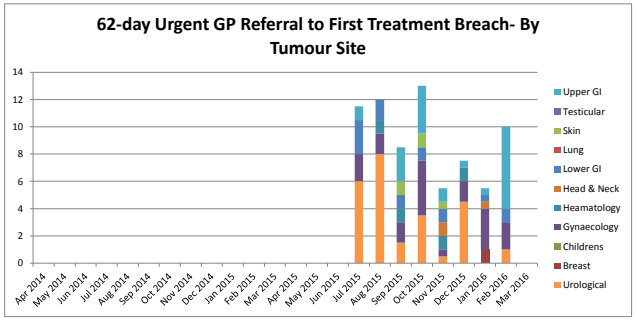
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
1			2 weeks	=> %	93.0	93.0																			Feb 2016	91.1	98.1	98.2	95.5					95.5	93.8			
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Feb 2016		-							97.4	96.1			
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Feb 2016	100.0	100.0	100.0	100.0					100.0	98.3			
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0										N/A									Feb 2016									100.0	98.5			
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			Feb 2016									100.0	99.4			
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			Feb 2016									-	100.0			
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			Feb 2016	73.9	94.5	0.0	77.8					85.6	86.2			
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0	-	-	-	-						-									Feb 2016	73.9	94.8	0.0	77.8					86.0	86.9			
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																			Feb 2016	0.0	100.0	0.0	100.0					100.0	97.3			
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			Feb 2016	94.4	86.4	0.0	100.0					88.6	90.3			
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	-	-	-	-	-	0	12	9	13	6	8	6	10	-	Feb 2016	6.0	2.0	0.0	2.0					10.0	62.0			
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	-	-	-	-	-	4.5	7.0	4.0	8.0	2.0	3.5	0.0	4.5	-	Feb 2016	4.5	0.0	0.0	0.0					4.5	33.5			
1			Cancer - Longest Waiter in days	No			-	-	-	-	-	-	-	-	-	180	147	228	165	138	167	98	154	-	Feb 2016	154	74	0	97					154				

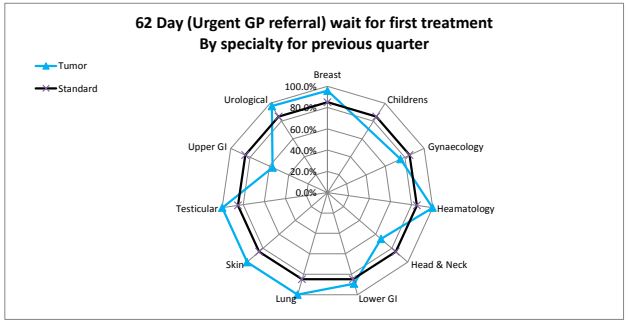








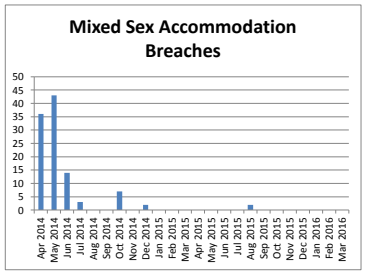


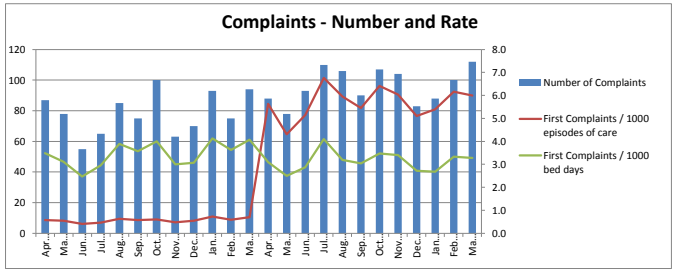


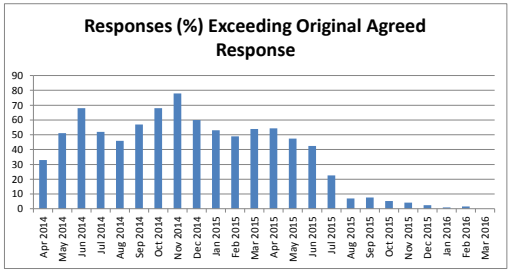
NOTES:

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	28	31	28	33	43	43	29	31	31	28	25	22	27	16	15	15	15	14	Mar 2016									14				
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	73	73	69	70	68	72	95	95	95	96	95	95	95	93	96	96	95	95	Mar 2016									95				
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	17	18	17	18	21	22	9.9	8.4	7.2	9.4	9.6	7.5	6.8	5.9	5.7	6.3	6	5.3	Mar 2016	5.25								5.3				
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	48	49	49	50	44	52	79	79	79	84	88	83	80	82	81	79	74	74	Mar 2016	74.1								74				
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	4	47	2	0	Mar 2016	-								0				
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	50	85	0	0	Mar 2016	-								0				
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	87	86	90	88	87	Mar 2016									87				
8			FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	100	100	96	100	95	Mar 2016									95				
8			FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	97	97	95	91	91	Mar 2016									91				
8			FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	95	98	96	99	99	Mar 2016									99				
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	86	82	90	94	93	Mar 2016									93				
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	-	-	-	-	121	65	101	65	42	Mar 2016									10				
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	7	0	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	Mar 2016	0	0	0	0		0	0		0	2			
9			No. of Complaints Received (formal and link)	No			100	63	70	93	75	94	88	78	93	110	106	90	107	104	83	88	100	112	Mar 2016	39	19	19	13	2	5	7	8	112	1159			
9			No. of Active Complaints in the System (formal and link)	No			324	359	219	249	266	265	278	225	186	170	174	143	151	145	121	113	128	147	Mar 2016	63	26	19	17	3	5	7	7	147				
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			4.0	3.0	3.1	4.1	3.6	4.1	3.1	2.5	2.9	4.1	3.2	3.0	3.5	3.4	2.7	2.7	3.3	3.3	Mar 2016	2.27	4.32	30.3	2.14					3.28	3.13			
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			0.6	0.5	0.6	0.7	0.6	0.7	5.6	4.3	5.1	6.8	6.0	5.5	6.4	6.0	5.1	5.4	6.2	6.0	Mar 2016	4.86	8.22	13.2	3.51			0		5.99	5.70			
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	99	100	100	99	98	100	99	100	100	100	100	100	100	100	100	100	100	100	Mar 2016	100	100	100	100	100	100	100	100	100				
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	68	78	60	53	49	54	54	47	42	22	7.1	7.7	5.3	4.1	2.5	0.9	1.6	0	Mar 2016	0	0	0	0	0	0	0	0	0				
9			No. of responses sent out	No			35	26	198	59	52	84	56	115	102	129	77	107	101	94	98	69	81	84	Mar 2016	39	16	12	2	1	5	3	6	84				
9			Oldest' complaint currently in system	No			174	161	182	192	213	234	254	188	210	186	208	136	159	47	59	67	48	30	Mar 2016	30	29	28	23	22	17	10	20	30				
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Mar 2016	N	N	N	N	N	N	N	N	No				

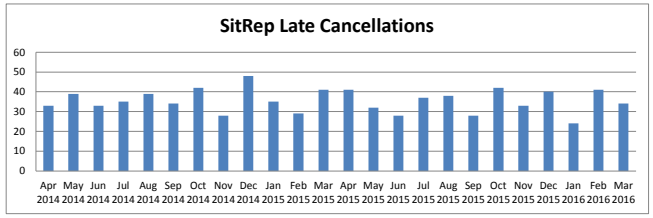


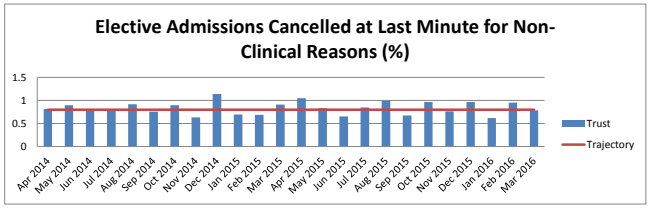


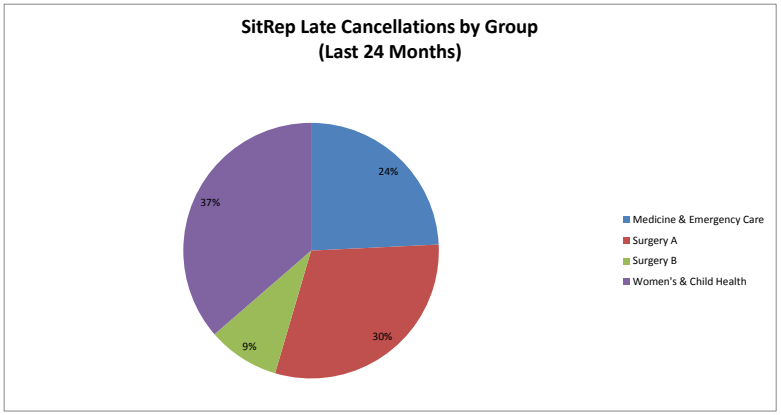


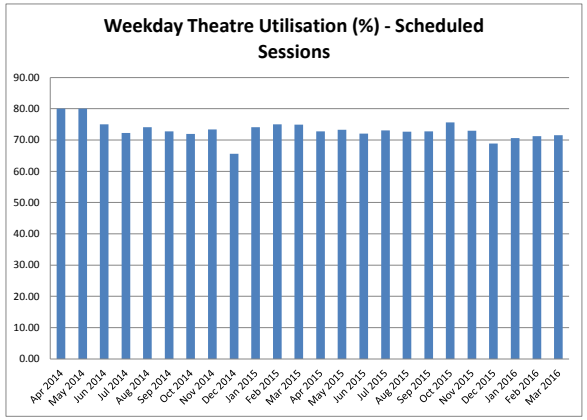
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2		•	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2016	0.05	0.59	1.30	4.33					0.8	0.9			
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0		Mar 2016	0	0	0	0					0	1			
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0	1			
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	42	28	48	36	29	41	41	32	28	37	38	28	42	33	40	24	41	34	Mar 2016	1	6	14	13					34	437			
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0	5			
			Multiple Cancellations experienced by same patient (all cancellations)	<= No	0	0	-	-	-	-	-	-	46	52	59	46	39	49	50	57	39	63	56	57	Mar 2016	11	23	16	7					57				
3			All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	<= No	0	0	-	-	-	-	-	-	209	204	229	222	211	229	244	238	194	210	228	223	Mar 2016	34	70	82	37					223				
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Mar 2016	31.2	76.8	72.5	77.8					71.5				
2			Urgent Cancellations	<= No	0.0	0.0	-	-	-	-	-	-	11	5	6	0	7	3	9	0	0	0	0	0	Mar 2016	0.0	0.0	0.0	0.0					0	41			



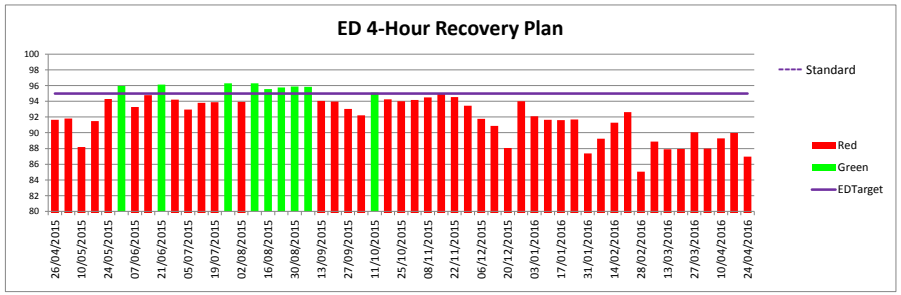


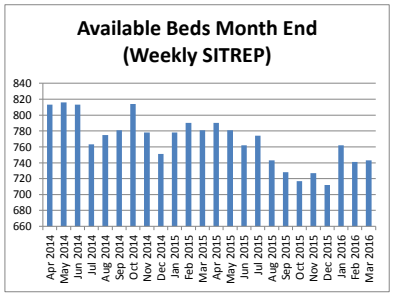


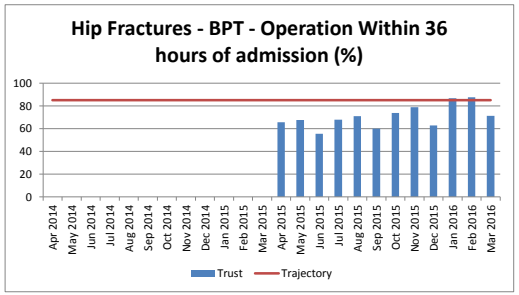


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend	Next Month	3 Months
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Mar 2016	85.2	88.9	98.9	88.57	92.54			
2			Emergency Care 4-hour breach (numbers)	No			1636	1440	2234	1054	1481	1695	1527	1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	Mar 2016	1253	1062	27	2342	16914			
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Mar 2016	0	0		0	0			
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Mar 2016	20	16	19	18	17			
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Mar 2016	74	66	108	74	54			
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Mar 2016	8.44	8.08	2.33	7.55	7.72			
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Mar 2016	4.46	6.48	1.72	5.07	4.25			
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	219	159	282	185	149	164	43	116	90	72	58	76	93	67	121	116	97	117	Mar 2016	73	44		117	1066			
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	21	14	31	7	6	8	9	8	3	3	2	1	1	3	8	10	6	9	Mar 2016	7	2		9	63			
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Mar 2016	0.32	0.09		0.20	0.13			
11			WMAS - Emergency Conveyances (total)	No			4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	Mar 2016	2188	2325		4513	47010			
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Mar 2016	0.2	2.3		1.1	2			
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Mar 2016	1	8.33		9				
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	1048	1002	868	1061	922	859	641	698	653	464	494	430	394	497	498	318	426	397	Mar 2016	-	-		397.0	5910			
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	331	266	225	292	344	348	283	404	286	212	204	193	110	254	267	185	198	232	Mar 2016	-	-		232.0	2828			
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			603	535	699	544	573	634	567	596	502	545	529	588	601	518	540	632	543	546	Mar 2016				546	6707			
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			306	257	286	214	258	270	237	293	239	240	237	275	261	209	236	320	269	232	Mar 2016				232	3048			
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0	-	-	-	-	-														Mar 2016				71	71.4			
			Non-Elective Follow-Up Surgical Procedures > 48 hours (unless clinically appropriate)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-			

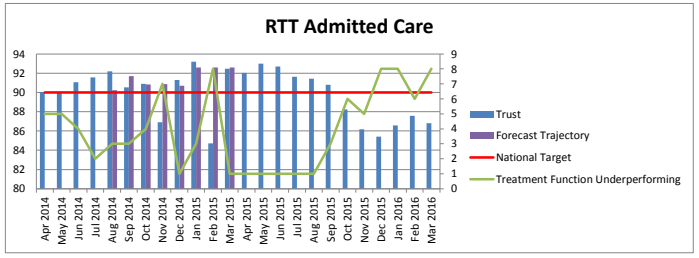


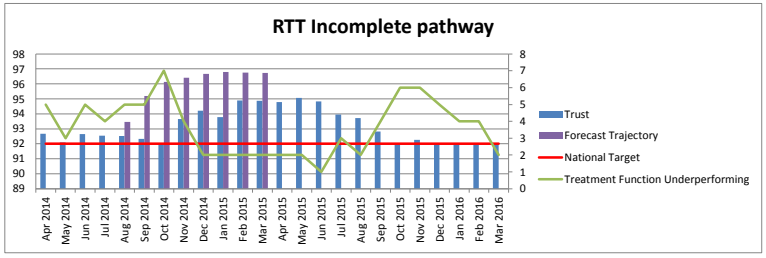


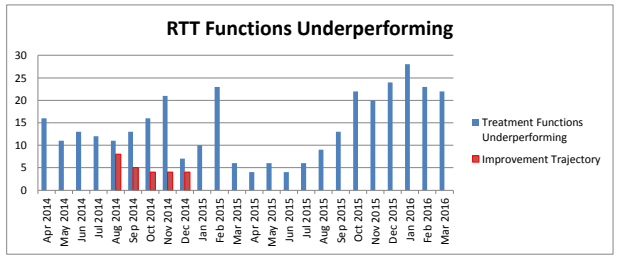


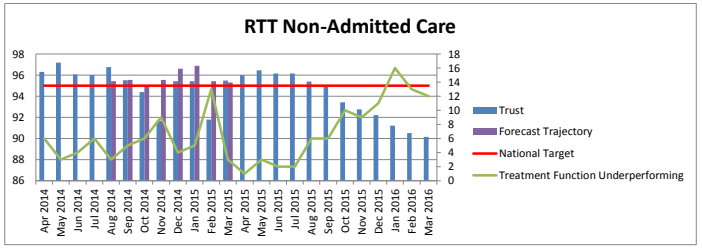
Referral To Treatment

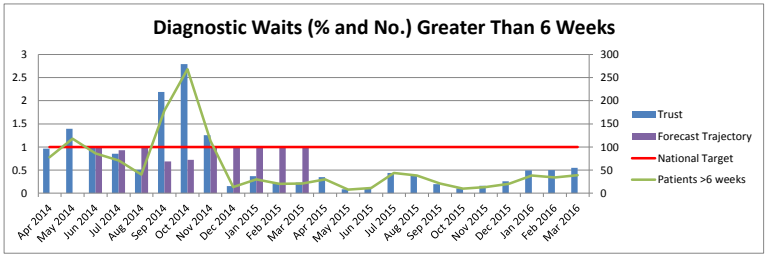
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Mar 2016	87.7	72.5	84.2	91.9					86.82				
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Mar 2016	81.9	92.0	90.7	89.9					90.14				
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Mar 2016	90.5	89.6	93.2	95.2					92.01				
2			Patients Waiting >52 weeks	<= No	0	0	3	3	0	4	3	4	1	2	1	3	5	2	4	4	2	4	5	8	Mar 2016	4	0	3	0					8				
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	3	1	0	1	1	1	0	2	1	2	3	1	2	2	0	3	3	2	Mar 2016	0	0	2	0					2				
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	16	19	8	10	23	6	4	6	4	6	9	13	22	20	24	28	23	22	Mar 2016	7	7	6	1.0					22				
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	7	5	2	2	2	2	2	2	1	3	2	4	6	6	5	4	4	2	Mar 2016	1	1	0	0					2				
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Mar 2016	1.9	0.9	0.0	0.0		0.1			0.55				
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			0	0	0	0	0	0	524	511	699	995	2244	2442	2872	2258	1593	1250	273	281	Mar 2016	83	149	0	0		49			281				
			Total ASIs in the month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0				
			Total ASIs - 2WW	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0				
			Total ASIs - Urgent	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0				
			Failed Appointments within required period (2WW, Urgent Pathway)	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0					0				

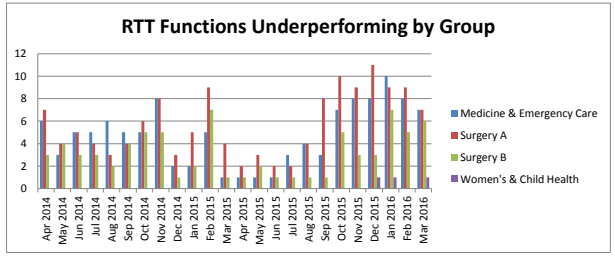






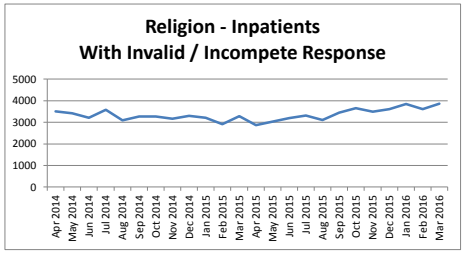


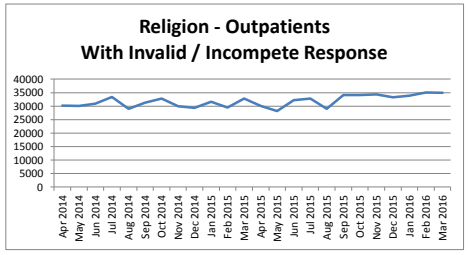


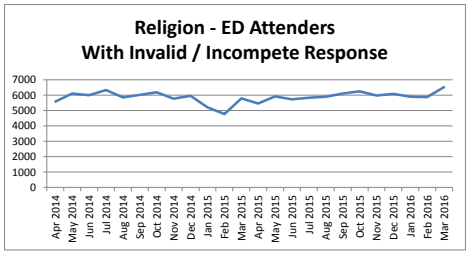


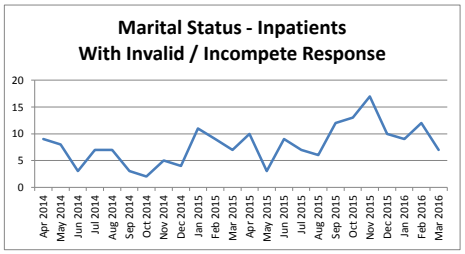
Data Completeness

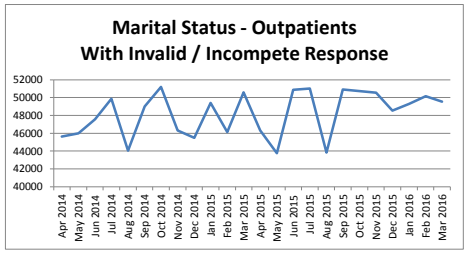
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
14			Data Completeness Community Services	=> %	50.0	50.0																			Mar 2016								62	61.7				
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	Feb 2016									99.5				
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	Feb 2016									99.4				
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	Feb 2016									99.5				
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	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	98.1	Mar 2016									98.1	96.9			
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.5	99.6	99.6	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.6	Mar 2016									99.6	99.5			
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	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	97.1	Mar 2016									97.1	96.8			
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Mar 2016									88.2	90.3			
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Mar 2016									85.4	86.6			
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			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	58.1	Mar 2016									58.1	60.7			
			Protected Characteristic - Religion - ED patients with recorded response	%			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	Mar 2016									62.3	63.2			
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			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	Mar 2016									99.9	99.9			
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			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	Mar 2016									40.5	41.3			
			Protected Characteristic - Marital Status - ED patients with recorded response	%			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	41.2	Mar 2016									41.2	41.5			
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Mar 2016									5.7	5.7			
2			Open Referrals	No			0	0	0	0	0	0	173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,876	190,396	Mar 2016	65,979	35,734	61,989	22,929	3,420	286	59		190,396				
			Duplicate Entries	%			#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	Jan-00									0.0	0.0			

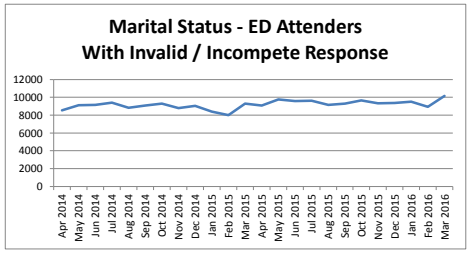






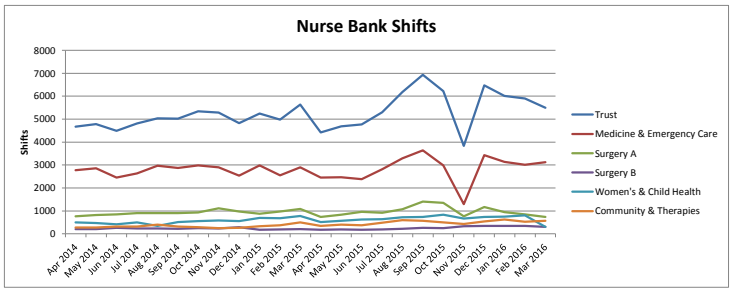


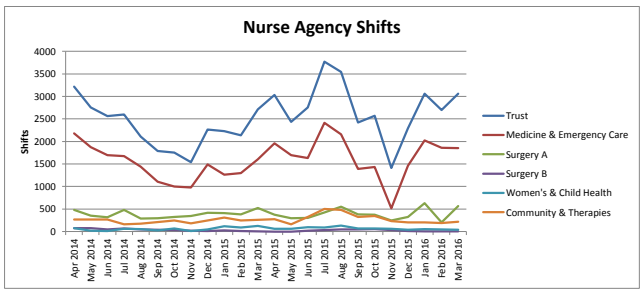


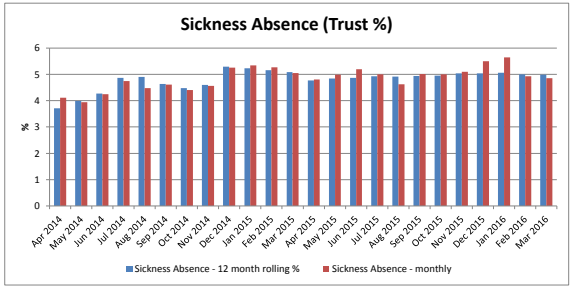


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Month - Amber	Previous Months Trend (since Oct 2014) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
7		b	WTE - Actual versus Plan (FTE)	No				indicator is under review																															
3		b	PDRs - 12 month rolling	=> %	95.0	95.0	90.0																					Mar 2016	77.6	89.4	94.9	93.7	95.1	78.2	97.2	94.6		85.8			
7		b	Medical Appraisal and Revalidation	=> %	95.0	95.0	90.0							-														Mar 2016	82.4	79.3	71.0	86.7	83.3	83.9	0.0	100.0		85.6			
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15	3.8																					Mar 2016	5.6	5.3	3.1	5.5	4.2	4.6	4.8	4.7	4.98	4.94			
3			Sickness Absence (Monthly)	=> %	3.15	3.15	3.8																					Mar 2016	6.3	5.7	2.0	4.4	4.4	4.5	5.1	4.0	4.85	5.09			
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	100.0	######	######	######	######	######		######	######													Mar 2016	63.5	75.3	76.8	72.7	82.6	55.1	86.6	77.7	73.1	67.7			
3			Mandatory Training	=> %	95.0	95.0	90.0																					Mar 2016	82.1	87.0	86.4	85.0	93.4	86.5	90.9	91.8		87.0			
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0	90.0																					Mar 2016	95.8	97.7	92.4	95.3	98.8	97.1	98.8	98.8		97.4			
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0	10.0																					Mar 2016									12.9	13.4			
			Nursing Turnover	%				#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	14.6	14.7	14.8	13.8	Mar 2016									14	14			
7			New Investigations in Month	No				3	1	0	3	4	5	8	11	5	8	4	5	10	6	2	5	12	9	Mar 2016	4	1	1	0	0	1	0	2	9				
7			Vacancy Time to Fill	Weeks				20	21	20	20	23	22	23	24	26	25	27	25	23	23	23	24	26	23	Mar 2016									23				
7			Professional Registration Lapses	<= No	0	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	0	0	0	0	0			
7			Qualified Nursing Variance (FIMS) (FTE)	No				188	200	228	238	247	263	221	247	288	303	321	320	279	267	293	272	274	293	Mar 2016									293				
10			Nurse Bank Fill Rate	=> %	100.0	100.0	100.0	78	82	73	78	78	78	75	81	81	79	80	87	82	90	85	89	71	87	Mar 2016	84.2	83.5	97.1	92.9	0.0	100.0	89.3	100.0	86.6	82.1			
10			Nurse Bank Shifts Not Filled	<= No	0	0	0.0	1036	1440	1727	1716	1432	1487	1532	1378	1073	1622	1423	1207	917	780	1178	1356	1069	1128	Mar 2016	748	223	10	60	0	0	86	1	1128	14663			
10			Nurse Bank Use (shifts)	<= No	46980	3915	3915.0																					Mar 2016	3123	735	301	301	0	214	566	247	5487	66214			
10			Nurse Agency Use (shifts)	<= No	0	0	0.0																					Mar 2016	1851	568	2	37	0	378	215	13	3064	33054			
10			Admin & Clerical Bank Use (shifts)	<= No	0	0	0.0																					Mar 2016	1237	310	158	100	485	100	239	3078	5707	63403			
10			Admin & Clerical Agency Use (shifts)	<= No	0	0	0.0																					Mar 2016	94	67	51	23	0	0	0	222	457	3294			
			Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan-00	0	0	0	0	0	0	0	0	0	0			
15			Your Voice - Response Rate	No			0.0	-->	17.4	-->	12.6	12.7	-->	-->	-->	13.9	-->	-->	15.3	-->	-->	12.6	-->	-->	-->	Dec 2015	6	8	14	11	19	21	21	15	12.6				
15			Your Voice - Overall Score	No			0.0	-->	3.65	-->	3.57	3.55	-->	-->	-->	3.59	-->	-->	3.51	-->	-->	3.57	-->	-->	-->	Dec 2015	3.37	3.31	3.63	3.63	3.79	3.4	3.72	3.58	3.57				







CQUIN (page 1 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD	Value at Risk (000s)	Indicator	Trajectory / Notes	Q1	Q2	Q3	Q4	Monthly Trend A	M	J	J	A	S	O	N	D	J	F	M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
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 PARTIAL 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			●	●	●	We have declared Q4 as delivered in the submission to CCG - awaiting feedback. In October Patient First implemented, however, system configuration not complete yet.	Mar-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			●	●	●	We have declared Q4 as delivered in the submission to CCG - awaiting feedback. However, this scheme has very small numbers of patients going through and in February only one patient in this cohort. 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.	Mar-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			●	●	-	The 'inform' part of delivery was a concern during the year (till discharge letter goes live- new year?). 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 tba - Qtly reports to Board	Carry fwd from last year	Work towards 90%	Work towards 90%	90% Achieved	Q1 Met			Q2 Met			Q3 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			●	●	●	Q3 delivered, likely to achieve Q4	Mar-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	Qtly 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 at 90% of payment			●	●	●	Previously incorrecly reported codes, have meant that Q3 was under-achieving. This has been corrected now and a full payment is expected in Q4 for the full year. Refreshed reports resuls in 92% delivery against the 85% target.	Mar-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	Mar-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			●	●	●	We have declared Q4 as delivering - awaiting feedback. Full audit trail is in place.	Mar-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			●	●	●	We have declared Q4 as delivering - awaiting feedback. Full audit trail is in place.	Mar-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			●	●	●	We have declared Q4 as delivering - awaiting feedback. Full audit trail is in place.	Mar-16	●	●		
12	Local	£400,489	£0	£0	Falls Medication	Baseline now agreed Q2	Not active Q1	Not active Q2	Baseline agreed		Not Active									●	●	-	Issues as audit is still on-going .. It is not clear or certain whether the scheme will deliver the set baseline targets, the trust has until 2nd May to complete the return	Mar-16		●		
13	Spec.	£118,000	£0	£0	Reduce Number of Consultant-Led Follow Up OP Attendances	Implement plans to & monitor FUN ratio	Formulate Plans	Sign Off of Plans	Monitor & Improve	Monitor & Improve	Q1 Met			Q2 Met			Q3 Not Delivered			●	●	●	Red rating due to plan not signed off by by the Trust. SCG plans were also unclear and this was highlighted to them. There is now 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.	Mar-16	●	●		
14	Spec.	£118,000	£88,500	£0	HIV - Reducing Unnecessary CD4 Monitoring	90% pts have no more than 1 CD4 count in 9m	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met			Q2 Met			Q3 Met			●	●	●	We have declared delivery in Q4 - awaiting SCG feedback	Mar-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			●	●	●	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.	Mar-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	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met			Q2 Met			Q3 Met			●	●	●	We have declared delivery in Q4 - awaiting SCG feedback	Mar-16	●	●		
17	Spec.	£118,000	£88,500	£0	Bechet's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop	Submit Quarterly return	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met			Q2 Met			Q3 Met			●	●	●	We have declared delivery in Q4 - awaiting SCG feedback	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			●	●	●	Mar-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. We have declared Q4 delivery - awaiting feedback	●	●		
18	Public Health	£42	£11	£32	Bowel Screening - improvement in uptake	Annual Report			Q1 Met			Q2 Met			●	●	●	●	●	●	Mar-16	Patient uptake not as expected. However, due to significant effort put into this by the service the Trust will receive its payment.	●	●		
19	Public Health	£154	£77	£0	Maternity and Health Visiting Services - Integrated working	Implement Shared Assessment Framework			Q1 Met			Q2 Met			Q3 Met			●	●	●	Mar-16	We have declared delivery in Q4 - awaiting PH feedback	●	●		

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.

2016/17 Schemes

Schemes have been signed off by the Trust and Commissioners and awaiting baselining during April .

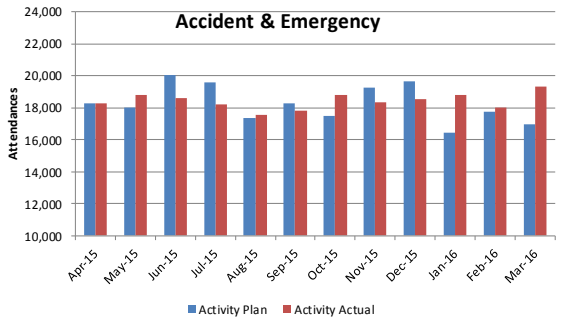
Highlights - March 2016 Reporting ..

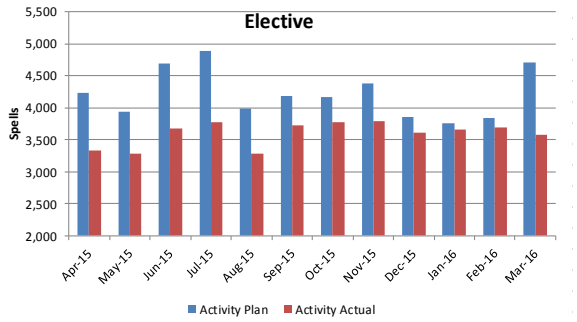
Overall, the majority of schemes are delivering and are managed extremely well. Delays in system developments workarounds and significant effort has been needed and provided in order to bridge the gaps.

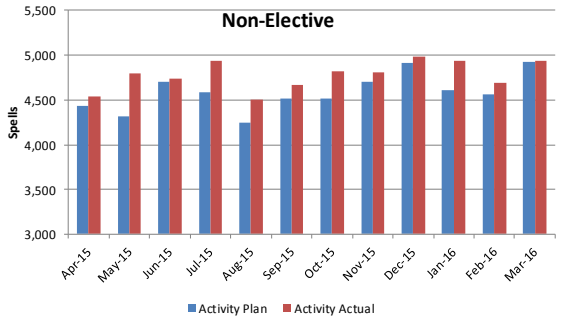
The financial position has now been agreed with the commissioners; this report summarises the actual, underlying positon for each scheme.

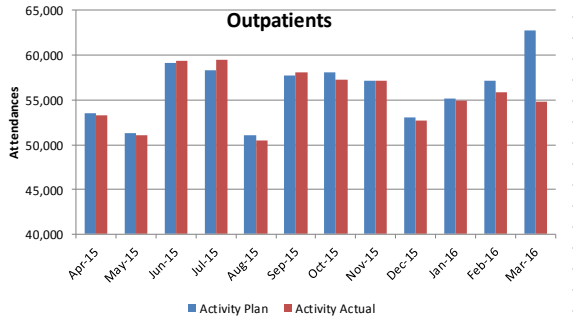
- Falls Medication scheme is still in the process of being audited - we have until 2nd May to complete or 400k is at risk (in real terms, note the financial position closed out already so not a real impact other than reputational)
- Dementia and AKI reporting still outstanding at this stage

Activity Analysis









Activity Group	Activity Plan	Activity Actual	Activity Diff	Price Plan (Inc MFF)	Price Actual (Inc MFF)	Price Diff (Inc MFF)	Activity Variance (Cases)	Price Variance (£)
Accident & Emergency	219,091	221,288	2,197	£21,696,015	£20,956,498	-£739,517	£217,526	-£957,043
Elective	50,376	42,744	-7,632	£52,803,920	£44,182,255	-£8,621,665	-£8,000,014	-£621,651
Non-Elective	55,026	57,073	2,047	£86,600,726	£87,577,270	£976,544	£3,221,157	-£2,244,612
Outpatients	604,920	587,669	-17,251	£67,633,072	£67,474,347	-£158,724	-£1,928,759	£1,770,035
Grand Total	929,414	908,774	-20,640	£228,733,733	£220,190,370	-£8,543,363	-£6,490,091	-£2,053,272

Values presented are for the **year-to-date period to month 12 (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 significantly in March with our highest activity levels seen this financial year, the Sandwell site had the highest over performance again with the City site also over performing this month.

- Elective Activity
Elective and outpatient care activity levels continue to be addressed through the demand and capacity work being led by the Chief Operating Officer however activity in March did perform slightly below the average for this year for elective care which was compounded by a high plan phasing in the final month.

- Non-Elective Activity
Unplanned admissions in total continued to over perform in March with a total over performance of 2,356 spells for the year.

- Outpatient Activity
As with elective care outpatient attendances have performed slightly lower than the average for this financial year which has been compounded by a high plan phasing in the final month.

Price & Volume Variance

The total financial variance to plan as at M12 is £8.5m (initial cut) driven by:

Activity driven variance - £6.49m:
- 20,640 cases behind the plan, mainly across elective activity

Price driven variance - £2.05m:
- mainly across non-elective cases

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	RAG	Data Period	Group M	A	W	B	C	P	I	CO	Month	Year To Date
18		f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0																				GREEN	Mar-16									£0.054	
18		f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0																			GREEN	Mar-16	-9.0	-6.3	-1.6	-3.0	1.7	0.0	-3.0	-0.6		£0.054
18		f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0																			RED	Mar-16	-1.1	-2.8	-0.2	-0.7	0.1	0.2	0.3	-1.7		-£6.100
18		f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0																				RED	Mar-16	-1.1	-2.8	-0.2	-0.7	0.1	0.2	0.3	-1.7		-£6.100
18		f	Forecast underlying surplus / deficit compared to plan	£0.0																				RED	Mar-16										-£12.100
18		f	Forecast year end charge to capital resource limit	£19.7																				GREEN	Mar-16									£19.820	
18		f	Is the Trust forecasting permanent PDC for liquidity purposes?	No																				GREEN	Mar-16									£0.000	
18		b	Temporary costs and overtime as % total paybill	2.6%	2.6%																			RED	Mar-16	12.1%	5.6%	1.7%	2.4%	9.3%	0.7%	8.3%	3.7%	7.5%	6.4%
18			Financial Sustainability Risk Ratings from M6 (Continuity of Services Risk Ratings for M3 to M5)	3																				GREEN	Mar-16										3.0

MONTHLY: PASTE IN TDA KEY METRICS PAGE TO THIS FILE

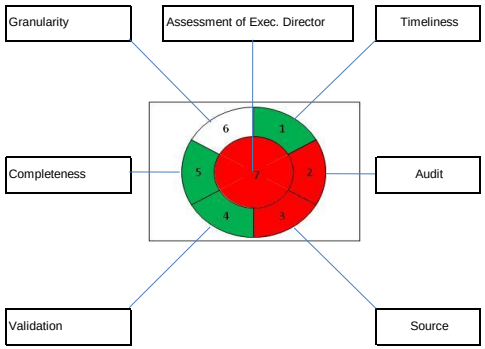
Legend

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-led
	c	Effective
	d	Safe
	e	Responsive
	f	Finance
●		Monitor Risk Assessment Framework
●		CQC Intelligent Monitoring

Groups	
M	Medicine & Emergency Care
A	Surgery A
B	Surgery B
W	Women & Child Health
P	Pathology
I	Imaging
C	Community & Therapies
CO	Corporate

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC					
Patient Safety - Inf Control	C. Difficile	<= No	30	3																		Mar 2016	2	0	0	2	21			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																		Mar 2016	0	0	0	0	3			
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																		Mar 2016	88	91	45	80.0				
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																		Mar 2016	93	92	90	92.6				
Patient Safety - Harm Free Care	Falls	<= No	0	0	67	50	66	63	42	52	43	47	42	39	41	40	41	41	35	40	35	32	Mar 2016	14	13	5	32	476			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	2	0	1	0	1	1	0	1	5	0	1	1	2	0	0	1	1	Mar 2016	1	0	0	1	13			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	3	6	7	10	1	1	8	3	6	2	0	6	2	3	4	4	6	4	Mar 2016	1	2	1	4	48			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																		Mar 2016	94.6	85.2	99.1	95.6				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																		Mar 2016	99.7	0.0	100.0	99.8				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																		Mar 2016	99	0	0	99.3				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																		Mar 2016	99	0	0	99.3				
Patient Safety - Harm Free Care	Never Events	<= No	0	0																		Mar 2016	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	Mar 2016	0	0	0	0	2			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																		Mar 2016	1	1	1	3	42			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																-	-	Jan 2016	85	70	69	75				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	9.4	-	Feb 2016				9.4				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	10.1	-	Feb 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	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC					
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																			Mar 2016		83.9		83.9	92.0			
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Mar 2016		78.4		78.4	80.6			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Mar 2016		70.6		70.6	72.9			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																			Mar 2016		100.0		100.0	99.0			
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Mar 2016		77.8		77.8	83.9			
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Mar 2016		100.0		100.0	100.0			
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																			Mar 2016		90.0		90.0	97.4			
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																			Mar 2016		90.0		90.0	97.7			
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Mar 2016		91.7		91.7	93.7			
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Mar 2016		83.3		83.3	92.2			
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Mar 2016		100.0		100.0	95.1			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Feb 2016			91.1	91.1				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Feb 2016			100.0	100.0				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Feb 2016			73.9	73.9				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	0	1	4.5	4.5	2.5	1.5	0.5	6	-	Feb 2016	-	-	6.00	6.00	21			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	0	0	3	4	2	0	0	4.5	-	Feb 2016	-	-	4.50	4.50	14			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	62	97	228	165	138	104	98	154	-	Feb 2016	-	-	154	154				
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			48	18	31	30	36	38	41	35	41	53	36	29	43	42	32	34	47	39	Mar 2016	16	12	11	39	472			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			156	149	93	106	126	117	112	104	87	90	74	58	65	65	57	50	65	63	Mar 2016	25	15	23	63				
Pt. Experience - FFT,MSA,Comp (Group Sheet Only)	Oldest' complaint currently in system (days)	No			174	161	182	188	209	230	250	188	210	186	208	136	159	43	46	67	48	30	Mar 2016	23	30	22	30				

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC					
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2016	-	0.64	-	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	0	Mar 2016	0.0	0.0	0.0	0	0			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	5	4	1	0	0	9	8	1	2	4	7	0	0	1	0	2	1	1	Mar 2016	0.0	1.0	0.0	1	27			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	57	60	62	61	49	48	54	60	46	47	45	33	54	35	32	34	32	31	Mar 2016	0.0	0.0	31.2	31.2				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	1	2	5	0	0	1	1	0	0	0	0	0	Mar 2016	0.00	0.00	0.00	0.00	10			
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Mar 2016	85.2	88.9	Site S/C	87.2	91.7			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1390	1181	1913	940	1242	1412	'	'	'	'	'	'	'	'	'	'	1560	1908	Mar 2016	1857	1	50	1908	13496			
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Mar 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													-	-	-	-			Mar 2016	20.0	16.0	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													-	-	-	-			Mar 2016	74.0	66.0	Site S/C	69	56			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Mar 2016	8.4	8.1	Site S/C	8.3	8.2			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Mar 2016	4.5	6.5	Site S/C	5.5	4.6			
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	219	159	282	185	149	164	43	116	90	72	58	76	93	67	121	116	97	117	Mar 2016	73	44		117	1066			
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	21	14	31	7	6	8	9	8	3	3	2	1	1	3	8	10	6	9	Mar 2016	7	2		9	63			
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Mar 2016	0.32	0.09		0.20	0.13			
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	Mar 2016	2188	2325		4513	47010			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Mar 2016	0.0	90.7	85.7	87.7				
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Mar 2016	0.0	78.6	83.7	81.9				
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Mar 2016	0.0	93.2	89.0	90.5				
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	4	Mar 2016	0	3	1	4				
RTT	Treatment Functions Underperforming	<= No	0	0	5	7	2	2	6	1	1	1	1	3	4	3	7	8	8	10	8	7	Mar 2016	0	2	5	7				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2016	0	2.37	0	1.88				

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC					
Data Completeness	Open Referrals	No			'	'	'	'	'	'	60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	Mar 2016	11,900	16,628	37,451	65979				
Workforce	WTE - Actual versus Plan	No			166	197	232	242	244	176	200	200	219	236	262	261	217	214	208	204	201	219	Mar 2016	103.3	66.11	45.87	219				
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Mar 2016	74.71	79.87	77.93		83.1			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0							-												Mar 2016	73.91	88.89	82.86		84.3			
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Mar 2016	5.61	5.80	5.27	5.62	5.13			
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-	-	-	-	-	-	-	-											Mar 2016	7.83	6.10	4.06	6.32	5.91			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-		-	-											Mar 2016	60.3	71.2	47.4		62.26			
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Mar 2016	81.91	81.92	82.93		82.5			
Workforce	New Investigations in Month	No			1	0	0	1	2	2	2	1	1	2	1	3	0	0	1	1	6	4	Mar 2016	4	0	0	4				
Workforce	Nurse Bank Fill Rate %	=> %	100	100	'	'	'	'	'	72	2528	3008	2311	3287	3019	4330	2700	1185	3654	3001	3002	4159	Mar 2016				84				
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	-	-	-	-	-	1031	1136	1055	771	1146	977	811	594	217	749	925	700	748	Mar 2016				748				
Workforce	Nurse Bank Use	<= No	34560	2880																			Mar 2016				3123	33998			
Workforce	Nurse Agency Use	<= No	0.00	0.00																			Mar 2016				1851	20400			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00																			Mar 2016				1237	12077			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00																			Mar 2016				94	780			
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	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 Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	Trend	Next Month	3 Months
Patient Safety - Inf Control	C. Difficile	<= No	1																			Mar 2016	3	0	0	0	3	7			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0																			Mar 2016	0	0	0	0	0	0			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80																			Mar 2016	98.4	92.1	0	0	95.2				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80																			Mar 2016	93.9	96.3	0	100	94.6				
Patient Safety - Harm Free Care	Falls	<= No	0	9	6	6	0	4	4	5	9	5	4	2	4	2	6	11	13	6	11	Mar 2016	5	6	0	0	11	78			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	Mar 2016	0	0	0	0	0	1			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	4	0	0	2	0	0	1	1	1	2	1	1	1	2	0	1	Mar 2016	0	1	0	0	1	11			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0																			Mar 2016	92.4	91.8	0	99.5	92.9				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0																			Mar 2016	99.6	99.7	0	100	99.7				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0																			Mar 2016	100	100	100	0	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0																			Mar 2016	100	100	100	0	100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	Mar 2016	0	0	0	0	0	3			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0																			Mar 2016	0	0	0	0	0	8			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	98.0																	-	-	Jan 2016	46	100	0	100	70.8				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %		6.6	6.3	6.4	7.3	7.0	6.4	7.7	8.2	7.9	7.3	7.8	7.8	7.3	7.4	8.7	7.6	7.2	-	Feb 2016					7.2				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	<= %		6.7	6.6	6.7	6.7	6.8	6.7	6.8	6.8	6.8	6.9	7	7.2	7.3	7.4	7.561	7.6	7.6	-	Feb 2016						7.2			

Surgery A Group

Section	Indicator	Measure	Trajector Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	Trend	Next Month	3 Months
Clinical Effect - Cancer	2 weeks	=> %	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2016	98.1		0.0		98.08				
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2016	97.4				97.4				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2016	100.0		0.0		100				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2016	94.5		0.0		94.52				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		-	-	-	-	-	-	-	-	-	0	10	3	5	2	5	2	2	-	Feb 2016	-	-	-	-	2	26			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		-	-	-	-	-	-	-	-	-	4	6	1	2	0	4	0	0	-	Feb 2016	0	-	0	-	0	16			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		'	'	'	'	'	'	'	'	'	180	147	173	124	98	167	75	74	'	Feb 2016	74	-	0	-	74				
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	0	Mar 2016	0	0	0	0	0	2			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		13	13	7	15	9	16	16	8	16	16	15	15	18	18	11	16	14	19	Mar 2016	12	7	0	0	19	182			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		57	78	53	45	40	45	46	27	32	23	26	23	23	24	15	17	23	26	Mar 2016	15	11	0	0	26				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No		133	143	171	192	213	234	254	97	157	108	122	125	27	47	46	29	29	29	Mar 2016	26	29	0	0	29				
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016	1.19	-	0	-	0.59				
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	1			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	18	6	33	11	13	17	12	10	8	21	13	13	17	8	16	5	19	6	Mar 2016	6	0	0	0	6	167			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	75	77	71	78	79	75	78	78	79	80	78	78	78	78	72.17	74	76	77	Mar 2016	78.9	72.5	0.0	93.1	76.75				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		-	-	-	-	-	-	2	0	0	0	7	2	8	0	0	0	0	0	Mar 2016	0	0	0	0	0	19			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		118	94	121	43	108	127	'	'	'	'	'	'	'	'	'	'	49	65	Mar 2016	40	20	0	5	65	574			
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	-	-	-	-	-	-	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016		71.4			71.4	71.4			

Surgery A Group

Section	Indicator	Measure	Trajector Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	Trend	Next Month	3 Months
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0																			Mar 2016	79.2	64.4	0.0	0.0	72.5				
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0																			Mar 2016	92.4	91.4	0.0	0.0	92.0				
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0																			Mar 2016	92.5	86.4	0.0	0.0	89.6				
RTT	Patients Waiting >52 weeks	<= No	0	1	2	0	3	1	2	1	0	0	0	2	1	1	0	0	1	1	0	Mar 2016	0	0	0	0	0				
RTT	Treatment Functions Underperforming	<= No	0	6	7	4	5	8	4	2	3	2	2	4	8	10	9	11	9	9	7	Mar 2016	3	4	0	0	7				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0																			Mar 2016	0.0	0.0	1.9	0.0	0.93				
Data Completeness	Open Referrals	No		-	'	'	'	'	'	32,829	34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	Mar 2016	20,330	12,138	0	3,266	35734				
Workforce	WTE - Actual versus Plan	No		71	76	66	62	70	70	88	97	103	110	120	122	116	107	111.9	120	102	102	Mar 2016	33.1	21.7	22.7	19.9	102.06				
Workforce	PDRs - 12 month rolling	=> %	95.0																			Mar 2016	88.8	82.9	96.1	88.0		84.8			
Workforce	Medical Appraisal and Revalidation	=> %	95.0							-												Mar 2016	76	94.1	0	75		82.6			
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15																			Mar 2016	5.9	3.5	6.3	4.9	5.3	5.3			
Workforce	Sickness Absence - In Month	<= No	3.15	-	-	-	-	-	-	-	-											Mar 2016	7.4	2.0	7.6	4.2	5.7	5.6			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	-	-	-	-	-		-	-											Mar 2016	76.9	49.6	84.4	76.4	75.3	67.2			
Workforce	Mandatory Training	=> %	95.0																			Mar 2016	86.5	80.6	89.4	89.0		88.1			
Workforce	New Investigations in Month	No		0	1	0	1	1	2	3	3	1	2	1	0	3	0	0	1	1	1	Mar 2016	0	1	0	0	1				
Workforce	Nurse Bank Fill Rate	=> %	100.0	-	-	-	-	-	76	71	80	82	76	76	86	85	86	82.31	78	57	83	Mar 2016					83.46	79			
Workforce	Nurse Bank Shifts Not Filled	<= No	0	'	'	'	'	'	335	313	247	197	347	303	272	220	117	232	269	202	223	Mar 2016					223	2942			
Workforce	Nurse Bank Use	<= No	826																			Mar 2016					735	11727			
Workforce	Nurse Agency Use	<= No	0																			Mar 2016					568	4649			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0																			Mar 2016					310	2545			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0																			Mar 2016					67	569			
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00					-	-			
Workforce	Your Voice - Response Rate	No		-->	11	-->	-->	9	-->	-->	-->	10	-->	-->	10	-->	-->	8	-->	-->	-->	Dec 2015	-	-	-	9	8				

Surgery A Group

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E		
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Mar 2016	0	0	0	0
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Mar 2016	0	0	0	0
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Mar 2016	84.9	91	89.2	
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Mar 2016	96.7	91.3	92.9	
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	1	1	0	0	0	0	2	1	0	0	1	2	1	1	1	1	Mar 2016	0	1	1	10
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Mar 2016	98.5	99.3	98.8	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Mar 2016	100	98.5	99.75	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Mar 2016	100	100	100	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Mar 2016	100	100	100	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2016	0	0	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2016	0	0	0	0
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2016	0	0	0	0
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	97	-	-	-	-	-	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	-	-	Jan 2016	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	5.8	N/A	Feb 2016			5.8	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	4.8	N/A	Mar 2016				4.6

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		O	E		
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	Feb 2016		98.2	98.2	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96			-										#DIV/0!					-	Feb 2016		100	100	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85													#DIV/0!				#DIV/0!	-	Feb 2016		0	0.0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0.5	0	0	Feb 2016	0	0	0	1.5
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2016	0	0	0	0
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			0	0	0	0	0	0	0	0	0	62	51	62	0	104	54	84	0	0	Feb 2016	0	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	11	14	14	12	16	14	9	6	15	15	16	18	18	17	9	14	19	Mar 2016	17	2	19	170
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			37	47	33	35	35	36	39	35	17	17	22	19	24	25	21	15	14	19	Mar 2016	18	1	19	
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			63	138	109	102	123	144	164	135	102	126	148	83	106	34	57	25	21	28	Mar 2016	28	10	28	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2016	0.91	1.93	1.3	
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	12	11	7	24	11	8	15	17	16	10	14	8	19	15	11	11	14	14	Mar 2016	6	8	14	164
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	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	72.5	Mar 2016	74.4	67.5	72.49	
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	1
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Mar 2016	98.9		98.9	99.1
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			10	27	25	8	8	39	-	-	-	-	-	-	-	-	-	-	13	33	Mar 2016	27	6	33	267
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	-	-	-	-	-														Mar 2016	0		0	0
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15													-	-	-	-			Mar 2016	19		19	15
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60													-	-	-	-			Mar 2016	108		19	36
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Mar 2016	2.33		2.33	4.43

Surgery B Group

Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																	Mar 2016	1.72	1.72	1.64

Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate O	Directorate E	Month	Year To Date
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Mar 2016	83.3	85.7	84.2	
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Mar 2016	90.9	89.8	90.7	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Mar 2016	92.7	94.2	93.2	
RTT	Patients Waiting >52 weeks	<= No	0	0	2	1	0	0	1	1	0	1	0	3	2	1	3	3	1	2	1	3	Mar 2016	2	1	3	
RTT	Treatment Functions Underperforming	<= No	0	0	5	5	1	2	7	1	1	2	1	1	1	1	5	3	3	7	5	6	Mar 2016	2	4	6	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Mar 2016	0	0	0	
Data Completeness	Open Referrals	No			0	0	0	0	0	0	58,186	60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	Mar 2016	51,509	10,480	61989	
Workforce	WTE - Actual versus Plan	No			30	27	30	32	29	28.5	35.3	35.1	46.6	43.1	49.7	57.2	57.7	59.1	61.1	58	50.2	46.7	Mar 2016			46.7	
Workforce	PDRs - 12 month rolling	=> %	95	95																			Mar 2016	93.9	97.2		85.9
Workforce	Medical Appraisal and Revalidation	=> %	95	95							-												Mar 2016	74.1	50	71.0	84.85
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Mar 2016	3.4	2.33	3.1	3.19
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!											Mar 2016	2.39	0.86	1.95	3.26
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-		-	-											Mar 2016	72.5	77.2	76.79	59.76
Workforce	Mandatory Training	=> %	95	95																			Mar 2016	84.9	90.3		86.32
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	Mar 2016			1	
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	100	99	99.6	98.4	98.2	96.9	96	97	97.6	93.5	97.3	95.9	97.1	Mar 2016			97.12	97.01
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	1	2	1	3	4	7	13	7	27	23	11	14	10	Mar 2016			10	122
Workforce	Nurse Bank Use	<= No	2796	233																			Mar 2016			301	3147
Workforce	Nurse Agency Use	<= No	0	0																			Mar 2016			2	242
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Mar 2016			158.0	1529.0

Surgery B Group

Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																		Mar 2016			51.0	303.0
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-
Workforce	Your Voice - Response Rate	No			-->	17	-->	-->	14	-->	-->	-->	12	-->	-->	15	-->	-->	14	-->	-->	-->	Dec 2015	7	31	14	
Workforce	Your Voice - Overall Score	No			-->	3.52	-->	-->	3.54	-->	-->	-->	3.59	-->	-->	3.63	-->	-->	3.63	-->	-->	-->	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	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P	C					
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Mar 2016	0	0	0	0	0	1			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Mar 2016	0	0	0	0	0	0			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Mar 2016	97				96.0				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Mar 2016	100	100			100.0				
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	0	0	0	0	1	2	1	0	1	2	0	1	0	2	0	1	Mar 2016	0	1	0	0	1	11			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	1			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Mar 2016	96	92			94.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Mar 2016	100	100			100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Mar 2016	100	100			100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Mar 2016	100	100			100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2016	0	0	0	0	0	1			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2016	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2016	0	1	0	0	1	16			

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	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P	C					
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Mar 2016		26			26.4	25.2			
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			7	8	11	8	6	9	8	7	8	11	9	9	10	9	9	8	8	8	Mar 2016		8.4			8.4	8.7			
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			19	16	16	15	17	16	15	18	15	18	17	18	15	16	14	17	15	18	Mar 2016		18			18.0	16.5			
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Mar 2016		0			0	0			
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Mar 2016		0			0	23			
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Mar 2016		1.4			1.4	1.7			
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Mar 2016		4.8			4.8				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Mar 2016		78			77.9				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Mar 2016		167			166.6				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0				-				N/A			N/A	N/A			N/A		-	-	Jan 2016	100	0	0		100.0				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	6.7	N/A	Feb 2016					6.7				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	6.1	N/A	Feb 2016						6.5			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-		Feb 2016	95		100		95.5				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-		Feb 2016	100				100.0				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-		Feb 2016	78				77.8				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0	0	0	0	0	0	0	0	0	0	1.5	1.5	4	0.5	1.5	3	2	0	Feb 2016	2	0	0	0	2	14			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	0	0	0	0	1	1	0	2	0	0	0	0	0	Feb 2016	0	0	0	0	0	4			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			0	0	0	0	0	0	0	0	0	123	130	98	146	89	71	104	97	0	Feb 2016	97	0	0	0	97				

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	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		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	0	Mar 2016	0				0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	12	7	11	9	11	7	9	14	14	12	10	9	10	15	17	4	13	Mar 2016	5	7	1	0	13	134			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			29	33	12	21	27	32	28	28	20	18	17	13	13	13	14	20	6	17	Mar 2016	0	0	0	0	17				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			104	123	151	52	73	94	113	128	96	50	57	57	27	24	28	25	25	23	Mar 2016	19	23	3	0	23				
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2016	5.6		-		4.3				
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0				0	0			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	7	7	7	1	5	7	6	4	2	2	4	7	6	9	13	6	7	13	Mar 2016	13				13	79			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	77	77	80	77	78	79	76	78	74	75	76	79	76	76	72	74	71	78	Mar 2016	78	-			77.8				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	8	3	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	11			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			23	36	82	5	30	16	-	-	-	-	-	-	-	-	-	-	15	6	Mar 2016	4	0	2	0	6	205			
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Mar 2016	92				91.9				
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Mar 2016	90				89.9				
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Mar 2016	95				95.2				
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	0	Mar 2016	0				0				
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	Mar 2016	1				1				
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Mar 2016	0				0.0				

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate G	M	P	C	Month	Year To Date	Trend	Next Month	3 Months
Data Completeness	Open Referrals	No			0	0	0	0	0	0	19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	Mar 2016	6,988	10,102	5,825	14	22929				
Workforce	WTE - Actual versus Plan	No			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	91.8	Mar 2016	18	53	22	0	91.8				
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Mar 2016	96	94	92	0		87.9			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0							-												Mar 2016	84	92	86	0		85.5			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Mar 2016	5.3	6	4.4	14	5.5	5.6			
Workforce	Sickness Absence - in month	<= %	3.15	3.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!											Mar 2016	2	5.3	3.2	0	4.4	5.6			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-		-	-											Mar 2016	79	70	75	38	72.71	63.07			
Workforce	Mandatory Training	=> %	95.0	95.0																			Mar 2016	88	83	87	0		84.3			
Workforce	New Investigations in Month	No			0	0	0	0	1	1	1	3	2	2	1	1	1	1	0	0	1	0	Mar 2016	0	0	0	0	0				
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	90	93.6	95.4	91.9	93.9	90.9	94.7	94.2	96.1	87.4	93.5	90.8	92.9	Mar 2016					92.9	93.0			
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	81	37	35	53	50	68	51	48	394	95	54	74	60	Mar 2016					60	93			
Workforce	Nurse Bank Use	<= No	6852	571																			Mar 2016					301	7868			
Workforce	Nurse Agency Use	<= No	0	0																			Mar 2016					37	815			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Mar 2016					100	734			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Mar 2016					23	225			
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	2	3	8	5	3	1										1	6		G	M	P	C					
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			0	0	0	0	0	0	17	26	56	97	124	118	111	159	167	207	193	0	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	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	0	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				0	0	0			
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			0	0	0	0	0	0	0	0	0	347	397	333	360	358	353	335	0	0	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			0	0	0	0	0	0	0	0	0	359	374	340	365	337	376	366	0	0	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			0	0	0	0	0	0	0	0	0	315	340	275	321	257	316	352	0	0	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	0	0	0	0	0	0	84	31	27	42	56	51	0	0	0	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			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan-00				0	0	0			

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend	Next Month	3 Months
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2016	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2016	0	0	0	0	0	0			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	0.0	1.0	3.0	1.0	1.0	0.0	0.0	2.0	2.0	2.0	1.0	1.0	1.0	0.0	0.0	1.0	2.0	0.0	Feb 2016					8.7				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	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	12.0	0.0	Feb 2016						4.3			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Mar 2016			71.7		71.7	73			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Mar 2016			100		100	99.04			
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			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			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Feb 2016	0	0	0	0	0	0			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			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				
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	Mar 2016	0	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	2	2	3	2	1	0	4	3	5	8	4	1	2	1	3	6	5	Mar 2016	5	0	0	0	5	42			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	10	8	9	7	5	0	5	5	7	11	7	3	2	0	3	6	5	Mar 2016	5	0	0	0	5				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			76	72	75	83	75	96	123	102	27	24	43	62	29	3	0	6	27	17	Mar 2016	17	0	0	0	0				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2016	0	0	0	0	0	0			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			50	52	45	41	49	51	0	0	0	0	0	0	0	0	0	0	49	62	Mar 2016	62	0	0	0	62	519			
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2016	0.05				0.05				
Data Completeness	Open Referrals	No			0	0	0	0	0	0	132	148	151	173	178	198	208	231	248	259	271	286	Mar 2016	286	0	0	0	286				
Workforce	WTE - Actual versus Plan	No			16	15	21	21	33	34	41	46	58	59	56	50	48	45	40	44	44	46	Mar 2016	22	1.2	5.1	6.5	46.3				
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Mar 2016	71.9	100	88.9	88.9		76.1			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0							#####												Mar 2016	88	0	100	50		93.4			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Mar 2016	3.0	6.0	1.7	5.7	4.58	4.63			
Workforce	Sickness Absence - in month	<= %	3.15	3.15	#####	#####	#####	#####	#####	#####	#####	#####											Mar 2016	3.3	15.0	0.5	5.1	4.54	4.90			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	#####	#####	#####	#####	#####		#####	#####											Mar 2016	58.8	93.8	75.5	17.8	55.1	47.9			
Workforce	Mandatory Training	=> %	95.0	95.0																			Mar 2016	82.4	94	89.8	89.2		87.0			
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Mar 2016					1				
Workforce	Nurse Bank Use	<= No	288	24																			Mar 2016					214	1247			
Workforce	Nurse Agency Use	<= No	0	0																			Mar 2016					378	3072			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Mar 2016					100	1819			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Mar 2016					0	0			
Workforce	Your Voice - Response Rate	No			0	33	0	0	18	0	0	0	19	0	0	24	0	0	21	0	0	0	Dec 2015	18	0	61	11	21				
Workforce	Your Voice - Overall Score	No			0.00	3.73	0.00	0.00	3.28	0.00	0.00	0.00	3.41	0.00	0.00	3.11	0.00	0.00	3.40	0.00	0.00	0.00	Dec 2015	3.3	0	3.8	3.9	3.4				

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC					
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016	0	0	0	0				
Patient Safety - Harm Free Care	Falls	<= No	0	0	20	17	21	22	16	13	30	47	37	25	27	29	29	21	26	31	23	20	Mar 2016	0	20	0	20	345			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	2	1	1	Mar 2016	0	1	0	1	7			
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	3	5	2	1	3	3	1	1	3	2	0	0	2	0	3	0	7	Mar 2016	0	4	3	7	22			
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2016	0	1	0	1	9			
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	Mar 2016	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	1	1	2	1	1	0	1	2	1	3	5	4	4	2	3	6	7	Mar 2016	1	5	1	7	38			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			10	12	3	4	3	6	0	7	6	4	5	7	5	5	5	3	6	7	Mar 2016	1	5	1	7				
Pt. Experience - FFT,MSA,Comp	Oldest complaint currently in system (days)	No			64	81	75	61	82	103	158	0	99	118	140	10	21	40	59	10	25	10	Mar 2016	9	10	3	10				

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC					
Workforce	WTE - Actual versus Plan	No			67	71	75	76	72.2	77.4	174	92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	Mar 2016	15.5	54	36.6	106.09				
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Mar 2016	98.7	96.3	97.1		88.1			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Mar 2016	3.11	5.66	4.86	4.83	5.06			
Workforce	Sickness Absence - in month	<= %	3.15	3.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!											Mar 2016	3.23	4.85	6.24	5.14	4.63			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-		-	-											Mar 2016	97.8	84.2	85	86.58	81.71			
Workforce	Mandatory Training	=> %	95.0	95.0																			Mar 2016	94.8	87.9	91.6		89.6			
Workforce	New Investigations in Month	No			0	0	0	0	0	0	1	3	0	0	0	0	0	4	0	0	2	0	Mar 2016				0				
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	89.3	Mar 2016	-	-	-	89.33	89.19			
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	36	41	31	46	72	62	56	48	19	78	90	78	86	Mar 2016	-	-	-	86	707			
Workforce	Nurse Bank Use	<= No	5408	451																			Mar 2016				566	5958			
Workforce	Nurse Agency Use	<= No	0	0																			Mar 2016				215	3451			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Mar 2016				239	2909			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Mar 2016				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		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC					
Community & Therapies Group Only	DVT numbers	=> No	730	61	35	42	47	54	53	55	56	53	67	64	78	59	44	-	-	-	-	-	Oct 2015				44	421			
Community & Therapies Group Only	Therapy DNA rate OP services	<= %	9	9	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	8.06	Mar 2016				8.1	11.0			
Community & Therapies Group Only	FEES assessment	<= No	100	8	5	3	2	14	1	2	0	2	0	0	-	-	-	-	-	-	-	-	Jul 2015				0	2			
Community & Therapies Group Only	ESD Response time	<= Hr	48	48						-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2015				0	0			
Community & Therapies Group Only	STEIS	<= No	0	0	0	0	1	0	0	-	-	-	0	0	0	0	1	0	1	2	1	1	Mar 2016				1	6			
Community & Therapies Group Only	Rapid response to AMU, RRTS	<= mins	60	60	79	82	86	79	98	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2015				98	864			
Community & Therapies Group Only	Avoidable weight loss	<= %	20.0	20.0	0	0	9	0	0	8	0	25	20	0	-	-	-	-	-	-	-	-	Jul 2015				0.0	11.8			
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	14.3	12.3	13.1	9.5	12.1	13.7	16	14	11	15	15	12	15	-	-	-	-	-	Oct 2015				15	98			
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	-	-	-	-	6	1	1	-	1	1	1	1	0	Mar 2016				0.33				
Community & Therapies Group Only	Falls Assessments - DN service only	%			49	45	45	62	54	65	47	55	50	46	44	43	42	41	46	52	55	54	Mar 2016				53.81				
Community & Therapies Group Only	Pressure Ulcer Assessment - DN service only	%			50	48	46	63	57	65	51	55	51	48	44	43	44	33	48	54	56	58	Mar 2016				58.44				
Community & Therapies Group Only	MUST Assessments - DN Service only	%			10	11	10	19	18	-	22	22	24	21	23	23	23	23	26	28	32	32	Mar 2016				32.12				
Community & Therapies Group Only	Incident Rates - per 1000 charge	Rate1			5	4	4	5	4	-	4	5	5	4	4	####	####	####	####	####	####	####	Mar 2016				0				
Community & Therapies Group Only	Dementia Assessments - DN Service only	%			55	52	51	61	62	-	46	56	40	48	45	50	43	50	29	28	31	21	Mar 2016				21.19				
Community & Therapies Group Only	48 hour inputting rate	%			81	85	86	89	83	-	87	89	92	91	94	90	90	94	94	93	94	94	Mar 2016				94.26				

Corporate Group

Section	Indicator	Measure	Trajectory				Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months
			Year		Month		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		CEO	F	W	M	E	N	O				
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No					7	6	6	15	5	6	5	7	8	6	15	11	13	8	5	4	5	8	Mar 2016	4	0	0	1	1	0	2	8	95			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No					21	25	12	21	16	18	14	12	14	9	16	16	16	9	8	4	4	7	Mar 2016	3	0	0	1	1	0	2	7				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No					106	104	104	123	145	138	158	99	121	53	24	27	29	27	25	21	26	20	Mar 2016	-	-	-	-	-	-	-	20				
Workforce	WTE - Actual versus Plan	No					194	203	168	175	200	220	260	267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	Mar 2016	10.7	0.32	-6.2	18.5	-3.49	45.5	31.1	96.37				
Workforce	PDRs - 12 month rolling	=> %	95.0	90.0	95.0	90.0																			Mar 2016	96	72	97	92	99	98	91		86.9			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	90.0	95.0	90.0							-						#DIV/0!						Mar 2016			95					100.0	80			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.75	3.15	3.75																			Mar 2016	2.76	2.79	3.50	3.23	3.74	5.56	4.93	4.65	4.76			
Workforce	Sickness Absence - in month	<= %	3.15	3.75	3.15	3.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!											Mar 2016	1.66	2.52	3.00	2.79	3.81	4.40	4.99	4.00	4.60			
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.00	100.0	100.00	-	-	-	-	-		-	-											Mar 2016	88.8	72.6	51.0	83.2	60.7	85.0	76.0	77.7	74.0			
Workforce	Mandatory Training	=> %	95.0	90.0	95.0	90.0																			Mar 2016	96	93	93	95	98	90	92	91.8	90			
Workforce	New Investigations in Month	No					0	0	0	1	0	0	1	0	1	2	1	1	5	0	1	2	2	2	Mar 2016	0	0	0	1	0	0	1	2				
Workforce	Nurse Bank Use	<= No	1088	1088.00	91	91.00																			Mar 2016								247	2226			
Workforce	Nurse Agency Use	<= No	0	0.00	0	0.00																			Mar 2016								13	343			
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0.00	0	0.00																			Mar 2016	-	-	-	-	-	-	-	3078	35702			
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0.00	0	0.00																			Mar 2016	-	-	-	-	-	-	-	222	1417			
Workforce	Your Voice - Response Rate	No					-->	21	-->	-->	15	-->	-->	-->	16	-->	-->	19	-->	-->	15	-->	-->	-->	Dec 2015	67	24	25	20	15	9	10	15				
Workforce	Your Voice - Overall Score	No					-->	3.49	-->	-->	3.48	-->	-->	-->	3.50	-->	-->	3.46	-->	-->	3.58	-->	-->	-->	Dec 2015	3.65	3.44	3.77	3.76	3.59	3.47	3.35	3.58				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Approval and execution of a lease of the Old Chapel, Sandwell Hospital to HHI Limited trading as Healthy Hearts
SPONSOR (EXECUTIVE DIRECTOR):	Alan Kenny, Director of Estates & New Hospital Project
AUTHOR:	Duncan Whitehouse, Head of Corporate Governance
DATE OF MEETING:	5 May 2016

EXECUTIVE SUMMARY:

It is proposed to renew the granting of the lease of the Old Chapel building, Sandwell Hospital to HHI Limited, trading as Healthy Hearts. The original lease was approved by the Board in September 2012. The recommendation is to extend this contract through to October 2018.

REPORT RECOMMENDATION:

It is recommended that the Board resolves that the Trust execute the lease. As the lease is a document which must be created by deed the Board is requested to authorise the use of the seal to execute the engrossment.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	

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

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

Comments:

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

2020 Vision

PREVIOUS CONSIDERATION:

The Board originally approved the granting of the lease at its meeting on the 27 September 2012.

EXECUTION OF A LEASE OF THE OLD CHAPEL BUILDING AT SANDWELL HOSPITAL
Trust Board – 5 May 2016

Background

It is proposed to renew the granting of a lease of the Old Chapel building on Sandwell site to HHI Limited, (trading as Healthy Hearts). Healthy Hearts is a charity and social enterprise supported by the Department of Health. It provide a mobile service for the assessment of diabetes and cardiovascular risk to adults with a team of local doctors and nurses providing a comprehensive vascular assessment in a variety of community settings. The charity has been awarded a grant from British Heart Foundation, to develop a programme of training for Community Champions to help their communities to identify whether they have heart disease risk factors and to live healthy lifestyles. This programme will be delivered by the charity in association with its partnership group to enable widespread delivery of the healthy lifestyle message across Sandwell and the Black Country.

The Lease

The Board originally approved the decision to award the lease of the Chapel at Sandwell Hospital to Healthy Hearts at its meeting on the 27 September 2012. It is recommended that the lease be extended up to the 30 October 2018.

Rent will be charged at a peppercorn rate given the contribution the charity and social enterprise makes to the wider strategic objectives of the Trust. The tenant will be responsible for the cost of repairs, insurance and outgoings relating to the building.

Recommendation

It is recommended that the Board resolves that the Trust execute the lease. As the lease is a document which must be created by deed the Board is requested to authorise the use of the seal to execute the engrossment.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P12 March 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**5th May 2016**

EXECUTIVE SUMMARY:

Key messages:

The draft accounts report that, subject to audit, the trust has met its key financial targets for 2015.16

- Statutory breakeven duty achieved and headline surplus for year £3.8m as original plan
- Capital Resource Limit (CRL) duty achieved - £40k undershoot
- External Finance Limit (EFL) duty achieved - £214k undershoot
- Capital cost absorption rate duty achieved – 3.5% return on relevant net assets

- The headline surplus for the year was delivered with significant reliance on contingencies, balance sheet flexibility and non-current opportunities. The underlying position was a significant deficit.
- Erosion of underlying cash balances consequent on use of contingencies and which will require to be remedied to underpin forward investment programme. There is no risk to the trust's ability to meet its current obligations as they fall due.

Key actions:

The 2016.17 financial year must deliver a step change in performance as a transition back to financial performance consistent with our medium term plan. Specifically expenditure must reduce sharply.

- Conclusion of contract with SWBCCG & week on week delivery with routine over-performance
- Manage within our bed base through length of stay reduction, reduced readmissions & improved system support for effective admission avoidance
- Manage within our pay bill and safely achieve our headcount reduction plans.
- Reduce our non-pay costs safely and quickly including greater product standardisation and price improvement leveraging collective local buying power

Key numbers:

- Year surplus £3,857k being £54k ahead of original plan.
- Pay bill £25.3m (vs. £24.8m) in month; Agency spend £2.1m (vs. £1.9m) in month; £19.4m FY.
- CIP full year delivery £14.1m being £6.9m adverse to plan. Effective delivery in 2016.17 required
- Capex for year £20.3m being as plan. Capital commitments £2.2m.
- Cash at 31st March £27.3m being £0.2m above plan.
- FSRR 3 consistent with plan FSRR 3.

REPORT RECOMMENDATION:

The Board note the report, specifically the underlying deficit as we exit 2016.17.
To REQUIRE those actions necessary and sufficient to secure the required step change in underlying run rate consistent with the delivery of safe, high quality care.

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:
PREVIOUS CONSIDERATION:

Finance Report

Period 12 2015/16, March 2016

Trust Board
5th May 2016

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Finance Report

Summary & Recommendations

Period 12 2015/16

Statutory Financial Duties	Value	Actual	Note
I&E surplus	£3.8m	√	1
Live within Capital Resource Limit	£19.9m	√	2
Live within External Finance Limit	£(1.2)m	√	3

1. I&E surplus reported consistent within original 2015/16 plan.
2. Capex managed successfully to secure compliance with CRL. CRL adjusted for planned undershoot £500k.
3. Working capital successfully managed to ensure non-cash P&L reliance did not undermine EFL achievement.

Reported

- I&E reported £3.8m surplus. This has been underpinned with contingencies and non-recurrent measures of c£15m.
- Capital resource limit achieved with £40k undershoot. All programme lines broadly inline with budget. Capital commitments carried forward reflect increase capital programme in 2016/17.
- Underlying position is a deficit and run rate expenditure is significantly above that necessary to secure medium term plans and related investment . To remedy in 2016.17 plan.

Financial Performance for the 12 months to 31st March

- I&E surplus £3,857k being £54k ahead of original plan;
- Capital spend of £20,347k, £40k below final CRL;
- Cash at 31 March £27,296k being £214k more than plan.

Opportunities & risks

Delivery of the original plan surplus required non-recurrent and non-cash support. The implication of this is that the Trust is carrying forward an underlying deficit into the 2016/17 financial year and which shall require:

- Week on week delivery of contract as a minimum
- Manage within our bed base and remove unfunded beds
- Manage within our pay bill & safely reduce head count
- Reduce non pay costs quickly and safely
- Effective PMO & sufficient transformation capability

Recommendation

- Reported performance as per draft accounts which remain subject to audit
- Step change in underlying run-rate is required in 2016/17 – planned care income, pay & wte reduction, CIP delivery

Finance Report

Performance to date – I&E and cash

Period 12 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 c£15m of contingencies, flexibilities and non recurrent measures.

Savings

Progress reported through the Trust's savings management system TPRS for the full year was below plan. Having supported the position non-recurrently in 2015/16 the concern has crystallised that the 2015/16 full value of savings is insufficient for recovery of the underlying position. Business planning is now working through a recovery plan for the Trust through the 2016/17 financial year.

Capital & Cash

Capital expenditure for the full year stands at £19.82m, excluding donated assets, against a CRL of £19.86m. A further £2.2m of firm commitments have been made which will be incurred as capital expenditure in 2016/17 and so count against the 2016/17 CRL.

At £27.3m the cash position is consistent with plan.

Appropriate working capital management was undertaken to mitigate the impact of the non-cash support to the revenue position.

Better Payments Practice Code

Timely payment of bills from commercial suppliers was 83% in month [88% to date] vs. target of 95%. No suppliers have placed the trust 'on stop'.

Payment performance in respect of NHS bodies 22% in month [83% to date]. This reflects significant work to clear legacy issues in respect of ante-natal charges & community property rents.

Financial Sustainability Risk Rating

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

Finance Report

I&E – Full Year

Period 12 2015/16

P12 Full Year	Original Plan £'000s	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	FY Plan £'000s	FY Actual £'000s	FY Variance £'000s
Patient Related Income	399,165	32,292	35,249	2,957	399,165	400,242	1,077
Other Income	41,633	4,292	4,607	315	41,633	43,452	1,819
Income total	**440,798**	**36,584**	**39,856**	**3,272**	**440,798**	**443,694**	**2,896**
Pay	(286,757)	(23,878)	(25,353)	(1,475)	(286,757)	(295,527)	(8,770)
Non-Pay	(127,645)	(9,605)	(10,038)	(433)	(127,645)	(124,371)	3,274
Expendiutre total	**(414,402)**	**(33,483)**	**(35,391)**	**(1,908)**	**(414,402)**	**(419,898)**	**(5,496)**
EBITDA	**26,396**	**3,101**	**4,465**	**1,364**	**26,396**	**23,796**	**(2,600)**
Non-Operating Expenditure	(22,965)	(2,822)	(2,298)	524	(22,965)	(19,661)	3,304
IFRIC12	372	31	(49)	(80)	372	(278)	(650)
DH Surplus/(Deficit)	**3,803**	**310**	**2,118**	**1,808**	**3,803**	**3,857**	**54**

In month £2.1m surplus achievement secured full year original plan. However, underlying position required non-recurrent support to achieve plan.
Final out-turn consistent with original TDA plan at surplus £3.8m.
Non-recurrent support included significant non-cash items.
Exit run rate expenditure is significantly in excess of that consistent with our medium term plans. The 2016.17 financial year is required to achieve a step reduction in costs.

Finance Report

Income Analysis

Period 12 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	219,091	221,288	2,197	21,696	20,956	(740)
Adult Renal Dialysis	556	293	(263)	68	36	(32)
Community	582,246	592,963	10,717	35,314	35,466	152
Day Cases	41,542	36,604	(4,939)	32,266	29,039	(3,227)
Elective	11,559	8,476	(3,082)	21,297	16,080	(5,217)
Maternity	18,896	20,214	1,317	17,985	19,406	1,421
Non-Elective & Emergency	69,188	68,565	(623)	89,685	91,076	1,391
Occupied Cot Days	11,517	13,291	1,774	5,929	6,134	205
Other Contract Lines	3,174,289	3,229,123	54,833	90,891	90,583	(308)
Outpatient	11,926	9,776	(2,150)	2,279	1,871	(408)
Outpatient FA Multi Professional Non-Consultant Led	169	55	(114)	46	34	(13)
Outpatient FA Single Professional Consultant Led	119,284	122,336	3,052	19,465	20,221	757
Outpatient FA Single Professional Non-Consultant Led	47,930	50,777	2,846	4,459	4,429	(30)
Outpatient FUP Multi Professional Consultant Led	27,238	17,113	(10,125)	3,407	2,209	(1,198)
Outpatient FUP Multi Professional Non-Consultant Led	673	752	79	33	34	2
Outpatient FUP Single Professional Consultant Led	298,814	279,333	(19,481)	24,597	23,136	(1,461)
Outpatient FUP Single Professional Non-Consultant Led	106,014	113,458	7,443	6,812	7,153	341
Outpatient Procedures	49,606	58,118	8,513	9,178	11,210	2,032
Outpatient Telephone Consultation	12,792	12,543	(248)	289	287	(2)
Other	62,393	69,795	7,402	8,557	9,111	553
Total				**394,253**	**388,472**	**(5,781)**

This table shows the Trust's full year 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. It can be seen that in 2015/16 these have only been partially offset by additional activity on outpatients and non-elective work and therefore the elective demand and capacity work stream remains central to the recovery plan.

The variance on total Patient Related Income to date is £(314)k, see previous slide.
The difference to SLA income shown above is primarily related to pass through costs* of drugs & devices being above plan £2.3m and reduced levels of fines. *these are offset by costs charged through the non-pay line of the Income and Expenditure account.

Finance Report

Pay bill & Workforce

Period 12 2015/16

Paybill & Workforce

- Total workforce of 7,080 WTE [being 85 WTE above plan] including 300 WTE of agency staff.
- Total pay costs (including agency workers) were £25.4m in March being £1.3m over plan.
- Significant reduction in temporary pay costs required to be consistent with run rate necessary for delivery of 2016/17 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 March. Shifts procured outside of this are subject to CEO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust exceeded the national agency rate cap effected from 23 November 2015. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.

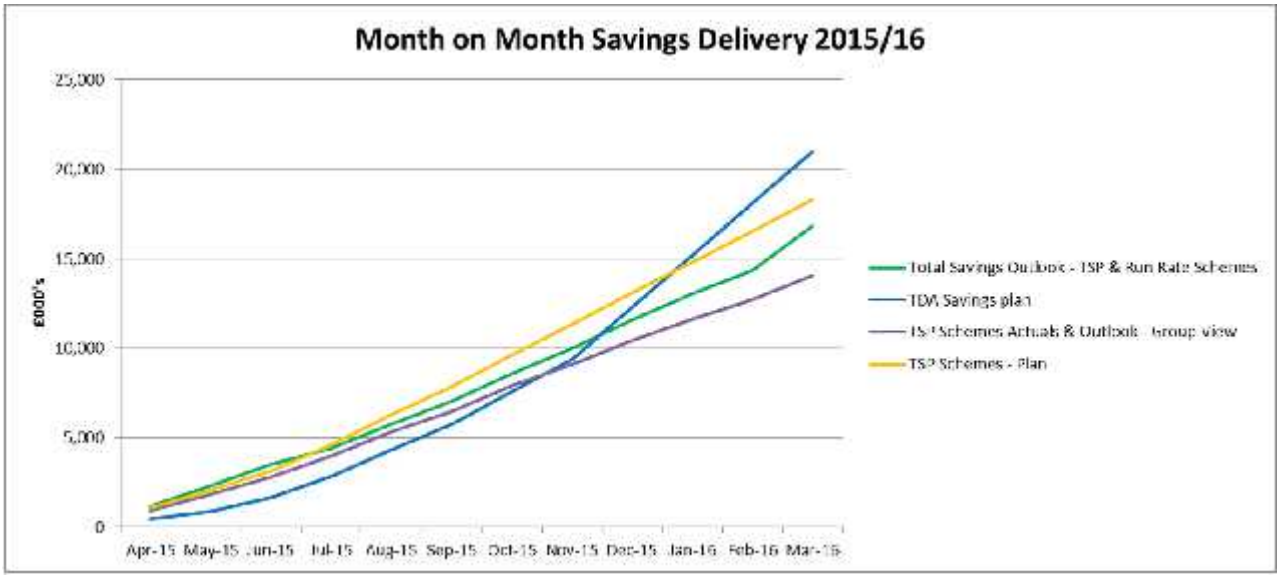
Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	1,565	(315)
Other Income	1,245	2,748
Medical Pay	(407)	(1,006)
Nursing	(601)	(308)
Other Pay	(312)	(7,302)
Drugs & Consumables	(667)	(4,325)
Other Costs	333	7,698
Interest & Dividends	(470)	2,312
IFRIC etc adjustments	(80)	(650)
Total	605	(1,148)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	25,353	24,811	542	2%
Pay - substantive	21,080	20,945	135	1%
Pay - agency spend	2,056	1,852	204	11%
Pay - bank (inc. locum) spend	2,217	2,014	203	10%
WTE - total	7,080	7,023	57	1%
WTE - substantive	6,075	6,075	0	0%
WTE - agency	300	318	(18)	-6%
WTE - bank	704	630	74	12%

Finance Report

CIP achievement

Period 12 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 P12 CIP savings delivery remained behind NHSI (TDA) plan with £14.1m of savings delivered against a plan of £21.0m.

CIP savings delivery was also below the internal plan value of those schemes with £14.1m delivered against a plan of £18.3m.

This indicate a shortfall in TSP delivery of £6.9m against TDA plan target £21.0m which adds risk to the 2016/17 position.

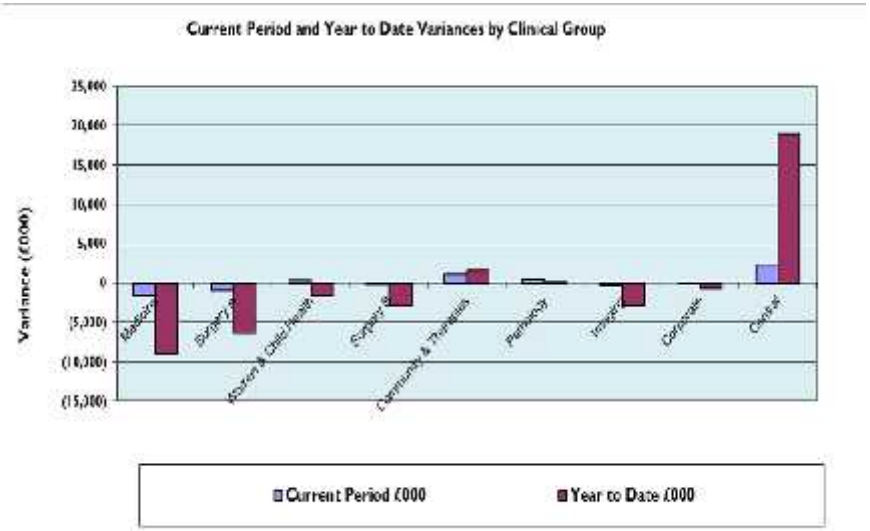
For 2016.17 the trust is establishing enhanced PMO and transformational change capability consistent with that necessary & sufficient to remedy expenditure back to medium term plan.

Finance Report

Group Analysis – Month & YTD

Period 12 2015/16

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(1,605)	(8,990)
Surgery A	(872)	(6,324)
Women & Child Health	346	(1,617)
Surgery B	(223)	(2,953)
Community & Therapies	1,143	1,688
Pathology	482	30
Imaging	(341)	(2,954)
Corporate	(96)	(626)
Central	2,321	18,937



Performance of Clinical Groups

- **Medicine:** Issues during 2015/16 were medical and nursing agency and delayed delivery of savings plans. These now represent current risks to the 2016/17 financial performance especially the major scheme around closure of capacity. Cost management in this area will be critical to delivering additional margin with the growth planned.
- **Surgery A:** Key risks carried into 2016/17 are in relation to income and the ability to deliver the necessary level of capacity as well as delivery of CIP targets.
- **Women & Child Health:** Settlement of Maternity Pathway issues in March 2016 reduces the financial risk for this area in 2016/17. Delivery of CIP targets will be critical.
- **Surgery B:** In common with Surgery A delivery of income with cost levels required given CIP targets are the key risks as this group exits FY 2015/16.
- **Community & Therapies**: vacancy management as route to CIP delivery in 2015/16 may bring recurrent risk in 2016/17. This is a risk carried into the new financial year.
- **Pathology:** Concerns re Pathology as 2015/16 closes would be the reduction in direct access activity seen since December. The group are working to mitigate the impact of this with other tests provided commercially.
- **Imaging:** The extent to which unallocated 2015/16 CIPs are not delivered for full year effect in 2016/17 will represent a risk to this groups ability to deliver to its component of the Trust's financial commitments. Reduced use of agency staff will be another key enabler to achieving financial targets.

Corporate Areas

- Additional bed capacity and a commitment to maintain standards has resulted in additional cleaning. This is undertaken by support staff whose costs are charged to corporate areas. This pressure is compounded by sickness levels higher than target for this staff group which result in bank use.

Central

- Favourable variances in central relate to balance sheet contingency and avoided reserves spend. An estimated £13.7m of flexibility has been released from the balance sheet in 2015/16.

Finance Report

Capital

Period 12 2015/16

Summary Capital Expenditure: FY 2015/16							
	YTD			Full Year			
Expenditure Category	Flex Plan	Actual	Gap	TDA Plan	Final CRL	Actual	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Estates	12,649	12,478	(171)	10,759	12,649	12,478	(171)
Information	4,253	4,327	74	5,100	4,253	4,327	74
Medical equipment	2,915	3,015	100	3,000	2,915	3,015	100
Contingency	43	0	(43)	1,294	43	0	(43)
NHS funded expenditure	**19,860**	**19,820**	**(40)**	**20,153**	**19,860**	**19,820**	**(40)**
Donated assets	527	527	0	76	527	527	0
Total Expenditure	**20,387**	**20,347**	**(40)**	**20,229**	**20,387**	**20,347**	**(40)**

The above table shows the status of the capital programme, analysed by category, at the end of Period 12. This expenditure level represents an underspend of £40k against the CRL for 2015/16. An underspend represents achievement of the Trust's statutory duty to maintain capex within the CRL.

In addition to the expenditure reported against the capital resource limit the Trust has made commitments of £2.2m. These will be capitalised in the 2016/17 financial year and, therefore are not counted against the 2015/16 CRL. For the same period last year, as at March 2015, capital commitments stood at £1.8m.

Finance Report

SOFP

Period 12 2015/16

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2015/16

	Balance as at 31st March 2015	Balance as at 31st March 2016	TDA Planned Balance as at 31st March 2016	Variance to plan as at 29th Feb 2016	TDA Plan as at 31st March 2016	Forecast 31st March 2016
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	233,309	196,381	246,555	(50,174)	246,555	196,381
Intangible Assets	677	386	437	(51)	437	386
Trade and Other Receivables	890	846	1,011	(165)	1,011	846
Current Assets						
Inventories	3,467	4,096	2,972	1,124	2,972	4,096
Trade and Other Receivables	16,318	16,322	15,966	356	15,966	16,322
Cash and Cash Equivalents	28,382	27,296	27,082	214	27,082	27,296
Current Liabilities						
Trade and Other Payables	(45,951)	(54,158)	(53,620)	(538)	(53,620)	(54,158)
Provisions	(4,502)	(1,472)	(3,355)	1,883	(3,355)	(1,472)
Borrowings	(1,017)	(1,306)	(1,017)	(289)	(1,017)	(1,306)
DH Capital Loan	(1,000)	0	0	0	0	0
Non Current Liabilities						
Provisions	(2,986)	(3,095)	(4,133)	1,038	(4,133)	(3,095)
Borrowings	(26,898)	(25,591)	(25,881)	290	(25,881)	(25,591)
DH Capital Loan	0	0	0	0	0	0
	200,689	**159,705**	**206,017**	**(46,312)**	**206,017**	**159,705**
Financed By						
Taxpayers Equity						
Public Dividend Capital	162,210	161,710	162,210	(500)	162,210	161,710
Retained Earnings reserve	(13,758)	(17,993)	(8,430)	(9,563)	(8,430)	(17,993)
Revaluation Reserve	43,179	6,930	43,179	(36,249)	43,179	6,930
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	200,689	**159,705**	**206,017**	**(46,312)**	**206,017**	**159,705**

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

The actual position 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.

Variances from plan had previously been reported for both Receivables and Payables due mainly to disputed NHS items. Resolution of this dispute, mentioned elsewhere in this report, has resulted in payments which have brought both these balances in to line with expectations.

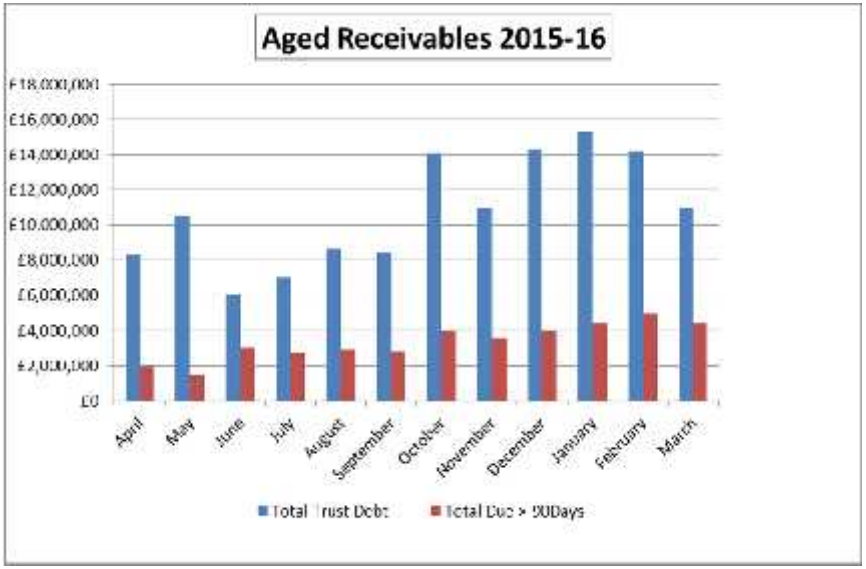
Progress continues on the Non-NHS aged creditor profile. Some restructuring of work has taken place within finance and procurement teams to facilitate improvements in this process. This is ongoing but is an enabler for procurement savings.

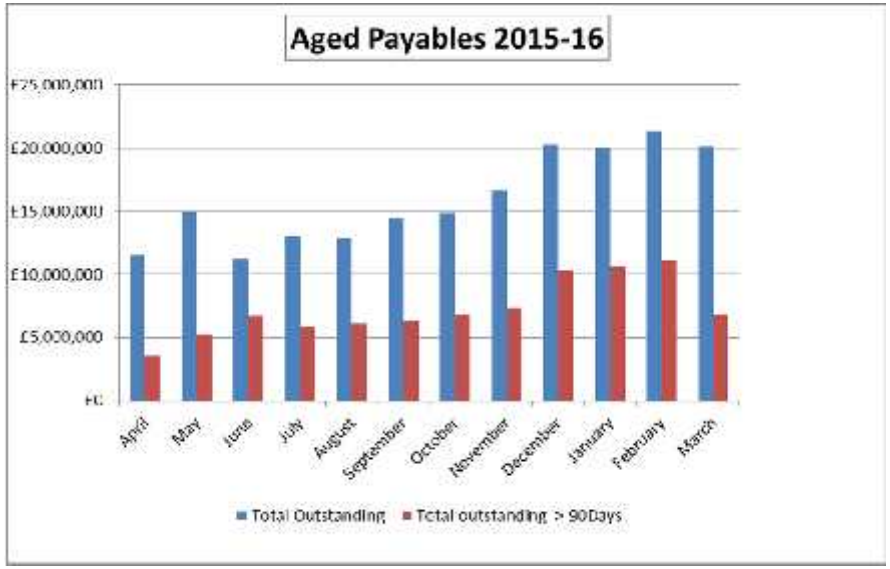
Graphs to represent the profile of Receivables and Payables can be found on the following slide.

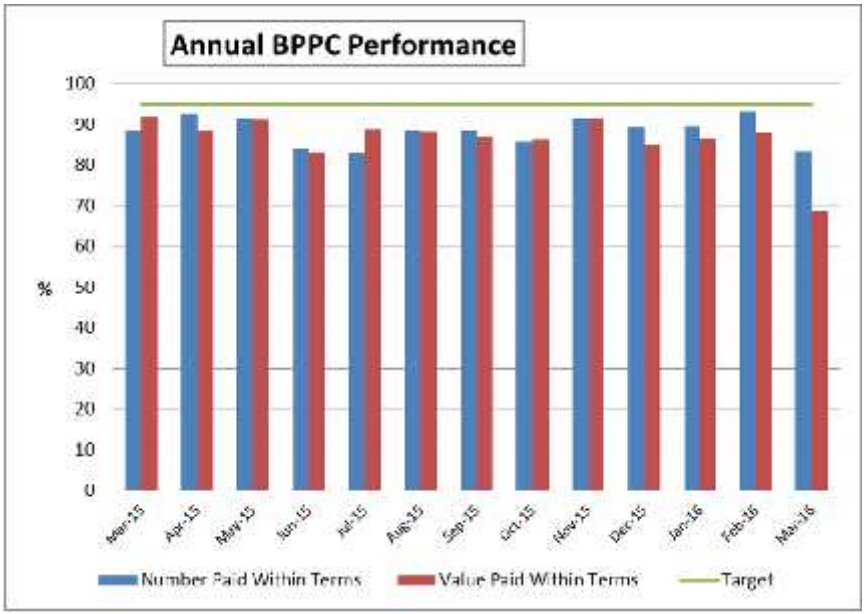
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 12 2015/16







Note

- The March Debt position shows a decrease reflecting progress made in settling NHS debt. This includes resolution of most of the maternity pathway items and consequently 90+ Day debt has reduced.
- Resolution of issues relating to the maternity pathway payments has also resulted in a reduction in the payables position. Since this dispute involved invoices relating 2014/15 payables over 90 days have reduced by nearly half as a result of this resolution.
- BPPC is below the target of 95% and has deteriorated in March to less than 70% by value. This dip in performance was anticipated and relates to the maternity pathway disputed items. The nature of this measure is such that payment of old invoices reduces performance in-month.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Complaints & PALS report: 2015/16 quarter 4
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Karen Beechey, Head of PALS & Complaints
DATE OF MEETING:	5th May 2016

EXECUTIVE SUMMARY:

This report sets out details of Complaints and PALS enquiries received between January and March 2016 (Quarter 4).

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

In this quarter, it is reported that the complaints activity has increased, and shows that 94% of complaints have been managed within their target date. Themes and outcomes remain consistent with previous quarters and shows a continued focus on lessons learned, 'action tracking' and quality responses that are caring, transparent, timely and responsive to the needs of complainants.

REPORT RECOMMENDATION:

The Board is recommended to RECEIVE the report for information.

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

Accept	Approve the recommendation	Discuss
✓		

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

None

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Complaints and PALS Report

2015/16: Quarter 4

COMPLAINTS MAKING A DIFFERENCE

Thank you for your response to my concerns. My concerns have been answered and I have no further questions. I would like to take this opportunity to thank you and all the staff at Sandwell for caring for my mum whilst she was in your care.

My mum was an amazing loving mother and friend to me and I thank god I had the last opportunity to talk to her and massage her the night before.

I would like to let you know my mum did respond to me talking to her the night before by nodding her head and she was watching me massage her as her eyes were moving and I was moving around her body.

I'd like to thank the doctor who called me at 02:49 as I got the last opportunity to say good bye. On arrival I asked my mum to open her eyes and she did, that eye contact for 2 minutes were to say goodbye. Mum closed her eyes looking into mine. Yes mum continued breathing for 7 hours but did not open her eyes again.

Mum was a religious Sikh woman who was spiritual to and I too am spiritual hence mum gave me all the signs. We were soul mates and one day we shall reunite, until then I know as my guardian Angel will always be watching over me.

Thank you once again for the report.

Ms P K Dhillon

Thank you very much Emma.

We are very much obliged for your continued support and patience in this matter……. I would like to thank you in regards to your sympathetic handling of this case and your continued care and support, which goes beyond the call of duty.

COMPLAINTS MAKING A DIFFERENCE

Complaints provide a learning opportunity for individuals as well as changes in practices or procedures which may not have been evident without the patient or their representative raising the issue. Below are examples of improvements made as a direct result of this feedback.

What we were told	Our response	The difference
Complainant visited SGH and saw the hologram, quoting the Trust's Care Promises. The complaint is about the fact that a Caribbean person is talking in Patois. The complainant's view is that this is a slang language that is insulting to the Caribbean community. The language used is not representative of the vast majority of Jamaicans whose first and spoken language is English. She would like this removed.	An apology was offered for the offence caused to the complainant. Assurance was offered that we will engage more broadly with the Caribbean community to inform a decision as to whether to continue using this video clip. Once the results of this consultation are understood, we will contact the complainant again to advise of what the decision was. We expect to be in a position to do this by the end of June 2016.	The Trust is open to listening to patients and the local community, demonstrated by the fact that the decision to continue to use this 'language' in our hologram messages is now being revisited.
The patient telephoned the Birmingham and Midland Eye Centre to speak to someone who deals with contact lenses. When she got through to the switchboard the operator was very rude.	An apology was offered, however the call was not traceable so feedback could not be provided to the member of staff. A new system has been introduced where each member of staff will log onto the switchboard software using their own name. This will enable us to trace calls down to the individual staff member.	Once calls are traceable, staff will be accountable identifiable. If similar issues arise again, feedback and potential retraining can be provided directly to the staff that need it, thus improving the quality of the service to the public.
The patient attended the Day Surgery Unit for a cataract operation. They found that post-operatively there was little information given to assist with their recovery or what to do in an emergency. The emergency number given was not accessible, and the patient could not get through initially. When he did get through, he explained his problem to the doctor who said he would review the notes and get back to him. He reassured the patient that everything was ok, but did comment that he should have come back the following day.	An apology was offered for the difficulties in getting through to the emergency number. It was also recognised that the patient leaflet was not informative enough and this is being redone. A copy of which will be sent to the patient once completed.	Patients will be better informed about how to manage their recovery. This will also alleviate post-operative anxiety in patients who have concerns.

What we were told	Our response	The difference
The patient was told that he had suspected Huntingdon's Disease but was not offered any form of counselling or support. Even when the diagnosis was confirmed neither he nor his family were offered any counselling or support.	As a result of this complaint, the Professor has established a referral pathway with the clinical team, and all patients with a suspicion of this or similar genetic diseases will now be referred for counselling at the earliest opportunity.	Patients receiving such a diagnosis will now get the support they need immediately rather than go through the anxiety of this experience unsupported.
This patient had a number of concerns about the way their ED attendance was managed, and also commented that there was no signage directing patients to the waiting area which caused them difficulties	The matron noted there is no signage directing patients to the waiting room, and an apology was offered for this to the patient. She has liaised with the estates department to update the signage.	Patients will be more informed during their visit to ED, a time that is stressful and upsetting.
The patient's son complained that a nursing member of staff shaved the patient's moustache and face area without consent. The patient was a practising Sikh which prohibits him from removal of body and facial hair.	An apology was offered for our cultural insensitivity. Ward staff have since attend a study day on cultural awareness so that they have a much better understanding of the cultural needs of patients, although the staff member who shaved the patient was an agency HCA so this has been brought to the attention of the agency through the ward manager.	No patient or their family will be offended by our staff through a lack of cultural awareness.
The patient complained that his pacemaker operation in June 2013 was not done correctly which resulted in him being urgently transferred to Heartlands Hospital.	An apology was offered for the fact that during this patient's surgery there was a need to transfer him to Heartlands to repair damage to an artery. Practice has now been significantly modified as a result of this incident. There are now two cardiac catheterisation laboratories next to each other and it is policy that only consultants are allowed to implant pacemakers or have to supervise trainees directly.	The risk of this (albeit known) complication of the fitting of a pacemaker will be reduced.

COMPLAINTS AND PALS: 2015/16

Quarter 4 data highlights

1.	**The total number of PALS concerns registered was 618** compared to 634 from the previous quarter, down by 16. Whilst many Groups saw a slight increase, notably Imaging, Surgery A and Medicine, Strategy and Governance and Surgery B saw a decrease. (page ?)
2.	**The total number of Complaints logged was 267,** an increase of 6 complaints across the quarter compared to Q3 2015/16. 16 of these were withdrawn by the complainant at some point during the quarter leaving 251 to manage. There were 11 more complaints made in January 2016 compared to January 2015, 28 more complaints made in February 2016 compared to February 2015, and 21 more made in March 2016 compared to March 2015. (page ?)
3.	**The total number of compliments collected for Q4 2015/16 was 133** compared to 220 in Q3 2015/16 and 285 in Q2 2015/16. The collection method is not supporting accurate data reporting, and whilst some work has gone into investigating how this might improve, the IT needed to support this may not be feasible. (Appendix ?)
4.	The **average number of days taken to resolve complaints saw a decrease by a further 2.73 days from 29.48** (Q3 2015/16) down to **26.75** (Q4 2015/16). This decrease continues to be attributed to a higher proportion of complaints being managed within their target dates. This further decrease recognises that not all complaints run to 30 days, and many are 'fast tracked' and completed within a target of 20 days. (page ?)
5.	**Complaints per 1000 bed days have remained the same** when compared to the previous quarter, with an average rate of 3.1 against 3.0 in the previous quarter. This decrease has contributed to a continued downward trend over the last 7 quarters. (page ?)
6.	**When looking at the complaints rate per 1000 FCE it is still Surgery B that has the highest complaints rate at 19.5** (an increase on last quarter's 11.5) all other groups continue to increasing, bar Women and Child Health who still have the lowest rate at 1.3. . (page ?)
7.	**'Not Upheld' complaints made up 30% of closed complaints a**gainst 27% in Q3 2015/16 and 24% in Q2 2015/16 and 24% in Q1 2015/16, and 26% in Q4 2014/15 (same time last year) but with no emerging trends in terms of Groups or themes. (page ?)
8.	**The three themes** that emerged out of complaints this quarter remain the same as the previous four quarters and are **Attitude of Staff, Clinical Care and Appointments**. Medicine still has the highest percentage of complaints across these categories at 40.5% compared to 42% last quarter (page ?)
9.	**Reopened cases totalled 49 against 53 in the previous quarter with 4 of those re opened due to not all the issues being answered in our first response (8%) against 2 (4%) last quarter**. This compares to 40 reopened with 4 where not all issues were addressed in Q2 2015/16 and 49 reopened with 7 where not all issues were addressed in Q1 2015/16 and 44 reopened where 5 where not all issues were addressed in Q4 2014/15 (same quarter last year). There has been a reduction in the % of those reopened where not all issues were addressed, from 11% for the same quarter last year. (page ?)
10.	**There were 8 new PHSO enquiries** of the Trust in this quarter, and 9 previous enquiries were closed off. This is the most significant increase of PHSO cases seen this year, details of the cases are detailed in the report. (pages ?)
11.	The **new Complaints satisfaction survey was launched** in the previous quarter**. The response rate for this quarter has seen an increase to 22.9% with continued improved results.** This compares to 12.1% return rate for the previous quarter. The results for overall well-handled has decreased to 51% compared to 69% in the previous quarter. (page ?)
12.	There is no disproportionality in the number of complaints made by (or on behalf of) Pakistani patients (at 8% complaints vs 9% local population) but **Black Caribbean patients continue to make up a higher proportion of complainants than that of the population as a whole**. (at 12% complaints vs 6% local population). (page ?)

COMPLAINTS AND PALS: Q4 2015/16

Index

INTRODUCTION

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

This report sets out and provides commentary on the complaints, PALS enquiries, local departmentally resolved concerns and compliments, the way they were managed, who they were made against and what about. The important learning opportunities are evidenced and the subjects of the complaints are also profiled.

COMPLAINTS

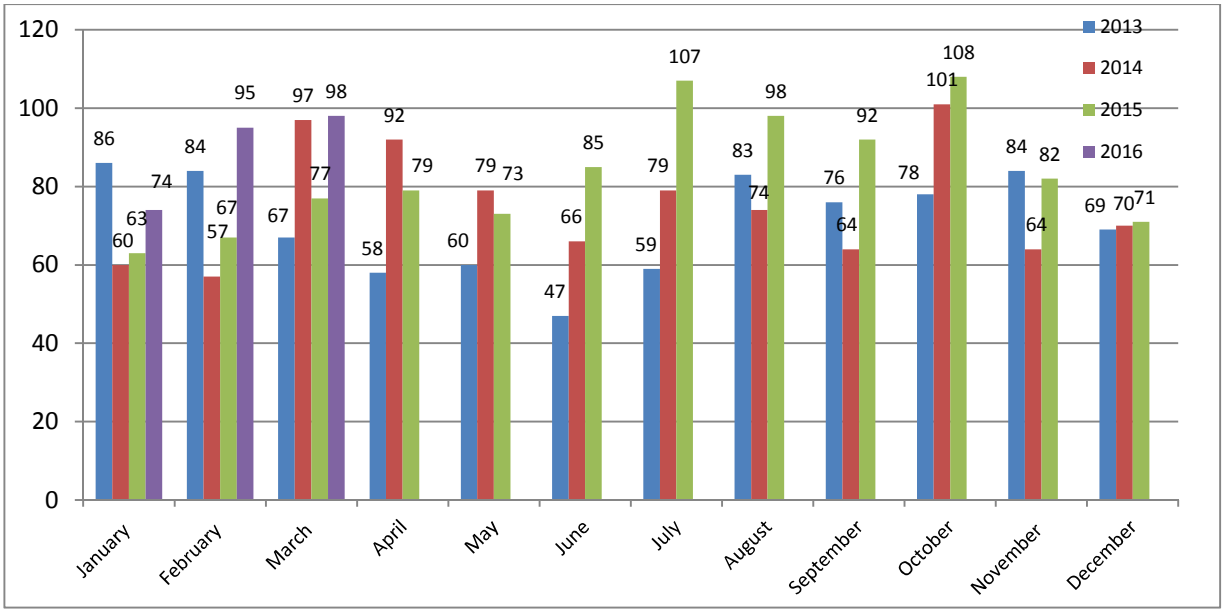
1. Complaints Management

1.1 Total received

The total number of complaints received by the Trust for the financial year to date is 929 against 837 for 2014/15 and 797 for 2013/14. This excludes complaints that were withdrawn, which can happen at any time during the time we are managing the complaint. This is why this total is not an accumulative count of the last 4 quarters as reported in this Quarterly Board Report.

The total number of complaints received in Q4 2015/16 was 267 compared to 261 in Q3 2015/16, 297 in Q2 2015/16 and 237 in Q1 2015/16. In the same period the previous year, (Q4 2014/15) 207 complaints were received, which equates to 60 less. When broken down by month, year on year, there were 11 more complaints made in January 2016 compared to January 2015, 28 more made in February 2016 compared to February 2015 and 21 more complaint made in March 2016 compared to March 2015. It should also be noted that 16 complaints were withdrawn in this quarter, compared to 26 in the previous quarter, leaving 251 actively managed this quarter.

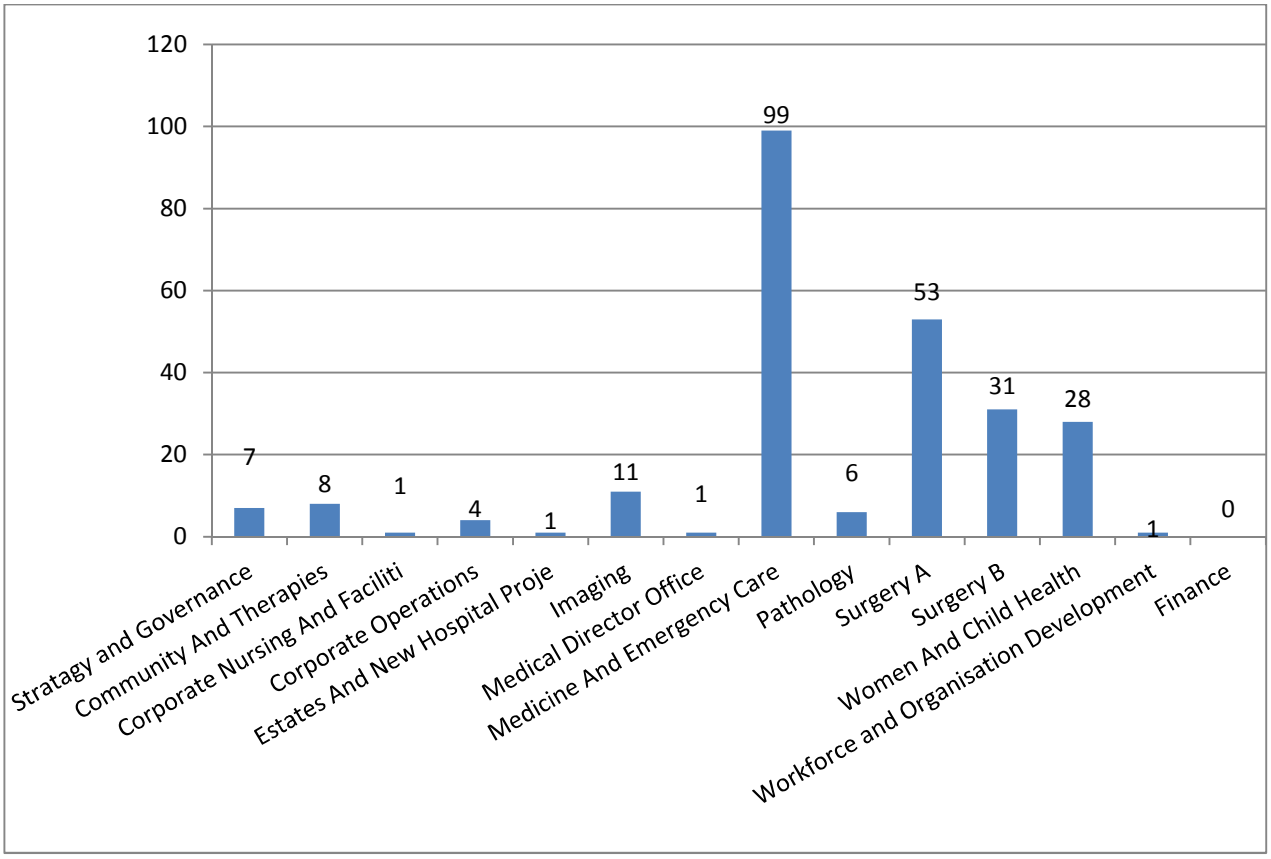
Q4 2015/16 complaints received by month



1.2 Complaints by Clinical Group

When analysing the complaints received in Q4 2015/16, by Clinical Group and Corporate Directorate, Medicine continue to receive the most complaints. **Appendix 1a** shows how these figures compare over the last 4 quarters. **Appendix 1b** shows how this is broken down by ward (where applicable).

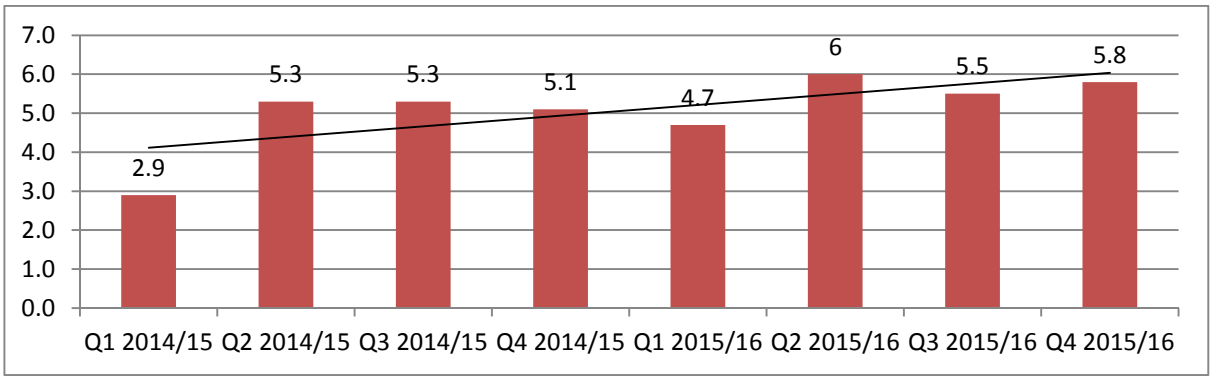
Q4 2015/16 complaints received by Clinical Group/ Corporate Direcotrate



1.3 Complaints received per 1000 FCE (Finished Consultant Episodes)

To more accurately compare which Clinical Group is receiving the most complaints, it is important to represent these not just as numbers of complaints and 1000 bed days, but also as a proportion of the patients that have received care in these areas. This then puts these numbers into context. By comparing the numbers of complaints against FCE we can gauge better whether one service or another is attracting more dissatisfaction and once understood, drill down further into what aspect of that service needs to improve. This analysis was only applied to the largest of the Clinical Groups, as they contribute to 84% of the complaints. This is a decrease of 2% from the 86% proportion from Q3 2015/16.

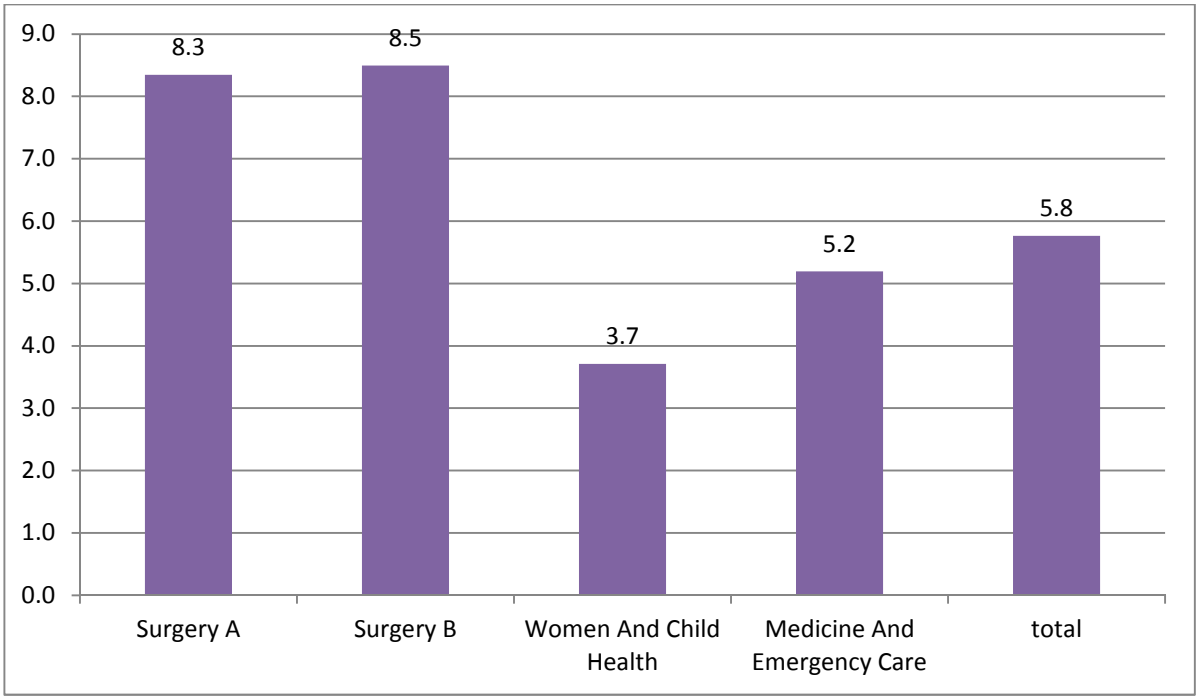
Complaints received per 1000 FCE (Finished Consultant Episodes) Q4 2015/16 compared to previous quarters since Q1 2014/15



Although the majority of complaints received are still made about Medicine, it is again Surgery B that has the highest number of complaints per 1000 FCE. Surgery B has been working closely with the Elective Access Team to improve the way that appointments are managed and utilised across the Group and this work started in Q4 2015/16. This work is still in train, and the complaints rate for Surgery B is coming down considerably from 11.5 for Q3 2015/16 to 8.5 for Q4 2015/16.

Reference is also made to the theme of complaints in section 2.2 in order to better understand the types of complaints made against Surgery B. **Appendix 2a and 2b** show the breakdown of complaints rates for both 1000 Bed days and 1000 FCEs by group.

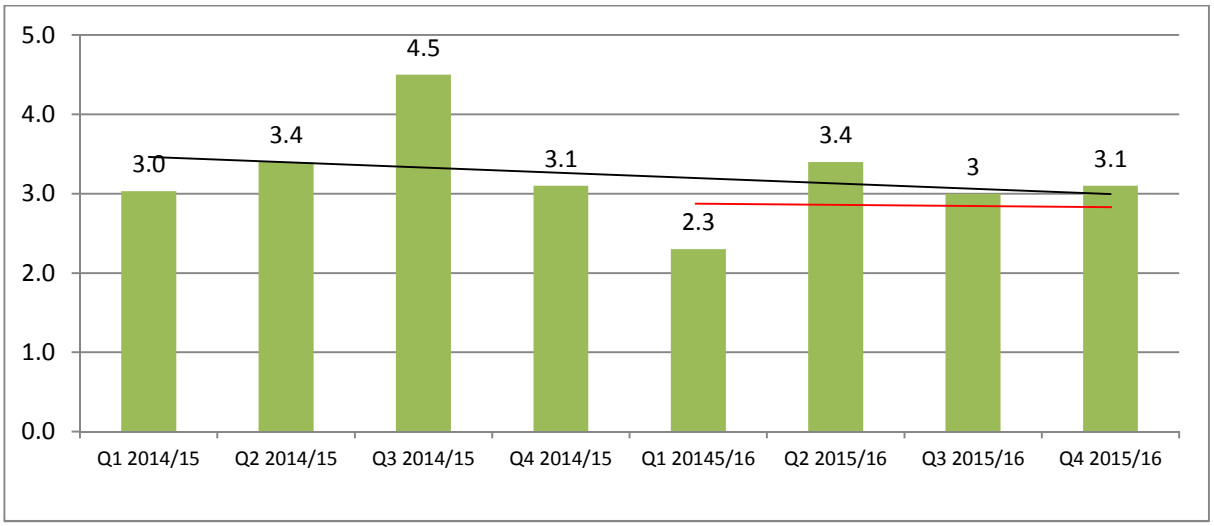
Complaint rate per 1000 FCE for Q4 2015/16 by Clinical Group



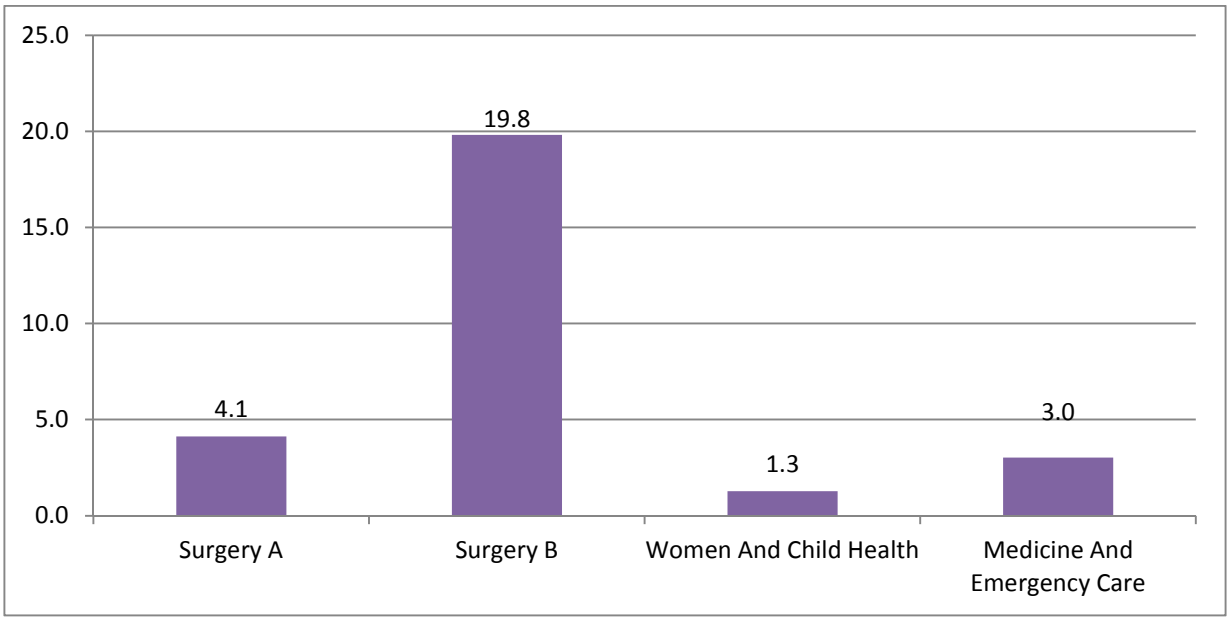
1.4 Complaints by 1000 bed days

The complaints rate, calculated as complaints per 1000 bed days for Q4 2015/16 is almost the same at 3.1 compared to 3.0 against Q3 2015/16 and 3.4 for Q2 2015/16. This slight increase has not affected the downward trend line. The 12 month rolling average has remained the same at to 2.95, (from Q3 2015/16) compared to 3.32 in Q2 2015/16. The trend line is shown in red and the rolling average is shown in blue.

Complaint rate over last 6 quarters showing trend and average



Complaint rate per 1000 bed days for Q4 2015/16 by Clinical Group



When comparing the rates of complaints by Clinical Group Surgery B still appears very much higher, but it is worth noting that many patients in this group do not occupy a bed therefore the more accurate measure for this Group is the FCE rate.

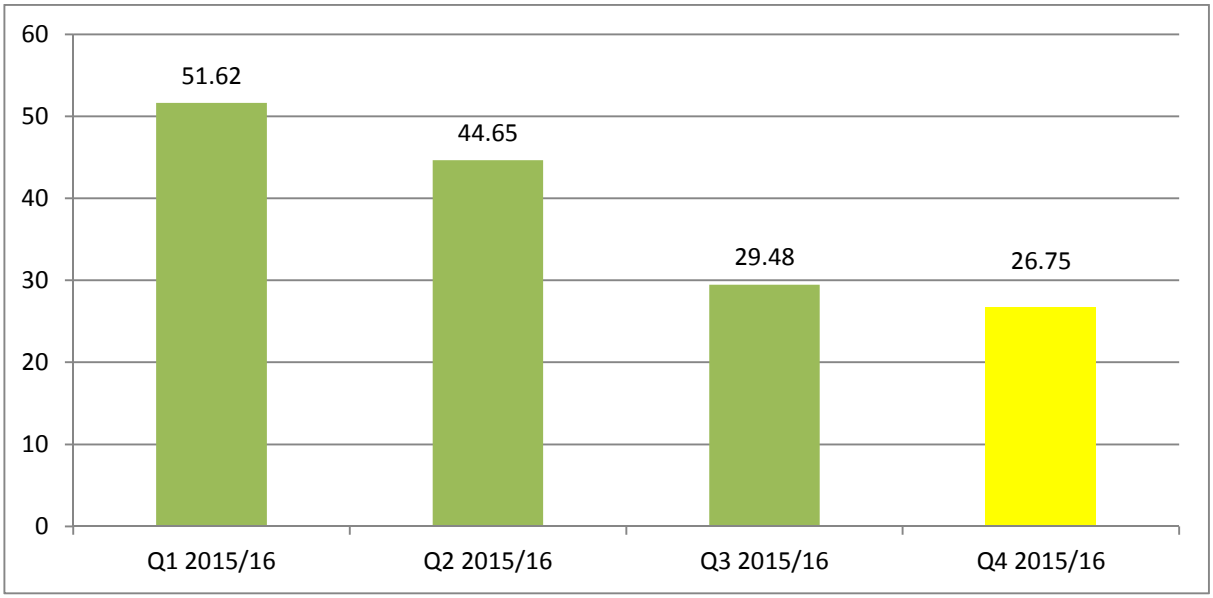
1.5 Timeliness of Responses

As previously reported, Q2 and Q3 2014/15 showed a spike in the average days taken to respond to complaints, and this was largely due to the volume of older cases that had been finalised. Since Q1 2015/16 there has been a predicted decrease, and as cases were managed within their target date, and renewed focus being given to accurate target dates, as opposed to a default 30 day turnaround the rate has gone down from 29.48 in Q3 2015/16 to 26.75, a reduction of 2.73 days.

Of the 183 complaints resolved in this quarter, 177 were managed within their target dates. This means that of the complaints made since April 2015 (closed on or before 31 March 2016, at the time of reporting) there has been 47 (out of 650) cases sent after their agreed target dates. This means that 93% have gone out on or before the agreed date. The reasons for the 47 cases breaches vary from poor administration, resources issues to complete responses and a failure to escalate delayed cases appropriately.

This figure will need to be adjusted in mid-May, because there will be complaints that were received in this financial year that are yet to be completed. The actual 2015/16 breach rate cannot be reported until then.

Average days to respond by quarter in Q4 2015/16

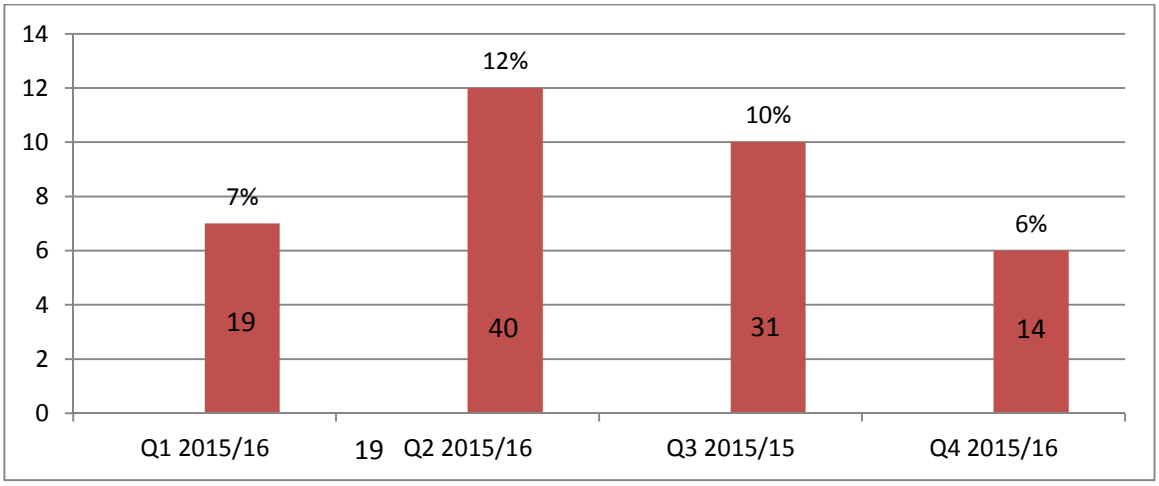


Appendix 3 shows a further breakdown of this data by Clinical Group. It should be noted that this is the total time that the complaint took to resolve and includes all stages of the process.

1.6 Complaints managed by resolution meeting

It is recognised that for some complaints, a resolution meeting, as opposed to a written response can be more effective in addressing concerns. Complainants whose concerns relate to a patient who has died will always be offered a meeting. It has become apparent that many complainants will express a wish to receive a written response first, before agreeing to meet with the Trust whilst others prefer a meeting. The take up rate of complaints resolution meetings is monitored and for Q4 2015/16 it went down to 6%, compared to 10% in Q3 2015/16, 12% in Q2 2015/16 and 7% for Q1 2015/16. It should also be noted that one of the lowest scoring questions on the complaint satisfaction survey was our not offering a resolution meeting. It is recommended that more work be done by the complaints team to address this.

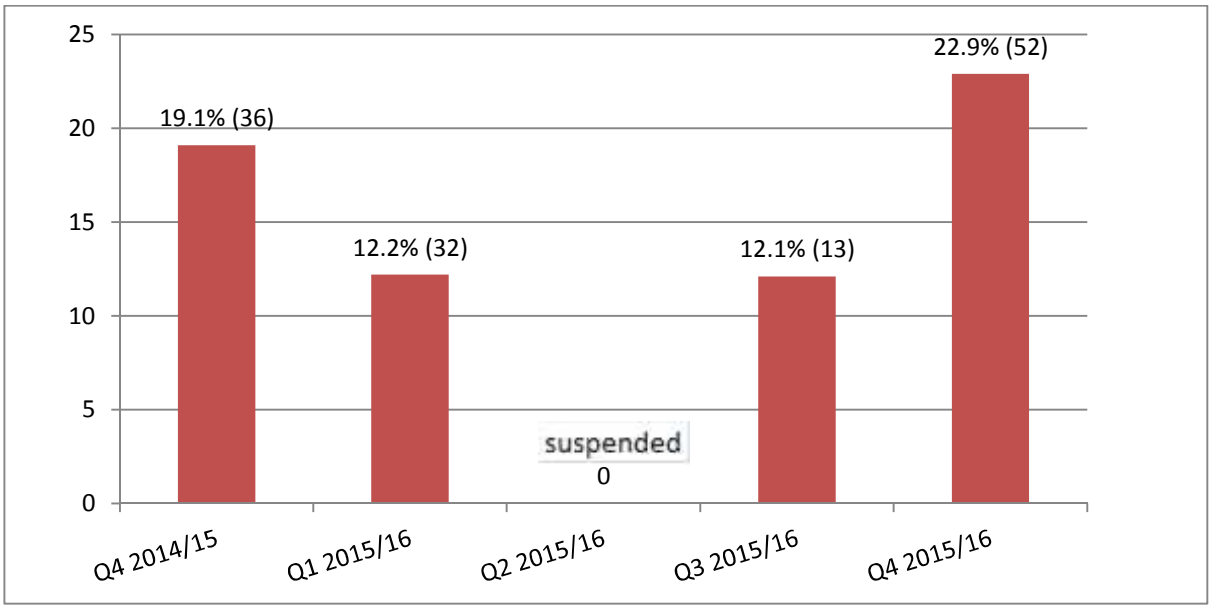
% of complaints that were managed by a resolution meeting as opposed to a written response. Q4 2015/16 compared to Q3 2015/16 Q2 2015/16 and Q1 2015/16



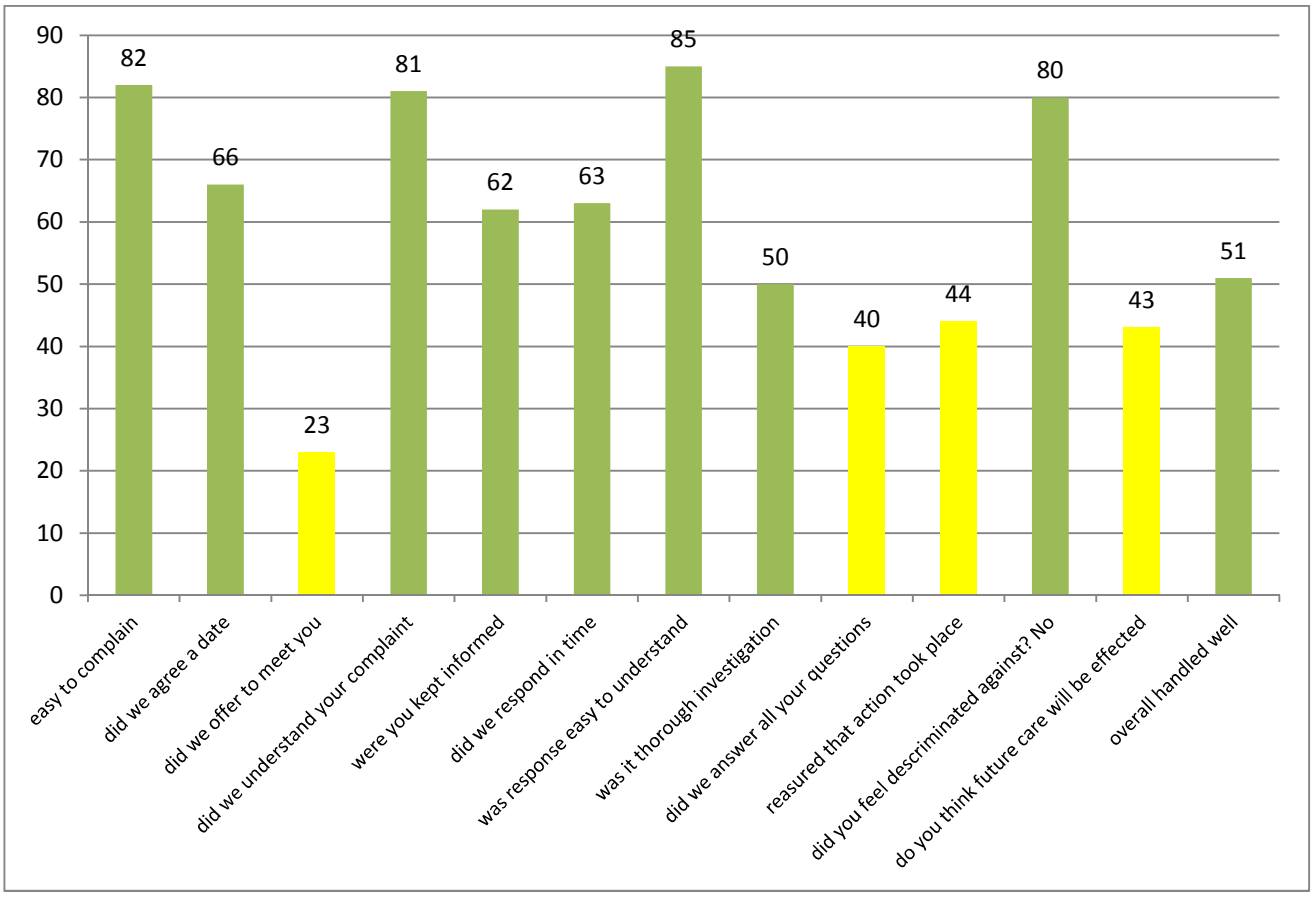
1.7 Complaint satisfaction survey

Complaints survey response rates have remained consistently low, so the timing of when questionnaires are sent was changed in October 2015 to test if this improved the position. In Q3 2015/16 the response rate was reported as 12.1%. . Q4 2015/16 saw the first quarter to test the new timing for a full quarter, and the return rate has jumped to 22.9%.

Response rate for Complaint Satisfaction Survey for Q4 2015/16 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16, Q4 2014/15. (Number of responses received shown in brackets)



Complaint Survey results by % Q4 2015/16



KEY POINTS

- Surgery B still have the highest complaint rate, with a large number relating to appointment management, but this has come down considerably this quarter.

- 94% (838) of complaints resolved in this quarter were sent within their target date. This % of compliance is improved from the 93% result of last quarter and is a significant improvement compared to previous years. This demonstrates a robust complaints handling process, but leaves room for an improved result in 2016/17.

- The average turn around has improved again down to 26.75 days demonstrating that complaints are not only being managed within the 30 day Trust target, but also where appropriate, complaints are being fast tracked for a more efficient resolution.

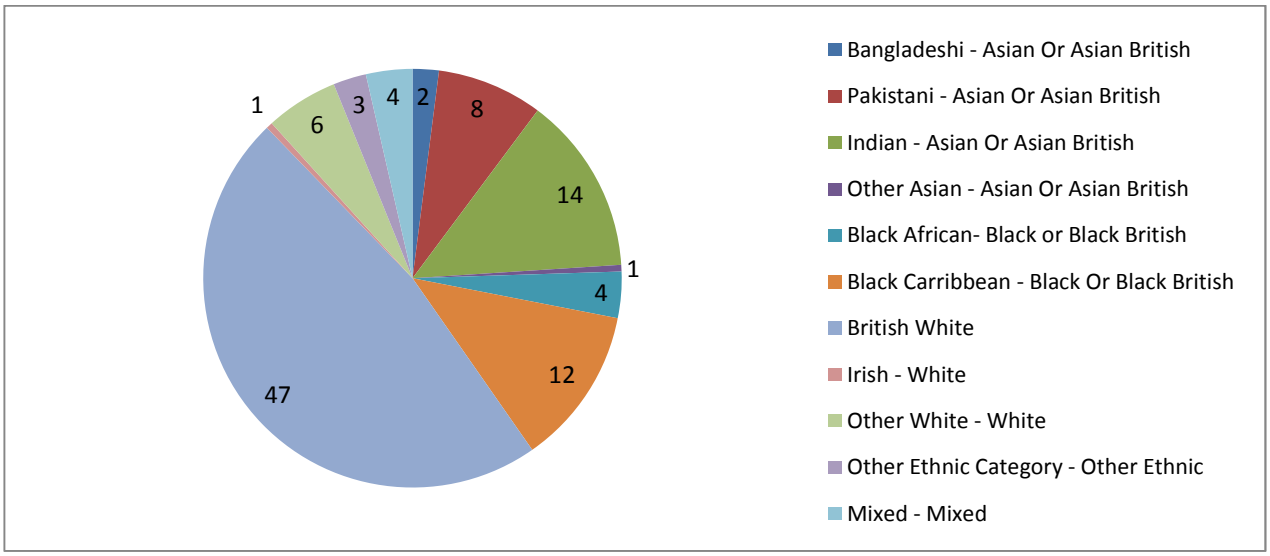
- The new Complaints Satisfaction Survey has increased the return rate from 12.1% to 22.9%, indicating that delaying the sending of the survey by 4 weeks may have impacted on the return rate. This will be monitored into 2016/17 to ensure that this continues to improve.

2. Complaints in detail

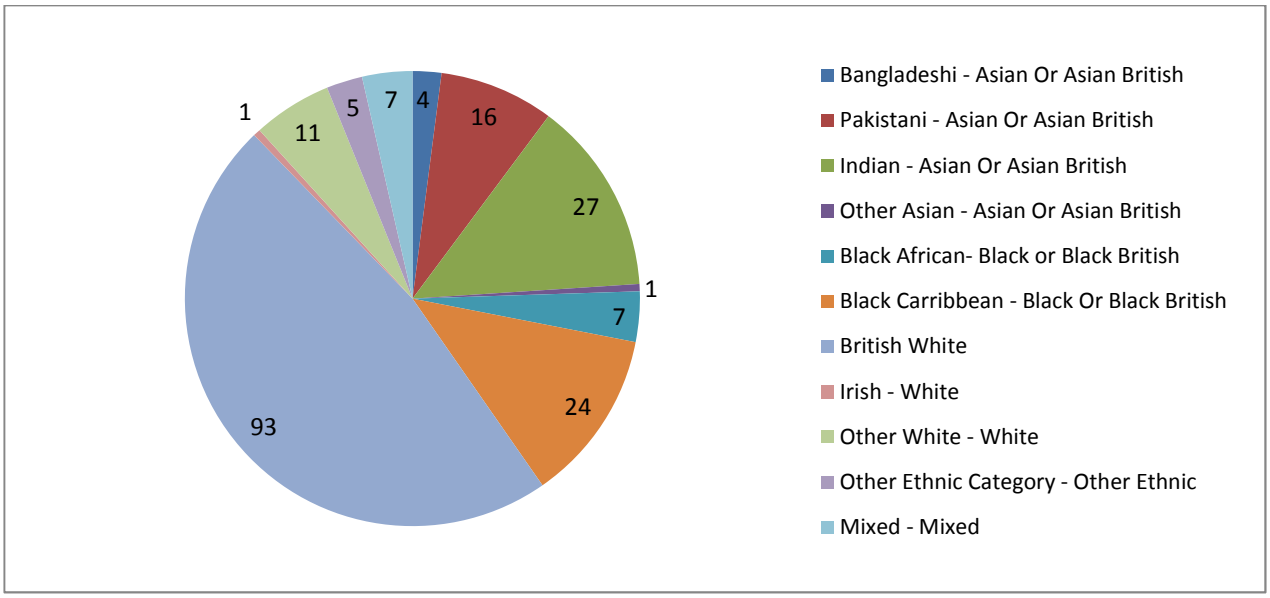
2.1 Profile of the subject of complaints

In order to check that our complaints process is accessible to all, it is important to understand the profile of complainants by certain protected characteristics. Gender, age and ethnicity are recorded and then compared to our hospital population and also the population of the geographic area that we serve in **Appendix 6**.

Subject of complaint by % Ethnicity Q4 2015/16 (of 196 of complaints where ethnicity stated)



Subject of complaint by total number- Ethnicity Q4 2015/16 (of 196 of complaints where ethnicity stated)

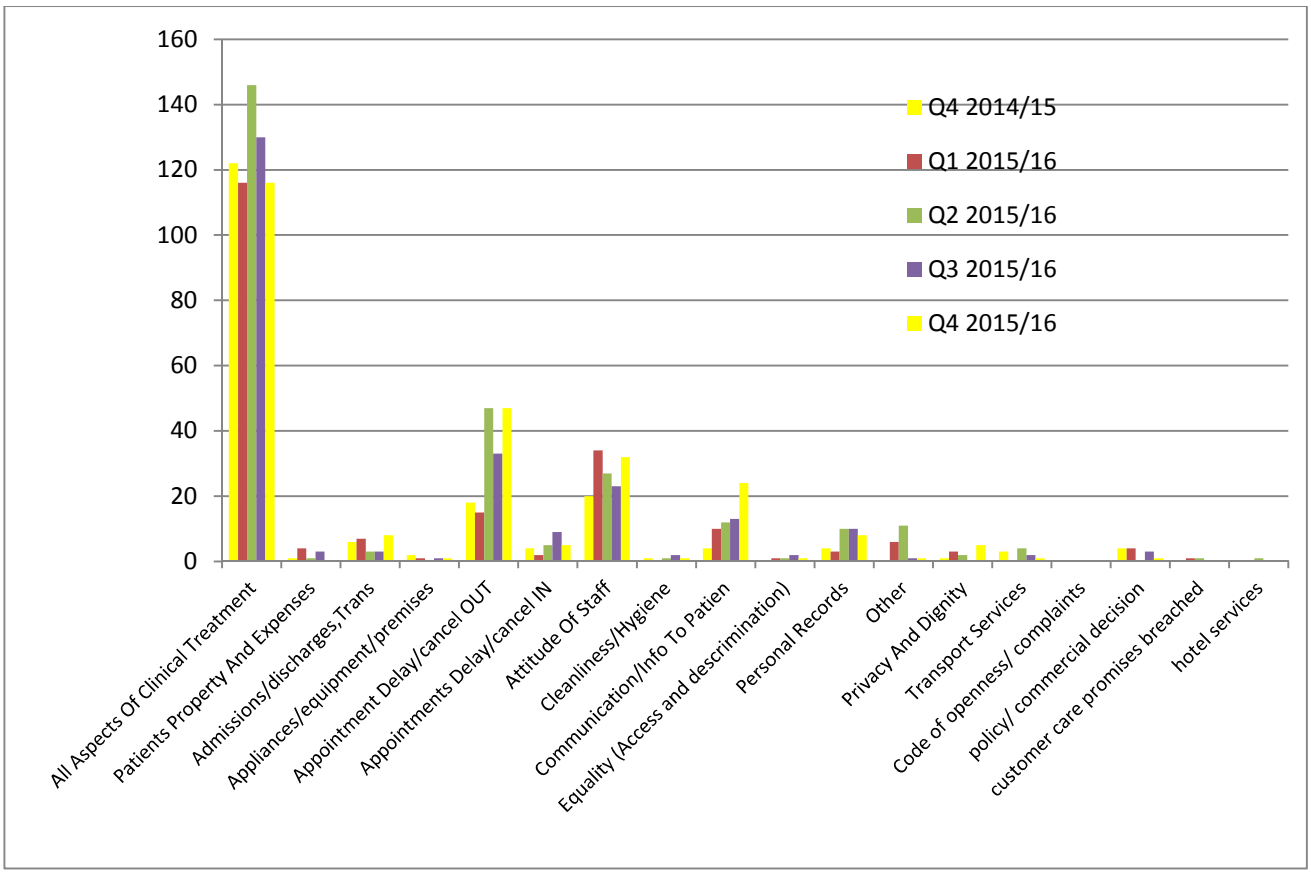


In previous quarters, disproportionality around complaint rates for the Pakistani and Black Caribbean community has been reported. This is no longer apparent for the Pakistani community, the rate of complaints being within a per cent or two of the demographic population for the last 3 quarters. This disproportionality has continued for Black Caribbean complainants and or patients seeing 12% of

complaints being made by this sector of the community against a patient population of 6%. **Appendix 6** breaks down the type and grade of complaint, and the Clinical Group it is about, compared to last quarter. This information is shared, via this report to clinical groups for consideration and work is being undertaken to engage with Black community leaders in order to understand why, and potentially redress this imbalance.

2.2 Formal complaints by theme

Broad themes that complaints fell into in Q4 2015/16 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16 and Q4 2014/15.



When analysing the top three themes complained about, these remain 'all aspects of clinical treatment', 'appointment delays', and 'staff attitude'. **Appendix 9** breaks down the themes of complaints by Group, profession and department for the most complained about themes.

In Q2 and Q3 2014/15 it was reported that Surgery B had a disproportionately higher rate of complaints about their management of appointments but this decreased in Q4 2014/15 and again in Q1 2015/16. In Q2 2015/16 there was a slight increase, and this has continued into Q3 2015/16. However in Q4 2015/16 following much work to redesign the way appointments are managed this has decreased significantly to 14% this quarter compared 33% in Q3 2015/16. The rate at which complaints are received about appointments overall has however remained steady over the last 3 quarters, at around 18% and has increased to 20% this quarter.

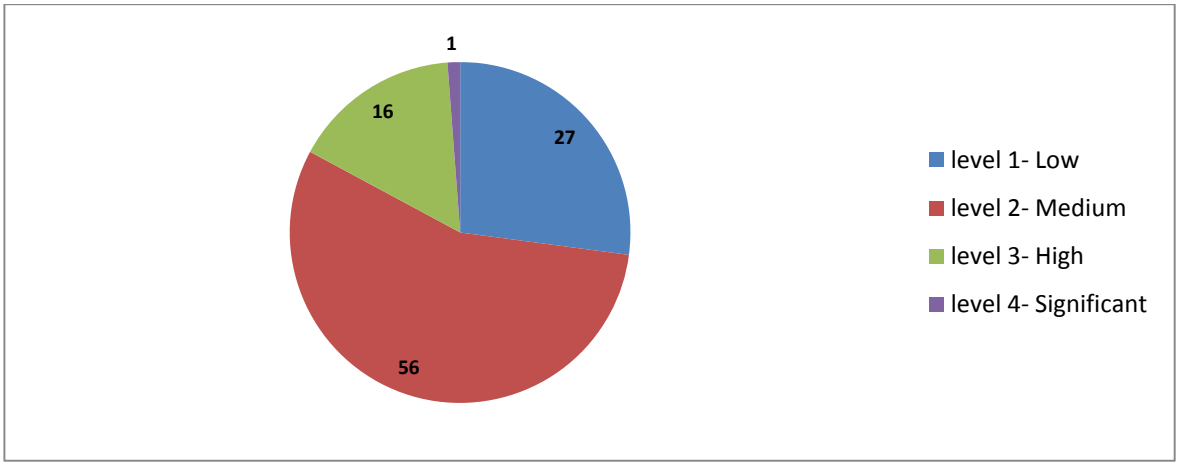
Appendix 9 specifies the staff groups that feature in the complaints about 'attitude of staff.' In most of the previous quarters, when comparing doctors and nurses, it is more likely that it is the attitude of the doctor

that causes concern, not nurses. However, in Q3 2015/16 this is reversed, with nurses having a higher proportion of these complaints and this trend has continued into Q4 2015/16.

2.3 Formal complaints by severity

The following is a breakdown of the 251 actively managed complaints by severity and shows that once again complaints considered high or significant (Levels 3 and 4) remain in the minority. The significant rise reported in Q3 2015/16 in level 4 complaints, has returned back to the expected level. This quarter, level 1 and 2 complaints again made up 83% (208) of those received which was exactly the same as last quarter and 3% lower than the quarter before. (86% in Q2 2015/16).

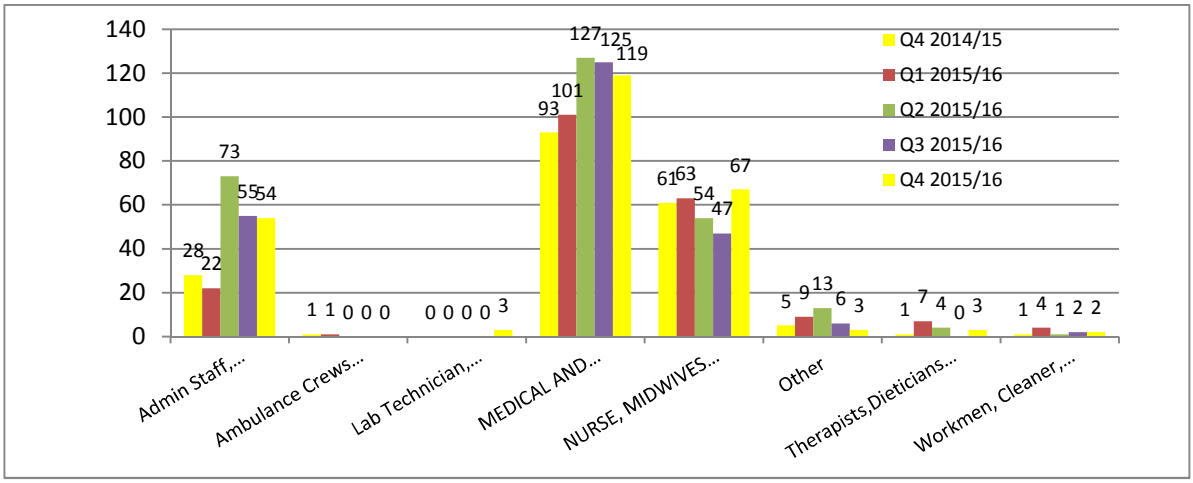
A breakdown the severity grade of complaint for Q4 2015/16



2.4 Formal complaints by profession

It has previously reported that there were no significant changes in the number of complaints received across the seven professional groups. In Q2 2015/16 there was a notable increase in the number of complaints about administrative and managerial staff. This has come down slightly but is still higher than in Q1 2015/16, Q4 2014/15 and Q3 2014/15.

Complaints by staffing group Q4 2015/16 compared to previous 4 quarters



KEY POINTS

- When broken down by ethnicity, complaints regarding Black Caribbean patients have again increased. It was complaints about staff attitude that were notably higher for this ethnic group last quarter. This quarter, it is communication that is disproportionately complained about, and there is a strong link between the two complaint categories. A key community leader has been identified so that an investigation as to how to address this disproportionality can start.

- The Elective Access team are working to improve the way that appointments are managed across many clinical areas. This work is ongoing, but has already started to reduce the number of complaints received about this issue.

- Level 4 complaints (rated the most serious) have returned to the expected number following a spike in the previous quarter.

3. Formal complaints outcomes

3.1 Resolved complaints

183 responses were sent out this quarter compared to 250 in Q3 2015/16, 257 in Q2 2015/16, 225 in Q1 2014/15 and 187 in Q4 2014/15 (same period last year).

3.2 Formal complaints upheld.

At the conclusion of a complaint, we categorise the outcome as one of the following three categories.

Upheld – we agreed that the complainant was found to have experienced poor care/ treatment/ customer service.

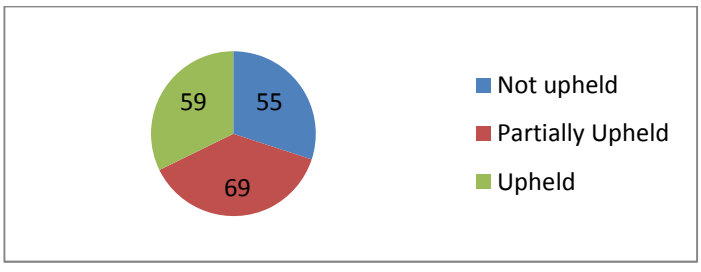
Partially upheld- elements of the complaint were found to be the case, but not all.

Not upheld- The investigation did not uncover any failings on behalf of the Trust.

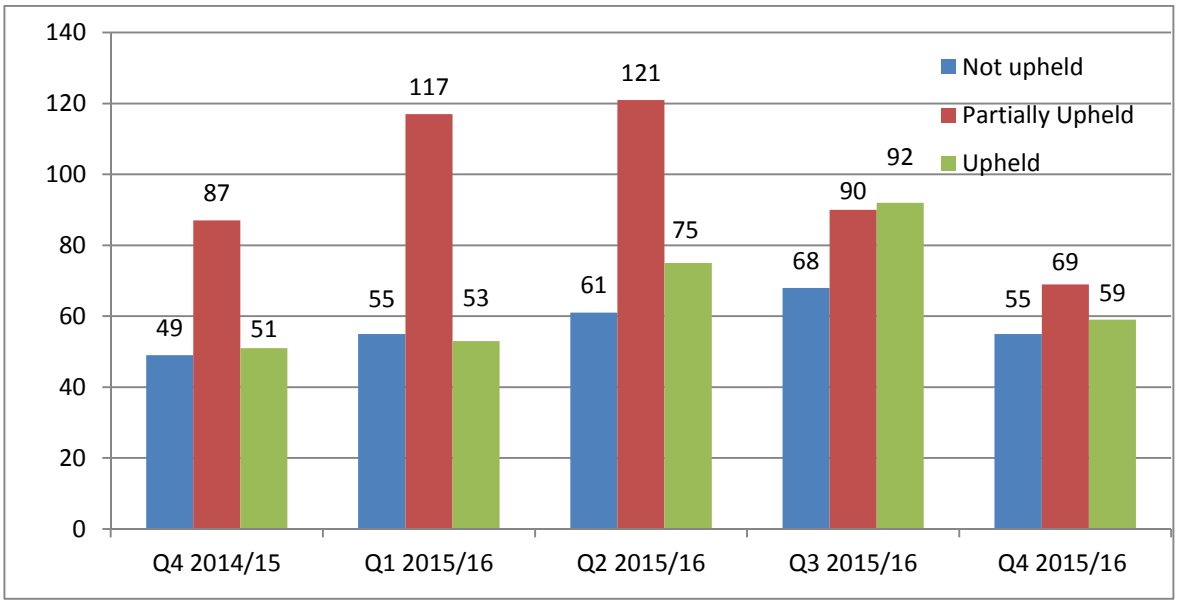
The outcome of complaint responses remain mostly either upheld or partially upheld, and whilst there was a slight increase in the instances of partially upheld in the last quarter, Q4 2015/16 results have reverted back to outcomes that are more consistent with previous quarters.

The high percentage of these outcomes still demonstrates a continued commitment to 'Being Open' and integrity in general in complaints management.

Q4 2015/16 no. of complaint by outcomes



Complaints outcome Q4 2015/16 compared to Q3 2015/16, Q2 2015/16, Q12015/16



Learning from complaints

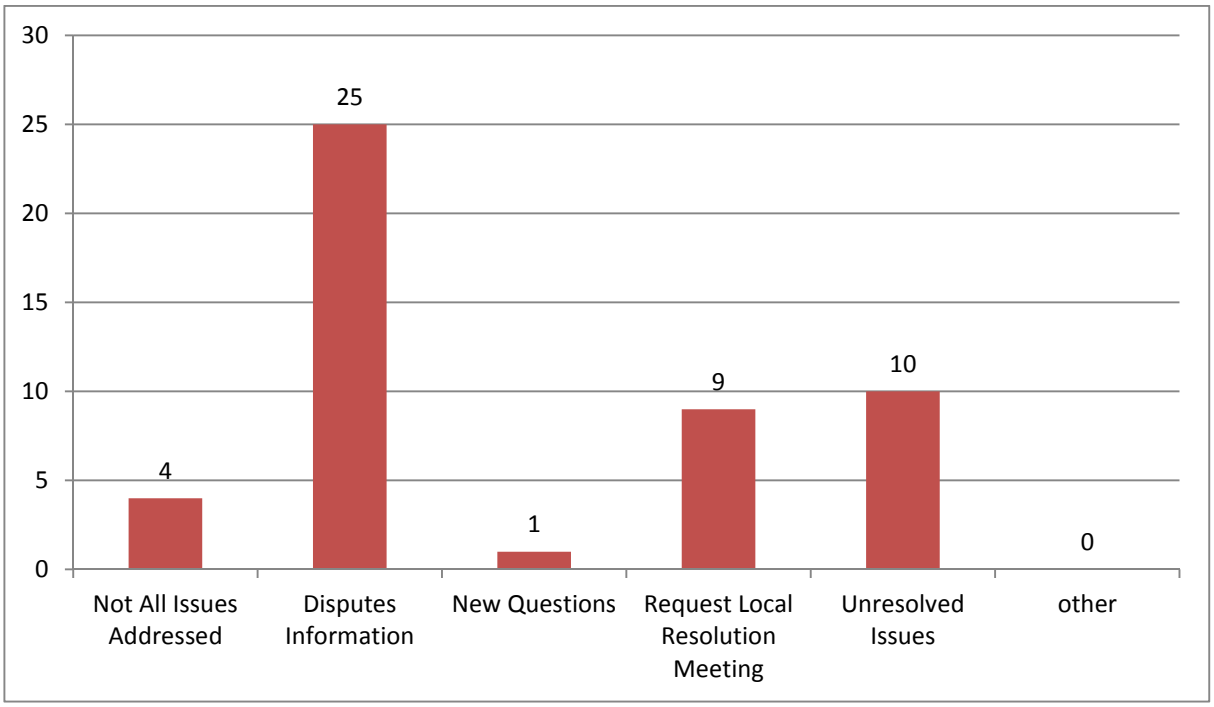
Complaints provide an important opportunity to improve services, learn from mistakes and identify systemic flaws in order to improve the patient experience, and in some cases patient safety. The database used in the complaints process has an action tracker, and records any recommendations that are made for individual complaints.

Of the 187 complaints closed in Q4 2015/16 73 (45%) recommended action or learning as a result of the complaint. Most of the action or learning came from those complaints that were either partially or wholly upheld. Reported is a breakdown of all complaints by outcome, where recommendations for action were made. **Appendix 8a** is the detail of those complaints where there was an action, post complaint. Actions are being adhered to on time, and these are actively monitored to ensure that this learning/ action takes place.

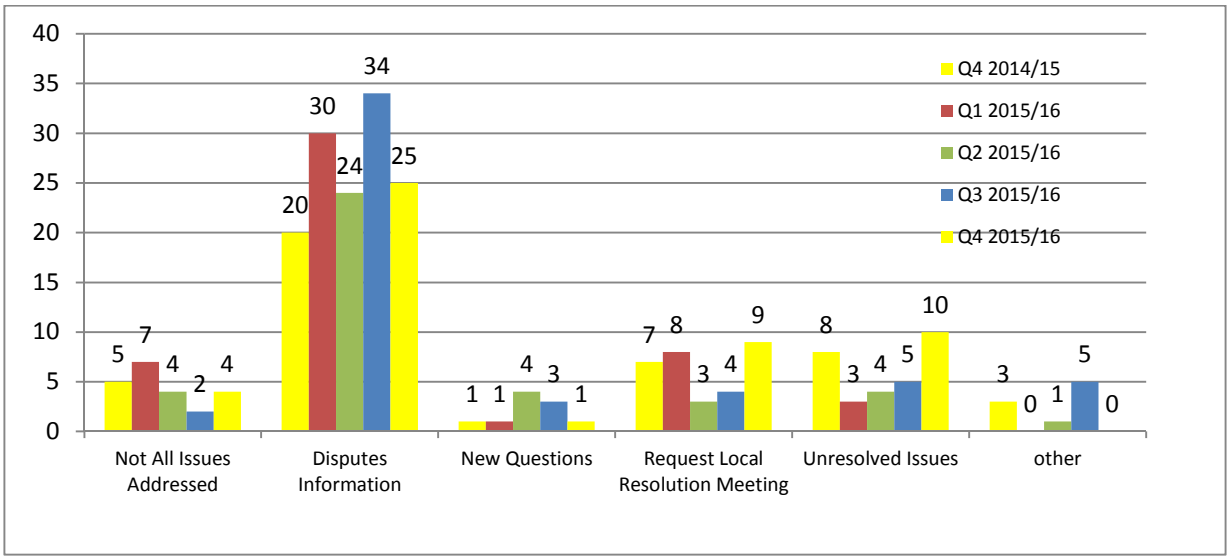
3.3 Reopened cases

Reopened cases totalled 49 in Q4 2015/16 with 4 (8%) cases reopened because not all issues were addressed first time round. This compares to 53 in Q3 2015/16 and with 2 (4%) cases reopened because not all issues were addressed first time round. Reopened cases have decreased this quarter, and whilst the % reopened because not all issues were covered has increased, it is still lower than the average of the 4 previous quarters at 14%. 51% (25) of complaints were reopened because complainants did not agree with our response. Of these 24, 4 outcomes changed as a result of our reinvestigation, representing just 16%.

Total number of cases reopened and why Q4 2015/16



Total number of cases reopened and why Q4 2015/16 compared to previous 4 quarters



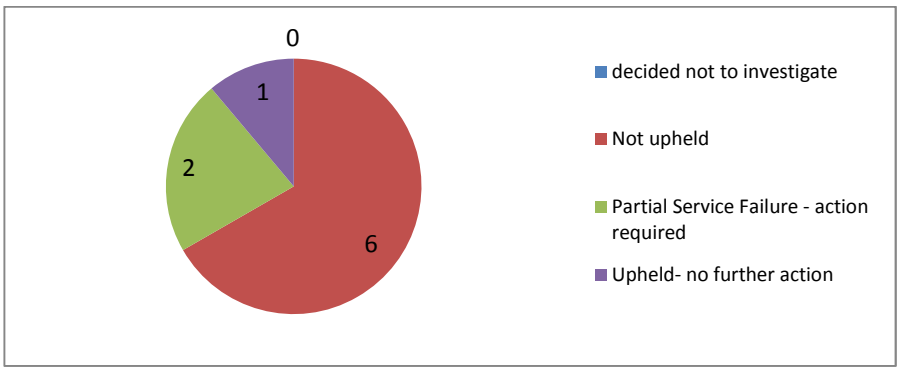
Appendix 11 shows all reopened complaints by Group and Grade, and continues to show that it is the medium grade (Level 2) complaints that are most likely to be reopened. Also shown in **Appendix 11** is a breakdown of the Medicine and Emergency care Group as this remains the group that received the most reopened cases. This breakdown is shown by both reason and grade.

3.4 Parliamentary and Health Services Ombudsman enquiries.

When the local complaints process is exhausted, any complainant who remains dissatisfied can have their complaint reviewed independently by the Parliamentary and Health Services Ombudsman (PHSO).

8 new PHSO complaints were logged in the three months of this quarter, and 9 enquiries were concluded during this same period. These are shown below.

The outcome of the 2 cases closed in Q4 2015/16



The trend in receiving a high number of new complaints from the PHSO has continued into this quarter, and it should be noted that there were also a higher number than usual closed, with 66% of them not being upheld.

There is no one Clinical Group, specific grade of complaint or theme to that PHSO cases, but this continues to be monitored.

3.5 Parliamentary and Health Services Ombudsman (PHSO) in the news

The Parliamentary and Health Services Ombudsman (PHSO) published a new report in March showing that whilst more than half of GP practices are handling complaints well others are falling short, leading to lost opportunities to improve patient care.

The findings in the report are based on a review of 137 complaints about GP practices, which were investigated by the PHSO, NHS England and the Care Quality Commission. Healthwatch England also contributed a survey into patients' experience of complaining from 31 of its local organisations.

The report also commits organisations involved in the review to take action to help drive improvements in complaints handling in GP practices. This includes commitments by:

- NHS England to continue work with Health Education England and others to ensure that complaints handlers have access to high quality training.
- The Care Quality Commission to continue to investigate complaint handing as part of its inspection program.
- Healthwatch England to continue their work to develop a complaints toolkit for local Healthwatch representatives to help suggest improvements to CCGs, GPs and Practice Managers
- Parliamentary and Health Service Ombudsman to produce guidance for practices on working with ombudsman

Q3 2015/16 (reported a quarter behind)

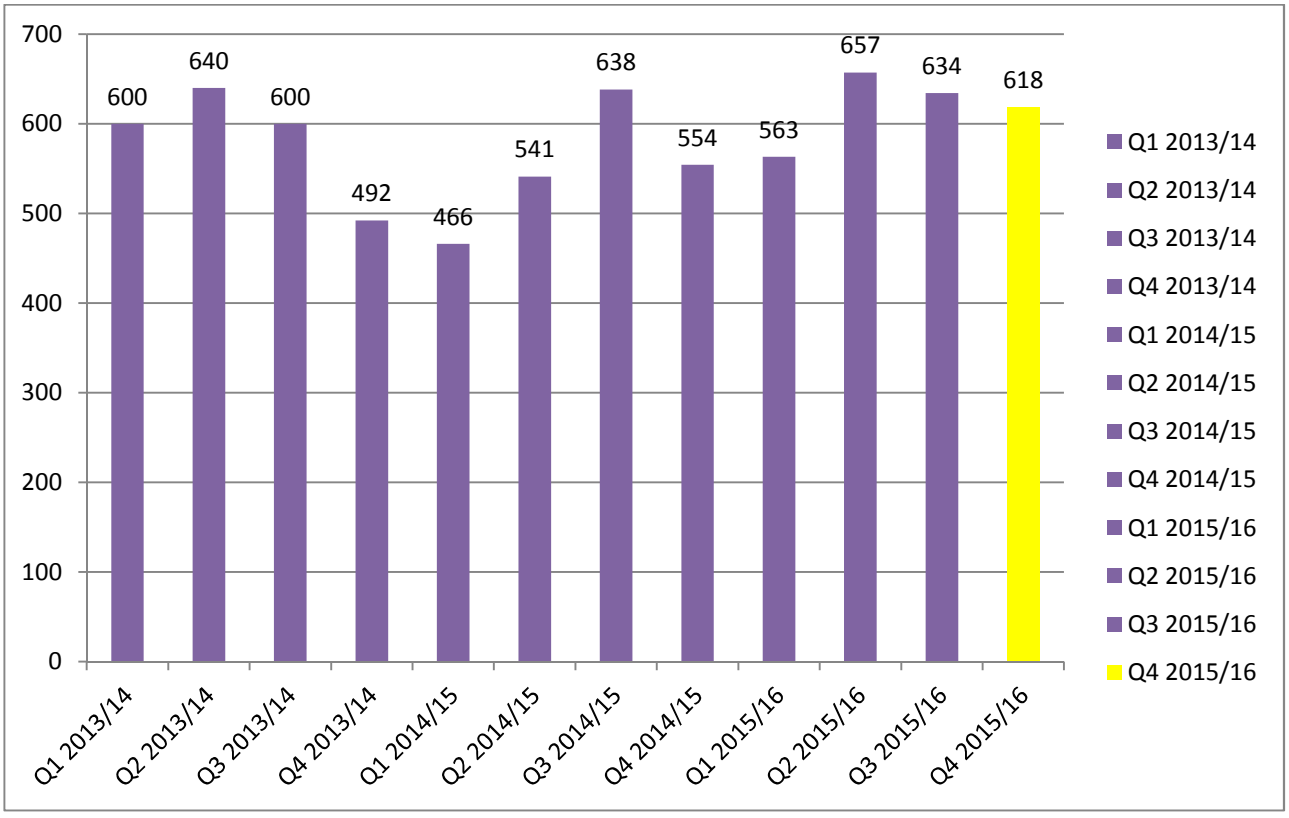
The PHSO reported that they received 2621 (compared to 2658 in Q2 2015/16, and 2393 enquiries in Q1 2015/16) Of those, 48% were upheld compared to 45% in Q2 2015/16. This is not reflected in our Trusts upheld rate, at just 33% (albeit for Q4 2015/16). The PHSO received 16 enquiries in Q3 2015/16 about this Trust, compared to 26 enquiries in Q2 2015/16.

4. PALS

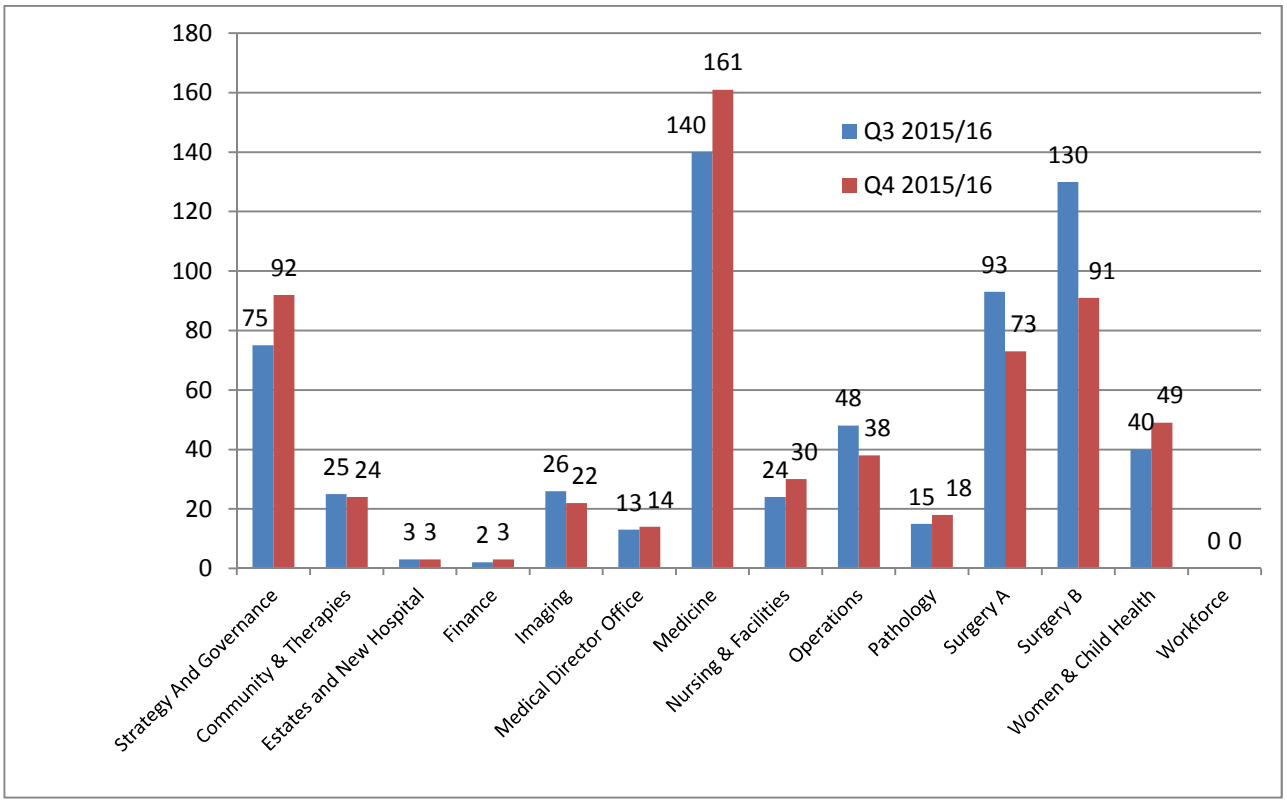
The Patient Advice and Liaison Service (PALS) continue to play a vital role in providing patients with a local advocate who can investigate concerns. As well as reporting the standard enquiries, work has continued in the collection of compliments for this quarter, of which there were 109.

The total number of PALS enquiries made in Q4 2015/16 was 618 compared to 634 in Q3 2015/16, 657 in Q2 2015/16, 564 in Q1 2015/16 and 554 in Q4 2014/15 (same time last year). The number of enquiries for Q3 2015/16 is 64 more than for the same period this time last year.

Graph shows the number of enquiries of PALS by quarter over the past since Q1 2013/14



The following are the enquiries taken by PALS in Q3 2015/16 compared to Q2 2015/16



Appendix 13 reports all PALS enquiries compared to the last 4 quarters, and is also broken down by Clinical Group and in future reports, will also compare this Clinical Group with previous quarters.

Compliments

There were 109 compliments collected, most of which (102) were from D26. This continues to demonstrate the difficulty in gaining commitment from all wards to capture this information. PALS will be working with the wards to encourage a renewed focus on completing and submitting the compliment counting forms that have been used in the past.

5. Key areas for focus in Quarter 4 2015/16

5.1 The **Complaints Satisfaction Survey is now emailed to** complainants who supply an email address, but a method of how to assist complainants to return them electronically completed is still being investigated.

5.2 **Integrated reporting across Governance** in order to better understand the link between an incident that results in a complaint and in turn may result in a legal claim. This involves using the Safeguard database system to ensure that episodes that are reported as incidents, logged as complaints and claimed for as medical negligence, are linked together. This reduces duplicated work and ensures cohesive responses to all stakeholders. This work still continues into 2016/17.

5.3 Is still evident that more work needs to be done to better understand the It disproportionality of complaints made by the **Black Caribbean** community. Consideration is now being given to whether it is complainant behaviour that needs investigating, or a whether this ethnic group are being treated

differently. A local community leader has been identified, that may support the Trust in gaining a better understand of how to improve the complaints rate in this ethnic group.

5.4 In order to test a different method of **Complaint Satisfaction Survey** complainants who supply an email address will receive an email with their attached to it (that can be filled in electronically) and the return rate will be monitored separately and reported upon in Q4 2015/16.

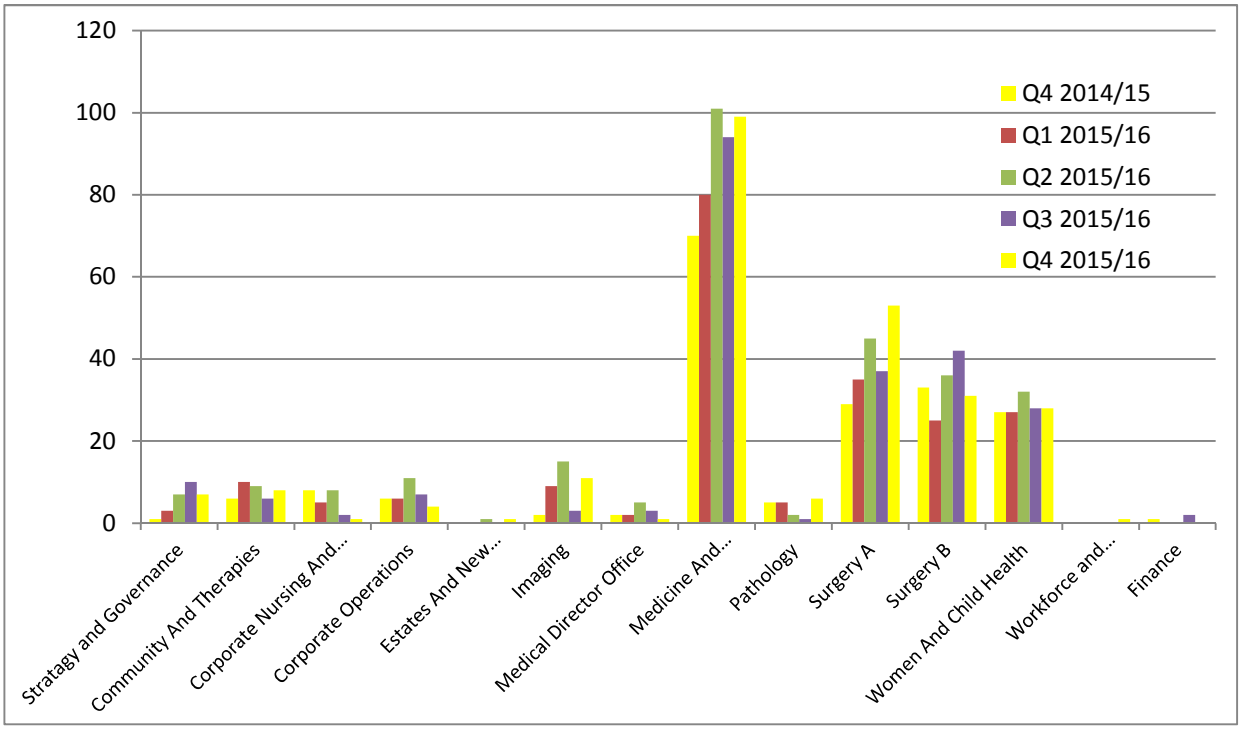
5.5 Only 51 cases breached their target dates for 2015/16. The reason for these breaches is to be investigated to better understand why they occurred. This in turn will inform the work to be done in 2016/17, in order to build upon what has already been done to achieve the 2015/16 result. Whilst the 51 cases represented just 6% of all complaints resolved this year, it is recognised that the number of breaches should decrease in 2016/17.

6. Conclusion

6.1 Complaint numbers have continued to increase this financial year when compared to the same period last year. Despite this increase in actual numbers the way complaints have been handled this year has improved, resulting in 94% of complaints being responded on or before their target date, largely due to the efficiency of the way that complaints are now managed, however more work is planned to better understand complaints received from the Black (Caribbean) community and the number of PHSO cases remain high. The response rate for the complaints satisfaction survey has increased following the full implementation of the new survey and PALS concerns remain steady.

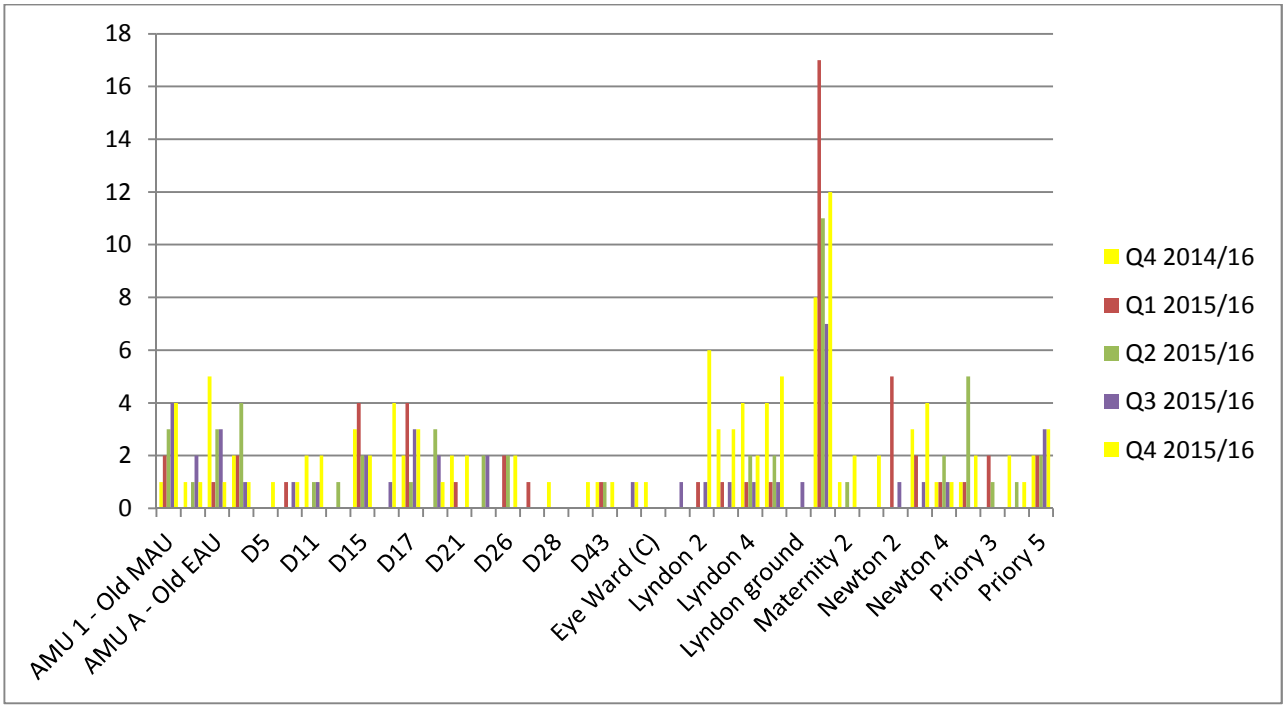
Appendix 1a

Complaints received by Clinical Group and Corporate Directorate for Q4 2015/16 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16, Q4 2014/15- (same time last year.)



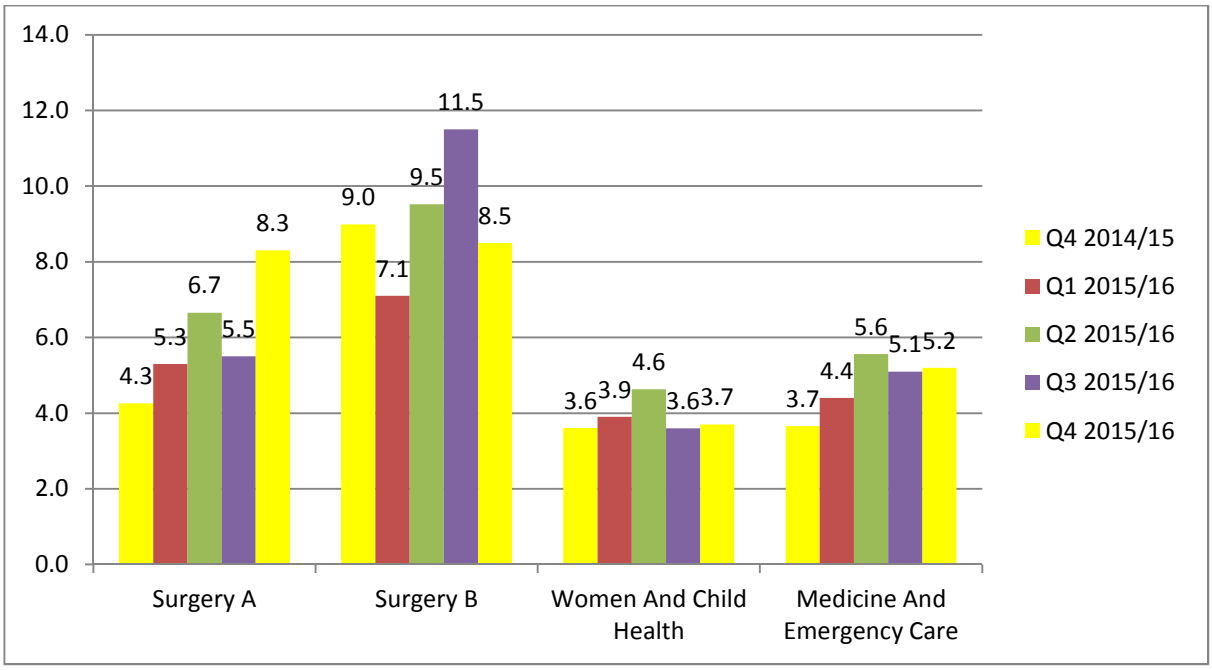
Appendix 1b

Complaints received by Ward (where applicable) for Q4 2015/16 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16, and Q4 2014/15- (same time last year.)



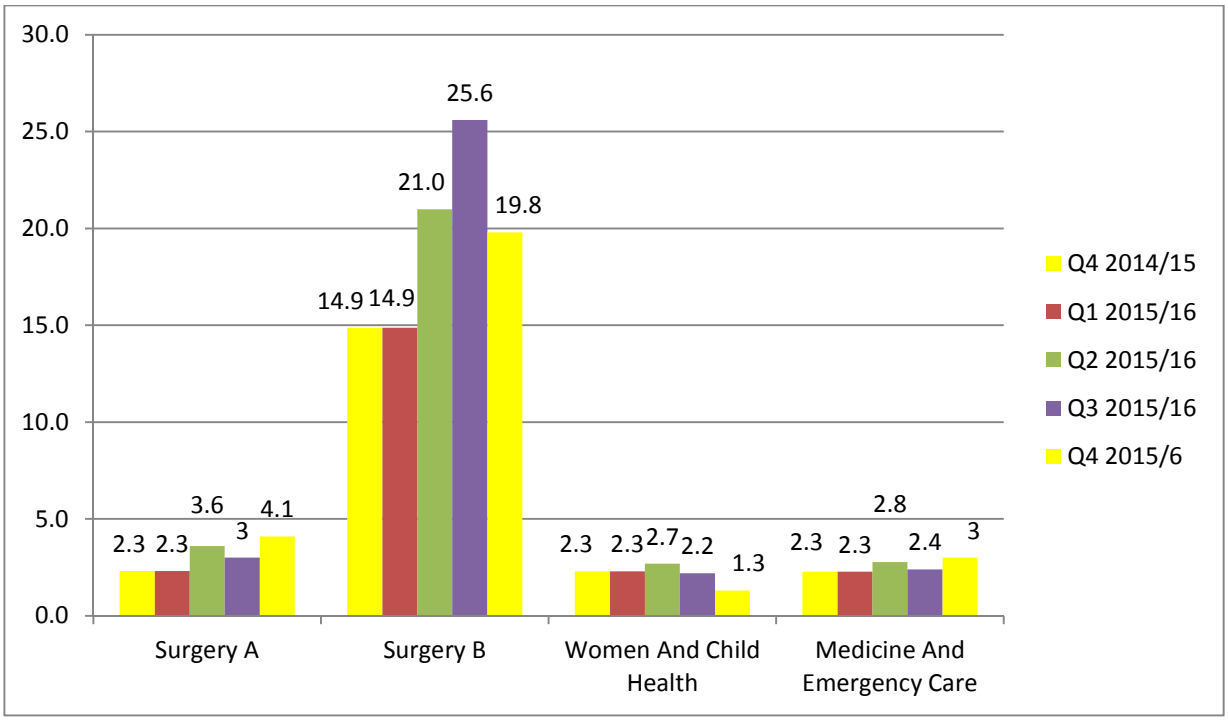
Appendix 2a

Complaints rates by 1000 FCE for Q4 2015/16, Q3 2015/16, Q2 2014/15 and Q1 2014/15, Q4 2014/15- (same time last year) by the top four Clinical Groups



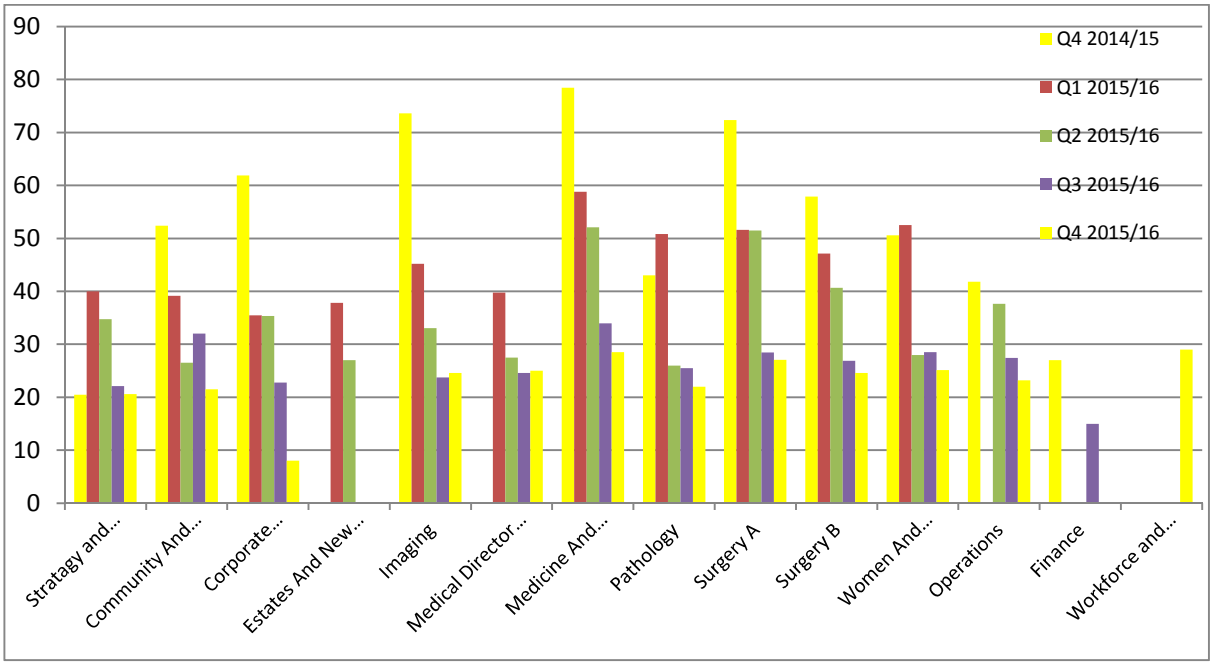
Appendix 2b

Complaints rates by 1000 bed days for Q4 2015/16, Q3 2015/16, Q2 2014/15, Q1 2014/15 and Q4 2014/15- (same time last year) by the top four Clinical Groups



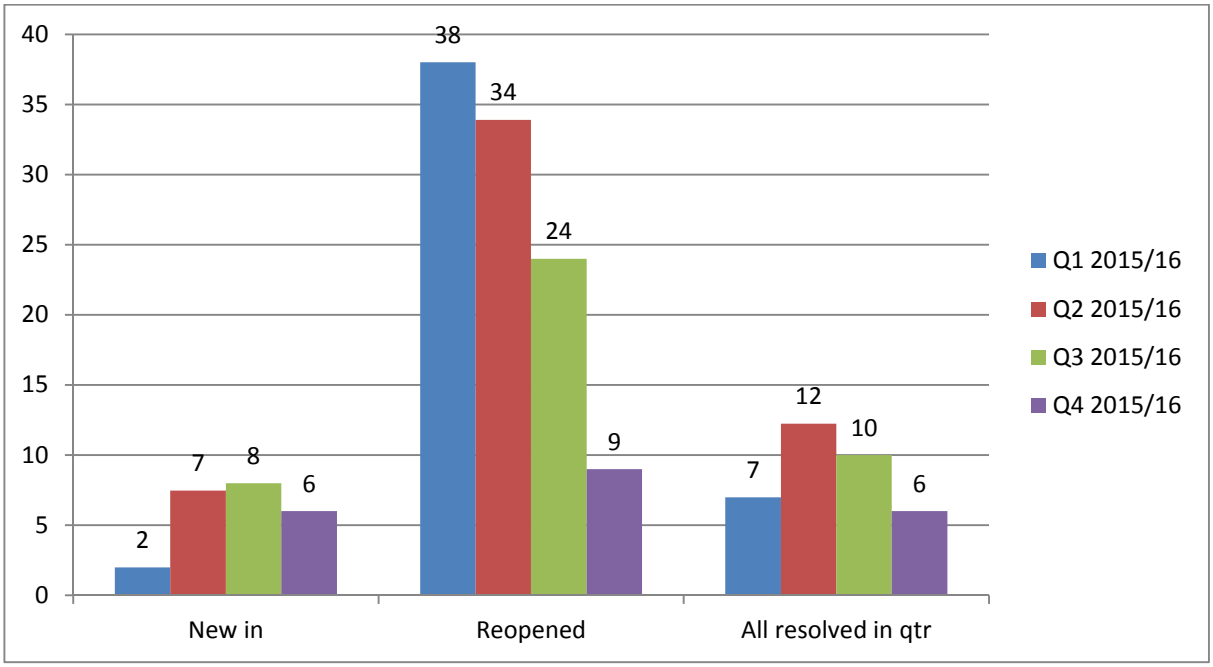
Appendix 3

Complaints turn around by Clinical Group for Q4 2015/16, showing the number of days that each new, or reopened complaint took to close from the time it was received by the Complaints team to the time that it was signed off (compared to Q3 2015/16, Q2 2015/16 and Q1 2015/16).



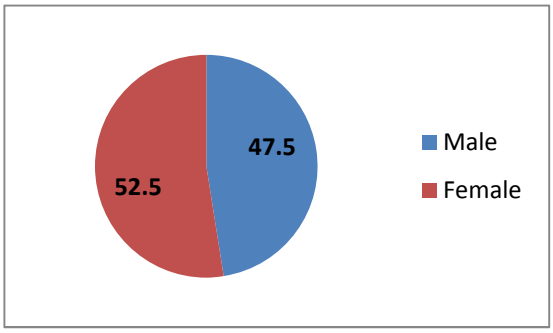
Appendix 4

Break down meetings held across Q1 2015/16, Q2 2015/16, Q3 2015/16 and Q4 2015/16

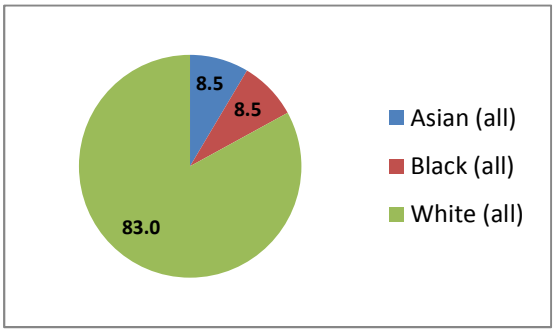


Appendix 5a

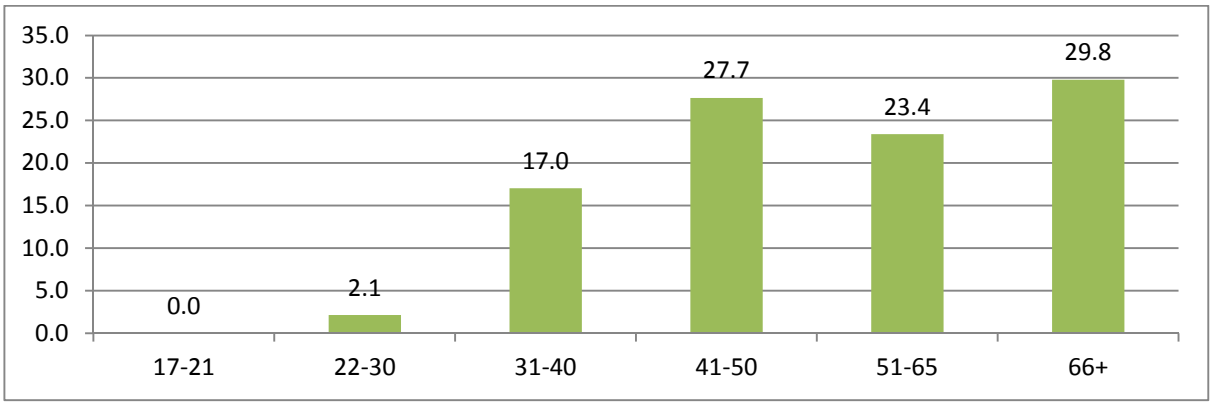
Break down of survey respondents by gender in Q4 2015/16



Break down of survey respondents by broad ethnic groups in Q4 2015/16

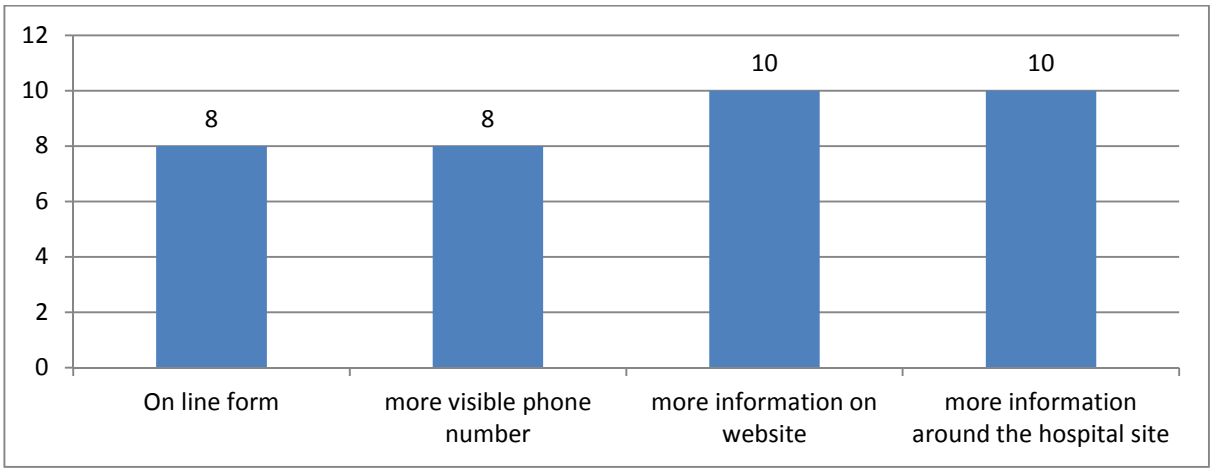


Break down of survey respondents by age in Q4 2015/16

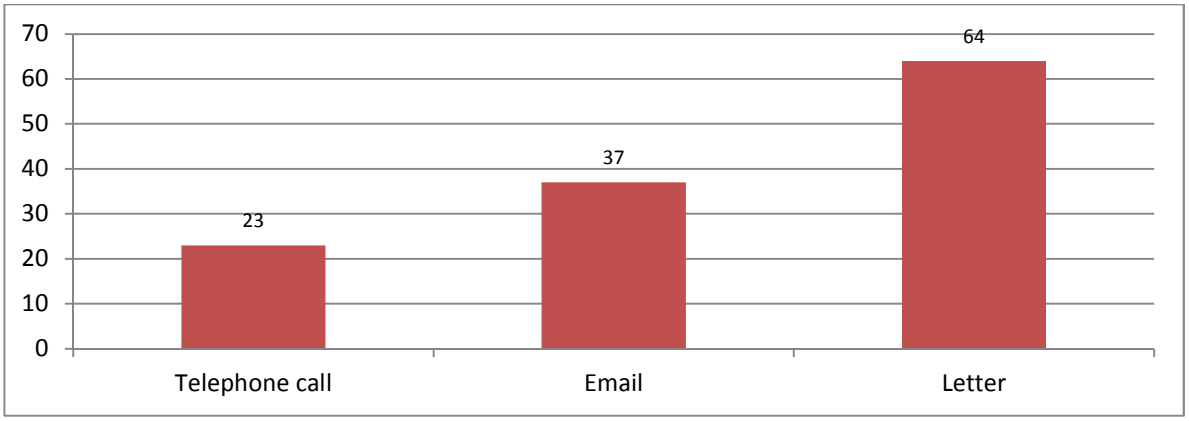


Appendix 5b

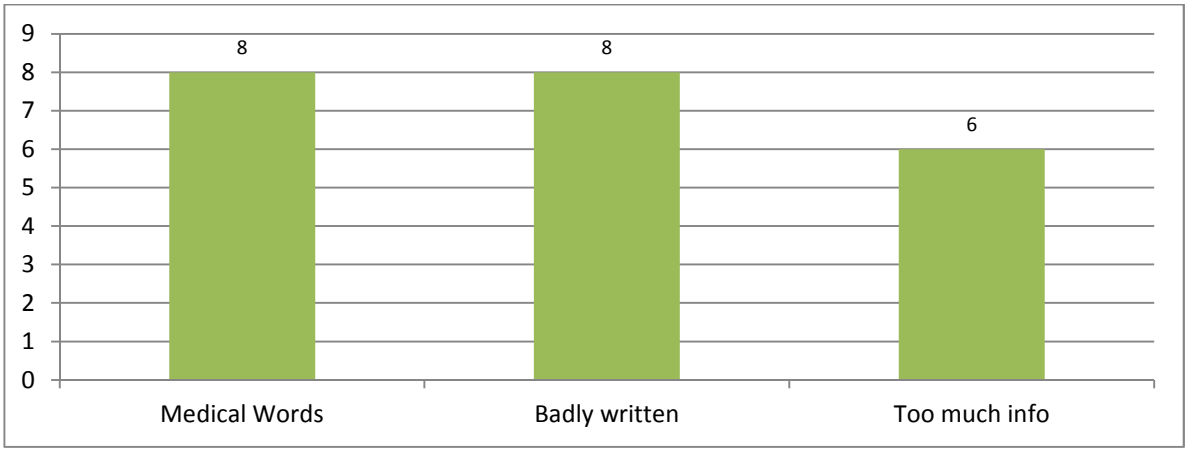
Break down of how to improve access to complaints Q4 2015/16



Break down of preferred keep in touch methods Q4 2015/16

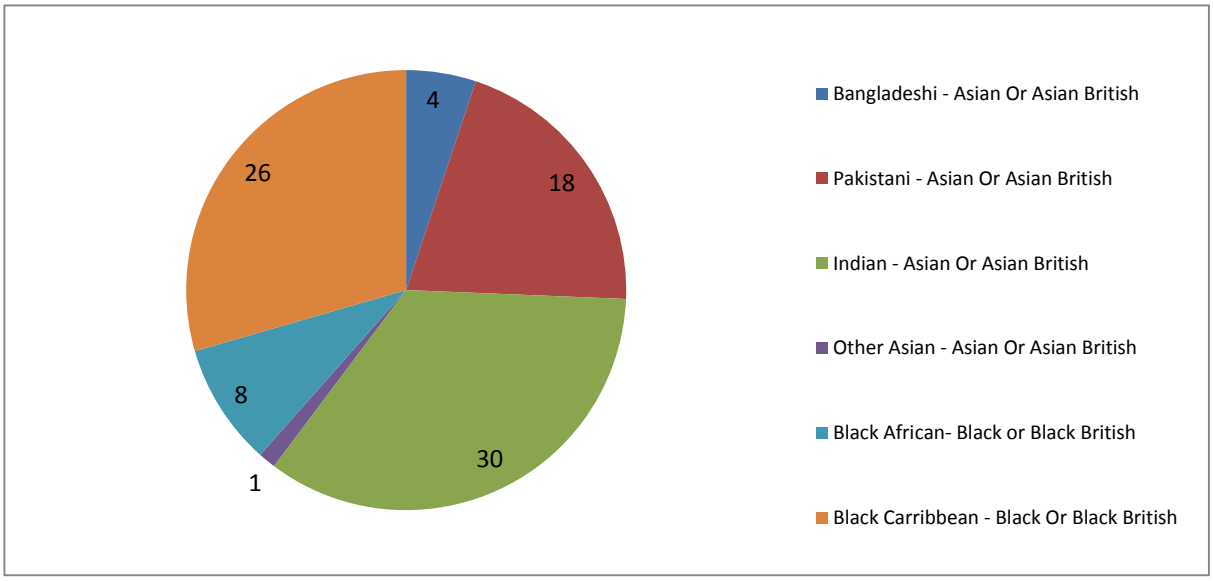


Break down of how to improve complaint responses Q4 2015/16

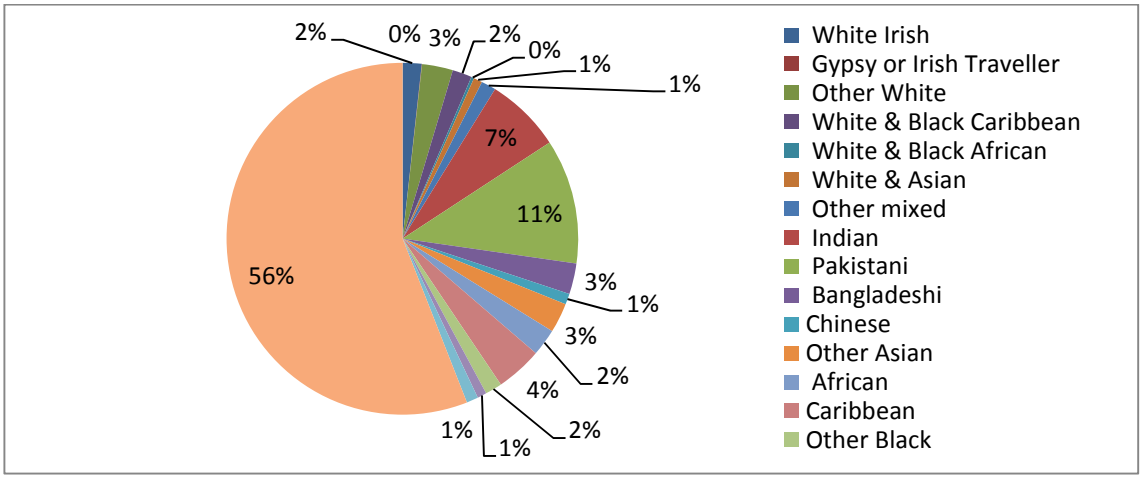


Appendix 6

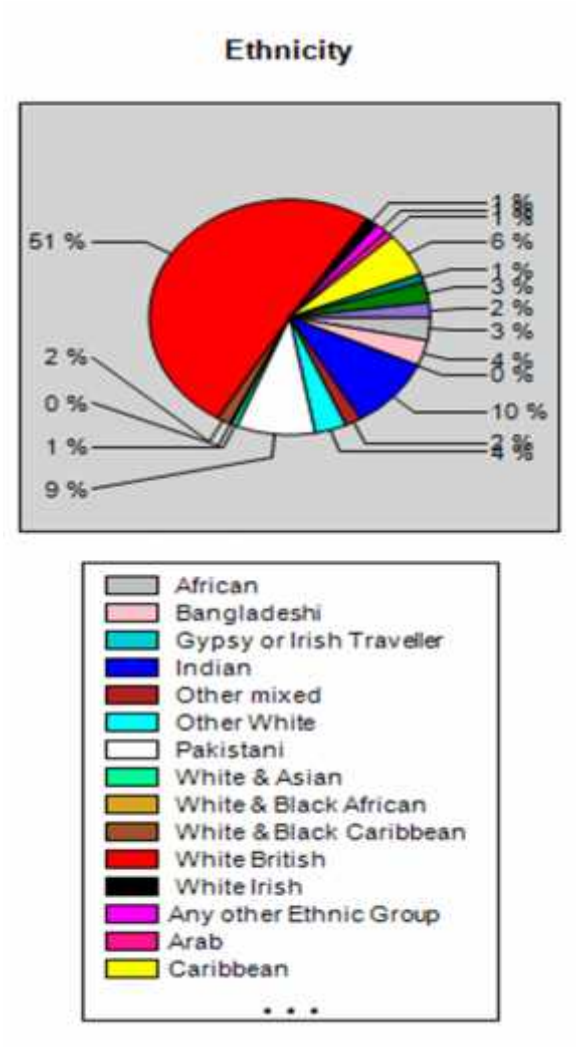
A breakdown of all complainants by %, by ethnicity (where recorded) for Q4 2015/16 without White British



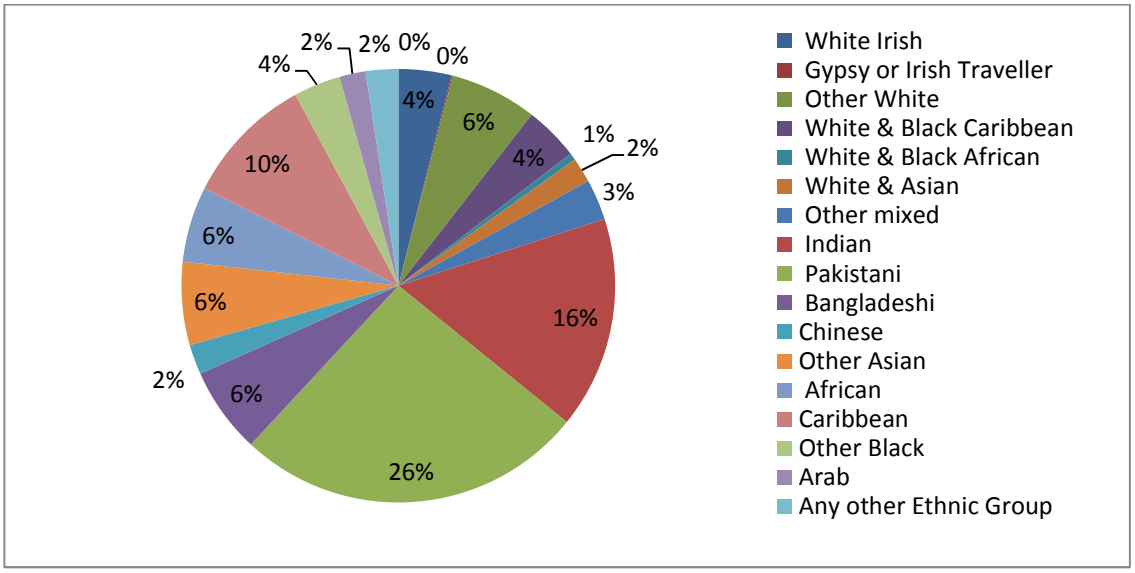
Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by the Trusts Equality and Diversity team in 2013.



Ethnicity split of patient population

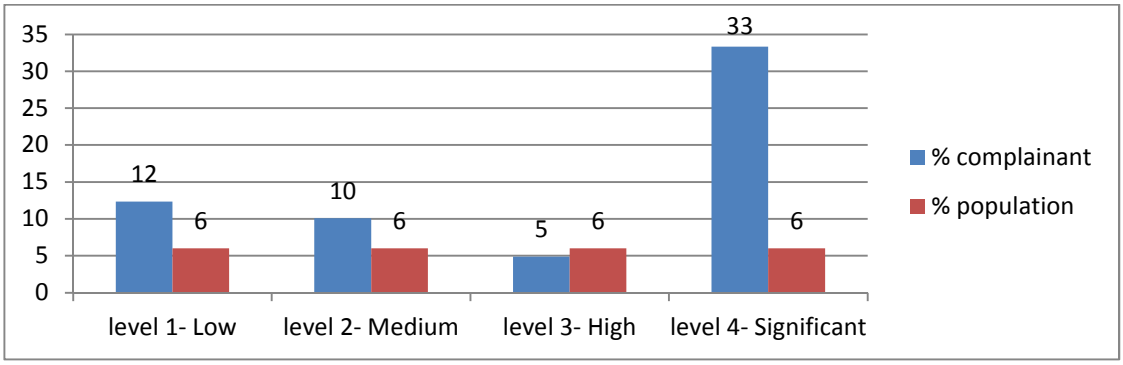


Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by Equality and Diversity in 2013, without White British.

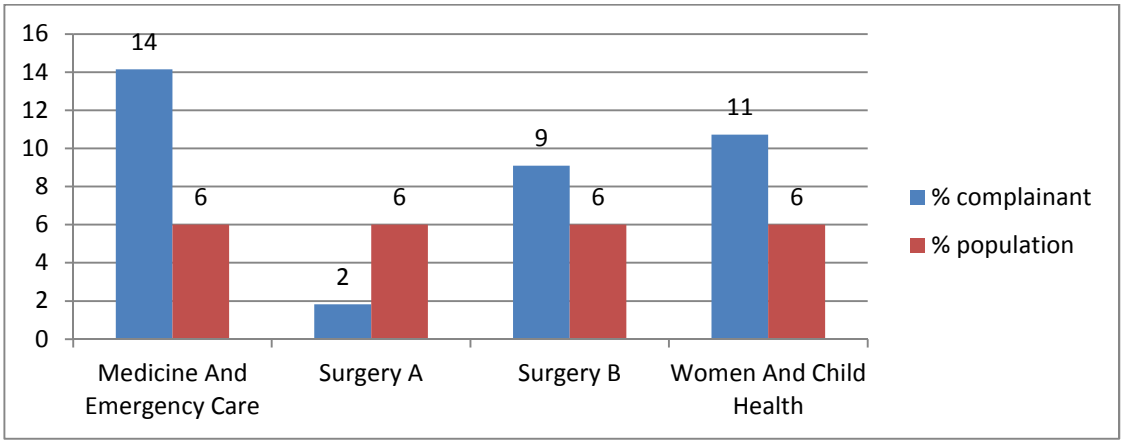


Appendix 7

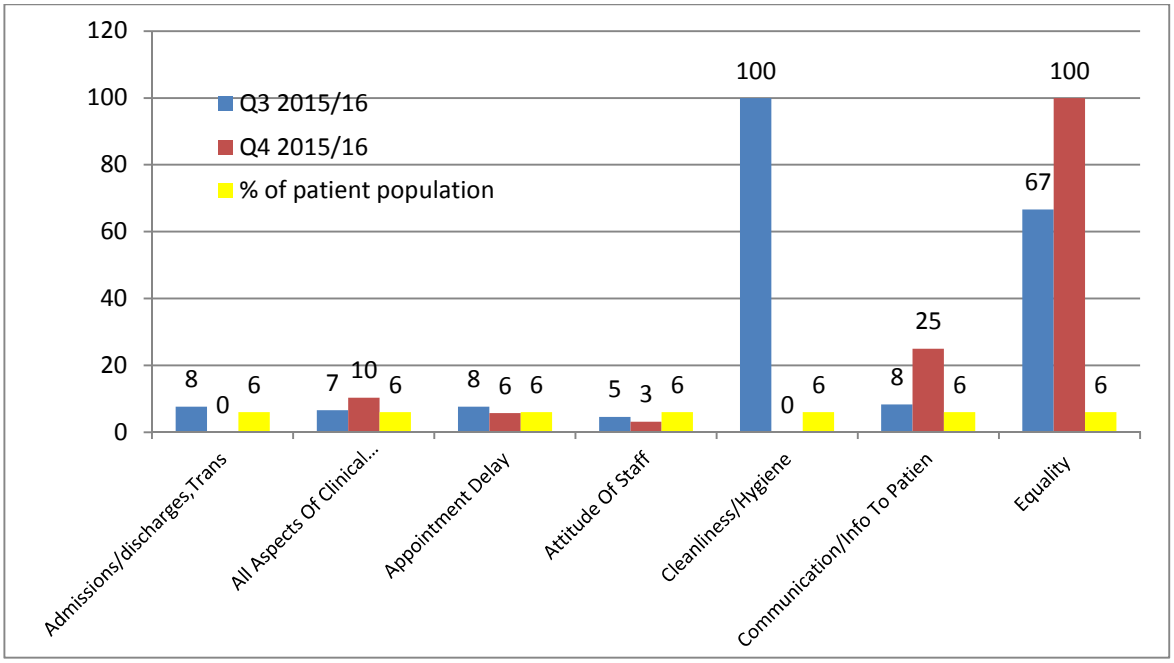
% of complaints made by or on behalf of Black Caribbean patients by grade for Q4 2015/16



% of complaints made by or on behalf of Black Caribbean patients by the 4 largest Clinical Groups for Q4 2015/16



% of complaints made by or on behalf of Black Caribbean patients by complaint theme for Q4 2015/16



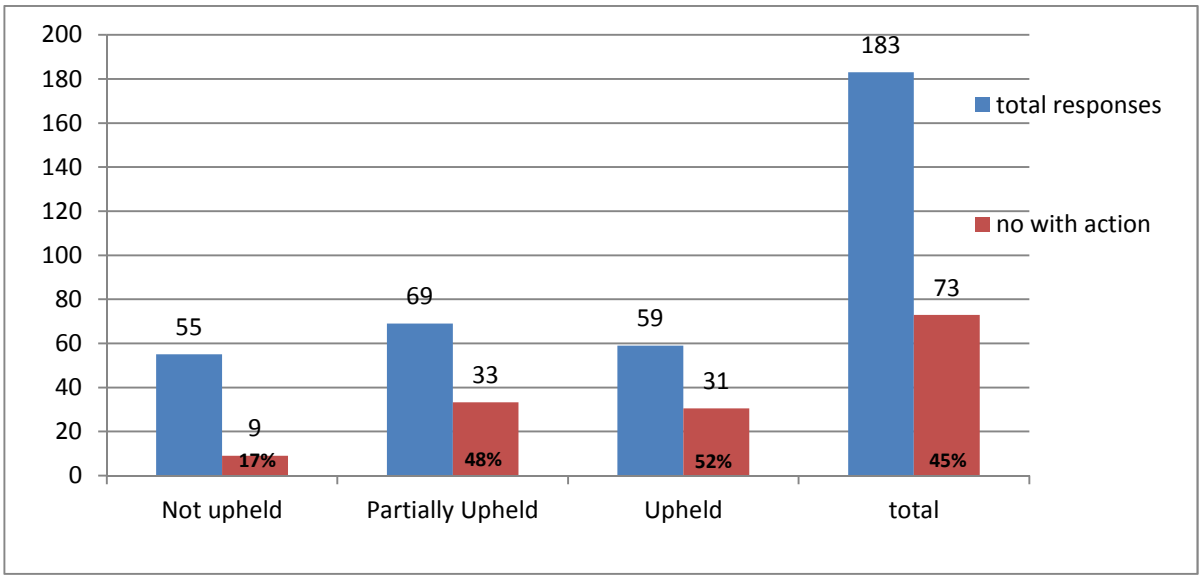
Appendix 8a

Action tracker of complaints with post complaint action (for Q4 2015/16)

Response Date	Action Type	Action Details	Target Date	Completion Date	Complainant advised?
?	Meeting held/ offered	For the patients GP to meet with complainant and talk through areas of concerns regarding their complaint, as they were not able to attend the SWBH complaint resolution meeting.	18/03/2016	4/03/2016	Yes, patient attended the meeting
?	HR action	An IG breach was identified where a ward clerk reviewed patient records inappropriately to find out relative's new address. HR to take up a separate investigation into the staff member and act according to the records management policy.	11/3/2016	26/02/2016	Yes, complainant aware that this serious incident was now in the hands of HR.
?	Monitoring/ inspection	The practice of not taking the blood pressure of children has now been reviewed by ED.	30/03/2016	30/04/2016	Not applicable

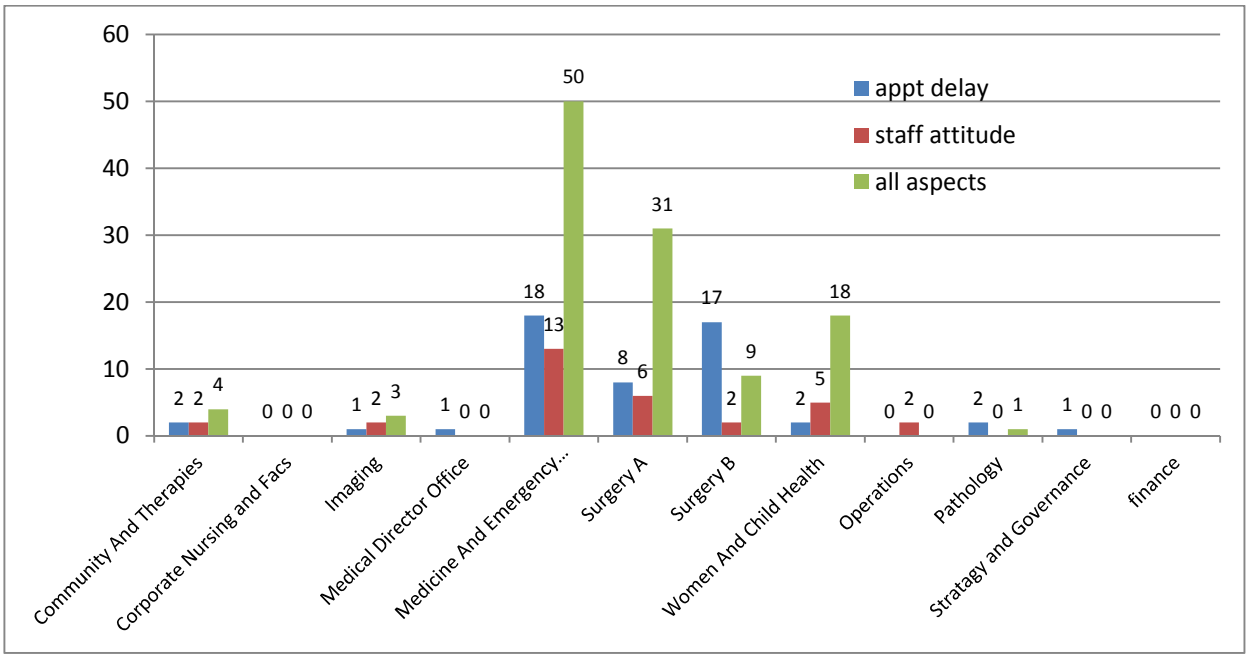
Appendix 8b

Complaints with post complaint learning action (for Q4 2015/16)

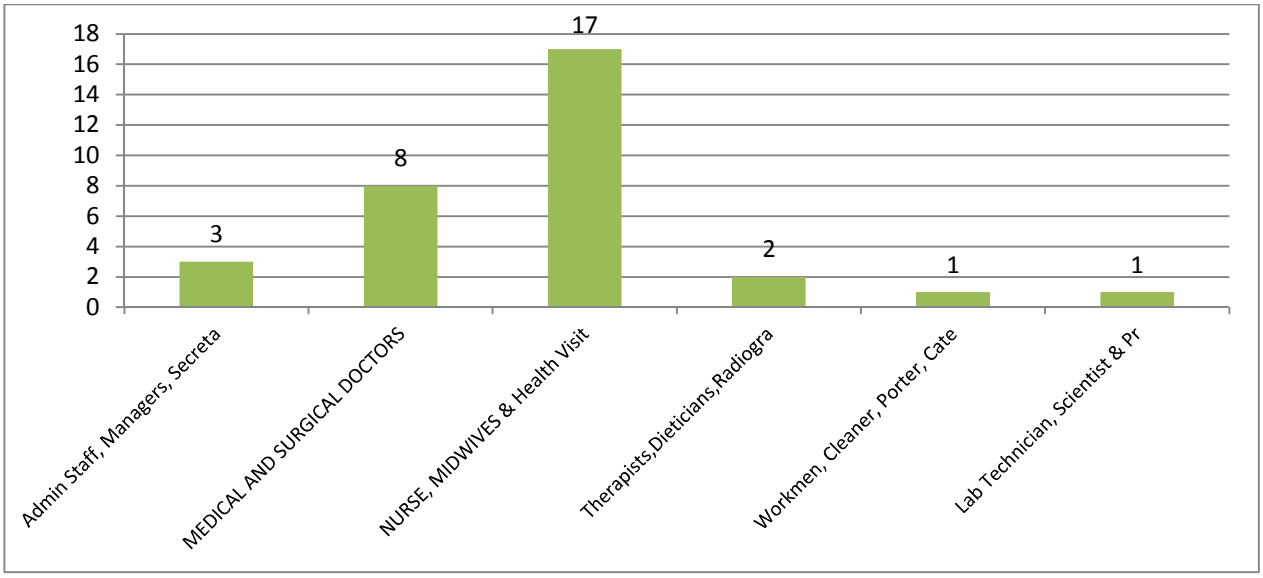


Appendix 9

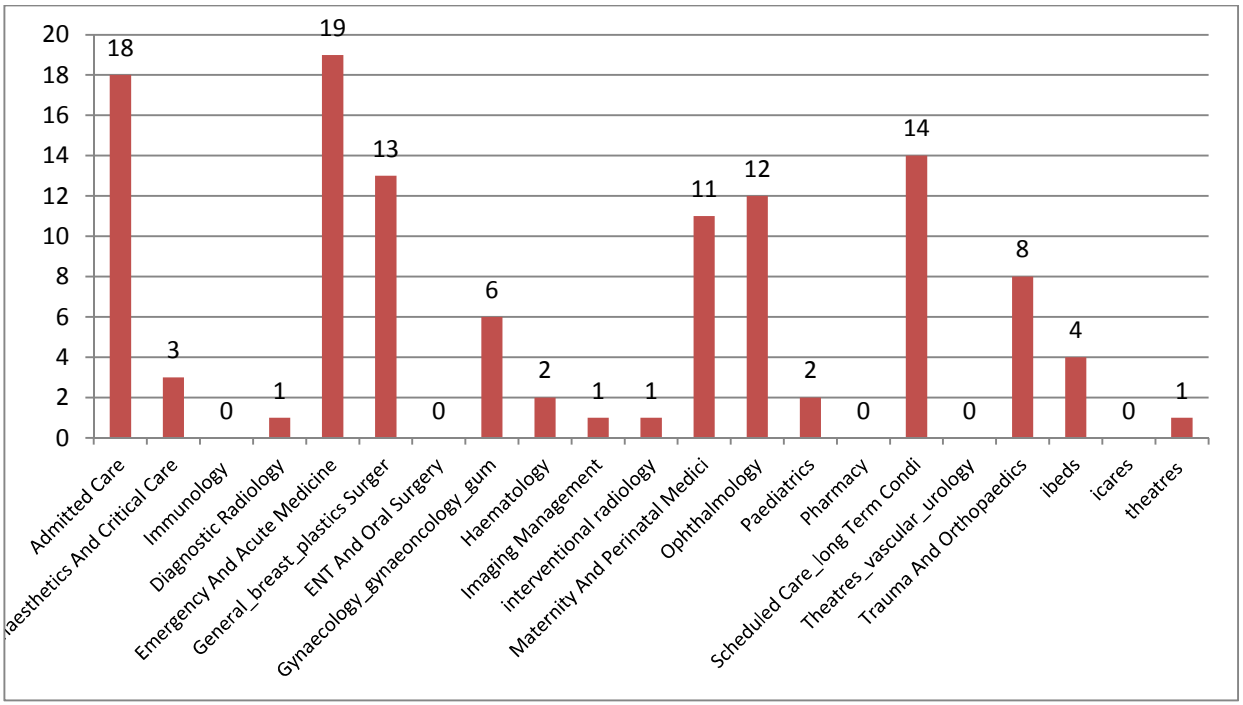
A breakdown of the top three themes complained about, broken down by Clinical Group or Corporate Directorate for Q4 2015/16. Where there were no complaints for this theme for a Clinical Group or Corporate Directorate, then they are not featured in this breakdown.



A breakdown of the 'attitude of staff' theme by staff groups for Q4 2015/16

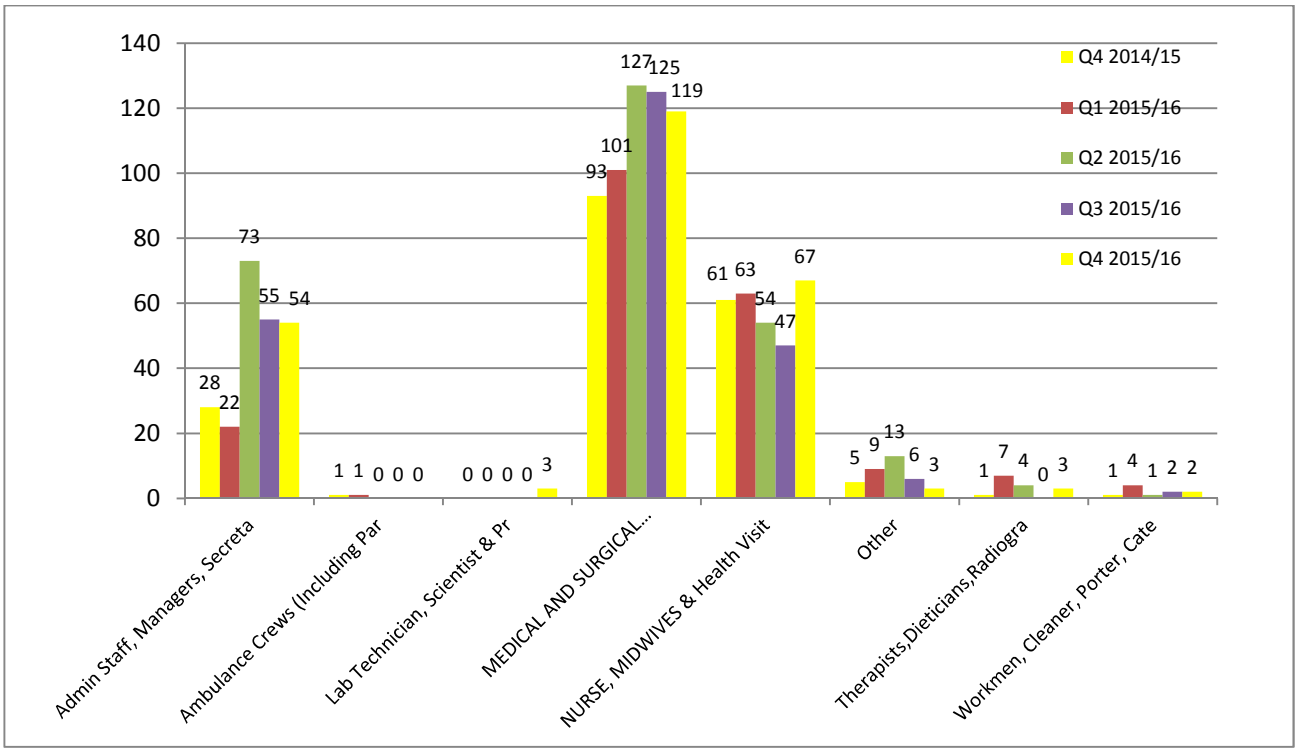


A breakdown of the 'all aspects of clinical treatment' theme by Trust wide clinical directorate Q4 2015/16



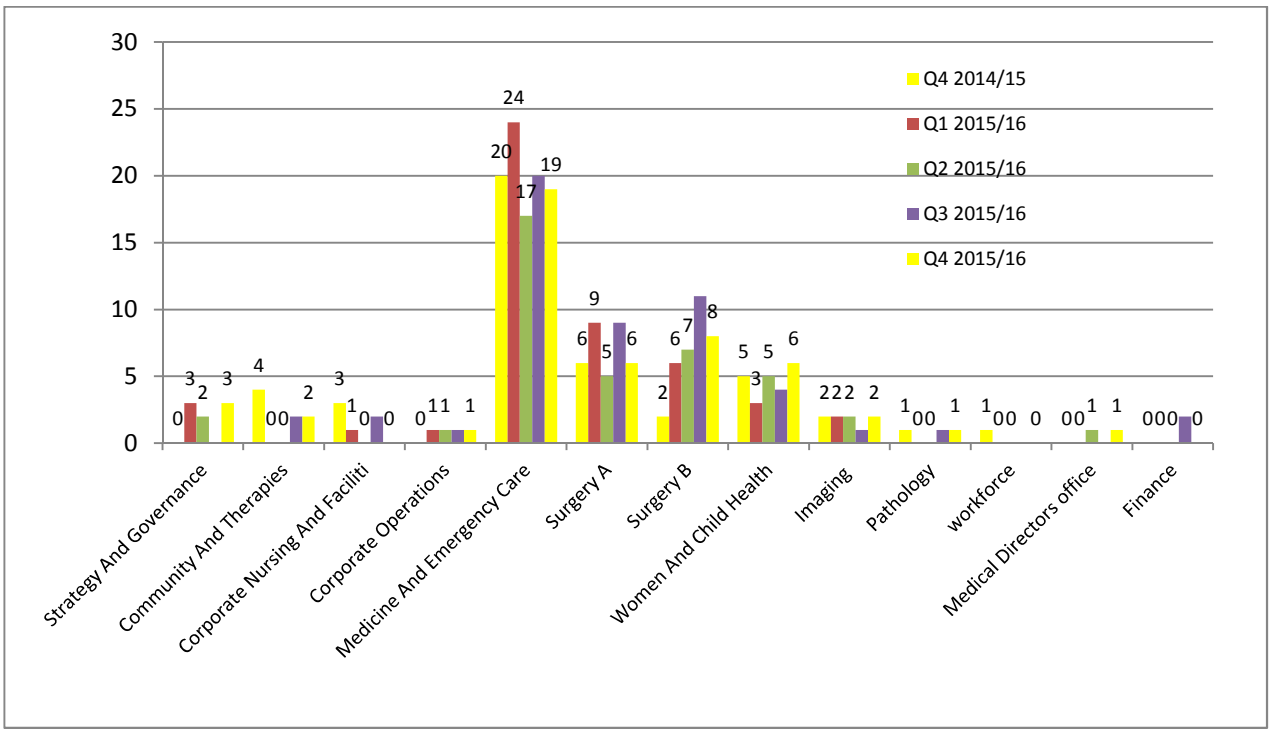
Appendix 10

Complaints by proffession for Q4 2015/15 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16 and Q4 2014/15- (same time last year) by Grade.



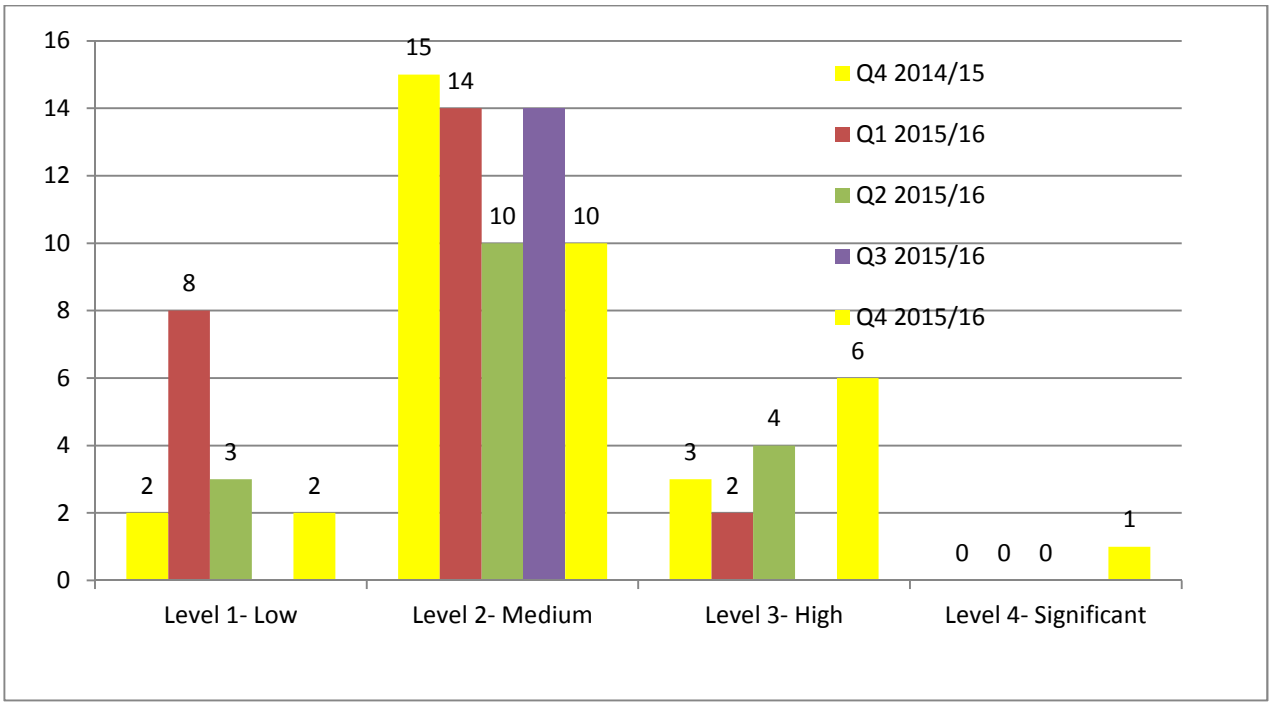
Appendix 11

Complaints that have been reopened in Q4 2015/16 by Clinical Group and Corporate Directorate compared to Q3 2015/16, Q2 2015/16 and Q1 2014/15 and Q4 2014/15- (same time last year)

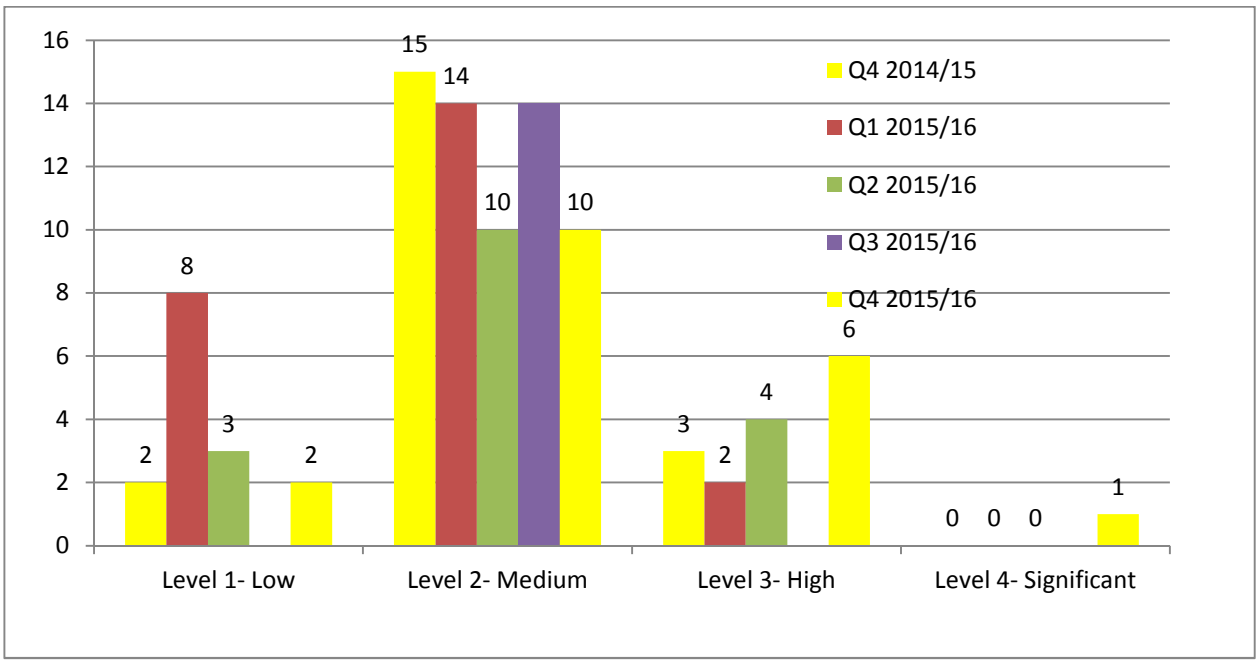


Appendix 12

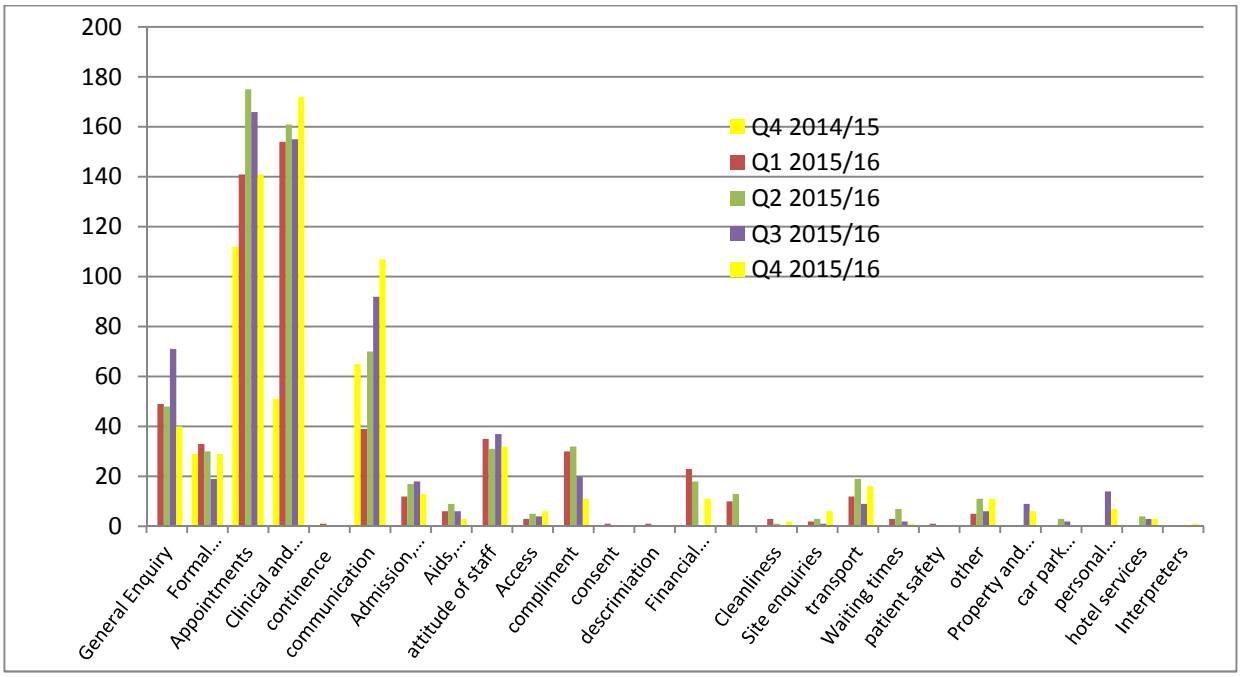
Complaints that have been reopened in Q4 2015/15 compared to Q3 2015/16, Q2 2015/16, Q1 2015/16 and Q4 2014/15- (same time last year) by Grade.



Reopened complaints for Medicine and Emergency Care by reason Q4 2015/16 compared to Q32015/16, Q2 2015/16, Q1 2015/16 and Q4 2014/15- (same time last year)



PALS enquiries for Q4 2015/16, compared to Q3 2015/16, Q1 2015/16 Q2 2014/15 Q1 2015/16 and Q4 2014/15- (same time last year) by enquiry type



PALS enquiries broken down by group for Q4 2015/16, compared to Q3 2015/16, Q2 2015/16, Q1 2015/16 and Q4 2014/15- (same time last year) by Clinical Group/ Corporate Directorate