Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Rowley Regis Hospital, Moor Lane, Rowley Regis, West Midlands, B65 8DA

Date: 4 August 2016; 0930h – 1245h

Members:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor

Board Support

Ms R Fuller	(RF)

Time	Item	Title	Reference Number	Lead
09:30h	1.	**Apologies**	Verbal	RF
	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
	3.	**Patient Story**	Presentation	CO
	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 7 July 2016 as a true and accurate records of discussions*	SWBTB (07/16) 076	Chair
	5.	**Update on actions arising from previous meetings**	SWBTB (07/16) 077	KD
09:50h	4.1	**Blue badge parking**	SWBTB (08/16) 079 SWBTB (08/16) 079(a)	CO
10:00h	4.2	**Response to recent Never Events**	Verbal	KD
10:05h	6.	**Questions from members of the public**	Verbal	Chair
10:20h	7.	**Chair's opening comments**	Verbal	Chair
		UPDATES FROM THE BOARD COMMITTEES		
10:25h	8.	To consider the update from the **Audit and Risk Committee** meeting held on the 28 July 2016	To follow	RR/ KD

Time	Item	Title	Reference Number	Lead
10:35h	9.	To consider the update from the **Finance and Investment Committee** meeting held on 2 August 2016.	Verbal	RS/ TW
	MATTERS FOR APPROVAL OR DISCUSSION			
10:45h	10.	**Chief Executive's report**	SWBTB (08/16) 080 SWBTB (08/16) 080(a-d)	TL
11:00h	11.	**Never Event in Trauma and Orthopaedics**	To follow	RST
11:15h	12.	**Trust Risk Register**	SWBTB (08/16) 081	KD
11:30h	13.	**2016/17 Board Assurance Framework: Q1**	SWBTB (08/16) 082	KD
11:50h	14.	**Catering for faith communities**	SWBTB (08/16) 083	CO
12:00h	15.	**Wider safe staffing**	SWBTB (08/16) 084 SWBTB (08/16) 084(a-b)	RG
12:10h	16.	**Recruitment of Band 5 Nurses**	SWBTB (08/16) 085 SWBTB (08/16) 085(a-c)	RG
12:20h	17.	**Learning disabilities**	To follow	CO
12:30h	18.	**A safe and sustainable bed base: part 2**	SWBTB (08/16) 086	RB
12:40h	19.	**Introduction of the junior doctor contract**	SWBTB (08/16) 087 SWBTB (08/16) 087(a-b)	RG
	MATTERS FOR INFORMATION			
	20.	**Integrated Performance Report**	SWBTB (08/16) 088	TW
	21.	**Financial performance – P03 June 2016**	SWBTB (08/16) 089	TW
	22.	**Complaints and PALS Report: Q1**	SWBTB (08/16) 090	KD
	23.	**Black Country Alliance Board meeting minutes**	SWBTB (08/16) 091	TL
	24.	**Any other business**	Verbal	All
	25.	**Details of next meeting** The next public Trust Board will be held on 1 September 2016 starting at 09:30am in the Board Room, Medical Education Centre at Sandwell General Hospital. ***Please note change of site from the City Hospital***		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue West Bromwich African Caribbean Resource Centre, West Bromwich. B70 6LY **Date** 7th July 09.30hr – 12.30hr

Members Present		In Attendance	
Mr. R. Samuda (Chairman)	RSm	Mrs. C. Rickards Trust Convenor	CR
Mr. M. Hoare Non-Executive Director	MH	Mr. T. Reardon Deputy Chief Finance Officer	TR
Mr. H. Kang Non-Executive Director	HK	Ms. G. Downey Group Director, Women & Child Health	GD
Dr. P. Gill Non-Executive Director	PG	Ms. E. Newell Director of Midwifery	EN
Cllr. W. Zaffar Non-Executive Director	WZ		
Mr. T. Lewis Chief Executive	TL	**Board Support**	
Dr. R. Stedman Medical Director	RSt	Miss R. Fuller Executive Assistant	RF
Mr. C. Ovington Chief Nurse	CO		
Ms. R. Barlow Chief Operating Officer	RB		
Mrs. R. Goodby Director of Organisational Development	RG		
Miss K. Dhami Director of Governance	KD		

Minutes	**Paper Reference**
1. Apologies	**Verbal**
Mr. Samuda thanked Mr. Shane Ward and his team who have welcomed the Trust Board to the Centre and who were providing an authentic Caribbean lunch. Mr. Samuda also thanked Mr. Ward for organising a gathering of patients and users of the Trust's services from the African Caribbean Community to discuss issues immediately after the formal Board proceedings. Mr. Tim Reardon, Associate Director of Finance was also welcomed to the Board who was representing Tony Waite who was on annual leave. Apologies were received from: Olwen Dutton, Tony Waite and Robin Russell	
2. Declaration of interests	**Verbal**
No declarations were declared from the Board members.	
3. Minutes of previous meeting – 2nd June 2016	**SWBTB (07/16) 058**
Cllr Zaffar commented his position as Cabinet Member was for Transparency, Openness and Quality at Birmingham City Council. Page 2 – CEO Report on Food Supplies. An update on this item would be presented again to the Trust Board at its August meeting. Notwithstanding the above amendments the minutes of the meeting held on the 2nd June were agreed as an accurate record of the meeting.	
Action: An update on food suppliers to be presented to the August Trust Board.	**CO**

4. Update on actions arising from previous meetings	SWBTB (07/16) 058(a)
Miss Dhami took the Board through the action tracker. For the items not on this month's agenda, the following points were made: • **Smoking Cessation:** a progress update delayed to September was agreed • **Wider Safe Staffing**: a report would be presented to the Board in August. • **Car Parking:** A discussion paper will be presented to a future board prior to consultation in December/January. Mr. Ovington confirmed that he would be bringing a paper to the Board on 'blue badge' parking in August. • **Complaints**: A forum with the African Caribbean Community would be held today to explore the reasons why the number of complaints received from this community is proportionately higher • **Volunteers:** this work remains on track. An update will be presented to the September Board • **Paediatric community case load**: this issue will be explored by the Quality and Safety Committee in August and return to the Board in September. • **Junior Doctor Placement:** A report to be presented to Trust Board in October. The implications to the Trust of the new junior doctor contract to be presented at the August Board. • **Workforce consultation:** Schemes outstanding are: o **City Nursery** – alternative proposal from staff, which has been well thought through and considered. Mrs. Goodby will be meeting with the staff to inform them that their proposal has been rejected. It was noted that 16 children would be leaving the nursery to attend school and consideration would be given to the parents who have children still in the nursery. Places will be offered at the Sandwell extension once the closure of the City Hospital site nursery has been agreed. Cllr Zaffar wanted assurance that the morale of the staff would be considered especially when being redeployed. Mrs. Goodby confirmed that would happen and confirmed that alternatives are still being considered and support offered to staff and non-staff parents, that may include discounted rates at the Sandwell Nursery or another provider. o Mr. Lewis declared his interest in the nursery has his child went there until the Summer 2015. He stated that the Sandwell Nursery was financially stable and the physical location was good. Any staff based at City Hospital/Midland Met would have access to a nursery whoever is the provider. The City Nursery is not financially viable but the land is part of a disposal plan for that part of the site and the nursery is scheduled to close within 12 months. o **Theatres** – the consultation has closed but no decision has been made.	
Actions: ▪ Smoking Cessation update to be presented to September Board. ▪ Paper on 'Blue Badge' parking to be presented to the August Board. ▪ Paediatric Community caseload to be considered by the Quality and Safety Committee in August and Trust Board in September ▪ The implications of the new junior doctor contract to be discussed at August Trust Board	**CO** **CO** **RB** **RG**
4.1 Ten out of Ten: VTE and MRSA screening on pilot wards	**SWBTB (07/16) 059**
Mr Ovington updated the Trust Board on the current programme. The end of July was the end of the planned 100 day cycle. There is still more work to do on VTE as no significant changes are being seen during the pilot phase despite discussions on morning ward rounds for any current VTE assessments to be carried out. The direct admission of patients to AMUB excluding AMUA was poor, the AMUA admissions had VTE checks. MRSA screening showed a significant jump percentage wise but the standard is 100% which was confirmed as doable.	

Mr. Ovington confirmed the staff who undertook the training were keen to start the programme and the multi-disciplinary teams were committed to make it work, including the pharmacy and other non-ward based departments. It was commented that more work with the junior doctors has been identified. Dr. Stedman informed the Trust Board that the issue was with junior doctors in AMUB who made the assessment with the support from the nursing staff. Ms. Barlow noted that there was a flaw in patient flow, and the bed flow model for patients needed amending which she would pick up with the AMU teams and Capacity Managers. Mr. Kang asked if there were any KPIs of outcomes to measure against. Dr. Stedman stated the Thrombosis Committee monitored all hospital VTEs after 48 hours and any trends are picked up. VTEs are also a CQUIN measure so the CCG would be aware. Mr. Lewis suggested at the end of a shift the lead officer in charge of the ward should go through all the patients and if a VTE has not happened it should be fixed on the spot, this would limit the need for spot audits and would generate a better culture. Dr. Stedman also informed the Trust Board that the Quality and Safety committee would see a safety report noting clusters within the Trust. Mr. Samuda thanked Mr. Ovington for his report.	
Action: Bed flow queries with AMU and the capacity managers to be addressed.	**RB**
4.2 Mortality date – rebasing update	**SWBTB (07/16) 060**
Dr. Stedman reminded the Board this was a follow up action from 2 months ago of the mortality statistics reported by HSMR. Following national recalibration points have increased by 2 and the position of the Trust has changed in the last 12 months moving to the middle/upper quartile. A reason why the mortality figures has increased could be patients in palliative treatment who are not coded correctly, there death is then treated as unexpected but plans and changes in methodology are being put in place to address this. Dr. Stedman continued to inform the Trust Board that his paper was to reassure the Board that even though the figure is above 100, there was no cause for concern about this position. Mr. Ovington asked for a paper to be submitted to Quality and Safety Committee on the mortality data. Dr. Stedman confirmed that patients at end of life should not be admitted to hospital, but for some patients a hospital is where they want to die and he would provide a paper for the Quality and Safety Committee for discussion. It was further discussed and Mr. Lewis noted the report stated the Trust had not got worse but the focus should be on our behaviour getting better and we should aim by Christmas to show how we are improving. Mr. Lewis suggested having an action paper to discuss with the Trust Board on how we report our behaviour. Dr. Stedman agreed that the pathways would be looked at to see if any opportunities presented to reduce outcomes and how morality was governed. Dr. Stedman agreed to review over the next two/three months.	
ACTION: ▪ A follow up paper to be presented to the Quality and Safety Committee on how we improve the current mortality position	**RSt**
5. Questions from members of the public	**Verbal**
Mr. Samuda invited questions from members of the public Mr. John Cash asked about progress following the last CQC inspection and asking if those areas what had to improve where they now ready for another inspection.	

Miss Dhami reported that out of the 67 actions, all but 9 had been 'signed off' as achieved by the Board earlier in the year. Continuing progress has been made in the 3 areas which were red flagged in relation to the introduction of the new drug vending machine. The outstanding areas relate to ward nursing, specifically, personalised care plans and consistent application of 10 out 10. It was also noted that a report would be presented to the September Board to report the current position. It was noted that the next round of in-house inspections would take place in October.	
Action: An update on the CQC Improvement Plan to be presented to the September Board.	**KD**
6. Chair's opening comments	**Verbal**
Mr. Samuda reported that the AGM went well and was well attended. The contribution from the R&D team Dr Bob Ryder and Dr Karim Raza was a highlight. Politically since the last Trust Board implications on Brexit and the NHS were unknown. Mr. Lewis stated that all staff whether EU nationals or not were important to the Trust, he also highlighted that there was no risk to the new hospital as the building of the hospital was not EU dependant. Mr. Hoare queried about the risk if EU staff had to leave the NHS. Mr. Lewis commented that any risks currently were speculative, however, it was agreed Mrs. Goodby would look at overseas recruitment and ascertain any restrictions and provide a list of issues for Mr. Lewis's attention. Mrs. Rickards asked on the financial implications of Midland Met as some of the money was from the EU. Mr. Lewis reassured the Board that a small proportion is funded by the European Investment Bank, who are not the EU, but any changes in the EU should not have a direct effect on the investment.	
Action: Mr Lewis to be made aware of the implications of the referendum on overseas recruitment, in particular any restrictions.	**RG**
7. Update from Quality & Safety Committee on 24th June and minutes of 27th May 2016	**SWBTB (07/16) 061**
Mr. Samuda noted that a summary was included in the Trust Board papers. He reported that the main item considered was children's and adults safeguarding and the positive work done in those areas was noted by the Committee. Mr. Lewis queried if the Quality and Safety Committee was in the correct place on the monthly cycle. Miss Dhami would discuss with Mr. Lewis outside of this meeting.	
Action: The scheduling of the Quality and Safety Committee in the monthly cycle to be checked	**KD**
8. Minutes of the Audit & Risk Committee – 1st June 2016	**SWBTB (07/16) 062**
Miss Dhami reported that the main item was 'signing off' the annual accounts which was confirmed.	
9. Update from the MPA Committee on the 24th June and revised minutes of meeting on 30th March 2016	**SWBTB (07/16) 063**
Mr. Samuda reported the main discussion was on telecoms and the City Land release. A plan was in place for telecoms and IT. Work on staffing and the workforce consultations for medical records. Mrs. Goodby reported that the consultation is progressing and was being led by Ms. Barlow. Mr. Samuda noted the issues on the workforce consultations in IT and estates. Mr. Lewis informed the Trust Board that the workforce issues were of concern and needed to	

be addressed, therefore the Directors would be meeting every week until the end of July and at the August Board a proposition should be presented. Mr. Lewis stated the he would not sign off any contracts until this was sorted and if things drifted into August then a delay would happen. It was reported that Health Records should be resolved today and would be highlighted in the Private Trust Board. Medical Records, the function would close by July 2017 and 80% of those jobs were included in the consultation. The Finance and IT departments are asked to note the capital revenue implications of scanning documents. This is in the capital plan agreed by the Trust Board but would be brought back to the Finance & Investment Committee for update. Mr. Lewis also confirmed that he would not sign any binding documents in advance of the Finance & Investment Committee confirming authority. Mr. Lewis noted on the minutes item 4, the retained estate funding proposition, in April Messrs Kenny and Waite presented to the MPA an instruction for the Finance teams to update the LTFM and the MPA agreed.	
10. Update from Workforce and OD Committee – 27th June 2016	**SWBTB (07/16) 064**
Mr. Kang reported that the Summer workforce consultation was one of the largest challenges faced by the organisation. The £20m of transformations have been identified and the Committee went through them in detail. There is a gap of £9m which Mrs. Goodby will brief the Board on more during this meeting. All current schemes have been checked and vetted and timescales discussed. It was consultation has been delayed until 27th July, to give more time to refine the process.	
11. Chief Executive's Report	**SWBTB (07/16) 065**
Mr. Lewis reported on the NHS 68th Birthday celebration and thanked trade union colleagues who organised various events to mark the day. Ms. Barlow and her team was thanked for their work on the handling the recent flooding, no major incident was declared unlike other Trusts, because the business continuity plan was effectively enacted. Remedial work is being carried out. Mr. Reardon queried if any conversations had taken place with the local authority on compensation over the recent flooding. It was noted that currently working was being undertaken to protect against flood but not discussions had taken place about compensation. In Community and Therapies the district nurses have met the 18% increase in volume by reducing caseloads and improving productivity. The Chief Executive thanked the staff involved for meeting this commitment. 10 Freedom to Speak Up Guardians have been appointment from various backgrounds throughout the Trust. Mr. Lewis continued to report that adversely the Trust is off track on 'hard to fill' posts. There is also concern with Band 5 nursing level posts where offers are not being made quick enough to secure the applicant; further work will be undertaken by Mrs. Goodby and the Workforce Committee will be asked to review in more detail. Following a query from Mr. Kang about the issue, Mr. Lewis stated nurses are being invited to interview in 14 – 18 days and it was not known if the applicant would attend. Mrs. Goodby informed the Trust Board that senior nurses were having difficulty in sparing time to interview which would be addressed. Following a query from Cllr Zaffar on any adverse incidents relating to the EU referendum vote. Mr. Lewis reported that no incidents have been reported but work on tolerance would continue. Also the Trust's yellow and red card scheme will be reinforced to ensure staff and patients feel welcome and safe. Mrs. Goodby reported that an updated report on quality and diversity would be issued soon.	

Trust falls within the Black Country Sustainability and Transformation Plan (STP). An interim report was submitted a the end of June and it set out draft proposals on health and a better integrated care system. Some of the risk and governance issues need to be addressed and Miss Dhami is looking at our internal response arrangements and a further update will be brought back to the Trust Board. It was noted that by April 2017 £97m will be distributed by the STP with £11m is the envelope for the Trust, however no formula has been shared on how the money will be distributed and what conditions will come with it. Mr. Samuda thanked Mr. Lewis for his report.	
12. Never Event in Obstetrics	**SWBTB (07/16) 066**
Mrs Gabby Downey, Group Director of Women & Children and Mrs. Elaine Newell, Head of Midwifery Services were welcomed to the Trust Board. Mr. Samuda asked the Group to explain the recent Never Event in obstetrics and confirm the actions/next steps. Dr. Stedman reported that this was the first never event in obstetrics for many years. An investigation planning meeting took place the following day; from that meeting the actions are drawn up. This approach was trialled rather than the traditional style table-top review. Mrs. Downey informed the Trust Board that on the 29th June during an emergency caesarean section vaginal packs and balloons are used to stop bleeding. The theatres usually use a vaginal pack that is large in size but as none were available two small swab packs were tied together and used. She showed the Trust Board the sizes of the two packs. Two packs were used but the number was not recorded and subsequently one pack was left inside the patient. This event was human error. Following the investigation meeting and contacting other Trusts a system that may be trialled is putting a band on the patient's wrist for each pack that is used and when a pack is removed the band is also removed. This will serve as a visual reminder that something still needs to be done. It was noted that the electronic notes were different to the hand written notes. Mrs. Downey noted the contradiction but it was not unusual to amend the electronic notes, however the assistant surgeon would have known that packs were used but not the amount. Now all packs are stamped and the numbers have to be recorded, so there will be two checks in place, one stamp and the wristband reminder. Dr. Gill noted the patient was having a high risk pregnancy and an interpreter was used. He sought assurance that she was made aware at the time that she needed a caesarean. It was confirmed that the patient was aware of her situation. Mr. Lewis stated the patient did not come to any harm and is aware that it was a Never Event and a debrief will take place with the patient. Mr. Lewis continued to comment that in 2012/13 the Eye Centre focused on causes of Never Events to try and eliminate more in the future, it would be beneficial if obstetrics could do the same type of review as this is a high risk area. Mr. Lewis then asked if the Group could reassure the Board that once the actions have been implemented that there would be no similar occurrence. Mrs. Newell commented that the event was serious and accepted it. Looking at previous Never Events and issues with swabs, and what items could be left intentionally inside a patient; they have done all they can to ensure this does not happen again. Mr. Lewis stated that the Group needs to look at obstetrics and obstetrics theatres and other Trusts to comprehend what other incidents could become a Never Event to see what preventative steps could be actioned. Mrs. Downey continued to say that the staff are very upset about the incident but the counting and doubling counting will take place inside and outside of the theatre. It was confirmed that the smaller swabs had been removed from theatre. Mr. Lewis insisted that the Group should be ascertaining where the next Never Event could happen and do what can be to stop this. Mrs. Downey stated that over the next 3 months the Group are proactively looked to identify what could be the next Never Event and will contact other organisations as suggested. There will also be 3 monthly audits and feedback to staff, so	

any slippages will be addressed, the culture is changing. Ms. Barlow commented that in ophthalmology they learnt by safety briefings and filming processes to aid with practical learning. Miss Dhami noted that a review took place on Never Events nationally and she would look at that information again to see if anything could help. Mr. Samuda thanked the Women & Child Health Group for their insight.	
13. Maternity Review	**SWBTB (07/16) 067**
Mr. Ovington reported with sadness of death of 3 babies during labour, they were still born. This has led to a deep investigation into the circumstances; these deaths occurred during the period January – May 2016 and into the safety of the service provided. Guidance is being written as there is no national guidance; this will incorporate looking at the culture and systems. All of the deaths were in the Serenity Suite which is midwifery led. The condolences of the Trust have been passed to all the families concerned. Mrs Newell reported that the internal review on the care provision and an audit of clinical practice against key local and national guidelines is complete but to provide additional assurance an external review has been commissioned and the results will be presented to a future Trust Board in August or September 2016. In recent years maternity services have improved significantly; maternity holds CNST level 3 accreditation, was rated as 'good' by the CQC in 2015, and has received national awards by the Royal College of Midwifery and other organisations. The incident findings showed there were good practices evident in all cases but some suboptimal care was found; there was no common link with the 3 cases. One theme noted was to develop a more standard operating patient electronic record for staff to recognise early labour in all areas of midwifery and for teams to have a working knowledge and understanding of the clinical and operational pressures within each area so support can be offered to enhance the professional working relationships. Dr. Stedman asked if the hierarchies of communications was of concern between midwifes and other staff groups. It was reported that there were no adverse problems but the external review would look at midwifery relationships more closely within the delivery suite. Miss Downey stated that the midwifery teams will work on a rotational basis so midwives have a better understanding and create a shared knowledge of other areas within the unit. The Trust Board briefly discussed and was informed that there was no national data on birthing centres; Mr. Lewis asked if the Group could pursue with the Royal College of Midwifes as it was important to have data on birthing centres. Mr. Samuda thanked the Women & Child Health Group for attending, and the officers left the meeting. 11.30am – Cllr Zaffar asked for 1 minutes silence for the victims of 7/7 which was observed. Dr. Stedman brought to the Trust Board's attention another Never Event in Trauma and Orthopaedics relating to a retained instrument in a patient while undertaking a shoulder operation. No harm has come to the patient. A full report will be presented to the August Trust Board.	
Action: There is no nationally collected data on birth centres; the Trust will raise the profile of this at a high external level.	**TL**
14. Trust Risk Register	**SWBTB (07/16) 068**
Miss Dhami requested the risk relating to the integrated engine failure be removed from the Trust Risk Register because the treatment plan has introduced a virtual server and the business continuity arrangements have been strengthened. The Trust Board agreed with the removal of this risk.	**KD / RW**

Following a query about having risk registers being available for all staff to view, Miss Dhami confirmed that this was possible now electronically via Safeguard, the incident reporting system. It was felt there was a need to re-publicise this to staff. This was agreed as an action for Miss Dhami and Mrs Wilkin. Mr. Samuda queried on page 7 the unfunded beds score. Mr. Ovington stated that temporary wards using temporary staff were underreporting, but a ward review would take place to look at this. Risks 221 and 331 wold be checked with Dr. Stedman and Mr. Mark Reynolds to see if they could be presented to the relevant sub committees for formal closure.	
Agreement: The integrated engine failure risk to be removed from the Trust Risk Register and managed locally within the Informatics Department	**KD**
Action: The closure status of risks numbered 221 and 331 to be checked.	**KD**
15. 2016/17 Board Assurance Framework (BAF)	**SWBTB (07/16) 069**
Miss Dhami sought approval to represent the BAF at the next meeting because there were some content and formatting errors in the presented version. This was agreed. The Board discussed briefly and Mr. Samuda thanked Miss Dhami for the report.	
Action: The BAF to be presented to the August Board.	**KD**
16. Cancer services: 10 point plan	**SWBTB (07/16) 070**
Ms. Barlow informed the Board of the Q1 results following the Trust Board's support to establish 10 improvements goals for Cancer Services. The report shows the feedback and actions over for the next 3 years for the delivery timeline of 2019. At the first Cancer Board clinicians and operational managers commenced dialogue on the challenges to be faced. It was reported that a number of peer reviews have taken place led by Ms Barlow, Dr. Stedman and Dr. David Luesley; a forward development plan would be presented to a future Board for noting. Ms also informed the Board following a query of access to chemotherapy within 30minutes of arrival, it was stated that previously a patient could have waited a long time to commence treatment, however various models are used nationally but a comparison would be made with University Hospitals Birmingham. Mr. Lewis informed the Trust Board that he has vetoed a replacement cancer specialist post as he has requested sight of the job/work plan and for it to be progressed and in place by October. Ms. Barlow will be reviewing and will follow up within the month. Mr. Samuda wanted clarification on improvement goal 8 that it takes 3 months for the Key Worker to perform a Holistic Needs Assessment. This was explained that the Holistic Needs Assessment will look at the patient and family so the patient journey can be mapped for at least 2 – 3 years. Ms. Dutton has will meet with the clinical nurse specialists in the Summer.	
Action: RB to compare with UHB arrival waiting for patients to undertake chemotherapy treatment.	**RB**
17. Learning disability promises	**SWBTB (07/16) 071**
Mr. Ovington presented the Learning Disability Promises to update the Trust Board on actions. Progress has been limited and the register of patients using our services has not been	

fully established, however any patient with a learning disability that comes to an appointment is identified and will be added to the register. A register will enable Trust staff to ensure the correct care plan is provided to patients and to have advance awareness of their disability. 2 cross-site LD nurses have commenced in post and will also be working within the Community. The Changing our Lives piece of work has been delayed to be delivered in October 2016. Mr. Ovington continued to inform the Trust Board that obtaining access to records outside of the organisation has been problematic; Clare Parker at the CCG has provided a list of GPs to work with but this not a comprehensive list. Mr. Lewis stated that he raised this register at the Sandwell Health and Wellbeing Board and has written to the local authority, but due to the limited response a public campaign should be launched to put pressure on the local authority to take action. Mr. Lewis would undertake a final approach with engaging the local authority. It was explained that a letter is sent to the GP asking for authority from the patient to share data, however GPs are waiting until a patient has an appointment before the question is asked, this is unacceptable as patients are being put at risk during this time. It was known that Sandwell do have a register of this information. It was noted that the Black Country Mental Trust are supportive and working with the Trust to get the register established. Mr Lewis commented that disappointingly limited progress had been made in taking forward the 5 promises made After a brief discussion Mr. Ovington was asked to bring a further update with completed actions to the next Trust Board. Mr. Samuda thanked Mr. Ovington for his update.	
Action: CO to provide a robust update showing completed actions to August Board.	
18. Workforce redesign 2016-18 delivery update	**SWBTB (07/16) 072**
Mrs. Goodby reported to the Trust the Workforce Plan to save the Trust £13m on the pay bill in 2016/17 and a total of £30m by 2018. These savings are still being costed prior to the Summer Consultation commencing on the 27th July 2016. The report sets out the main schemes for consultation which includes medical records, ward support officers, theatres and bank and agency, however some schemes may change following consultation and revised schemes will be presented to the Trust Board for approval. Mrs. Goodby also requested delegated authority to herself and Mr. Lewis to proceed with consultation following the JCNC on the 27th July. Mrs. Rickards stated the staff side were only aware of the ward services and medical records schemes and they have received calls from members who are querying why the lowest paid workers are being targeted as during the CQC inspections cleanliness was sited to be an issue and it is this group of staff that have to provide that service. Mrs. Goodby informed the Trust Board that the launch has been delayed as not all the schemes to save £30m had been identified and some are still being developed, finalised and managers still need to have discussions with staff to ensure they are consulted before the launch. A full quality impact assessment will be undertaken on grades and positions to ascertain if a disproportionate number of staff are affected but the 400 wte schemes consulted on are across the full grade range of bands. The risks will also be monitored by the Quality and Safety committee and the results will be analysed there. Mrs. Rickards asked if schemes that have already been submitted in the November consultation and removed through negotiation were being brought back again. Mr. Lewis highlighted that during the delay of the launch Mrs. Goodby, Mrs. Rickards and Mr. Ovington meet to discuss the schemes as ward support offices is within the facilities directorate, but the highest group of low paid workers is within medical records, no areas have been targeted for reduction. However assurance needs to be provided that previous schemes have not been resubmitted but addressing areas previously consulted on is unavoidable. Mrs. Goodby and Mrs. Rickards to discuss further outside of this meeting.	**RG**

It was confirmed that Mr. Kang would scrutinise the consultation and processes. Mr. Kang stated that good communications will be needed during this time but any problems would be picked up in the Quality and Safety and Workforce Committees. The intention is to redeploy the staff. Mr. Lewis stressed the post may be removed but the staff member should be retained by the Trust. Mr. Samuda queried that launching during the holiday period would sufficient senior/middle management be available to avoid any delays. Mrs. Goodby confirmed that holidays have been mapped into the launch and would be monitored week by week by both operational managers and HR advisors, however when schemes are presented to PPAC she or Mrs. Lesley Barnett would be in attendance and managers would only present schemes when they returned from leave. All managers have had appropriate training on how to have conversations with staff regarding the consultations. Mrs. Rickards noted problems with the Waste Transport area. Mr. Lewis suggested that an executive and non-executive have oversight of schemes to reassure the Unions and drive progress. The Trust Board agreed this approach. Mr. Samuda thanked Mrs. Goodby for updating the Trust Board	
Agreement: • Non-Executive Directors to be allocated a workforce scheme theme to provide oversight and challenge • Authority was delegated authority Mr. Lewis and Mrs. Goodby to proceed with consultation following the JCNC on the 27th July	**RG** **TL / RG**
19. Bed base to Midland Metropolitan Hospital	**Presentation**
Mr. Toby Lewis tabled a presentation and informed the Trust Board that the slide deck was a draft position and would be routinely returned to the Trust Board. The report focused on adult beds, children will be reviewed at a later date. An independent review will take place in Spring 2017 and the Joint Overview Committee has been informed. Mr. Lewis reviewed each slide for the Trust to show the current bed state at Sandwell and how to reduce the unfunded beds and the changes of the bed state at City as part of the workforce programme. It was explained that patients going into the AMU's, 40% of would need to be discharged within 48hrs and on the wards length of stay would need to be reduced, the focus will be on the short to medium patients to attain a reduction. Changes will need to be made on a number of general medical beds including D12 - infection control and a reduction in cardiology beds; however the nursing staff will be deployed to other areas of the hospital. Mr. Lewis continued to inform the Trust Board that the work starts now to reduce the bed state as MMH carries fewer beds, and engagement with staff leaders to ensure beds are reduced in a safe way will be paramount. Mr. Samuda informed the Board that the presentation given today needed to be read thoroughly before considerations and challenges could be made. Following a further brief discussion the Trust Board agreed this report would be presented to a future meeting for a more detailed discussion. Mr. Lewis informed the Trust Board that he would be available between meetings to address any queries or discuss any points of the bed state. Mr. Samuda thanked Mr. Lewis for his report and asked him to present again at a future meeting.	
Action: A follow-up report on the bed plan, with a particular focus on the intermediate care disposition and alignment with surgical plans, would come to the Board in August.	**TL / RB**

20. Integrated Performance Report	**SWBTB (07/16) 073**
Mrs. Goodby informed the Trust Board that sickness absence had reduced in June to 3.81% a decrease of 20% and sickness absence is on track for its target of 2.5% Mr. Reardon stated the STF £11m figure is linked to the Trusts surpluses, but the conditions were not fully known.	
21. Finance performance – PO2 May 2016	**SWBTB (07/16) 074**
The Trust Board noted the period 2 performance.	
22. Medical Appraisals Annual Report	**SWBTB (07/16) 075**
Dr. Stedman stated the report was presented to the Trust Board for information and it was confirmed that the Trust had met its statutory obligations.	
23. Any Other Business	**Verbal**
No other business was presented.	
24. Details of the next meeting : 4th August, 9.30am Committee Room, Rowley Regis Hospital	**Verbal**

Signed ……..

Print ……..

Date ……..

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

4 August 2016

	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	01/09/2016	Updates to be provided as appropriate on progress.	Open
SWBTBACT.521	Learning Disabilities: People's Parliament	SWBTB (01/16) 210	07-Jan-16	**1)** Provide a response that moves forward the 5 promisespreviously made. **2)** Start a public campaign on sharing LD registers between health partners.	CO	04/08/2016	**1)** Report being presented to the August Board **2)** Verbal update to be provided at the August Board	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	04/08/2016	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. On the August Board agenda	Closed
SWBTACT.531	Questions from the public		07-Apr-16	A car parking strategy be developed	CO	05/01/2017	**1)** Car parking startegy to be developed linked to financial planning for 2017/ 18. **2)** Proposal re: 'blue badge' parking charges to be presented to the August Board.	Open
SWBTACT.537	Complaints and PALs report	SWBTB (05/16) 032	05-May-16	Report to be brought back to the August meeting outlining actions to address higher number of complaints from some community groups	KD	04/08/2016	Board conversation with the African Carribean community in July provided some insight into the issues. Work icontinues to better understand the proportionately higher number of complaints and progress will be reported in the Quarterly complaints report.	Closed
SWBTACT.538	Matters arising	SWBTB (06/16) 025a	02-Jun-16	Volunteering scorecard to be brought back to the Board	CO	01/09/2016	Report to be presented at the September Board meeting	Open
SWBTACT.539	Paediatric community caselaods	SWBTB (06/16) 026	02-Jun-16	Report to the September Board in respect of paediatric community caseloads	RB	01/09/2016	Issued to be explored at the August Quality and /Safety Committee and a report presented at the September Board.	Open

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTACT.540	Junior doctor placements	SWBTB (06/16) 026	02-Jun-16	Report to be brought back in terms of progress of junior doctor placements	RG	06/10/2016	Report to be brought back to a future meeting	Open
SWBTACT.543	Financial Plan	SWBTB (06/16) 029	02-Jun-16	Continue the bed capacity discussion at the August Board with particular focus on the intermediate care disposition and alignment with surgical plans.	TL	07/07/2016	Presentation to be delivered at the August Board meeting	Closed

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Car Parking for Blue Badge Holders
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Steve Clarke – Deputy Director - Facilities
DATE OF MEETING:	Thursday 4th August 2016

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the Trust Board of the current position regarding car parking for blue badge holders across our hospital sites. We do not currently make any assumption about any individuals' ability to pay for parking at the Trust. Recently we have been challenged about this by a member of the public.

REPORT RECOMMENDATION:

The recommendation to the Board is that we continue to charge for car parking in the way previously agreed at the Board and this includes charging 'blue badge' holders unless they demonstrate exceptions listed in the paper.

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		Equality and Diversity	**X**	Workforce	

Comments:

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

Accessible and responsive

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

CAR PARKING FOR BLUE BADGE HOLDERS

REPORT TO THE TRUST BOARD ON THURSDAY 4TH AUGUST 2016

Introduction

All parking at Sandwell and West Birmingham Hospitals NHS Trust is subject to a charge inclusive of staff and visitors. All users are treated equally; we do not make an assumption about people's ability to pay based on a protected characteristic.

Travel Costs

Patients who make a journey to receive NHS care can claim help with the cost of travel/parking if they receive or are included in an award of someone getting:

- Income support
- Income-based jobseeker's allowance
- Income related employment and support allowance
- Are entitled to, or named on, a valid NHS tax credit exemption certificate
- Are named on a valid HC2 certificate (an NHS low income scheme certificate)

SWBH Concessionary Parking

All patients and visitors can apply for concessionary passes i.e.

- One shot ticket
  4 for £10 - no restriction on length of stay for each visit

- Season tickets
  £9 for 3 days
  £18 for 7 days
  £42 for 3 months
  No restriction on length of stay or number of visits during period

Discretionary Parking

Patients who are receiving chemotherapy pay for their first visit then receive free parking for the remainder of their related treatment.

Carers who attend the hospital to assist in the care of an in-patient can receive free parking.

Any patient delayed unnecessarily whilst attending an out-patient appointment can have their charge reduced to the basic minimum cost of £2.80.

All of the above are awarded at the discretion of the Ward Manager/Matron.

Requirements for Allocation of Disabled Parking Spaces

There is no statutory requirement under the Equality Act 2010 to make provision for a certain number of disabled parking spaces. There are however various guidelines:

BSI British Standards Code of Practice for building design (2009)	1 space for each disabled employee plus 5% of total capacity (and a further 4% of enlarged standard spaces)
Department of Transport Parking for Disabled People Traffic Advisory leaflet 05/95 (1995)	Car parks up to 200 spaces 3 bays or 6% of total up to 200 (whichever is greater) Car parks over 200 spaces 4 bays plus 4% of capacity
Birmingham City Council Car Parking Guidelines Supplementary Planning Document (2012)	A minimum of one space or 6% of the total capacity up to 200 bays (whichever is greater) and 4% of capacity above 200. (Also recommends additional 4-5% of enlarged standard parking spaces)

Actual Allocation of Disabled Parking Spaces - SWBH

Site	Number of bays			Total Number of bays on site	Disabled bays as a % of total bays	Allocation under guidelines above		
	Patient /Visitor	Staff	Total disabled bays			BSI	Dept. of Transport	Birmingham City Council
City	73[1]	15	88	1795	4.9%		76	76
Sandwell	47	5	52	1181	4.4%		52	51
Rowley	8[2]	3	11	139	7.9%		10	8
Trust totals	**128**	**23**	**151**	**3115**	**4.8%**	**185**[3]	**138**	**135**

Notes:

1. 16 spaces are in a Pay and Display car park and the remainder (57) are in the barriered Pay on Foot car parks. P&D spaces are frequently abused by non-blue badge holders trying to avoid parking charges. (PCNs are issued during patrols but cannot cover 24hours a day, every day of the year.

2. All 8 patient/visitor spaces at Rowley are free as they are outside of the barrier system.

3. Unable to be site specific as we do not know which sites the disabled staff are based on (29 staff with blue badge have parking permits). As some staff work shifts, it is unreasonable to allocate one space per staff member, in the Birmingham City Council guidelines for total space allocation, it states that there should be 1 standard space per 2 staff which is fair given shift working patterns. This would reduce this requirement from 185 to 171.

Recommendation

The recommendation to the Board is that we continue to charge for car parking in the way previously agreed at the Board and this includes charging 'blue badge' holders unless they demonstrate exceptions listed in the paper.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

REPORT TO THE TRUST BOARD PUBLIC SESSION

Chief Executive's Report – August 2016

Last month the Board's papers focused largely on matters of safety and quality. This month, the focus in on the launch of our major workforce consultation, and our long-term effort to ensure our finances are sustainable. The immediate focus is on 2016-2018. In a subsequent board meeting we will return to our long-term financial model and whether commissioning income issues now require that we move to the 'downside case' – a fundamental change of strategy and one we would wish to avoid.

We will report orally on the actions following the two Never Events discussed last time. We have met with NHS Improvement (who a few weeks previously undertook a review of our processes of assurance) to discuss those actions and our routine monthly meetings with the regulator will track actions arising. The Joint Scrutiny panel of the local authorities has also asked for a report, which will focus on the last four years, and actions taken which have halted never events in some parts of the Trust. The Theatre Management Board, which started work in autumn 2015, will provide oversight of efforts to address anticipatory behaviours in our theatres, as we have in BMEC.

Our two finalists in the HSJ safety awards did not prevail, but we did carry off a prize at the Sandwell business awards in month. Shortlisting has been completed now for our October SWBH Awards and the standard of submissions is extremely high – in month we will finalise the candidates for this round of Beacon Services, with a focus on research and development.

October 19th marks 2016's NHS Change Day. We will continue to develop ideas for big and small initiatives which can be celebrated and accelerated via this social movement. Likewise, on July 14th we celebrated our first anniversary of the Black Country Alliance (BCA).

1. Our patients

As cited last time, we met the key elective access standards for quarter 1. In particular we re-met the cancer standard missed in May. In addition, every outpatient service is now partially booked for follow up care. An autumn rollout plan for new appointments over six weeks using partial booking will be developed. It remains of concern that we are modernising clinics we are seeing rising demand and any new care model work must address this trend-line as a priority for 2017.

The biggest clinic changes are being put in place in rheumatology. As the BCA has developed, SWBH has taken on responsibility for services on the Walsall site, and have created a partnership with Dudley Group of Hospitals, as well as modality in primary care. This is a role model for change we might wish to see both horizontally and vertically changing. Tremendous clinical leadership is making this possible, as it has in diabetes. We have areas of care where we need to now see that same leadership develop, in particular dermatology and ophthalmology.

We are not succeeding in improving emergency care, cutting readmission rates and meeting the emergency care wait standard. We discuss in the Board's paper both the demand and bed trajectories. Since November 2015 we have struggled at Sandwell, and that struggle has deepened. A specific

project team is now in place to address reforms within the bed base, with an initial focus in two dimensions: Introducing the red day/green day model that has proved so successful at Ipswich Hospital and taking further system-wide action to address long-stay patients. It is important we implement the agreed intermediate care strategy developed with partners in late 2015, or amend that at pace consistent with Midland Met. Prevarication or delay is not consistent with the work on Midland Met. The post-RCRH MMH 'taskforce' is meeting for the first time in August. In October the Board will review the future structure of the Sandwell Urgent Care Centre, which will look after 35,000 people and replace the current A&E.

Consultation on changes to the Bradbury Day Hospice is commencing. We have agreed via the CCG a 16 week programme, which takes the decision point to November. The consultation issue is what characteristics are crucial to the new service, given the Trust's view that a stand-alone hospice function as presently is not sustainable and re-location is essential. After 3 years of indecision, it will be important to move quickly, as the changes complement our outstanding Connected Palliative Care partnership which is moving at pace to change end of life care across Sandwell and Birmingham.

2. Our workforce

Formal consultation on our two year workforce changes started on July 27th and will finish on 16th September. The thinking about these changes began in September 2015, and extensive pre-consultation has taken place since Easter. That said, we want to use the consultation period to hear from staff and others about improvements or adjustments to schemes. The first changes to pay bill would be expected from October (ie. in November 2016 pay-bill). Prior to the end of consultation, we will review again the 'tracking' 'red flag' system we want to use to identify unintended consequences or harms in our system. Time is in place to support trade union advocates to support staff and a detailed programme of support for managers is also in place via Organisation Development.

The Board considers a report on the introduction of the imposed junior doctor contract. There are changes to our rotas required, and the governance of hours among trainees is changing. At the same time, as a Trust, we want to ensure that **all** of our rotas are visible on rotawatch (this is a safety step to ensure transparency), and to address prospective cover arrangements for short term sickness too. The latter is a source of expense and risk. We want to complete work to ensure sickness absence reporting among trainees is robust, and that we have a specific 'quality sign off' system in place for all locum doctors. This was an improvement recommendation from HEWM.

Work continues this summer on the ward manager and team leader development programme. This builds on leadership development work done across the Trust over the last two years, most obviously our TLC work with Hay, and the new consultants' leadership programme (which is now expanding across the Black Country Alliance). In October, we will review outcomes from the ward level programme, which we consider to be a key intervention to support change at clinical ward team level. We discussed the imperative to get this right when we examined the 10-10 programme at the last Board meeting. Our workforce consultation does include changes in our leadership structure. In 2014-15 we removed the historic Head of Nursing role which sat between Groups and matrons because the consensus was that the role was unclear. This time, as we develop ward managers, we want to reduce the number of peripatetic matrons who line manage those leaders. The new role of the matron will sit at the heart of the directorate level leadership, alongside the clinical director and directorate general manager. In addition, we are changing our largest clinical group (medicine and emergency care). Specialties whose primary role does not support acute or inpatient care will transfer into our community and therapies

group as we move to develop further out of hospital care models. This will make M&EC as a group slightly smaller, though still by far our largest budgeted and most heavily staffed group.

The new intranet site is now live within the Trust. This much delayed change (first pledged in 2014) is welcome. It is intended to both deepen the use of the site by current users. And encourage others to use the site. Because it is mobile enabled it will be usable by employees on mobile phones, which we hope will make a material difference. Wider work on communications inside the Trust was discussed at the last Board meeting and is now a focus for the Clinical Leadership Executive. Whilst technology will play a vital role in developing our reach, and supporting conversations not briefings, face to face meetings and communication will always lie at the heart of what we are trying to develop. Our best performing teams master this, and we need to spread that excellence Trust-wide. From September, this will, orally, be a standing board item.

3. Our partners

The Black Country (and West Birmingham) STP has submitted an initial document on the future to NHS Improvement and NHS England. The transformational change that is the move to Midland Met in October 2018 features – as it should – prominently in that plan. Closing two A&E, ICU, AMU and hospital ward functions, and creating a single new one is an enormous change in the care landscape. In so far as that change drives financial sustainability, plans are well advanced to begin to alter rotas and structures from April 2017, with the main changes subject to staff consultation in April 2018. Changes this summer proposed in services such as 'soft' facilities take the Trust closer to one way of working in key functions that are across sites until the Midland Met opens. The next iteration of the STP is due in on September 9th, and it will be important that the Board is clear by then on the funding for Walsall's A&E changes, as well as our own STF funding stream from 2017 onwards.

The private session of the Board includes our annual discussion about partnering priorities for the Trust. This is a key strategic decision, as new partners like Cerner and Siemens join our landscape. And as we consider how to work constructively with emergent neighbours like the Combined Authority, new care model advocates, and Aston Medical School. We agreed to focus dedicated time to our third sector partnership priorities, so that we build from strengths like our alliances with Midland Heart and with Sandwell Age-well.

Pre-consultation has now commenced on the Infirmary Wharf development, which is the working title for the land disposal at Dudley Road which we expect to proceed with in early 2017. The BTC has hosted consultation material, which have attracted attention from staff and local residents. After the outputs have been considered, the Board will be asked to confirm a submission to the city council for planning outline consent. The Midland Met final business case assumes Trust receipt of the land receipt from this disposal. But it is important that the land we retain, which includes the BTC and BMEC, functions well and adds to the local community – not least as we will have 600+ adjacent houses and their local residents next door! We want to be in a position whereby building work can commence not later than November 2018. This urgency will prevent the community blight of a disused hospital site when Midland Met opens.

Notwithstanding approval of the EPR-FBC which is awaited from NHS Improvement, the formal alignment event for the programme is being scheduled for late September. Intensive work on the future workflow will take place in October and November. Staff time is resourced to be released from day to day activities. The MPA will review at its next meeting the governance of our IT change.

4. Our regulators

As outlined in the introduction we have been working with NHSI on both never events and the agency cap. Consultation has now closed on the NHSI oversight model for Trusts/FTs and we will brief the board in the autumn on the implications of that model for our future governance and plans. The emphasis is on continuity not radical change.

We continue to work with HEWM in respect of training visits, and have provided the necessary updates on the CMT medical review undertaken just after easter. The continued 'unfunded' ward use at Sandwell takes us beyond the arrangements set out in our initial response plan which envisaged closure by July.

5. Other matters

A detailed paper on improving recruitment is covered within the Board's papers. June recruitment data is included, which we discussed at the last Board. Not enough offers are being made and this needs to change. We have an attractive offer, and have completed detailed work on how to improve our market penetration with candidates. We need to match our processes, welcome and induction to that – and rapidly in coming weeks.

At our September Board we will review formally progress with Equality and Diversity. Prior to that, the public health, equality and community development committee will meet to examine progress on our 2014 promises, which we report monthly as an annex to my report. Discussion on future work will focus on efforts to alter the leadership diversity from ward to board. Our WRES report for 2015-16 was submitted on time (the prior year report was omitted) and we need to prepare now for the 2016 Equality Report, due in January 2017. Part of that is ensuring we capture staff declaration data from our mandatory compliance forms, and use our outpatient kiosks to keep our patient data up to date. The Board is aware that we agreed that we want to act to understand and address slightly elevated complaint number from the African Caribbean community.

The strategic performance report (Q1 2016-17) is included in the Board's papers for specific discussion looking across our 2020 Five Pillars. These plans, as well as our operating model plans for estate, workforce, digital, and finance, are the focus for our remodelled Change Team. I would suggest that the Improvement Approach being taken at the Trust will be ready consideration in September. Given that, I propose that we host the Board meeting at Sandwell in the nerve centre for this work so that we can examine the method as a team. The change team, executive, virtual change team, and top leader's cadre are all being inducted into this approach, which we intend will replace some other ways of working, which over-rely on committees and more bureaucratic approaches – the SWB improvement approach is an involving and dynamic system which is scale-able from team to Trust levels of work.

Toby Lewis
Chief Executive

Appendix 1: Safe nurse staffing update
Appendix 2: Equality and diversity plan update, including Trust national WRES survey return
Appendix 3: Hard to fill trajectory

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 4th August 2016

1 EXECUTIVE SUMMARY

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

2 JUNE DATA UPDATE

This is the second month that we have collected care hours per patient per day data. The summary level data does not demonstrate any major differences to the first month, although the registered nurse CHPPD for the eye hospital has increased this is as a result of the cumulative count of patients on the ward at midnight being lower. The average number of patients on the ward per night was 4.5. D12 at the City hospital is demonstrating higher CHPPD than other wards mainly because the ward only has 10 beds and has to be staffed by a minimum of two registered nurses(RN's); on other wards two RN's would be looking after sixteen patients thus demonstrating that we lose an economy of scale on small wards. D12 has had on average 8.1patients in the 10 beds at midnight during June.

The average fill rates across the trust for registered nurses which includes permanent, bank and agency staff for day shifts is 95.6% and for night shifts is 96.3% which is slightly worse than the previous month. For support staff the day time fill rate is 98.5% and the night time fill rate is 99% which is the same as the previous month.

Our community beds have an on-going problem in recruiting staff to vacancies as reported in previous months. There has been some success in recruiting permanent Care staff and some RN's including a ward manager to McCarthy ward although concrete start days are yet to be confirmed. McCarthy ward has continued to be a focus of our concerns given the recruitment issues and the percentage of temporary staff we need to use. We have kept the bed base reduced to eight in order to mitigate against safety risks the early warning trigger scores for the ward are improving to 41 from 65.

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

Safe Staffing Return Summary			Day				Night				Day		Night	
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Month	Site Code	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 (%)
Apr-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	457	225	206	555	555	148	175	101.6%	91.6%	100.0%	118.2%
	RXK02	CITY HOSPITAL	28863	27928	11830	10759	27267	25879	9244	8557	96.8%	90.9%	94.9%	92.6%
	RXK10	ROWLEY REGIS HOSPITAL	4185	3631	4702	5260	2790	2754	3417	3881	86.8%	111.9%	98.7%	113.6%
	RXK01	SANDWELL GENERAL HOSPITAL	27066	24907	13360	13080	21663	20686	10532	10611	92.0%	97.9%	95.5%	100.8%
			60564	56923	30117	29305	52275	49874	23341	23224	94.0%	97.3%	95.4%	99.5%
May-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	195	536	536	166	185	100.0%	89.9%	100.0%	111.4%
	RXK02	CITY HOSPITAL	29134	29287	11975	11748	27549	27239	9115	8696	100.5%	98.1%	98.9%	95.4%
	RXK10	ROWLEY REGIS HOSPITAL	4323	3879	4858	5417	2883	2871	3605	4005	89.7%	111.5%	99.6%	111.1%
	RXK01	SANDWELL GENERAL HOSPITAL	28077	26369	14260	13294	22336	21643	10737	10506	93.9%	93.2%	96.9%	97.8%
			61969	59970	31310	30654	53304	52289	23623	23392	96.8%	97.9%	98.1%	99.0%
Jun-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%
	RXK02	CITY HOSPITAL	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%
	RXK10	ROWLEY REGIS HOSPITAL	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%
	RXK01	SANDWELL GENERAL HOSPITAL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%
			60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%
3-month Avges	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	445	448	222	200	549	549	160	166	100.7%	89.8%	100.0%	103.8%
	RXK02	CITY HOSPITAL	28913	28320	11947	11340	27380	26372	9167	8604	97.9%	94.9%	96.3%	93.9%
	RXK10	ROWLEY REGIS HOSPITAL	4217	3794	4739	5210	2821	2809	3506	3897	90.0%	109.9%	99.6%	111.2%
	RXK01	SANDWELL GENERAL HOSPITAL	27300	25553	13743	13264	21688	20923	10728	10700	93.6%	96.5%	96.5%	99.7%
	Total	*Latest 3 month average====>*	60875	58115	30651	30013	52437	50652	23561	23366	95.5%	97.9%	96.6%	99.2%

Table 2. The Care Hours per Patient Day average calculation by hospital

			Care Hours Per Patient Day (CHPPD)			
Month	Site Code	Site Name	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
May-16	RXKTC	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	192	5.1	2.0	7.0
	RXK02	CITY HOSPITAL	8856	6.4	2.3	8.7
	RXK10	ROWLEY REGIS HOSPITAL	2624	2.6	3.6	6.2
	RXK01	SANDWELL GENERAL HOSPITAL	9535	5.0	2.5	7.5
				4.8	2.6	7.4
Jun-16	RXKTC	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	135	7.5	2.5	10.0
	RXK02	CITY HOSPITAL	8704	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	2222	3.0	3.9	6.9
	RXK01	SANDWELL GENERAL HOSPITAL	9235	5.0	2.6	7.6
				5.4	2.8	8.2

3 RECOMMENDATION

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

Colin Ovington,

Chief Nurse

27th July 2016

Appendix 1 – June 2016 ward nurse staffing data

		Percentage fill rate				Actual Care Hours Per Patient Day (CHPPD)			
Ward Name	Number of beds	Day Average fill rate - registered nurses/ midwives	Day Average fill rate - care staff (%)	Night Average fill rate - RN/ RM (%)	Night Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/ midwives	HCA Staff	Overall
CCS SGH	7	100.60%	91.60%	96.00%	91.60%	239	29.8	6.7	36.5
AMU A	32	97.40%	105.40%	100.00%	102.20%	737	7.3	3.0	10.3
Lyndon 1	26	54.80%	48.40%	99.90%	71.90%	335	6.4	2.4	8.8
Lyndon 2	24	94.10%	93.10%	92.30%	95.60%	703	3.7	2.3	6.0
Lyndon 3	33	94.80%	95.20%	100.00%	99.00%	789	3.4	3.3	6.7
Lyndon 4	34	94.20%	91.10%	89.50%	117.70%	1007	2.8	2.1	4.9
Lyndon Ground	14	95.20%	135.60%	95.20%	87.10%	220	5.2	4.8	10.0
AMU B	20	95.90%	100.00%	100.00%	100.00%	558	4.1	1.2	5.3
Newton 3	33	95.20%	97.10%	100.00%	99.00%	841	3.2	3.1	6.3
Newton 4	28	98.40%	94.10%	97.50%	96.80%	836	3.3	2.5	5.8
Newton 5	15	111.20%	75.80%	100.00%	96.90%	405	3.4	1.7	5.1
Priory 2	20	99.70%	100.00%	100.00%	100.00%	683	4.0	2.4	6.4
Priory 4	25	98.60%	89.80%	89.80%	95.70%	688	5.4	2.7	8.1
Priory 5	34	97.10%	101.60%	99.20%	98.30%	945	3.3	1.9	5.2
SAU	20	90.60%	100.70%	99.20%	96.90%	249	12.9	4.2	17.1
CCS City	7	98.00%	82.80%	98.50%	89.20%	210	35.3	8.5	43.8
D5	13	98.70%	95.20%	100.00%	-	417	7.4	0.7	8.1
D11	21	100.00%	96.80%	100.00%	100.00%	619	3.3	1.7	4.9
D12	10	99.20%	100.00%	100.00%	96.90%	243	5.6	2.8	8.4
D15	24	102.70%	91.80%	111.80%	93.70%	623	3.3	1.9	5.2
D16	21	98.40%	99.20%	97.80%	100.00%	583	3.4	1.8	5.3
D19	8	80.00%	151.90%	98.70%	58.10%	155	8.1	2.8	10.9
D21	23	101.30%	95.10%	100.00%	93.50%	508	4.0	2.9	7.0
D26	21	100.00%	100.00%	100.00%	100.00%	591	3.5	1.8	5.2
D27	18	93.70%	101.40%	93.50%	93.50%	344	3.1	2.0	5.1
AMU 2	19	96.80%	127.50%	78.70%	106.50%	458	6.5	1.4	8.0
D43	24	96.80%	98.70%	98.90%	100.00%	773	2.4	2.0	4.5
D47	20	101.80%	-	100.00%	-	510	2.2	0.0	2.2
D7	19	98.60%	93.50%	100.00%	-	529	7.0	0.6	7.6
D17	19	91.50%	103.80%	99.00%	98.20%	365	6.2	4.4	10.6
Labour Ward	17	113.10%	135.30%	108.70%	125.00%	261	24.8	5.0	29.8
City Maternity	42	115.80%	104.00%	101.20%	109.20%	910	4.2	2.2	6.4
AMU 1	41	101.20%	95.20%	99.20%	76.60%	556	9.8	4.3	14.1
Serenity Birth Centre	5	95.70%	69.30%	87.10%	122.80%	49	31.4	12.0	43.4
Ophthalmology Main W	10	100.00%	89.90%	100.00%	111.40%	135	7.5	2.5	10.0
Eliza Tinsley Ward	24	95.10%	100.00%	100.00%	100.00%	681	2.5	3.8	6.3
Henderson	24	97.30%	98.90%	98.40%	98.40%	622	2.9	3.4	6.3
Leasowes	20	66.70%	117.80%	100.00%	100.00%	529	2.7	3.5	6.2
McCarthy	24	99.40%	135.60%	100.00%	158.60%	390	4.6	5.6	10.2

ANNEX E – 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 Approved by June Public Board.
The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	Happened during April 2016 board development session.
We would undertake an EDS2 self-assessment for every single directorate in the Trust. Almost all directorates have submitted to post a draft for review.	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee.	EDS2 currently being completed by Trust Equality and Diversity Officer.
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. Results expected week commencing 4th July 2016 Outpatient kiosks remains outstanding action – effective July 2016. Taking part in National WRES survey . The Trust return is attached to this annexe. Deadline was 1st August, return signed off by Raffaela Goodby.
Undertaking monthly characteristics of emphasis in which we host events that	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through	Deaf Awareness Campaign February 2016

raise awareness of protected characteristics (PC)	internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first 'positioning' campaign.	Mutual Respect and Guidance campaign March 2016 onwards. Gender Equality March 2016) May LGBT Pride celebrations June Launch of Ramadan and awareness Dementia & Older People – Rowley Regis Garden Party June 16 Attended Houses of Parliament with Staffside invited by Employers Network for Equality & Inclusion. Only NHS Trust to invite local TU partners. Celebrating our EU staff post referendum June 2016 July - Eid Celebration in Anne Gibson Board Room.
Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead with an unambiguous programme which will certainly include a specific BME leadership offer.	Diagnostic phase of leadership programme taking place June / July 2016 including drop in sessions, focus groups and one to one sessions. 3 places advertised for Birmingham LGBT Leadership Programme commencing September 2016.
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	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.

	partners.	
With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	Will form part of design phase of work with Hay Group during March and April 2016. Clear timetable identified as above. Board can expect update in September 2016.
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 Summer 2016. Clear product output of first phase of work in September 2016 Informed by Annual Declaration information July 2016 –overdue .

SWBTB (08/16) 080(c)

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Sandwell and West Birmingham Hospitals NHS Trust

Date of report: month/year

July 2016

Name and title of Board lead for the Workforce Race Equality Standard

Raffaela Goodby - Director of Organisational Development

Name and contact details of lead manager compiling this report

Estelle Hickman - Equality and Diversity Advisor - estelle.hickman@nhs.net Telephone - 0121 507 5561

Names of commissioners this report has been sent to (complete as applicable)

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Unique URL link on which this Report and associated Action Plan will be found

This report has been signed off by on behalf of the Board on (insert name and date)

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 2 - Due to the restrictions on reporting form NHS jobs the data used for this indicator spans July 2015 - June 2016.

b. Any matters relating to reliability of comparisons with previous years

This is a year one report for the WRES.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

7024 staff members total head count.

b. Proportion of BME staff employed within this organisation at the date of the report

35% - 2454 staff members in total.

Report on the WRES indicators, continued

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

92% - 6464 staff members in total.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Developed and included in declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. Results expected week commencing 4th July 2016

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

4. Workforce data

a. What period does the organisation's workforce data refer to?

April 2015 to March 2016

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Clinical Staff BME Under Band 1 - 0% Band 1 -6% Band 2 - 6% Band 3 - 25% Band 4 - 19% Band 5 - 45%		Collect, collate and examine ethnic data along with the remaining 8 Protected characteristics on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	Developed and included in declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. Results expected week commencing 4th July 2016
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Number of short-listed applicants - 680. Appointed BME BME - 262 Appointed white - 401. Therefore white candidates		Due to restrictions on the reporting from NHS jobs the data used for this indicator spans the time period July 2015 - June 2016.	
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	BME staff were 1.11 times more likely than white staff to enter formal disciplinary process.		The data indicates that just over half (52%) of all formal conduct/disciplinary casework relates to White staff. This staff group represent up to 57.04% of the total workforce profile which therefore would be representative of the workforce employed by Sandwell and West Birmingham Hospitals NHS Trust.	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Non-mandatory and CPD training attendance by ethnicity: White = 0.17% BME = 0.13%. White staff were 1.31 times more		BME staff who undertook CPD related training accounted for 0.13%. White staff accounted for 0.17% The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Taken to Education Committee December 2014 Expected end of April 2016 for all training requests during 2015/2016 financial year.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 27% BME 18%	White 21% BME 17%	2015 saw an increase of 1% in the number of BME staff indicating harassment, bullying or abuse from patients, relatives or the public in the previous 12 months when compared with 2014 This is in comparison of a 6% increase for white staff members	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 26%	White 23% BME 24%	Although there is no variance in the % of white staff experiencing harassment, bullying or abuse from staff in last 12 months, there was an increase of 2% for BME staff from the previous year.	
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 92% BME 79%	White 86% BME 79%	Although there is an increase in white staff believing that trust provides equal opportunities for career progression or promotion the data shows no increase in the % of BME staff when compared to 2014,	Diagnostic phase of leadership programme was held June / July 2016 including drop in sessions, focus groups and one to one sessions. 3 places advertised for Birmingham LGBT Leadership Programme commencing September 2016
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 6% BME 8%	White 8% BME 9%	In the last 12 months 8% of the BME NHS survey respondents recorded that they personally experienced discrimination at work from staff. This represents a 1 % reduction in the number of BME staff from 2014. Compared to a 2% reduction for white staff	
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	Whole workforce: White - 57.09%, BME - 34.94% Voting			

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress?

This is a year one baseline report.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

Hyper link to published action plan

Click to lock all form fields and prevent future editing

Produced by NHS England, April 2016

Hard to Fill Trajectory
Updated 5th July 2016

Group	Role	Pay Band	Position Title	Occupational Group	Funded Establishment 31.03.16	Staff in Post as 31.03.16	Vacancies as 31.03.16	Number of Conditional Offers made in April '16	Number of Conditional Offers made in May '16	Number of Conditional Offers made in June '16	Number of Conditional Offers made by 22 July 16	Leavers 15/16	Turnover Rate	Forecasted Number of Leavers by 31.3.17	Estimated Recruitment Target by 31.03.17	Rag Rating on difficulty to fill
Community and Therapies	Staff Nurse	5	Community Staff Nurse , Staff Nurse	Nursing and Midwifery Registered	150	119	31	1	1	1	1	14	12%	14	34	H
Corporate - Estates & New Hospital	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	10	7	3	0	0	0	0	4	57%	4	4	H
Corporate - Estates & New Hospital	Estates Officer	6	Estates Officer	Estates and Ancillary	4	2	2	0	0	1	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	4	2	2	0	0	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	31	17	14	0	2	0	1	11	66%	11	14	H
Imaging	General Manager - Imaging	8B	Group General Manager - Imaging [C1302]	Administrative and Clerical	1	0	1	0	0	0	0	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	26	23	3	0*	0	0	0	2	9%	2	2	L
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	14	12	2	0	0	0	0	2	16%	2	3	H
Medicine & Emergency Care	Group Director of Operations-	9	Group Director of Operations-M&EC	Administrative and Clerical	1	0	1	0	0	0	0	0		0	1	H
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	454	379	75	4	3	4	2	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	18	12	6	0	1	0	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	8	6	2	0	0	0	0	2	36%	2	2	H
Medicine and Emergency Care	Emergency Medicine SAS	SAS Doctor	Specialty Doctor, Trust Grade Doctor - Specialist	Medical and Dental	17	13	4	5	4	2	1	6	45%	6	5	H
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	83	70	13	4	0	1	8	14	20%	14	11	M
Surgery A	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	207	180	27	0	2	1	1	17	10%	17	26	H
Surgery A	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	43	39	4	0	0	0	0	3	8%	3	3	M
Surgery A	Group General Manager	8B	Group General Manager	Administrative and Clerical	3	1	2	0	1	0	0	1	100%	1	1	H
Surgery B	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	34	33	1	0	1	0	0	9	26%	9	4	L
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	20	16	4	0	1	4	2	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	79	57	22	0	5	0	0	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	76	61	15	2	0	0	0	0	0%	0	18	M

The above list excludes 2 conditional offers to Band 5 staff nurses in June 16 (Clinical Group still to be confirmed as external student nurses and ensuring SWBH students are confirmed first)

SWBTB (08/16) 081

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:	4 August 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 July meeting and Executive Director updates are highlighted where these were provided.

REPORT RECOMMENDATION:

RECEIVE monthly updates on progress with the 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 on 26 July 2016

FOR APPROVAL

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 4 August 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. The Trust Risk Register is at **Appendix A**.

2.2 There are no additional risks escalated to The Board from the Risk Management Committee or Clinical Leadership Executive.

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. Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System. Additional risk reports include archive summaries at ward/department level and a detailed risk report, which includes status of individual actions and a summary of risk review history. Risk review and action notification emails are now in place.

3.2 An automated Trust Risk Register Report has been set up for Executive Directors on a monthly basis, which will prompt their review prior to CLE. Clinical Group and Corporate Directorate Risk Owners are therefore reminded of the need to maintain up to date risk entries.

3.3 Further development of risk report library is planned.

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
4 August 2016

Appendix A: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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

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	Current risk score (LxS)	Control potential
215	Live (With Actions)	Waiting List Management	Waiting List Management (S)	Performance	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity	4x4=16	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	Confirm plans for a joint health and social care ward to be established and funded on the City site in 2016. Nursing home capacity also a risk and currently unmitigated. EAB and nursing home capacity remain unmitigated risks. System Resilience partners will review demand and capacity of interim bed base and recommend future requirements by end Q1 2016-17.	Rachel Barlow	30/06/2016	18/03/2016	Bi-Monthly	3x4=12	Treat
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	30/04/2016	04/04/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
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. 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	Surgery A Group Director of Operations attending Pan-Birmingham Management Board to escalate issues. Contract review planned Q1.	Rachel Barlow	30/06/2016	18/03/2016	Quarterly	3x4=12	Treat
221	Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in informatics, significant time constraints (programme should have started earlier) and budgetary constraints.	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM Delivery risk shared with supplier through contract	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.	Mark Reynolds	30/06/2016	18/03/2016	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	Current risk score (LxS)	Control potential
						Project prioritised by Board and management.	Management time will be given for programme elements such as detailed planning, change management, and benefits realisation						
325 Live (With Actions)	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. Upgrade servers from version 2003	Mark Reynolds	30/09/2016	04/04/2016	Monthly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
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. Utilisation of local super users and dedicated midwife for day- to- day support. CMW reverts to peer notes for retrospective data entry if unable to input data in real time	IT Service Desk liaising with maternity and CSUs to install BN client onto GPs PCs. CIO now leading on mitigation plan.	Mark Reynolds	30/06/2016	18/05/2016	Monthly	3x4=12	Treat
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of	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) It would appear that OPD2 has been allocated to ophthalmology at Sandwell. LY to discuss with Lydia Phillips.	Rachel Barlow	31/03/2017	05/07/2016	Quarterly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.									
1643	Live (With Actions)	Operations Management		Incident	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, and raises experience and safety risks.	4x4=16	Overseas recruitment drive (pending) Use of bank staff including block bookings Close working with partners in relation to DTOCs Close monitoring and response as required.	Review bed plan and clinical team model in March 2016. Fully implement the assessment for discharge bundle in AMU by May 2016. Develop a plan for the closure of the unfunded beds by the end of March.	Rachel Barlow	01/06/2016	18/03/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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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
566	Live (With Actions)	Emergency Care		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. Risk mitigation changed to 12 following Medicine Clinical Governance Meeting on 24.06.2016.	Rachel Barlow	30/09/2016	18/03/2016	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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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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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
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

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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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.	**3x4=12**	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 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.	Complete network and desktops refresh	Mark Reynolds	30/06/2016	18/03/2016	Monthly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS
NHS Trust

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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**
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	Current risk score (LxS)	Control potential
					CGS resulting in the contract being at risk.									
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. Pilot to cover Saturday and Sunday 9-5pm at SWBH, Wolverhampton and Dudley with BCA commenced April 16; SWBH has received it's first OOH patient. To be done on a rotational basis. Over reliance on one consultant, but 2 more are starting in the New Year	Rachel Barlow	31/01/2016	05/07/2016	Quarterly	**2x3=6**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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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	30/09/2016	15/06/2016	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

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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							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:	**Board Assurance Framework 2016/17**
SPONSOR (EXECUTIVE DIRECTOR):	**Kam Dhami, Director of Governance**
AUTHOR:	**Executive Group**
DATE OF MEETING:	**4 August 2016**

EXECUTIVE SUMMARY:

At the Board informal session in June views were taken on the major risks to the delivery of the Trust's annual priorities for the year as outlined in the annual plan seen by the Board at the April meeting. The controls in place to manage the risks and the assurances that the controls are working effectively were also considered and any gaps identified. The attached Board Assurance Framework (BAF) for 2016/17 reflects the points of discussion. The BAF also includes actions to address any gaps in control or weak / absent assurance.

At present, in the majority of cases the treatment plans identified reduce the overall risk to the delivery of the annual priorities, however, the Board is asked to note in particular 3 risks (**007** DTOC, **012** balanced financial plans and **017** Sheldon block development), which even when treated remain a 'red'. Two of the priorities relating to corporate services reform (**013 and 014**) are presented in draft form and will be reviewed and modified by the CEO. The BAF will be amended to reflect the comments received.

Work is also underway to better embed the discussions around the BAF into routine meetings across the Trust, including the Clinical Leadership Executive, the Board Committees and the Trust Board, a process which will be developed over the coming Quarter.

REPORT RECOMMENDATION:

The Trust Board is asked to review and accept the Board Assurance Framework and note the plans to strengthen the way in which the BAF is used to drive discussions and set agendas within the organisation.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

The development of the BAF was informed by discussions at the Board Informal session on 19 June 2016 and has been the subject of discussions by the Executive Group.

2016/17 Board Assurance Framework: Quarter 1

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score: Likelihood	Initial risk score: Severity	Initial risk score: Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score: Likelihood	Controlled residual risk score: Severity	Controlled residual risk score: Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score: Likelihood	Tolerable risk score: Severity	Tolerable risk score: Risk Rating (LxS)
COO	001 SHQC	**Reducing readmissions** **Aim** Sustained delivery measured by: • 2% fall in re-admission rates at Sandwell vs. 2014/15 baseline	There is a risk that readmission rates will remain above national norms caused by a lack of clinical engagement or effective partnership working with GPs and Social Services. This represents poor care and also carries a significant financial risk if the tariff rules are strictly applied.	Q&S	4	3	**12**	An ongoing integration into the Urgent Care Delivery Programme ensuring effective end to end care. Community proposal for pilot expansion of iCARES in-reach to AMU. <u>Controls include:</u> • Operational Management Committee • Group reviews • Performance Management Group • Quality and Safety Committee and Trust Board	IPR Local action plan Papers to sub committees and Trust Board Minutes of meetings	3	3	**9**	Deputy COO for Urgent Care to start in September 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery System response to aspects delivery plan Consistent LACE discharge bundle applied in all wards Approval of community expanded pilot through SRG.	March 2017	2	3	**6**
COO	002-SHQC	**Improving the experience of outpatients** **Aim** Benefits realisation measured by: • Maximum wait of 6 weeks • Elimination of clinic rescheduling • Reduction of 2% in DNA rate • 98% patient satisfaction rate	There is a risk the full intended benefits of the programme are not delivered leading to poor patient experience and wasted capacity	Q&S	3	4	**12**	YOOP Programme Board chaired by the CEO. Project groups with governance infrastructure reporting to YOOP including partial booking, electronic referral management, and speech recognition. <u>Controls include:</u> • YOOP • Operational Management Committee • Group reviews • Performance Management Group	IPR – waiting times, DNA and cancellation rates Project reports and delivery of associated KPIs Minutes of YOOP Trust Board Patient survey	2	4	**8**	Deputy COO for Planned Care commenced in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery	March 2017	2	4	**8**

					Initial risk score						Controlled residual risk score					Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
CN	003 -SHQC	**Achieving the gains promised within our 10/10 programme** **Aim** Remedial deployment through: • 100-day roll out in assessments • Investment in ward managers to support delivery	There is a risk that 10/ 10 will not be consistently embedded across the Trust caused by a lack of clinical engagement or effective business change capability which will result in inconsistent high standards of patient safety and high quality care.	Q&S	3	3	9	Key risk controls and treatment include: • 100 day implementation project • Group Reviews • The Safety Plan and key performance indicators against each standard	Group review process to check on progress and achievement Internal audit of assessment units following the 100 implementation programme	2	3	6	Minutes of Board meeting evidencing effective challenge including the Trust Board, Quality and Safety Committee, Patient Safety Committee and Performance Management Committee Gaps include effective staff training in business change and ongoing effective targeted communication.	March 2017	1	3	3
G	004-SHQC	**Meeting the improvement requirements agreed with the Care Quality Commission** **Aim** • In Q1/2 we want to ensure we complete all of the tasks we set ourselves in the Improvement Plan. • In Q3 we need to ensure benefits have been gained from that work.	There is a risk that the scale of the task leads to inconsistent implementation of the required standards and practices across the organisation leading to a statutory breach of the fundamental standards of care,	Q&S	3	4	12	Clearly defined outcomes set for each action. Planned and spot audits and unannounced visits to validate compliance. Evidence vault. Protected time for discussions at a local level at QIHDs. Monitoring and oversight of delivery by the CLE, QSC and Trust Board.	Internal: Observed practice during walkabouts and First Friday. Audit findings and action plans. Staff and patient feedback e.g. Your Voice, FFT, complaints. Incident data.	2	4	8	Improvement Plan evidence vault to be created. In-house inspections with external engagement and the analysis of key themes. The existing team of 50+ staff inspectors is to be strengthened with the introduction of 20-25 people from the NHS Retirement Fellowship and partners, which will give us more bandwidth of experienced NHS staff.	March 2017	1	4	4

					Initial risk score					Controlled residual risk score				Tolerable risk score		
Executive Lead	**Risk Ref**	**Annual Priority**	**Risk Statement**	**Primary Assurance Committee**	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Summary of Risk Controls and Treatment Plan as at 31 March 2016**	**Assurance Received** (Internal, Peer or Independent)	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Risk controls and assurances scheduled/not in place and associated actions**	**Completion date for actions**	**Likelihood**	**Severity**	**Risk Rating (LxS)**
COO	005 -SHQC	**Tackling caseload management in community teams** **Aim** Sustained delivery measured by: • All nursing caseloads (at team level) reduced to median in Black Country • Patient contact time increased by 10% among district nurses, health visitors and midwives	There is a risk that the caseload of community nursing teams remains too high and above benchmark as a result of poor management systems, too many patients being admitted to the case load, poor discharge patterns or the absence of team members leading to short appointments or too few appointments to be effective.	Q&S	3	3	**9**	Programme detailed for adult services with delivery reporting via Clinical Group Review process <u>Additional controls include</u>: • Quality and Safety Committee • Trust Board	Project update Group and Trust Board / subcommittee review minutes	3	3	**9**	Women and Children's programme for 2016-17 to be defined. Presentation to Quality and Safety in July 2016.	March 2017	2	3	**6**
COO	006-AR	**Meet national wait time standards, and deliver a guaranteed maximum six week outpatient wait** **Aim** • Achieve 93% or better in ED consistently from Q2 • 18 week RTT standard consistently met • Eliminate open pathway referral issues seen in prior years • Tumour specific delivery of 62-day standard	There is a risk that the Trust will not meet national waiting time standards and deliver a guaranteed six week outpatient wait. This will be caused by an overreliance on key staff, data fragmentation and ineffective competencies through the delivery chain to deliver the plans pertaining to patient activity at access standard level. This will result in target failure.	Q&S	4	4	**16**	Demand and capacity plan triangulated and integrated with delivering contracted activity and performance standards. <u>Controls include</u>: • Operational Management Committee • Group reviews • Performance Management Group • YOOP	IPR Delivery against trajectory plans Minutes of meetings	3	4	**12**	Deputy COO for Planned Care starts in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery	March 2017	3	4	**12**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
COO	007-AR	**Double the number of safe discharges each morning and reduce by at least a half the number of delayed transfers of care in Trust beds** **Aim** • Fewer than 15 DTOCs in Trust bed base • 40% of discharges take place before 12 midday	There is a risk that the doubling of safe discharges is not achieved caused by weaknesses in partnership arrangements, ineffective ward team and ward manager leadership and inadequate training which would result in targets to deliver improved care not being achieved and the subsequent financial implications for the Trust.	Q&S	4	5	20	ADaPT project plan revised for this year. Sponsored by COO and has supporting delivery infrastructure. Ward leadership development programme to ensure capability in ward team leadership in train. Controls include: • Urgent Care Delivery • Operational Management Committee • Group reviews • Performance Management Committee • System Resilience Group	IPR Capacity data set Minutes of meetings	4	4	16	Revised approach to effective relationship with new SMBC arrangements. Assurance capacity and demand alignment in residential, nursing and enhanced assessment beds. Data set and performance framework for clinical ward teams and ward leaders. Deputy COO for Urgent Care to start in September 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery.	March 2017	3	4	16
COO	008-AR	**Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive a high standard of professional support at home** **Aim** • Trust meets by through the year all standards set out in the contract • New partnership model with Sandwell MBC is operational and effective in eyes of both parties	There is a significant risk that children and families may not have adequate access to a comprehensive range of NHS, Local Authority and voluntary services as a result of lack of knowledge or poor co-ordination by health visitors which could lead to physical, mental or social developmental delay, or poor use of safeguarding facilities	Q&S	3	4	12	Local delivery programme and recruitment plan in place. <u>Controls include</u>: • Group performance review • Quality and Safety	Group review Minutes of meetings	3	3	9	Workforce design through integration with midwifery.	March 2017	3	3	9

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
COO	009-AR	**Work within our agreed capacity plan for the year ahead, thereby cutting Did Not Attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure and accommodating patients declined NHS care elsewhere** Aim • DNA rates fall by 2% vs. outturn • All specialties by October 2016 achieve recurrent demand-supply balance • Weeks worked calculation delivered across all specialties	There is a risk that the agreed capacity plan is not achieved, including the cutting of Did Not Attend (DNA) rates, caused by system demand, an ineffective Better Care Fund and ineffective forecasting and BIU which will result in the trajectory to Midland Metropolitan Hospital alignment not being achieved.	FIC	3	5	**15**	Demand and capacity plan that triangulates with contracted activity and performance plan. <u>Controls include</u>: • Planned Care Project review weekly • Operational Management Committee • Group reviews • YOOP • Performance Management Group • FIC	Planned care dashboard Monthly activity and income Minutes of meetings	3	3	**9**	Deputy COO for Planned Care starts in July 2016 will provide increased senior leadership capacity to ensure pace and execution of delivery New planned care PMO to be established in July	March 2017	3	3	**9**

					Initial risk score						Controlled residual risk score					Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
COO	010-CCH	**Ensure that we improve the ability of patients to die in a location of their choosing, including their own home** **Aim** • Increase in proportion of patients identified for planned pathway >72 hours before passing • Increase in proportion of patients able to die in place of their choosing vs. audit baseline	There is a risk that the Trust does not deliver against this ambition caused by ineffective mobilisation of the contract, weak partnership arrangements, ineffective recruitment or stakeholder engagement which will result in patients being unable to die in a location of their choosing	Q&S	3	3	**9**	End of life strategy and delivery plan in place. <u>Controls include</u>: • Peer review • Contract management • Quality Plan • Group review • Quality and Safety Committee	Contract review via performance dashboard Peer review outcome	3	3	**9**	Commercial contract expertise within the Clinical Group who have a new commissioning role	March 2017	2	3	**6**
COO	011-CCH	**Respiratory medicine service sees material transfer into community settings, in support of GPs** **Aim** • The respiratory medicine equivalent of the DiCE project is in place • Unplanned readmissions for respiratory patients have been reduced at Sandwell	There is a risk that the clinical service model remains with too much Direct Clinical Care time committed to routine clinic work in the acute hospital which will potentially result in late intervention on community patient pathways, which may result in a continued rate of readmissions	Q&S	4	4	**16**	Respiratory COPD and discharge bundle (pathway) in place <u>Controls include</u>: • Future Hospitals Project and Programme Board with executive sponsor • Group Review	Delivery of KPIs identified in project	3	4	**12**	Project dashboard	March 2017	3	3	**9**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
DOFP	012-GUR	**Create balanced financial plans for all directorates and deliver Group level I&E balance on a full year basis** **Aim** • Group level FYE I&E balance	There is a risk that the identified opportunity for financial improvement is insufficient to deliver financial balance across all directorates. There is a risk that the scale & pace of financial improvement delivered is insufficient. This is caused by 1). a lack of necessary capacity and capability 2). The risk of compromise to the safety and quality of services provided. This risk could result in a failure to generate those financial surpluses necessary to underpin the approval and delivery of key strategic investments.	FIC	4	5	20	• Effective use of comparative information including peer benchmarking, best practice review and expert scrutiny. • Expedited recruitment to fit for purpose senior management structures and follow through on leadership development programme. • Utilisation of necessary & sufficient expert support and establishment of fit for purpose PMO & change team. • Routine timely reporting & performance management of plan delivery at devolved [directorate / scheme specific] level. • Timely escalation and intervention to remedy any shortfall in delivery. • MPA established to assure coherence and delivery of key strategic change programmes.	Management assurance. Routine reporting of historic and prospective financial performance and remedial action plans at all relevant meetings. Independent assurance. Internal audit review of core systems & processes including financial planning, budgetary control, CIP delivery and data quality. External audit review of arrangements for securing VFM. Regulator scrutiny of safe, effective, financially viable services.	3	5	15	**Treatment plan actions:** • Completion of necessary recruitment and leadership development programme. • Confirmation and effective execution of workforce change consultation at necessary scale and pace. • Embedding new Clinical Operating Model supported by effective Change Team and underpinned with common change methodology. • Design and establishment of fit for purpose Business Intelligence Unit function delivering timely, relevant and influential information. • Confirm downside contingency plan to deliver trust level I&E balance. • Confirm plan to restore cash balances / liquidity consistent with FSRR level 3. **Control & assurance actions**: • Effective PMO in place. • Implementation of 'Strategic IPR' supported by lead indictor dashboard [MMH approval condition 46 compliance].	September 2016	2	4	**8**

					Initial risk score						Controlled residual risk score					Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
CEO	013-GUR	**Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board** **Aim** • Reporting tool in place at frontline service level • Standard reports visible monthly to support performance improvement cycle **DRAFT TO BE REVIEWED BY REVIEWED BY THE CEO**	There is a risk that reforming how corporate services support frontline care is not achieved caused by the BIU not functioning correctly, data invisibility, data integrity concerns or inappropriate culture which does not promote shared learning which will result in there being a disconnect between the ward and Board impacting on effective assurance of the delivery of high quality and financially sustainable care.	TB	4	4	16	Executive focus group to determine next stage of development for this objective.	Report to Trust Board	4	4	16	Leadership capacity and capability to deliver next stage development	March 2017	3	4	12

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
CEO	014-GUR	**Reform how corporate services operate to create efficient transactional services that benchmark well against peers within the Black Country.** **Aim** • KPIs for each corporate service being met • Benchmarking work across partnership concluded and reported to the Programme Board, with rationalisation plan developed **DRAFT TO BE REVIEWED BY REVIEWED BY THE CEO**	There is a risk that the reform of how corporate services operate is not achieved at necessary scale and pace. This is caused by 1). Lack of sufficient capacity and capability to design & effect necessary reform 2). Delay in implementation of system replacement 3). Requirement to reform corporate services across organisations [BCA / STP] 4). Timescale for required reform is inconsistent with effective implementation of necessary improvement methodology [Lean / 4DX]. This could result in variable corporate service delivery with consequent disruption to care delivery and obligations to 3rd parties and delay in the achievement of necessary cost reduction in corporate services.	TB	4	4	16	Conclude work on revised corporate team structures and effect through workforce change consultation. Recruitment to residual gaps in corporate team infrastructure. Progress implementation of improvement methodology [Lean / 4DX] in F&P and consider roll out across corporate functions.	Management assurance. Routine reporting of transactional KPIs at CEO performance review meetings and relevant Board Committees. Independent assurance. Internal audit review of core systems and processes including performance management and data quality assurance programme. Regulator scrutiny of 'well led' assessment.	4	4	16	Treatment plan actions: Determine footprint and scope of services for corporate function consolidation [BCA / STP]. Determine way forwards for core system replacement. Establishment of effective transactional excellence improvement programme. Undertake baseline assessment and pilot diagnostic to include definition of what excellence looks like. Procure delivery partner to implement full diagnostic, solution design and change programme delivery. Control & assurance actions: Effective PMO in place.	September 2016	2	4	8

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Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
MD	015-21CI	**Get NHSI approval for EPR full business case, award contract and begin implementation, whilst completing infrastructure investment programme.** **Aim** • Final bids returned in a form and to a value that can be approved by year end • Implementation capability in place for 2016-2017 deployment	There is a risk that the EPR procurement process and infrastructure investment programme is not achieved caused by too many competing demands, supplier management issues ,ineffective stakeholder engagement or data transition which will result in ineffective benefits realisation including diminished transformation of improved patient care and financial sustainability	MPA	3	3	**9**	Controls include: • Integrated PMO • MPA • SRO/ CRO relationship • Capital controls	Internal reporting to Informatics Committee & External Gateway review	3	3	**9**	Effective challenge through MPA of the following in respect of Estates, Workforce and Digital: • Progress reports • Risks/ benefits • Financial performance • Milestones		3	3	**9**
DE / NHP	016-21CI	**Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre** **Aim** • Architect designed completed plan available for STC 2019 • Departments relocating from City site know their future location at Sandwell • Investment trajectory agreed as part of 2016-2019 capital plan	There will remain a risk that the final location plans may need to change in response to service need, business plans funding constraints.	MPA	**3**	**4**	**12**	Monitoring arrangements are in place through the board and subcommittee structures, reports and risk registers. These arrangements will remain in place for the 2016 – 19 period whilst the STC programme is developed and implemented. The STC programme will report to the Major Projects Authority Committee which will be established from March 2016.	The December 2015 Trust Board received a specific STC paper as part of its assurance review of the MMH development and prior to signing contacts and Financial close. The Trusts January 2016 Heartbeat paper was used to publicise location plans for those clinical and non-clinical services which will be provided from the Sandwell STC.	**3**	**4**	**12**	Detailed work to confirm delivery of the programme is ongoing and will be completed by March 2106. The programme has 3 phases over the 2016-19 periods. Discussions with individual services to confirm the scope/brief of works to be undertaken will identify any new or additional risks not previously identified and actions to be taken to mitigate and manage those risks. Although there has been some progress, further work is still needed before we can agree and publicise final location plans for services. The work should be completed in Q2.	March 2017	**3**	**3**	**9**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	**Risk Ref**	**Annual Priority**	**Risk Statement**	**Primary Assurance Committee**	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Summary of Risk Controls and Treatment Plan as at 31 March 2016**	**Assurance Received** (Internal, Peer or Independent)	**Likelihood**	**Severity**	**Risk Rating (LxS)**	**Risk controls and assurances scheduled/not in place and associated actions**	**Completion date for actions**	**Likelihood**	**Severity**	**Risk Rating (LxS)**
COO	017-21CI	**Finalise and begin to implement our RCRH plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr** **Aim** • Successfully procured as the W/Birmingham Intermediate care facility (under the BCF)	There is a risk that the implementation of our RCRH plan for the Sheldon block is not achieved caused by changes to CCG commissioning intentions or workforce implications which will result in financial risks including contract sums being lower than Long Term Financial Plan and subsequent reputational risks.	FIC	4	5	**20**	Local plan includes workforce, clinical and estates plans proposals <u>Controls include</u>: • FIC • Trust Board • MPA • Group review	Activity and contract monitoring	4	5	**20**	No firm commissioning commitments	March 2017	3	5	**15**
DOD	018-EEO	**Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness** **Aim** • Overall Trust sickness aim is 2.5%, comprising a fall from 2 to 1% in short term sickness and a fall of 100 people in long term sickness	There is a risk to cutting sickness absence below 3.5% caused by a lack of manager engagement, vacancies not being filled, turnover increasing, workforce consultation impact, a lack of effective communication and staff not abiding by policies which will result in short term sickness not falling and the knock on implications of the Trust's financial performance and wellbeing of those staff in work.	W& OD	**5**	**3**	**15**	Full complement of escalated measures agreed at October. CLE. Increased confirm and challenge with group leads including a case by case focus on long term sickness and a focus on consistent application of disciplinary process.	Internal: Assessed through sickness absence data, Your Voice and national staff survey results	**4**	**3**	**12**	Development if a cohesive plan, embracing effective leadership, group ownership, Health and wellbeing use of business intelligence, coupled with consistent application of sickness absence management process	March 2017	**3**	**3**	**9**

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Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
DOD	019-EEO	**Finalise our long term plan explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019** **Aim** • 17-18 pay/WTE start point and proposed change plans reflects Long Term Workforce model at Trust level	There is a risk that future staffing models will not be well enough defined to enable the identification of sufficient posts to be removed leading to an inability to formulate a robust workforce plan which may lead to the non-delivery of the required workforce and pay cost savings between 2016 to 2019	W& OD	4	4	**16**	Bottom up workshops held Sep-Dec 2015 Close alignment to business planning process planning for 16/18 Close scrutiny of Board and WODC	Workforce change schemes tracked through TPRS. Exec led PMO. TDA workforce returns	3	4	**12**	Downside scenarios explored and planned - April 2016 Cross dependencies and alignment with training / development needs April 16	March 2017	**2**	**4**	**8**

					Initial risk score						Controlled residual risk score				Tolerable risk score		
Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Likelihood	Severity	Risk Rating (LxS)	Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Likelihood	Severity	Risk Rating (LxS)	Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Likelihood	Severity	Risk Rating (LxS)
DG	020 -EEO	**Create time to talk within our Trust so that engagement is improved. This will include implementing Quality Improvement Half Days, revamping Your Voice, Connect and Hot Topics and committing more energy to First Fridays** **Aim** • Improvement on employee engagement score by 5%+ • Your Voice response rate at 25%+, and action recognition rate above 50% • Hot Topics attendance routinely above 100 senior leaders • Survey data on senior leader visibility shows high rates of recognition • Survey data shows improvement in views of organisation communication	There is risk to creating the time to talk within the Trust caused by ineffective communications channels that are not accessed by or accessible to a proportion of our workforce, frontline/ offline staff having limited opportunity to engage, poor visibility of local leadership and lack of prioritization about time to talk among local managers. The risk is that the numbers of disengaged staff do not reduce and therefore the transformation programme becomes more difficult to implement.	W& OD	4	3	**12**	Risk controls include • Audience segmentation and channel analysis • QIHD programme • First Friday • Leadership programme • Monthly briefing system • Your Voice survey • NHS Staff Survey • Recognition and reward schemes	• QIHD attendance register and outputs from QIHDs • Your Voice response rate and engagement scores • National staff survey results • Hot Topics attendance and feedback	3	3	**9**	Gaps include: • Links to other workforce metrics • Local leadership Look to other good practice such as Tesco, BAE and NHS Mail.	March 2017	3	3	**9**

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Localised Suppliers – Multi-Cultural/Multi-Faith Meal Service
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Steve Clarke – Deputy Director - Facilities
DATE OF MEETING:	Thursday 4th August 2016

EXECUTIVE SUMMARY:

The purpose of this paper is to inform the Trust Board of the current position regarding the provision of a multicultural food menu including the sourcing of localised suppliers.

REPORT RECOMMENDATION:

This report is for information following a question at the June Board meeting about the provision of multicultural food for patients

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

Accept	Approve the recommendation	Discuss
X		**X**

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

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

Comments:

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

Safe High Quality Care

PREVIOUS CONSIDERATION:

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

LOCALISED SUPPLIERS – MULTI-CULTURAL/MULTI-FAITH MEAL SERVICE

REPORT TO THE TRUST BOARD ON THURSDAY 4TH AUGUST 2016

Introduction

A report was presented to the Trust Board at the June 2016 meeting. The paper detailed the work being undertaken to localise food suppliers, especially Halal and the approval process required for suppliers. There was also an update from local Trusts as to their supplier/service.

This paper is an update of the work undertaken over the last few months regarding sourcing local suppliers and provides an overview of our menu in regards to other cultural/faiths dietary requirements.

Localised Suppliers

The Catering Department are working in tandem with the Trust's Procurement Team in reviewing all options for the supply of localised products. However, as previously stated all food suppliers have to demonstrate due diligence and have to be accredited with a certificate of approval. A number of local suppliers with an accreditation have been trialled, but their quality of product is not up to standard.

Product - confirmed change of supplier	**Local Supplier**	**Savings per annum**
Milk	Local Farm Industry – Stafford	£15k
Fish	Local Supplier – Numerous	£4k
Fruit & Vegetables	Local Supplier – Worcester	£2.5k
Potential Options & Savings		
Chilled (Cheese/pastas etc.)		Circa. £20k
Beverages (bottle/cans drinks)		Circa. £10k
Halal (meals/meat)		TBC

Local suppliers for bread and meat have been tried, but their products were not to the required quality and there were issues regarding reliability of delivery.

Multi-Cultural/Multi-Faith Meals

The standard daily Al La Carte menu is inclusive of three Halal choices, three Caribbean choices and three vegetarian Asian choices. A Kosher menu is also available with a choice of seven options for Lunch and seven options for Supper.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST PUBLIC BOARD

DOCUMENT TITLE:	**Wider Safe Staffing - Progress Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby, Director of Organisation Development**
AUTHOR:	**Raffaela Goodby, Director of Organisation Development** **Gayna Deakin, Deputy Director.**
DATE OF MEETING:	**4th August 2016**

EXECUTIVE SUMMARY:

The Trust Board discussed Safe Staffing in autumn 2016 and recommended a more in depth desktop audit of hours per patient took place. This was to ensure that SWBH remained informed and on the front foot with the work that was taking place, led by Sir Mike Durkin, on a national level. This desktop audit was completed in April 2016 with a recommendation to discuss at Trust Board.

Subsequently Jim Mackey has written to all Trust Chief Executives and Directors of Nursing across the NHS to outline the work that will be progressed nationally. This is detailed in appendix one.

The board are asked to consider the steer and recommendations made by Jim Mackey and NHSI and dsicuss next steps for Wider Safe Staffing measurement and monitoring in SWBH.

REPORT RECOMMENDATION:

1. Discuss desktop audit results contained in this paper
2. Discuss guidance and letter from NHSI as contained in appendices
3. Consider options for next steps.

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	X
Clinical	**X**	Equality and Diversity		Workforce	x
Comments:					

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

PREVIOUS CONSIDERATION:

October Public Trust Board

Sandwell and West Birmingham Hospitals NHS Trust

WIDER SAFE STAFFING REVIEW UPDATE

1. Introduction

(1.1) The Trust Board is committed to ensuring the delivery of high quality services and safe care. The effective development and deployment of the 'whole' workforce and in particular the 'wider clinical team' is key and contributes significantly to the Trust's safe ward staffing models.

(1.2) As part of the Trust's oversight of safe staffing levels, a paper was presented to the Trust Board on 7th January 2016. This gave a broad overview of the roles and amount of time the wider clinical team (nurses, doctors, therapists and pharmacists) spend on a 35 bedded ward (respiratory) and an illustrative example of the whole clinical staffing compliment on the ward.

(1.3) Following the discussion at the Trust Board (in January) and with executive directors subsequently, it was agreed that a further piece of work was required to understand in more detail **'the time spent by each member of the 'wider clinical team' for each ward on every day of the week'**.

(1.4) The executive directors agreed that this piece of work will be conducted as a desktop exercise during February and March. This would be undertaken by way of collecting **rotas/programmes of work/job plans etc that show the allocation of the clinicians by ward for each day of the week.**

2. Methodology

(2.1) The methodology adopted to complete the desk top exercise is set out below:

- For the purpose of the exercise the 'wider clinical team' is considered to be:
  - Nurses (ward based – registered and non-registered
  - Specialist nurses
  - Doctors (Consultants and doctors in training)
  - Therapists (physiotherapy and occupational therapy)
  - Pharmacists
- A request was sent to each of the service/clinical leads and to the Group Directors and Group Directors of Operations (for doctors - consultants and doctors in training) for submission of documentation/records that show how doctors, therapists and pharmacists are allocated to each ward on each day of the week i.e. timetables, rotas and work plans.
- A template was designed and issued for collecting and analysing the information submitted. The Chief Nurse's 'wider safe nurse staffing template' format was used to determine the current ward configuration.
- Workforce planning leads held 1:1 sessions with service/clinical leads to gain a greater understanding of the timetables and work plans provided and to ensure accurate interpretation and translation of the data.
- The recently reviewed ward based nurse staffing establishments have been used to show the allocation of nurses and HCSWs/HCAs to wards.

- The results have been recorded for each 'healthcare professional' and then aggregated to show the total amount of time the 'wider clinical team' spend on each of the wards each day.

3. Limitations and constraints

(3.1) When reviewing the results of the exercise the following limitations and constraints apply:

- The emergency department was not included within the scope of the exercise.
- The exercise did not collect information related to the tasks or activity undertaken by the clinicians when working on or visiting the ward and therefore it is not possible to distinguish between direct and indirect care activities.
- The analysis presented does not include the time that Consultants and doctors in training spend on each ward. Whilst there has been high levels of co-operation in many of the specialites, not all specialites provided information and in many cases where information was provided it was not possible to determine which ward doctors were allocated to. For example the job plan designated a period of time (usually am/pm to 'ward work').
- The analysis does not include time spent by clinicians attending the ward when making 'unplanned visits and when attending 'on-call' for the provision of emergency cover.
- The analysis does not include time spent by specialist nurses due to the limited information available about time spent undertaking ward work.
- Many of the leaders completing the exercise stressed the difficulty in being specific about the actual allocation of staff to each ward. The reasons given were: variability of patient dependency, mixed specialty wards, emergency priorities and the daily staffing compliment available taking into availability of staff etc.

4. Findings

(4.1) The ability to retrieve information that shows the allocation of the wider clinical team to each ward is variable and in the majority of cases limited:

- There is a considerable amount of information relating to how the wider clinical team works in general and by way of working to functions i.e. broken down by 'ward work', 'outpatients work' 'emergency work' etc.
- It was not possible to readily obtain useable information about the specific allocation of clinicians for each ward on each day of the week by way of the submission of a readily available rota, timetable or job plan by the deadlines set or during the follow-up process.
- Where timetables, rotas, job plans etc were available, the information in many cases was not detailed enough to form an accurate view about the time or duration that the clinicians were present on each ward e.g. allocation of team members were recorded at am or pm level and/or across several wards/or even site specific and in some cases medical staff were allocated to a number of sessions per week for ward work.
- The route to obtaining information about the medical workforce is onerous and confusing. In Medicine this was more straight forward and in some specialties really detailed. In Surgery this is much less so.

(4.2) The exercise produced valuable insight into the ways of working of the wider clinical team and workforce availability. This is available to inform new ways of working, safe staffing models and workforce productivity.

(4.3) The information received (excluding medical workforce and specialist nurses) is summarised in the data collection template **(Appendix 1)** and presented in the graph illustration **(Appendix 2)**. Key themes emerging suggest that:

- Therapists and pharmacists attend each ward on a daily basis (Mon-Fri) as a matter of routine.
- The highest level of ward based work for therapists and pharmacists takes place between 8am and 6pm.
- Pharmacists attend designated wards for between 1 and 2 hours each day
- Therapists attend selected wards during weekends.

5. Conclusions

(5.1) The way in which healthcare professionals are deployed and allocated to each ward is not 'systematised' and varies across each profession. It was not possible to retrieve this information automatically or without delay.

(5.2) Information setting out the allocation of nurse numbers to each ward is robust and detailed and is reported to the Trust Board monthly. The Trust has in place an e-rostering system to manage the day-to day allocation of resources for safe ward staffing.

(5.3) The allocation and time spent by the wider healthcare team varies considerably by ward and service and clinical leaders were all sighted on the need to deploy available resources depending on number of patients, acuity of patients to ensure safe care delivery.

(5.4) The data provided will provide a useful basis for further work to determine key quality and safety trends and staffing models relevant to each ward.

6. Recommendations

(6.1) To introduce a standard template against which deployment to wards will be set out (for baseline/minimum staffing level or input) and make this readily available i.e. electronic plans on Connect similar to 'rota watch'.

(6.2) That the Trust's on-going work on Consultant Job Planning will include information available about Consultant medical staff allocation to each ward.

(6.3) That the allocation of junior doctors to ward work is addressed as part of the current work that is mapping the management of doctors in training to Consultants.

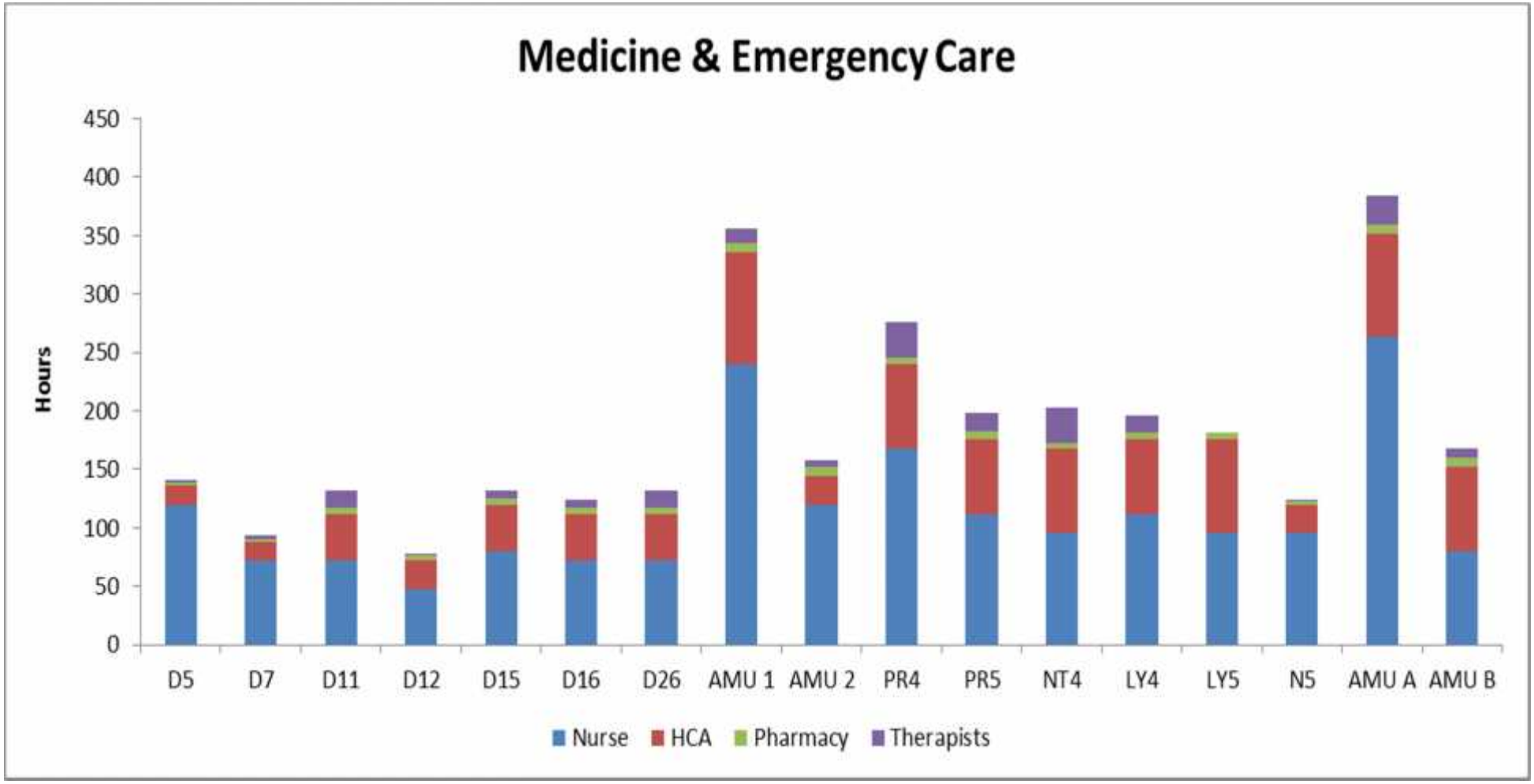
(6.4) That the work started by the corporate nursing team on the role and allocation of specialist nurses and decide next steps and actions taken to update and make complete the information available to date.

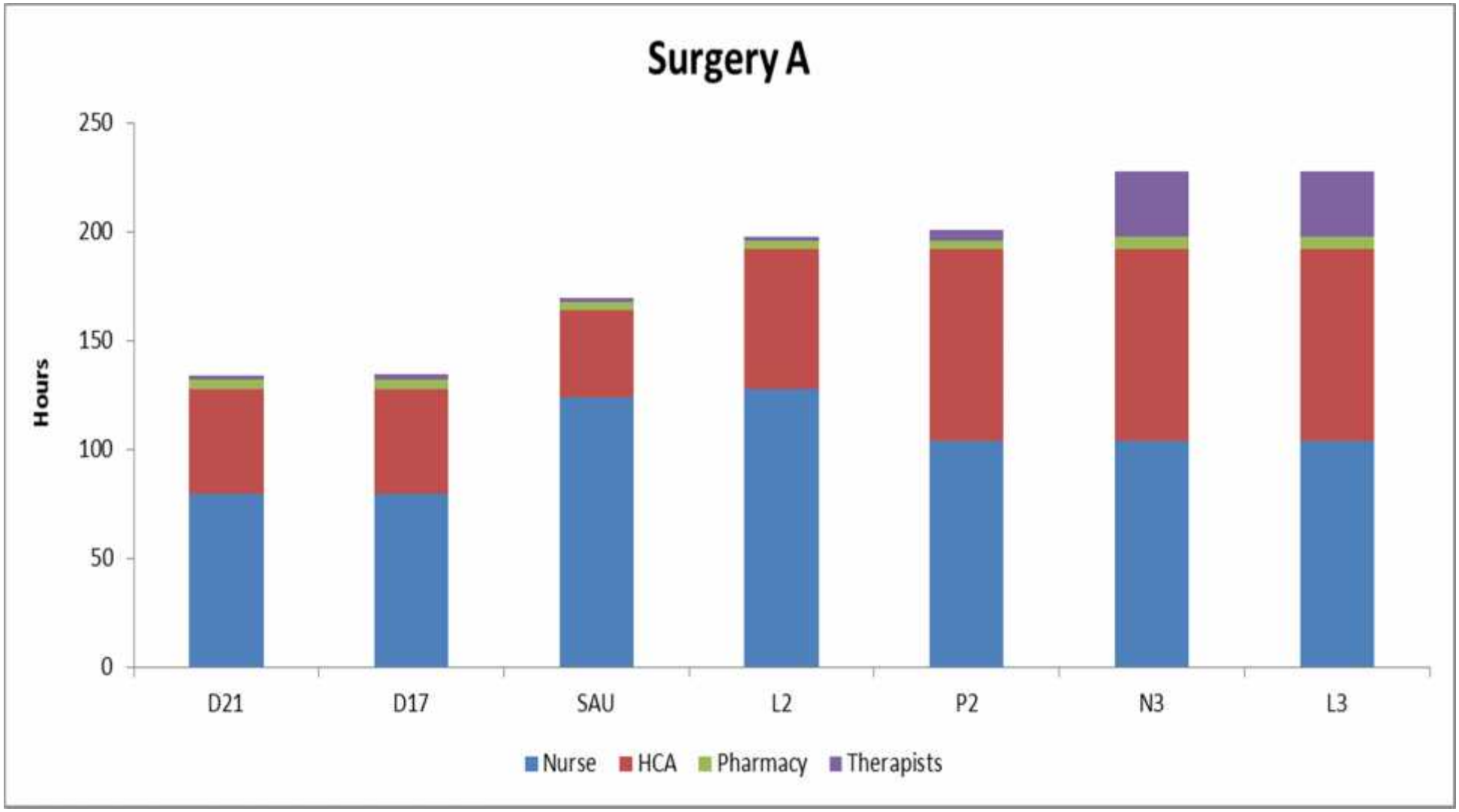
Gayna Deakin
Deputy Director of Workforce (strategy and planning)
8th April 2016

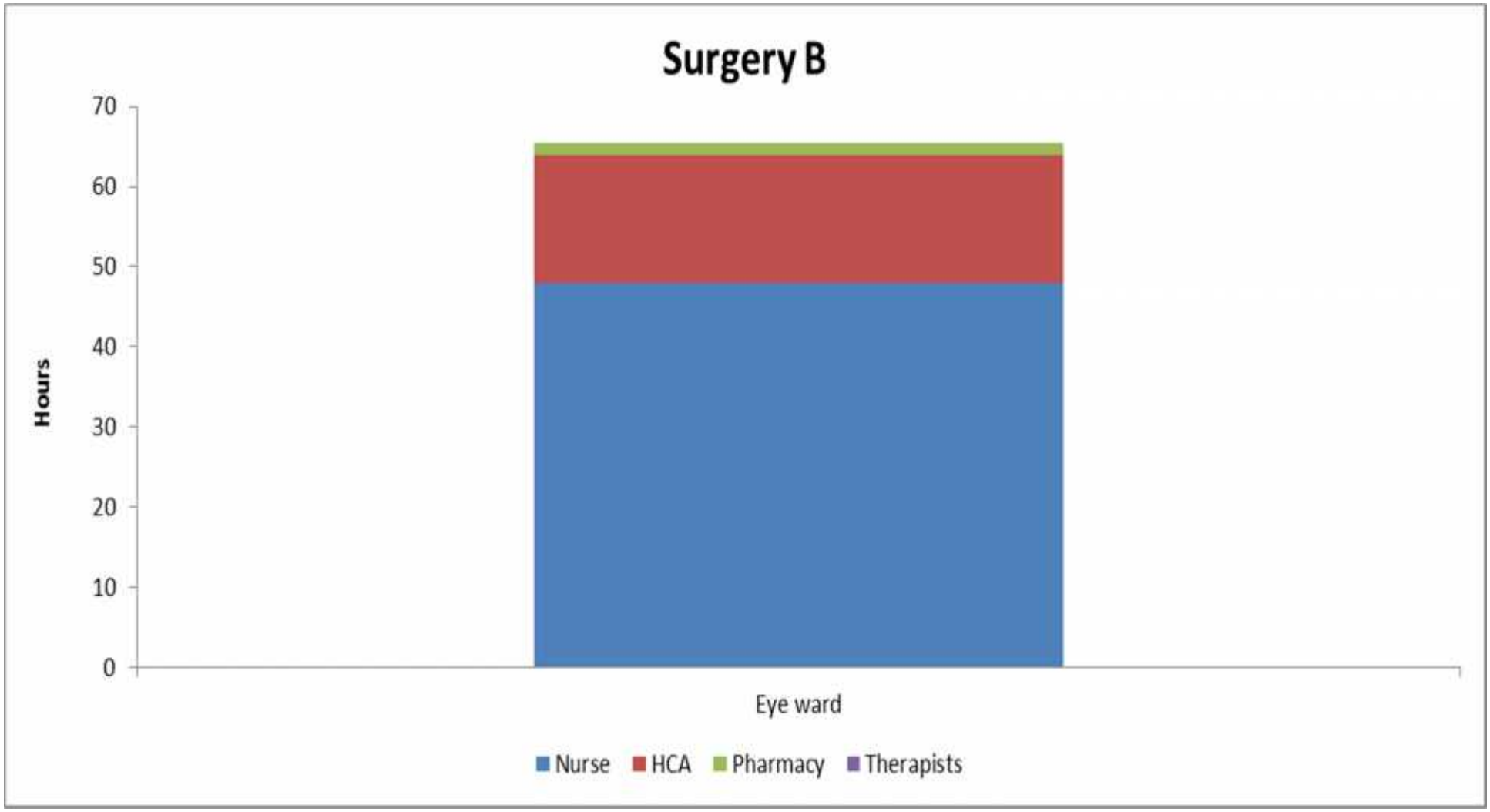
APPENDIX 1: wider clinical team – summary of information received to demonstrate allocation of clinical teams to each ward on each day (excluding doctors)

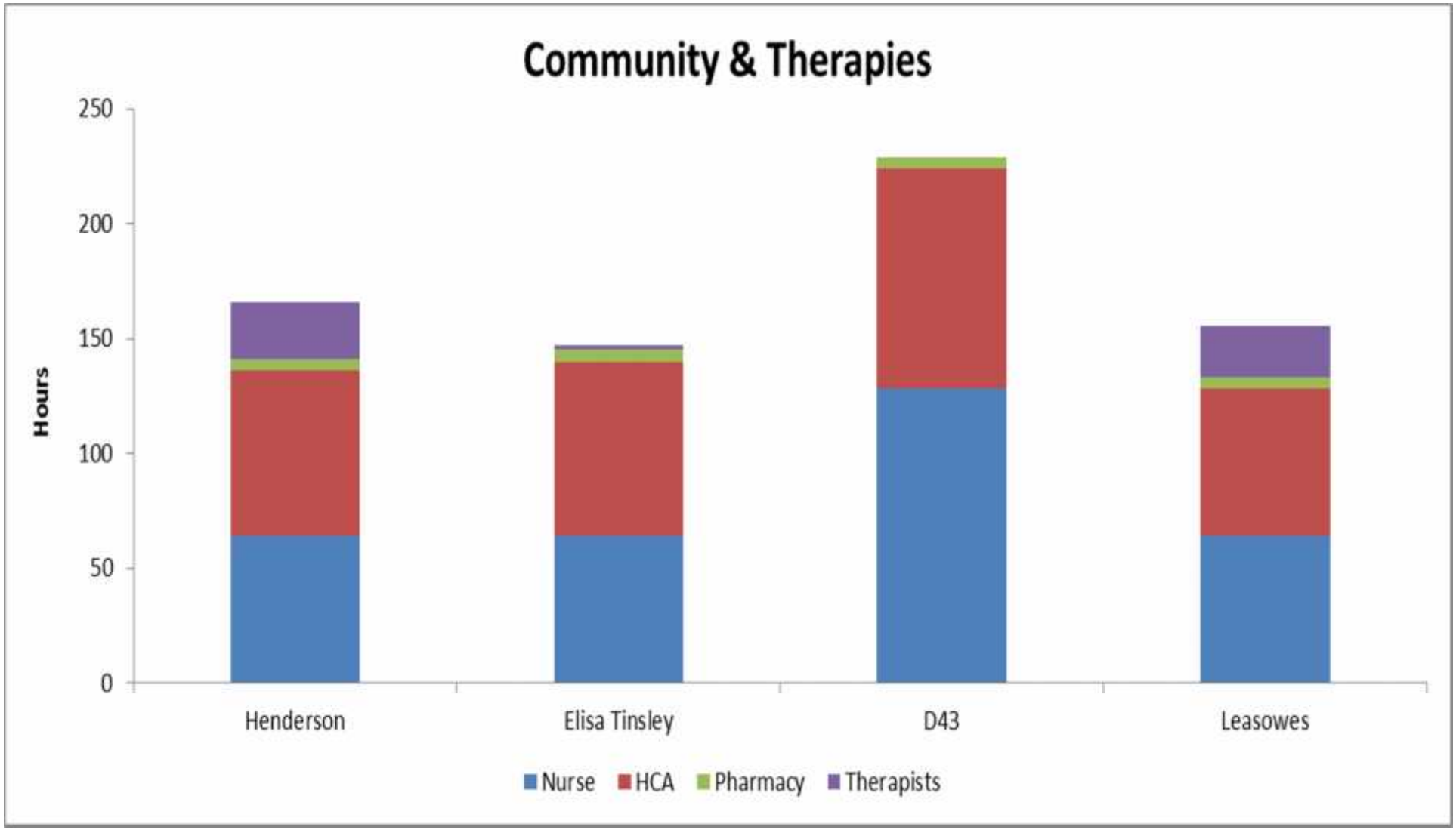
					Registered Nurse									HCSW									Pharmacy						Therapists						Medics (Weekday)						Total Hours per Ward		Total HC per Ward		Average hours per bed	
					Morning shift			Afternoon shift			Night shift			Morning shift			Afternoon shift			Night shift			Weekday			Weekend			Weekday			Weekend			Doctors in training			Consultant			Weekday	Weekend	Weekday	Weekend	Weekday	Weekend
Clinical Group	Ward	Site	Ward Description	No. beds	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	HC	Approx hours on ward	Total presence on ward	Approx hours on ward	Approx hours on ward	HC	HC	Approx hours on ward	Approx hours on ward
Medicine & Emergency Care	D5	City	Cardiology	13	5	8	40	5	8	40	5	8	40	1	8	8	1	8	8				1	2.5	2.5				1	2	2	1										100.5	96	14	13	7.7	7.4
	D7	City	Cardiology	19	3	8	24	3	8	24	3	8	24	1	8	8	1	8	8				1	2.5	2.5				1	3	3	1	1	1							69.5	65	10	9	3.7	3.4
	D11	City	Elderly Care	21	3	8	24	3	8	24	3	8	24	2	8	16	2	8	16	1	8	8	2	2.5	5				2	7.5	15	2	3	6							100	86	14	12	4.8	4.1
	D12	City	Infectious ward	10	2	8	16	2	8	16	2	8	16	1	8	8	1	8	8	1	8	8	2	2.5	5				1	1	1										54	48	9	6	5.4	4.8
	D15	City	Medical - general	24	3.5	8	28	3.5	8	28	3	8	24	2	8	16	2	8	16	1	8	8	2	2.5	5				1	7.5	7.5	1	3	3							100.5	91	14	12	4.2	3.8
	D16	City	Medical - general	21	3	8	24	3	8	24	3	8	24	2	8	16	2	8	16	1	8	8	2	2.5	5				1	7.5	7.5	1	1	1							92.5	81	13	11	4.4	3.9
	D26	City	Medical - general	21	3	8	24	3	8	24	3	8	24	2	8	16	2	8	16	1	8	8	2	2.5	5				2	7.5	15	2	3	6							100	86	14	12	4.8	4.1
	AMU 1	City	AMU	41	10	8	80	10	8	80	10	8	80	4	8	32	4	8	32	4	8	32	2	4	8	2	2	4	1	12	12	1	4	4							244	232	31	31	6.0	5.7
	AMU 2	City	AMU	19	5	8	40	5	8	40	5	8	40	1	8	8	1	8	8	1	8	8	2	4	8				1	6	6	1	4	4							110	100	15	13	5.8	5.3
	PR4	Sandwell	Elderly care - rehab	25	7	8	56	7	8	56	7	8	56	3	8	24	3	8	24	3	8	24	2	3	6				4	7.5	30	2	5	10							196	170	26	22	7.8	6.8
	PR5	Sandwell	Elderly - Respiratory	34	5	8	40	5	8	40	4	8	32	3	8	24	3	8	24	2	8	16	2	3.5	7				2	7.5	15	2	5	10							150	138	20	18	4.4	4.1
	NT4	Sandwell	Stroke	28	4	8	32	4	8	32	4	8	32	3	8	24	3	8	24	3	8	24	2	2.5	5				4	7.5	30	2	5	10							147	122	20	16	5.3	4.4
	LY4	Sandwell	Rehab - stroke	34	5	8	40	5	8	40	4	8	32	3	8	24	3	8	24	2	8	16	2	2.5	5				2	7.5	15	2	5	10							148	138	20	18	4.4	4.1
	LY5	Sandwell		29	4	8	32	4	8	32	4	8	32	4	8	32	4	8	32	2	8	16	2	3	6																134	128	18	16	4.6	4.4
	N5	Sandwell	CCU	15	5	8	40	5	8	40	2	8	16	1	8	8	1	8	8	1	8	8	1	2.5	2.5				1	2	2	1	1	1							100.5	97	14	13	6.7	6.5
	AMU A	Sandwell	AMU	32	11	8	88	11	8	88	11	8	88	4	8	32	4	8	32	3	8	24	2	4	8	2	2	4	2	12	24	1	4	4							272	248	34	33	8.5	7.8
	AMU B	Sandwell	AMU	20	3.5	8	28	3.5	8	28	3	8	24	3	8	24	3	8	24	3	8	24	2	4	8				1	8	8	1	4	4							120	108	16	14	6.0	5.4
Surgery A	D21	City	Urology and ENT male	23	4	8	32	4	8	32	2	8	16	2	8	16	2	8	16	2	8	16	2	2	4				1	2	2										102	96	15	12	4.4	4.2
	D17	City	Urology ENT - female	19	4	8	32	4	8	32	2	8	16	2	8	16	2	8	16	2	8	16	2	2	4				1	3	3	1	1	1							103	97	15	13	5.4	5.1
	SAU	Sandwell	SAU	14	5.5	8	44	6	8	48	4	8	32	2	8	16	2	8	16	1	8	8	2	2	4				1	2	2	1	2	2							130	126	18.5	16.5	9.3	9.0
	L2	Sandwell	Surgery - general	20	6	8	48	6	8	48	4	8	32	3	8	24	3	8	24	2	8	16	2	2	4				1	2	2										150	144	21	18	7.5	7.2
	P2	Sandwell	Colorectal	20	5	8	40	5	8	40	3	8	24	4	8	32	4	8	32	3	8	24	2	2	4				1	5	5	1	1	1							153	145	21	19	7.7	7.3
	N3	Sandwell	T&O	33	5	8	40	5	8	40	3	8	24	4	8	32	4	8	32	3	8	24	2	3	6				5	6	30	1	6.5	6.5							156	150.5	25	19	4.7	4.6
	L3	Sandwell	T&O	33	5	8	40	5	8	40	3	8	24	4	8	32	4	8	32	3	8	24	2	3	6				5	6	30	1	6.5	6.5							156	150.5	25	19	4.7	4.6
	CCS	City	CCS																				1	2.5	2.5				2	8	16	1	5	5							10.5	5	3	1		
	CCS	Sandwell	CCS																				1	2.5	2.5				2	8	16	1	5	5							10.5	5	3	1		
Community & Therapies	Henderson	RRH		24	3	8	24	3	8	24	2	8	16	3	8	24	3	8	24	3	8	24	2	2.5	5				4	6.25	25	2	7.5	15							107.25	111	18	14	4.5	4.6
	Elisa Tinsley	RRH		24	3	8	24	3	8	24	2	8	16	3.5	8	28	3.5	8	28	2.5	8	20	2	2.5	5				1	2	2										111	104	16	13	4.6	4.3
	D43	City		24	6	8	48	6	8	48	4	8	32	5	8	40	5	8	40	2	8	16	2	2.5	5																181	176	24	22	7.5	7.3
	Leasowes	RRH		20	3	8	24	3	8	24	2	8	16	3	8	24	3	8	24	2	8	16	2	2.5	5				3	7.5	22.5										108.5	96	17	12	5.4	4.8
Surgery B	Eye ward	City	Opthalmology	10	2	8	16	2	8	16	2	8	16	1	8	8	1	8	8		8		1	1.5	1.5																49.5	48	7	6	5.0	4.8
Womens & Children's	LG	Sandwell		14	3	8	24	3	8	24	2	8	16	1	8	8	1	8	8	1	8	8	1	1.5	1.5				1	0.5	0.5										66	64	10	8	4.7	4.6
	L1	Sandwell		26	5	8	40	5	8	40	4	8	32	3	8	24	3	8	24	2	8	16	1	2	2				1	3	3	1	1	1							133	129	18	17	5.1	5.0
	D19	City		8	3	8	24	3	8	24	2	8	16	1	8	8	1	8	8		8		1	1	1																65	64	9	8	8.1	8.0
	D27	City		18	4	8	32	3	8	24	2	8	16	2	8	16	2	8	16	1	8	8	1	2	2				2	5	10	1	1	1							95	89	14	12	5.3	4.9
	NNU	City		29																			1	3	3																3	0	1	0	0.1	0.0
	Maternity	City		42	6	8	48	5	8	40	4	8	32	4	8	32	4	8	32	2	8	16	1	1	1																153	152	20	19	3.6	3.6

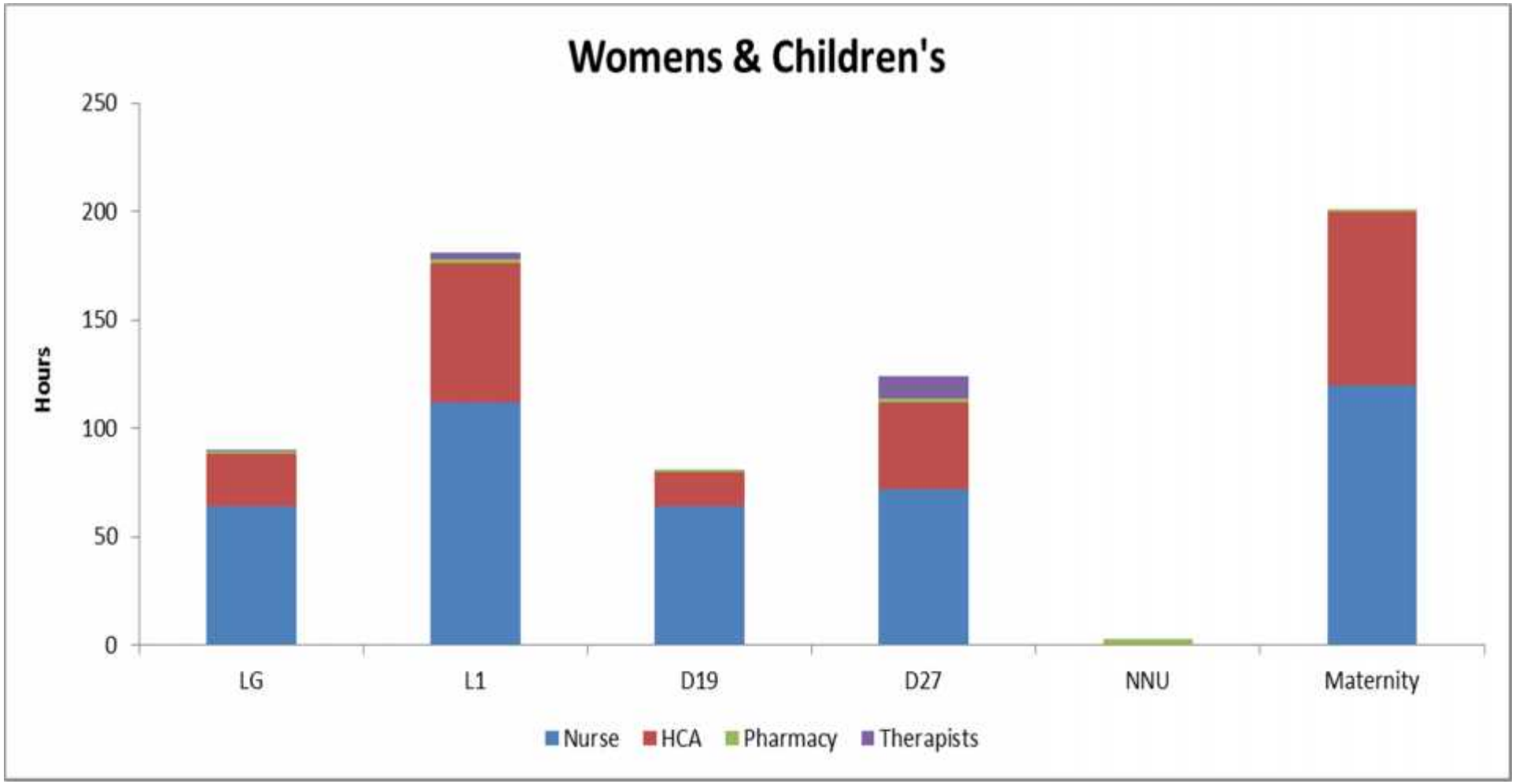
APPENDIX 2: Wider Clinical Team by Clinical Group and Ward




Surgery A
Hours
250
200
150
100
50
0
D21
D17
SAU
L2
P2
N3
L3
Nurse
HCA
Pharmacy
Therapists


Surgery B
70
60
50
40
30
20
10
0
Hours
Eye ward
Nurse
HCA
Pharmacy
Therapists


Community & Therapies
Hours
250
200
150
100
50
0
Henderson
Elisa Tinsley
D43
Leasowes
Nurse
HCA
Pharmacy
Therapists


Womens & Children's
Hours
250
200
150
100
50
0
LG
L1
D19
D27
NNU
Maternity
Nurse
HCA
Pharmacy
Therapists

NHS Improvement
Wellington House
133-155 Waterloo Road
London, SE1 8UG

6 July 2016

To: NHS foundation trust and NHS trust Chief Executives
Cc: NHS foundation trust and NHS trust Nurse Directors, Medical Directors, Finance Directors, HR Directors and Operations Directors, NHS England Regional Chief Nurses, CCG Lead Nurses, Jane Cummings, Chief Nursing Officer for England

Dear Colleague,

Safe Sustainable Staffing Programme

We are pleased to update you on the national programme for developing safe staffing improvement resources for NHS provider trusts.

In our letter of October 2015, we outlined our intention to help trusts secure both safe staffing and efficiency. This included updating national guidance and developing safe staffing improvement resources for different care settings.

Over the last six months, we talked to trust directors of nursing and other stakeholders to update the National Quality Board's (NQB) 2013 guidance, *How to ensure the right people, with the right skills, are in the right place at the right time*. We wanted to make sure this improvement resource remains current and will help trusts achieve the Five Year Forward View.

We now present the updated NQB's ***Safe sustainable and productive staffing improvement resource*** for nursing and midwifery care staffing, which will help trusts making local staffing decisions achieve safe and effective care for patients within the available staffing resource.

We recognise that since the 2013 guidance, further evidence has demonstrated the impact of staffing, including registered nurses, on patient outcomes. In addition, Lord Carter's report recommended NHS Improvement develop and implement the metric 'care hours per patient day' (CHPPD) to better manage and deploy staff resources.

Both developments are important. Current evidence on the impact of staffing on patient outcomes is being reviewed by each of the setting-specific guidance workstreams, and it will inform any recommendations that the safe staffing improvement resources may make.

Since our October letter we have identified workstream chairs and professional leads, and begun a detailed programme – building on NICE's considerable work – to develop further setting-specific staffing improvement resources as follows:

Care Setting	Workstream Chair
Inpatient wards for adult acute hospitals	Professor Hilary Chapman, Chief Nurse, Sheffield Teaching Hospital NHS Foundation Trust
Urgent and emergency care	Pauline Philip, Chief Executive Officer, Luton and Dunstable NHS Trust
Maternity services	Professor Mark Radford, Chief Nurse, University Hospitals Coventry and Warwickshire NHS Trust

Children's services	Michelle McLoughlin, Chief Nurse at Birmingham Children's Hospital
Community (district nursing services)	Dr Crystal Oldman, Chief Executive Officer, The Queen's Nurse Institute, London
Learning disability services	Professor Oliver Shanley, Director of Quality and Safety and Deputy Chief Executive Officer; Hertfordshire Partnership, University NHS Foundation Trust. Alison Bussey, Director of Nursing/Chief Operating Officer South Staffordshire and Shropshire NHS Foundation Trust
Mental health	Ray Walker, Executive Director of Nursing, Merseycare NHS Trust

Each workstream is following the principles in our letter of 4 August 2015: they are taking a multidisciplinary approach to staffing; are focused on outcomes; will complete an economic impact assessment on any proposed safe staffing improvement resources; and are developing these resources with experts/focus groups and other stakeholders, including patients, families and carers.

We will begin to publish setting-specific safe sustainable staffing improvement resources later in 2016/17.

In the meantime, we will continue to work with NHS providers on these improvement resources, alongside developing the CHPPD metric to improve staff deployment. In developing the Model Hospital and its nursing dashboard, we need to work together to improve the availability and use of management information as part of a local trust quality dashboard for safe sustainable staffing. We need to use patient outcome measures, as well as workforce and financial indicators, to understand what good looks like. This will ensure that boards have a rounded view of safe and effective staffing, so their decisions achieve the best possible, safe and effective care for patients.

Kind regards,

Dr Mike Durkin
NHS National Director of Patient Safety, NHS Improvement

Ruth May
Deputy Chief Nursing Officer for England and Executive Director of Nursing, NHS Improvement

From 1 April, NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Web: improvement.nhs.uk
Email: enquiries@improvement.nhs.uk
Tel: 0300 123 2257

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	**Recruitment of Band 5 Nurses**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Raffaela Goodby - Director of Organisation Development**
DATE OF MEETING:	**4th August 2016**

EXECUTIVE SUMMARY:

This paper outlines the proposed approach to Band 5 nurse recruitment, which is currently running at an unacceptable level. It outlines investment in an end to end recruitment solution that centralises the Band 5 nurse recruitment process away from line managers. It involves faster, more immediate contact with online assessment tools being launched and developed. The proposal is set out in **Appendix 1**. Both the Chief Nurse and Director of OD are sponsoring this revised approach – we would welcome Non-Executive oversight of the campaign.

This compliments the research work, carried out by TMP Worldwide that Board Members have been involved in over the past 6 weeks, and will introduce a refreshed Employee Brand. This is set out in the project plan attached in **Appendix 2**. The research phase has completed and will be fed back on 3rd August. A verbal update can be given at the board meeting.

Appendix 3 gives an update on the wider recruitment revolution action plan, presented to Trust Board in March 2016. A recruitment specialist is shortly to be appointed to lead and accelerate this work.

REPORT RECOMMENDATION:

The Board is recommended to:

- SUPPORT the revised and radical approach to Band 5 nurse recruitment
- Receive and DISCUSS a verbal update on the research and recommendations at the Board
- NOTE updates in the recruitment revolution action plan and receive updates at a future Board meeting

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

SWBTB (08/16) 085(a)

we're tmp.worldwide

we help employers recruit
and engage the right talent

Context

Sandwell and West Birmingham Hospitals NHS Trust

- Talent for Band 5 nurses are at a premium
- The Trust currently has c170 Band 5 nursing vacancies and has a target of 25 hire per month. The current run rate is 7-8 hires per month, with attrition at 23% the gap is widening.
- NHS Jobs is not delivering the right quality and quantity of candidates and the use of other channels is limited.
- The Trust has been running recruitment days where candidates meet senior staff and conduct tests. If successful they progress to a scenario based interview and identity checks. The outcome is shared on the same day
- Pass rates of both the numeracy and literacy tests are low, possibly due to the diverse group of candidates.
- The current recruitment days are labour intensive removing core staff away from patient care and are delivering a very small number of hires

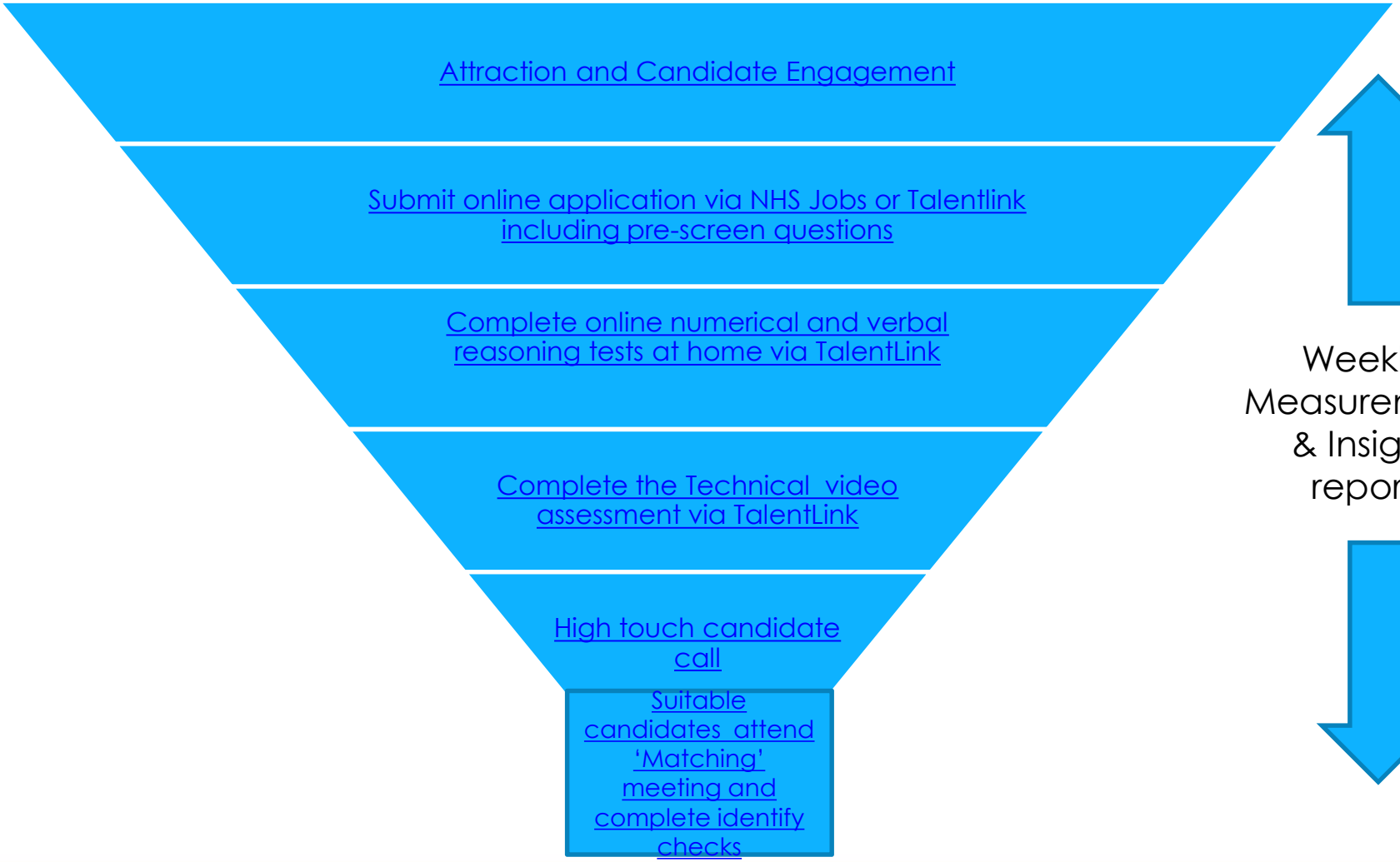
The Brief

Sandwell and West Birmingham Hospitals NHS Trust

- The primary goal is to hire c25 Band 5 nurses per month. To achieve this we need to:
  - Develop an effective attraction strategy to reach and engage potential nurses
  - Streamline the recruitment process to maximise the conversion of nurses through the process
  - Use effective sifting tools to improve the quality of candidate at each stage of the process to support improved retention
  - Free up Matron time to focus on patient care, minimising time spent on recruitment to the critical point in the process

Proposed Candidate Journey

Sandwell and West Birmingham Hospitals NHS Trust



Building a pipeline

Sandwell and West Birmingham Hospitals NHS Trust

1. Develop a campaign specific recruitment proposition to differentiate you in the market

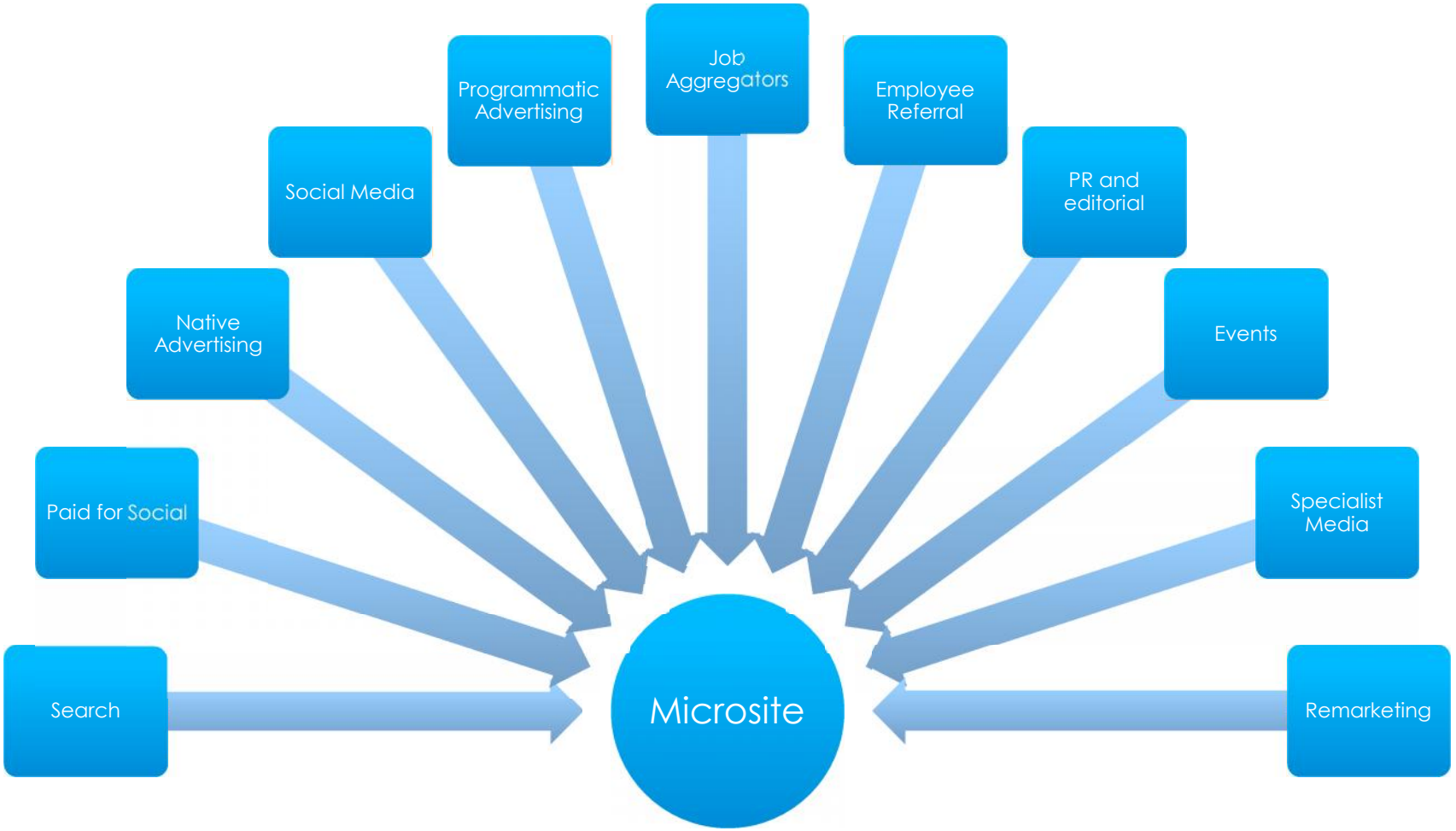
2. Focus on content rather than advertising to build a narrative about why the Trust is a great place to work for a Band 5 nurse

3. Extend the use of channels to reach passive candidates who are not 'actively looking for a job'

4. Build a microsite to engage potential candidates and simplify the recruitment process

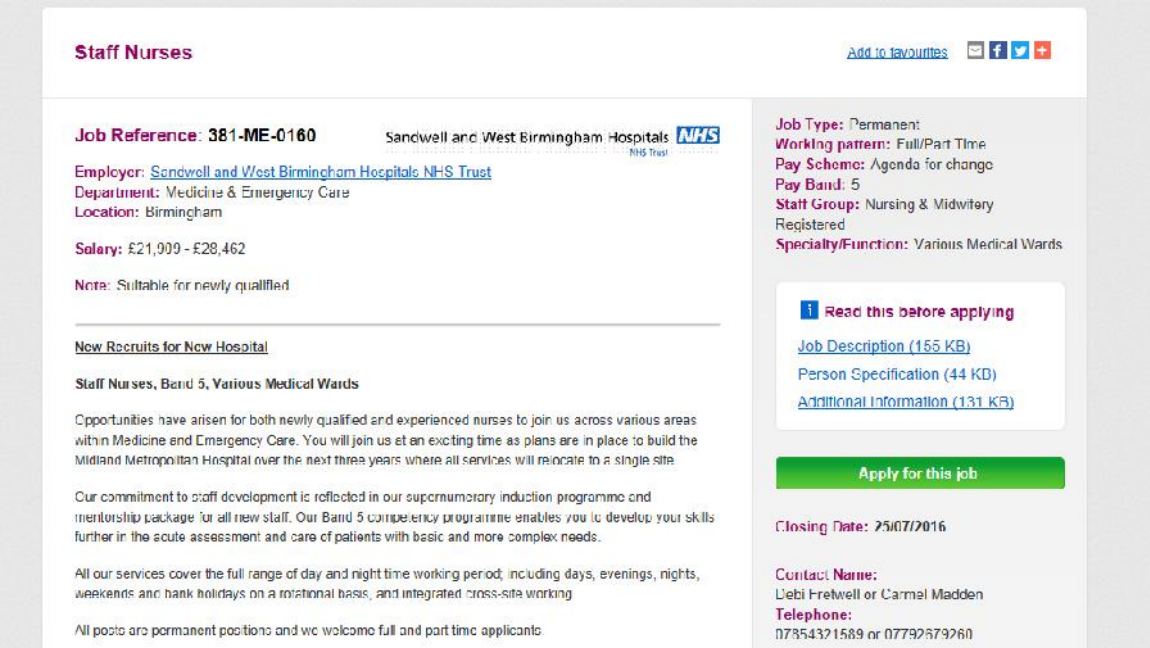
Channel Approach

Sandwell and West Birmingham Hospitals NHS Trust



Candidates can also continue to apply via NHS jobs

Sandwell and West Birmingham Hospitals NHS Trust



Staff Nurses

Add to favourites

Job Reference: 381-ME-0160 Sandwell and West Birmingham Hospitals NHS Trust

Employer: Sandwell and West Birmingham Hospitals NHS Trust
Department: Medicine & Emergency Care
Location: Birmingham

Salary: £21,909 - £28,462

Note: Suitable for newly qualified

New Recruits for New Hospital

Staff Nurses, Band 5, Various Medical Wards

Opportunities have arisen for both newly qualified and experienced nurses to join us across various areas within Medicine and Emergency Care. You will join us at an exciting time as plans are in place to build the Midland Metropolitan Hospital over the next three years where all services will relocate to a single site.

Our commitment to staff development is reflected in our supernumerary induction programme and mentorship package for all new staff. Our Band 5 competency programme enables you to develop your skills further in the acute assessment and care of patients with basic and more complex needs.

All our services cover the full range of day and night time working period; including days, evenings, nights, weekends and bank holidays on a rotational basis, and integrated cross-site working.

All posts are permanent positions and we welcome full and part time applicants.

Job Type: Permanent
Working pattern: Full/Part Time
Pay Scheme: Agenda for change
Pay Band: 5
Staff Group: Nursing & Midwifery Registered
Specialty/Function: Various Medical Wards

Read this before applying
Job Description (155 KB)
Person Specification (44 KB)
Additional Information (131 KB)

Apply for this job

Closing Date: 25/07/2016

Contact Name:
Debi Fretwell or Carmel Madden
Telephone:
07854321589 or 07792679260

TMP require access to NHS jobs to transfer each new applicants name , email address & contact number into TMP's technology and reasonable adjustments. (IG and data sharing compliant)
(Or a member of the Sandwell team could send a daily spreadsheet of new applicants to TMP for selection)

Transfer essential candidate data out of NHS jobs into TalentLink to commence the selection process

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Online testing

Sandwell and West Birmingham Hospitals NHS Trust

- Our technology is already integrated with many online test publishers
- We will conduct job analysis with key stakeholders to understand what a great nurse looks like for the Trust
- We will analyse test results to confirm if they are predicting job performance(e.g. dosage errors)
- Where the test is not found to predict success it should be replaced
- We will transition your current interview questions into video based scenario's where candidates are asked to record their actions. Candidate's will complete two scenarios which are rotated to mitigate the market becoming familiar with the tests

Potential alternative test provider
Sticky People

Sticky People

Sandwell and West Birmingham Hospitals NHS Trust

- This 'off the shelf' tool designed by Sticky People assesses candidates in four different ways
    - Job fit
    - Verbal and numerical reasoning
    - Attitudinal/safe guarding risk
    - Engagement - past employment, engagement within current job role and employer
- The test would be integrated within our technology
- Candidates who do not meet the required benchmark will be regretted

Recommendation:
Change the current scenario based interview to a digital assessment

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Video scenarios

Sandwell and West Birmingham Hospitals NHS Trust

- We will convert the existing interview material into a digital format
- Candidates will be able to view video clips of each scenario and then asked to list the specific actions that they would take within a predefined free text format

- The test will be timed to mitigate cheating
- There is no limit on the amount of information that can be shared either within the invite or as part of the test itself
- Alternative telephone technical assessments can be agreed if for any reason a candidate is unable to complete the test online

Recommendation
Contact all candidates by telephone

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High touch candidate call

Sandwell and West Birmingham Hospitals NHS Trust

- Communicate the outcome of the online assessments
- Unsuccessful candidates will receive feedback
- Successful candidates will be congratulated and invited to attend a 'chemistry meeting'
  We will communicate key information about the role e.g.
  - Training
  - Rotas of work
  - Establish any issues
  - Will holidays affect their start date/training attendance
  - Relevant terms and conditions
  - Opportunity for the candidate to ask questions
  - Identity checks are required during ward visit

- Candidates will receive an invitation to the "matching" meeting. TMP would support these events if required
- TMP to provide an extract to the NHS of all candidate application and selection data including scores from each stage. Supplied in a CSV or excel format. The data will be sent via secure password protected file transfer process at a date prior to the field visit

“Matching” Meet

Sandwell and West Birmingham Hospitals NHS Trust

- We will invite candidates to attend a “matching” meeting in line with dates provided by the Trust
- 48 hours prior to the visit we will forward candidate packs and a summary spreadsheet
- Candidates will receive email and SMS reminders 48 hours prior and on the day of the event
- Each event will be hosted by the Trust
- TMP can provide support to facilitate events but this has been excluded from current cost assumptions

Offers

Sandwell and West Birmingham Hospitals NHS Trust

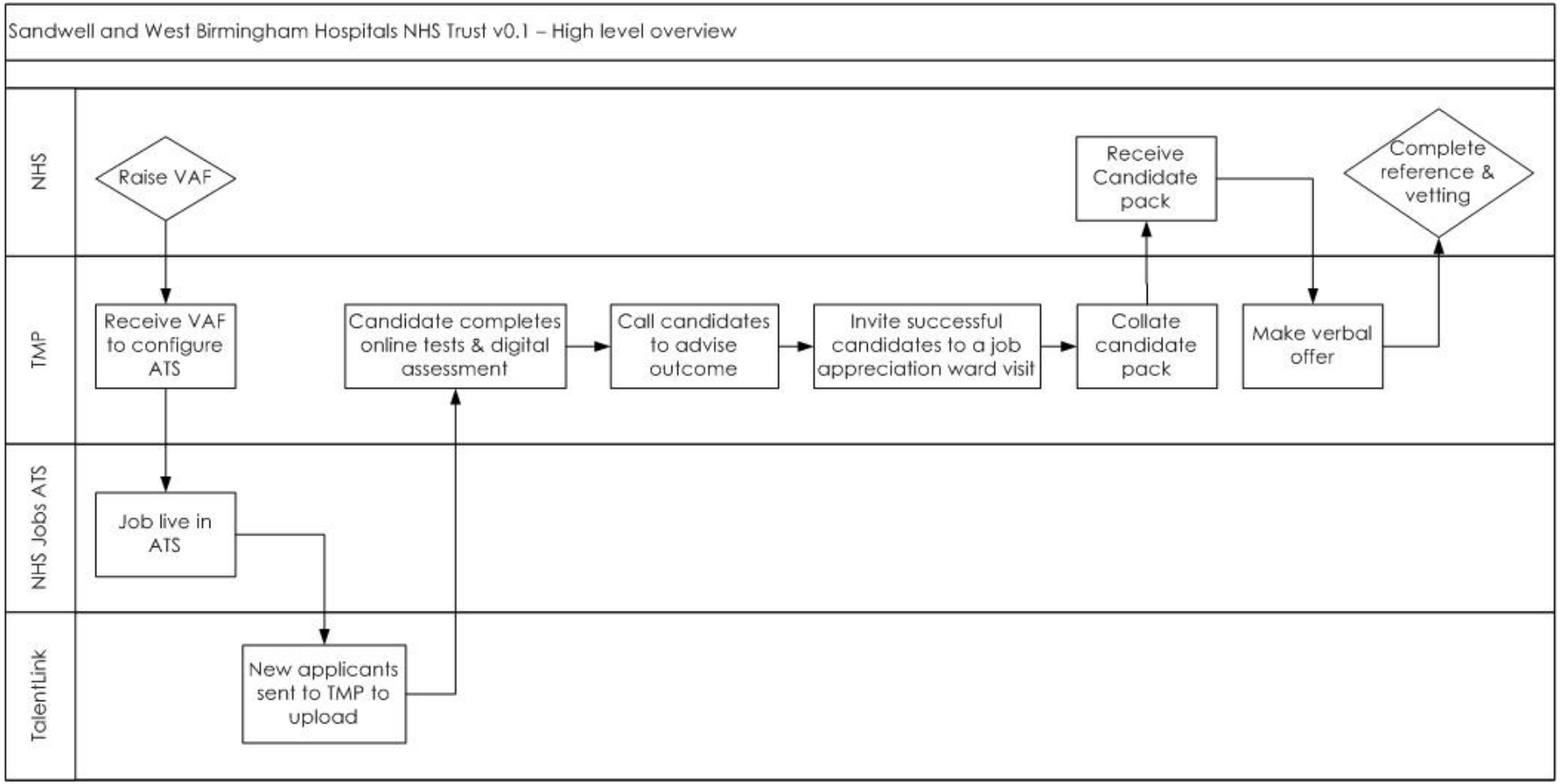
- Upon receipt of the data extract & following the ward visit the NHS will confirm that they are happy for candidates who meet the required benchmarks to progress to verbal offer

- The offer call can be made by TMP and will confirm the start date, salary and advise on the appropriate reference and vetting checks that will need to be completed by the NHS.

Managing the recruitment programme

Overview

Sandwell and West Birmingham Hospitals NHS Trust



Interacting with candidates

Sandwell and West Birmingham Hospitals NHS Trust

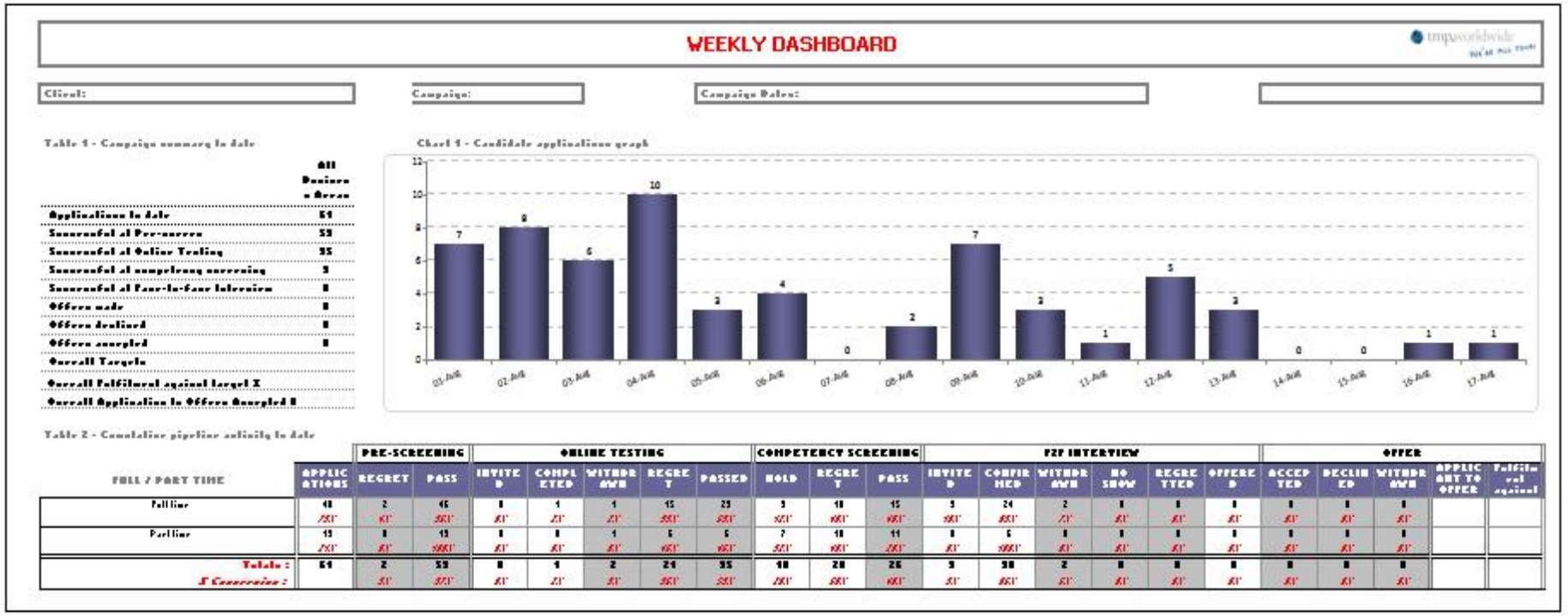
Resource Coordinators:

- Dedicated team of high calibre Bristol-based team members
- Delivering a fantastic candidate experience with every interaction that links in with the Trust brand
- Specifically trained in:
  - ORCE – best practice competency assessment methodology
  - Equality Act 2010 to ensure interviews are scored on basis of objective criteria
  - Data protection act 1998
  - How to progress candidates through our applicant tracking system
  - How to deliver high quality candidate interactions
  - The NHS, the role and the end to end recruitment process

Management Informat

Sandwell and West Birmingham Hospitals NHS Trust

- All elements of the attraction and selection process are reportable
- A weekly dashboard filtered by location produced in Excel/PDF will be supplied prior to our weekly review calls
- Diversity information can be included
- We can also produce performance reports on a monthly or quarterly basis including TMP performance against agreed service levels



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Implementation

Key activities

Sandwell and West Birmingham Hospitals NHS Trust

TMP Worldwide

Hold an internal start up workshop the outcomes of which will be:

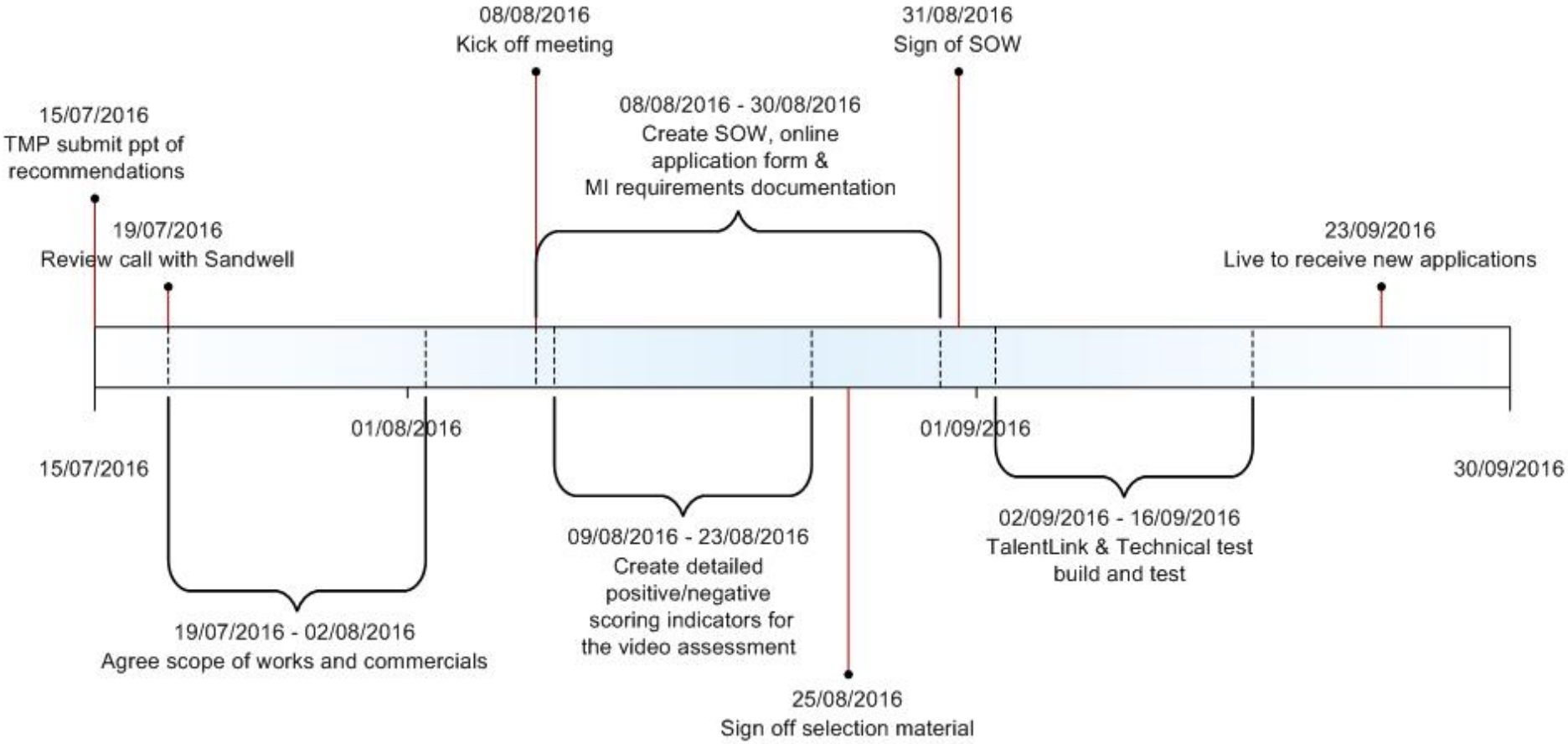
- A shared understanding of the NHS and the proposed service provision
- Agreed work streams and deliverables
- Timeline & draft project plan
- Known assumptions, risks and issues
- Defined change control process
- Project quality assurance process

Sandwell and West Birmingham Hospitals

- Identify Project Manager, SME & Overall Project Sponsor, and non executive sponsor if required
- Attend a TMP & NHS kick off meeting
- Review implementation timeline and draft project plan
- Known risks and issues

Suggested timeline

Sandwell and West Birmingham Hospitals NHS Trust



The above dates are indicative and will be agreed as part of implementation

Benefits

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Benefits

Sandwell and West Birmingham Hospitals NHS Trust

- Reduced spend on bank and agency nurses
- Reduces risk of resourcing gap widening with enhanced attraction approach to increase pipeline
- Improved quality will support reduced attrition
- Streamlined recruitment process reducing the risk of losing quality candidates in the process and creates positive candidate/brand experience
- Allows Matrons to focus on the patient rather than on hiring process
- Resource to be scaled up or down to match business needs – no headcount inefficiency or risk of under delivery

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1						
2	**Sandwell & West Birmingham NHS Trust**	**82 days**	**Thu 16/06/16**	**Fri 07/10/16**		
3						
4	**Branding and Nurse, Specialist Role Recruitment Campaign**	**82 days**	**Thu 16/06/16**	**Fri 07/10/16**		
5						
6	**Research & Messaging**	**40 days**	**Thu 16/06/16**	**Wed 10/08/16**		
7	Mystery shopping exercise	10 days	Tue 26/07/16	Mon 08/08/16		TMP
8	Research complete	22 days	Thu 16/06/16	Fri 15/07/16		TMP & SWBH
9	TMP write up messaging from the research	5 days	Mon 25/07/16	Fri 29/07/16		Employer Branding Specialist
10	TMP present messaging/outputs from the research to SWBH	1 day	Wed 03/08/16	Wed 03/08/16	9FS+2 days	Employer Branding Specialist
11	SWBH review messaging and sign off	3 days	Thu 04/08/16	Mon 08/08/16	10	SWBH
12	TMP write creative brief (based on signed off messaging)	2 days	Tue 09/08/16	Wed 10/08/16	11	Account Manager
13						
14	**Creative Development**	**10 days**	**Thu 11/08/16**	**Wed 24/08/16**		
15	Develop 2 -3 creative concepts based on the messaging from the research	3 days	Thu 11/08/16	Mon 15/08/16	12	Art Director & Copywriter
16	SWBH review creative concepts and feedback (choosing one concept)	4 days	Tue 16/08/16	Fri 19/08/16	15	SWBH
17	Work up chosen concept	1 day	Mon 22/08/16	Mon 22/08/16	16	Art Director & Copywriter
18	SWBH review concept and sign off	2 days	Tue 23/08/16	Wed 24/08/16	17	SWBH
19						
20	**Microsite and Media Creative**	**18 days**	**Thu 25/08/16**	**Mon 19/09/16**		
21	SWBH provide/confirm content for the 12 pages of the microsite	2 days	Thu 25/08/16	Fri 26/08/16	18	SWBH
22	TMP write creative brief for microsite and media	2 days	Mon 29/08/16	Tue 30/08/16	21	Account Manager
23	TMP create microsite design and copy, create media assets and copy (based on the chosen concept)	6 days	Wed 31/08/16	Wed 07/09/16	22,18	Art Director,Copywriter & Designer
24	SWBH review designs and copy for microsite and media assets and feedback	3 days	Thu 08/09/16	Mon 12/09/16	23	SWBH
25	TMP make amends (if required)	3 days	Tue 13/09/16	Thu 15/09/16	24	Art Director,Copywriter & Designer
26	SWBH review amends and sign off	2 days	Fri 16/09/16	Mon 19/09/16	25	SWBH
27						
28	**Microsite Build**	**10.5 days**	**Tue 20/09/16**	**Tue 04/10/16**		
29	CMS set up	1 day	Tue 20/09/16	Tue 20/09/16	26	Back End Developer
30	Site build	4 days	Wed 21/09/16	Mon 26/09/16	29	Front End Developer
31	Content drop	0.5 days	Tue 27/09/16	Tue 27/09/16	30	Front End Developer
32	Testing	0.5 days	Tue 27/09/16	Tue 27/09/16	31	Front End Developer
33	SWBH review site and feedback	2 days	Wed 28/09/16	Thu 29/09/16	32	SWBH
34	Link to RYI page and tags added to microsite	2 days	Fri 30/09/16	Mon 03/10/16	33,43	Front End Developer
35	Microsite goes live	0.5 days	Tue 04/10/16	Tue 04/10/16	34	Front End Developer
36						
37	**Media**	**60 days**	**Mon 18/07/16**	**Fri 07/10/16**		
38	TMP send media recommendations to SWBH	1 day	Mon 18/07/16	Mon 18/07/16		Account Manager

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
39	SWBH review media recommendations and sign off	2 days	Tue 19/07/16	Wed 20/07/16	38	SWBH
40	TMP book signed off media	0.5 days	Thu 21/07/16	Thu 21/07/16	39	Media Planner
41	TMP build media collateral	2 days	Tue 20/09/16	Wed 21/09/16	26,40	Production
42	SWBH review media assets and sign off	1 day	Thu 22/09/16	Thu 22/09/16	41	SWBH
43	TMP create tags to allow media tracking	2 days	Wed 28/09/16	Thu 29/09/16	42,32	Campaign Manager
44	TMP send copy, assets and tags to the media	1 day	Tue 04/10/16	Wed 05/10/16	43,35	Campaign Manager
45	Media goes live	2 days	Wed 05/10/16	Fri 07/10/16	44	Media
46	TMP QA media	0.5 days	Fri 07/10/16	Fri 07/10/16	45	Project Manager

SWBTB (08/16) 085(c)

RECRUITMENT AND RETENTION IMPLEMENTATION PLAN – July 2016

Key priorities	Delivery Plan	Lead	Activities by Quarter Q1	Q2	Q3	Q4	Progress report
a) Candidate engagement							
To introduce an SWBH 'employer brand' and 'values' strategy	Work with recruitment specialist agent to undertake: Baseline research to gain insight and intelligence on why staff are leaving the trust, what might persuade them to stay and why people might consider leaving the Trust	GD	X				Research completed: • Stakeholder telephone interviews conducted • 2 internal focus groups run for new starters and hard to fill posts • External stakeholder group held • Mystery shopping exercise completed
	Create Unique Selling Proposition (USP) and Employer Value Proposition (EVP) and thread through full range of attraction materials	RW/GD	~~X~~	X			Research findings to be presented on 3rd August 2016
	Develop careers website(campaign site that will be integrated with all social media channels and recruitment activity and work across all devices including smartphones)	RW/GD		X			Micro site go-live 4th October Media go-live date 5/6th October
	Develop set of videos to communicate personally and give familiarity to the organisation (working at the Trust and promoting living and working in Birmingham and the Black Country)	RW/GD		X			• Communications Team has a range of video material available. This will be enhanced when research has been completed to target key messages for key staff groups. Need to link with recruitment advertising
To review and extend staff employee benefits packages	Review current offer and re-launch including integrated approach to salary sacrifice schemes, employee well -being and employee discounts	RG/RW	X				• Baseline of current benefits offer completed
	Develop options & secure further benefits to extend /make offer more attractive (? BCA approach)	RW/RG		X			• Engaged local businesses participation in discount schemes. Garden party held to generate interest • Work in progress to develop branding of offer/employee benefits package (existing and new)
	Develop attractive communications material to integrate with recruitment content and internal staff information	GD		X			
To introduce incentives and attraction packages	To introduce the 'refer a friend scheme' to incentivise and encourage our staff to attract band 5 nurses to join our Trust	LB	X				• Scheme has been reviewed and additional hard to fill staff groups added. Communication launch action plan developed. SC to meet with communications lead to review progress.

	To consider the feasibility and value of offering staff group specific incentives	LB		X			
b) Targeted recruitment activity plan for 'hard to recruit' and 'hard to retain' posts							
Monitor intelligence from hard to fill and hard to retain posts and systematically apply tracking and monitoring regimes	To put in place a process to review and reconcile current high level data and local intelligence for medical and non-medical	~~GD/PA~~	X				• Definitive position to be the schedule presented to Trust Board monthly (Pat/Steph spreadsheet)
	To introduce group and directorate specific recruitment activity and monitoring plans	~~GD/ PA~~		X			
	To hold stakeholder event to establish key information feeds and monitoring systems required (e.g. evaluation of recruitment strategies/approaches, exit data etc)	LB/GD/RW		X			
	Continued 'guaranteed jobs' scheme to Trust placement learners	LP					• 'Guaranteed Jobs Scheme' introduced. Need to improve matching process and link with on-boarding in some areas.
	To attract newly qualified nurse students to make SWBH their first choice for their career	TBC					
	To review and act on student nurse attrition levels, including integrated nursing education opportunities with EDL plan	LP / JP					• Draft report setting out student attrition problem completed. Next steps to be agreed with nursing team. LP to provide up-to-date attrition data
	To develop a method for employing staff nurses in areas not of their first choice until a vacancy in their preferred specialty becomes available	LP					• Reviewed at WDC – LP and KB to progress with nurse leadership. Broader debate is generalist training for one year before specialist post (?regional/national lobbying)
To develop a programme of broad/bespoke recruitment and retention strategies as required by clinical group, staff group etc.	Run a programme of recruitment attraction events during 2016/17	LB~~/GD/PA~~	X				• Strategy developed for recruitment and retention of Biomedical scientists (pathology) • Plan in place for midwifery • Intensive support programme being put in place in August/Sept to stem/bridge gap on failure to attract Band 5 nurses including attraction campaign and revised recruitment /shortlisting (on-line testing)
	To run an overseas nurses recruitment campaign to employ circa 60 qualified nurses from Philippines including financial business case	LB/SC					• Original business case revised and updated (VFM assessment and future bed numbers) and decision awaited from Chief Nurse & Fim
c) Eliminate delays in recruitment administration process	Take action to ensure the reduction in the time taken: • between closing date and the interview • from interview to notification of appointment to the recruitment office • administer employment checks (where possible)	LB		X			• Discussed at WDC. Drill down to highlight areas where improvements are required. • Project/working group scoped project outline • Collection/data phase currently • By end of August problem areas identified and actions/resources to resolve
d) Introduce use of	Secure expertise from recruitment specialist to inform	GD		X			

	social media into recruitment processes	Trust approach to applying social media methods to recruitment processes						
e)	**To introduce a range of measures to improve staff retention**	Implement robust exit interview data collection – amend to following action: To start reporting 'reasons for leaving' on connect and review existing process to improve data quality (greater participation and reduction in 'reason unknown')	LB		X			
		To deliver the 4 pillars of the Trust's education , learning and development plan 2015-2018						
		Attracting talented people	JP	X			X	
		1. Induction and first year in post	GD	X				• Draft outline on-boarding approach in progress. Next step is to link to induction, buddy & mentor schemes and hand-off to annual appraisal after 1 year in post.
		2. Developing and retaining skilled colleagues	JP				X	
		3. Develop and stretch senior leader and specialists	JP				X	
		4. To use 'Your Voice' and national staff survey findings to empower staff to determine how the Trust can improve their working lives and make things better for patients (priority actions)	RW/GD		X			• Revised approach to Your Voice to be introduced in August – data will provide another source of intelligence to inform & measure impact of approaches to development and retention

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	A safe and sustainable bed base: Part 2
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis – Chief Executive
AUTHOR:	Rachel Barlow - Chief Operating Officer
DATE OF MEETING:	4th August 2015

EXECUTIVE SUMMARY:

The slide pack outlines:

The necessity to have an effective ambulatory medical model is essential to both sites bed model.

Medicine has plans to right size the bed base at City (a reduction plan of 27 beds) including an approach to balance specialist and gender functions across nightingale wards. The outcome of the bed base review at Sandwell will result in an increase in acute general beds

Surgery A has plans to reduce the inpatient bed base this year by 10 beds through improved day case rates and pathway redesign to reduce LOS for urology.

Surgery B's current stand-alone 10 bedded ward has a low occupancy rate. Internal consultation is in progress to provide beds in alternative settings with appropriately trained staff.

We now have several "stream" of beds of community beds. Diversity may have merit, but it may introduce complexity. A proposal about the future model is being worked up in Quarter 2.

We must secure a long term contract across this bed base with the CCG in negotiating arrangements for 2017 onwards. That so much of the intermediate bed base operates on short term contracting is not conducive to good or long term team development.

REPORT RECOMMENDATION:

The Board are asked to discuss the bed model proposals particular:

1) **Is demand into A&E, and admitted demand as a proportion of that, as expected in our modelling?** (we have seen rises over the last 12 months after years of plateau)
2) **Can we truly divert 20 patients across SWBH (10 per site) from the bed base safely into AMAA?**
3) **How do we deliver on the 48 hour AMU pledge, which is intrinsic to this model?** (given carve outs on both sites – but perhaps helped by GIM input into acute medicine)
4) **Tackling general ward length of stay** will require us to reduce both long stay and mid-stay durations; can we do that to scale – and in advance of Midland Met?
5) **What acuity of intermediate care bed base will we operate**, and how do we ensure off acute site locations do not become a bar to rehabilitation?

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

The receiving body is asked to receive, consider and:					
Accept		**Approve the recommendation**		**Discuss**	
				x	
KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental		Communications & Media	
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					

SWBTB (08/16) 086(a)

A safe and sustainable bed base – July update

2016 to 2019 | Firming up the plans

- This briefing pack is an update on work in progress, which will be routinely reported to the Board.
- It describes the current bed state at Sandwell, and **the work required to close unfunded beds**
- It outlines the **plans to change the bed state at City as part of our 2016-2018 workforce programme and configuration options in development for medicine, taking the ward size and set up closer to that of Midland Met**
- **It outlines the configuration of beds in Surgery A and B**
- It confirms the actions needed to achieve improvements which together will, reduce occupancy, reduce length of stay and ensure appropriate care locations
- It specifies the work needed to **re-commission the intermediate care bed base** under the Trust's leadership and ownership
- It works backwards from the scale of beds within Midland Met, and concurrent Trust sites. It recognises that **the split within Midland Met between 'general' and 'specialist' beds will be being changed**.
- The pack does <u>not</u> cover the TOR for our external review (which will revert in October) nor any detailed plans for bringing into use plan B or plan C. The J-OSC have been briefed on that background planning, given publicity on these matters in recent months.

What opportunity exists to change City's medical bed base?

Altering the balance of general/specialist beds

- The same basic model as Sandwell applies to the City bed base. Presently AMU 1 and 2 comprise 47 beds. However, our level 1a and toxicology beds are in this figure (4).
- Currently, the site then has 4 general and 3 specialist wards: D11,15,16 and 26 & D12 plus a male and female cardiology ward (including CCU).
- **Bed modelling suggests that we could theoretically reduce the overall general bed figure from 97 to 70.** The implementation challenge is how we balance general and specialist functions and whether a 10-bedded IC ward needed.
- In principle designs of how we use the estate differently particularly on the '5 and 7' numbered wards, is work in progress to ensure suitable gender management, in Nightingale wards, across cardiology.

Our future state model draft is subject to further analysis by end of July

We admit **41** patients a day through ED in adult medicine

We aim to divert **10** per day to AMAA (Ambulatory Emergency Care

The other **29** (2 being Cardiology and CCS) will go onto the AMUs with 40% going home inside 48 hours

With midnight occupancy of 98% and midday occupancy of 75% we will admit **17-18** people per day

Having already stayed 2 days, we would expect the further ward stay to be **4.0 days** on base wards

This suggests we need **70** non-cardiac beds open

(1) City: What matters in safely reducing length of stay and occupancy

The implementation challenge is how we balance general and specialist functions and whether a 10-bedded IC ward needed.

Given the ward designs – we need to consider **gender specific capacity** to match demand. This could be met by different ways of working and some small to moderate environmental changes in the D5/7 and D15/17 space which are adjoined. This principle was put in place in extremis over winter on D25 to meet increased demand and ensure gender standard compliance.

Changes in **how we work and the capacity** we use should **align to future state at midland metropolitan hospital** as much as possible.

Taking the above principles a potential configuration could **reduce the bed base at City by 27 beds** over 3 schemes.

i) Cardiology; bed reduction = 5 beds reconfiguring within D5/7 footprint;

- 32 beds (from 37) inclusive of 14 CCU aligns with Midland Met plan.
- Co-locate CCU onto 1 ward with a gender solution (see floor plans for principle layout). This would have benefit of collocating the same level of dependant patients and improve staffing flexibility, quality of care and staff development.
- Potential to co-locate day case activity within cardiology unit (data analysis needs to be worked through).

(2) City: What matters in safely reducing length of stay and occupancy

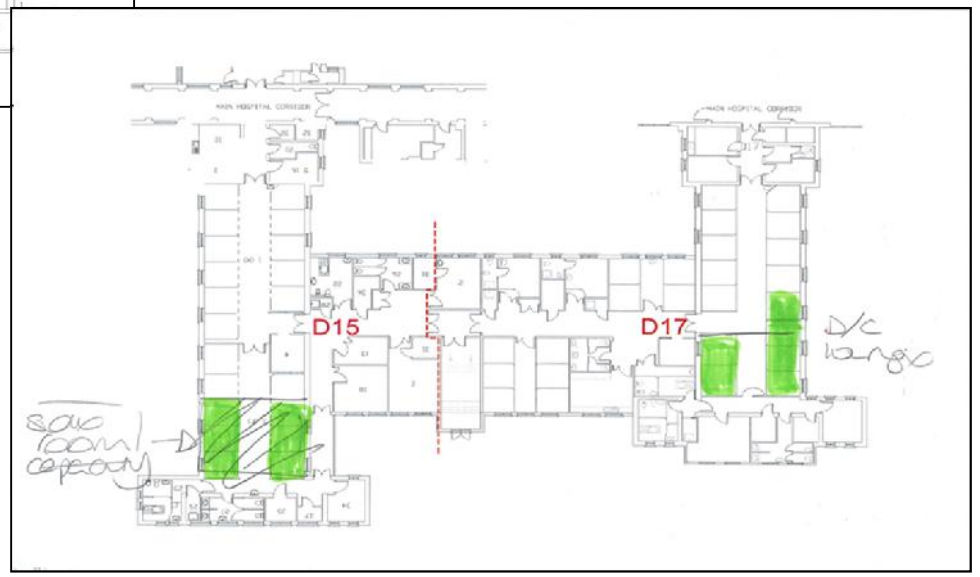
ii) D15/17 general medical wards; bed reduction = 12 (assumes move of female surgical ward and move of D16 to D17)

- Both wards would reduce by 6 beds across 2 gender groups : total reduction of 12 general medicine beds.
- The residual floor plan could be used as a discharge lounge, or space wise to increase side room capacity.
- The combined ward would be managed by 1 ward manager in line with Sandwell and Midland Metropolitan ward configuration.

iii) D12 closure; bed reduction = 10

- Currently at 70% occupancy; ward base is single side rooms including 2 x negative pressure isolation facilities.
- Negative pressure facilities also available in AMU A.
- Side room to bed ratio should not reduce and needs to be scoped against over all bed base on site. Consider side room increase on D15/17 as an option to mitigate any reduction.

Floor plans – draft plans demonstrating a new approach to gender specific accommodation on nightingale wards



(3) What matters in safely reducing length of stay and occupancy?

City focus Work alongside ward clinical teams

A robust programme approach will be commissioned and resourced with a programme manager and executive leadership via the COO to over see delivery of the bed reduction programme. Analysis suggests the following opportunities:

- Discharge planning early in admission:
  - EDDs within 24 hrs
  - 'Criteria-Led' Discharge
  - Early am Board Rounds
  - Involve the patient/carer

  = **14.5 beds** *at each site*

- Review by speciality consultants on daily basis = **4 beds** *at each site*
- Address productivity/internal waits within wards = **9 beds** *at each site*
- Increase AEC for 25% of AMU activity stays less that 8 hours (*especially chest pain and frail elderly*) = **2 beds** *at each site*

Making ambulatory emergency care happen

Best practice | Deliver 2016 or close 2016

- Both acute sites have long had ambulatory care services. Both received quite extensive Trust revenue and capital investments in 2013-2014. Within the national ambulatory care network the Trust compares favourably to other sites.
- In addition, the Trust operates an innovative PCAT model at Rowley Regis. The CCG plan to close this facility in October 2016, although no public engagement or consultation on this has yet taken place.
- However, volumes at City historically have been low, and the Sandwell service has opened/closed/opened/closed as staffing arrangements have changed over time. By co-managing A&E and AMU we ought to be able to make rapid progress on these issues, but success is elusive.
- Last month saw the "relaunch" of the clinical protocols associated with accessing the services. The first months results are being evaluated, early signs are promising showing >10 patients a day through AMAA. We have been very explicit that success lies in the scale of impact made by these services in helping us to:
    a) Reduce pressure within A&E, including seeing direct GP referred patients
    b) Tackling unplanned re-admissions by providing a focus for ongoing care management
    c) Preventing avoidable admissions by providing observational time, including time for frail older people's care which is the subject of pilot work led by Nigel Page.
- If during 2016-2017 we cannot succeed in significantly increasing the volume of patients through these facilities, then we will move to close them with effect from April 2017

How many beds do we need for medicine at Sandwell?

48 hour AMUs | Supporting by 'week long' wards

- Across AMU A&B we have 52 beds. We *currently* admit an average of 34 patients a day with a range between 7-52
- We typically discharge patients home within 48 hours. If we achieve 40% of the take, that would take us to national best practice
- Ambulatory care options are little used at Sandwell, despite a facility and funding. The 2016-17 model assumes success.
- This means, every 48 hours, 32 patients will move from AMU to our ward bed base. We have oscillated between 2 and 3 wards open. The latest model implies 80 beds are needed: *If* we can reduce LOS on those wards from 6.5 to 4.0* (71% of the bed days are long stay patients.)
- **Latest modelling indicates this LOS reduction is less (from 5.3 days) but needs further work. This will conclude a number of beds on L5 to be substantively staffed.*

Our future state model draft is subject to further analysis by end of July

We admit **40** patients a day through ED in adult medicine

We aim to divert **10** per day to AMAA (Ambulatory Emergency Care)

The other **26.5** (3.5 being stroke and CCS) will go onto the AMUs, with 40% going home inside 48 hours

With midnight occupancy of 98% and midday occupancy of 75% we will admit **16** people per day

Having already stayed 2 days, we would expect the further ward stay to be 4.0 days on base wards

This suggests we need 2.5 wards open – which at Sandwell means 80 beds

(1) What matters in safely reducing length of stay and occupancy?

Sandwell focus | Work alongside ward clinical teams

- Discharge planning early in admission:
  - EDDs within 24 hrs
  - 'Criteria-Led' Discharge
  - Early am Board Rounds
  - Involve the patient/carer

  = **14.5 beds** *at each site*
- Discharge or transfer all patients from AMU within 48 hours e.g. generates **5 beds** *at Sandwell*
- Review by speciality consultants on daily basis = **4 beds** *at each site*
- Address productivity/internal waits within wards = **9 beds** *at each site*
- Increase AEC for 25% of AMU activity stays less that 8 hours (*especially chest pain and frail elderly*) = **2 beds** *at each site*
- Discharges in morning from 13.5 to 35% e.g. generates **2 beds** *at Sandwell*
- Reduction of DTOC bed days by 30% with use of ADAPT model (POCs to commence in am) = **4 beds** *at Sandwell*
- Early Supported Discharge and in-reach models e.g. for Sandwell:
  - OPAT generates **5 beds** *at Sandwell*
  - 'Discharge To Assess' generates **3 beds** *at Sandwell*

How many beds do we need for Surgery A at Sandwell?

12 hours SAU | Supporting by 'week long' wards

- We have a SAU capacity of 23 with a mix of trollies and chairs
- We typically discharge or admit 63% patients home within 12 hours. This needs to be 90%.
- Ambulatory care options are part of the SAU pathway but there if further opportunity to develop this as SAU is in it's first year. The 2016-17 model assumes success.
- This means, every 12 hours, 9 patients will move from SAU to our ward bed base.
- We admit an average of 5 elective cases a day; 10% of these could be converted to day cases through pathway redesign.
- The future bed base also assumes a LOS reduction of 0.5 of a day in 50% of patient pathways.
- There is no improvement assumptions in the 12 orthopaedic step down beds. This needs to inform future redesign across surgery and community services.

We admit **24** patients a day through ED in adult SAU; the maximum LOS intended is 12 hours

With midnight occupancy of 98% and midday occupancy of 75% we will admit **14** people per day across elective and non elective care

We admit 9 emergency patients a day to ward beds. 2 go to CCS.

We admit 5 elective patients a day to the ward beds (10% of admissions can be converted to day cases)

Having already stayed 12 hours for emergency patients , we would expect the further ward stay to be 4.5 days on base wards

This suggests we need 44 acute beds (there are currently 54 beds)

In addition to this bed complement, 12 orthopaedic step down beds support the orthopaedic pathway

How many beds do we need for Surgery A at City?

Specialist Surgery | Supporting by 'week long' wards

- There is no SAU at City. The pathway is direct to Sandwell via WMAS and self presenting patients will be treated and transferred appropriately.
- Emergency admissions are increasing in urology. Work is required to increase ambulatory pathways.
- We admit an average of 5 elective cases a day; The future bed base also assumes a LOS reduction of 0.5 of a day in 30% of patient pathways, particular focus on urology and TURP pathways.
- Additional pathway reviews for ENT and Maxillo-Facial will be factored into future redesign work both in terms of elective and emergency admissions
- **Surgery B** has a 10 bedded ward with midnight occupancy < 50% based in BMEC. Standing alone not sustainable. Consultation of a new bed model within the main and community bed base staffed by appropriately skilled ophthalmology nursing staff is in progress.

We admit **11** patients a day combined elective and non elective

We admit 6 emergency patients a day to ward beds. 2 go to CCS.

We admit 5 elective patients a day to the ward beds

LOS on general surgical wards is 3 days based on 90% midnight occupancy. The goal is to reduce this by 0.5 days for 30 % of pathways (urology)

This suggests we need 34 acute beds (there are currently 37 beds)

Community beds – the current bed state is over 3 sites; in future bed base will be over 4 sites

Current bed base total 139

- 62 x Intermediate Care (IMC)
- 75 x Medically fit for discharge (MFFD)
- 2 x End of life care (EOLC)
- Sandwell Treatment Centre – proposed future state

Sheldon

D43 X 27 (MFFD)

D47 X 20 (IMC)

Leasowes

X 18 (IMC)

Rowley

Henderson x 24 (IMC)

Eliza Tinsley x 24 (social care and MFFD)

McCarthy x 24 (MFFD)

Sandwell Treatment Centre

60 beds including stroke rehabilitation

There are also 20 'Own Bed Instead' (OBI) beds in Sandwell

Nb; McCarthy currently reduced to 12 beds temporarily due to staffing numbers; recruitment plan in train

How will intermediate care beds work?

Scale and location | Role and affordability

- Our own work, and national work undertaken for Monitor, shows that the legacy assumption that such units are lower cost than acute wards is less true than it was, as nursing and therapy needs escalate – and with many patients needing one to one input. We must confirm a cost model for these facilities which is within our plan. *FIC will explicitly look at this during autumn 2016*.
- We now have several "stream" of beds – traditional step down, medically fit for discharge (MFFD), and social care beds. This diversity may have merit. But it may introduce complexity where we need simplicity to maintain safe flow. 25% of MFFD patients have a LOS of 2 days or less; this suggests there is improvement work to gain on the wards in terms of effective and timely discharge planning.
- Fiona Shorney and Brenda Jumi are working to produce a proposal about the future model – for implementation during 2016-17.
- As contracting intentions change, we must secure a long term contract across this bed base with the CCG in negotiating arrangements for 2017 onwards. That so much of the intermediate bed base operates on short term contracting is not conducive to good or long term team development.

A safe and sustainable bed base
2016 to 2019 | What's hard here

There are five areas of implementation challenge in this pack, on which I would invite colleagues to focus attention:

1) **Is demand into A&E, and admitted demand as a proportion of that, as expected in our modelling?** (we have seen rises over the last 12 months after years of plateau)
2) **Can we truly divert 20 patients across SWBH (10 per site) from the bed base safely into AMAA?**
3) **How do we deliver on the 48 hour AMU pledge, which is intrinsic to this model?** (given carve outs on both sites – but perhaps helped by GIM input into acute medicine)
4) **Tackling general ward length of stay** will require us to reduce both long stay and mid-stay durations; can we do that to scale – and in advance of Midland Met?

Next steps need to include:

- **Complete final data validation** end July including isolation facility requirements
- **Finalise design options** with estates for different approach to gender management on city site
- Complete the work up what acuity of intermediate care bed base will we operate, and **how do we ensure off acute site locations do not become a bar to rehabilitation**?
- **Establish programme of improvement work** with PMO in August

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	**Introduction of 2016 Junior Doctor Contract**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Lesley Barnett – Deputy Director. Human Resources** **Philip Andrew – Head of Medical Staffing**
DATE OF MEETING:	**4th August 2016**

EXECUTIVE SUMMARY:

This report gives a detailed background to the Junior Doctor Contract that Trusts are required to introduce in October of this year.

It sets out the key risks and issues for SWBH and the mitigations the Trust has taken to date. It highlights the recruitment of a Safe Hours Guardian, reporting to the CEX, as a critical part of the contract requirements. The appendices outline the rotas that are to be changed and the timeline for their implementation.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- Discuss the information contained in this report
- Discuss the risks and mitigations and suggest additional assurances or safeguards

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Sandwell & West Birmingham Hospitals NHS Trust

Junior Doctors Contract 2016

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

Report to: Public Trust Board

Date: 25th July 2016

1.0 Introduction:

From 3 August 2016, the new 2016 contract will start to be introduced in England for doctors in training posts approved for postgraduate medical/dental education.

The main features of the 2016 contract are:

- revised pay arrangements which increase basic pay and reduce variable elements of pay
- flexible pay premia introduced in "hard to fill" specialties such as Emergency Medicine
- new requirements for working hours
- introduction of a Guardian of Safe Working to oversee a process of exception reporting and providing assurance to the Trust Board that doctors in training are working safely.

The revised contract is being introduced as the current arrangements were deemed by NHS Employers, employers and the British Medical Association (BMA) as no longer fit for purpose. A scoping study in 2011 set this out and proposed the principles for a new contract.

NHS Employers has attempted to reach a new agreement on a safer and fairer contract and has been working in partnership with the BMA Junior Doctors' Committee (JDC) since late 2012 when talks originally began on the new contract. Talks failed in 2014, resulting in conciliation discussions taking place between the government, the BMA and NHS Employers with ACAS in a bid to avert strike action in November 2015. A revised offer was made to the BMA in January 2016 that made concessions on several areas of conflict. Following further talks, the government made an offer in March 2016 which included a further concession on Saturday pay, in the hope of reaching agreement with the BMA. The BMA again rejected the offer and initiated industrial action. Further ACAS talks took place with agreement finally reached in April 2016. This agreement was the subject of a BMA ballot of BMA junior doctor members in June 2016.

Following the decision at ballot to reject the contract, the Secretary of State announced on 6th July 2016 that further talks were unlikely to bring resolution and that the new terms would therefore be introduced in England from August 2016, with the first doctors transitioning to the new terms in October 2016. A revised timeline has been published, reflecting the need to transition doctors to the 2016 terms at rotational dates when existing contracts expire.

Junior Doctors continue to question the legality of the government's decision to impose the new contractual terms. Their challenge was considered in the High Court on 21st July 2016 but a ruling has not yet been communicated.

The BMA JDC has not yet confirmed whether further industrial action could take place.

A phased implementation plan has been developed that will enable employers to introduce the working patterns outlined in the contract as set out in the Appendix 1**.** NHS Employers have required Trusts to only make offers on the current contract for the first placement from August 2016. Offer letters for the 2016 contract will need to be issued nearer the date of implementation.

2.0 2016 Contract main features - Pay

NHS Employers are advising that overall average earnings of junior doctors are expected to remain the same and individual pay will be more predictable and less variable between placements. Doctors will be paid more accurately for actual work done, with an increase in basic pensionable pay, additional pay for additional rostered hours, enhanced rates for unsocial hours, allowances for weekend working, on-call availability supplements for those required to be on-call, pay for anticipated work done whilst on-call and (where appropriate) flexible pay premia.

The 2016 contract offers flexible pay premia for those training in GP practice placements and recognised hard-to-fill training programmes where there is the greatest need – currently this includes emergency medicine (ST4+) and psychiatry (all grades).

Premia will also be payable to doctors who return to clinical training after successfully undertaking a pre-agreed period of approved academic research, to those who train in oral and maxilla-facial surgery (OMFS) and, in some circumstances, to those who take time out of training to undertake other recognised activities that may be of benefit to the wider NHS.

The new contract also provides for transitional pay protection to apply for four years of continuous employment from the point at which a doctor moves to the new contract, or until they exit training, or 3 August 2022, whichever is the soonest date.

3.0 2016 Contract main features – Hours and Work Patterns

The 2016 contract is designed to be safer and fairer for doctors and dentists in training and for patients. In addition to the protections offered by the Working Time Regulations (WTR), the proposals provide the following safeguards on working hours and patterns which will be reflected in work schedules:

- Maximum average 48 hour working week (reduced from 56) with doctors who opt out of the WTR capped at maximum average of 56 working hours per week.
- Maximum 72 hours' work in any seven day period (reduced from 91).
- Maximum shift length of 13 hours (reduced from 14 hours).
- Maximum of five consecutive long (>10 hours) shifts (reduced from seven) with minimum 48 hours rest after a run of five consecutive long shifts (up from 11 hours rest).
- Maximum of four consecutive night shifts (reduced from seven) with minimum 46 hours rest after a run of either three or four consecutive night shifts (up from 11 hours rest).
- Maximum of four consecutive long, late evening shifts (>10 hours finishing after 11pm) with minimum 48 hours rest after four consecutive long, late evening shifts (up from 11 hours rest).
- No doctor should be rostered to work more frequently than one weekend in two (a slightly different definition of weekends applies to F2 doctors for one rotation only).

- Maximum eight consecutive shifts with 48 hours' rest after eight consecutive shifts (reduced from 12 consecutive shifts), apart from low-intensity non-resident on-call rotas, for which a 12-day maximum applies.
- No more than three rostered on-calls in seven days except by agreement, with guaranteed rest arrangements where overnight rest is disturbed.
- Maximum 24-hour period for on call which cannot be worked consecutively except at weekends or by agreement that it is safe to do so.
- Work rostered following on-call cannot exceed 10 hours, or 5 hours if rest provisions are expected to be breached.
- Introduction of work schedules - basic pay will be for a 40-hour week, including paid breaks. Additional rostered hours, up to maximum of eight hours can be additionally contracted and reflected in a work schedule. Such additional hours will be paid at the basic hourly rate with appropriate enhancements payable for any hours which fall into the unsocial hour periods.
- Annual leave under the new proposal will be stated in days, rather than weeks. In addition, statutory days will be incorporated in to the annual leave allowance. This means that leave allowance on first appointment will be 27 days, increasing to 32 days after five years' service. Annual leave for LTFT trainees will be pro-rata. Leave arrangements can be calculated in hours for non-standard working patterns. Existing arrangements for the definition of a 'day', giving notice for annual leave, time off in lieu for bank holiday working and payment for untaken leave remain unchanged.

4.0 2016 Contract main features – Safeguards (exception reporting and Guardians of Safe Working)

The system of exception reporting outlined in the 2016 contract will ensure that departures from planned working hours, working pattern or access to planned training opportunities are recorded. Work schedule reviews should take place where this happens consistently and can be requested by the employer or the doctor.

The role of the guardian of safe working hours is designed to reassure junior doctors and employers that rotas and working conditions are safe for doctors and patients. Trusts will need to ensure that the guardian of safe working hours role is appointed jointly with junior doctors, and in line with a national person specification before 3 August 2016. SWBH Trust is holding interviews on Monday 1st August 2016.

The guardian will oversee the work schedule review process and will seek to address concerns relating to hours worked and access to training opportunities. They will support safe care for patients through protection and prevention measures to stop doctors working excessive hours and will have the power to levy financial penalties where safe working hours are breached.

Fines will be levied when working hours breach one or more of the following provisions:
a) The 48 hour average weekly working limit
b) Contractual limit on maximum of 72 hours worked within any consecutive 7-day period
c) Minimum 11-hour rest has been reduced to less than 8 hours.

Where the guardian can validate such exception reports, penalties will be levied against the department where the doctor works; the fine will be set at four times the basic or enhanced rate of pay applicable at the time of the breach. The doctor will receive 1.5 times the applicable locum rate; the guardian will retain the remainder of the penalty amount.

The guardian will be responsible for convening a junior doctors' forum at regular intervals to provide advice on the role and to scrutinise the disbursement of penalty fines. The guardian will provide regular and timely reports on the safety of doctors' working hours, rota gaps and annually an improvement plans to resolve rota gaps to the trust board. Trusts are required to ensure this information will be incorporated into the trust's quality account and made available to the LNCC, CQC, HEE and GMC. The Doctors and Dentists Review Body may also ask for annual reports on the outcome of work schedule reviews.

4.1 Introduction of Exception Reporting:

The process for reviewing work schedules based on exception reports is designed to be more agile and reactive than the New Deal system of hours monitoring and banding appeals. Employers are required to have introduced an electronic system to manage exception reports by October 2016 when the first doctors transition to the 2016 contract.

Doctors should report exceptions where day-to-day work varies from that set out in the work schedule either in hours of work (including rest breaks) or the agreed working pattern, including the educational opportunities made available. Reports should be submitted, and copied to the guardian of safe working hours, within 14 days (seven days if payment is requested and within 24 hours where there are immediate safety concerns).

Upon receipt of an exception report, the educational supervisor is expected to discuss with the doctor what action is necessary to address the exception and to ensure that it remains an exception. Where exceptions become more regular or frequent, a work schedule review may be required.

The process is designed to address issues as they arise within a training programme, so that any subsequent changes put in place as a result of discussion or more formal review can benefit the doctor in post as well as doctors moving into that placement in the future.

Employers are required to agree local policies or processes for Exception Reporting that provide a local framework and process for the submission and review of exception reports.

4.2 Appointment of the Guardian of Safe Working hours:

Trusts are required to follow the principles set out below in appointing to the role:

- It is the employer's responsibility to appoint the Guardian.
- The appointment panel for the guardian should include the Medical Director or a nominated deputy, the director of HR/Workforce or a nominated deputy, and two doctors in training, nominated by the local negotiating committee (LNC) or equivalent. At least one and if at all possible both of the doctors in training must be based in the appointing employer (or host organisation, if appropriate).
- The panel should reach consensus on the appointment.
- The recruitment process for the appointment of the guardian should otherwise follow local recruitment processes.
- The employer (and/or host organisation, if appropriate) will have discretion to set the guardian's time commitment, taking into consideration the number of rotas and the number of doctors in training for whom the guardian will have responsibility.
- Appropriate administrative support to the guardian must be provided to manage flows of exception reports and other information.
- Employers / host organisations can choose to act collaboratively to make and share the appointment across a number of employers.

Following the input of ACAS during the latter part of the contract negotiations, the following additional aspects of the role have been agreed:

- The Guardian will report quarterly to the trust board, rather than annually.

- A consolidated annual report will be included in the trust's quality account, and details of the disbursement of fines included in the organisation's annual report.
- The Guardian and Director of Medical Education (DME) will jointly establish a junior doctors forum (or Fora) to provide quality assurance and oversight over the work guardian.
- The guardian will oversee the imposition of fines where doctors miss 25 per cent or more of their breaks.
- New arrangements have been put in place to ensure that doctors in GP practice placements or in organisations with few trainees have access to a suitable guardian.
- Doctors will have the right to involve a representative from the BMA or other relevant trade union in any work schedule appeal process.
- The guardian will be subject to a performance management framework that includes feedback from doctors in training, and doctors will be able to raise any concerns they might have about the performance of guardian through the medical director.
- The guardian's oversight of safe working practices will also include associated equality and diversity issues.

Having an appointed Guardian in place by 3rd August 2016 is critical part of the new arrangements. Failure to achieve this would technically be a breach of the proposed 2016 terms and conditions (TCS) on which the Trust would be advised to seek legal advice.

5.0 Implementation of the 2016 Contract within the Trust

NHS Employers have required Trusts to only make offers on the current contract for the first placement from August 2016. Offer letters for the new contract will need to be issued nearer the date of implementation. The F1 doctors will transition to the 2016 contract from early December 2016, with other groups of junior doctors moving either in February/March or August 2017.

5.1 Assessment of current working patterns against 2016 requirements

There are 37 junior doctor rotas in place across the Trust. Only 13 are currently compliant with the new controls on hours set out in the 2016 contract. The biggest issue is that a number of rotas currently have more than 8 consecutive shifts and the doctors don't currently receive a 48 hours break after eight consecutive shifts. The IT system the Trust use for New Deal monitoring (provided by Allocate) also sets out where our current rotas are non-compliant with the 2016 requirements to assist with modelling new, compliant work patterns.

5.2 Roll out of new rotas

Working in accordance with the timeline set out in Appendix 1 there will 4 rotas moving to the new arrangements from December 2016, 11 from February/March 2017 and 22 from August 2017. Further details are attached in Appendix 2.

5.3 Cost

To date, modelling of a selective sample of rotas has been undertaken and has indicated that the cost of the F1 rotas and the majority of the new F2/CT1-2/ST1-2 are greater than the current rotas. However for the new CT3+/ST3+ rotas the costs will be lower than the current rotas. Further work will be undertaken on this in the coming weeks. Overall this would suggest that the new contract will be cost neutral, but in view of the above, two cost pressures have been identified associated with implementation.

- Phasing of the new contract terms and associated rotas.
- Pay protection costs.

5.4 Exception Reporting

Allocate have advised NHS Employers that they are developing an exception reporting tool. They intend to share prototypes or mock-ups of their proposed system at the guardian conference in July 2016, allowing for feedback and further design work before they launch their tool in September. As the Trust is an existing customer of Allocate the exception reporting tool will be available to us for no additional cost.

5.5 Appointment of Guardian of Safe Working

The Guardian of Safe Working post has been advertised and there have been 3 applicants. Interviews are scheduled for 1st August 2016.

5.6 Equality Impact Assessment

A local equality impact assessment is being undertaken to assure that the 2016 contract does not impact disproportionately on any group or protected characteristic.

5.7 24/7 Working Arrangements

Implementation of the new contract and associated costs has principally focused on replicating current working arrangements whilst ensuring compliance with the new terms. Group leads will be able consider the opportunities the new contract terms affords as part of future workforce modelling and service developments.

6.0 Main risks associated with the new contract

1.0 We are experiencing a slight increase in the number of vacant posts this August which may be attributable to the new contract and its imposition. This position was reported to the board in June and July 2016.

2.0 We have yet to make an offer to the new 2016 contract terms and conditions. There is clearly a risk that some doctors don't accept the new contract offer which will leave vacant posts.

3.0 The position of the BMA is uncertain and there remains the possibility of further industrial action.

4.0 The outcome of the high court action is ongoing and obviously is unknown.

5.0 The role of the guardian and amount of exception reports/level of operational compliance is unknown and will be exacerbated if the number of junior doctor vacancies increase.

6.0 Potential costs pressure due to fining system and those associated with the transfer to the new terms and conditions.

7.0 Appointment to the Guardian role by 3rd August 2016 is necessary in order to be compliant with the new contractual obligations.

Implementation timeline

Date	Action
July 2016	Appoint guardians of safe working hours
26 July 2016	Guardian of safe working hours conference, London
3 August 2016	Contract is live
October 2016	Transition to the new terms and conditions of service (TCS) for: • Obstetrics ST3 and above
November - December 2016	Transition to the new TCS for: • F1 doctors taking up next appointments • F2 doctors taking up next appointment and sharing rotas with F1 doctors
February – April 2017	Transition to the new TCS for: • Psychiatry trainees taking up next appointments (all grades) • Pathology trainees (lab based) (all grades) • Paediatrics trainees taking up next appointments (all grades) • Surgical trainees (all disciplines) taking up next appointments (all grades) • F2 doctors and GP trainees (ST1/2) taking up next appointments and sharing rotas with any of the above
August – October 2017	All remaining trainees taking up next appointments (all grades) All new starters (all grades)

Notes:

(1) The above does not include trainees employed on long-term contracts in lead employer arrangements (other than those who joined such arrangements on a single placement contract in August 2016, or those whose contracts have a clause allowing for them to be varied in this way); these trainees will remain on the 2003 TCS until they finish training and / or their current contracts expire.

(2) There will be some parts of the country where rotation dates do not coincide precisely with the above timetable. In such cases, trainees will move to the new terms at the next rotation date following their scheduled transition date, and by October 2017 at the latest.

Appendix 2 – Timeline of which rotas move to the 2016 Contract

4 rotas from December 2016

F1 doctors -Surgery at City
F1 doctors -Surgery at Sandwell
F1 doctors – Medicine at City
F1 doctors – Medicine at Sandwell

Revised compliant rota templates have been drawn up for these rotas.

11 rotas from February/March 2017

General Surgery – ST3+, General Surgery/Trauma and Orthopaedics (includes Plastics trainees)
F2/ST 1-2 - Sandwell, General Surgery (includes ENT and Urology trainees)
F2/ST 1-2 - City, Trauma and Orthopaedics ST3+
Urology ST3 +
ENT ST3+
Paediatrics F2/ST 1-2
Paediatrics ST 3+
Neonates ST 1-2
Neonates ST 3+
Microbiology ST3+

Some work has commenced on drawing up compliant rota templates for these areas and this work will be accelerated after the August 2016 junior doctor changeover.

22 **rotas from August 2017**

Emergency Medicine – F2/CT/ST 1-2 – City
Emergency Medicine – F2/CT/ST 1-2 – Sandwell
Emergency Medicine – ST3 + – City
Emergency Medicine – ST3 + – Sandwell
General Medicine - F2/CT/ST 1-2 – City
General Medicine - F2/CT/ST 1-2 – Sandwell
General Medicine - ST 3+ – City
General Medicine - ST 3+ – Sandwell
Cardiology - ST 3+
Anaesthetics - ST 3+ – City
Anaesthetics - ST 3+ – Sandwell
Anaesthetics – CT/ST 1-2
ITU – CT/ST 1-2
Haematology ST 3 + - City
Dermatology ST 3 + - City
Rheumatology ST 3 + - City
Obstetrics and Gynaecology F2/ST 1-2 - City
Obstetrics and Gynaecology ST 3 + - City
Radiology ST 2 +
Ophthalmology F2/ST 1-2
Ophthalmology ST 3-5
Ophthalmology ST 6+

Some work has commenced on drawing up compliant rota templates for these areas and this work will be accelerated after the August 2016 junior doctor changeover

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:	4 August 2016

EXECUTIVE SUMMARY:

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

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

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	0	6	0	**6**
Harm Free Care	7	6	2	**15**
Obstetrics	1	6	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	3	8	0	**11**
Cancer	3	7	5	**15**
FFT. MSA, Complaints	10	5	6	**21**
Cancellations	5	4	0	**9**
Emergency Care & Patient Flow	9	5	4	**18**
RTT	6	2	6	**14**
Data Completeness	1	9	9	**19**
Total	**46**	**59**	**49**	**154**

- June performance has 46 exceptions (red rated indicators)
- Relevant recovery plans are overseen through the Executive Performance Management Committee.
- Exception reporting is provided to CCG and NHSI as required. Current focus RTT 52 week breaches and A&E
- The Trust has received a formal performance notice from the CCG and is in the process of responding.

Highlights

June Delivery

× **ED 4 hour** performance in June was at 91.39% just below the NHSI target of 93.37% and below the national target of 95%. June resulted in 1,625 breaches. Quarter 1 91.9%.

× **62 day cancer** target non-compliant in May 84.1%; June un-validated position at 90% against the 85% target bringing the Trust in line with Q1 targets. July performance also expected to hit standards across all targets.

✓ **RTT** (incomplete pathway) delivered at 92.7% above 92.0% standard; x2 patients breaching 52 wk wait stnd

✓ **Acute Diagnostic waiting times** continue to consistently operate within the 1% tolerance

× **Hip fractures** – 68% in June (53% last month) improvement but remains below 85% standard.

Other – positive delivery

✓ **Infection control** delivers across all indicators in June and well within targets

✓ **VTE** in June delivery at 95.60%

✓ **Staff sickness** in –month rate reduces to 4.16% in June and 4.79% on a cumulative basis.

✓ **Stroke and Cardiology** performing sustainably across a range of indicators

✓ **Obstetrics** recovery of year to date C-Section performance

Requiring attention

- Delayed transfers of care – x588 in June [vs x397 March] with prospect of further deterioration as social care budgets further constrained
- Serious incidents – x10 cases reported in June exceptional; review for any pattern or concern
- Hip fractures – 68% in month and representing third consecutive month of failing target against good past performance – good imaging and reporting practice to be reinforced including ED processes and trauma co-ordinator nurse;
- Cancelled operations (particularly multiple) and theatre utilisation remain above / below expected levels. Full end to end process has to be reviewed to ensure that admin processes are in place and working as well as good cancellation procedures are followed – a remedial action plan is recommended to drive out the various issues for improvement that the group are looking at
- Harm free care – ongoing marginal non-compliance with national standard - Pressure ulcers and falls
- Stroke performance to be reviewed to ensure it starts delivering the 'within 4 hours to stroke unit' and scan within 24 hours targets; this is not regularly breaching
- VTE Assessments – continued attention to delivery to improve consistency of delivery across all groups; medical director to focus on improving non-compliant areas
- Mortality reviews at 60% - renewed focus required to improve this to previous levels

NSHI Improvement Trajectory - Key Access Targets YTD

		Apr	May	Jun
A&E	Agreed trajectory	92.5%	93.1%	93.37%
	Actual Delivery	91.4%	92.9%	91.31%
CAN (62 Days Referral to Treatment)	Agreed trajectory	85.0%	85.0%	85.0%
	Actual Delivery	87.5%	84.1%	90.0%
RTT - Incomplete Pathway (18-weeks)	Agreed trajectory	92.0%	92.0%	92.0%
	Actual Delivery	92.35%	92.50%	92.72%
Patients Waiting >52 weeks (Incomplete)	Trajectory tbc	2	2	2
	Actual Delivery	2	2	2
Diagnostic Tests	Agreed trajectory	0.42%	0.42%	0.39%
	Actual Delivery	0.32%	0.10%	0.16%

Failure to achieve the above standards will result in a reduction in the value of Sustainability & Transformation Fund [STF] resources agreed as supporting the trust's financial control total. The financial value at risk remains to be confirmed as the jeopardy regime is finalised. There are a number of mitigating circumstances where it will be possible to adjust the trajectory or opportunity to recover previous short-falls.

The STF regime operates such that any financial penalty incurred relating to the above standards is not duplicated by fines levied by commissioners under their contracts. Commissioners will still be entitled to levy fines for failures of all other contract standards [e.g. ambulance handover; information timeliness] and are indicating a more aggressive approach to the identification and pursuit of such fines.

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals NHS Trust

SWBTB (08/16) 088(a)

Integrated Quality & Performance Report

Month Reported: June 2016

Reported as at: 28/07/2016

Contents

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

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

At Glance - June 2016

Infection Control

2x C. Diff cases reported during the month of June;
x4 cases year to date against the 16/17 target of 8 cases up to June
Max x30 cases for the year have been agreed within the CCG Contract 16/17.

No cases of MRSA Bacteraemia were reported in June for the forth months running and therefore zero on year to date basis.

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

MRSA Screening
- Non-elective patients screening 92.5% (compliant with 80% target)
- Elective patients screening 93.2% in month (compliant overall with target 80%);

Elective screening performance compliant in all groups with exception of medicine which is at 77% overall and Scheduled Care @ 36% only - subject to follow up investigation within the group.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of June at 5.4 against a tolerance rate of 9.42. Year to date the rate is at 5.2 and within target of 9.42.

Harm Free Care

94.9% June NHS Safety Thermometer marginally below target 95.0%. Consistent marginal underperformance driven by falls and pressure ulcers.

x86 falls reported in June with 4x falls resulting in serious injury. 31 falls within community and 55 in acute.

For the month of June there are 6 avoidable, hospital acquired pressure sores reported. 1x case reported within the DN caseload.

x10 serious incidents reported in June, 13 year to date.

2x Never Events occurred in June, but only 1 case was reported in the month. Maternity and T&O and both are related to retained objects.

There were no medication error causing serious harm in June.

x3 Open CAS Alerts reported at the end of June, of which none were overdue at the end of month.

Venous Thromboembolism (VTE) Assessments in June at 95.6.% compliant with national target of 95% and short of local target of 100%.
On-going focus of attention to secure a more consistent and improved performance this year. Surgery A & WCH below target.

Obstetrics

The overall Caesarean Section rate for June 23.5% meeting the target of 25% in the month and recovering the year to date position now at 24.0%.
Elective and Non-Elective rates in month are 8.8% and 14.7% respectively.

Adjusted perinatal mortality rate (per 1000 births) for June is 1.92 (16.16 last month) being below the tolerance rate of 8. The indicator represents an in-month position and which, together with the small numbers involved provides for sometime large variations. The year to date position is also below the tolerance rate of 8 at 7.47.

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 June the delivery is 75.9%; The group has been asked to assess performance and report back on reasons as to why consistently below the target; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such.

Breastfeeding initiation performance as at June quarter IS AT 73.7% just below the newly agreed target for 16/17 of 74.0%. This was revised by CCG in recognition of the good performance regionally.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 103 (latest available data is as at March)
RAMI for weekday and weekend each at 104 and 99 respectively.

The impact of national re-basing previously reported is the subject of a separate paper to the Board.

SHMI measure which includes deaths 30-days after hospital discharge is at 99 for the month of February (latest available data).
Consistent with previous months.

Deaths in Low Risk Diagnosis Groups (RAMI) - month of March is 82 - this indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

period. The rolling crude year to date mortality rate remains static at 1.3 and also lower than last year same period. There were 121 deaths in the hospital in the month of May.

Mortality review rate in April at 60% a worsening on last period and is struggling to recover to previous highs.
A local CQUIN is in place for 16/17 to improve performance compared to Q4 15-16 which now known to be at 68%.
Therefore there is improvement required against this indicator.

Readmissions (in-hospital) reported 7.7% in May (7.6% previous month); [7.9% rolling 12 mnths]. The performance has been coming down slowly over the last few months, however still high compared to the peer group which is at 6.2%. Readmissions is a local CQUIN in 16/17.

Stroke Care & Cardiology

Stroke data for June indicates 87.2% (92.3% last month) of patients spending >90% of their time on a stroke ward which is this month below the 90% operational threshold; year to date basis which is 92.5%

June admittance to an acute stroke unit within 4 hours is at 86.0% (74.4% last month) so recovering to the 80% national target, but below the internal target of 90%.

Pts receiving CT Scan within 1 hour of presentation is at 78.8% in June (77.8% LM) ; being compliant with 50% standard.
Pts receiving CT Scan within 24 hrs of presentation delivery at 98.1% in month below the 100% target a 3rd month running.

June eligible patients for thrombolysis are at 100% compliance compared to the 85% target. Year to date performance at 70.0% impacted by lower, previous months.

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

RACP performance for June is at 100% exceeding the 98% target.
From 1st April count is being amended to appropriately be 'from receipt' of referral (vs. date of referral).

TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at June is at 100% against the target of 70%.
TIA (Low Risk) Treatment <7 days from receipt of referral delivery at June is 96.2% against a target of 75%. Both indicators continue to deliver consistently.

Cancer Care

Compliant with targets in May with exception of 62 day referral to treatment.

May 62 day delivery performance was at 84.1% so below standard of 85% . The validated position is that 11.0 patients breached (Urology 4.5, Colorectal 3, Gynae, Breast & Haematology at 1 breach in each, Upper GI 0.5);
June performance un-validated at 90.0% so the Trust will have recovered its compliance for Q1 against the NHSI trajectory and national standards. All other targets expected to be met in June. Early forecast for July is that all indicators will be met.

x1 patient waiting more than 104 days at the end of May.
X11 more than 62 days.

There is more focus on the 'tertiary referral' timelines within 42 days (but expected to revise to 38 days). In the absence of a national policy as yet, the cancer network will work towards an interim framework. The trust is starting to report this from now and we are failing against this timeline presently.
The longest waiting patient is at 95 days in May.

Patient Experience - MSA & Complaints

No mixed sex accommodation breaches reported during the month of June. X10 mnths consecutive without breach.

-Inpatients FFT for June is below the score and response target, the failure to achieve response rate has become a continuous position.
- A&E is missing both targets for scores and response rate in June, which again has been a continuous position during the year. Type 3 emergency has dropped performance this month significantly.
- Outpatients FFT is below the required score rates.
- Maternity scores routinely compliant with exception of birth element which has not been collated in June.

The number of complaints received for the month of June is at 84, with 2.3 formal complaints per 1000 bed days being an historic low.
All have been acknowledged within target timeframes.
The level of responses beyond the agreed timeframe is 8.2% (5.6% last mnth); Q1 shows some deterioration from exceptional good performance in Q4.

Patient Experience - Cancelled Operations

The proportion of elective operations cancelled at the last minute for non-clinical reasons was 0.7% for June (0.7% previous mnth) meeting the in-month tolerance of 0.8%. Reduction observed over the last 4 months .

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

229 cancellations in June with less than 7 days notice. 43 [vs. 63 last month] of all cancelled patients were multiple cancellations in June, however this does count patient driven as well as clinical reasons for cancellations including admin issues.
Admin processes, which are a significant root cause issue need an improvement plan. Non-compliance against specific issues will be investigated in detail. A reminder to go out to consultants to remind them of the rules on cancellation and process to follow.

Theatre utilisation is consistently below the target of 85% at a Trust average of 74.4% in June
The theatre capacity and performance is subject to remedial action through Theatres Board and theatre performance reporting will be part of this review with a specific set of reporting.

Emergency Care

The Trust's performance against the 4-hour ED wait target in June was 91.31% (92.88% in May, 91.4% in April) against the 95% national target and against the 93.4% NHSI Improvement Trajectory. The Trust delivered **91.9%** performance for Q1.
1,625 breaches were incurred in the month of June.

WMAS fineable 30 - 60 minutes delayed handovers at 70 in June - a slight increase month on month.
1x case against the over 60 minutes delayed handovers in June.
Handovers >60mins (against all conveyances) are at 0.02% against the target of 0.02% . This is against total conveyances of 4,099 in June (4,604 in May).

Fractured Neck of Femur patients delivery for June at 68% (May at 53.0%) below the 85% target, but a significant improvement to the last two months.
TTR undertaken and actions to include re-enforcement of appropriate imaging & review in ED. Trauma Co-Ordinator Nurse to commence to support this process.

Patient moves out of hours (10pm-6am) exc. assessment units at 204 in month of June (vs. 222 last mnth). 451 (vs 498) including assessment units

DTOCs accounted for 588 bed days in June (494 May); of which 251 beds were fineable to BCC. Notable increase with prospect of further deterioration as social care budgets further constrained.

Referral To Treatment

RTT incomplete pathway for June currently at 92.72% with a 2,515 patients backlog as at June, but fairly static around this mark. Improvement in back-log analysis are being implemented to enable more appropriate focus.
Performance is meeting the NHSI Improvement Trajectory. Admitted (78.8%) and non-admitted (90.6%) pathways are below the targets but are not nationally monitored.

x28 patient pathways are under-performing of which 3 are failing on the incomplete pathway. RTT Improvement trajectories have been established for all specialties with recovery from July through December led by the Groups.

There were 2x 52 week breaches on the incomplete pathway for which the trust is held accountable; 1x plastics (patient also breached last month) and 1x Urology. Constantly striving for improvement in the RTT validation cycle, this is now set for earlier in the month. There are 2x breaches on admitted and non-admitted pathways for June.

Diagnostic waits beyond 6 weeks were 0.16% for June, remaining well within the operational threshold of 1.00% consistently. Echograms are behind delivery, the service has been asked to address. This indicator meets the NHSI Improvement Trajectory.

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

Data Completeness

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold (as at June at 96.9%), but expected to recover to target when the annual update is run. ED have been informed that we require them to improve their patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department. A list of June patient registrations with no NHS number has been forwarded to the ED Department with ED user identified.

Open Referrals without future activity stand at 77,410 as at reporting period here (these numbers exclude patients on the RTT pathway e.g. waiting list). c12,000 open referrals, which are risk rated as green, are subject to auto-closures since Jan2016. The Data Quality Group is driving a focused improvement plan for the last few weeks and aims to: stop new creation of open referrals, and to address the 77,410 backlog which has been RAG rated (see tab for detail) and aims to fully remove auto-closures currently in place. The backlog is coming down. A wider 'referral management' programme will encompass this issue.

Staff

PDR overall compliance as at the end of May is at 90.8% against the 95% target
Medical Appraisal rate as at June is 89.5% being below 90.0% standard.

In-month sickness for June is at 4.16% similar to last month. The cumulative sickness rate is at 4.79%.

The Trust annualised turnover rate is at 12.1% in June (12.4% as at May) - reducing steadily over last few months. Specifically, nursing turnover has been recorded at 11.85% (12.6% last month), showing early evidence of reduction and more in line with the overall turnover. Both are still well above trust aspirations.

Mandatory Training at the end of April is at 88.2% overall against target of 95%. Safeguarding non-compliance to be reviewed.
Health & Safety (clinical safety training) related mandatory training is at 96.9% and delivering above the 95% target consistently.

Temporary staffing page is under development to incorporate more information about usage combined with vacancies and reasons for use.

CQUINs, Local Quality Requirements 2016/17

The Trust is preparing to report on Q1 performance (mainly baselining and agreeing trajectories for the rest of the year). CQUIN leads have been identified and engaged for Q1 reporting. At this stage we need some focus on a couple of schemes which have not fully taken off as yet.

Local Quality Requirements 2016/17 are signed off now. Key Access Targets (A&E, RTT, Diagnostics and Cancer) are subject to STF criteria and therefore are excluded from fines to the CCG. All other national and local requirements will be monitored for impacting fines and lack of performance and will be reported to groups and to the CCG in the form of the SQPR (Service Quality Performance Report) to the CCG (as per contract).

STF Criteria & NHSI Assessment Framework

Regime being finalised and will be reflected in the IPR thereafter.

Summary Scorecard - June (Month)

Summary Scorecard

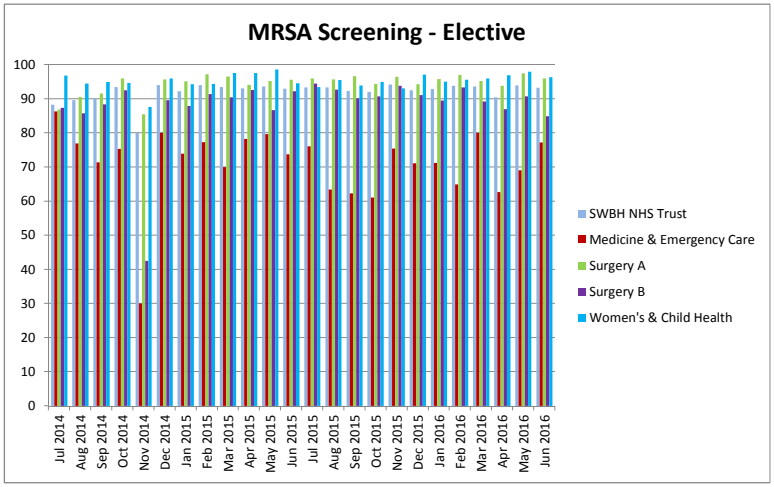
Section	Red Rated	Green Rated	None	Total
Infection Control	0	6	0	**6**
Harm Free Care	7	6	2	**15**
Obstetrics	1	6	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	3	8	0	**11**
Cancer	3	7	5	**15**
FFT. MSA, Complaints	10	5	6	**21**
Cancellations	5	4	0	**9**
Emergency Care & Patient Flow	9	5	4	**18**
RTT	6	2	6	**14**
Data Completeness	1	9	9	**19**
Total	**46**	**59**	**49**	**154**

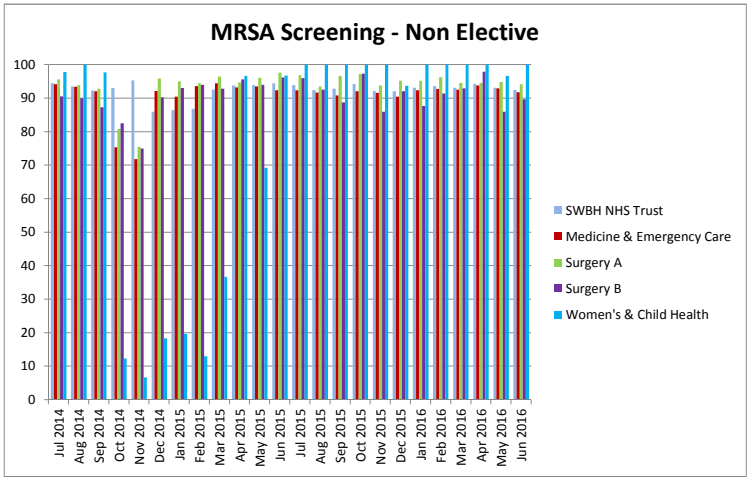
Exceptions are being managed in respective groups and are monitored in Group Reviews and in the Operational Management Committee governed by Performance Committee. There are no exceptions outstanding to the CCG at today. The CCG has issued Performance Notices which are being addressed.

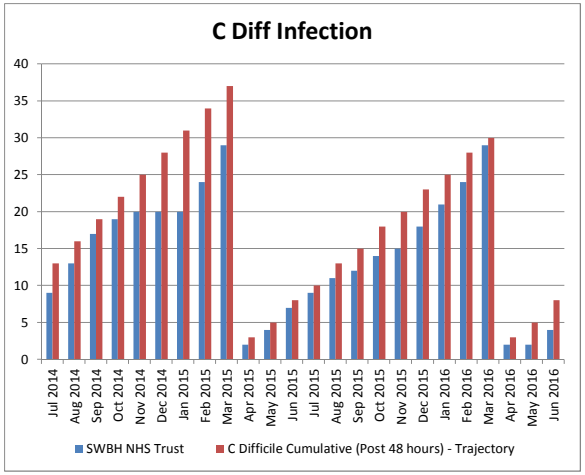
management programme will encompass this issue.				has issued Performance Notices which are being addressed.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Jan 2015) J F M A M J J A S O N D J F M A M J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
4		d	C. Difficile	<= No	30	2.5		Jun 2016	1	1	0	0					2	4	
4		d	MRSA Bacteraemia	<= No	0	0		Jun 2016	0	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Jun 2016									5.4	5.2	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Jun 2016									21.6	22.5	
3			MRSA Screening - Elective	=> %	80	80		Jun 2016	77.2	96	84.9	96.3					93.2	92.6	
3			MRSA Screening - Non Elective	=> %	80	80		Jun 2016	91.8	94.2	89.7	100					92.5	93.3	

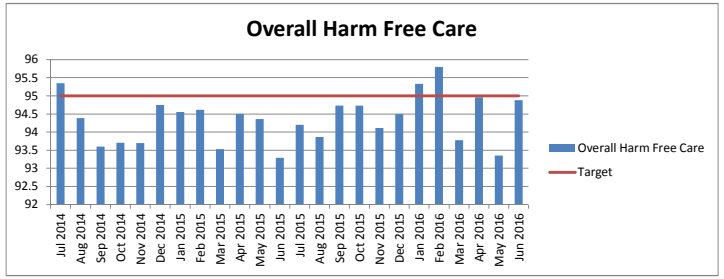


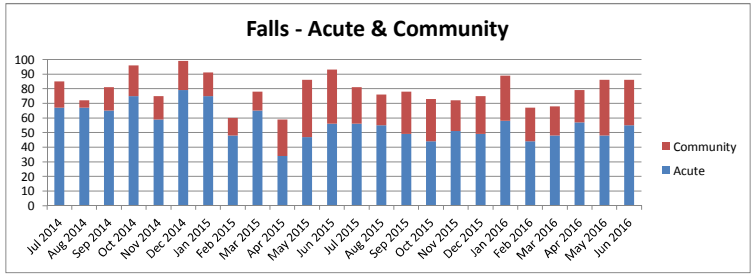


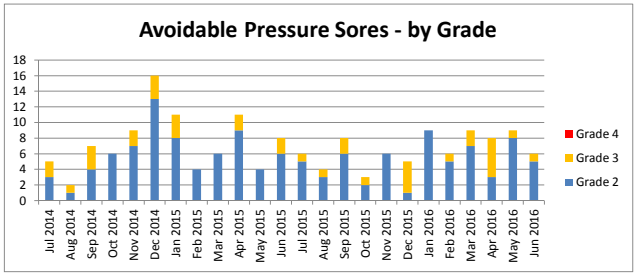


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Jun 2016									94.9	94.4	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			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	3.00	6.00	2.00	Jun 2016									0.18	0.32	
8			Falls	<= No	804	67	91	64	78	80	106	90	70	76	78	73	72	75	89	67	68	79	86	86	Jun 2016	47	3	1	2	0	1	31		86	251	
9			Falls with a serious injury	<= No	0	0	1	0	1	1	1	1	5	0	1	2	3	1	2	2	2	1	0	4	Jun 2016	2	1	0	0		0	1		4	5	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	11	4	6	11	4	8	6	4	8	3	6	5	9	6	9	8	9	6	Jun 2016	3	0	0	0			3		6	23	
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	Jun 2016							1		1	6	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Jun 2016	96.5	93.4	98.4	92.6					96	96	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Jun 2016	99.8	99.9	99.8	100.0		0.0			100	100	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Jun 2016	99	98	99	100		99			99	99	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Jun 2016	99	98	99	100		99			99	99	
9		d	Never Events	<= No	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	1	Jun 2016	0	0	0	1	0	0	0		1	1	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	-	0	0		0	0	
9		d	Serious Incidents	<= No	0	0	4	4	6	5	4	7	9	7	5	7	6	2	12	8	5	2	1	10	Jun 2016	5	1	0	2	0	0	2	0	10	13	
9			Open Central Alert System (CAS) Alerts	<= No			10	9	4	8	5	4	8	11	8	7	4	9	7	6	5	1	13	3	Jun 2016									3	17	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	0	1	0	3	2	0	1	2	2	0	0	2	1	2	0	0	0	Jun 2016									0	0	

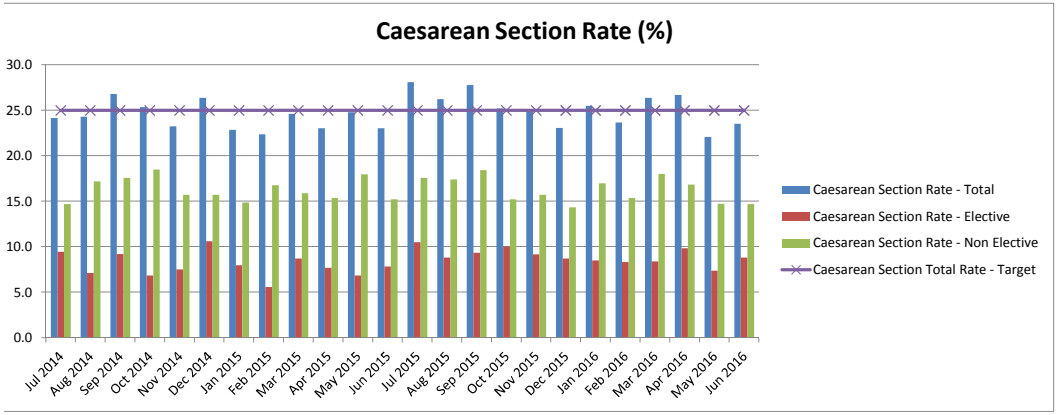


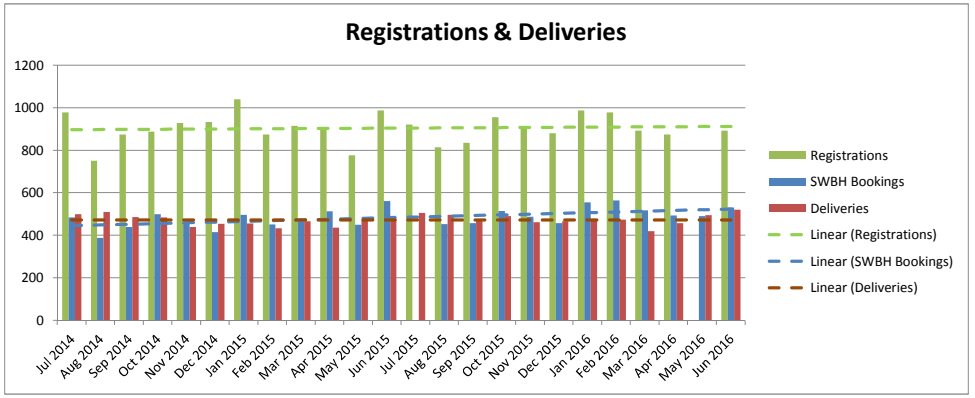




Patient Safety - Obstetrics

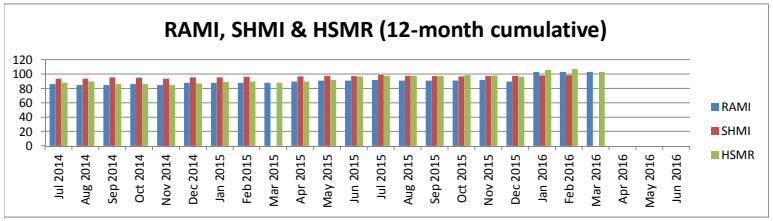
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Jun 2016	23.5	24.0	
3			Caesarean Section Rate - Elective	<= %			8	6	9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	Jun 2016	8.8	8.7	
3			Caesarean Section Rate - Non Elective	<= %			15	17	16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	Jun 2016	14.7	15.4	
2		d	Maternal Deaths	<= No	0	0																			Jun 2016	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jun 2016	2	6	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Jun 2016	1.73	1.36	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jun 2016	1.92	7.47	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Jun 2016	75.9	78.1	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Jun 2016	132.4	139.1	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		Jun 2016	73.70	73.70	
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			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	1.8	3.7	1.9	Jun 2016	1.91	2.41	
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			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	1.3	3.4	1.3	Jun 2016	1.27	1.91	
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			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	1.0	2.4	1.3	Jun 2016	1.27	1.51	

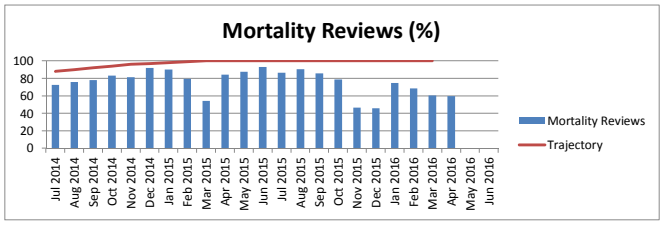


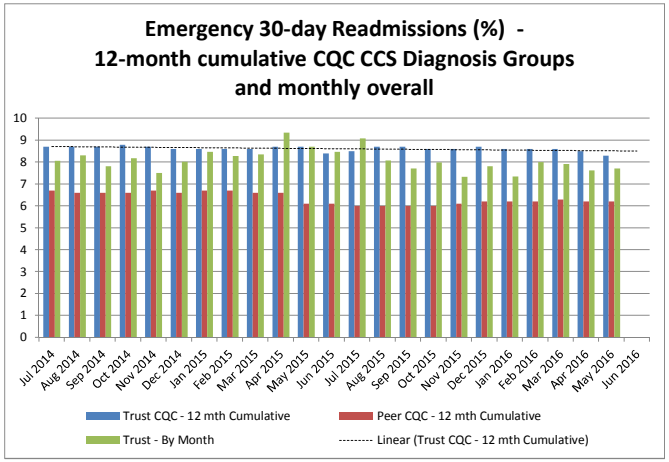


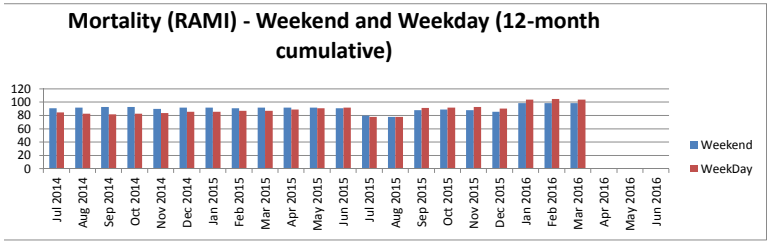
Clinical Effectiveness - Mortality & Readmissions

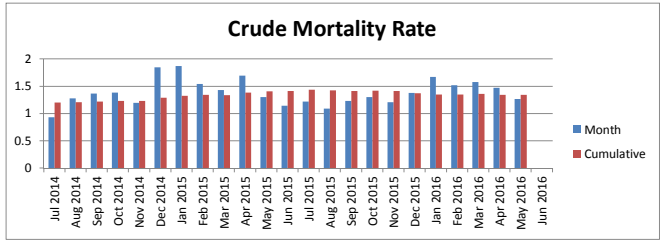
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	88	88	88	90	91	91	92	91	91	91	92	90	103	103	103	-	-	-	Mar 2016										1128	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	86	87	87	89	91	92	78	78	92	92	93	91	104	105	104	-	-	-	Mar 2016										1108	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	92	91	92	92	92	91	80	78	88	89	88	86	99	99	99	-	-	-	Mar 2016										1081	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	96	97	-	97	98	97	99	98	97	97	97	98	98	99	-	-	-	-	Feb 2016										1075	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			89	90	88	90	92	97	98	98	98	99	98	97	106	107	103	-	-	-	Mar 2016										1182.7	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	105	94	93	75	84	53	102	44	80	57	148	40	68	113	82	-	-	-	Mar 2016									82		
3			Mortality Reviews within 42 working days	=> %	90	90																-	-	-	Apr 2016	61	52	100	100					60	60	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			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	1.6	1.5	1.3	-	May 2016									1.27		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			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	1.4	1.3	1.3	-	May 2016										1.34	
			Deaths in the Trust	No			185	142	143	151	122	110	122	98	117	129	116	135	163	146	158	142	121	-	May 2016									121	263	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	7.9	7.6	7.7	-	May 2016									7.71		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	8.1	8.0	7.9	-	May 2016										7.97	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			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	8.6	8.5	8.3	-	May 2016	-	-	-	-						8.40	





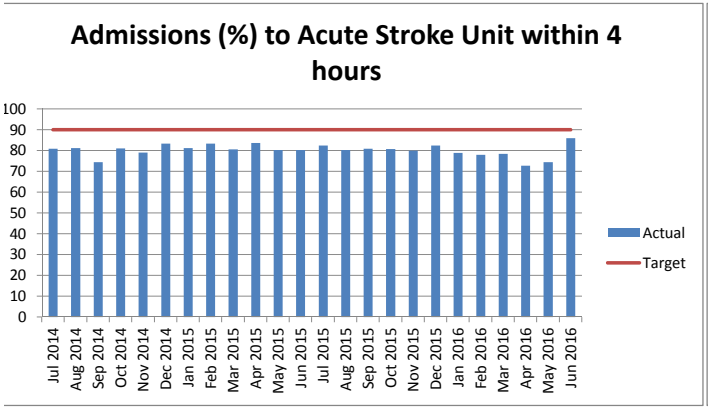


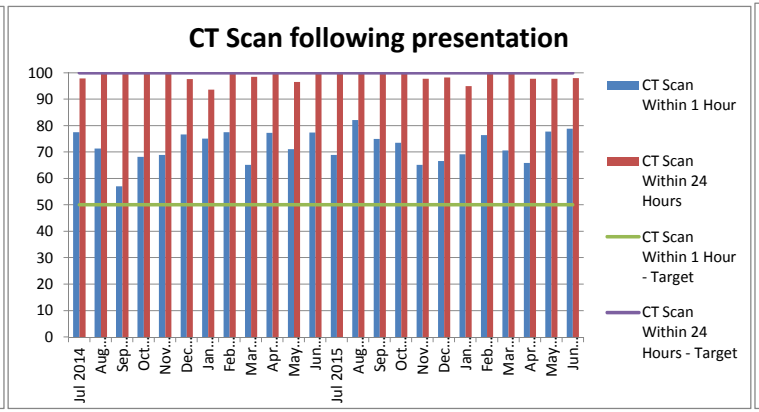


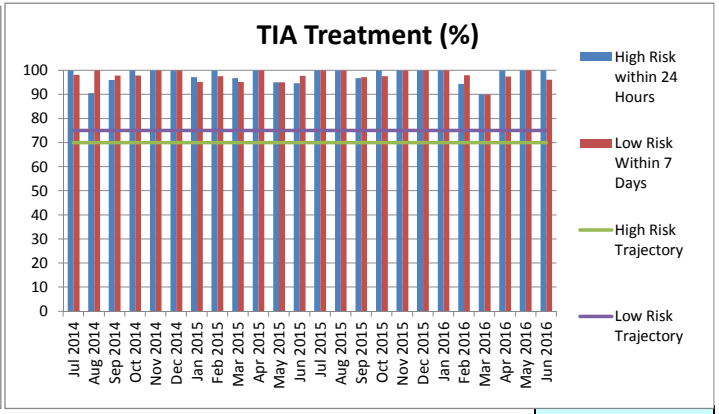


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Jan 2015) J F M A M J J A S O N D J F M A M J	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Jun 2016	87.2	92.5	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Jun 2016	86.0	78.1	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Jun 2016	78.8	74.5	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	100.0	100.0		Jun 2016	98.1	97.9	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Jun 2016	100.0	70.0	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Jun 2016	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Jun 2016	100.0	100.0	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Jun 2016	96.2	97.9	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Jun 2016	100.0	100.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Jun 2016	100.0	100.0	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Jun 2016	100.0	100.0	

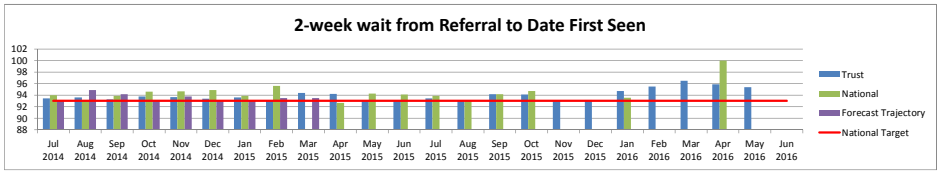


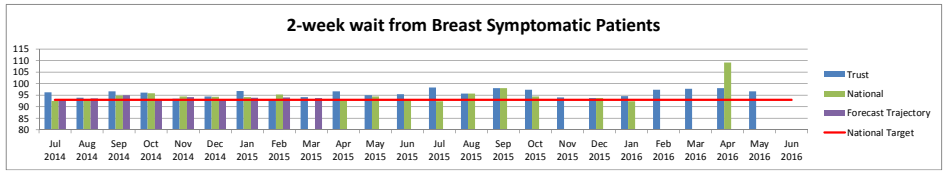


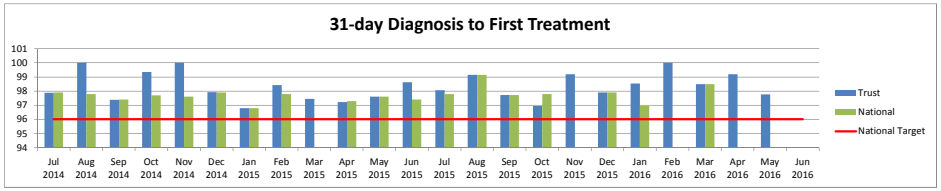


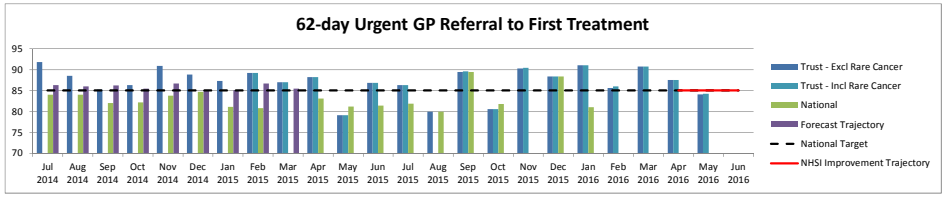
Clinical Effectiveness - Cancer Care

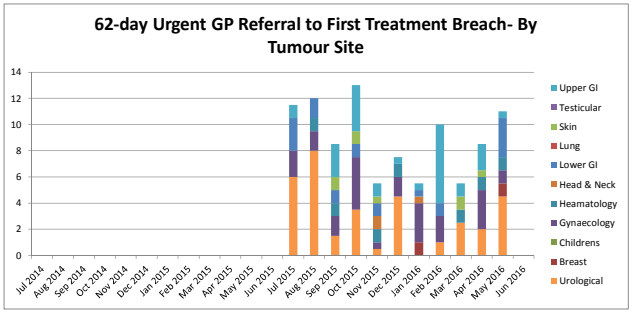
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																		-	May 2016	94.7	95.2	96.3	97.7					95.4	95.7	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	May 2016		-							96.7	97.3	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	May 2016	100.0	97.4	80.0	100.0					97.8	98.5	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0								N/A										-	May 2016									100.0	100.0	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		-	May 2016									100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	May 2016									-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		-	May 2016	93.0	77.0	0.0	90.5					84.1	85.8	
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0	-						-											-	May 2016	93.0	77.6	0.0	90.5					84.29	85.9	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	May 2016	0.0	100.0	0.0	66.7					97.9	98.8	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	May 2016	100.0	100.0	50.0	100.0					93.1	93.1	
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	-	-	0	12	9	13	6	8	6	10	6	9	11	-	May 2016	1.5	8.5	0.0	1.0					11.0	19.5	
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	-	-	4.5	7.0	4.0	8.0	2.0	3.5	0.0	4.5	0.5	3.0	1.0	-	May 2016	0.0	1.0	0.0	0.0					1.0	4.0	
1			Cancer - Longest Waiter in days	No			-	-	-	-	-	-	180	147	228	165	138	167	98	154	98	175	95	-	May 2016	95	114	0	86					95		
			IPT Referrals - Within 42 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	-	May 2016	-	-	-	-					50	50	

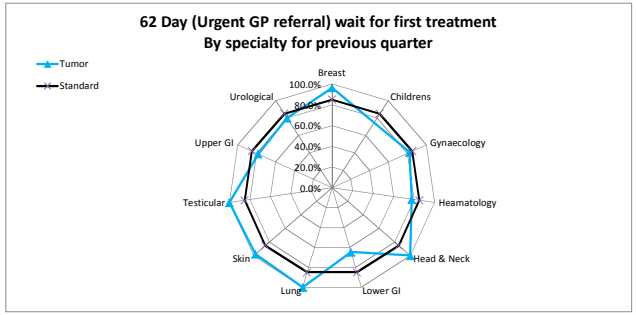


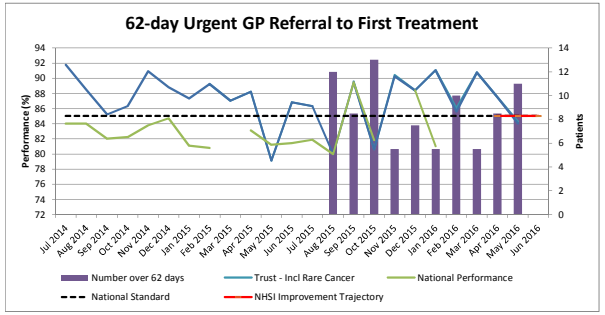






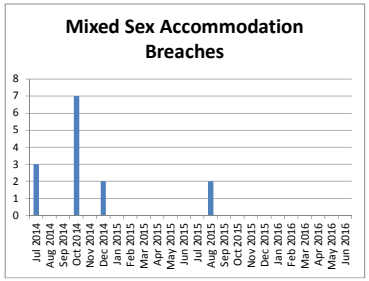


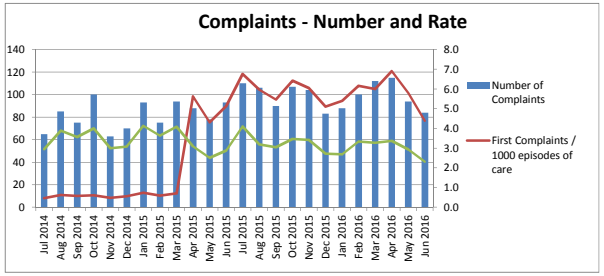


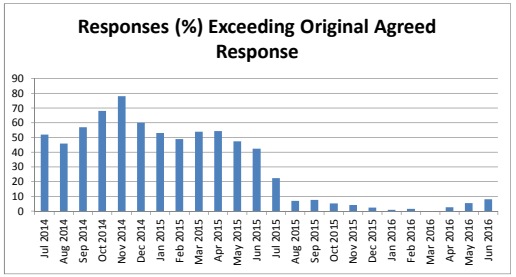


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
8		b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	33	43	43	29	31	31	28	25	22	27	16	15	15	15	14	17	16	17	Jun 2016									17	17	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	70	68	72	95	95	95	96	95	95	95	93	96	96	95	95	96	90	83	Jun 2016									83		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	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	5.1	8.3	10	Jun 2016	10								10.1	7.9	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	50	44	52	79	79	79	84	88	83	80	82	81	79	74	74	78	85	87	Jun 2016	87								87		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	-	0	0.1	1.5	0.1	0	0.3	2.5	0.1	Jun 2016	-								0.1	1.0	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	0	50	85	0	0	100	96	50	Jun 2016	-								50		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	87	86	90	88	87	87	88	88	Jun 2016									88		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	100	100	96	100	95	100	91	100	Jun 2016									100		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	97	97	95	91	91	97	100	100	Jun 2016									100		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	95	98	96	99	99	99	99	100	Jun 2016									100		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	86	82	90	94	93	92	90	0	Jun 2016									0		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	-	-	-	-	28	14	23	15	10	12	9	###	Jun 2016									-	11	
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0		0	0		0	0	
9	NEW		No. of Complaints Received (formal and link)	No			93	75	94	88	78	93	110	106	90	107	104	83	88	100	112	115	94	84	Jun 2016	28	9	18	9	2	1	5	12	84	293	
9			No. of Active Complaints in the System (formal and link)	No			249	266	265	278	225	186	170	174	143	151	145	121	113	128	147	154	144	147	Jun 2016	62	25	23	10	4	2	9	12	147		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			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	3.4	2.9	2.3	Jun 2016	1.4	2.2	25	2					2.32	2.89	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			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	6.9	5.8	4.4	Jun 2016	3.2	3.9	12	3.4			0		4.39	5.69	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	99	98	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	Jun 2016	100	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	53	49	54	54	47	42	22	7.1	7.7	5.3	4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	Jun 2016	8.1	17	0	10	0	0	20	0	8	5	
9			No. of responses sent out	No			59	52	84	56	115	102	129	77	107	101	94	98	69	81	84	98	81	103	Jun 2016	40	14	21	12	3	1	2	10	103	282	
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		

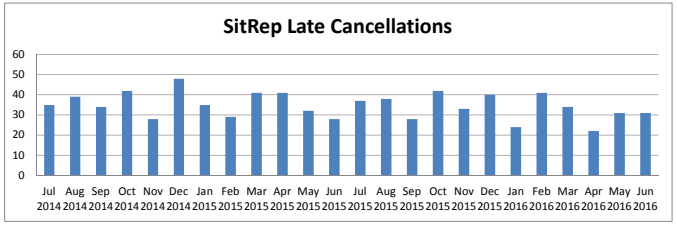


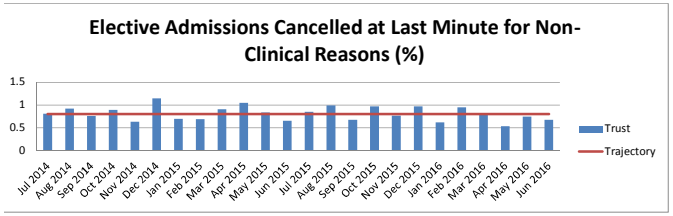


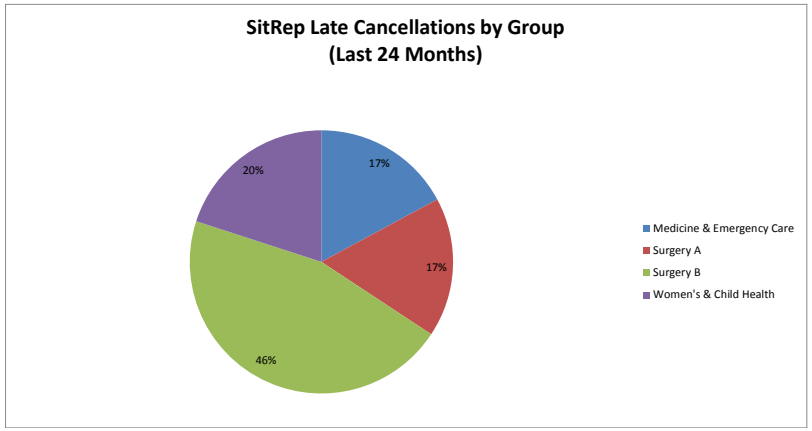


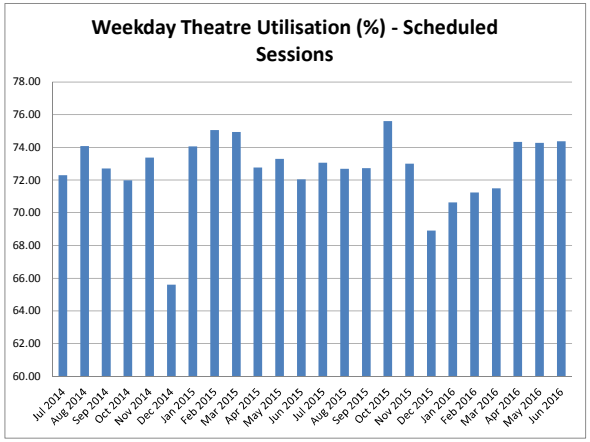
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2		•	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jun 2016	-	1.18	0.68	2.98					0.7	0.7	
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0					0	0	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	36	29	41	41	32	28	37	38	28	42	33	40	24	41	34	22	31	31	Jun 2016	0	14	8	9					31	84	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	Jun 2016	0	1	0	0					1	1	
			Multiple Cancellations experienced by same patient (all cancellations)	<= No	0	0	-	-	-	46	52	59	46	39	49	50	57	39	63	56	57	79	63	43	Jun 2016	2	30	9	2					43	185	
3			All Cancellations, with 7 or less days notice	<= No	0	0	-	-	-	209	204	229	222	211	229	244	238	194	210	228	223	229	257	229	Jun 2016	29	89	88	23					229	715	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Jun 2016	53.7	77.9	73.4	73.7					74.4	74.3	
2			Urgent Cancellations	<= No	0.0	0.0	-	-	-	11	5	6	0	7	3	9	0	0	0	0	0	0	0	0	Jun 2016	0.0	0.0	0.0	0.0					0	0	



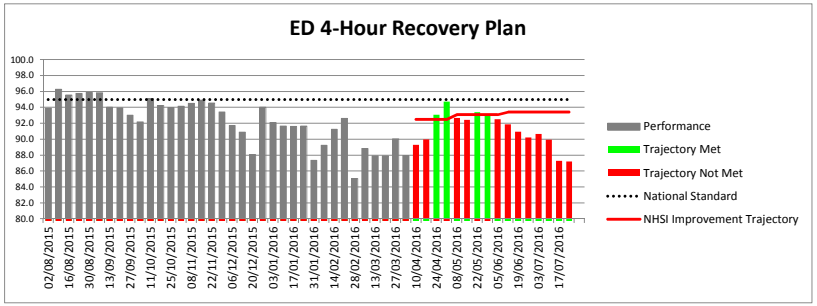


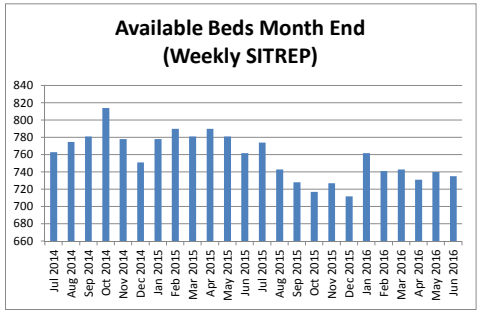


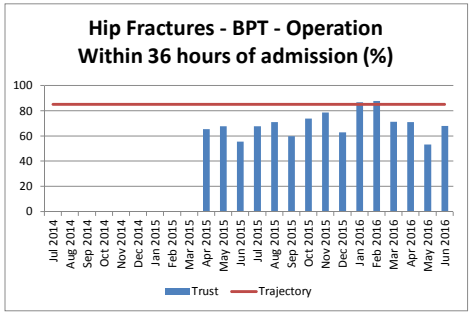


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Jun 2016	87.4	93.3	98.2	91.31	91.89	
2			Emergency Care 4-hour breach (numbers)	No			1054	1481	1695	1527	1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	Jun 2016	990	598	37	1625	4684	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Jun 2016	0	0		0	0	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Jun 2016	16	15	19	16	16	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Jun 2016	59	46	106	57	55	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Jun 2016	7.13	8.59	2.76	7.27	7.40	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jun 2016	3.84	3.86	1.13	3.52	3.52	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	185	149	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	Jun 2016	32	38		70	216	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	7	6	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	Jun 2016	1	0		1	3	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jun 2016	0.05	0.00		0.02	0.02	
11			WMAS - Emergency Conveyances (total)	No			4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	Jun 2016	1965	2134		4099	12818	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Jun 2016	1.3	4.0		2.4	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Jun 2016	4.25	10.3		15		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	1061	922	859	641	698	653	464	494	430	394	497	498	318	426	397	454	494	588	Jun 2016				588	1536	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	292	344	348	283	404	286	212	204	193	110	254	267	185	198	232	234	228	251	Jun 2016				251	713	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			544	573	634	567	596	502	545	529	588	601	518	540	632	543	546	563	498	451	Jun 2016				451	1512	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			214	258	270	237	293	239	240	237	275	261	209	236	320	269	232	255	222	204	Jun 2016				204	681	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0	-	-	-																Jun 2016				68	64.5	

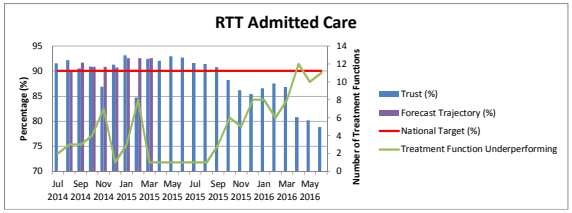


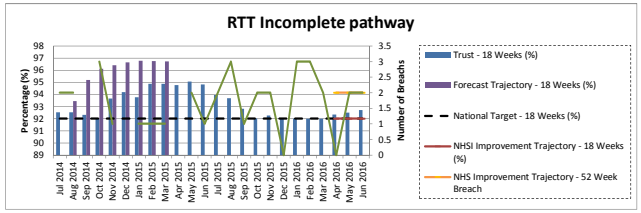


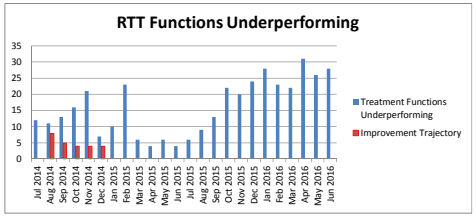


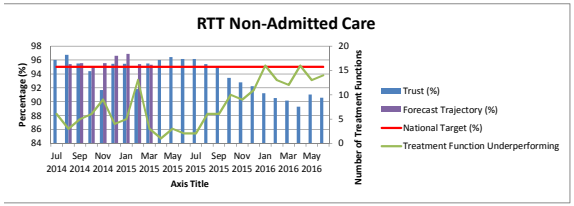
Referral To Treatment

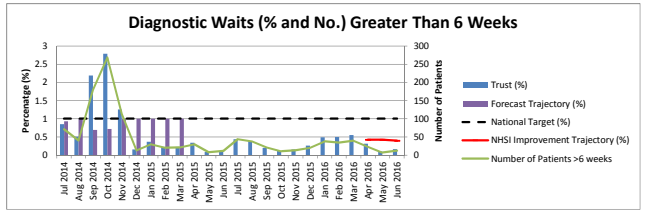
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jun 2016	81.3	67.1	81.1	90.9					78.87		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jun 2016	79.3	94.7	92.7	93.6					90.57		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jun 2016	91.9	90.6	94.0	95.1					92.72		
	NEW		RTT - Backlog	No			1911	1534	1519	1601	1619	1727	2034	2181	2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	Jun 2016	674	627	600	93					2515		
2			Patients Waiting >52 weeks	<= No	0	0	4	3	4	1	2	1	3	5	2	4	4	2	4	5	8	3	2	4	Jun 2016	0	2	0	1					4	9	
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	1	1	0	2	1	2	3	1	2	2	0	3	3	2	0	2	2	Jun 2016	0	2	0	0					2	4	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	10	23	6	4	6	4	6	9	13	22	20	24	28	23	22	31	26	28	Jun 2016	11	8	6	1.0					28		
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0	2	2	2	2	2	1	3	2	4	6	6	5	4	4	2	3	3	3	Jun 2016	1	2	0	0					3		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Jun 2016	0.1	1.7	0.0	0.0		0.0			0.16		
	NEW		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			-	-	-	524	511	699	995	2244	2442	2872	2258	1593	1250	273	281	542	480	419	Jun 2016	188	133	-	-		97			419		
	NEW		Total ASIs in the month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	0	Jun 2016	0	0	0	0					0	0	
	NEW		Total ASIs - 2WW	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	-	Apr 2016	0	0	0	0					0	0	
	NEW		Total ASIs - Urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	Mar 2016	0	0	0	0					0	0	
	NEW		Failed Appointments within required period (2WW, Urgent Pathway)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	Mar 2016	0	0	0	0					0	0	

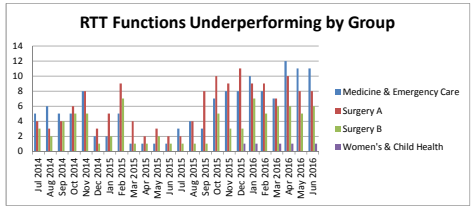


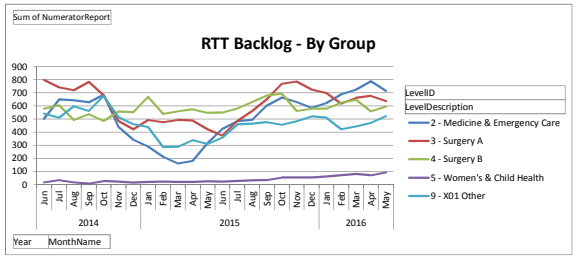


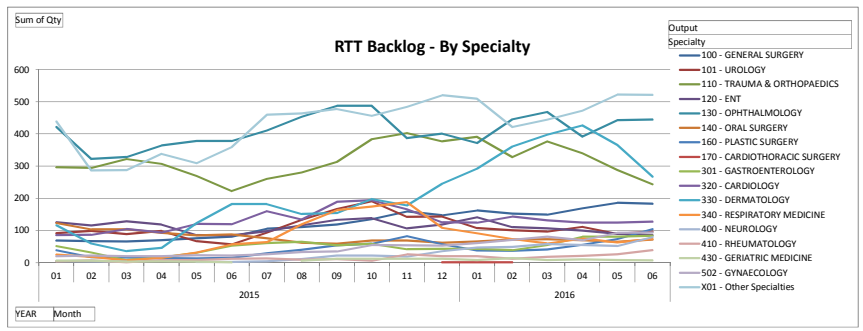






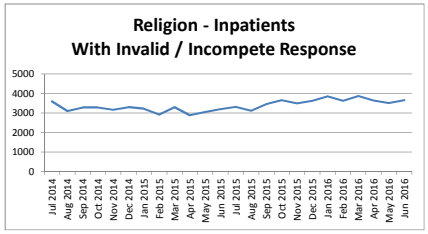


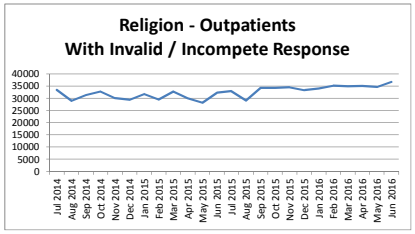


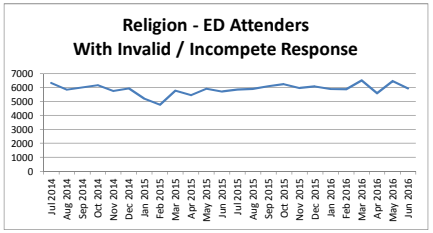


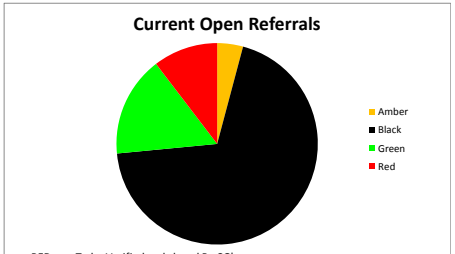
Data Completeness

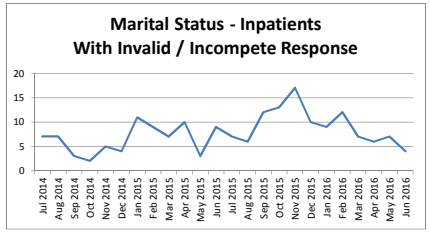
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																		-	May 2016								61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Apr 2016									99.4		
2			Percentage SUS Records for IP care with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Apr 2016									99.3		
2			Percentage SUS Records for OP care with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Apr 2016									99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	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	96.7	96.7	96.9	Jun 2016									96.9	96.8	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.5	99.5	99.5	Jun 2016									99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	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	96.7	96.8	97.2	Jun 2016									97.2	96.9	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Jun 2016									93.6	93.6	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Jun 2016									90.6	90.7	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			74.2	75.1	75.0	75.2	74.7	73.8	73.2	72.9	71.6	70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	Jun 2016									69.5	69.7	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			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	58.1	58.2	57.8	Jun 2016									57.8	58.0	
			Protected Characteristic - Religion - ED patients with recorded response	%			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	64.8	63.3	64.3	Jun 2016									64.3	64.1	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			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	99.9	99.9	100.0	Jun 2016									100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			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	39.8	39.8	39.9	Jun 2016									39.9	39.9	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			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	40.9	41.3	41.9	Jun 2016									41.9	41.4	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Jun 2016									5.8	5.8	
2			Open Referrals	No			-	-	-	173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,876	190,396	194,788	199,207	204,824	Jun 2016	70,876	38,955	65,936	24,973	3,701	325	58		204,824		
			Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	####	77,410	Jun 2016	27,360	15,128	20,129	10,069	1,437	267	37		77410		
			Duplicate Entries	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-	-	

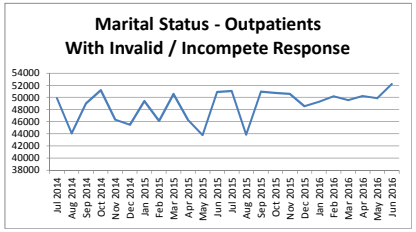


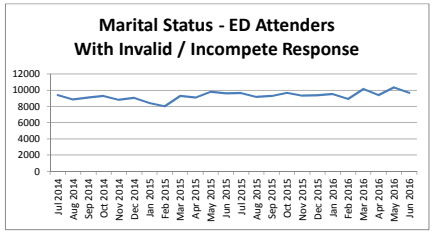




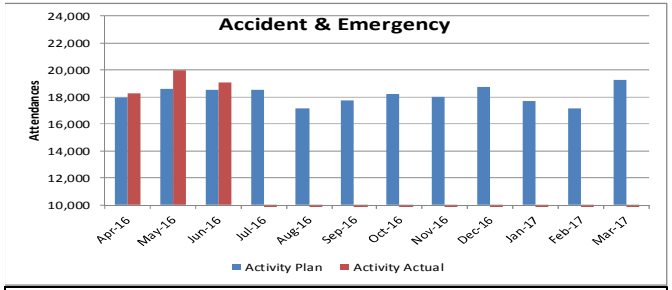




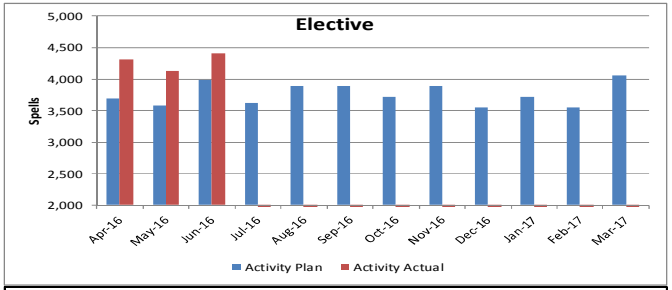




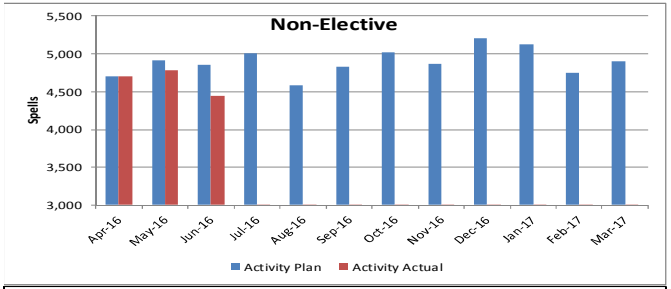
Activity



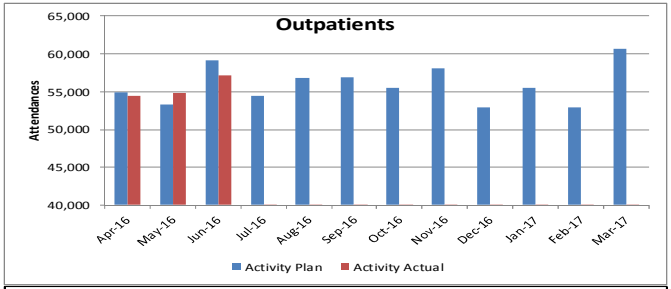
Our emergency departments have over performed in the first quarter by 4% overall with City and Sandwell sites both showing favourable variances of 4% and 7% respectively.



Elective care performance is currently 14% above plan year-to-date although price variance is negative (as shown in the table below). Elective and outpatient care activity levels continue to be addressed through the demand and capacity work being led by the Chief Operating Officer.



Unplanned admissions in total under peformed in quarter 1 against plan by 534 spells (4%) with a significant proportion of this (403 spells) appearing in June based on the first cut of coded data taken at the beginning of July.



Outpatient attendance performance is currently 1% below plan year-to-date to month 3. Elective and outpatient care activity levels continue to be addressed through the demand and capacity work being led by the Chief Operating Officer.

Activity and price variance based on average tariff at activity group level

Values presented are for the year-to-date period to month 3 (initial cut) and includes the four activity groups and Clinical Groups listed from the contracting dataset and does not include other income present in the ledger

Activity Group	Activity Plan	Activity Actual	Activity Diff	Price Plan Inc MFF	Price Actual Inc MFF	Price Diff Inc MFF	Activity Variance	Price Variance
Accident & Emergency	55,087	57,315	2,228	£5,375,671	£5,642,297	£266,625	**£217,392**	**£49,233**
Elective	10,928	12,401	1,474	£11,647,840	£11,176,099	-£471,741	**£1,570,623**	**-£2,042,364**
Non-Elective	14,416	13,811	-605	£22,505,668	£22,155,135	-£350,533	**-£943,810**	**£593,277**
Outpatients	147,089	146,986	-103	£16,893,852	£16,459,439	-£434,414	**-£11,781**	**-£422,632**
Grand Total	227,520	230,514	2,994	£56,423,032	£55,432,970	-£990,062	**£832,424**	**-£1,822,486**

Clinical Group	Activity Plan	Activity Actual	Activity Diff	Price Plan Inc MFF	Price Actual Inc MFF	Price Diff Inc MFF	Activity Variance	Price Variance
Medicine & Emergency Care	108,970	111,623	2,654	£25,841,981	£25,904,297	£62,316	**£629,314**	**-£566,998**
Surgery A	33,512	33,322	-190	£13,789,060	£13,040,985	-£748,075	**-£78,252**	**-£669,823**
Surgery B	69,169	68,852	-317	£9,163,220	£8,789,065	-£374,154	**-£42,048**	**-£332,106**
Women's & Child Health	15,869	16,717	848	£7,628,771	£7,698,623	£69,852	**£407,675**	**-£337,824**
Grand Total	227,520	230,514	2,994	£56,423,032	£55,432,970	-£990,062	**£916,690**	**-£1,906,751**

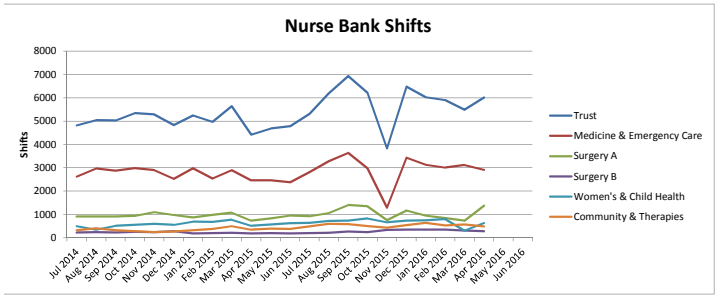
Note:

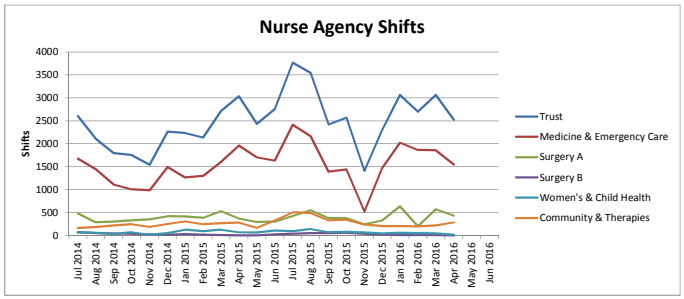
- Reference to SLA Income 'initial cut 'only not final SLA income or other income - changes will result from later coding finalisation

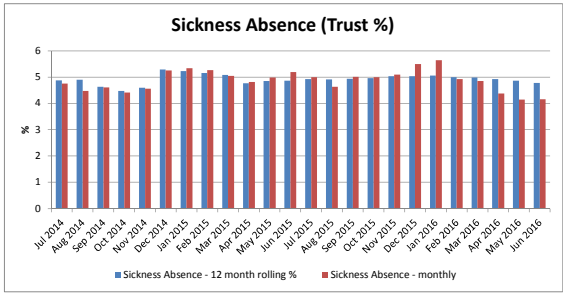
- For clarity, the D&C workstream (under M McManus) focusses only on Elective, planned care - so there is no direct comparison to this overall total picture

Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jan 2015) J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
7		b	WTE - Actual versus Plan (FTE)	No			UNDER REVIEW																												
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	91.3	90.0	94.4	90.6	93.8	88.6	90.0	86.0		90.8	
7		b	Medical Appraisal	=> %	95.0	95.0				-															Jun 2016	91.1	80.3	100.0	91.3	100.0	83.9	0.0	100.0	89.5	87.8	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Jun 2016	5.5	5.3	3.2	5.1	4.3	4.6	4.5	4.3	4.79	4.9	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																			Jun 2016	4.5	5.2	3.0	3.5	5.0	4.7	4.5	3.6	4.16	4.2	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	-	-		-	-														Jun 2016	69.2	79.6	83.2	77.7	81.1	62.5	88.2	79.2	76.9	75.9	
3			Mandatory Training	=> %	95.0	95.0																			Jun 2016	82.7	88.2	88.1	87.0	95.1	86.0	92.7	93.0		88.2	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Jun 2016	95.3	97.3	92.6	95.7	99.4	96.2	98.2	99.1		96.9	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Jun 2016									12.1	12.4	
	NEW		Nursing Turnover	%			-	-	-	-	-	-	-	-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8		Jun 2016									12	13	
7			New Investigations in Month	No			3	4	5	8	11	5	8	4	5	10	6	2	5	12	9	6	4	3	Jun 2016	0	0	0	0	0	0	2	1	3		
7			Vacancy Time to Fill	Weeks			20	23	22	23	24	26	25	27	25	23	23	23	24	26	23	26	25	23	Jun 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	Jun 2016	0	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			238	247	263	221	247	288	303	321	320	279	267	293	272	274	293	292	315	317	Jun 2016									317		
10			Nurse Bank Fill Rate	=> %	100.0	100.0	78	78	78	75	81	81	79	80	87	82	90	85	89	71	87	87	-	-	Apr 2016	84.9	86.3	96.4	91.4	100.0	100.0	87.9	100.0	87.2	87.2	
10			Nurse Bank Shifts Not Filled	<= No	0	0	1716	1432	1487	1532	1378	1073	1622	1423	1207	917	780	1178	1356	1069	1128	1100	'	'	Apr 2016	710	226	12	65	0	0	87	0	1100	1100	
10			Nurse Bank Use (shifts)	<= No	46980	3915																	-	-	Apr 2016	2913	1370	274	635	12	170	485	156	6015	6015	
10			Nurse Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016	1546	431	0	8	0	241	282	18	2526	2526	
10			Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016	1102	218	144	98	265	120	211	2492	4650	4650	
10			Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016	83	56	42	40	0	0	0	113	334	334	
15			Your Voice - Response Rate	No			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			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		







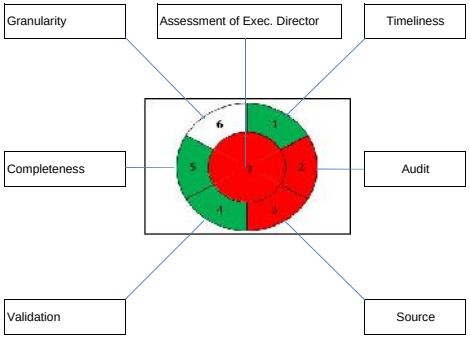
Legend

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 Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Jun 2016	0	1	0	1	2	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jun 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Jun 2016	87	87	36	77.2		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Jun 2016	92	89	73	91.8		
Patient Safety - Harm Free Care	Falls	<= No	0	0	63	42	52	43	47	42	39	41	40	41	41	35	40	35	32	44	37	47	Jun 2016	12	26	9	47	128	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	1	1	0	1	5	0	1	1	2	0	0	1	1	0	0	2	Jun 2016	0	2	0	2	2	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	10	1	1	8	3	6	2	0	6	2	3	4	4	6	4	4	3	3	Jun 2016	0	3	0	3	10	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jun 2016	95.4	90.5	99.0	96.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jun 2016	100.0	0.0	98.8	99.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jun 2016	99	0	0	99.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Jun 2016	99	0	0	99.5		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2016	1	4	0	5	6	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Apr 2016	61	68	53	61		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	9.6	9.7	10.0	-	May 2016				10.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	10.0	9.8	9.8	-	May 2016					9.8	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																		-	May 2016		92.3		92.3	95.4	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																		-	May 2016		74.4		74.4	73.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	May 2016		77.8		77.8	71.9	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																		-	May 2016		97.8		97.8	97.8	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																		-	May 2016		0.0		0.0	40.0	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Jun 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																		-	May 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																		-	May 2016		100.0		100.0	98.9	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Jun 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Jun 2016		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Jun 2016		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	May 2016			94.7	94.7		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	May 2016			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	May 2016			93.0	93.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	0	1	4.5	4.5	2.5	1.5	0.5	6	3	3.5	1.5	-	May 2016	-	-	1.50	1.50	5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	0	0	3	4	2	0	0	4.5	0	2	0	-	May 2016	-	-	0.00	0.00	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	62	97	228	165	138	104	98	154	98	175	95	-	May 2016	-	-	95	95		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				Jun 2016	-	-	25	25	33	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			30	36	38	41	35	41	53	36	29	43	42	32	34	47	39	49	36	28	Jun 2016	19	2	7	28	113	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			106	126	117	112	104	87	90	74	58	65	65	57	50	65	63	72	57	62	Jun 2016	41	8	13	62		

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		EC	AC	SC			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jun 2016	-	-	-	-		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	0	9	8	1	2	4	7	0	0	1	0	2	1	1	0	3	0	Jun 2016	0.0	0.0	0.0	0	3	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	61	49	48	54	60	46	47	45	33	54	35	32	34	32	31	58	56	54	Jun 2016	0.0	0.0	53.7	53.7		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	1	2	5	0	0	1	1	0	0	0	0	0	0	0	0	0	Jun 2016	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Jun 2016	87.4	93.3	Site S/C	90.5	91.1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			940	1242	1412	'	'	'	'	'	'	'	'	'	'	1560	1908	1246	1046	1187	Jun 2016	1150	1	36	1187	3479	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Jun 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										-	-	-	-						Jun 2016	16.0	15.0	Site S/C	16	16	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0										-	-	-	-						Jun 2016	59.0	46.0	Site S/C	52	49	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Jun 2016	7.1	8.6	Site S/C	7.9	7.9	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jun 2016	3.8	3.9	Site S/C	3.9	3.8	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	185	149	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	Jun 2016	32	38		70	216	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	7	6	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	Jun 2016	1	0		1	3	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jun 2016	0.05	0.00		0.02	0.02	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	Jun 2016	1965	2134		4099	12818	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jun 2016	0.0	84.0	78.5	81.3		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jun 2016	0.0	80.9	78.6	79.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jun 2016	0.0	93.2	91.2	91.9		
RTT	RTT - Backlog	<= No	0	0	291	211	161	181	317	424	482	494	604	664	629	587	623	689	725	789	716	674	Jun 2016	0	213	461	674		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	1	0	0	0	0	1	0	0	1	1	1	3	4	0	0	0	Jun 2016	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	2	6	1	1	1	1	3	4	3	7	8	8	10	8	7	12	11	11	Jun 2016	0	5	6	11		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jun 2016	0	0	0.46	0.10		

Medicine Group

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Data Completeness	Open Referrals	No			-	-	-	60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	Jun 2016	13,494	17,911	39,471	70876		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,178	27,360	Jun 2016	9,648	7,392	10,320	27360		
Workforce	WTE - Actual versus Plan	No			242	244	176	200	200	219	236	262	261	217	214	208	204	201	219	220	207	213	Jun 2016	111.4	55.36	40.9	213		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Jun 2016	92.73	91.01	89.4		89.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-															Jun 2016	77.27	93.1	97.44		88.6	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jun 2016	5.60	5.72	4.73	5.46	5.55	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-	-	-	-	-														Jun 2016	4.43	4.52	4.40	4.45	5.07	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-		-	-														Jun 2016	67.3	74.7	56.7		67.78	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Jun 2016	83.54	82.17	82.2		82.3	
Workforce	New Investigations in Month	No			1	2	2	2	1	1	2	1	3	0	0	1	1	6	4	1	0	0	Jun 2016	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	-	-	72	2528	3008	2311	3287	3019	4330	2700	1185	3654	3001	3002	4159	3992	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	-	-	1031	1136	1055	771	1146	977	811	594	217	749	925	700	748	710	-	-	Apr 2016				710		
Workforce	Nurse Bank Use	<= No	34560	2880																	-	-	Apr 2016				2913	2913	
Workforce	Nurse Agency Use	<= No	0.00	0.00																	-	-	Apr 2016				1546	1546	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00																	-	-	Apr 2016				1102	1102	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00																	-	-	Apr 2016				83	83	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	6	-->	-->	-->	6	-->	-->	6	-->	-->	6	-->	-->	-->	-->	-->	-->	Dec 2015	6.0	5.0	10.0	6.0		
Workforce	Your Voice - Overall Score	No			-->	3.57	-->	-->	-->	3.49	-->	-->	3.45	-->	-->	3.37	-->	-->	-->	-->	-->	-->	Dec 2015	3.44	3.56	3.10	3.37		

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		GS	SS	TH	An			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Jun 2016	0	0	0	1	1	2	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jun 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Jun 2016	98.4	96.06	0	0	96.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Jun 2016	93.66	96.08	0	83.33	94.2		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	4	4	5	9	5	4	2	4	2	6	11	13	6	11	7	8	3	Jun 2016	2	1	0	0	3	18	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	Jun 2016	1	0	0	0	1	2	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	2	0	0	1	1	1	2	1	1	1	2	0	1	2	2	0	Jun 2016	0	0	0	0	0	4	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jun 2016	92.61	93.16	0	98.99	93.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jun 2016	100	99.82	0	100	99.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jun 2016	100	100	97.67	0	98.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Jun 2016	100	100	97.67	0	98.3		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2016	1	0	0	0	1	3	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																-	-		Apr 2016	50	55.56	0	0	52.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	7.9	7.4	6.6	-	May 2016					6.6		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.74	6.78	6.74	6.78	6.77	6.85	6.92	7.03	7.21	7.27	7.37	7.56	7.58	7.6	7.73	7.71	7.57	-	May 2016						7.6	

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		GS	SS	TH	An			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	May 2016	95.2		0.0		95.18		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	May 2016	96.8				96.75		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	May 2016	97.4		0.0		97.37		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	May 2016	77.0		0.0		77.03		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	0	10	3	5	2	5	2	2	3	2	9	-	May 2016	-	-	-	-	8.5	11	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	4	6	1	2	0	4	0	0	1	0	1	-	May 2016	1	-	0	-	1	1	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	180	147	173	124	98	167	75	74	117	73	114	-	May 2016	114	-	0	-	114		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	<= No	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	9019	4368	0	1741	15128	30584	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			15	9	16	16	8	16	16	15	15	18	18	11	16	14	19	24	15	9	Jun 2016	5	4	0	0	9	48	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			45	40	45	46	27	32	23	26	23	23	24	15	17	23	26	24	29	25	Jun 2016	13	11	1	0	25		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jun 2016	2.25	0.43	0	-	1.18		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	11	13	17	12	10	8	21	13	13	17	8	16	5	19	6	10	6	14	Jun 2016	12	2	0	0	14	30	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	77.6	78.7	75.1	78.5	77.8	78.7	80.2	78.2	77.9	78.4	78	72.2	74	75.8	76.8	76.2	76.2	77.9	Jun 2016	77.0	77.5	0.0	90.9	77.94		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	2	0	0	0	7	2	8	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			43	108	127	-	-	-	-	-	-	-	-	-	-	49	59	69	30	38	Jun 2016	20	18	0	0	38	136	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	85	-	-	-																Jun 2016		68.0			68.0	64.5	

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		GS	SS	TH	An			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jun 2016	74.4	59.9	0.0	0.0	67.1		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jun 2016	93.7	95.8	0.0	0.0	94.7		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jun 2016	92.5	88.2	0.0	0.0	90.6		
RTT	RTT - Backlog	<= No	0	0	493	475	492	488	423	373	486	562	651	768	785	725	698	617	662	676	636	627	Jun 2016	280	347	0	0	627		
RTT	Patients Waiting >52 weeks	<= No	0	0	3	1	2	1	0	0	0	2	1	1	0	0	1	1	0	2	1	2	Jun 2016	1	1	0	0	2		
RTT	Treatment Functions Underperforming	<= No	0	0	5	8	4	2	3	2	2	4	8	10	9	11	9	9	7	10	8	8	Jun 2016	3	5	0	0	8		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jun 2016	0.6	0.0	3.2	0.0	1.71		
Data Completeness	Open Referrals	No			-	-	-	32,829	34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	37,034	38,099	38,955	Jun 2016	22,351	12,937	0	3,667	38955		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,456	15,128	Jun 2016	9,019	4,368	0	1,741	15128		
Workforce	WTE - Actual versus Plan	No			62	70	70.1	88.3	97.1	103	110	120	122	116	107	112	120	102	102	103	101	105	Jun 2016	39.48	19.01	18.44	24.48	104.95		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	89.8	89.3	91.3	88.7		89.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-															Jun 2016	86.96	88.89	0	72.5		79.7	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jun 2016	6.0	3.7	6.3	4.7	5.3	5.3	
Workforce	Sickness Absence - In Month	<= No	3.15	3.15	-	-	-	-	-														Jun 2016	7.0	######	5.7	######	5.2	4.8	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-		-	-														Jun 2016	81.2	60.4	87.3	79.6	79.6	78.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jun 2016	86.5	82.0	90.5	91.2		87.9	
Workforce	New Investigations in Month	No			1	1	2	3	3	1	2	1	0	3	0	0	1	1	1	0	0	0	Jun 2016	0	0	0	0	0		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	-	76	71	80	82.2	75.6	76.4	85.8	85.3	86.3	82.3	77.9	57.2	83.5	86.3	-	-	Apr 2016					86.34	86	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	335	313	247	197	347	303	272	220	117	232	269	202	223	226	-	-	Apr 2016					226	226	
Workforce	Nurse Bank Use	<= No	9908	826																	-	-	Apr 2016					1370	1370	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016					431	431	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016					218	218	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016					56	56	

Surgery A Group

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Surgery B Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate O	Directorate E	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Jun 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jun 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Jun 2016	75	88.7	84.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Jun 2016	96.7	84.2	89.7		
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	0	0	0	0	2	1	0	0	1	2	1	1	1	1	1	1	1	Jun 2016	0	1	1	3	
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	Jun 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	Jun 2016	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Jun 2016	99.2	96.8	98.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Jun 2016	99.9	99.6	99.81		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Jun 2016	99.4	100	99.48		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Jun 2016	99.4	100	99.48		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jun 2016	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2016	0	0	0	0	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	97	-	-	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A		N/A		-	-	Apr 2016	100	100	100		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	4.9	2.8	4.9	-	May 2016			4.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	4.8	4.5	4.6	-	Jun 2016				4.5	

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		O	E			
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	May 2016		96.3	96.3		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96										#DIV/0!						#DIV/0!		-	May 2016		80	80		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85										#DIV/0!				#DIV/0!			#DIV/0!	-	May 2016		0	0.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	0	0	0	0	1	0	0.5	0	0	0	0	-	May 2016	-	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	-	May 2016	-	0	0	0	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	62	51	62	0	104	54	84	0	59	0	0	-	May 2016	-	0	0		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 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	Jun 2016	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			14	12	16	14	9	6	15	15	16	18	18	17	9	14	19	21	14	18	Jun 2016	16	2	18	53	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			35	35	36	39	35	17	17	22	19	24	25	21	15	14	19	25	23	23	Jun 2016	20	3	23		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jun 2016	0.67	0.7	0.68		
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	Jun 2016	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	24	11	8	15	17	16	10	14	8	19	15	11	11	14	14	8	12	8	Jun 2016	5	3	8	28	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	74.1	72	75.2	73.3	71.4	73.1	73.9	70.5	73.6	75.05	75.1	73.8	74.5	74.8	72.5	73.9	75	73.4	Jun 2016	76	66.5	73.38		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Jun 2016	98.2		98.2	98.1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			8	8	39	-	-	-	-	-	-	-	-	-	-	13	33	41	52	42	Jun 2016	37	5	42	135	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	-	-																	Jun 2016	0		0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15										-	-	-	-						Jun 2016	19		19	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60										-	-	-	-						Jun 2016	106		23	109	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Jun 2016	2.76		2.76	3.56	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Jun 2016	1.13		1.13	1.65	

Surgery B Group

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		O	E			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Jun 2016	80.8	81.7	81.1		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Jun 2016	93.4	90.5	92.7		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Jun 2016	93.2	95.5	94.0		
RTT	RTT - Backlog	<= No	0	0	669	540	559	574	547	549	582	630	678	693	561	579	578	626	646	560	595	600	Jun 2016	444	156	600		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	1	0	1	0	3	2	1	3	3	1	2	1	3	1	0	0	Jun 2016	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	2	7	1	1	2	1	1	1	1	5	3	3	7	5	6	6	5	6	Jun 2016	2	4	6		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Jun 2016	0	0	0		
Data Completeness	Open Referrals	No			-	-	-	58,186	60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	63,337	64,441	65,936	Jun 2016	54,112	11,824	65936		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,583	20,129	Jun 2016	15,712	4,417	20129		
Workforce	WTE - Actual versus Plan	No			32	29	28.5	35.3	35.1	46.6	43.1	49.7	57.2	57.7	59.1	61.1	57.8	50.2	46.7	42	41.6	46.1	Jun 2016			46.1		
Workforce	PDRs - 12 month rolling	=> %	95	95																			Jun 2016	95.3	91.6		95.7	
Workforce	Medical Appraisal and Revalidation	=> %	95	95				-															Jun 2016	100	100	100.0	94.57	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jun 2016	3.39	2.85	3.22	3.21	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-	-	-	-	-														Jun 2016	2.78	3.82	2.98	3.15	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-		-	-														Jun 2016	79.8	77.2	83.2	80.59	
Workforce	Mandatory Training	=> %	95	95																			Jun 2016	86.3	92.9		87.71	
Workforce	New Investigations in Month	No			0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	Jun 2016			0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	100	99	99.6	98.4	98.2	96.9	96	97.03	97.6	93.5	97.3	95.9	97.1	96.4	-	-	Apr 2016			96.41	96.41	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	1	2	1	3	4	7	13	7	27	23	11	14	10	12	-	-	Apr 2016			12	12	
Workforce	Nurse Bank Use	<= No	2796	233																	-	-	Apr 2016			274	274	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016			0	0	

Surgery B Group

Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Apr 2016			144.0	144.0	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Apr 2016			42.0	42.0	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Workforce	Your Voice - Response Rate	No			-->	14	-->	-->	-->	12	-->	-->	15	-->	-->	14	-->	-->	-->	-->	-->	-->	Dec 2015	7	31	14		
Workforce	Your Voice - Overall Score	No			-->	3.54	-->	-->	-->	3.59	-->	-->	3.63	-->	-->	3.63	-->	-->	-->	-->	-->	-->	Dec 2015	3.56	3.73	3.63		

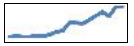
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		G	M	P	C			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Jun 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jun 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Jun 2016	96.3				96.3		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Jun 2016	0	100			100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	0	1	2	1	0	1	2	0	1	0	2	0	1	0	1	2	Jun 2016	0	0	1	1	2	3	
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	Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jun 2016	97.6	89.7			92.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Jun 2016	100	100			100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Jun 2016	100	100			100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Jun 2016	100	100			100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	1	0	0	1	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2016	0	2	0	0	2	2	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate G	M	P	C	Month	Year To Date
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Jun 2016		23.5			23.5	24.0
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			8	6	9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	Jun 2016		8.82			8.8	8.7
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			15	17	16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	Jun 2016		14.7			14.7	15.4
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Jun 2016		0			0	0
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jun 2016		2			2	6
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Jun 2016		1.73			1.7	1.4
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jun 2016		1.92			1.9	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Jun 2016		75.9			75.9	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Jun 2016		132			132.4	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	-				N/A			N/A	N/A			N/A		N/A			-	-	Apr 2016	100	0	0		100.0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	5.5	4.9	5.0	-	May 2016					5.0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	5.9	5.8	5.6	-	May 2016						5.7
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-	-	May 2016	97.7		0		97.7	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-	-	May 2016	100				100.0	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-	-	May 2016	90.5				90.5	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	0	1.5	1.5	4	0.5	1.5	3	2	0	3	1	-	May 2016	1	-	0	-	1	4
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	1	1	0	2	0	0	0	0	0	1	0	-	May 2016	0	-	0	-	0	1
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	123	130	98	146	89	71	104	97	62	149	86	-	May 2016	86	-	0	-	86	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	0	-	0	-	0	0

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		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	Jun 2016	0				0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			11	9	11	7	9	14	14	12	10	9	10	15	17	4	13	5	10	9	Jun 2016	2	4	3	0	9	24	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			21	27	32	28	28	20	18	17	13	13	13	14	20	6	17	9	13	10	Jun 2016	0	0	0	0	10		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jun 2016	4.39		-		3.0		
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	Jun 2016	0				0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	1	5	7	6	4	2	2	4	7	6	9	13	6	7	13	4	10	9	Jun 2016	9				9	23	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	77	78	79	76	78	74	75	76	79	76	76	72	74	71	78	76	73	74	Jun 2016	73.7	-			73.7		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	8	3	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	-	0	-	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			5	30	16	-	-	-	-	-	-	-	-	-	-	15	6	16	5	5	Jun 2016	4	0	1	0	5	26	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jun 2016	90.9				90.9		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jun 2016	93.6				93.6		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jun 2016	95.1				95.1		
RTT	RTT - Backlog	<= No	0	0	20	22	20	20	23	22	25	32	34	54	53	52	60	70	80	69	92	93	Jun 2016	93				93		
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	1	Jun 2016	1				1		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	Jun 2016	1				1		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Jun 2016	0				0.0		

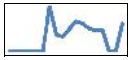
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate G	M	P	C	Month	Year To Date
Data Completeness	Open Referrals	No			-	-	-	19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	Jun 2016	7,583	11,123	6,254	13	24973	
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,041	10,069	Jun 2016	3,648	5,117	1,304	0	10069	
Workforce	WTE - Actual versus Plan	No			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	87.3	101	99.2	Jun 2016	22.5	51.5	25.2	0	99.2	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	88.2	89.4	95.1	0		91.9
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-															Jun 2016	90	100	84.6	0		92.5
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jun 2016	4.64	5.56	4	8.11	5.1	5.3
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-	-														Jun 2016	3.29	3.74	2.89	0	3.5	3.9
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-		-	-														Jun 2016	85.8	75.8	78.1	100	77.69	76.33
Workforce	Mandatory Training	=> %	95.0	95.0																			Jun 2016	89.6	86.5	86.8	0		86.7
Workforce	New Investigations in Month	No			0	1	1	1	3	2	2	1	1	1	1	0	0	1	0	1	0	0	Jun 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	91.4	-	-	Apr 2016					91.4	91.4
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	81	37	35	53	50	68	51	48	394	95	54	74	60	65	-	-	Apr 2016					65	91
Workforce	Nurse Bank Use	<= No	6852	571																	-	-	Apr 2016					635	635
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016					8	8
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016					98	98
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016					40	40
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	9	-->	-->	-->	13	-->	-->	12	-->	-->	11	-->	-->	-->	-->	-->	-->	Dec 2015	15	5	17	13	11	
Workforce	Your Voice - Overall Score	No			-->	3.53	-->	-->	-->	3.66	-->	-->	3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	Dec 2015	3.69	3.67	3.62	3.45	3.6	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		G	M	P	C			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-	-	-	17	26	56	97	124	118	111	159	167	207	193	159	-	-	141	Jun 2016				141	141	141	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-	-	-	82.6	81	86.7	88.3	87.9	90.7	89.9	88.9	88.2	87.6	91.9	89	-	-	86.7	Jun 2016				86.7	86.7	86.7	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-	-	-	17	15.9	8.8	5.87	9.69	9.04	8.51	9.19	8.82	7.69	6.68	9.33	-	-	9.11	Jun 2016				9.11	9.11	9.11	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-	-	-	59.2	61.7	71.1	77.7	82	87.4	92.3	93.3	91.9	97.5	90.3	94.4	-	-	86.6	Jun 2016				86.6	86.59	86.59	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-	-	-	88.4	78.8	77.3	86.7	86.1	84.5	91	94.5	96.2	-	-	-	-	-	99.2	Jun 2016				99.2	99.23	99.23	
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	95.6	-	-	86.5	Jun 2016				86.5	86.52	86.52	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-	-	-	76.9	71.5	78.3	79.2	70	84.7	83.2	84.4	80.5	90.2	84.2	81.6	-	-	79.2	Jun 2016				79.2	79.17	79.17	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-	-	-	1	1	1	1	1	1	1	1	1	1	1	1	-	-	100	Jun 2016				100	100	100	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-	-	-	74	74.3	79.1	83.5	94	93	96.5	97.1	93.9	97.9	93.6	96	-	-	90.1	Jun 2016				90.1	90.05	90.05	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-	-	-	63.3	65.3	65	77.7	88.5	83.1	80.2	84.7	91.9	98.6	99.3	99.4	-	-	94.9	Jun 2016				94.9	94.9	94.9	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-	-	-	38.7	38.7	38.7	33.6	31.4	32.3	27.6	30.7	36.8	37.9	35.6	43.9	-	-	36.7	Jun 2016				36.7	36.73	36.73	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100	Jun 2016				100	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-	-	-	-	-	-	347	397	333	360	358	353	335	391	341	-	-	389	Jun 2016				389	389	389	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-	-	-	88	87.2	85.8	92.3	98.5	86	94.7	98.6	97.2	96.3	100	100	-	-	98.2	Jun 2016				98.2	98.2	98.2	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-	-	-	-	-	-	359	374	340	365	337	376	366	322	358	-	-	353	Jun 2016				353	353	353	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-	-	-	74.1	80.9	79	99.7	95.4	94.7	94.1	91.8	98.2	99.7	98.8	100	-	-	99.2	Jun 2016				99.2	99.15	99.15	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	-	-	-	-	-	315	340	275	321	257	316	352	294	339	-	-	355	Jun 2016				355	355	355	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-	-	-	76.2	68.8	66.3	98.4	95.8	81.1	89.4	83.4	92.4	89.6	92.2	91.6	-	-	93.5	Jun 2016				93.5	93.52	93.52	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-	-	-	0	0	0	84	31	27	42	56	51	42	39	39	-	-	51	Jun 2016				51	51	51	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	-	

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	1	5	0	2	3	0	2	0	1	2	0	2	4	2	3	4	2	Jun 2016	2	0	0	0	0	2	9	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	7	6	4	6	5	2	3	0	2	2	1	1	4	3	3	5	4	Jun 2016	2	1	0	0	1	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			-	-	-	1,700	1,743	1,808	1,870	1,957	3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	Jun 2016	1,486	1	1,714	0	500	3,701		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,502	1,437	Jun 2016	693	0	744	0	0	1,437		
Workforce	WTE - Actual versus Plan	No			24	16	16	20.4	22.8	32.5	34	33.7	40.3	40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	Jun 2016	13.7	4.12	11.9	5.34	0.32	35		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	90.2	100	89.6	98.3	100		94.37	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-															Jun 2016	0	100	100	100	100		94	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jun 2016	5.62	1.57	5.05	3.49	3.27	4.27	4.16	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	-	-	-	-	-														Jun 2016	4.6	3.4	9.5	1.3	1.0	4.95	4.12	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-		-	-														Jun 2016	84.4	100	68.6	95.5	100	81.1	80.9	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jun 2016	93.8	98.8	93.5	94	96.5		94.5	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	Jun 2016	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	12	-->	-->	-->	21	-->	-->	24	-->	-->	19	-->	-->	-->	-->	-->	-->	Dec 2015	15	28	12	26	57	19		
Workforce	Your Voice - Overall Score	No			-->	3.76	-->	-->	-->	3.69	-->	-->	3.58	-->	-->	3.79	-->	-->	-->	-->	-->	-->	Dec 2015	3.64	3.73	3.77	3.75	4.14	3.79		

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jun 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	1.0	1.0	-	-	2.0	2.0	2.0	1.0	1.0	1.0	-	-	1.0	2.0	-	2.0	1.0	-	May 2016					5.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	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	12.0	14.0	13.0	-	May 2016						4.96	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	May 2016			77.78		77.78	71.91	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																		-	May 2016			97.78		97.78	97.75	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	May 2016	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	2	1	0	4	3	5	8	4	1	2	1	3	6	5	2	0	1	Jun 2016	1	0	0	0	1	3	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			9	7	5	0	5	5	7	11	7	3	2	0	3	6	5	2	1	2	Jun 2016	2	0	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			41	49	51	-	-	-	-	-	-	-	-	-	-	49	62	36	67	69	Jun 2016	69	0	0	0	69	172	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jun 2016	0				0		
Data Completeness	Open Referrals	No			-	-	-	132	148	151	173	178	198	208	231	248	259	271	286	288	298	325	Jun 2016	325	0	0	0	325		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	287	267	Jun 2016	267	0	0	0	267		
Workforce	WTE - Actual versus Plan	No			21	33	33.6	41.4	46.3	57.9	58.9	55.9	50	47.5	45.1	40.1	43.9	44.2	46.3	48.5	51	44.2	Jun 2016	20.5	1.22	4.3	6.54	44.2		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	86.6	91.7	92	90.7		85.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-															Jun 2016	84	0	100	75		82.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jun 2016	3.1	6.5	1.8	6.1	4.57	4.61	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-	-														Jun 2016	4.6	1.4	0.1	7.6	4.67	4.83	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-		-	-														Jun 2016	65.1	93.3	83.3	28.7	62.5	59.9	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jun 2016	81	90.7	92.3	89.5		87.0	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	Jun 2016					0		
Workforce	Nurse Bank Use	<= No	288	24																	-	-	Apr 2016					170	170	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016					241	241	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016					120	120	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016					0	0	
Workforce	Your Voice - Response Rate	No			-->	18	-->	-->	-->	19	-->	-->	24	-->	-->	21	-->	-->	-->	-->	-->	-->	Dec 2015	18	0	61	11	21		
Workforce	Your Voice - Overall Score	No			-->	3.28	-->	-->	-->	3.41	-->	-->	3.11	-->	-->	3.40	-->	-->	-->	-->	-->	-->	Dec 2015	3.34	0	3.84	3.91	3.4		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Jun 2016	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	22	16	13	30	47	37	25	27	29	29	21	26	31	23	20	22	38	31	Jun 2016	0	28	3	31	91	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	1	0	0	0	0	1	0	1	2	1	1	0	0	1	Jun 2016	0	1	0	1	1	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	2	1	3	3	1	1	3	2	0	0	2	0	3	0	4	2	4	3	Jun 2016	-	3	-	3	9	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jun 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2016	0	2	0	2	2	
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	Jun 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	1	1	0	1	2	1	3	5	4	4	2	3	6	7	3	5	5	Jun 2016	2	1	2	5	13	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			4	3	6	0	7	6	4	5	7	5	5	5	3	6	7	11	7	9	Jun 2016	4	3	2	9		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			76	72.2	77.4	174	92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	102	123	128	Jun 2016	14.3	67.2	46.6	128.08		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																		Jun 2016	92.1	84.3	93.3		92.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																		Jun 2016	3.2	4.9	4.74	4.5	4.58	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-	-													Jun 2016	3.35	4.33	5.08	4.47	4.04	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-		-	-													Jun 2016	95.4	86.9	86.7	88.17	87.68	
Workforce	Mandatory Training	=> %	95.0	95.0																		Jun 2016	96.3	91.1	92.4		91.9	
Workforce	New Investigations in Month	No			0	0	0	1	3	0	0	0	0	0	4	0	0	2	0	0	0	2	Jun 2016				2		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	93	89.5	94.2	89.2	89	89.7	92.2	90.6	95.6	88	88.4	78.3	89.3	87.9	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	36	41	31	46	72	62	56	48	19	78	90	78	86	87	-	-	Apr 2016	-	-	-	87	87	
Workforce	Nurse Bank Use	<= No	5408	451																	-	-	Apr 2016				485	485	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016				282	282	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016				211	211	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016				0	0	
Workforce	Your Voice - Response Rate	No			-->	28	-->	-->	-->	26	-->	-->	31	-->	-->	21	-->	-->	-->	-->	-->	-->	Dec 2015	30	21	18	21		
Workforce	Your Voice - Overall Score	No			-->	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	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	54	53	55	56	53	67	64	78	59	44	0	24	47	65	51	53	55	74	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	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	9.9	8.82	9.6	Jun 2016				9.6	9.5	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.5	0.56	Jun 2016				0.6	1.5	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.19	6.19	-	May 2016				6.2	6.2	
Community & Therapies Group Only	STEIS	<= No	0	0	0	0	-	-	-	0	0	0	0	1	0	1	2	1	1	0	0	2	Jun 2016				2	2	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	9.5	12.1	13.7	16	14	11	15	15	12	15	17	17	16	24	24	23	17	17	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	-	-	-	-	6	1	1	-	1	1	1	1	0	1	1	-	May 2016				0.75		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39.2	38.5	Jun 2016				38.51	38.84	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			62	54	65	47	55	50	46	44	43	42	41	46	52	55	54	61	161	70	Jun 2016				69.84		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			63	57	65	51	55	51	48	44	43	44	33	48	54	56	58	64	67	75	Jun 2016				75.11		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			19	18	-	22	22	24	21	23	23	23	23	26	28	32	32	37	35	40	Jun 2016				39.97		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			61	62	-	46	56	40	48	45	50	43	50	29	28	31	21	40	37	11	Jun 2016				11.19		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			89	83	-	87	89	92	91	94	90	90	94	94	93	94	94	93	91	-	May 2016				90.88		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	128	202	200	Jun 2016				29.28	26.53	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	Jun 2016				1	6	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	Jun 2016				1	6	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Jun 2016				0	0	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	Jun 2016				0	0	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		CEO	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			15	5	6	5	7	8	6	15	11	13	8	5	4	5	8	8	10	12	Jun 2016	3	0	1	0	1	3	4	12	30	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			21	16	18	14	12	14	9	16	16	16	9	8	4	4	7	8	9	12	Jun 2016	3	0	1	0	1	2	5	12		
Workforce	WTE - Actual versus Plan	No			175	200	220	260	267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	Jun 2016	11	1.64	-1.33	8.76	0.39	52.1	28.6	101.21		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jun 2016	61	87	95	89	92	82	92		90.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0				-						#DIV/0!									Jun 2016			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jun 2016	2.70	2.94	3.37	3.02	4.11	5.18	4.36	4.33	4.45	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-	-	-														Jun 2016	3.69	1.78	2.19	2.72	5.78	3.78	3.87	3.55	3.59	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-		-	-														Jun 2016	86.8	72.0	61.2	83.7	64.8	85.6	77.4	79.2	79.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jun 2016	96	95	95	97	99	91	94	93.0	93	
Workforce	New Investigations in Month	No			1	0	0	1	0	1	2	1	1	5	0	1	2	2	2	4	4	1	Jun 2016	0	0	0	1	0	0	0	1		
Workforce	Nurse Bank Use	<= No	1088	91																	-	-	Apr 2016								156	156	
Workforce	Nurse Agency Use	<= No	0	0																	-	-	Apr 2016								18	18	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0																	-	-	Apr 2016	-	-	-	-	-	-	-	2492	2492	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0																	-	-	Apr 2016	-	-	-	-	-	-	-	113	113	
Workforce	Your Voice - Response Rate	No			-->	15	-->	-->	-->	16	-->	-->	19	-->	-->	15	-->	-->	-->	-->	-->	-->	Dec 2015	67	24	25	20	15	9	10	15		
Workforce	Your Voice - Overall Score	No			-->	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:	**Financial performance – P03 June 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**4 August 2016**

EXECUTIVE SUMMARY:

Key messages:

- Financial plan updated for agreed control total surplus £6.6m. Includes £11.3m STF funding benefit.
- Financial plan profile consistent with exit run rate recurrent financial balance and reserves restored.
- Requires delivery of minimum £19.6m savings programme and income recovery above contract.
- Limited scope for contingency and balance sheet flexibility and which would further erode cash balances. Delivery must be tangible and sustainable.
- Year to date performance records deficit but indicates headline performance ahead of plan.
- Significant step improvement in monthly run rate income recovery and expenditure reduction required in Q2 & Q3 to secure year exit run rate. Plan to deliver that remains to be fully confirmed.
- Significant risk to achievement of control total including CCG intent to pursue underspend on SLA, incomplete CIP plan with delivery risk, emergent in year issues, STF reduction through failure to deliver financial plan milestones and operational standards and sufficiency of resources available for effective restructuring at necessary scale & pace. Consequent risk to cash balances and affordability of strategic investment programme.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Underpinned by fit for purpose PMO.
- Delivery of now confirmed demand & capacity plan to secure increase in patient related income.
- Delivery of capital programme to time & budget consistent with enabling programme for MMH
- Delivery of working capital management consistent with achievement of EFL
- Development & delivery of liquidity / cash improvement plan.
- P04 based assessment of 2016.17 forecast range and impact on 2017.18 plan requirements.
- Executive led work on mitigation of key risks and consideration of expedient measures programme
- Stock take with SWBCCG to [re-]align forward financial plans and review basis of 2017.19 SLAs

Key numbers:

- Month surplus £1,941k being £61k adverse to plan; YTD deficit £673k being £489k favourable.
- Year surplus £6.6m reported as per agreed control total and after benefit of £11.3m STF funding.
- Pay bill £25.7m (vs. £25.3m) in month; Agency spend £1.7m (vs. £1.6m).
- Savings delivery to date £2.5m being in line with plan but below expected scheme value.
- Total in year savings potential identified £19.1m – being £0.5m below plan & with delivery risk.
- Capex YTD £1.9m being £1.8m below plan. Variance relates to Informatics.
- Cash at 30 June £16.5m being £11.2m below plan due to timing of drawdown of PDC funding.
- FSRR 3 to date being as plan; forecast is as plan at 3.
- Capital Resource Limit (CRL) forecast to be achieved.
- External Finance Limit (EFL) forecast to be achieved.

REPORT RECOMMENDATION:

The Board is recommended to note the report. Also to REQUIRE those actions necessary 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:

Effective use of resources

PREVIOUS CONSIDERATION:

Finance & Investment Committee – 2 August 2016

Finance Report

Period 03 2016/17
June 2016

Trust Board
4th August 2016

Contents

Page Title

1. Title & contents
2. Summary, key financial targets and recommendations
3. Performance to date – I&E and cash
4. I&E performance to date – P03
5. Risks & opportunities
6. Income analysis
7. Pay bill & workforce
8. CIP achievement
9. Group analysis – Month & YTD
10. Capital
11. SOFP
12. Working capital metrics

Finance Report

Summary & Recommendations

Period 03 2016/17

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

1. Control total agreed with NHSI and which benefits from expected receipt of STF funding. Underlying in year deficit £4.7m consistent with Board approved plan.
2. Capex control total reflects necessary estate & IT investment.
3. EFL reflects revised treatment of PDC re MMH. Plan includes gain of effective working capital management to realise cash.

Outlook

- Significant risk to delivery of £6.6m surplus control total.
- Surplus dependent on delivery of minimum £19.6m savings in year and recovery of SLA income above contract. Incomplete plan and with emergent in year risks.
- Remedial work required to deliver in year and necessary exit run rate recurrent balance with RCRH reserves restored. Consider expedient measures programme

P03 key issues & remedial actions

- Reliance on STF funding to achieve surplus plan. STF at risk of failure to deliver financial milestones and key operational standards.
- CCG contract income required to over-deliver contract. CCG declared intent to pursue under-performance having regard to risks to their financial plan.
- Pay bill consistent with Q1 required run rate.
- Step changes in pay bill required from quarter 2, further step changed required from quarter 3.
- Group level route to budget balance & CIP plans not complete. Expected this will continue into Q2 2016/17. Enhanced support with routine exec input.
- Capex programme managed in line with 2015/16 practices. NHSi supporting timely recovery PDC funding.
- Working capital management; including 15 month cash flow forecast, creditors stretch and process automation.
- Securing PDC funding from NHSI; planned in July 2016.
- P04 based assessment of forecast & impact to 2017.18
- Executive led work on risk mitigation and any requirement for expedient measures.

Recommendation

- Note reported P03 position and plan 2016/17 position including step change required in income & costs.
- Ensure plans underpin exit run-rate consistent with at minimum recurrent financial balance by March 2017.

Finance Report

Performance to date – I&E and cash

Period 03 2016/17

Financial Performance to Date

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

- I&E deficit of £673k being £489k ahead of plan;
- Capital spend of £1,934k, £1,766k below plan;
- Cash at the end of June is £16,492k being £11,262k less than plan.

I&E

The reported I&E deficit at month 3 includes no technical support. However, there are a number of CIP schemes that provide non-recurrent financial benefit to the Trust. These amount to a benefit of £97k at the end of P03. In addition the Trust has accrued for STF income to the value of £2.8m. Had this not been accounted for then the reported deficit would have been £3.6m for the period to date.

The key I&E issues are:

- Planned care [elective IP & DC] income below plan levels;
- Income increase from Q2
- Pay reduction from Q2

Savings

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

Capital

Capital expenditure to date stands at £1.9m against a full year plan of £28.6m. Informatics reported as behind plan which reflects slippage on EPR, re-profiling of schemes across year to align to estate plans and some administrative catch up required.

Cash

The cash position is below the level expected at the end of June due to the variation from plan which reflects revised timings. Based on current I&E forecasts plan cash levels will be achieved by year end.

Significant reliance on non-cash contingencies during 2015/16 has impacted the Trust's cash position. Working capital management actions were initiated during December and have been extended during 2016/17.

Better Payments Practice Code

Performance has deteriorated in June relative to May.

The finance team continue to manage the Trust's cash positon, currently there is no expectation that the BPPC measure will be adversely impacted by this activity.

Currently the biggest risk to BPPC is lack of receipting of orders by Groups. The impact this has on data quality means that poor receipting and ordering discipline is hindering procurement savings. Focussed process improvement work with finance and procurement teams is continuing through 2016/17.

Continuity of Service Risk Rating

Rating of 3 in month consistent with plan 3.

Forecast currently as plan at 3.

Finance Report

I&E Performance to Date – P3

Period 03 2016/17

Period 3 YTD	Annual Plan £'000s	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s
Patient Related Income	419,940	38,064	37,946	(118)	104,562	104,862	300
Other Income	40,309	3,200	3,723	523	10,106	10,996	890
Income total	**460,249**	**41,264**	**41,669**	**405**	**114,668**	**115,858**	**1,190**
Pay	(299,774)	(25,845)	(25,721)	124	(75,900)	(76,404)	(504)
Non-Pay	(131,961)	(11,599)	(12,119)	(520)	(34,453)	(34,627)	(174)
Expenditure total	**(431,735)**	**(37,444)**	**(37,840)**	**(396)**	**(110,353)**	**(111,031)**	**(678)**
EBITDA	**28,514**	**3,820**	**3,829**	**9**	**4,315**	**4,827**	**512**
Non-Operating Expenditure	(22,122)	(1,837)	(1,878)	(41)	(5,530)	(5,538)	(8)
Technical Adjustments	208	18	(10)	(28)	54	38	(16)
DH Surplus/(Deficit)	**6,600**	**2,001**	**1,941**	**(60)**	**(1,161)**	**(673)**	**488**

Year to date modestly ahead of plan due to income recovery.

Position includes £97k of non-recurrent CIP and £2.8m of STP accrued income. This value of STP income is also within the revised YTD plan.

Deficit run rate emphasises requirement for step reduction in cost base Q2 through Q4.

There is very limited scope for contingency and balance sheet flexibility to mitigate any under delivery of savings requirement or significant additional costs of transformation and workforce restructuring.

Annual plan surplus of £6.6m reconciles to control total agreed with NHSI including £11m STF funding.

Finance Report

Outlook – Risks & Opportunities

Period 03 2016/17

Upside Opportunity

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

Downside Risk

- Main CCG contract completes below plan level – CCG declared intent to seek under-delivery to resolve affordability issues. P01 £1.5m of income remains subject to challenge.
- Incomplete CIP plan with delivery risk. Workforce consultation launched with indicative £ benefit below target level.
- Trust qualifies for partial £11m STP funding as a consequence of missing financial milestones and operational standards.
- Demand growth drives excess capacity requirement necessarily staffed at premium rate cost
- Recruitment delays and sickness absence continue to drive excessive agency demand

Note: *Crystallisation of risks in excess of opportunity realisation will result in a deterioration in the I&E plan position. This will have an impact on the cash position which could be challenging depending on the scale of deterioration.*

Finance Report

Income Analysis

Period 03 2016/17

Year to Date Performance Against SLA by Patient Type						
PERFORMANCE UP TO June 2016	**Activity**			**Finance**		
	Planned	**Actual**	**Variance**	**Planned £000**	**Actual £000**	**Variance £000**
Accident and Emergency Attendances	55,087	57,315	2,228	£5,376	£5,642	£267
Renal Dialysis	51	141	90	£6	£17	£11
Community Contacts	144,474	155,234	10,760	£8,636	£8,681	£45
Day Cases	9,602	11,236	1,634	£7,861	£7,745	-£116
Elective Inpatients	1,667	1,598	-69	£4,011	£3,725	-£285
Emergency Admissions	10,451	10,534	83	£19,964	£20,185	£221
Emergency Short Stay Admissions	4,013	3,396	-617	£2,685	£2,322	-£363
Maternity Pathways	5,168	4,922	-247	£4,939	£4,783	-£156
Occupied Cot Days	3,645	3,130	-514	£1,866	£1,698	-£169
Other Contract lines	829,197	920,573	91,376	£23,257	£23,765	£509
Outpatients - First Attendance	44,685	45,583	898	£6,575	£6,675	£100
Outpatients - Procedures	15,432	15,535	102	£3,198	£3,001	-£197
Outpatients - Review Attendance	104,263	101,836	-2,427	£8,256	£7,860	-£396
Outpatients - Telephone Consultation	3,000	3,455	455	£69	£73	£4
Unbundled	17,445	16,944	-501	£2,351	£2,274	-£77
Excess Bed Days	3,342	4,662	1,320	£802	£1,109	£307
Total				**£99,851**	**£99,556**	**-£295**

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

The variance on total Patient Related Income to date is £300k favourable.
The difference compared to SLA income shown above is primarily related to pass through costs of drugs & devices and cancer drugs fund being above plan by more than £0.6m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 03 2016/17

Paybill & Workforce

- Total workforce of 6,912 WTE [being 44 WTE below plan] including 235 WTE of agency staff.
- Total pay costs (including agency workers) were £25.7m in June being £0.1m below plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets. Focus on improvement in recruitment time to fill and effective sickness management.
- The Trust did not comply with new national agency framework guidance for agency suppliers in june. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust continues to exceed the national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	(118)	300
Other Income	523	890
Medical Pay	(275)	(660)
Nursing	358	798
Other Pay	40	(642)
Drugs & Consumables	161	(980)
Other Costs	(681)	806
Interest & Dividends	(41)	(7)
IFRIC etc adjustments	(28)	(16)
Total	(61)	489

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	25,721	25,293	428	2%
Pay - substantive	21,816	21,588	228	1%
Pay - agency spend	1,731	1,651	80	5%
Pay - bank (inc. locum) spend	2,175	2,054	121	6%
WTE - total	6,912	6,862	50	1%
WTE - substantive	6,019	6,025	(6)	0%
WTE - agency	235	222	13	6%
WTE - bank (inc. locum)	658	615	43	7%

Finance Report

CIP achievement

Period 03 2016/17

Year to Date up to Period 3	16/17 In Year Target £'000s	Apr Actual 1 £'000s	May Actual 2 £'000s	Jun Actual 3 £'000s	In Year 16/17 F/Cast £'000s	In Year 16/17 Variance £'000s	Full Year Effect 16/17 Target £'000s	Full Year Effect 16/17 Schemes £'000s	Full Year Effect 16/17 Variance £'000s
Medicine and Emergency Care	4,494	72	175	158	5,113	618	7,617	7,970	353
Surgery A	3,256	3	60	5	1,490	(1,767)	5,519	3,308	(2,211)
Women and Child Health	1,976	60	32	50	2,036	60	3,349	2,864	(484)
Surgery B	1,568	7	5	15	622	(946)	2,658	1,334	(1,323)
Community and Therapies	787	0	0	12	121	(666)	1,334	287	(1,047)
Pathology	584	47	61	54	967	383	990	1,191	201
Imaging	875	29	100	71	1,258	384	1,482	1,749	267
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**11,607**	**(1,933)**	**22,949**	**18,705**	**(4,244)**
Strategy and Governance	190	27	27	27	327	137	322	501	179
Finance	202	6	6	6	238	36	342	362	20
Medical Director	238	4	4	55	414	175	404	492	88
Operations	811	36	53	51	997	187	1,304	1,235	(69)
Workforce	230	20	24	12	443	212	390	654	264
Estates and NHP	419	75	43	53	893	474	710	1,373	663
Corporate Nursing and Facilities	1,154	59	67	41	1,218	64	1,886	2,773	887
Sub-Total Corporate	**3,244**	**227**	**224**	**246**	**4,530**	**1,286**	**5,358**	**7,391**	**2,032**
Central	2,816	246	246	246	2,957	141	3,800	2,957	(843)
DH Surplus/(Deficit)	**19,601**	**693**	**903**	**855**	**19,094**	**(506)**	**32,107**	**29,052**	**(3,054)**

This table shows the Trust's savings target by group.

The table also shows the total savings achieved in the current year to date.

£19.6m of CIP scheme savings are necessary to meet the requirements of the trust's plan.

This is lower than the plan level required in 2015/16 but above the level actually delivered in 2015/16; £14.1m

Identified plans at June indicate that £19.1m of potential savings schemes could be delivered by the end of the 2016/17 financial year. This is £0.5m below the Trust target of £19.6m. YTD savings delivery is £0.1m behind plan at the end of June.

Any identified schemes are subject to QIA and EIA before approval and initiation.

Urgent escalation of savings delivery is necessary and in hand.

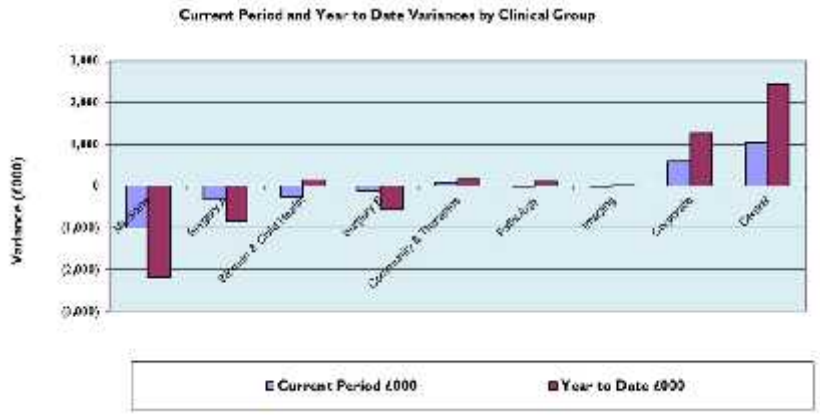
Measurement of success remains delivery of "bottom right" surplus and within that any necessary and sufficient CIPs. Delivery of CIPs to plan is key but not necessarily sufficient to that success.

Finance Report

Group Analysis – Month & YTD

Period 03 2016/17

Group Variances from Plan (Operating income and expenditure)	**Current Period £000**	**Year to Date £000**
Medicine	(1,006)	(2,190)
Surgery A	(308)	(852)
Women & Child Health	(261)	149
Surgery B	(121)	(567)
Community & Therapies	83	167
Pathology	(7)	99
Imaging	(10)	22
Corporate	597	1,254
Central	1,042	2,430



Performance of Clinical Groups

- **Medicine:** Slippage on TSP schemes including the ward run rate schemes, which combined with the ongoing use of unfunded capacity, are creating a pay cost pressure. Non-pay lines are also seeing cost pressures as a result of TSP slippage.
- **Surgery A:** Key risks are delivery of income to plan and while Demand and Capacity work is forecasting improvement against contract, this is not realised to date. Additional ward capacity and medical vacancies are driving pay cost pressures.
- **Women & Child Health:** Income over performance in Paediatrics and maternity together with vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, pay and non-pay cost pressures have been experienced in June but these relate to prior months (pay) or pass through drugs.
- **Surgery B:** Intensive work around Demand and Capacity continues in FY 2016/17. Improvement is still required but scale not yet seen. However June did see ENT and Ophthalmology improvement. Significant gap in CIP identification and delivery remain a concern at the end of P03.
- **Community & Therapies**' key issue is the resolving the investment levels required in order to deliver the target income levels.
- **Pathology:** In addition to the transfer of R&D income (previously receipted to charitable funds).
- **Imaging:** Additional direct access activity is underpinning the groups favourable variance despite being offset by under performance on nuclear medicine. Delivery of identified TSPs is the focus for this group.

Corporate Areas

- Pay underspends are offset combined with higher levels of income have contributed to the variance within corporate. Overachieved savings in workforce, estates and medical director have also benefited this group.

Central

- Central phasing adjustments to match internal budget to NSI reported plan account for the variance on central.

Finance Report

Capital

Period 03 2016/17

Programme	Flex Plan £'000s	Actual £'000s	Gap £'000s	Full Year NHSI Plan £'000s	Full Year Flex Plan £'000s	Full Year Outlook £'000s	Full Year Variance £'000s
Estates	1,648	1,611	(38)	15,390	14,817	14,817	0
Information	1,296	244	(1,052)	7,746	7,996	7,996	0
Medical equipment / Imaging	50	20	(30)	1,950	1,950	1,950	0
Contingency	28	0	(28)	750	1,073	1,073	0
Sub-Total	**3,022**	**1,874**	**(1,148)**	**25,836**	**25,836**	**25,836**	**0**
Technical schemes	660	26	(634)	2,640	2,640	2,640	0
Donated assets	18	34	16	77	77	77	0
Total Programme	**3,700**	**1,934**	**(1,766)**	**28,553**	**28,553**	**28,553**	**0**

The above table shows the status of the capital programme, analysed by category, at the end of Period 03. At this stage of the year the view of out-turn is the plan level. The plan is consistent with the 2016/17 CRL and there is no risk cited currently in relation to achievement of plan expenditure.

Previously the largest item of expenditure planned for the year was the line titled technical schemes. The main element of this, the capital injection agreed for the construction of MMH, no longer forms part of the Trust CRL and so will not be classified as capital expenditure. Residual items within this include the managed equipment service (MES).

Finance Report

SOFP

Period 03 2016/17

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

	Balance as at 31st March 2016	Balance as at 30th June 2016	TDA Planned Balance as at 30th June 2016	Variance to plan as at 30th June 2016	TDA Plan as at 31st March 2017	Forecast 31st March 2017
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	196,384	194,706	196,927	(2,221)	210,333	210,333
Intangible Assets	386	346	386	(40)	386	386
Trade and Other Receivables	846	626	5,358	(4,732)	964	964
Current Assets						
Inventories	4,097	4,097	4,139	(42)	4,139	4,139
Trade and Other Receivables	16,310	25,751	13,907	11,844	57,608	57,608
Cash and Cash Equivalents	27,294	16,492	27,754	(11,262)	7,082	7,082
Current Liabilities						
Trade and Other Payables	(54,145)	(51,769)	(54,537)	2,768	(56,329)	(56,329)
Provisions	(1,469)	(1,415)	(373)	(1,042)	(370)	(370)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(1,017)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,094)	(3,061)	(4,012)	951	(3,683)	(3,683)
Borrowings	(25,591)	(25,465)	(25,581)	116	(24,681)	(24,681)
DH Capital Loan	0	0	0	0	0	0
	159,712	**159,002**	**162,951**	**(3,949)**	**194,432**	**194,432**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	161,710	166,104	(4,394)	206,211	206,211
Retained Earnings reserve	(17,987)	(18,697)	(19,161)	464	(27,787)	(27,787)
Revaluation Reserve	6,931	6,931	6,950	(19)	6,950	6,950
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,712	**159,002**	**162,951**	**(3,949)**	**194,432**	**194,432**

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

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

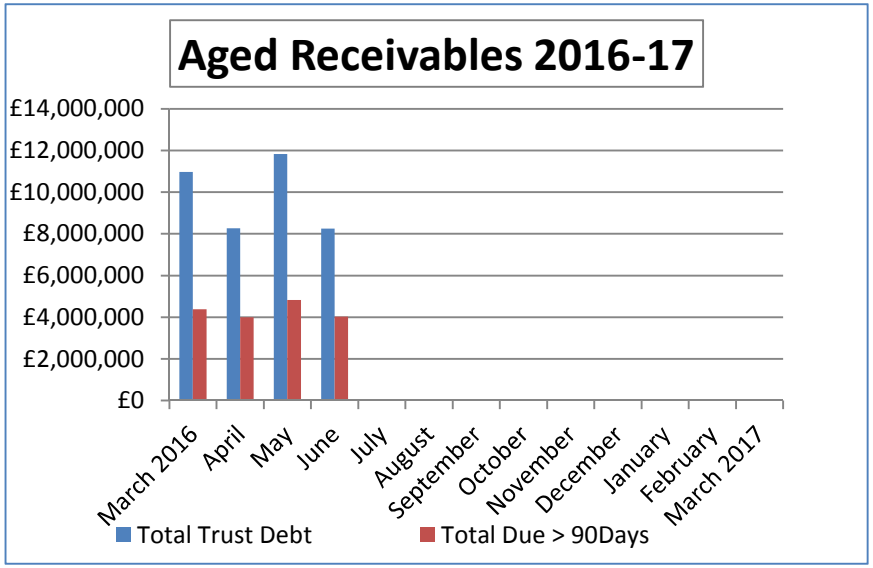
Variance from plan for Cash and PDC reflects that the Trust has not drawn down its planned additional PDC for to fund the Capital MMH Scheme – the drawdown for which will take place in July 2016

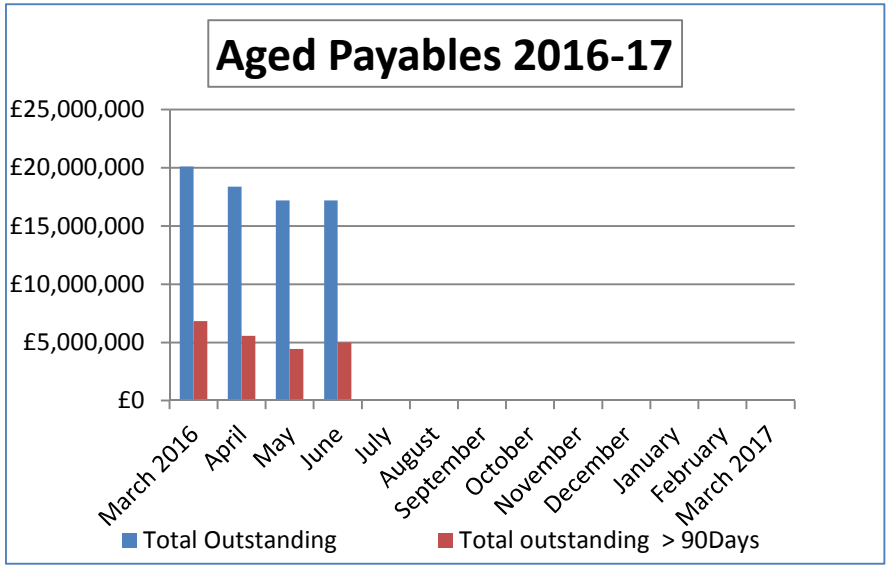
Graphs to represent the profile of Receivables and Payables can be found on slide 20.

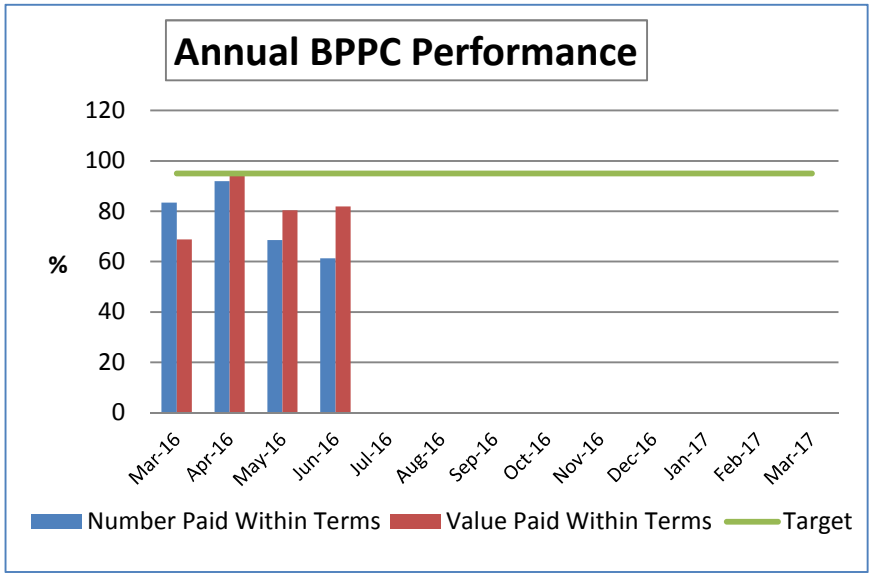
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 3 2016/17







Note

- The June debt position shows a decrease, predominantly due to the payment of Q1 invoices for Health Education England that were outstanding at the end of May 2016. The remaining 90+ Day debt continues to be predominantly represented by NHS Debt that is under discussion at Executive Level for resolution in 2016-17, however progress has seen the 90+ Day NHS Debt reduce in month by approx. £800k (from £3.5m to £2.7m)
- The overall Payables position has reduced during June as the Trust continues to manage cash pressures and retain BPPC performance. The level of over 90 days liability has increased as some unpaid NHS invoices are still under negotiation at Executive Level.
- BPPC is below target of 95% by volume but at target in value, this reflects improved performance over 15-16. The challenges in maintaining this relate to the Trust P2P process and specifically the use of purchase orders, including receipting.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Complaints & PALS report: 2016/17 Quarter 1
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Karen Wood, Head of PALS & Complaints
DATE OF MEETING:	4 August 2016

EXECUTIVE SUMMARY:

This report sets out details of Complaints and PALS enquiries received between April and June 2016 (Quarter 1).

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

In this quarter, it is reported that the complaints activity has increased, from 267 to 272, and also shows that 90% of complaints have been managed within their target date. Themes and outcomes remain consistent with previous quarters and show a continued focus on lessons learned, and quality responses that are caring, transparent, timely and responsive to the needs of complainants.

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
✓		✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

None

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SWBTB (08/16) 090(a)

Complaints and PALS Report

2016/17: Quarter 1

WITH THANKS

My purpose in writing to you now is to inform you that the matter I raised has been satisfactorily resolved. However, I would like to place on record my sincere thanks to Jo Werhun, of your Patient Advice and Liaison Service, who dealt with the matter on your behalf.

Jo maintained regular contact with me throughout and displayed a kind, sincere, courteous and professional approach and at no time did I feel that I was being regarded as troublesome. Simply put, Jo is a credit to the National Health Service and one of the many reasons why right minded people hold it in such high regard. During my contact with her Department, I also spoke briefly to a lady called Norma, whose courtesy should not go unmentioned.

Hi Nayna

I would like to send a big thank you to Rachel and yourself for helping to facilitate the efficient removal of the plaster from my mother's leg. The problem was dealt with in a speedy and professional manner and my mum was overcome with emotions when the consultant, theatre manager and physiotherapist came to her house and removed the plaster. They dealt with the problem in a caring, respectful and dignified manner. Please thank them for me. I was at a loss for 4 weeks getting nowhere and this intervention has renewed my faith in the NHS in particular PALs. Keep up the good work and thank Rachel for keeping me in the loop.

COMPLAINTS AND PALS: 2016/17

Quarter 1 data highlights

1.	**The total number of PALS concerns registered was 635** compared to 618 from the previous quarter, up by 17. Whilst many Groups saw a slight decrease, increases are notable in Strategy and Governance (complaints advice), Corporate Operations, Surgery A and Surgery B. (page 20)
2.	**The total number of Complaints logged was 272 compared to 267,** an increase of 5 complaints across the quarter compared to Q4 2015/16. 8 of these were withdrawn by the complainant at some point during the quarter leaving 264 to manage. There were 21 more complaints made in April 2016 compared to April 2015, 9 more complaints made in May 2016 compared to May 2016, and 5 more made in June 2016 compared to June 2015. (page 5)
3.	**The total number of compliments collected for Q4 2015/16 was 113 compared to 109 in Q4 2015/16, 22 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 20)
4.	The **average number of days taken to resolve complaints saw an increase this quarter to 28.73 days, an increase of 1.98 days. This compares to 26.75 (Q4 2015/16), 29.48** (Q3 2015/16), 44.65 (Q2 2015/16) and 51.62 this time last year (Q1 2015/16) This increase is largely due to a small increase in breaches cases and less fast tracked and more cross directorate (non devolved) cases being managed. Those complex, non devolved cases tent to require the full 30 days, and in some cases more, to be resolved. (page 16)
5.	**Complaints per 1000 bed days have increased slightly to 3.8** when compared to the previous quarter, which was 3.1 (Q4 2015/16) and was 3.0 in Q3 2015/16. (page 8)
6.	**When looking at the complaints rate per 1000 FCE there was as slight increase overall at a rate of 6.1 compared to 5.8 in Q4 2015/16.** Surgery B still has the highest complaints rate at 12.8 but this is significantly down on the 19.5 from the previous quarter. All other groups have decreased. (page 7)
7.	**'Not Upheld' complaints made up 28% of closed complaints a**gainst 30% in Q4, 2015/16, 27% in Q3 2015/16 and 24% in Q2 2015/16 and 24% in Q1 2015/16 (same period last year) (page 16)
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 38%, compared to 40.5% in Q4 2015/16, and 42% in Q3 2015/16 (page 14)
9.	**Reopened cases totalled 48 against 49 in Q4 2015/16, 53 in Q3 2015/16 and 40 in Q2 2015/16. 49 cases were reopened in Q1 2015/16 (this time last year).** Those cases re opened due to not all the issues being answered in our first response were 3 (6%) this quarter, 4 (8%) in Q4 2015/16, 2 (4%) in Q3 2015/16, 4 (10%) in Q2 2015/16 and 7 (14%) in Q1 2015/16 (same time last year.) (page 17)
10.	**There were 5 new PHSO enquiries** of the Trust in this quarter, and 4 previous enquiries were closed off. All 4 of these cases were not upheld by the PHSO, who agreed with the outcome of our original investigation, and finding no issue with the way the complaint was managed by the Trust. (pages 19)
11.	The **new Complaints satisfaction survey was** launched in October 2015**. The response rate for the quarter had improved to 22.9% but has dropped to 10.3% for Q1 2016/17.** Results for many surveyed topics have improved, notably our offering meetings, keeping complainants informed, answering all questions and complainants confidence that all action promised did take place. Overall handling also had an improved result from 51% to 64%. (page 10)
12.	There is a fluctuation this quarter in the proportionality of how complaints split across the ethnicity of patients. 3% of complaints came from the Pakistani community against 11% demographic population and 9% patient population. A higher rate of complaints for the Black Caribbean community is again seen at 10% complaints, against a demographic population of 4% and a patient population of 6%. (page 12)

COMPLAINTS AND PALS: Q4 2015/16

Index

		Page
Introduction		
Complaints		
1.	**Complaints management**	
1.1	Complaints received	5
1.2	Complaints by Clinical Group	6
1.3	Complaints by 1000 FCE	7
1.4	Complaints by 1000 Bed days	8
1.5	Timeliness of responses	9
1.6	Complaints resolution meetings	10
1.7	Complaint satisfaction survey	10
2.	**Complaints in detail**	
2.1	Profile of subjects of complaints	12
2.2	Formal complaints by theme	14
2.3	Formal complaints by severity	15
2.4	Formal complaints by profession	15
3.	**Formal complaint outcomes**	
3.1	Resolved complaints	16
3.2	Formal complaints upheld	16
3.3	Re-opened complaints	17
3.4	Parliamentary and Health Service Ombudsman enquiries	19
3.5	Parliamentary and Health Service Ombudsman news	20
4.	**PALS**	20
5.	**Key areas for focus in Quarter 1 2016/17**	21
6.	**Conclusion**	22

Appendix 1a	Complaints received by Clinical Group and Corporate Directorate
Appendix 1b	Complaints received by Ward
Appendix 2a	Complaints rate per Group by 1000 FCE
Appendix 2b	Complaints rate per Group by 1000 Bed Days
Appendix 3	Complaints turn around by Clinical Group
Appendix 4	A breakdown of all meetings held
Appendix 5a	A breakdown of survey respondents all complainants by age, gender and ethnicity
Appendix 5b	A breakdown of complaints made about Black Caribbean patients by grade, Group and theme
Appendix 6	Breakdown of ethnicity of complainant, ethnicity by local population and by patient population.
Appendix 7	Complaints breakdown by theme
Appendix 8	Complaints breakdown of attitude of staff theme, by profession and all aspects of clinical treatment by department.
Appendix 8b	% of complaints that provided learning opportunities by outcome
Appendix 9	Complaints breakdown of reopened complaints by Clinical Group and Corporate Directorate and grade
Appendix 10	Reopen cases by Group, theme and Grade
Appendix 11	Breakdown of PALS enquiries by Clinical Group and Theme
Appendix 12	Compliments collected by PALS compared to the last 4 quarters.

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.

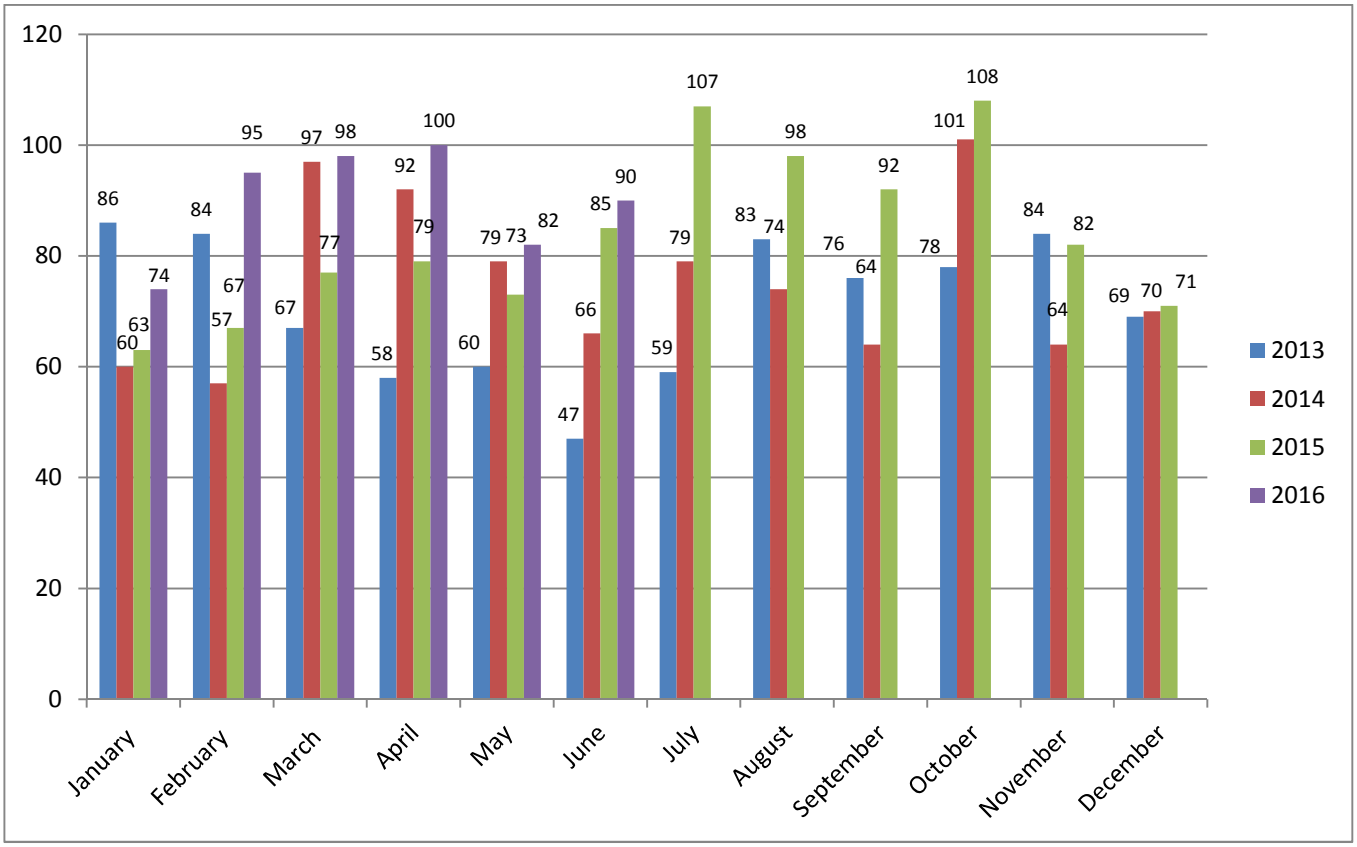
COMPLAINTS

1. Complaints Management

1.1 Total received

The total number of complaints received by the Trust for this quarter is 272, compared to 267 the previous quarter. This includes complaints that were withdrawn, which totalled 8 leaving 264 to manage. This compares to 261 in Q3 2015/16, 297 in Q2 2015/16 and 237 in Q1 2015/16 (same time last year). This equates to 5 more than in Q4 2015/16 and when broken down by month, year on year, there were 21 more complaints made in April 2016 compared to April 2015, 9 more made in May 2016 compared to May 2015 and 5 more complaint made in June 2016 compared to June 2015.

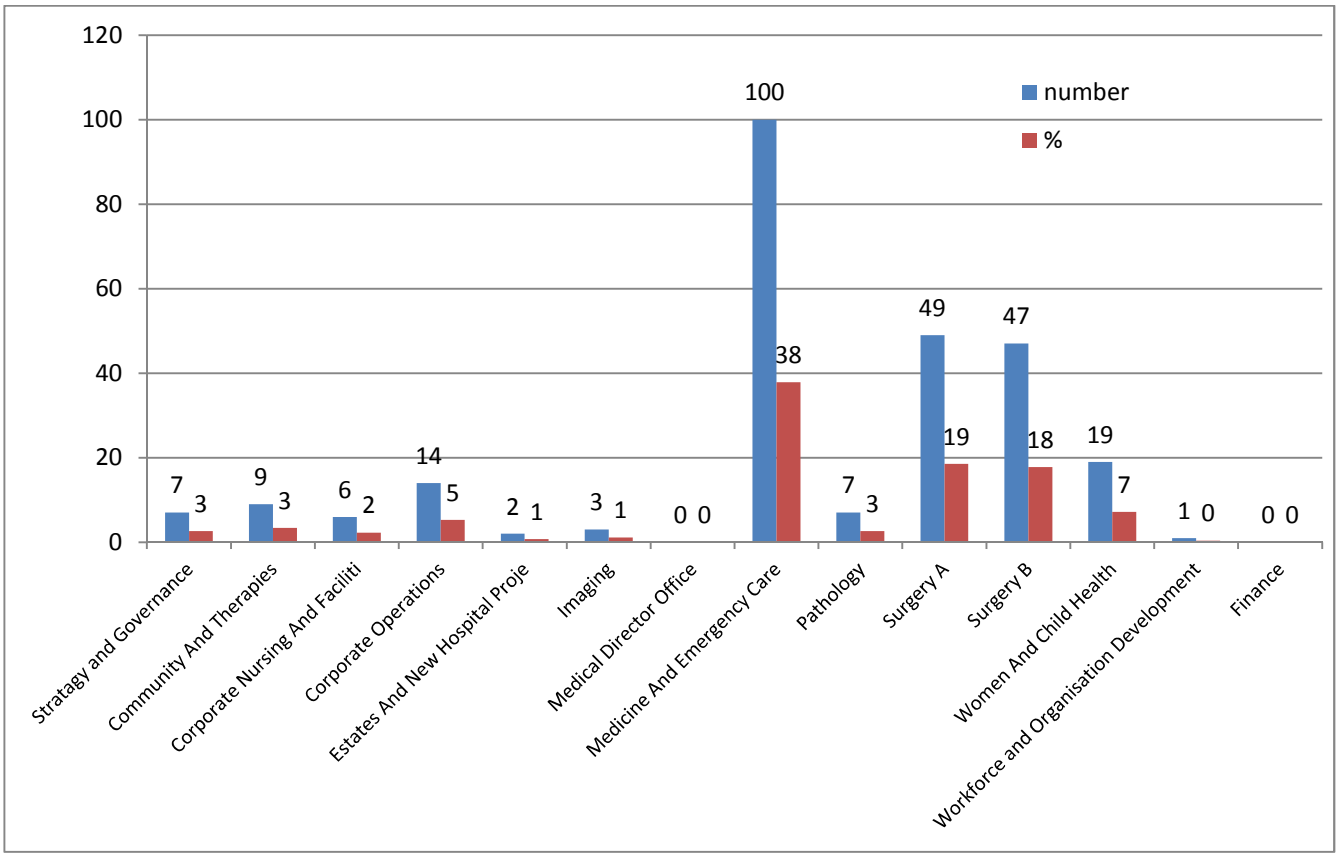
Q1 2016/17 complaints received by month



1.2 Complaints by Clinical Group

When analysing the complaints received in Q1 2016/17, 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).

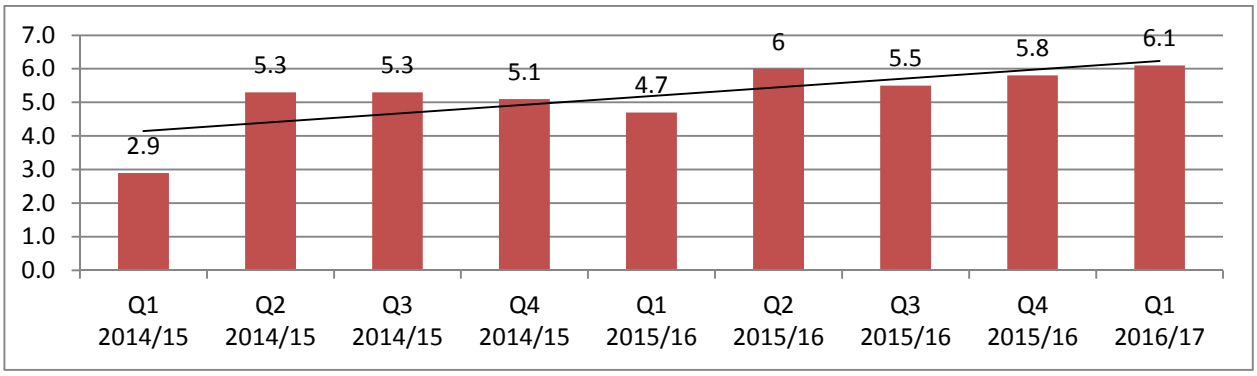
Q1 2016/17 complaints received by Clinical Group/ Corporate Direcotrate



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 81% of the complaints. This is a decrease of 3% from the 84% proportion from Q4 2015/16.

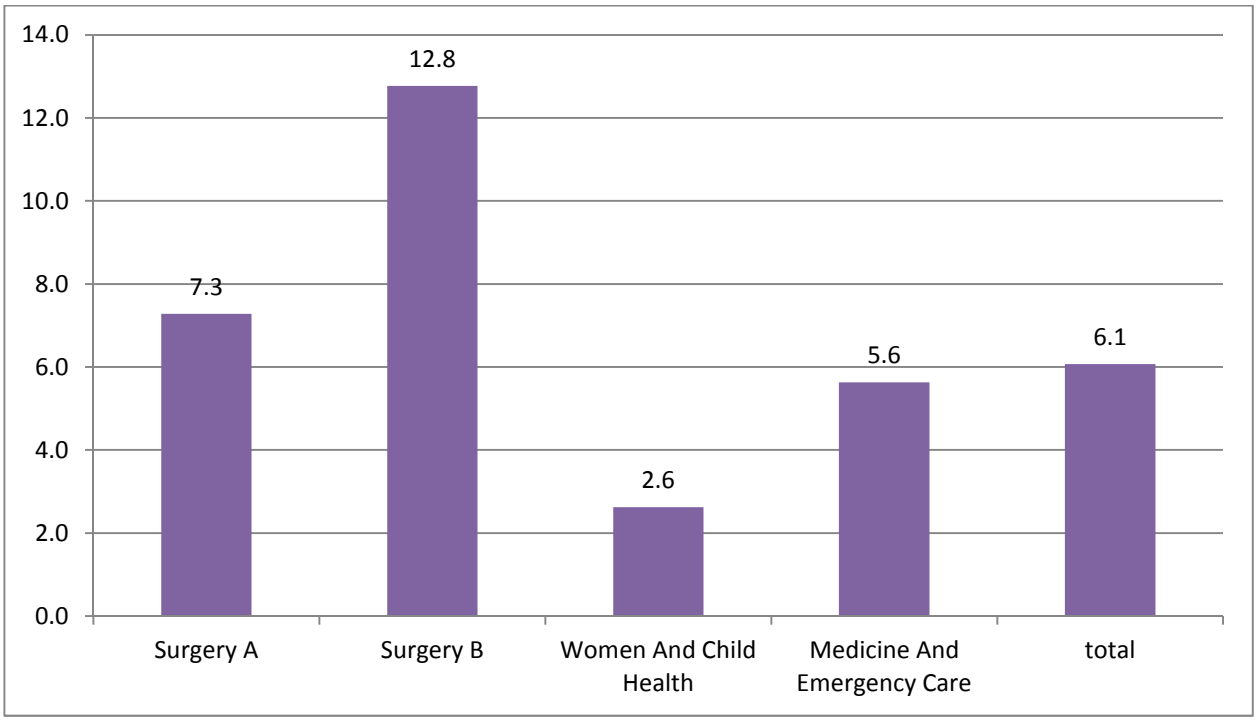
Complaints received per 1000 FCE (Finished Consultant Episodes) Q1 2016/17 compared to previous quarters since Q1 2014/15



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 which started in Q4 2015/16. This work is still in train, and the complaints rate for Surgery B did start to come down from 11.5 for Q3 2015/16 to 8.5 for Q4 2015/16, although it is back up to 12.8 in Q1 2016/17.

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.

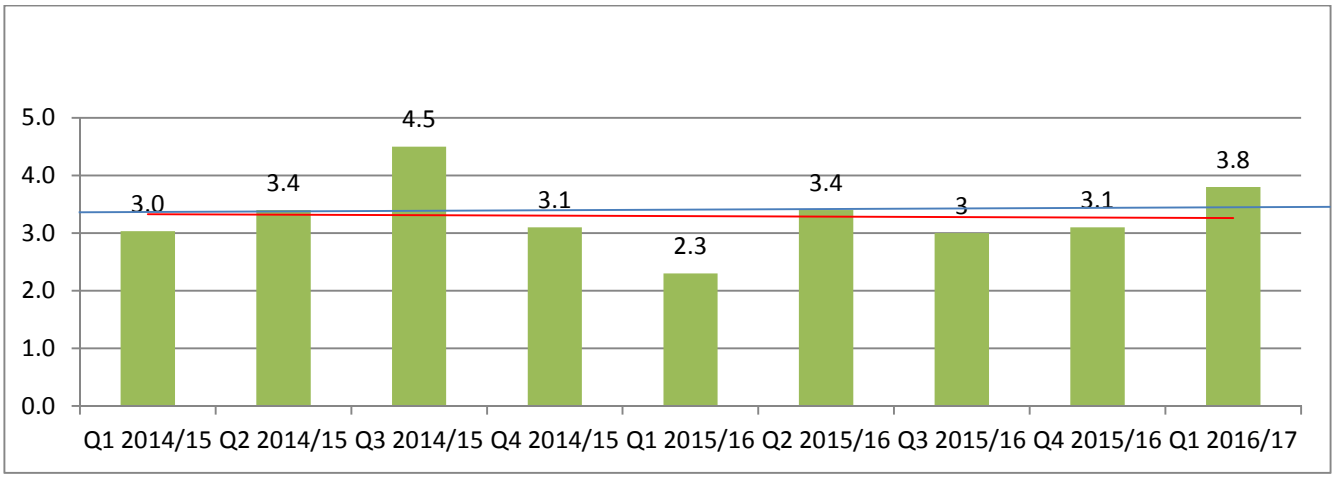
Complaint rate per 1000 FCE for Q1 2016/17 by Clinical Group



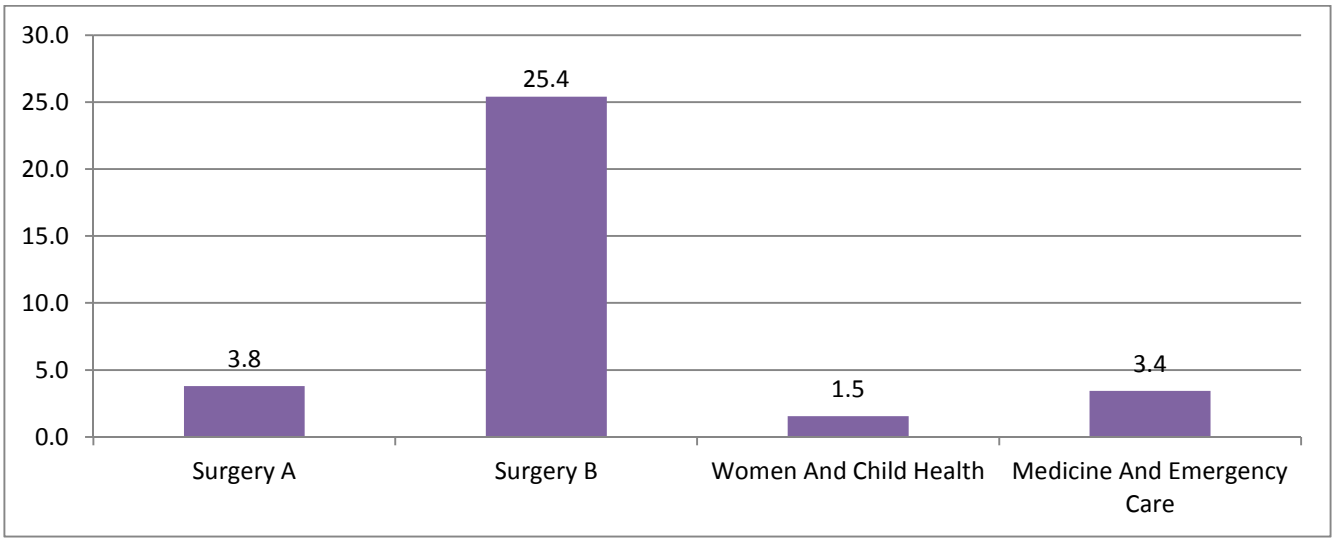
1.4 Complaints by 1000 bed days

The complaints rate, calculated as complaints per 1000 bed days for Q1 2016/167 is slightly raised at 3.8 compared to 3.1 in the previous quarter, and 3.0 in Q3 2015/16, 3.4 for Q2 2015/16 and 2.3 for Q1 2015/16 (same time last year.). This slight increase has not affected the downward trend line. The 12 month rolling average has increased slightly to 3.32 compared to 2.95, (from Q4 2015/16), 2.95 in Q3 2015/16 and 3.32 in Q1 2015/16 (same time last year). 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 Q1 2016/17 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

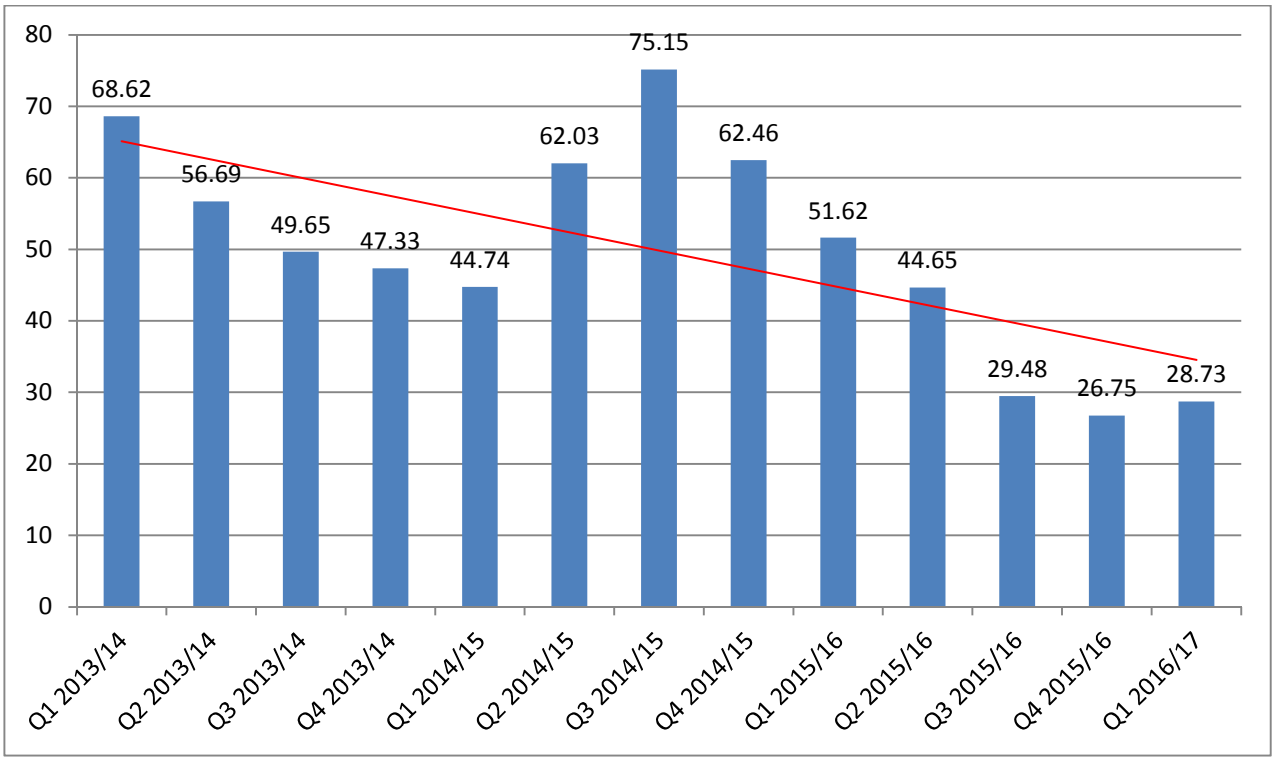
As previously reported, Q2 and Q3 2014/15 showed a spike in the average days taken to respond to complaints, and this was largely due to the volume of older cases that had been finalised. Since Q1 2015/16 there has been a predicted decrease, and as cases were managed within their target date, and renewed focus being given to accurate target dates, as opposed to a default 30 day turnaround the rate had gone down from 29.48 in Q3 2015/16 to 26.75, a reduction of 2.73 days. At the start of the financial year, some cases have taken longer to complete, some because of their complexity, and some because of notable issues with resourcing (complaints team, and investigation leads). There has been an increase in the number of cases that were not managed with their target date, and this has also had an impact on the average days to complete cases. This has risen to 28.73.

In 2015/16 the Trust kept 93% of cases in their target date, and this year the target is 97%. The complaints team have revisited the principles and practices that led to the improvement of case management in 2015/16 (daily reporting, stringent escalation) to stem the trend of more cases breaching.

Of the 233 complaints resolved (new and reopened) in this quarter, 23 breached their target date. This equates to 90% of the cases that were resolved in this period being managed within their target date, a drop from the previous quarter, at 93%. Of the 233 closed cases, 107 were complaints raised since 1 April 2016; the others were cases from the previous quarter that had been held over into this year (awaiting waivers, waiting on information from complainant, logged toward the end of that reporting period.) Of the 'new' (107) cases, 10 of these breached their target date. This also equates to 90% of the new cases being kept in date, a rate that needs to improve.

The cases that have breached have done so largely in relation to a failure to keep up to date with the responses due, as opposed to a system or process failure. Escalation processes, and database reporting have been revisited in order to get cases back on track.

Average days to respond by quarter in Q1 2016/17

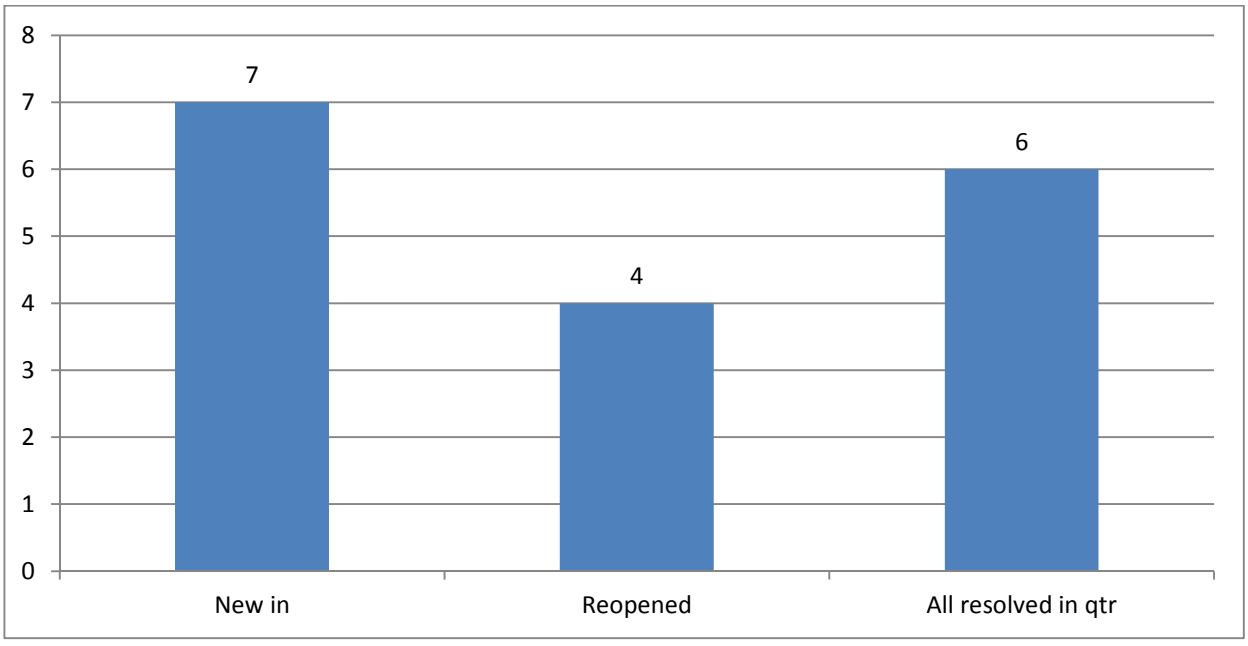


Appendix 3 shows a further breakdown of this data by Clinical Group. It should be noted that this is the total time that the complaint took to resolve and includes all stages of the process.

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 are always 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. In Q1 2016/17 the rate at which complaints were resolved as a meeting was 6%, compared to 6% in Q4 2015/16, 10% in Q3 2015/16, 12% in Q2 2015/16 and 7% for Q1 2015/16 (same period last year). In previous complaint survey responses, one of the lowest scoring questions was around our propensity to offer a resolution meeting, and scored at 23% in the last quarter. This quarter, this result nearly doubled to 42% complainants being offered a meeting. Interestingly however, even though it can be evidenced that we have been promoting this option more, the tale up rate of those complainants wanting to meet with the Trust only went up by 1%.

% of complaints that were managed by a resolution meeting as opposed to a written response. Q1 2016/17



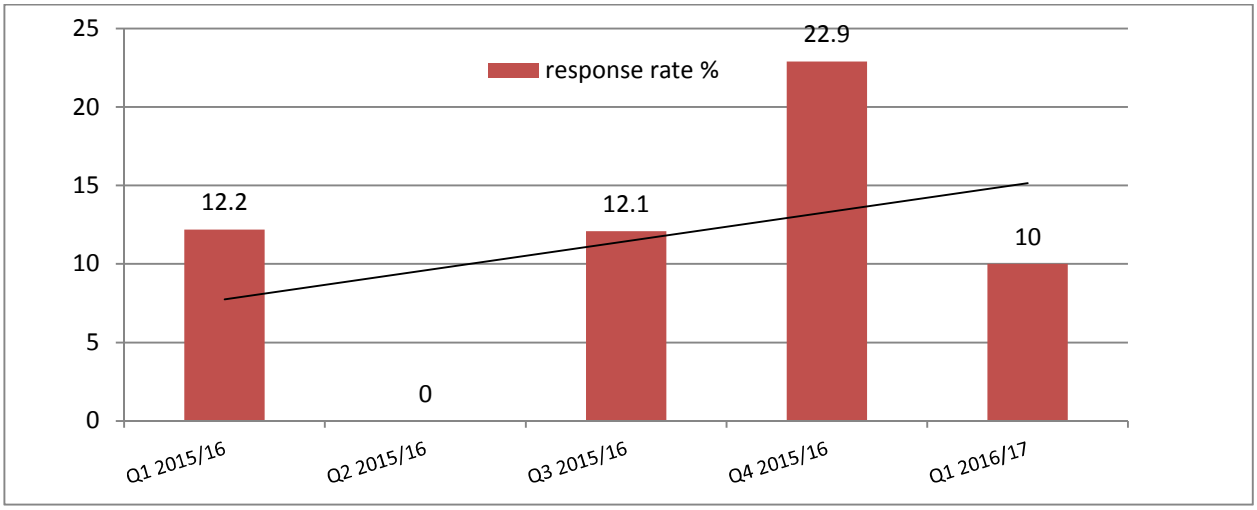
1.7 Complaint satisfaction survey

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 jumped to 22.9%. In Q1 2016/17 however, this has gone back down to 10.3%. Work has started in the complaints admin team, to strengthen the process that sits behind the sending of the surveys to ensure no opportunity is missed, in giving a complainant an opportunity to respond about their

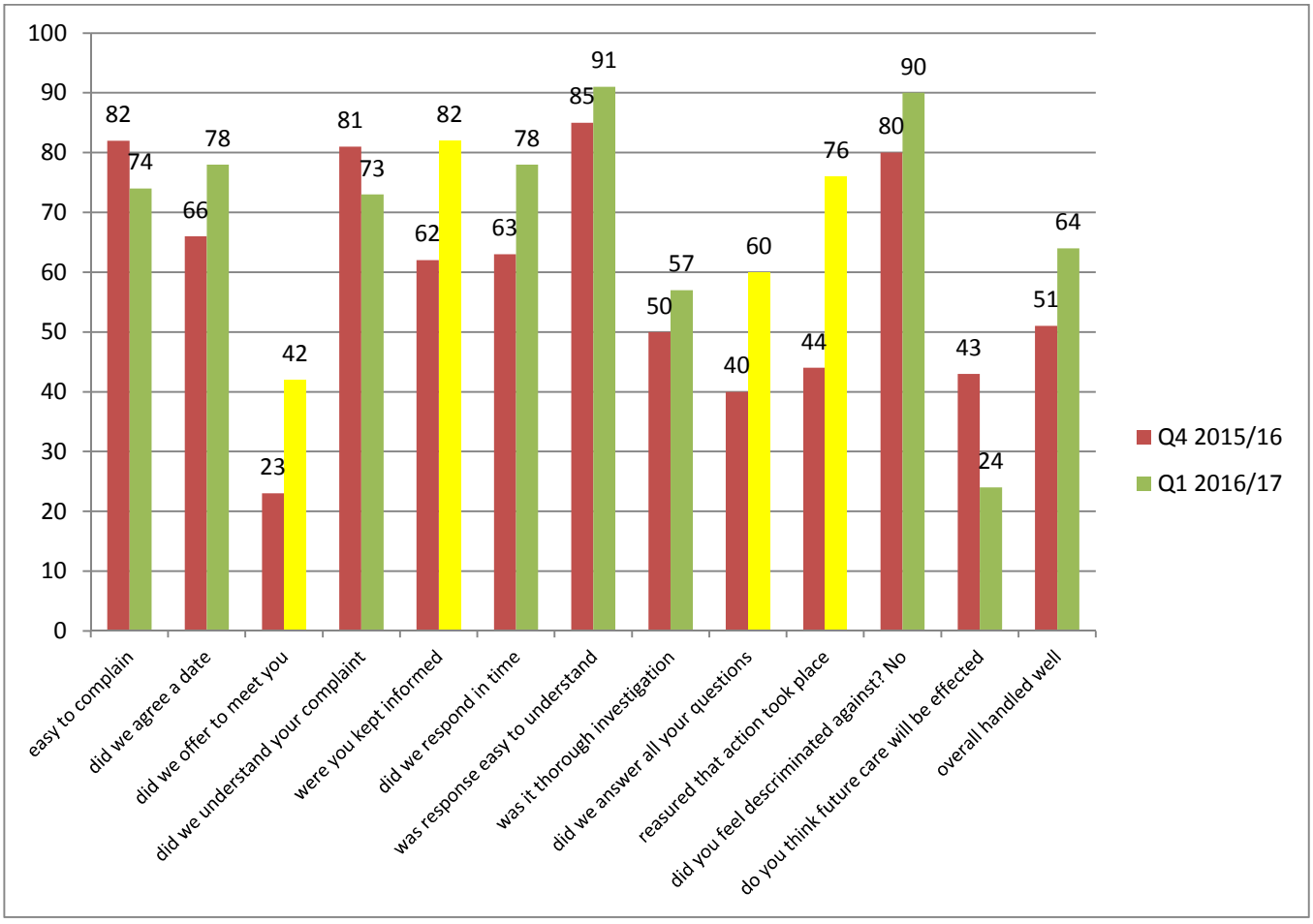
experience. This should in turn increase the volume of complaint surveys that are returned although, should this remain low in the following quarter, the timing of the sending of surveys will again be revisited.

It should be noted that the results regarding satisfaction about the way complaints are managed are improved.

Response rate for Complaint Satisfaction Survey for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2015/16 (same time last year)



Complaint Survey results by % Q1 2016/17 (highlighted are the areas of the survey that have the most improved results)



KEY POINTS

- Surgery B still have the highest complaint rate, with a large number relating to appointment management, but this remains lower than in previous quarters.

- 90% (223) of complaints resolved in this quarter were sent within their target date. This is a decreased number of cases compared to previous and whilst this is still improved when compared to the previous year, work is now underway to ensure that the total result for 2016/17 is improved on 2015/16, not worse.

- The average turn around has also increased, largely due to the number of cases that have breached, and a smaller number of cases that were 'fast tracked'. The result achieved was 28.73 compared to 26.75 days. Whilst still under 30 days, more emphasis on fast tracking cases and a renewed focus on keeping cases in date should see this result improve in Q2 2016/17.

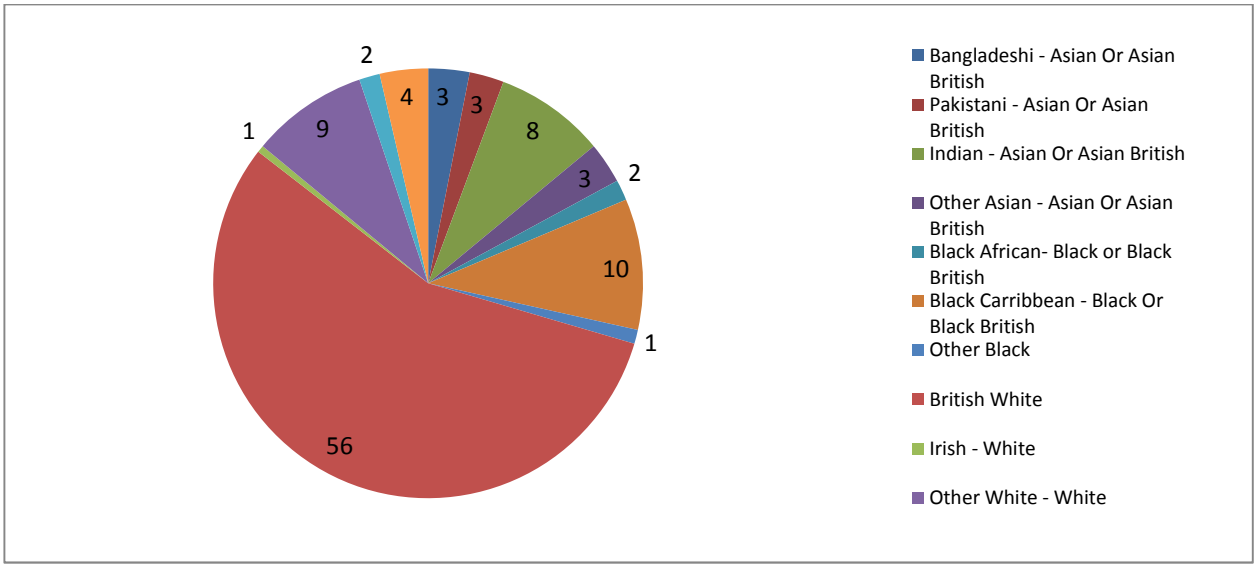
- The Complaints Satisfaction Survey return rate has gone down to 10.3% compared to 22.9%, but has seen improved satisfaction rates in our offering meetings, being kept better informed, answering all questions, and complainants feeling reassured that action has been taken.

2. Complaints in detail

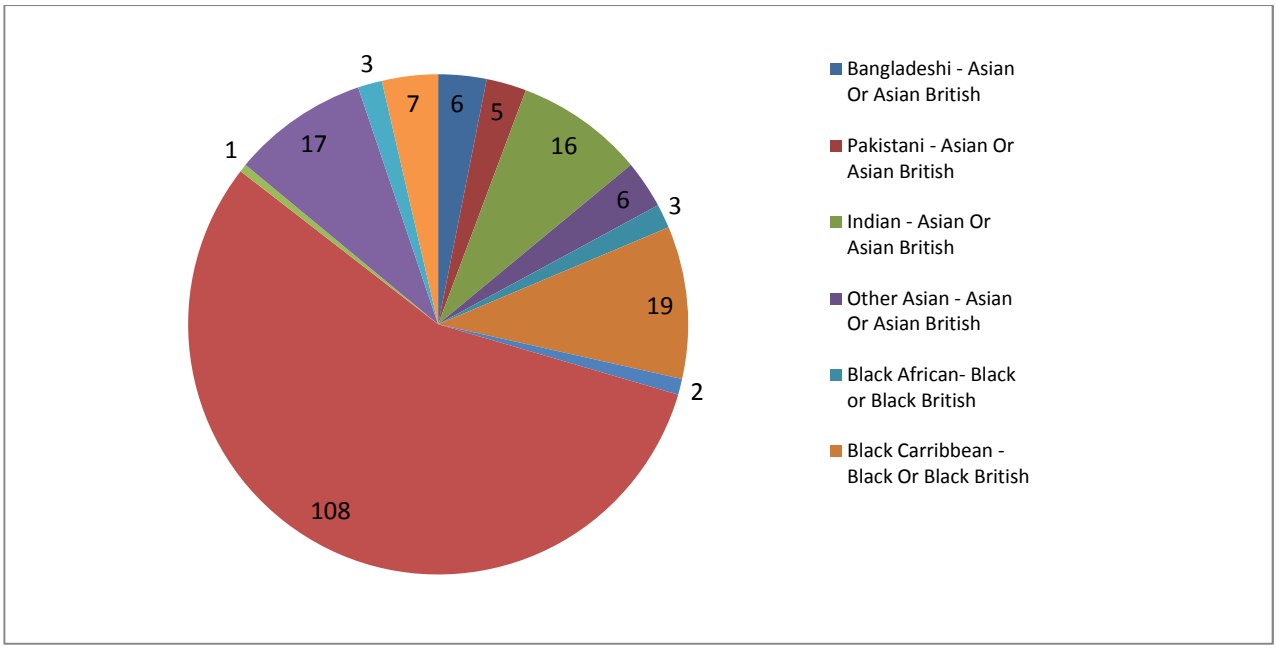
2.1 Profile of the subject of complaints

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 Q1 2016/17 (of 193 of complaints where ethnicity stated)



Subject of complaint by total number- Ethnicity Q1 2016/17 (of 193 of complaints where ethnicity stated)



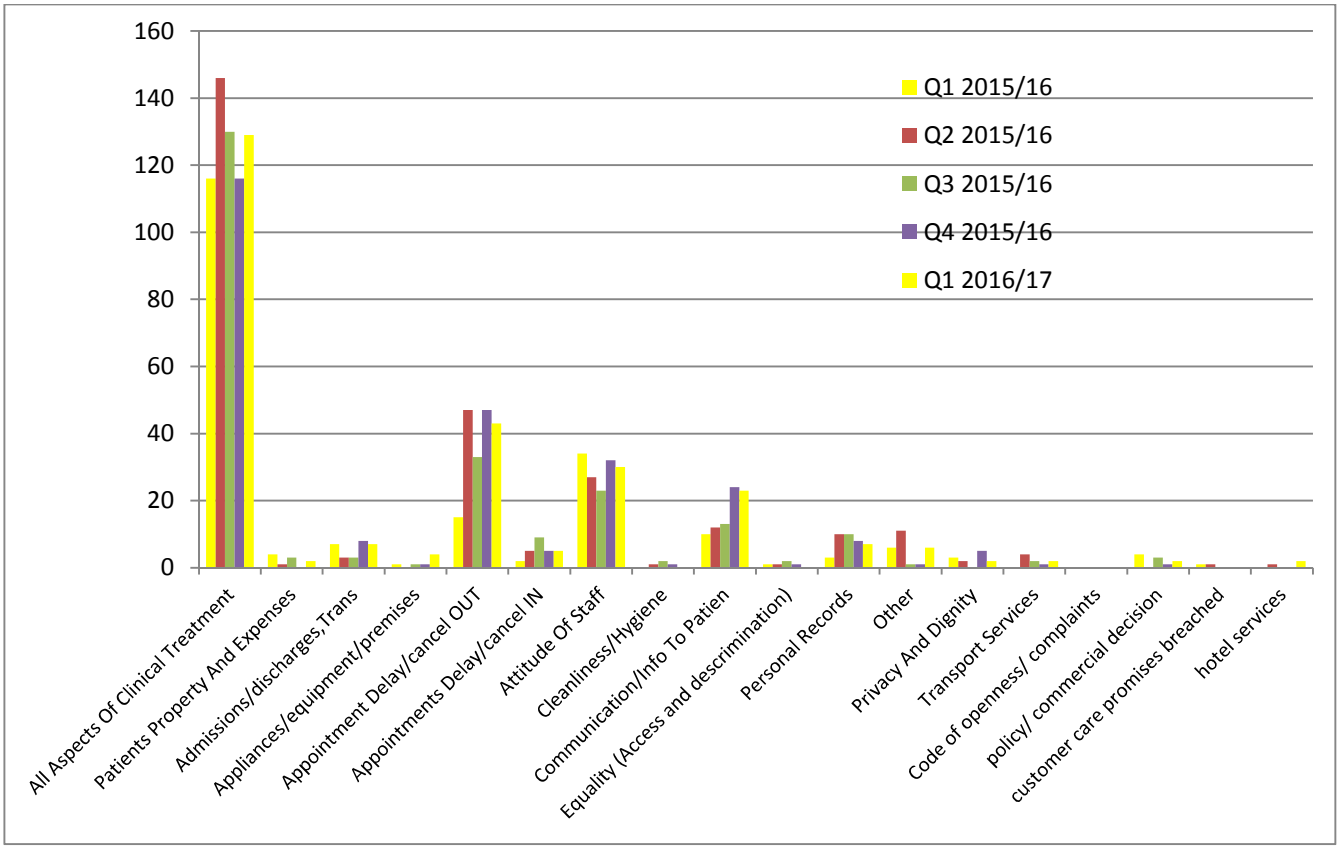
In previous quarters, disproportionality around complaint rates for the Pakistani and Black Caribbean communities has been reported. The numbers of complaints for the Pakistani community have been more representative over the last 3 quarters, but have again dropped to 3% of complaints vs 9% patient population and 11% demographic population. This disproportionality has continued for Black Caribbean complainants and or patients seeing 10% of complaints being made by this sector of the community against a patient population of 6% and a demographic population of 4%.

Discussions have started with Black Community Leaders, without any conclusive explanation being reached. Staff population is understood to be 5.8% for the Black community (although this is not broken down between Black African and Black Caribbean in the same way that patient and population breakdown is represented.

Research is underway to understand whether partners in the BCA Trusts, and other Trusts with a similar demographic, have a similar issue in relation to disproportionality, and if so, to learn from their experience as a solution to this issue is sought.

2.2 Formal complaints by theme

Broad themes that complaints fell into in Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2015/16 a (this time last year).



When analysing the top three themes complained about, these remain 'all aspects of clinical treatment', 'appointment delays', and 'staff attitude'. **Appendix 7** 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. This rate, is however back up to 35% of complaints about appointments being attributed to Surgery B. Concerns raised with PALS about the management of appointments, when compared across Clinical Groups, also showed that 36% of these concerns related to Surgery B. The rate at which complaints are received about appointments overall has however remained steady over the last 4 quarters, at around 18%. Whilst there has been some improved results in terms of the complaint rate about appointment management, this has been inconsistent, suggesting that the root cause of the issue is yet to be addressed.

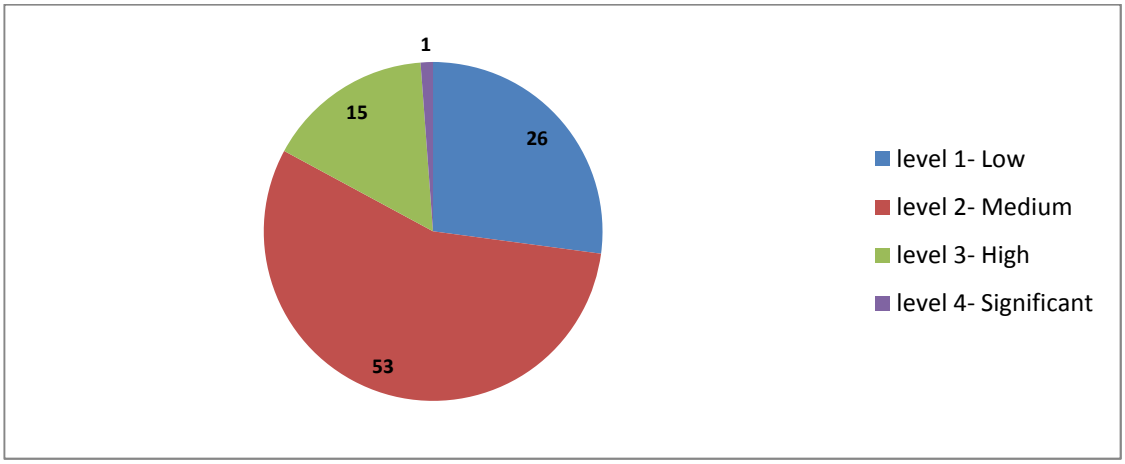
Appendix 8 shows the top three themes as they split out across the Clinical Groups, and specifies the staff groups that feature in the complaints about 'attitude of staff.' In most of the previous quarters, when comparing doctors and nurses, it is more likely that it is the attitude of the doctor that 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. However in Q1 2016/17, this has swung again back to showing the doctor as the cause for concern. Also shown in **Appendix 8** is a breakdown of complaint theme 'all aspects of clinical treatment' by Department.

2.3 Formal complaints by severity

The following is a breakdown of the 264 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 over Q4 2015/16 and Q1 2016/17. This quarter, level 1 and 2 complaints again made up 85% (225) of all complaints, compared to 83% (208) of those received in Q4 2015/16, 83% in Q3 2015/16 and 86% in Q2 2015/16.

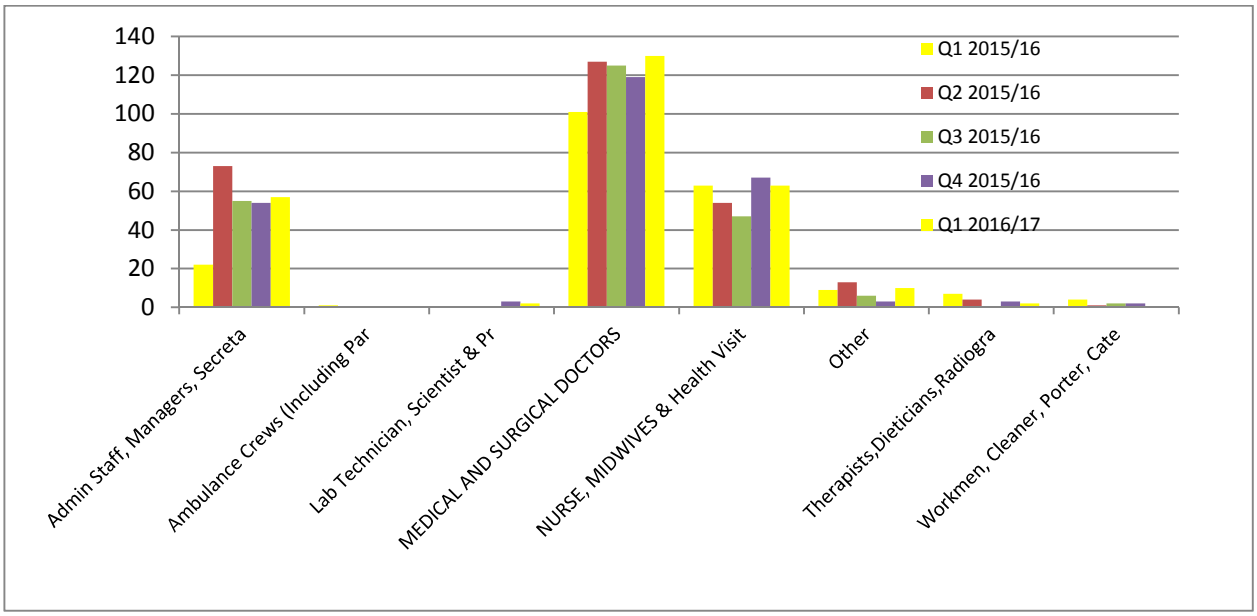
A breakdown the severity grade of complaint for Q1 2016/17



2.4 Formal complaints by profession

It has been previously reported that there were no significant changes in the number of complaints received across the seven professional groups. However 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.

Complaints by staffing group Q1 2016/17 compared to previous 4 quarters



KEY POINTS

- When broken down by ethnicity, complaints regarding Black Caribbean patients have again increased. The number of complaints received from the Pakistani community has also gone down, making the number of complaints disproportionate to patient and demographic population.

- The Elective Access team are working to improve the way that appointments are managed across many clinical areas. This work is ongoing, and had started to reduce the number of complaints received about this issue, but these are back up again, there being a slight increase in particular to those appointment complaints for Surgery B.

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

3. Formal complaints outcomes

3.1 Resolved complaints

233 responses were sent out in this quarter compared to 183 in Q4 2015/16, 250 in Q3 2015/16, 257 in Q2 2015/16, 225 in Q1 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.

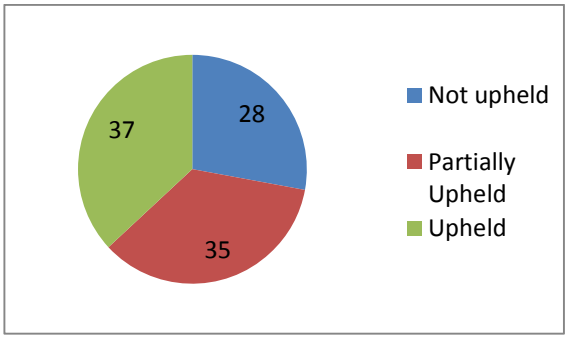
Partially upheld- elements of the complaint were found to be the case, but not all.

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

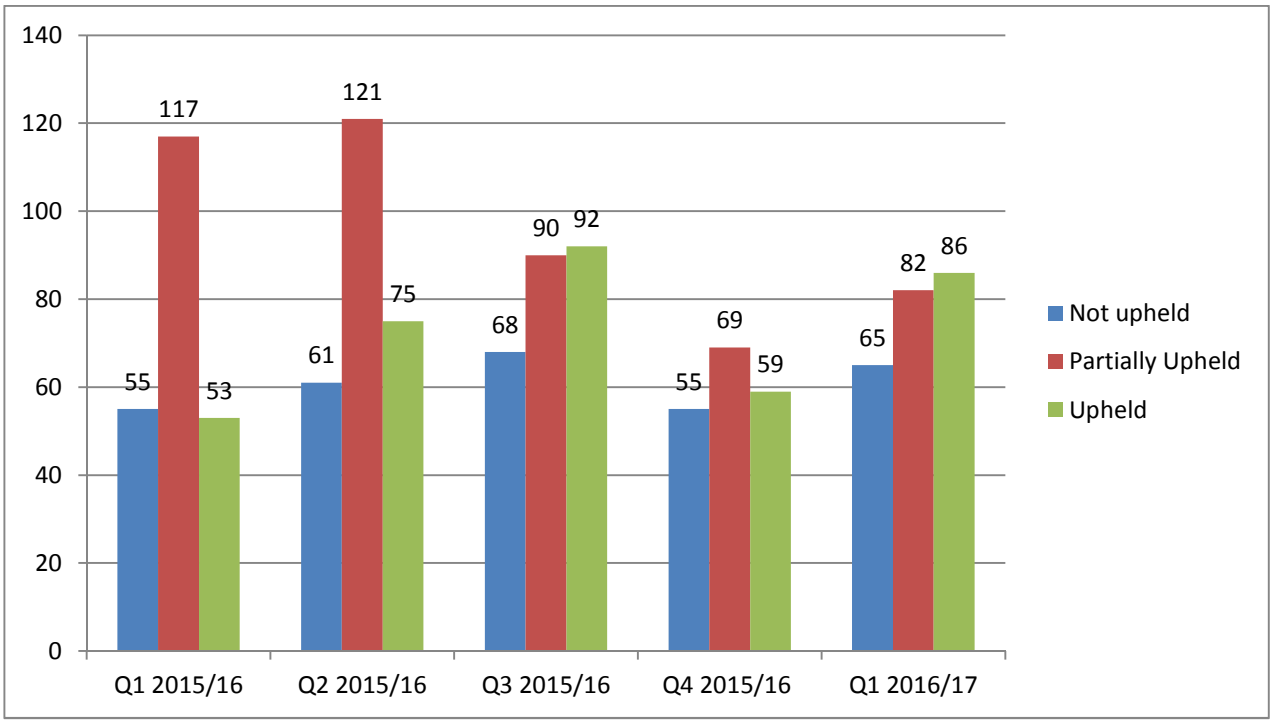
The outcome of complaint responses remain mostly either upheld or partially upheld, and whilst there was a slight increase in the instances of partially upheld in the last quarter, Q1 2016/17 results have reverted back to outcomes that are more consistent with previous quarters.

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

Q1 2016/17 no. of complaint by outcomes



Complaints outcome Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q12015/16 (same period last year)



Learning from complaints

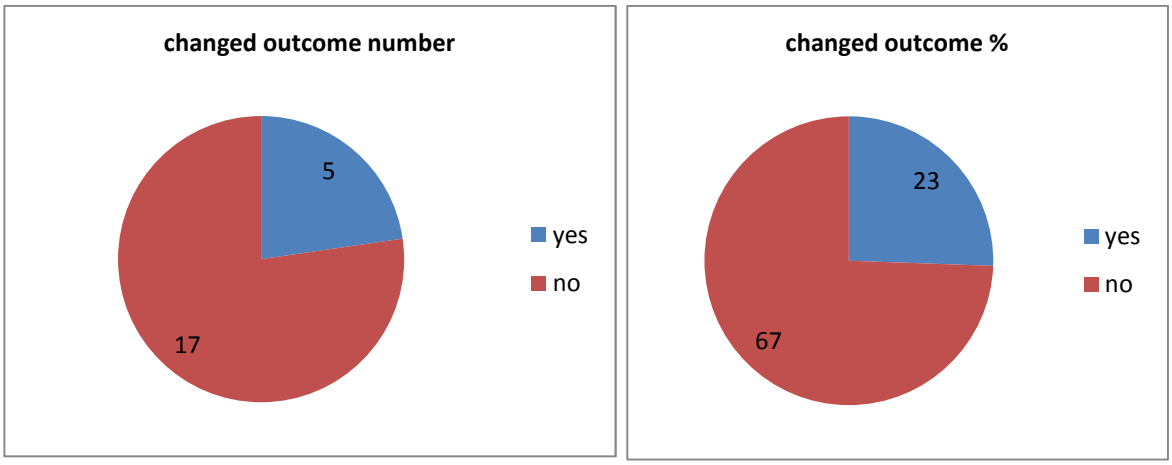
Complaints provide an important opportunity to improve services, learn from mistakes and identify systemic flaws in order to improve the patient experience, and in some cases patient safety. The database used in the complaints process has an action tracker, and records any recommendations that are made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

Of the 233 complaints closed in Q1 2016/17 48 (21%) recommended an action or learning as a result of the complaint. Most of the actions 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. There were no actions reported (in this quarter), to have been completed but a new report has been designed so that complaints can run regular checks on these actions, ensuring that those that registered are followed up to completion. **Appendix 9** shows how these complaints split across the three resolution outcomes (upheld, partially upheld or not upheld.)

Reopened cases

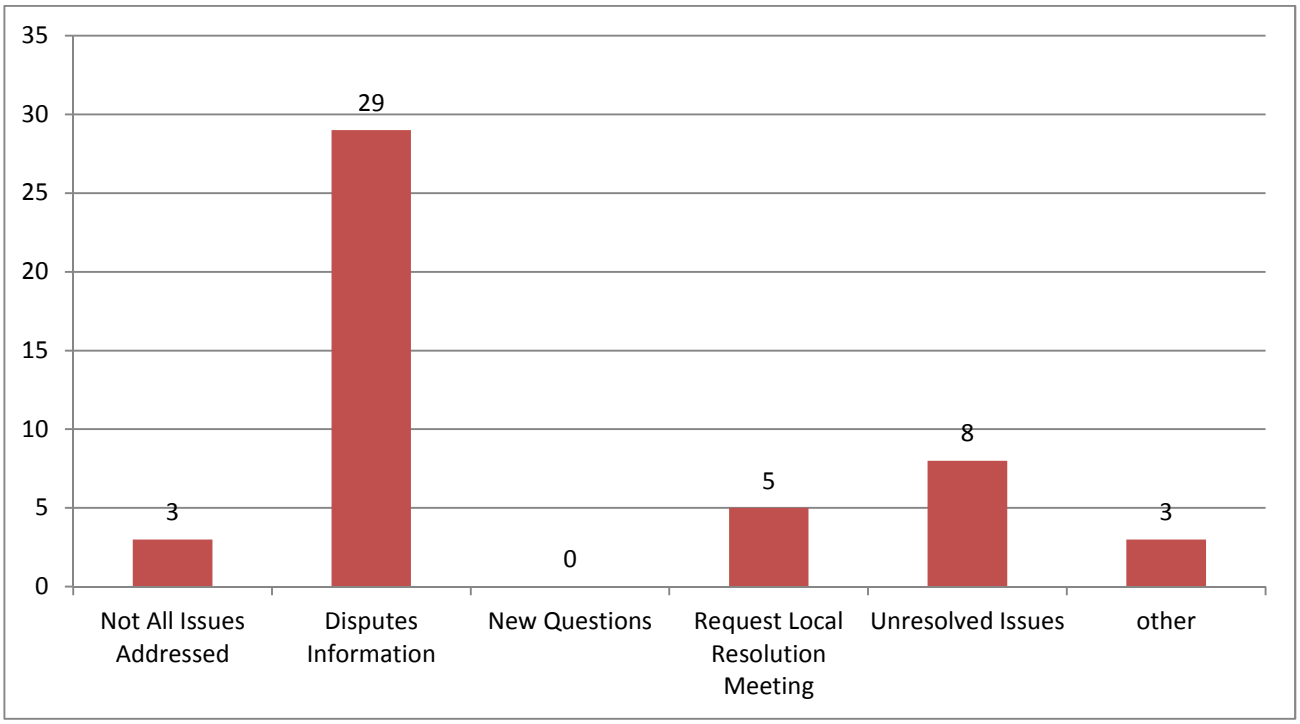
Reopened cases closed in this quarter totalled 46, with 1 (2%) case reopened because not all questions were answered. In a bid to reduce the number of cases reopened moving forward, cases where complaint responses are disputed, where the outcome of the second investigation changes, is also to be monitored. This quarter, 22 (50%) case outcomes were disputed. Of these 22 cases, 5 (23%) had a changed outcome once reinvestigated. Where a reopened case is reinvestigated, and it shows gaps in the first investigation, this feedback will be provided to the investigation lead and the person signing the complaint off (Quality Assurance process) for learning. It is envisaged that this number will decrease this financial year.

Complaints outcome changes in Q1 2016/17 for cases reopened and re investigated.

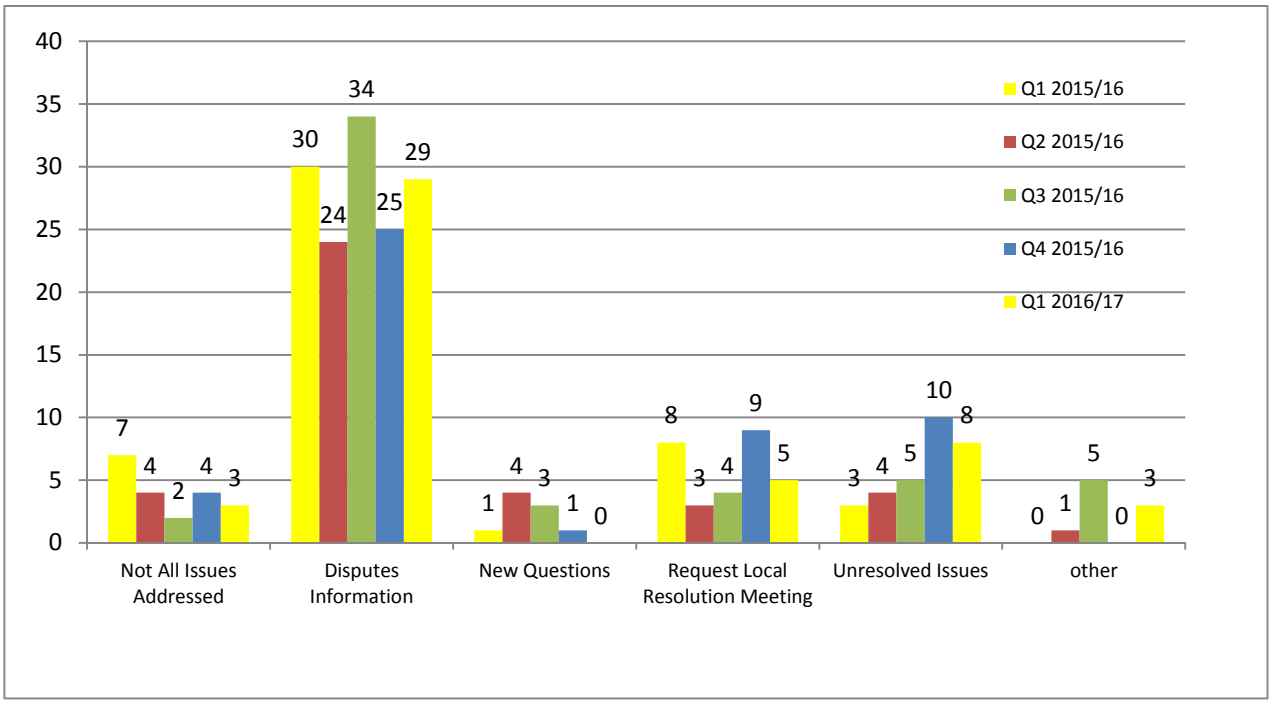


The number of cases reopened in this quarter was 48, with 3 (6%) reopened because not all issues were addressed in the first response. This compares to 49 in Q4 2015/16 with 4 (8%) cases reopened because not all issues were addressed in the first response, and 53 in Q3 2015/16 and with 2 (4%) cases reopened because not all issues were addressed in the first response. The decline in reopened cases has continued this quarter, as has the % reopened because not all issues were covered.

Total number of cases reopened and why Q4 2015/16



Total number of cases reopened and why Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q12015/16 (same period last year)

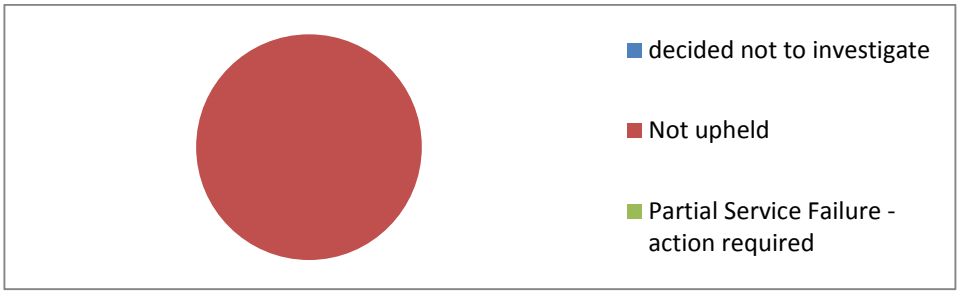


Appendix 10 shows all reopened complaints by Group and Grade, and continues to show that it is the medium grade (Level 2) complaints that are most likely to be reopened.

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).

5 new PHSO complaints were logged in the three months of this quarter, and 4 enquiries were concluded during this same period. Of note, all 4 enquiries that were closed by the PHSO were not upheld (in the Trusts favour). **The outcome of the 2 cases closed in Q1 2015/16**



The trend in receiving a high number of new complaints from the PHSO has slowed down with only 5 presented this quarter. As predicted however, the high number presented prior are still being closed more n the Trusts favour- this quarter, none of the cases closed were upheld. That means that over the last 2 quarters (6 months) of the 13 cases closed, 10 were not upheld, 77%.

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

The Parliamentary and Health Services Ombudsman (PHSO) recently published its findings into the way that GP practices handled complaints, by looking at a sample of 137 complaints managed between November 2014 and November 2015.

The results of this analysis found that GPs ability to manage complaints varied considerably; but that the PHSO identified five key areas they believe that GPs have the most scope for improvement.

1. Develop a listening culture.
2. Better understanding of regulatory frameworks.
3. Understand professional responsibility.
4. Attitude toward apologising when things go wrong, and being open.
5. Commitment to Learning.

The findings in the report were based on complaints about GP practices, which were investigated by the PHSO and the detail, results and Exec summary have been published on the PHSO Website.
http://www.ombudsman.org.uk/reports-and-consultations/reports/health/an-opportunity-to-improve/2

Q4 2015/16 (reported a quarter behind)

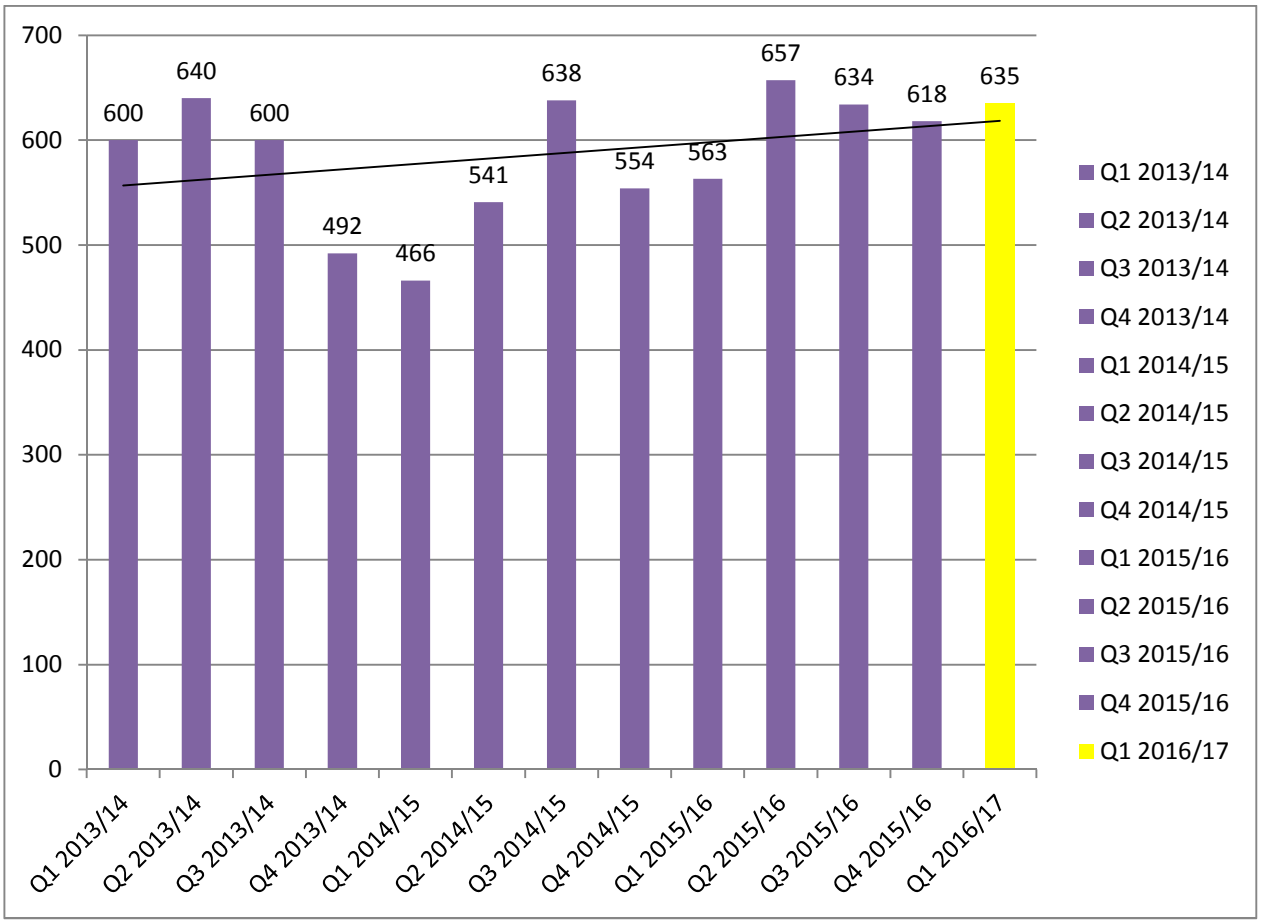
The PHSO reported that they received a total of 2780 complaints in the quarter, up on the previous quarter, at 2629 in Q3 2014/15, 2672 in Q2 2015/16, and 2401 in Q1 2015/16 off which, 47% were upheld compared to 48% in Q3 2014/15, 45% in Q2 2015/16 and 45% in Q1 2014/15. This is not reflected in our Trusts upheld rate, at just 33% for Q4 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 113 reported.

The total number of PALS enquiries made in Q1 2016/17 was 635, compared to 618 in Q4 2015/16, 634 in Q3 2015/16, 657 in Q2 2015/16, and 564 in Q1 2015/16 (same time last year).

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



Appendix 10 reports all PALS enquiries compared to the last 4 quarters, and is also broken down by Clinical Group and theme.

Compliments

There were 113 compliments collected, a large proportion of which (61) were from D26. This continues to demonstrate the difficulty in gaining commitment from all wards to capture this information for the purposes of this report. Wards are now however recording this information in order to update their Quality and Safety and Patient Experience Dashboards, so future Complaints Reports will use data from this dashboard to add context and perspective to their complaints.

5. Key areas for focus in Quarter 2 2016/17

5.1 Is still evident that more work needs to be done to better understand the 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. Additional comparison data has been requested from similar Trusts to add context to this anomaly before planning next steps.

5.2 10 cases logged this quarter have breached their target dates. In order to ensure that increase of breached cases does not continue, work has started with the complaints team to refocus Investigation Leads on timely responses, senior managers have been sited on departments findings these deadlines more challenging and the complaints team themselves has revisited the plans that were in place to turn the complaints responses around in 2015/16.

5.3 It is apparent that in order to improve the experience of those using the services of both PALS and Complaints, there is a need to develop a more streamlined service. Creating a service that does not differentiate between the two types of enquiry (for the complainant; the two types of enquiry will still be reported separately) will improve user experience, reduce double handling, and use the resources of the team much more efficiently. This work has started, with a redesign of the department, to be fully implemented from April 2017 in line with the Workforce review currently underway.

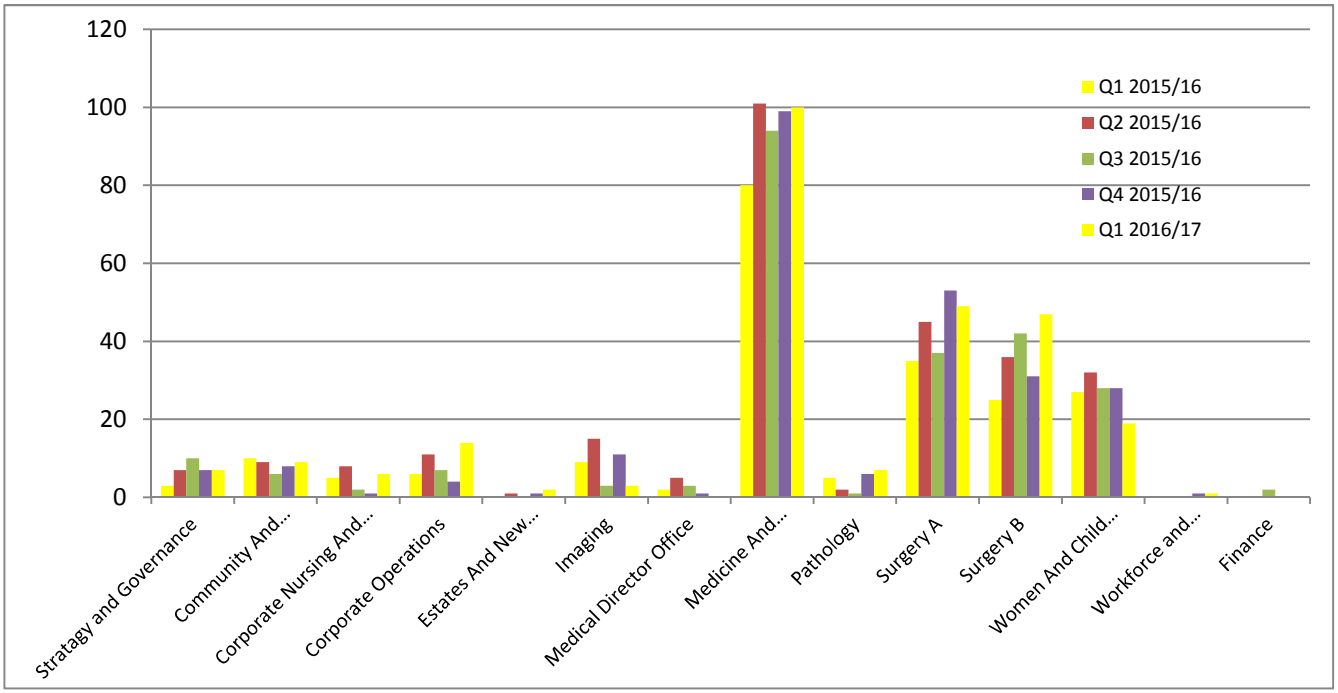
5.4 As part of the work needed to blend the work of PALS and Complaints, research has started in order to explore the possibility of using a dedicated telephone line for use by anyone with a concern about the Trust. Whilst complaints and PALS enquiries do currently come in over the phone, the way that this telephone service is staffed, and the promotion of this single enquiry number, will be improved in terms of accessibility and availability.

6. Conclusion

6.1 Complaint numbers have continued to increase into the beginning of this financial year and some cases have not been managed with the same efficiency as has become standard practice. This has been identified and work is underway to fix the issue. 90% of the new cases presented and resolved in 2016/17 have achieved their target date for completion. Work done to try and understand why certain ethnic groups make disproportionate complaints has not resulted in any remedial action, but this continues and contact has been made with other Trusts to try and understand their experience of similar communities. The response rate for the complaints satisfaction survey has gone down this quarter, but the rates of satisfaction are improved for a number of surveyed topics. PALS concerns remain steady and the rate at which the PHSO find in the Trusts favour has increased again this quarter.

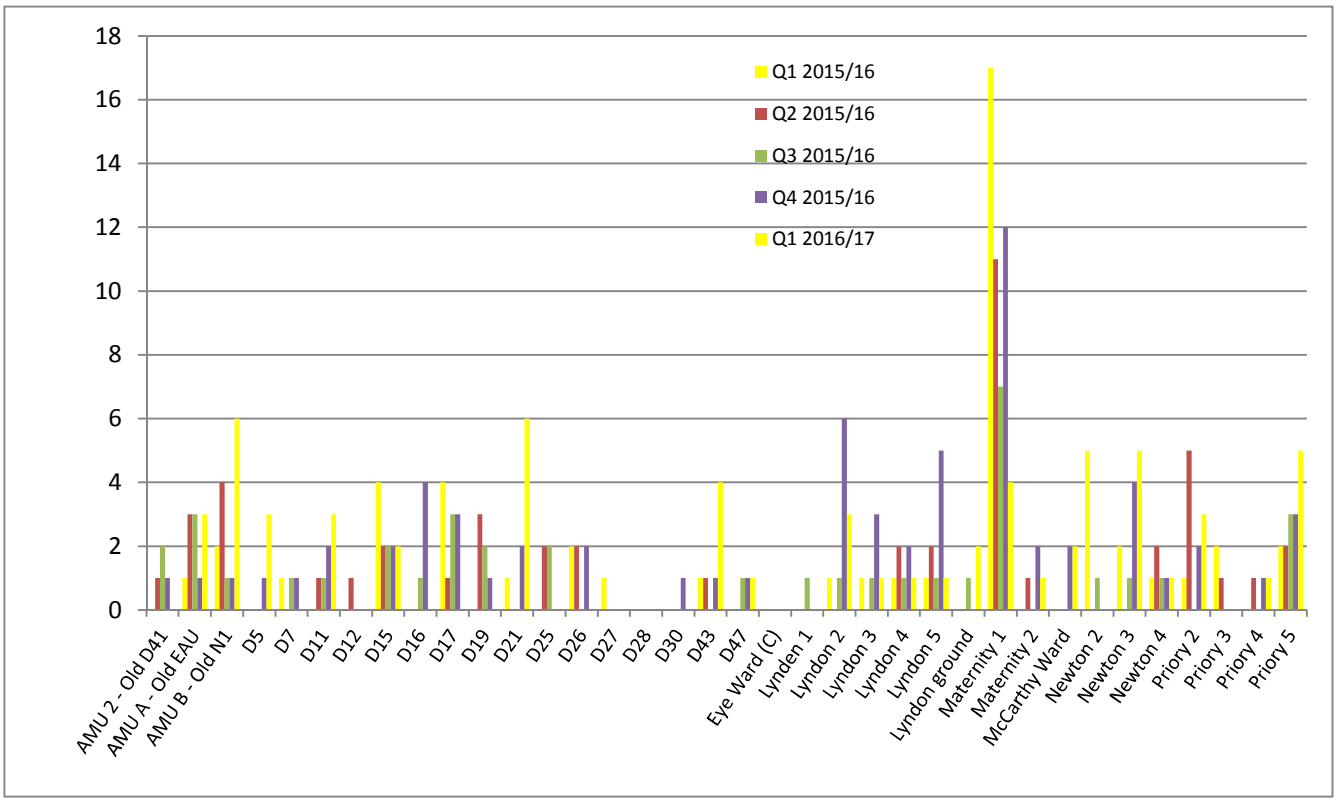
Appendix 1a

Complaints received by Clinical Group and Corporate Directorate for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.)



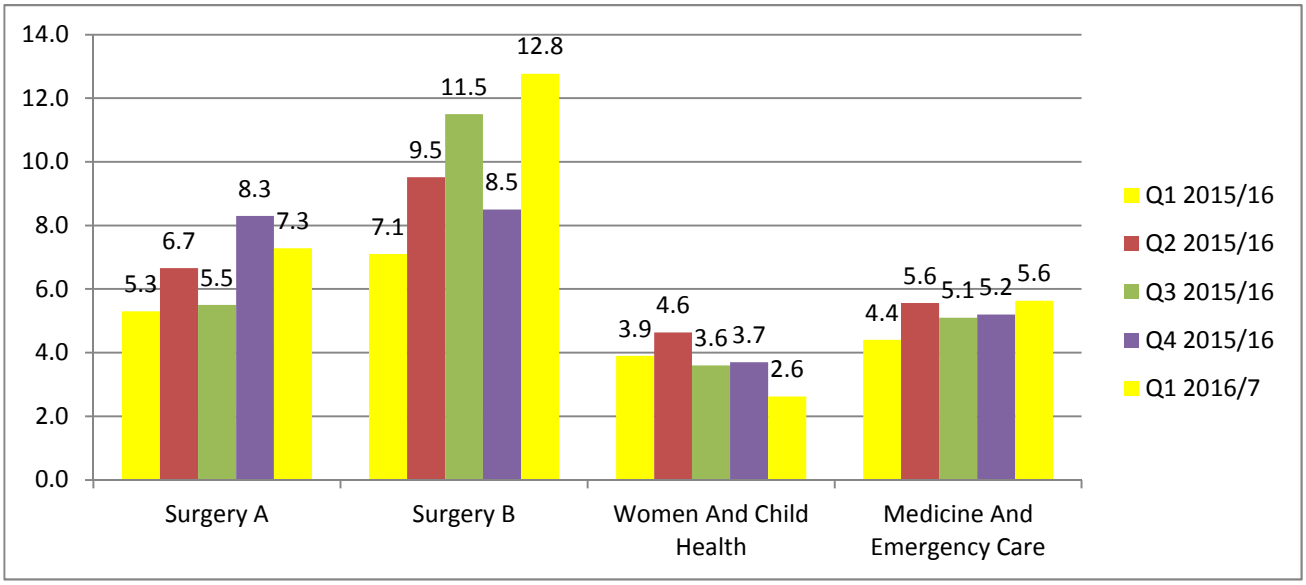
Appendix 1b

Complaints received by Ward (where applicable) for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.)



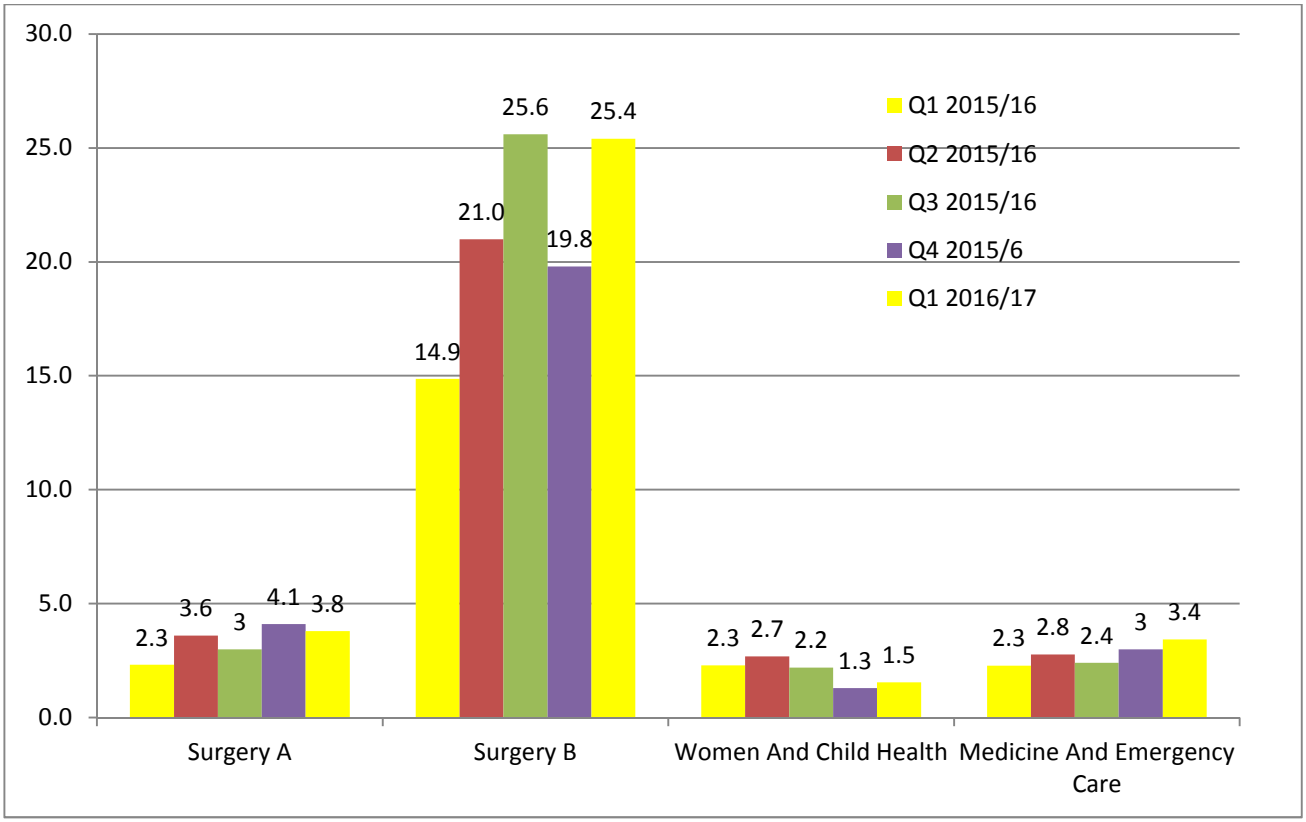
Appendix 2a

Complaints rates by 1000 FCE for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.) by the top four Clinical Groups



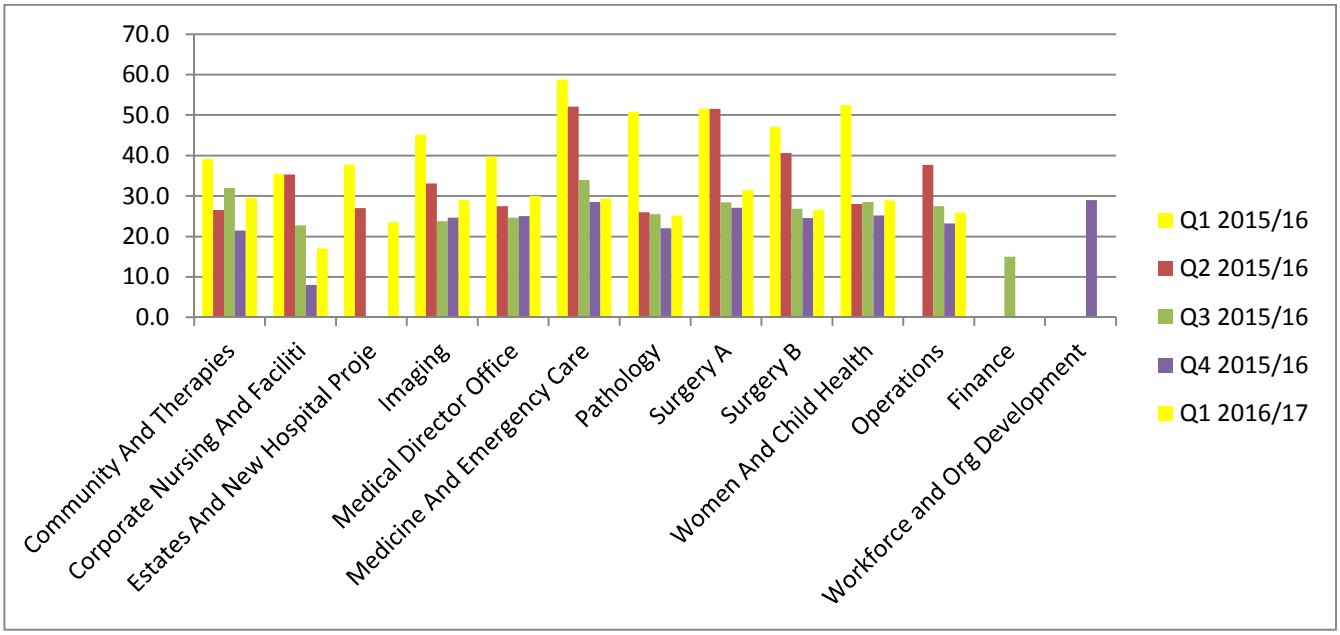
Appendix 2b

Complaints rates by 1000 bed days for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.) by the top four Clinical Groups



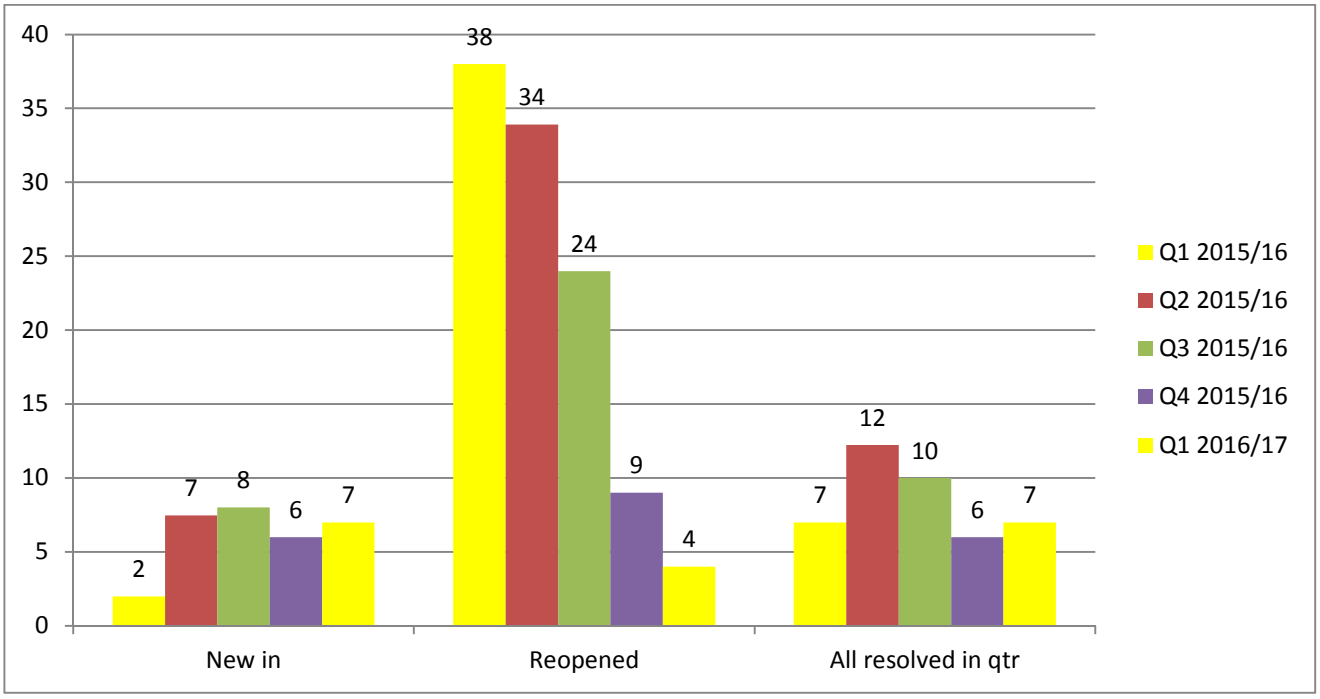
Appendix 3

Complaints turn around by Clinical Group for Q1 2016/17, 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 Q4 2015/16, Q3 2015/16, Q2 2015/16 and Q1 2015/16).



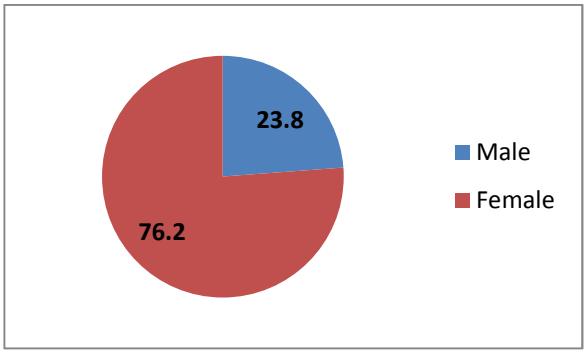
Appendix 4

Break down meetings held across Q1 2015/16, Q2 2015/16, Q3 2015/16, Q4 2015/16 and Q1 2016/17

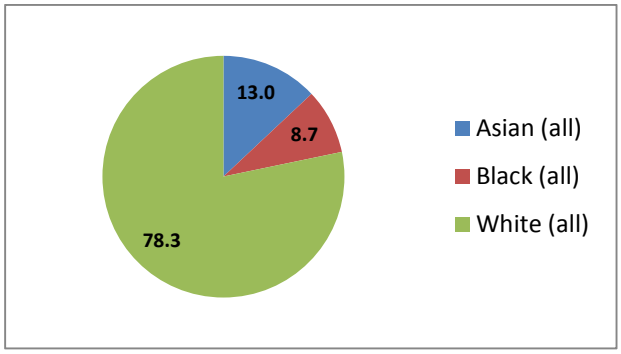


Appendix 5a

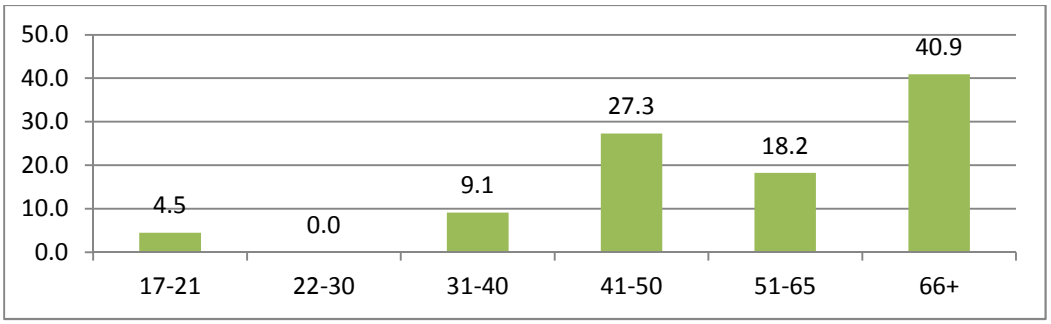
Q1 2016/17- survey respondents by gender



Q1 2016/17 survey respondents by broad ethnic groups

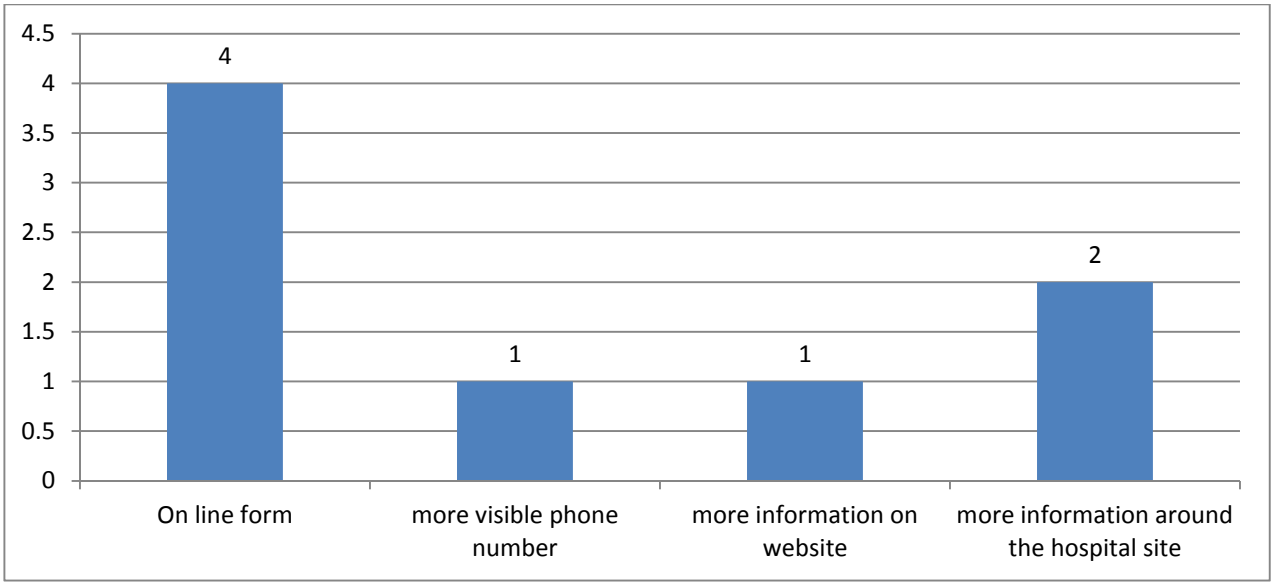


Q1 2016/17-survey respondents by age

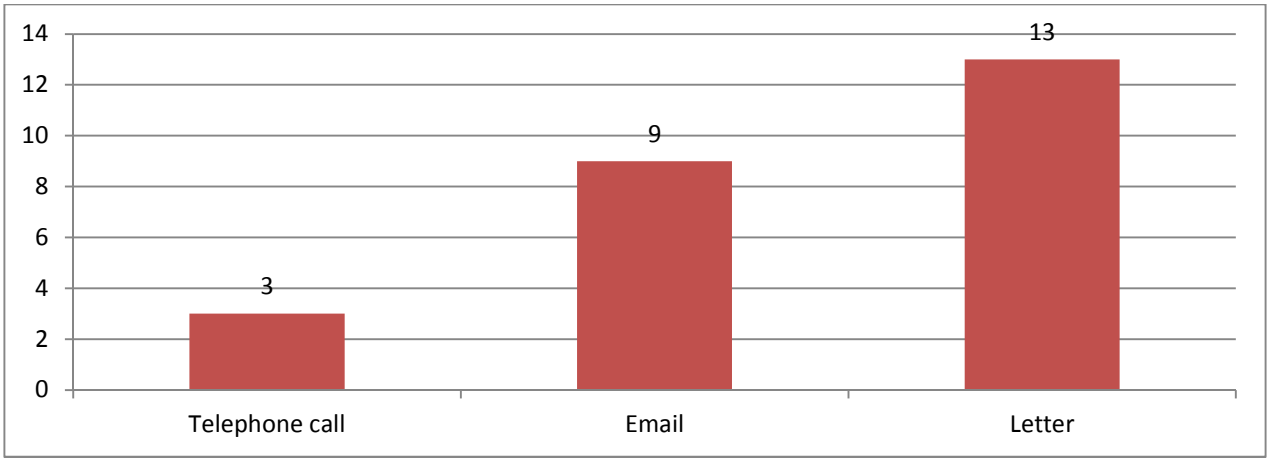


Appendix 5b

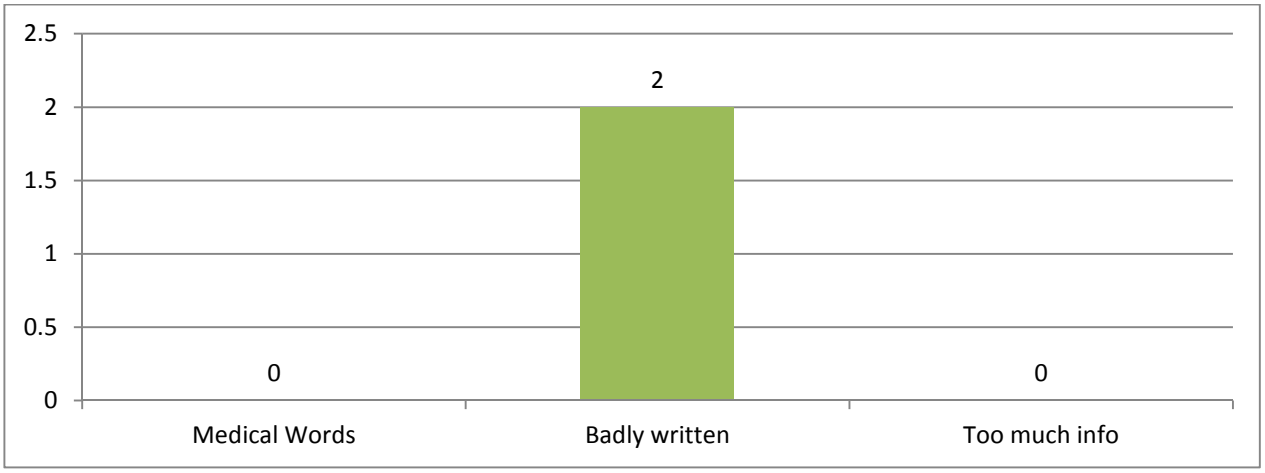
Break down of how to improve access to complaints Q1 2016/17



Break down of preferred keep in touch methods Q1 2016/17

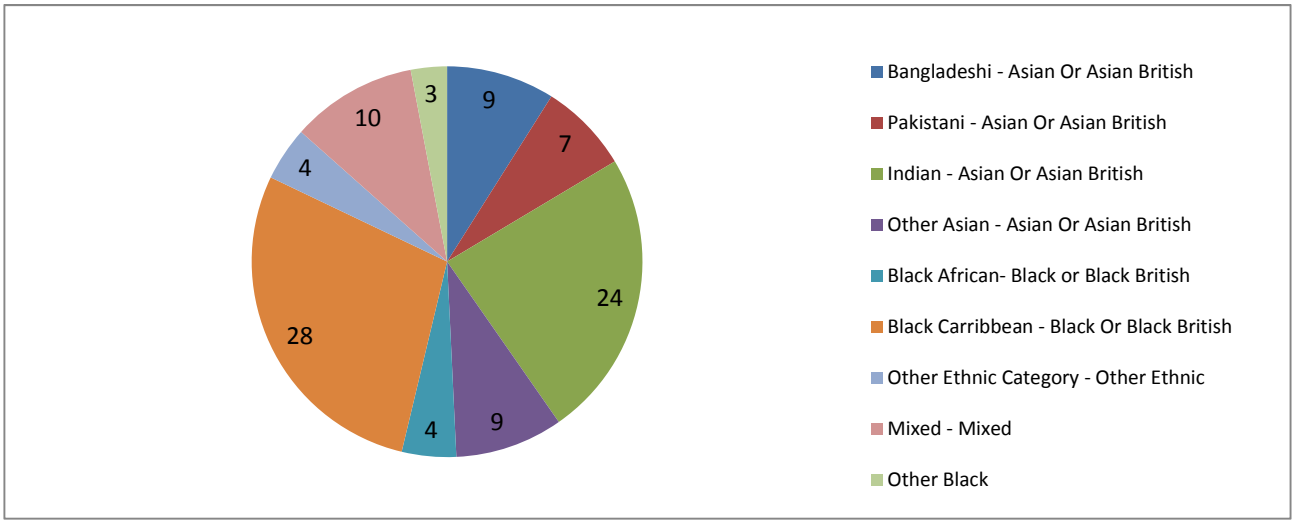


Break down of how to improve complaint responses Q1 2016/17

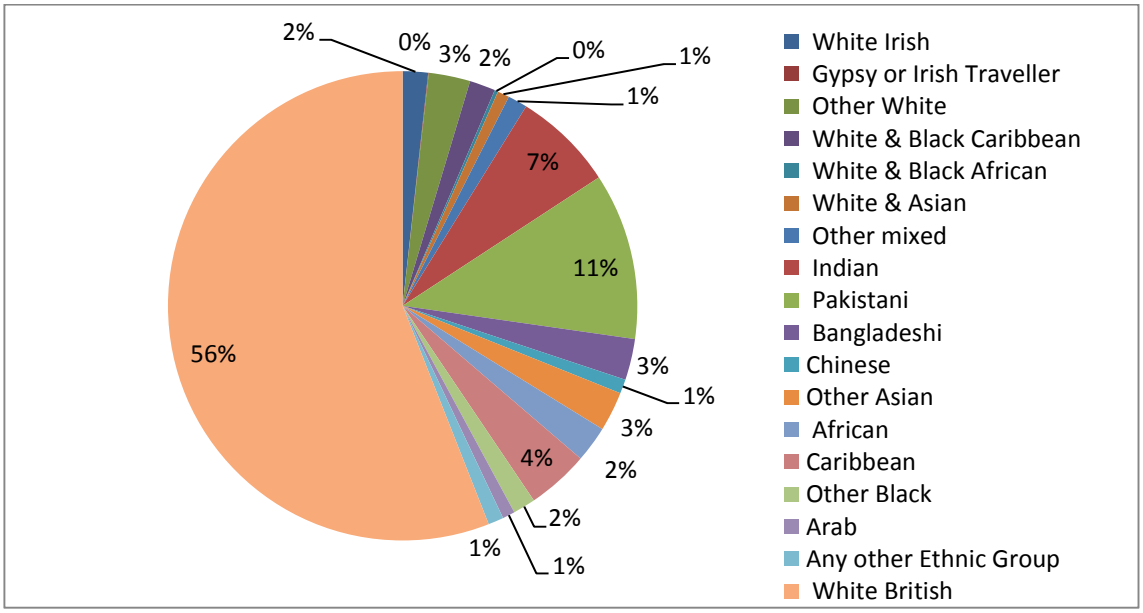


Appendix 6

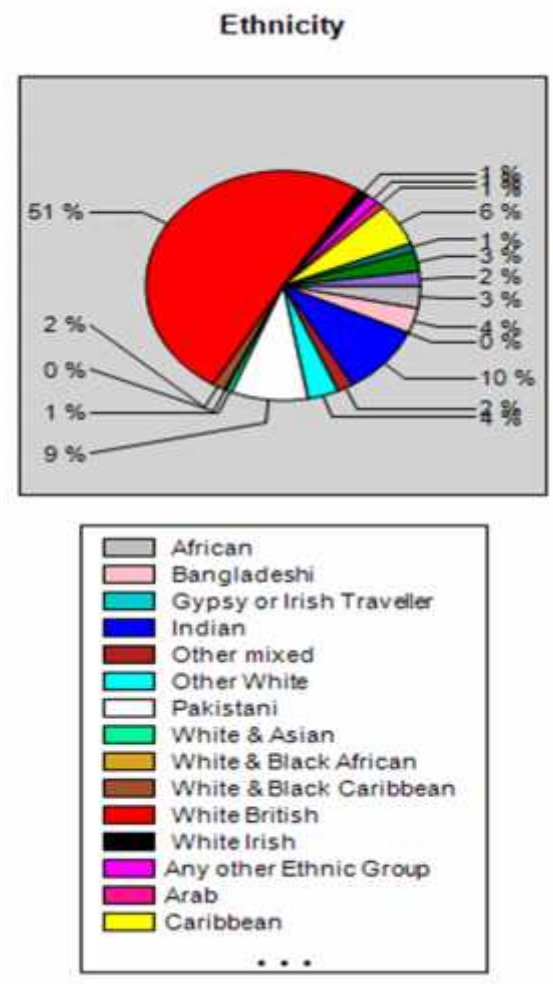
A breakdown of all complainants by %, by ethnicity (where recorded) for Q1 2016/17 without White British



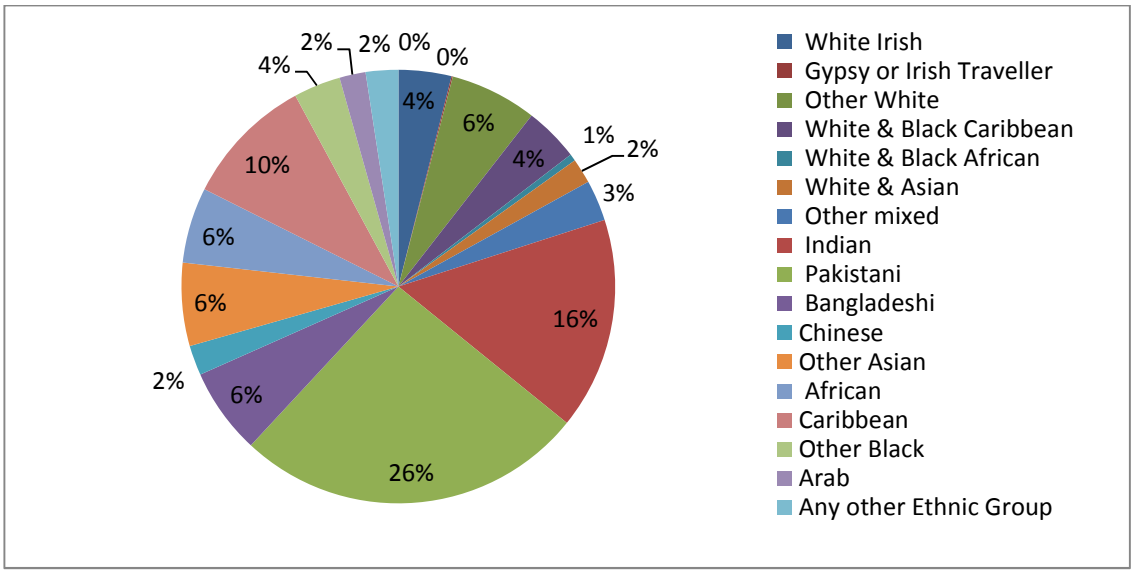
Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by the Trusts Equality and Diversity team in 2013.



Ethnicity split of patient population

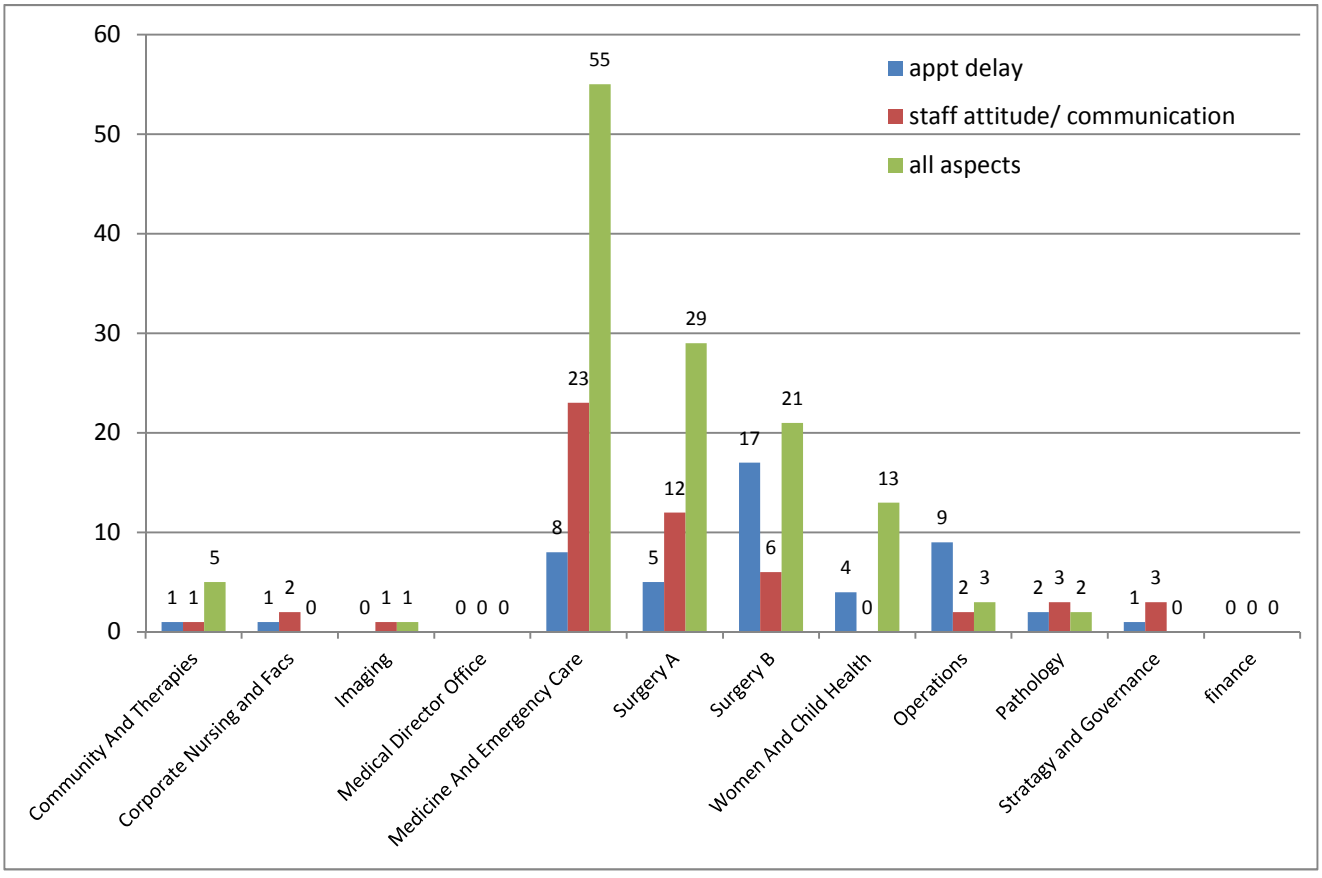


Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by Equality and Diversity in 2013, without White British.



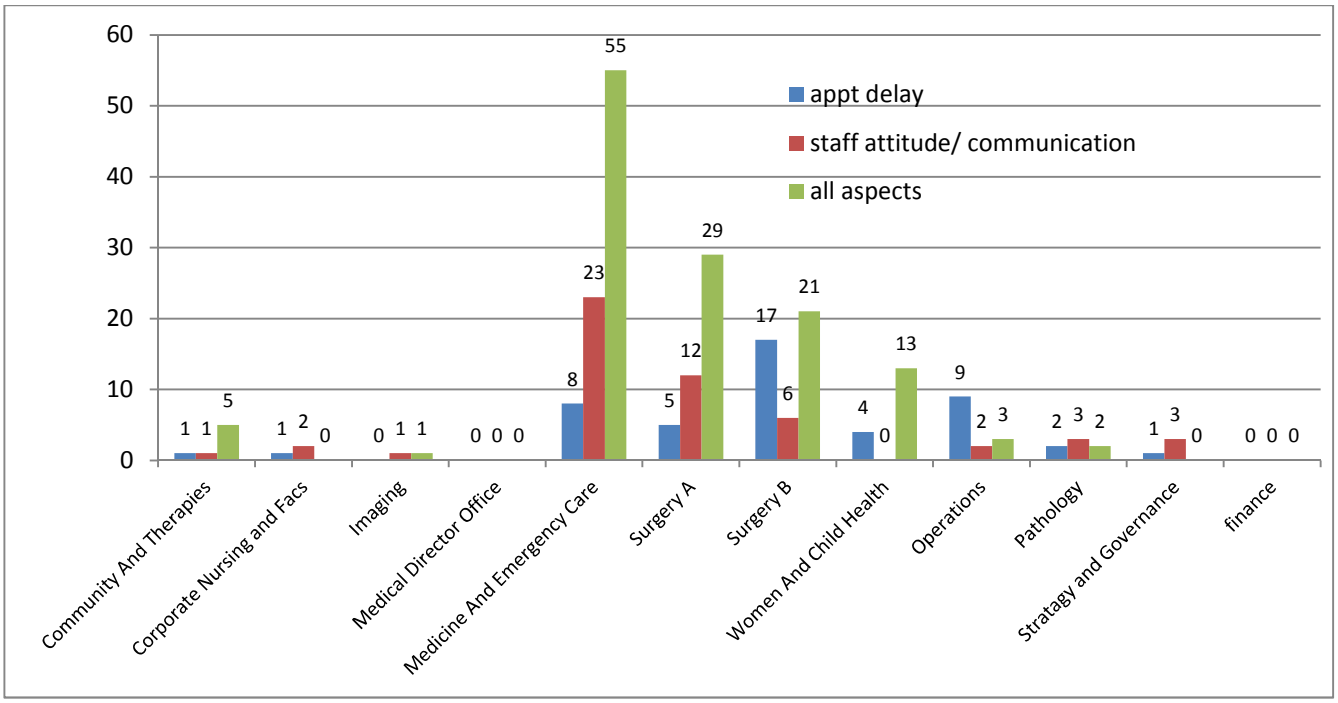
Appendix 7

A breakdown of the top three themes complained about, broken down by Clinical Group or Corporate Directorate for Q1 2016/17. Where there were no complaints for this theme for a Clinical Group or Corporate Directorate, then they are not featured in this breakdown.

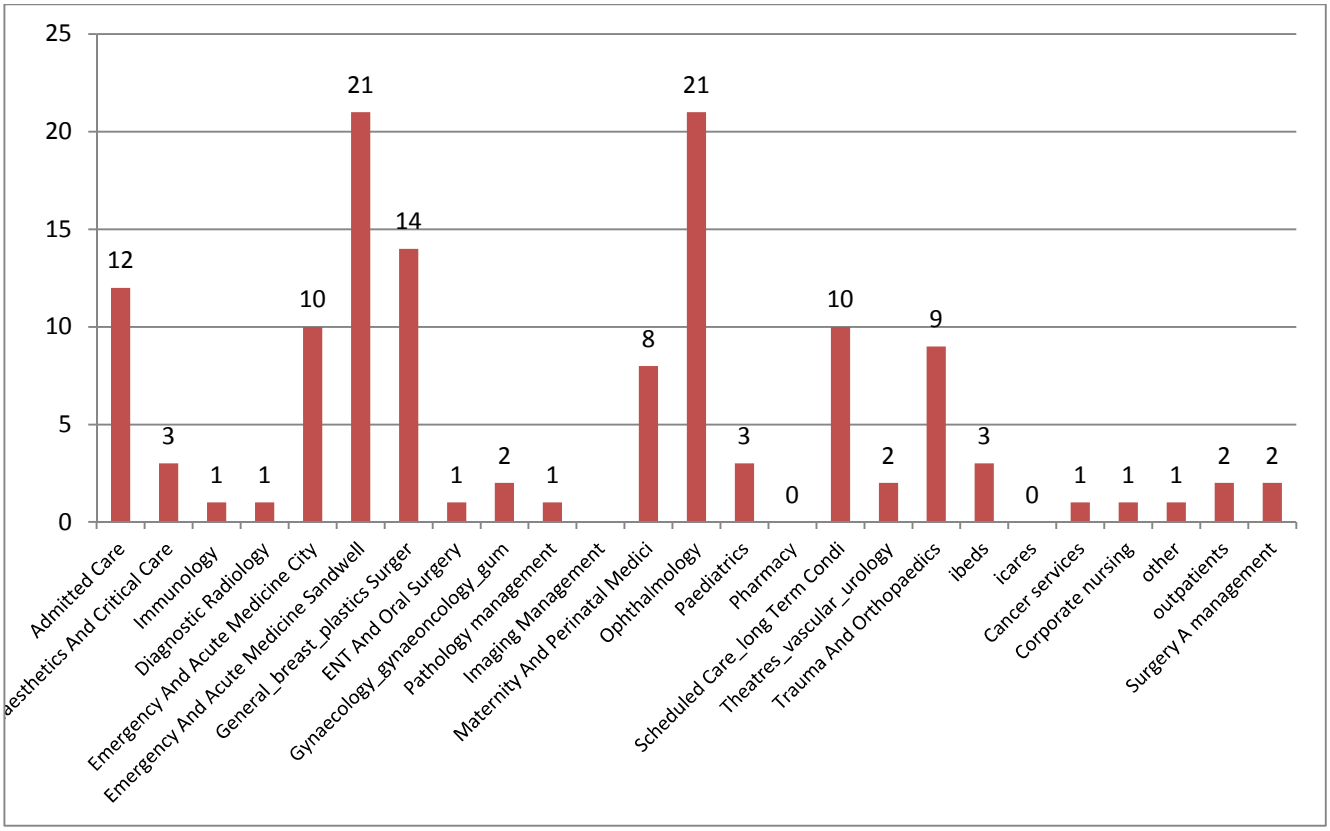


Appendix 8

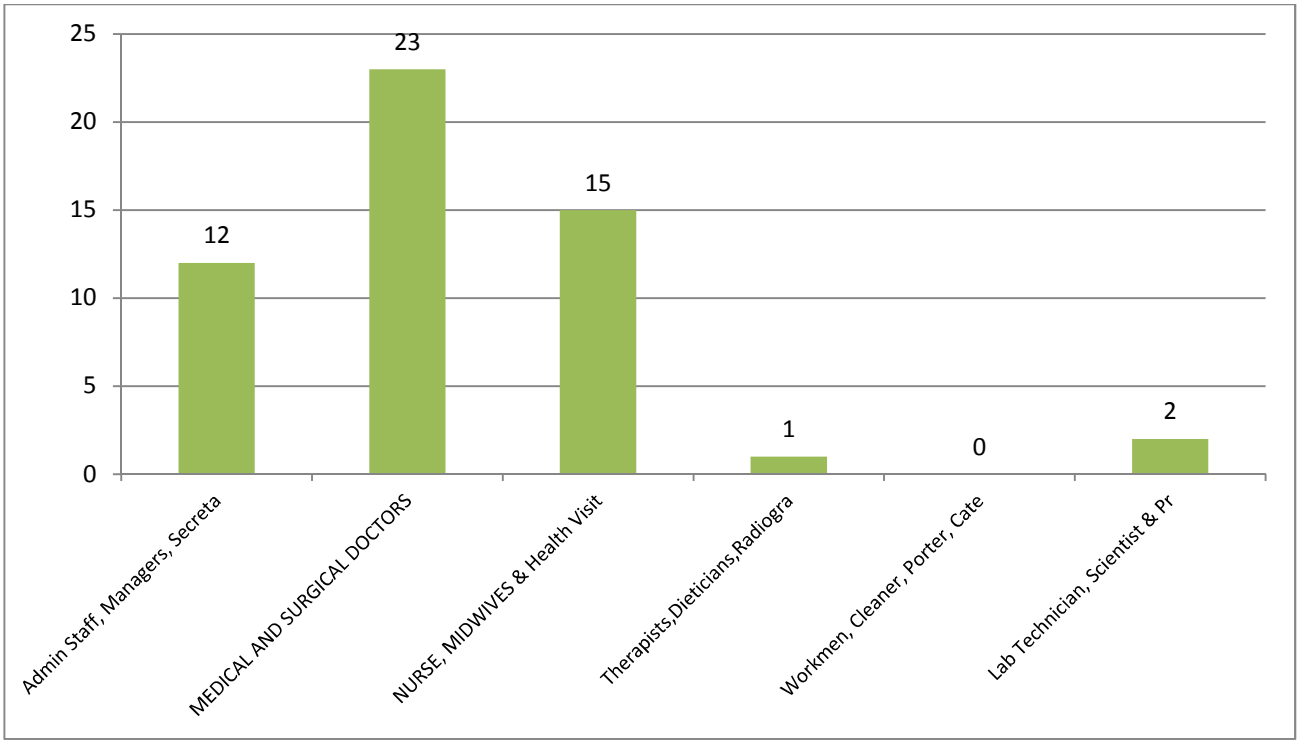
A breakdown of the top three themes complained about, broken down by Clinical Group or Corporate Directorate for Q1 2016/17. Where there were no complaints for this theme for a Clinical Group or Corporate Directorate, then they are not featured in this breakdown.



Q1 2016/17 Complaint theme 'All aspects of Clinical treatment' by department

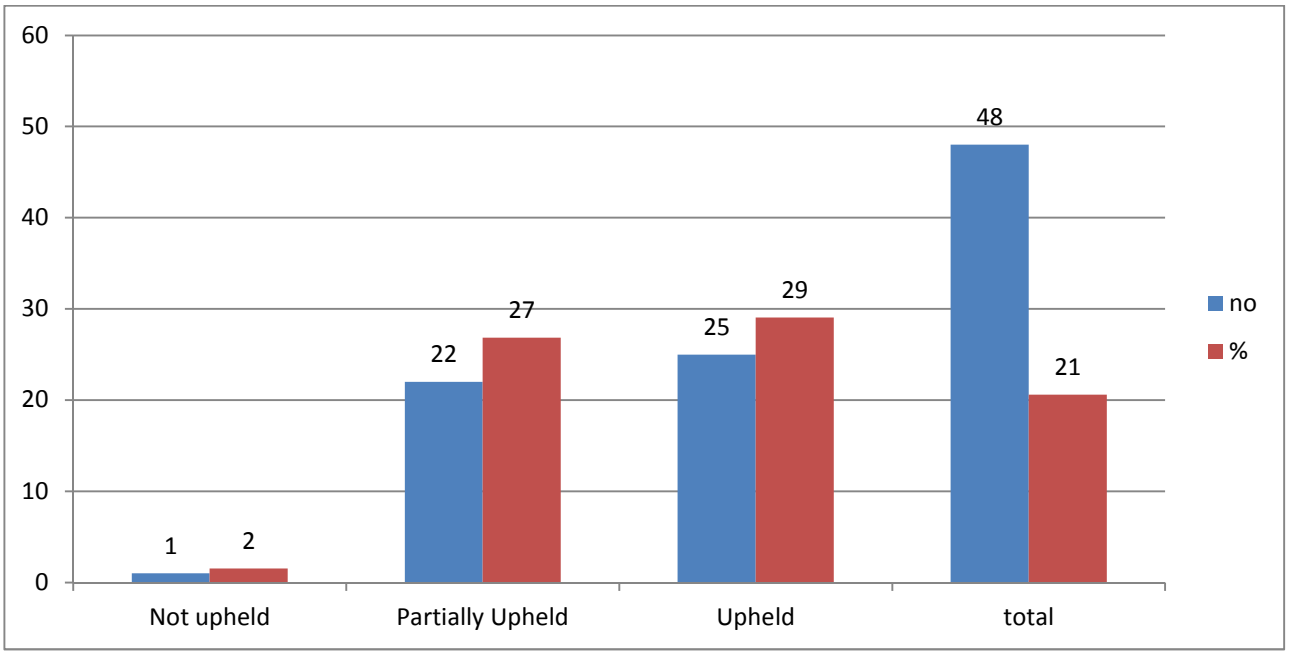


Q1 2016/17 Complaint theme 'Attitude of staff' by staff group.



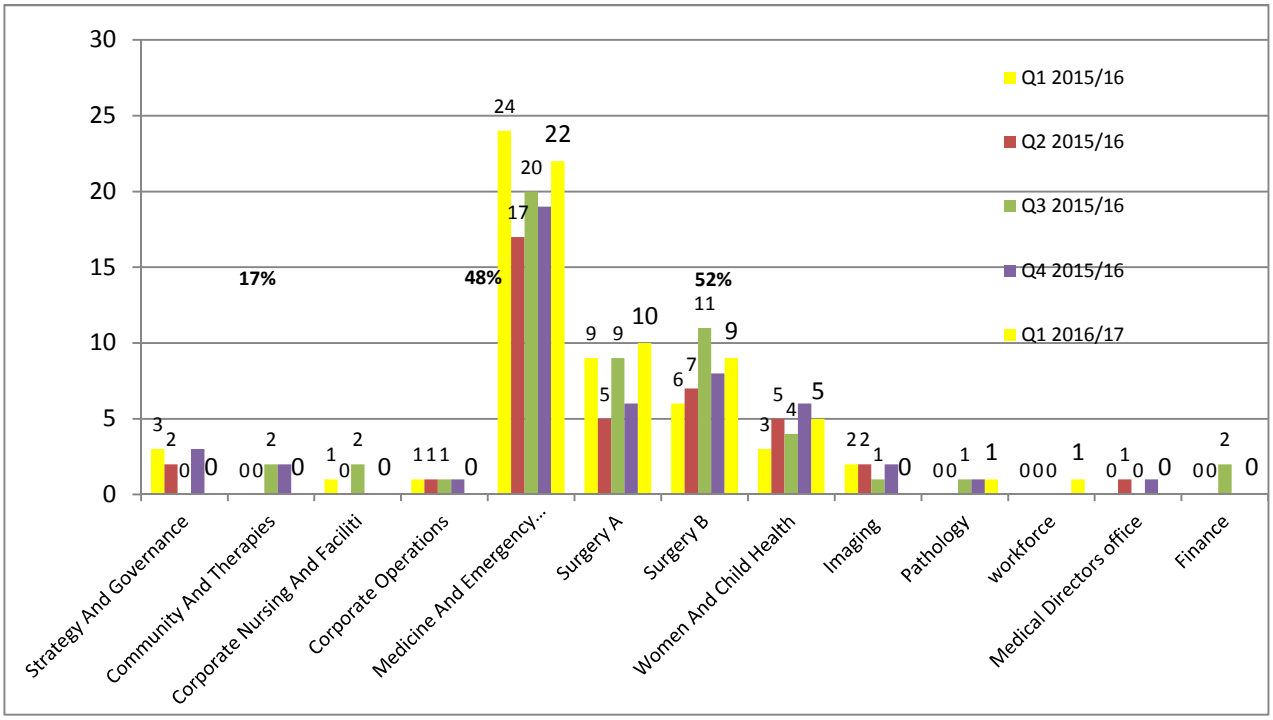
Appendix 9

Q1 2016/17 number of complaints where action has been taken as a result of the complaint.

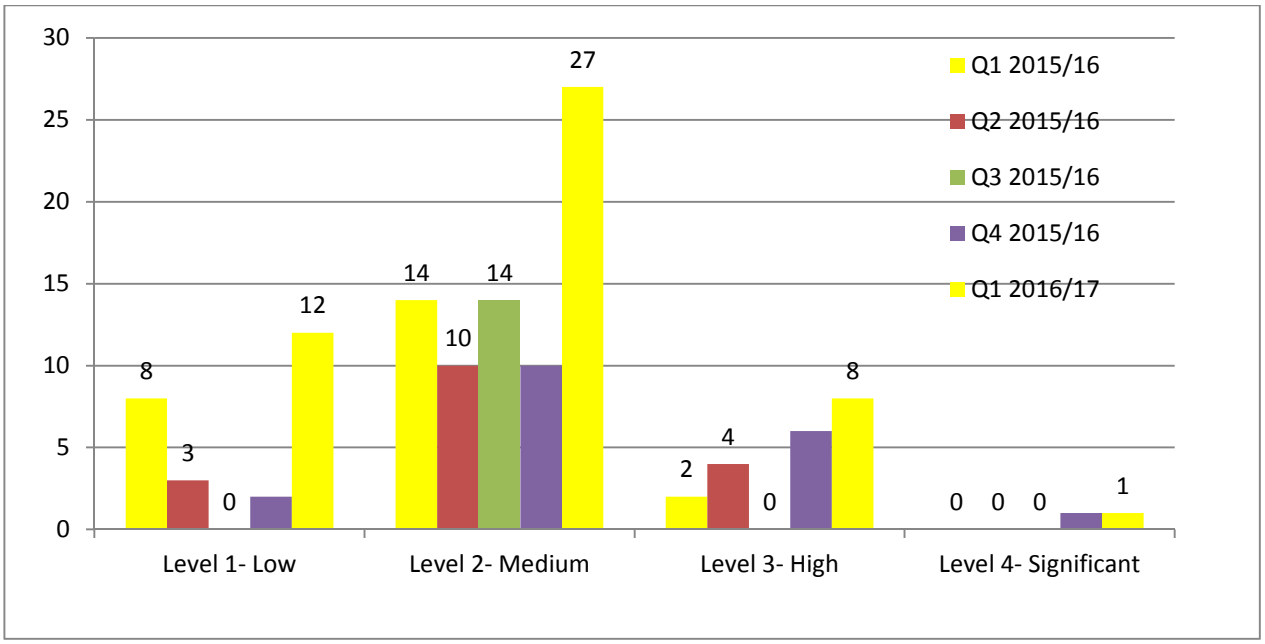


Appendix 10

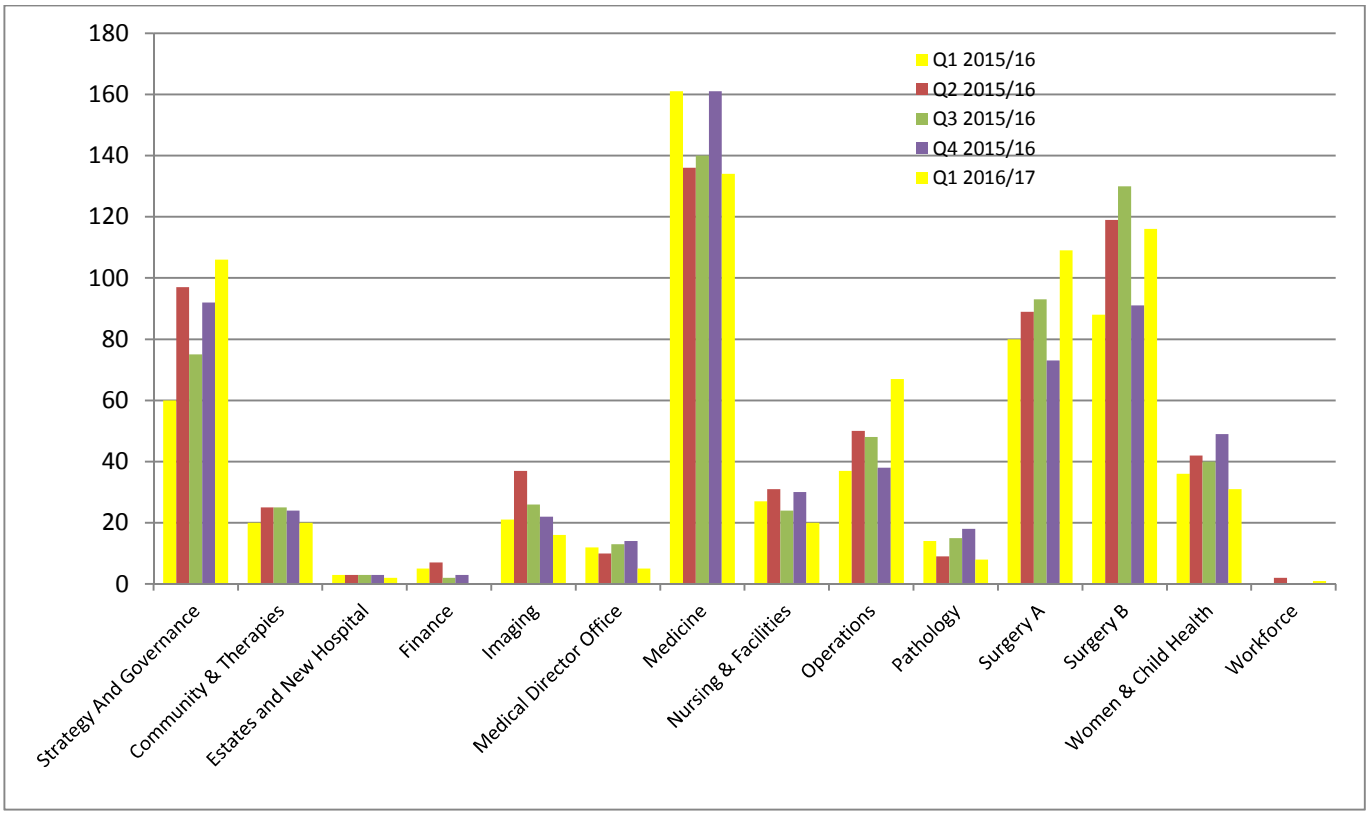
Q1 2016/17 number of reopened complaints by Group compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.)



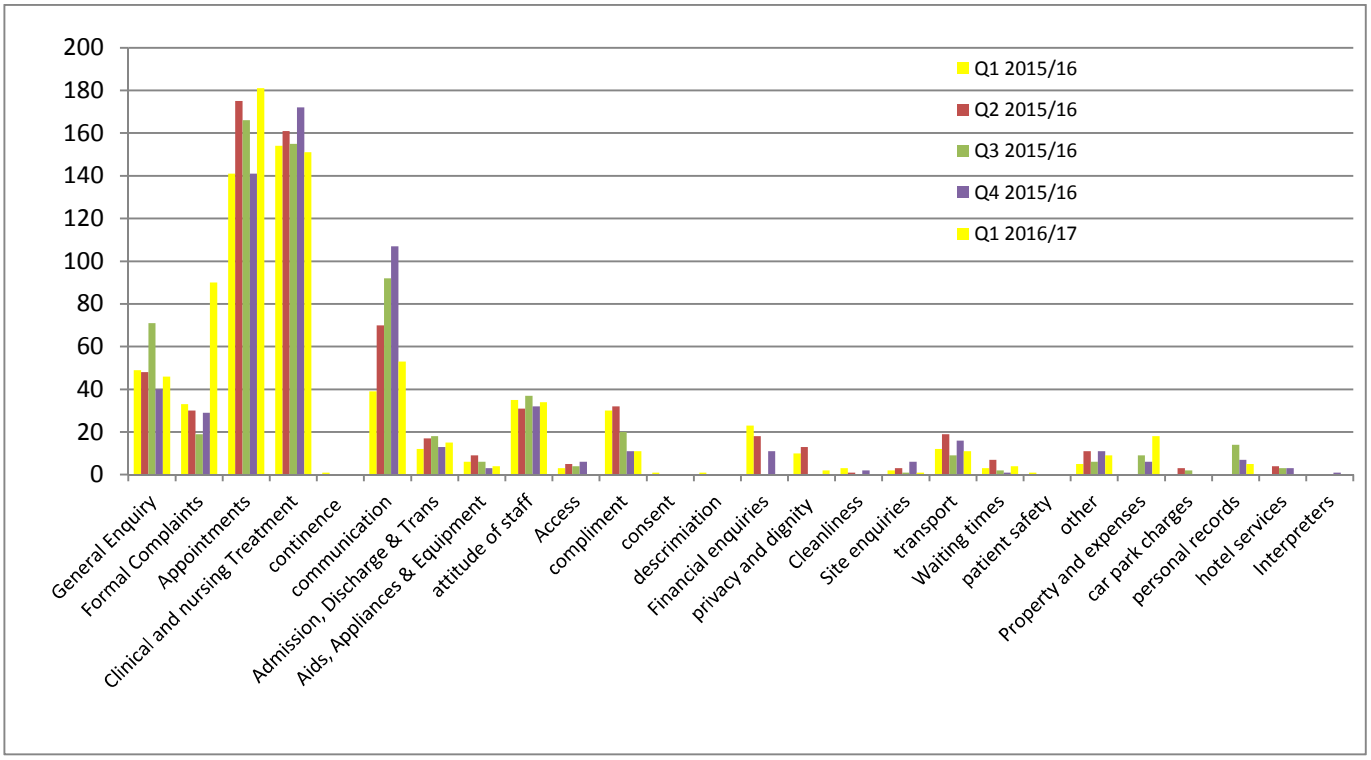
Q1 2016/17 number of reopened complaints by Grade compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2014/15- (same time last year.)



PALS enquiries for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2014/15 and Q1 2015/16 (same time last year) Clinical Group/ Corporate Directorate

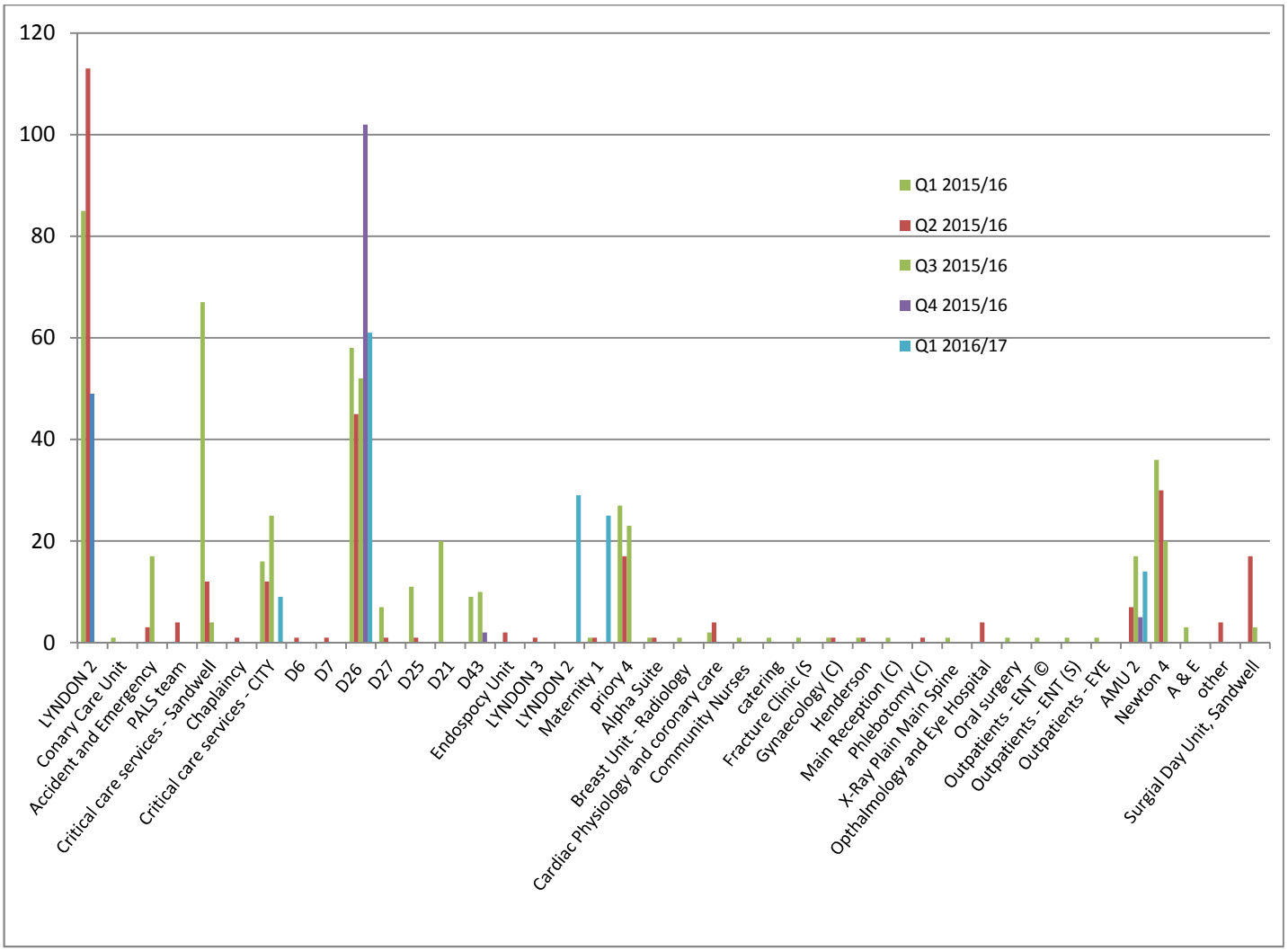


PALS enquiries broken down by group for Q1 2016/17 compared to Q4 2015/16, Q3 2015/16, Q2 2015/16, Q1 2015/16 - (same time last year) by theme



Appendix 12

Q1 2016/17 number of compliments as collected by PALS compared to Q4 2015/16, Q3 2015/16, Q2 2015/16 and Q1 2015/16- (same time last year).



SWBTB (08/16) 091

ENC 1

MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 8TH JUNE 2016
IN SEMINAR MEETING ROOM, TRUST HQ, RUSSELL'S HALL HOSPITAL, DUDLEY

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Ms P Clark (PC)	DGFT CEO
	Mr R Kirby (RK)	WHC CEO
In Attendance	Mr T Whalley (TW)	Black Country Alliance Programme Director
	Mrs K Dhami (KD)	Governance Lead
	Mrs L Abbiss (LA)	Comms Lead
	Mr D Fradgley (DF)	Executive Sponsor
	Mrs D Wardell (DW)	CRG Representative
	Miss S Astley (SA)	Minute Taker & EA to Mr T Whalley
Apologies:	Dr P Harrison (PH)	CRG Chair
	Mrs D Oum (DO)	WHC Chair
	Mrs J Ord (JO)	DGFT Chair

BCA/16/61 INTRODUCTIONS / CHECK IN — **ACTION**

Mr. Samuda welcomed all to today's meeting.

There was one member of the public who attended the public session.

BCA/16/62 APOLOGIES

Apologies were noted from Dr. P Harrison, Mrs J Ord and Mrs Oum. It was agreed for future BCA Board Meetings if apologies were received from a Chair that a Trust Non-Executive would attend wherever possible to ensure Trust non-executive representation.

BCA/16/63 MINUTES OF LAST MEETING – 11TH MAY 2016

The minutes of the public meeting held on the 11th May 2016 were recorded as a true reflection of the meeting.

BCA/16/64 REVIEW ACTIONS DUE

Mr Whalley agreed to ensure future actions from the Public and Private BCA boards would be circulated within a week of the meetings taking place in an action log as well as within the draft minutes.

BCA/16/42 – CEOs have agreed to attend the event if available to do so – action closed.

BCA/16/41 – remove action, Ms Clark and Mr Lewis to discuss separately.

BCA/16/54 – Mr Kirby to inform Mr Whalley within a week the nominated Exec Sponsor for Children's Services Project.

BCA/16/55 – Ms Clark has passed this onto the IT team who will in turn talk to Mr Lewis's team. This is not a BCA matter but is around sharing good practice.

The Board noted the actions log.

ACTION:

- Mr Kirby to inform Mr Whalley named exec sponsor for Children's Services Project **RK**

BCA/16/65 CHAIRMANS BUSINESS

There were no items for discussion from the Chairman of the meeting.

BCA/16/66 PROGRAMME DIRECTOR'S UPDATE

Mr. Whalley provided an update on the following BCA Projects:

Urology – the Steering group have met again and continue to define sub-specialities. The team will look at the governance requirements for clinician to clinician pathway changes being proposed to ensure all 3 Trusts are comfortable with the changes.

Mr Kirby advised they were close to approving the business case for a 4th Walsall Consultant Urologist, Mr Kirby said it would be helpful to share the job plan with the Urology Steering Group.

Mr Lewis commented that it would be sensible if contracts for new hires going forward contained some reference to the possibility of working at other Trust locations to enable a basis for future flexibility. This should be done for Consultant posts first, and once established rolled out to other roles in due course.

ACTION:

- Mr Whalley to add 4th Urology post at Walsall as an agenda item at the next Urology Steering group **TW**
- Mr Whalley to ask HRD Team to consider change to contract / hiring documentation regarding flexibility of working. **TW**

Endoscopy Colonic Tumour – Mr Whalley advised that as the procedure is as yet not NICE approved, there is some clinical reluctance to change and take advantage of that service, thus slowing down progress. There remains an opportunity to establish a regional or national centre of excellence if act quickly. BCA Board Members agreed this should go

through the Clinical Reference Group to provide direction to clinicians.

Rheumatology – appointed 3 consultant rheumatologists with the expectation if offers are accepted they will commence September/October. Mr Lewis stated he is very optimistic about all 3 of them. Technology enablement is progressing which will allow flexibility for Consultants to access their host Trust from other locations. Mr Lewis commented it would be beneficial for a Rheumatology case study to be available to illustrate benefits of collaboration during the 14th July BCA celebrations. Mr Kirby agreed to prepare a case study for the day.

ACTION:

- Mr Kirby to prepare a case study for BCA event on 14th July **RK**

Interventional Radiology – 5 procedures have been carried out through the pilot, with good feedback from patients. 8 cases were referred to the service but 3 were not progressed for clinical reasons. There was also demand for 7 non nephrostomy cases, and so the steering group is now considering how to include these, starting with Bilary Sepsis. There is ongoing concern around project lead having left to take up another post, increasing time for the exec sponsor to progress the works. It is expected this will be resolved in June. A full review and audit of the pilot will take place during July.

Neurology – Mr Whalley advised that this workstream is progressing well with workshops scheduled for both complex headaches and MS. Neurology Steering Group have also met and begun work on sub specialism map. Ms Clark stated she would act as executive sponsor for this project.

Audiology – Mr Whalley reported that steering group continue to meet, focus has been on a smaller number of priorities with each Trust leading on a piece of work. SWBH will define requirements to make use of extant Bone Anchored Hearing Aid service; Dudley will lead on making the most of Any Qualified Provider contracts to deliver more efficient routine services and make the most of more specialised services; Walsall will lead on Wax Removal Service and SWBH on Children's Balance Service.

Community Services (Adults) – Mr Whalley reported that the Steering group have formed and met and there is shared enthusiasm for collaborating. The group will initially focus on building a service map to show what is being provided by who and where. They will also take forward thinking on some specific quick win opportunities, e.g. improving resilience in some smaller services like podiatry, orthotics and wheelchair services), improved procurement, closing 7 day gaps and sharing knowledge. Mr Fradgley will act as Executive Sponsor for this group.

FINCH – Mr Whalley advised that this project is essentially progressing at 2 different speeds. Conversations are being held between SWBH and DGFT regarding extending current use of FINCH by a clinician at Dudley to include all clinicians and extending across all FINCH services. This pace is due to the fact that DGFT currently have no equivalent service and keen therefore to progress. Walsall though do provide some services, such as the pelvic floor clinic. Clinicians at WHC need to understand the difference between FINCH service at SWBH and those provided out of Walsall. The teams are working on an objective assessment of patient outcomes, patient experience and making best use of resource to see if there is a case for change to some of those arrangements. There are some patients being referred outside the patch for treatment not available at WHC, and these could be referred quite quickly to FINCH.

Mr Lewis commented there may be times when the clinical teams need to take a clear steer and quickly assess the objective measures to determine the merit of change.

Ms Clark said there was a need to look at objective clinical standards, are they the same and could they create a network to allow them to continue what they are doing but improve standards and reduce variation where possible.

RM&G – Mr Whalley reported a meeting has taken place with Mr Lewis as Chair. Mr Lewis confirmed this had taken place, was very positive and that some clear action was agreed by all for next couple of months. A paper will come back before end of September as planned. Ms Clark commented that Mr Neilson, Director of Research & Development at DGFT had spoken to Ms Clark and appeared very positive about the meeting and the opportunity collaboration brings.

Information Governance – Mr Whalley stated that IG leads have agreed a mechanism for improving resilience and peer support, and that a report will be brought back to BCA Board in July.

ACTION:

- Information Governance report to be brought back to BCA Board - July (TW) **TW**

Coding – Mr Whalley reported that a meeting has taken place and conversations are continuing to look at potential merit of harmonising rates and collaboration on things like virtual home coding. A workshop scheduled for 14/6 will take this forward. Mr Kirby stated WHC need to recruit 6 Coders, representing half the establishment, and would consider R&R incentives as mechanism to achieve recruitment. Ms Clark commented there is a national shortage of coders and a 3 year waiting list for new auditors. Both Mr Lewis and Ms Clark expressed some

concern that recruitment by WHC may lead to staff moving from neighbouring Trust and impacting service there. Essentially moving the problem around rather than dealing with root cause. Members of the board were advised that in terms of pay Walsall pay a grade higher than SWBH. Ms Clark stated they do not want to create pay inflation within the BCA. Mr Kirby confirmed that while WHC would act as they needed to in order to reduce the need for 50% of coding workforce to be expensive agency staff, he would ensure the recruitment team were sighted to possible consequence to neighbouring Trusts, and would discuss with SWBH and DGFT if members of their team were candidates for appointment to WHC roles. Mr Lewis asked who was providing executive sponsorship to this piece of work. Mr Whalley replied that while each Trust had an executive providing Trust sponsorship, nobody was taking the role of executive sponsor. Mr Kirby suggested it would be good to request Mr R Caldicott to take the lead as Exec Sponsor for Coding and to ask him to consider solutions for the BCA as a whole and not just WHC as part of that role. A further report will be brought back to July's BCA Board.

ACTION:

- Further update to be reported at BCA Board in July (TW)

TW

Procurement – Mr Whalley reported that the Joint Procurement Director advert is still live on NHS jobs, and so far 6 candidates have submitted applications. Initial review suggested there was one very credible candidate and interviews are scheduled to take place on 21st June. Mr Whalley stated that **Clinical Procurement Group** has been formed and terms of reference for the group have been drafted ahead of first meeting later in June. Medical and Nursing representatives from all 3 Trusts will sit on this group alongside Heads of Procurement. This CPG will be chaired by Joint Director of Procurement when they are appointed and by a member of the Procurement Steering Group in the interim.

Mr Lewis stated that while there would remain three separate procurement teams across the three Trusts, each team will take a measure of direction from the Procurement Director and be directed by that role in terms of procurement priorities. Ms Clark advised the current Head of Procurement in DGFT would shortly be retiring and the intention is to replace the role on a slightly lower grade due to the BCA Director coming into post. Ms Clark stated that while she remained committed to there being some collaborative work with the joint Director of Procurement directing the DGFT Head of Procurement, she was of the understanding that the Procurement Director would not line manage each team. Mr Kirby said staff would remain within their own Trust, with line management for pay & rations and other hygiene factors remaining within that line management function, but that the Director

would be responsible for direction of work. Mr Lewis affirmed that for the role to be successful, the Director of Procurement must be able to directly manage the work and priorities of Procurement teams across all 3 Trusts, with their direction in turn coming directly from BCA Board via Procurement Steering Group. Ms Clark agreed to check on her Trust's position on this and confirm back via Mr Whalley.

ACTION:

- Confirm DGFT position regarding role of Joint Director of Procurement. **PC**

Black Country Day 14th July – Mr Whalley reported that the CEOs have agreed to clear afternoon of 14th July to mark BCA first year anniversary. The intention is that the CEOs will visit acute & community locations to take part in a local briefing to staff similar to the tour they undertook on the launch on 14th July 2015. Mr Whalley reported that after this tour, the CEOs would host members of the Stakeholder Reference Group to talk about progress made and plans for coming 12 months.

Mr Whalley reported that Ms Kailash Desai's secondment to the Black Country Alliance would be coming to an end 30th June at which time she would return to her substantive post within SWBH. The Board joined Mr Whalley in thanking Ms Desai for her efforts.

The BCA Board noted the report from Mr Whalley and endorsed the Community Services Mandate and the plans for 14th July as described.

BCA/16/67 BCA PERFORMANCE REPORT

Mr Whalley Presented the BCA Performance Report and commented that this was intended to be an indicative picture of the public value associated with the collaboration now under way. Mr Whalley reported that BCA remains focussed on the triple aim of improving health outcomes, healthcare experience and making best use of resources. Mr Whalley commented that investment in core BCA team would be slightly greater than stated at the beginning of the year. This being due to the decision to recruit a joint director of procurement by the BCA board, offset by delay in recruiting Senior Project Manager and decision to defer search for independent chair. The Whalley reported that initial indication was that the measurable financial benefits associated with collaboration were expected to exceed this core investment. Mr Whalley advised that this was not a double counting of benefits, with each Trust reporting benefits within their own financial reporting mechanisms. As such, some of the benefits associated with BCA may be recorded to some extent within existing Trust plans. Ms Clark commented that was certainly the case for DGFT with many of the Compare & Save numbers already included within DGFT CIP plans.

Ms Clark commented that DGFT Board have asked if there had been any

added value associated with their investment into the BCA and what has been gained by working together. This is why it was felt important to attempt to quantify with some accuracy the benefits while at the same time avoiding unnecessary work. Ms Clark referred to Interventional Radiology as an example. While it was true that the BCA collaboration pilot of shared out of hours service rota meant cost pressure avoidance, it was quite hard to specifically measure the extent of the costs avoided. Each Trust would face a different cost pressure. Mr Kirby commented that we ought to be able to quick estimate an approximate value for this to provide a level of assurance to respective Trust Boards on value for money while avoiding lots of non-value adding work.

Mr Lewis stated that since benefits fall where they fall, and we are not intending any form of gain sharing mechanism, we didn't need to be concerned with precision of numbers. This performance report is not intended to be an auditable set of accounts, but a measure of the quantum of value associated with collaboration to provide an assurance to Trust Boards and the public that we are indeed contributing to the intent to make better use of our resources. On that basis, he was comfortable with the approach. Mr Kirby stated he thought this was a helpful summary, and Ms Clark agreed provided we do make some effort to avoid over stating benefits already covered elsewhere. Ms Clark also agreed it would be helpful for projects like IR to provide a rough estimate of cost avoided to help with this assurance.

Mr Kirby said they need to spend the right amount of time to be able to show that there are financial benefits to working together.

Mr Whalley commented that non-financial benefits were harder to measure, and that actually this was more important than the financials as long term clinical sustainability is the key aim of collaboration. Mr Whalley stated more work would be done over next quarter to elaborate on these measures.

The BCA Board noted the paper and asked for a further report along the same line to come back each quarter.

ACTION:

- Mr Whalley to produce a report quarterly to the BCA Board **TW**

BCA/16/68 CRG CHAIR'S REPORT

Mrs Wardell presented the CRG Chairs report on behalf of Dr Harrison.

Terms of reference for the clinical reference group have been approved.

Mrs Wardell said there had been good interaction at the last meeting with clinicians around the BCA. Discussions also took place around

interaction with other groups, in particular HR and Procurement.

Project mandates for new projects had been endorsed.

A large proportion of the May meeting was devoted to discussing the STP and how the BCA narrative might inform and contribute to this. The urgency of the discussion was to inform attendees at STP Clinical Reference Group meeting on 18th May. Subsequently two members of the CRG together with Dudley Group CEO attended the STP meeting and were able to actively contribute to the discussion providing a view on the value the BCA could bring to the STP.

Going forward the CRG members feel it would be appropriate to develop a Quality Impact Assessment process for new projects to enable recommendations to be made to the BCA Board at an early stage.

Mr Lewis commented it should be the intention of the CRG group to make a contribution to the functioning of the BCA Board but not act as a gate keeper to the BCA Board. Mr Whalley replied that the governance framework as defined meant that CRG would be asked to endorse and provide clinical leadership on BCA matters and that where possible this would take place on the way to the BCA Board to provide assurance to the BCA Board of the CRG support. However, progress of submissions would not be slowed down, and if necessary, CRG endorsement would be secured after BCA Board had received proposals. The BCA Board were content with this definition of the governance model, and agreed that the CRG should develop a QIA model provided this did not slow down progress or act as a gateway to BCA Board.

ACTION:

- CRG to define QIA Process (DW) **DW**

BCA/16/69 HISTOPATHOLOGY

Mr Whalley presented the Histopathology report.

Interviews were held on 16th May for Consultant Histopathologist for the vacant posts. SWBH appointed one and WHC another.

SWBH and DGFT will continue to work on SLAs which will cover MDTs and off site working. Additional onsite services were in part dependant on the second post at SWBH being filled with DGFT. There is a risk of a gap therefore in what might achievable ahead of subsequent effort to recruit again. Mr Lewis asked if the report as written meant that SWBH and DGFT are working fine, but Walsall is not part of the work, ie is this now a bilateral piece of work of trilateral. Mr Kirby stated the principle remains that we need to find a way to get to a shared BCA service model. Mr Kirby agreed to check in with his colleagues and ensure they remain

engaged in the process.

ACTION:

- Mr Kirby to confirm Histopathology still something WHC wish to be involved in. **RK**

BCA/16/70 STROKE

Mr Fradgley presented the Stroke report and walked members of the BCA Board through the paper.

Mr Fradgley advised the paper covered the appraisal of options to resolve the gaps in WHC Stroke Service Model, to test the sustainability of a continued HASU at Walsall and to demonstrate the requirement for a 3 HASU Black Country Alliance Model with collaboration as a network with BCA partners on end to end Stroke pathways including Rehab.

Mr Lewis commented it was important that this piece of work was indeed an assessment of broader black country model and not just a proposal on WHC viability. Mr Lewis said it was also important that Commissioners are clear they would be signing off 3 HASUs, not just Walsall's HASU.

Mr Fradgley advised a meeting is scheduled for 23rd June with Walsall Execs and CCG Execs. Mr Fradgley has meeting scheduled with the Project Director of the Stroke team to understand next steps.

Mr Kirby stated that a working assumption is that a proportion of Burton work would be referred to Walsall if the HASU at Burton is closed. Mr Kirby stressed that this was a planning assumption at this stage, and that the decision had not been taken in respect of the Burton service. There are a set of processes for colleagues in Staffordshire to work through before this assumption can be verified.

Mr Lewis said a main part of the collaboration is around out of hours and how to work together on end to end pathways, not just the question of the number of HASUs. With 11 stroke consultants, a 2 person rota felt like a safe and effective model to be fleshed out. Ms Clark asked if funding would follow any change to pathways, e.g. if Burton work came to Walsall would any new money follow or a top up tariff be available. Mr Fradgley commented this was unclear, and would form part of subsequent discussion with commissioners once detailed BCA proposal was completed.

Mr Lewis commented initial priority should be on medical support to HASUs in a safe and sustainable way, with post hyper acute pathways being shared and consistent across the patch. Mr Kirby and Ms Clark agreed and also highlighted research and training as an area for early

focus.

Mr Kirby agreed to bring back a further report to August BCA Board.

ACTION:

- Stroke report to be brought to August BCA Board RK **RK**

BCA/16/71 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/72 ANY OTHER BUSINESS

No other business was discussed.

BCA/16/60 DATE AND TIME OF NEXT METING

13th July @ 10:30am
Meeting Suite A, 3rd Floor, MLCC, Walsall Healthcare
Chair: Ms. Ord.