Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Tipton Sports Academy Social Club, Wednesbury Oak Road, Tipton. DY4 0BS

Date: 6 October 2016, 09:30h – 13:00h

Members:

Mr R Samuda	(RSM)	Chairman
Ms O Dutton	(OD)	Vice Chair
Mr M Hoare	(MH)	Non-Executive Director
Mr H Kang	(HK)	Non-Executive Director
Dr P Gill	(PG)	Non-Executive Director
Cllr W Zaffar	(WZ)	Non-Executive Director
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
Mrs R Wilkin	(RW)	Director of Communications
Miss G Towns	(GT)	Head of Corporate Governance
Mrs M Perry	(MP)	Non-Executive Director designate

Board Support (RF)
Ms R Fuller

Time	Item	Title	Reference Number	Lead
09:30h	1.	**Apologies :** Harjinder Kang, Kam Dhami	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 1st September 2016 as a true and accurate records of discussions*	SWBTB (09/16) 106	**Chair**
	5.	**Update on actions arising from previous meetings**	SWBTB (09/16) 106(a)	**GT**
	5.1	Doctors in training: (a) placements (b) contract implementation update	SWBTB (10/16) 108 & (a) SWBTB (10/16) 108(b-c)	**RG**
	6.	**Questions from members of the public**	Verbal	**Chair**
	7.	**Chair's opening comments**	Verbal	**Chair**
		UPDATES FROM THE BOARD COMMITTEES		
	8.	To consider the update from the **Workforce and OD Committee** meeting held on 26th September 2016	To follow	**HK/RG**

Time	Item	Title	Reference Number	Lead
	9.	To consider the update from the **Finance and Investment Committee** meeting held on 30th September 2016	To follow	**RS/TW**
	10.	To consider the update from the **Quality and Safety Committee** meeting held on 30th September 2016	To follow	**OD/ CO**
	MATTERS FOR APPROVAL OR DISCUSSION			
	11.	**Chief Executive's report**	SWBTB (10/16) 109 SWBTB (10/16) 109(a-e)	**TL**
	12.	**Workforce consultation: approval to close**	SWBTB (10/16) 110	**RG**
	13.	**Integrated Performance Report**	SWBTB (10/16) 111 SWBTB (10/16) 111(a)	**TW**
	14.	**Trust Risk Register**	SWBTB (10/16) 112 SWBTB (10/16) 112(a)	**KD**
	15.	**Financial performance – P05 August 2016**	SWBTB (10/16) 113 SWBTB (10/16) 113(a)	**TW**
	16.	**Capital Programme**	SWBTB (10/16) 114 SWBTB (10/16) 114 (a)	**TW**
	17.	**Paediatric community caseloads: update**	SWBTB (10/16) 115 SWBTB (10/16) 115(a)	**RB**
	18.	**Plan to improve management diversity**	SWBTB (10/16) 116 SWBTB (10/16) 116(a)	**RG**
	19.	**Audience Segmentation (Improving Internal Communications)**	SWBTB (10/16) 117 SWBTB (10/16) 117(a -b)	**RW**
	MATTERS FOR INFORMATION			
	20.	**Any other business**		**All**
	21.	**Details of next meeting** The next public Trust Board will be held on 3 November starting at 09:30am in the Anne Gibson Board Room at City Hospital.		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Board Room, Medical Education Centre at Sandwell General Hospital **Date** 1st September 9.30 – 13:00hr

Members Present		In Attendance	
Mr. R. Samuda (Chairman)	RSm	Mrs. C. Rickards Trust Convenor	CR
Ms. O. Dutton Vice Chair	OD	Mrs. R. Wilkin	RW
Mr. M. Hoare	MH	Ms. D. Talbot	DT
Mr. H. Kang	HK		
Dr. P. Gill	PG	**Board Support**	
Cllr W Zaffar	WZ	Miss R. Fuller Executive Assistant	RF
Mr. T. Lewis	TL		
Dr. R. Stedman	RSt		
Mr. C. Ovington	CO		
Ms. R. Barlow	RB		
Mr. T. Waite	TW		
Miss K Dhami	KD		
Mrs. R. Goodby	RG		

Minutes	**Paper Reference**
1. Apologies	**Verbal**
Apologies were received from: Colin Ovington and Chris Rickards	
2. Declaration of interests	**Verbal**
Mr. Samuda welcomed Annemarie Wallis to the Trust Board as a designate Non Executive Director. There were no further declarations.	
3. Patient Story	**Presentation**
A video was shown of a patient with learning disabilities and their family. Their complex medical needs were outlined through the eyes of his mother, who was his main care giver. The mother praised the work of the staff in looking after her son. But she cited examples of his treatment which appeared uncaring and below our standards. She noted her son required 24 hour care. She sought to provide that but as a visitor she was refused food and drink by the Sandwell ward staff during her stays, and if she wanted to use the lavatory she was informed to go the Ground Floor. Ms. Dutton questioned why these difficulties had arisen and expressed considerable frustration. This was shared by other Board members. Ms Talbot reminded the Board about John's Campaign and the work we doing with carers. Mr Lewis noted that his sense was that remained confused about our message to staff: Were we saying that in-ward carers were welcome, or did we still have practices that gave a contra-impression. He suggested the action was to get our policy/approach right before being too 'harsh' on the staff involved, albeit we would always expect a caring approach. Dr. Stedman offered a view that we might learn something from the Children's Hospital around involving the family and carers in treatment. He also noted that he felt the circumstances of this story were complex and merited further enquiry.	

Dr. Gill drew the Board's attention to an issue over the use of a PEG not being done at Sandwell and patients "having to wait for the QE" to perform this service. Mr Lewis could not comment on the individual case but reminded Board members of work done by the executive in 2015 to try and simply the access to PEG within the Trust. Efforts to make this happen would be redoubled.	
AGREEMENT: • **TL to lead Executive Team in discussion about the PEG service and establish a clear timed offer for inpatients.** • **CO to examine written guidance on carer's rights and access at local level**	
4. Minutes of previous meeting – 4th August 2016	**SWBTB (08/16) 092**
The minutes were accepted as a true record of the meeting.	
5. Update on actions arising from previous meetings	**SWBTB (08/16) 092a**
Mr Samuda informed the board a new Head of Governance would be commencing with the trust on Monday. Charitable funds – Mr. Waite would bring the accounts to the Trust Board. He confirmed that they had been given an unqualified audit opinion. Paediatric case load – It was confirmed that this has been discussed at the quality and safety committee and would now return to the Board for further discussion.	
5.1 Corporate Reform	**SWBTB (09/16) 094**
Mr Lewis talked through his definitional paper on what the goals were and the programme plan for corporate reform. The paper defined clear measures of success and milestones. This would permit BAF risk scrutiny as per the Board's discussion in August. Mr. Kang welcomed the clarity and asked for more information on progress to date by area which was provided. Mr. Samuda asked about the balance between in house change and outsourcing, and how the paper fitted together with the BCA agenda. Mr. Lewis recognised the connectivity, and Mr. Waite gave examples of how that link was being made in practice. The Board endorsed the approach being taken, and emphasised the need to complete "tier 2" changes during this fiscal year.	
5.2 Outcome of unannounced inspection to theatres	**Verbal**
Miss Dhami reported that the never event reported at a previous Trust Board in T&O with the retained jig the findings of the investigation have been received. The two main actions were tested by a covert 'secret shopper' in theatre namely: • Surgical Pause, it was agreed that following operations of this type a pause would happen after x-ray to review the films to look for the expected and unexpected. This was not observed. • Instrument Count – A visual and written count to take place to ensure all items are accounted for. This was not observed. Following the failure of these actions the necessary steps will be taken during the next 4 weeks and Mr. Lewis will meet with Mr. Tyagi, Group Director to reinforce the important of complying with these recommendations. Mr. Lewis reported that the secret shopper method was a new approach as previous methods of letters, acknowledgements have not been satisfactory. It was therefore disappointing the report showed a failure. He would provide an update at the next next board.	

Miss Dhami clarified that the reference to pause in the papers related to looking at the x-ray film not prior to close not to the term as applied in the WHO checklist.	
5.3 Smoking Cessation	**Verbal**
Mr. Lewis acknowledged unacceptable progress on resolving site-based clarity about fining smokers. Research had drawn attention to results from a Chesterfield hospital which was to issue yellow and red card advisory notes. The finances for this approach needed to be worked through but a similar approach would be in place at the Trust just after Christmas. It was noted the smoking shelters were in the right place and accessible but they were not outside an exit door. There is still an issue of having separate smoking and a vaping shelters but this would be addressed in the New Year once more information on the issues over vaping are found. Currently the issues at Rowley have improved and most people at Leasowes go offsite due to size of the Unit. The challenge at City is the open grounds/space. Mr. Lewis will be asking security officers to police the site when on rounds and along with the organisation asking all staff to point offenders to a shelter rather than have a confrontation about smoking. Ms. Dutton stated railway stations have got smoking right, could we learn anything from their methods. Mr. Lewis stated railway stations use video images and notices are around stations saying that you are being filmed, but he would follow up on the opportunities of using CCTV at the Trust. There is a perception issue as the Trust property is on private land but we are paid for by the public. But that could Mr. Samuda asked how the Board should be kept updated. Mr Lewis suggested monthly oral update with a written report in December – thereby treating this issue no differently to others.	
Action: • **Mr. Lewis to provide a follow up paper for the December board**	
5.4 CCG Commissioning defunding	**SWBTB (09/16) 095**
Board members had requested a detailed paper on this item and Mr Lewis took questions from it. He noted that the attempt to retrospectively de-find services and ration care felt unethical. Albeit he was aware that it happening elsewhere in the NHS. He sought Board confirmation that we would continue to treat – and that was received. It was agreed that all GPs would be directly contacted to make sure that they were alerting us if they perceived that there was an over-treatment. Mr. Samuda thanked Mr. Lewis for the report and the board endorsed the 5 recommendations.	
6. Questions from members of the public	**Verbal**
There were no questions from members of the public present.	
7. Chair's opening comments	**Verbal**
Mr. Samuda reported that he and Mr. Kang had met for the first time with Modality leads on their proposed Vanguard. The Modality leads were open that they wanted the Trust to become their provider partner, but the next phase/meeting would be to understand better how their model worked. Further updates would be provided as necessary and the item would be returned to within the private board discussion on the downside case.	
8. To consider the update from the Quality & Safety Committee held on the 26th August 2016	**To Follow**
Ms Dutton reported 3 presentations were received on dementia, end of life and community paediatrics where were all making really good progress with redesigning a service more focused on seeing patients in their homes rather than in a hospital setting. It was noted the CCG remained positive with this approach and Claire Parker the Chief Quality Officer attended the	

meeting.	
9. To consider the update from the Major Projects Authority meeting held on 26th August 2016	**To Follow**
Mr. Samuda congratulated the team working with Cerner on EPR as verbal agreement has been received from NHS Improvement. He noted agreement on delegated authority in respect of pre-opening decisions on Midland Met. It had been agreed that Alan Kenny could make changes up to an impact of £76k per annum on the UP. **<u>Public Health, Community Development & Equality Board Committee – 1st September 2016</u>** Mr. Samuda reported on the Committee that took place prior to the Trust Board. Highlighted were: • A presentation on Community Engagement was received highlighting the need to reach out more to particular communities. It was agreed that the 5 year plan needed to be done in reverse to give a clearer picture of the work plan going forward to ensure it was appropriately timetabled. • Dr. Sally Bradbury has been engaged as the lead in Alcohol Prevention. • Our Sandwell Co-Operative Working Partnership – moving towards a final signature	
10. Chief Executive's Report	**SWBTB (09/16) 096**
Mr. Lewis highlighted the following points: • The discussion at CLE on the safety plan and the cultural shift for the organisation. • The Performance Management Committee will continue to review the IPR and ward dashboard but a lot of work still to be done on the latter • Mr. Lewis has written to 4 wards to congratulate them on their outstanding Vital Pacs performance. • There has been a Q1 issue with FOI compliance associated with changes in the governance team. This was being remedied. • A report on the Bradbury Day Hospital has been submitted to the CCG recommending the patients be moved to the purpose built space within Rowley Regis as the current facility cannot give what the patients need. • IT failure – a massive disruption took place due to an outage last week. The Informatics group will have resources, structures in place to ensure by Christmas but now revised to October the roll out and upgrading systems is complete. • Workforce Consultation is on-going and continues until 16th September. Risk of redundancy letters were distributed to colleagues last week with the view of redeploying staff. It was noted the consultation and redeployment would be completed by early October as by then significant changes on wards would take place. Mr. Zaffar queried any issues with BSOL STP and also the future of the Sandwell urgent care centre. Mr. Lewis noted that the NHS England bar on public discussion had perhaps been unwise. The Trust was engaged with the BSOL papers, and in no STP was their any proposal to alter our future state around the UCC or Midland Met. The board briefly discussed A&E and the delivery boards, the discussion with local providers is what happens if the use of emergency care rises, is it standard or will the activation of Plan B for Midland Met be required.	
11. Trust Risk Register	**SWBTB (09/16) 097**
Miss Dhami report one new risk has been escalated from CLE and the Risk Management Committee on the national shortage of the Paediatric Hep B Vaccine which puts babies born to Hep B mothers at risk of infection.	

There is no informal sharing or bulk pre purchase with other health colleagues of vaccines due to the expiry dates but all organisations are in the same situation. The Board queried if a vaccine could be sourced from outside of the country, but due to import restrictions it was considered doubtful if this could be implemented. Ms Dutton queried the numbers of risks that needed to be revised as the last review date was March. Miss Dhami agreed to review in detail and return to the next Board with this matter improved.	
Action: • **KD - Check with groups and revise outstanding risks.**	
12. A safe and sustainable bed base	**SWBTB (09/16) 098**
Ms. Barlow updated the Board on progress for the third time. The medicine model numbers have been agreed for both acute sites. City Hospital will decrease their bed state, by closing D12 isolation ward, the specialist nurses and skills would be deployed via AMU. Cardiology would see a merged D5/D7 with a reduction of beds, merged D15/17, D11 and D29 to remain as older people's medical wards. The model is dependant on the ambulatory care ward avoiding 10 admissions per day. This will bring the bed base in line with the Midland Met model. The workforce issues will be discussed at the Workforce Committee and the financial model at the Finance and Investment Committee. The plans reflect the CIP plans approved at the start of the year. Mr. Samuda noted how complex the work and risk analysis was for the delivery of the programme. Ms. Barlow also stated that there was a risk in the Community beds as some patients who should be in care homes would not be moved. This could then impact hospital length of stay. Dr. Stedman confirmed that the clinicians were engaged but recognised that views diverged on the specific proposals and their timing. Mr Lewis noted recent publicity and attention on the proposal to relocate the eye ward. This remained under discussion with a commitment to maintain expertise but reduce cost. The Board would be updated at its next meeting.	
13. Volunteering scorecard	**SWBTB (09/16) 099**
Ms Talbot reported that the development of volunteering services has now moved to be led by the Associate Chief Nurse. There been have issues experienced with recruiting the target of 20 people per month due to the volunteering administration staff and HR issues on DBS checking, as there is a backlog of 45 applicants who could be lost to the Trust. Ms Dutton asked if the volunteers were being trained during this clearance time. Ms Goodby informed the board she would speak to Ms Talbot on specific issues outside of this meeting. Ms. Talbot would also check if volunteers could be training during the clearance time. Mr. Lewis noted that the position was as predicted and wholly unacceptable. The targets had been those proposed by the Chief Nurse and tested by the Board. There appeared to be a lack of mobilisation capability and a tendency to set up separate systems. He drew attention with thanks to Ms Talbot's candour. The matter would be discussed with the Chief Nurse on his return and at the December Board a substantial improvement needed to be displayed. Mr Samuda endorsed that view and expressed his frustration at the pace and scale of change.	
14. Aston Medical School	**SWBTB (09/16) 100**
Dr. Stedman presented this paper and updated the board on developments with Aston Medical School. He asked the board to delegate authority to the Workforce & OD Committee to sign off the contact by September/October. Dr. Stedman noted the risks with the model and confirmed the Trust would be a first in the area excluding Leicester who have a similar scheme in place. Dr. Stedman would also be	

encouraging involvement with other organisations such as the BCA and Wolverhampton.	
AGREEMENT • **The Board agreed to delegate approval to sign off the contract to the Workforce & OD Committee**	
15. CQC Improvement Plan: progress report	**SWBTB (09/16) 101**
Ms. Dhami reported against the 67 actions. 43 have been closed with 24 remaining. The report presented the potion against these outstanding actions. The positives from the inspection are drug storage with positive feedback from staff but more still needs to be done, but things were track to complete by 31st March. Ward nursing care plans, fluid Chart Plans which now formed part of the daily care record was not being adequately recorded following an audit. This will need to be addressed as the CQC will return in 2017 and the Trust could be ranked the same or below our current ranking. Mr. Lewis stated the executive team have agreed a revised inspection regime for in-house inspections to take place in October and the difficult areas needed to be addressed now for action. He did not want to wait for the inspection report to prepare the response. The board discussed a couple of the specific actions and Miss Dhami was asked to return with a list of actions to be signed off and also have an outline of the remedial action by December.	
Action: • **KD to return with actions to be closed at November meeting** • **KD to have outline of remedial action on outstanding risks by December**	
16. Process for on-going monitoring of CIP schemes	**SWBTB (09/16) 102**
Miss Dhami presented a detailed paper explaining how the current process would be refined and a measures record sheet has been devised to achieve this. Miss Dhami confirmed that the board have discussed this approach at a previous trust board but formal agreement was now required. The approach was welcomed by board members, as it provided an ongoing focus on unintended consequences. Miss Dhami agreed to include a tabulation within the IPR making tracking more visible and would highlight any schemes that this new approach did not suit.	
ACTION: • **KD to include in IPR a column tracking the CIP schemes by a flag or RAG rating.**	
17. Audience segmentation	**SWBTB (09/16) 103**
The Board agreed to move this item to the Private Trust Board session.	
18. Integrated Performance Report	**SWBTB (09/16) 104**
Mr. Samuda suggested reordering the items of the agenda so items noted matters for information could be timed for further discussion. Mr. Waite noted the readmissions rates and sickness rates fell in July. The ED 4 hour performance rate in July fell below the national average and this is forecasted to continue into September which will have financial consequences. The VTE performance also failed in July, which is being looked at by Dr. Stedman. He mooted was an idea to include in agency doctors induction packs that they would not be paid if this requirement of their duties is not performed.	
19. Finance Performance – PO4 July 2016	**SWBTB (09/16) 105**
Mr. Waite reported the underlying performance excluding the loss of STF money remained in line with plan but the use of £½m contingency money was required. The loss of STF money presents a significant risk to delivery which includes the contract income; this will be discussed	

at the next Finance & Investment Committee. Mr. Samuda queried the stroke indicators, Ms Barlow confirmed a deep dive in stroke had taken place to see if patients were admitted within 4 hours, some of the delay was waiting for a male/female bed. A request will be made to the CCG for an exception on gender segregation. Mr. Lewis stated within cancer a review was being undertaken on patients who developed sepsis, this has been escalated to the executive team and a brief would be given at the October Board.	
ACTION: • **TL to report on delay for patients who may have sepsis to the next Board**	
20. Any Other Business	**Verbal**
There was no other business	
21. Details of the next meeting : 6th October starting at 09.30am at an off-site venue to be advised	

Signed ……..

Print ……..

Date ……..

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

6 October 2016

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTCACT.5557	Smoking Cessation	SBBTB (11/15) 181	05-Nov-15	Provide a progess report in two month's time on the follow-up actions agreed during the discussion.	TL	03/11/2016	Progress report to be presented to the November Board	Open
SWBTBACT.558	Learning Disabilities: People's Parliament	SWBTB (01/16) 210	04-Aug-16	Provide a progress report on achievement of the 6 promises previously made to the Board	CO	05/01/2017	Progress report to be presented to the January Board	Open
SWBTACT.559	Wider safe staffing	SWBTB (01/16) 084	04-Aug-16	Need to know the clinical input that is available at any time on each ward, including medical time.	RG	01/12/2016	Progress report to be presented to the December Board	Open
SWBTACT.560	Volunteering	SWBTB (06/16) 025a	02-Jun-16	CEO-led summit to be held to develop and drive a coherent plan. A progress report to the Board to follow.	CO	01/12/2016	Progress report to be presented to the December Board	Open
SWBTACT.561	Paediatric community caselaods	SWBTB (06/16) 026	02-Jun-16	Report to the September Board in respect of paediatric community caseloads	RB	06/10/2016	On the agenda for the October Board	Closed
SWBTACT.562	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	On the agenda for the October Board	Closed
SWBTACT.563	Junior doctor contract	SWBTB(06/16) 029	02-Jun-16	Progress report on contract implementation to be presented to the Board	RG	06/10/2016	On the agenda for the October Board	Closed
SWBTACT.564	Mortality data rebasing	SWBTB (07/16) 060	07-Jul-16	Reassurance provided that the position has not worsened; how do we now get better / improve.	Rst	03/11/2016	Report to be presented at the November Board	Open
SWBTACT.565	Localised suppliers of multi-cultural / multi-faith meals	SWBTB (08/16) 083	04-Aug-16	Review what food cannot be locally sourced and why. Present a report with a view to close the enquiry.	CO	03/11/2016	Report to be presented to the November Board	Open

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTACT.556	Never Event in T&O	Verbal update	04-Aug-16	Report the findings of the unannounced inspection to theatres to check if the actions put in place are taking place.	KD	03/11/2016	Findings of the return unannounced inspections taking place in early October to be verbally reported to November Board	Open
SWBTACT.557	Patient Story	presentation	01-Sep-16	To check the protocols of patients and carers using Ward Kitchens	CO	06/10/2016	To confirm at October Board	Closed
SWBTACT.558	A safe and sustainable bed base	SWBTB (09/16) 098	01-Sep-16	Update to be provided to the December Board.	RB	01/12/2016	Progress report to be presented to the December Board	Open
SWBTACT.559	Audience Segmentation	SWBTB (09/16) 103	01-Sep-16	Elaborate on the 'What we are going to do' section of the paper	RW	06/10/2016	On the agenda for the October meeting	Closed
SWBTACT.560	CQC Improvement Plan	SWBTB (09/16) 101	01-Sep-16	Progress update on achievement of the outstanding CQC Improvement Plan actions and removed any closed actions	KD	01/12/2016	Progress report to be presented to the December Board.	Open

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Junior Doctor Placements Update
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby – Director of Organisation Development
AUTHOR:	Phillip Andrew – Head of Medical Staffing
DATE OF MEETING:	6th October 2016

EXECUTIVE SUMMARY:

The Trust board asked for an update on Junior Doctor Placements to come to October board. The attached document gives the board a detailed overview of every outstanding placement (29) and the action being taken to fill the vacancy.

Every placement is in active recruitment or has a way forward agreed with the recruiting managers and HEWM.

REPORT RECOMMENDATION:

The attached update is noted.

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

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Contributes to all.

PREVIOUS CONSIDERATION:

August Public Trust Board

Recruitment update (by AMSM)	Post number	Grade	Specialty	Location	VTS	Description
Vacant at present but filled with trainee from October	WMD/RXK02/035/STR(H)/002	Specialist Training Registrar (Higher)	Acute Internal Medicine	City Hospital		
Authorisation received to advertise post, JD and advert being updated by Clinical Director prior to advertising	WMD/RXK02/091/STR(L)/010	Specialist Training Registrar (Lower)	Anaesthetics	City Hospital		New for August 15
Post filled locally	WMD/RXK02/007/STR(H)/006	Specialist Training Registrar (Higher)	Cardiology	City Hospital		New for August 15
Post advertised to recruit to locally	WMD/RXK02/007/STR(L)/002	Specialist Training Registrar (Lower)	Cardiology	City Hospital	Sandwell And V	Sandwell And West Birmingham Hospitals NHS Trust
ongoing ED recruitment with additional Specialty Doctors	WMD/RXK01/030/STR(H)/003	Specialist Training Registrar (Higher)	Emergency medicine	Sandwell General Hospital		
ongoing ED recruitment with additional Specialty Doctors	WMD/RXK01/030/STR(H)/004	Specialist Training Registrar (Higher)	Emergency medicine	Sandwell General Hospital		
Recruitment in process (at Shortlisting stage)	WMD/RXK02/030/GPSTR/002	GP Specialty Training Registrar	Emergency medicine	City Hospital	City VTS	
ongoing ED recruitment with additional Specialty Doctors	WMD/RXK02/030/STR(H)/002	Specialist Training Registrar (Higher)	Emergency medicine	City Hospital		
Post removed - Not to be recruited to	WMD/RXK02/030/STR(H)/005	Specialist Training Registrar (Higher)	Emergency medicine	City Hospital		
Post advertised to recruit to locally	WMD/RXK02/017/STR(L)/001	Specialist Training Registrar (Lower)	Endocrinology and diabetes mellitus	City Hospital		Diabetes + GIM
Post advertised to recruit to locally	WMD/RXK01/018/STR(L)/001	Specialist Training Registrar (Lower)	Gastro-enterology	Sandwell General Hospital		
Specialty Lead in Acute Med confirmed no major service implications if this this post not filled as not on oncall rota. No further action being taken.	WMD/RXK02/001/GPSTR/001	GP Specialty Training Registrar	General (internal) medicine	City Hospital	City VTS	New for August 16 - TEMP POST (see notes before using)
BBT post not recruited to - for GP Practice to recuit to locally - no action required	WMD/RXK--/800/STR(L)/001	Specialist Training Registrar (Lower)	General Practice	Sandwell And West Birmingham Hospitals NHS Trust		New for August 2014 BBT
Vacant at the moment but filled with trainee from October	WMD/RXK01/021/STR(H)/002	Specialist Training Registrar (Higher)	General surgery	Sandwell General Hospital		
Vacant at the moment but filled with trainee from October	WMD/RXK01/021/STR(H)/004	Specialist Training Registrar (Higher)	General surgery	Sandwell General Hospital		
Vacant at the moment but filled with trainee from October	WMD/RXK01/021/STR(H)/006	Specialist Training Registrar (Higher)	General surgery	Sandwell General Hospital		
Vacant at the moment but filled with trainee from October	WMD/RXK01/021/STR(H)/007	Specialist Training Registrar (Higher)	General surgery	Sandwell General Hospital		
Post advertised to recruit to locally	WMD/RXK02/011/GPSTR/004	GP Specialty Training Registrar	Geriatric medicine	City Hospital	City VTS	
Post advertised to recruit to locally	WMD/RXK01/073/STR(L)/001	Specialist Training Registrar (Lower)	Haematology	Sandwell General Hospital		Haematology + GIM
HEWM only fill it adhoc. No plans to fill this post locally	WMD/RXK02/034/STR(H)/001	Specialist Training Registrar (Higher)	Intensive care medicine	City Hospital		TF
Partially filled (between Radiology and Nuclear Medicine) - not part of the rota and the HEWM only fill it adhoc.	WMD/RXK02/016/STR(H)/001	Specialist Training Registrar (Higher)	Nuclear medicine	City Hospital		
Post advertised to recruit to locally	WMD/RXK01/040/GPSTR/001	GP Specialty Training Registrar	Obstetrics and gynaecology	Sandwell General Hospital	Sandwell VTS	
	WMD/RXK03/025/STR(H)/006	Specialist Training Registrar (Higher)	Ophthalmology	Birmingham Midland Eye Centre (Bmec) City Hospital		BMEC 8 - Glaucoma
Junior Research Fellow has been appointed to fill this vacancy for 6-12 months						
Post advertised to recruit to locally	WMD/RXK01/002/STR(H)/006	Specialist Training Registrar (Higher)	Paediatrics	Sandwell General Hospital		City/Sandwell General Paeds
Post advertised to recruit to locally	WMD/RXK02/002/GPSTR/002	GP Specialty Training Registrar	Paediatrics	City Hospital	City VTS	
Post advertised to recruit to locally	WMD/RXK02/002/STR(L)/004	Specialist Training Registrar (Lower)	Paediatrics	City Hospital		CITY NICU 5
Post withdrawn via HEWM no plans to fill	WMD/RXK--/008/STR(L)/001	Specialist Training Registrar (Lower)	Rheumatology	Sandwell And West Birmingham Hospitals NHS Trust		ACADEMIC RHEUMATOLOGY
Post withdrawn via HEWM no plans to fill	WMD/RXK02/008/STR(H)/003	Specialist Training Registrar (Higher)	Rheumatology	City Hospital		LECTURER

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	**Update on Introduction of 2016 Junior Doctor Contract**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Lesley Barnett – Deputy Director. Human Resources** **Philip Andrew – Head of Medical Staffing**
DATE OF MEETING:	**6th October 2016**

EXECUTIVE SUMMARY:

This report provides an update on the Junior Doctor Contract that Trusts are required to introduce in October of this year.

It updates the Trust Board on the recruitment of a Safe Hours Guardian, the introduction of work scheduling and exception reporting. The appendix outlines the exception reporting processes.

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 – Update September 2016

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

Report to: Public Trust Board

Date: 26th September 2016

1.0 Introduction:

This paper is an update on the 2016 contract which will start to be introduced in England for doctors in training posts approved for postgraduate medical/dental education. The detailed content of the contract was reported to the Trust Board in August 2016.

Since the report to the August board the BMA JDC proposed a number of periods of industrial action which consisted of a full walkout between 8am and 6 pm during the following times:

12th – 16th September 2016,
5th - 7th and 10th -11th October 2016
14th – 18th November 2016
5th – 9th December 2016

These periods of industrial action have now been suspended.

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 followed by a two day judicial review on 19th – 20th September 2016. A ruling is expected imminently.

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. This position has not changed.

The Trust is therefore proceeding with preparations for the implementation of the new contractual arrangements in accordance with the national timeline. The first doctors to be offered the new contract will be the Foundation year 1 (F1) doctors. Offer letters will be sent out in early October 2016 to commence 7th December 2016.

Group Directors and Group Director of Operations have received written confirmation of the timeline for their doctors moving across to the 2016 contract and have been advised of the compliance issues with current rotas that need to be addressed.

2.0 Appointment of Guardian of Safe Working

The role of the Guardian of Safe Working is designed to reassure junior doctors and employers that rotas and working conditions are safe for doctors and patients. This role was advertised to all SWBH consultants. Two candidates were interviewed by the Chief

Executive, Medical Director, Director of Organisation Development and two Junior Doctor representatives.

Dr Zoe Huish, Consultant Anaesthetist was subsequently appointed and commenced on 1st September 2016.

3.0 Introduction of Work Scheduling

The 2016 contract requires a generic work schedule to be issued to every junior doctor in advance of each placement (issued at the same time as the offer letter). The generic work schedule will provide information on the rota template, pay for the working pattern and educational components of the post. This generic work schedule is then personalised after the junior doctor commences and meets with their educational supervisor to discuss their specific learning needs and the specific opportunities within the post.

4.0 Introduction of Exception Reporting

The new contractual arrangements include an exception reporting process where doctors have concerns about their training or working schedules. The process is designed to be more agile and reactive than the New Deal system of hours monitoring and banding appeals. Employers are required to support the process by using an electronic reporting system and for this to be effective from October 2016 when the first doctors transition to the 2016 contract.

Nationally there are two bespoke exception reporting IT systems in development, Skills For Health and Allocate. The Trust already has access to the Allocate system for rota modelling but is also considering the use of the Safeguard incident reporting system. The advantage is that this is a well recognised and understood system within the organisation. The National Reporting and Learning System (NRLS) have confirmed that hours' breaches are regarded as patient safety incidents. The use of the system would then prevent the need/risk of duplicate reporting.

The Head of Risk Management is currently mapping the exception reporting process on Safeguard in advance of its implementation to ensure that notifications will be directed as follows:

- Guardian of Safe Working: Exception reports of hours breaches;
- Director of Medical Education: Exception reports of training issues.

NHS Employers have developed flow diagrams setting out the exception reporting process in more detail (see Appendix 1).

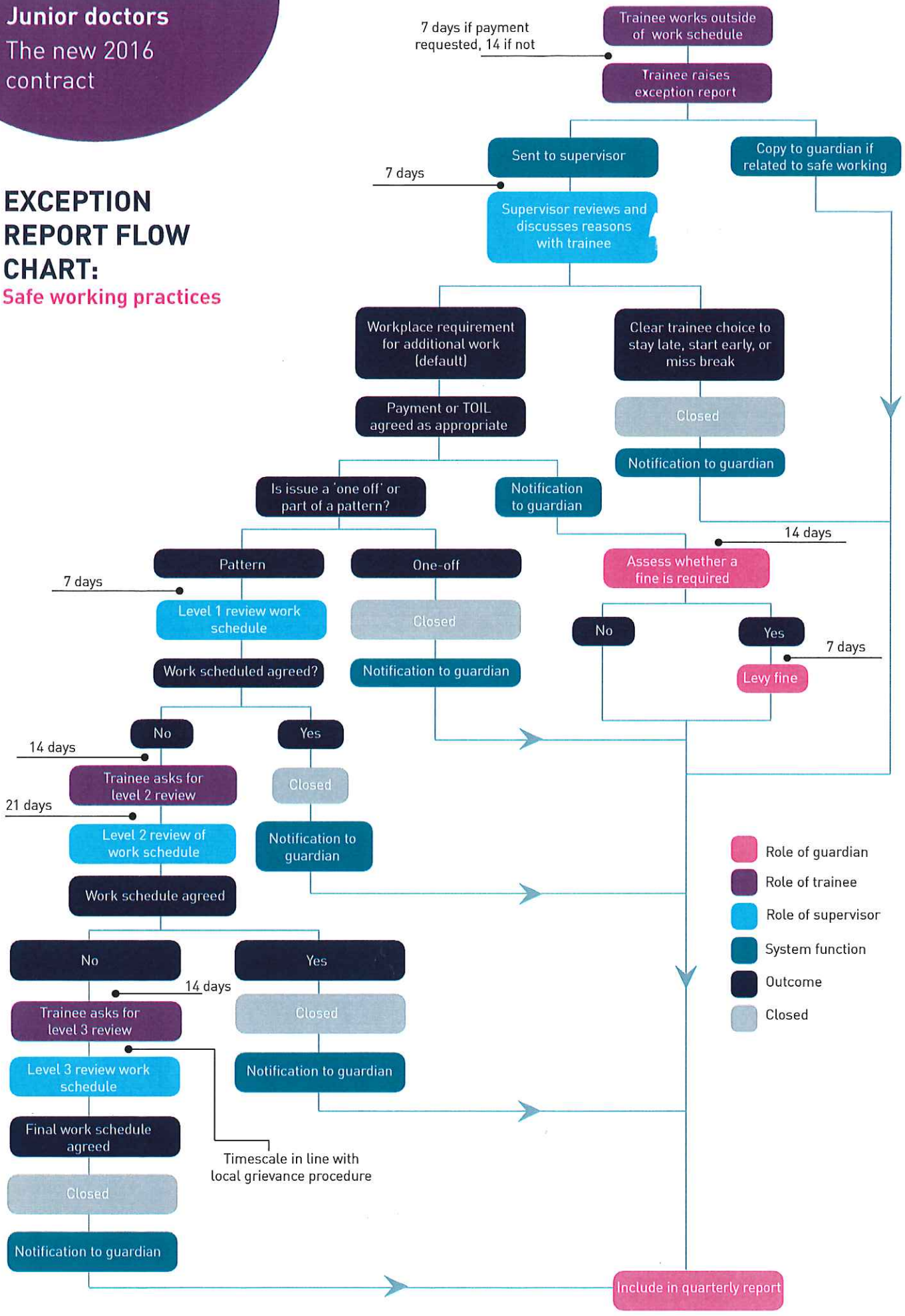
5.0 Implementation of the 2016 Contract within the Trust

Specialty:	**Transitional Time Frame:**	**Working Pattern:**
All F1 Doctors	December 2016	Four working patterns. *All the above fully compliant*.
General surgery Trauma and Orthopaedics Urology Plastic Surgery ENT Paediatrics	February – April 2017	13 working patterns *Seven fully compliant working patterns drawn up.* *Six - work ongoing, scheduled for completion by end of October 2016.*

Neonates Microbiology Histopathology		
Emergency Medicine Cardiology General Medical Specialties Dermatology Rheumatology Haematology Anaesthetics ITU Ophthalmology Obs and Gynae Radiology	August 2017	22 working patterns *Nine fully compliant working patterns drawn up.* *Thirteen - work ongoing, scheduled for completion by end of February 2017.*

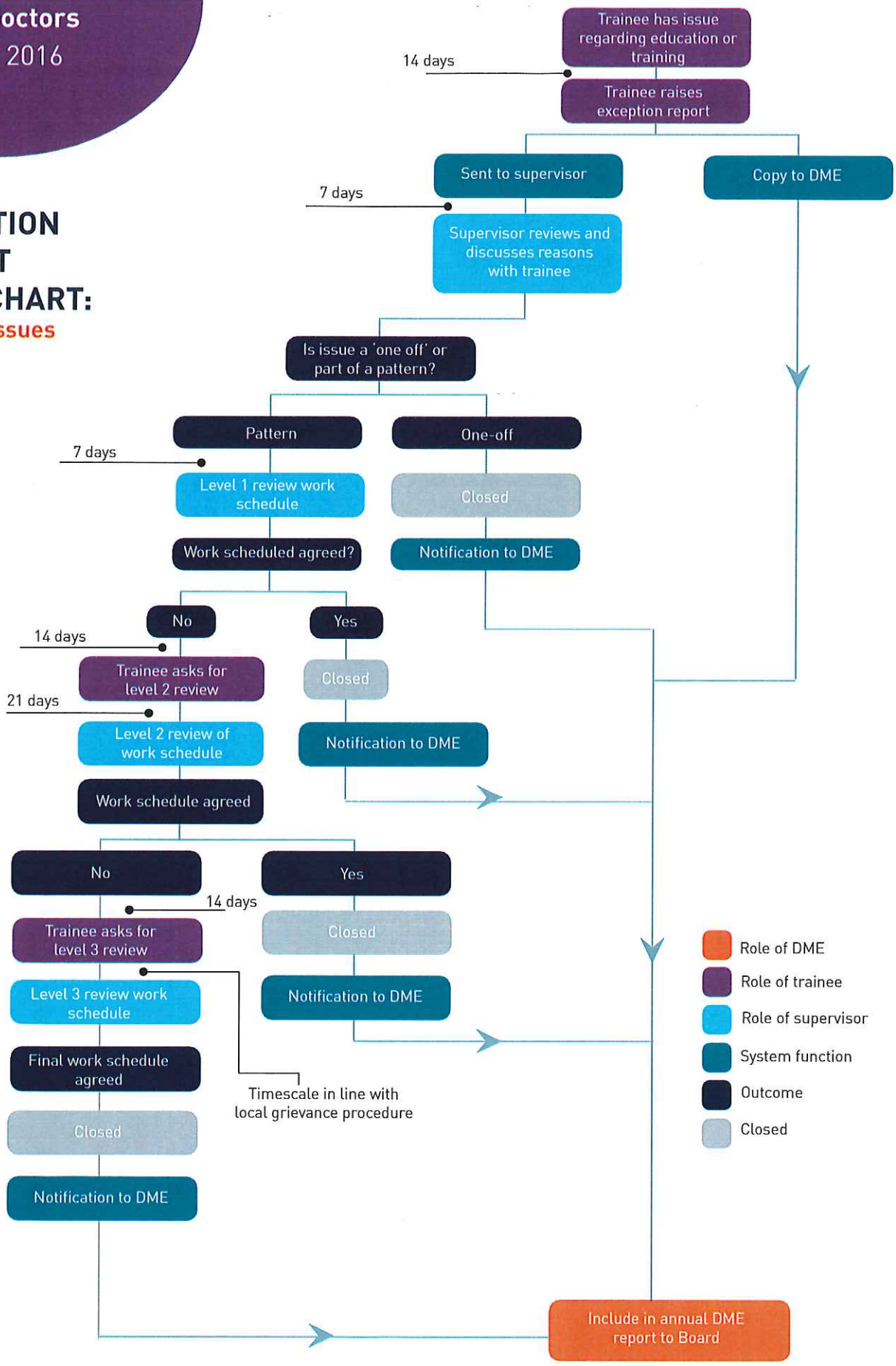
Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Safe working practices



Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Training issues



Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board

Chief Executive's Report

Since the Board we have (1) signed our contract with Cerner for the Trust's 2017 electronic patient record, part of our wider digital programme of change. We have concluded (2) statutory workforce change consultation, having resolved a formal grievance submitted by trade union colleagues. And we have (3) received the 2017-2019 NHS planning guidance.

All three, in different ways, help us to plot a route through coming weeks. From October we undertake detailed workflow mapping with Cerner. Subject to any further scrutiny requested by the Board we will now proceed to implement amended workforce schemes designed to safely change our pay bill. And we will consider the national guidance, complete with its injunction by December to frame two year contracts with commissioners. The latter is surely helpful to our Trust, which during that contract, we see two implementations with a high likelihood of temporary disruption of our activity reporting patterns. Of course to make progress we need to settle our current contract dispute and I will brief the Board orally on that work.

1. **Our patients**

As a leadership team we are focusing hard on supporting clinical staff, specifically nursing staff to complete observations at ward level and escalate or otherwise act on concerns. This forms part of our ward dashboard, it's data flowing from our investment in vital pacs. Over coming weeks we want to deliver a step up in observation timeliness, led by our group directors of nursing. A special project team is in place weekly to oversee this work, with daily data being provided to ward managers to address issues and learning. This focus on basics of care is consistent with our safety plan and our CQC improvement plan.

The Trust continues to deliver core planned care wait standards. In the next two months I expect that to come under real pressure, especially in diagnostic services where demand continues to outstrip base supply. Our 2016/17 contract contained no increase in work for rising awareness of cancer diagnoses and we are seeing GI referral drift towards the Trust as our wait times reduce.

Emergency care waits continue to deteriorate. We have submitted a draft improvement plan as requested, but it presently contains no meaningful demand management work. The new A&E delivery board, which NHS England have asked provider chief executives to chair, will look to reduce ambulance conveyance by 5% and waits a benefits quantification of the disruption in recontracting NHS 111. In November we see local provider changes. Meanwhile, Trust planning for the new Sandwell Urgent Care Centre continues, and in the short term we look to mitigate commissioners' decision to close urgent care access at Rowley Regis from October.

Discussions continue with commissioners about rationing. Further to last month's public board discussions about the contract dispute we have secured recognition that any attempt to address criteria for care is best done collaboratively and prospectively. GP colleagues have been unambiguous that there are no examples of over treatment by Trust clinicians, a view which backs up our own data.

We have made closure decisions associated with our bed base. The temporary Sandwell ward has closed, with a specialist frailty unit opening successfully on the site two weeks ago. At City, we make three major medical bed changes, in advance of any decision about our eye ward. We change our cardiac bed base to the size of Midland Met. We blend GI and respiratory wards. And we close D12, with infection control care being managed via our side rooms and end of life care being increasingly supported at home and in hospices. Our Palliative Care Connected service has its official "launch" in October - and the 24/7 information hub is now up and operating. The NHS of the next 12 months will see much discussion about accountable care organisations, risk management and partnership. I am proud that we lead a provider partnership with age concern, crossroads, John Taylor Hospice, and St Mary's Hospice. In the last few days we added a third palliative care consultant to our team, recruited jointly with John Taylor.

2. Our workforce

The proposal to close consultation would move us to implementation of redeployment from October 17th. The Board understands clearly the disruption and rupture associated with these changes. I believe that the consultation has been conducted appropriately and, notwithstanding the TU grievance heard latterly, we can be satisfied that everyone has had an opportunity to reflect their views. On balance now we need to make change happen: There are many opportunities for staff in the Trust, and I very much hope that we can redeploy everyone affected.

I attended a well-received education, learning and development conference in month with staff and managers. This explored in the main the offer to employees to develop, but we also discussed, as the board's workforce committee has, our new appraisal approach for 2017/18. This focuses on performance and potential, on every employee having a development a score, and on making sure that we are truly managing talent inside the Trust. This an exciting agenda and one that has considerable support from staff. We must make sure we prepare to make it a change, not changed paperwork with the same system.

This month's board papers contain an important update on our diversity plans. Critically we want to actively make sure our leadership at a senior level, including the board, reflects the communities we serve. We want to support staff to develop and actively intervene to create a leadership community that benefits from the talents of those we employ. In November various staff networks for people with protected characteristics launch in our organisation - with executive sponsors, but with the aim of becoming self-organising groups.

In mid-October we host our SWBH Stars Annual Awards, once again at Villa Park. It promises to be a terrific occasion, with partnership contributions from Sandwell MBC and

the CCG, as well as our sponsors. The highlight is invariably the award for care nominated by our patients.

Within the executive, we have decided to continue in 2016-17 with the Consultants Excellence Awards Scheme (CEA points). Although the national system can be improved, it remains our view that exceptional contribution merits recognition. The approach we took last year encouraged awards across a range of areas of excellence and we intend to operate the same focus, with even greater emphasis on the half of our consultant body who have yet to receive this recognition. As in prior years a detailed analysis of the protected characteristics of applicants and award holders will be undertaken.

3. Our partners

We are not yet in a position to take forward the Aston Medical School business case, which we had hoped to present to the Board this month. We are working to have this ready in time for November's meeting. AMS is likely to kick off from 2019, a year later than planned due to regulatory matters within the GMC.

The departure of Paula Clark from Dudley Group marks a significant change in the local health system. Paula's work to set up the Black Country Alliance has been fundamental and she will be greatly missed. Dr Paul Harrison takes over on an interim basis. We will explore at the next BCA Board how we build on key projects to date in intentional radiology, rheumatology and urology. Work on pathology is well advanced, and reflected in the emerging STP plan.

We are delighted to in advanced talks with primary care partners about locating a GP practice on the Sandwell site. This proposal appears to have achieved support across the CCG, and would add considerably to the "life" of the site from 2018. We want to integrate primary care, intermediate care, ambulatory medicine and the Urgent Care Centre at Sandwell. Together this represents a first class future for care in West Bromwich.

4. Our regulators

Cardiology were inspected by HEE-WM in September. This reflected some historic issues and the potential impact of service reconfiguration. I am delighted to report that not only will no further inspections or actions plans be required, but the inspection team felt that the visit had been one of the best undertaken in their jurisdiction in some time. This is a huge credit to the whole team, but perhaps especially to Drs Varma and Jawad who have led work to improve the position. Cardiology has long been a research strength, its service improvement since 2014 is known to the Board, and now we are seeing educational gain too. This is very encouraging.

The final CQC report into our day hospice position has been published as required. Whilst rating the service as good, it draws attention to the limitations of the location. The CCG are presently consulting on relocating services to Rowley Regis. That consultation concludes on November 24th and features prominently on our website.

NHS Improvement have published their final framework for oversight of organisations. This document will place Trusts on one of four levels of support and direction. A five step framework is envisaged for organisations:

1. Quality of care (safe, effective, caring & responsive) + delivery of 7-day hospital of 4 top priorities
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

It is a little too early to tell for sure where this system will rate our Trust, it we would expect the discussion to focus on levels 2/3. Given our agency position against a national instruction, and the continued shortfall on the A&E STF trajectory, I would expect at this stage a rating of 3 – mandated support. The criteria for 4 and 5 merit better internal understanding, as they appear not to be data driven.

We have responded in due time to the Birmingham Coroner's regulation 28 instruction. This relates to practice in the Trust in terms of Deprivation of Liberty orders (DOLs). Board members will recall case law in 2014/15 which radically amplified the scope and scale of expectation. Our use of the system in 2016 has been low, and we are altering our approach utterly. I would suggest that the quality and safety committee tracks implementation in coming months. Whilst increased numbers of referrals are not an indication of appropriateness, a continuation of our present volume would imply failure. Distinctly we are discussing with WM Police handcuffing and restraint practices within ED.

The Board has previously been advised of FOI issues associated with personnel changes in the corporate office. This has led to a plethora of delayed requests, which is infuriating. I am assured that by the time of the next Board meeting this will be resolved. The pattern of delay makes it clear that there is no intent to obscure specific issues, rather we had an error in our tracking system. Kam Dhami will brief the Board when we next meet. In Q4 we will agree any audit requirements with the committee prior to the Annual Governance Statement.

5. The Black Country STP

An interim submission was made the STP in September. This document reconfirmed support for the new Midland Metropolitan Hospital in 2018. We continue to work with partners to make sure future financial modelling for the STP exercise reflects an accurate view of the financial obligations of providers, and the promises made by commissioners in supporting big investment decisions like MMH in November 2015. It will actively disengage clinicians in particular from the latest planning vehicle if the sense develops that each agreement is a passing state. There is an exciting spirit within the STP to find the best of vertical care integration (wrapping services around local patients) and developing horizontal integration between providers, perhaps to develop more localised specialist services, as well as to ensure reduced costs for non-clinical functions.

A further submission is due on October 21st. It is not yet drafted. At best the Board can realistically be invited to note that submission. Prior to submission I will provide a précis of the content and implications to Board members. Should the document deteriorate the position viz a vis Midland Met, and the commercial commitments which sit behind the case, we will raise that matter nationally in the first instance. The downside case remains part of the public FBC, and the Board will return to that case in coming meetings.

The BSOL STP has been examined, given our associate status. As presently drafted the document represents a strong commitment to develop services across the three quarters of Birmingham impacted by the STP. Representations have been made to ensure that partners and stakeholders appreciate fully the different approach being taken within "our" STP. Proposals on issues such as cancer reconfiguration between hospitals in BSOL are not binding for the wider STP in the West Midlands at this stage. It remains to be discussed how regional planning will fit with the STP process.

Distinct from this, the sheer volume of data collation and collections from national bodies continues to increase. The ambition to try to create nationally comparable datasets for issues as diverse as ward performance, pathology efficiency, and purchase costs is doubtless laudable. The volume of work involved in pivoting data into these formats, and VFM issues about that data's accuracy, continues to tax us. It is to be hoped that the onslaught becomes more foreseeable in time, and gives us more chance to prepare and choose what is value adding.

Attached to my report is the latest nurse safe staffing data, as well as a recruitment update. Major changes in recruitment kicks in from the start of October, and I would suggest this is appraised in detail in the Chief Executive's update in November. At Performance Management Committee our nurse staffing focus is currently on:

- Shift fill rates
- Vacancies and sickness
- The proportion of a shift’s qualified staff who are temporary

We have just agreed changes to the approval process for bank and tier1-2 agency nursing roles to make it easier to plan rosters six weeks ahead. This delayers the approval process and puts the focus on overall good team and staff management, not individual choices about a given shift.

Also attached is my report is a equality and diversity note which looks at the 9 diversity objectives from the Public Health Plan and a more detailed enclosure on equality and inclusion is covered in more detailed on the agenda on this occasion.

Toby Lewis
Chief Executive
September 29th 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 6th October 2016

1 EXECUTIVE SUMMARY

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

2 AUGUST DATA UPDATE

The summary level data does not demonstrate any major variance month on month across this period. The average CHPPD for the trust is 5.2 hours which is consistent with previous months.

The average fill rates across the trust for registered nurses which includes permanent, bank and agency staff for day shifts is 96% and for night shifts is 98% which is marginally better than the previous month. For support staff the day time fill rate is 93.2% and the night time fill rate is 102.6%, this is the slightly fewer care staff during the day shifts compared to previous month's and slightly more at night.

Our on-going recruitment drive will see 50 registered nurses start in post the week of our board meeting; these staff are taking up their first post as qualified nurses and will require a period of preceptorship and induction. Additional recruitment processes which are smarter with a tighter time line also begin this week with the anticipation of recruiting more staff in the coming weeks and months. During the last month the Group Directors of Nursing have started to collect data on the number of shifts that are higher than 33% filled with temporary staff; over 33% temporary staff is a professional judgment measure indicating that care may not be as consistent and coordinated than if the ward had a full complement of their own staff on duty. I will brief the board on this work in coming months.

McCarthy ward has continued to have a reduced number of beds open because of the reduced level of permanent staff available, this is kept under review with our plan to increase the bed base further when the ward is up to 75% establishment.

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

Safe Staffing Return Summary		Day				Night								Care Hours Per Patient Day (CHPPD)			
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night					
Month	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Jun-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%	135	7.5	2.5	10.0
	CITY HOSPITAL	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%	8704	6.2	2.3	8.5
	ROWLEY REGIS HOSPITAL	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%	2222	3.0	3.9	6.9
	SANDWELL GENERAL HOSPITAL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%	9235	5.0	2.6	7.6
		60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%				
Jul-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	CITY HOSPITAL	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	ROWLEY REGIS HOSPITAL	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	SANDWELL GENERAL HOSPITAL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
		61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%				
Aug-16	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	221	573	573	175	175	100.0%	95.3%	100.0%	100.0%	228	4.6	1.7	6.3
	CITY HOSPITAL	28893	27693	11746	12037	22661	25849	7842	8735	95.8%	102.5%	114.1%	111.4%	9155	5.8	2.3	8.1
	ROWLEY REGIS HOSPITAL	3967	3395	4972	4965	3439	3310	3067	3079	85.6%	99.9%	96.2%	100.4%	2178	3.1	3.7	6.8
	SANDWELL GENERAL HOSPITAL	25853	25600	20636	14598	21640	20464	11640	12846	99.0%	70.7%	94.6%	110.4%	9872	4.7	2.8	7.4
		59178	57153	37586	31821	48313	50196	22724	24835	96.6%	84.7%	103.9%	109.3%				
3-month Avges	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	460	461	230	217	567	567	163	154	100.2%	94.5%	100.0%	94.3%	197	5.2	1.9	7.1
	CITY HOSPITAL	29107	28229	12149	11872	26025	26344	8742	8726	97.0%	97.7%	101.2%	99.8%	9005	6.1	2.3	8.3
	ROWLEY REGIS HOSPITAL	4118	3677	4933	5038	3243	3192	3339	3475	89.3%	102.1%	98.4%	104.1%	2193	3.1	3.9	7.0
	SANDWELL GENERAL HOSPITAL	26629	25545	16157	14071	21448	20584	11303	11805	95.9%	87.1%	96.0%	104.4%	9660	4.8	2.7	7.5
	Latest 3 month average====>	60314	57911	33468	31198	51283	50687	23547	24160	96.0%	93.2%	98.8%	102.6%	21054.00	5.2	2.6	7.8

3 RECOMMENDATION

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

Colin Ovington,

Chief Nurse

28th September 2016

Appendix 1 – August 2016 ward nurse staffing data

August Data		Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Beds	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Critical Care - Sandwell	flex	141.5%	14.2%	94.4%	124.6%	257	28.3	7.7	35.9
AMU A - Sandwell	32	96.8%	99.0%	97.6%	99.0%	767	7.2	2.8	10.0
Lyndon 1 - Paediatrics	26	72.9%	87.1%	80.6%	93.5%	275	6.4	3.5	9.9
Lyndon 2 - Surgery	24	96.6%	96.0%	102.3%	94.2%	746	3.6	2.7	6.3
Lyndon 3 - T&O/Stepdown	33	95.8%	140.3%	101.1%	152.8%	813	3.4	4.5	7.9
Lyndon 4 - medicine	34	85.2%	97.1%	76.6%	129.0%	1016	2.6	2.3	4.8
Lyndon Ground - PAU/Adolescents	14	84.9%	90.3%	-	83.9%	201	4.7	5.8	10.5
AMU B - Sandwell	20	95.5%	96.9%	100.0%	96.9%	602	4.0	1.1	5.2
Newton 3 - T&O	33	95.5%	120.5%	94.7%	138.7%	894	3.0	3.6	6.6
Newton 4 - Stepdown/Stroke/Neurology	28	100.0%	96.3%	99.2%	100.0%	866	3.3	2.4	5.7
Newton 5 - Haematology	15	112.9%	77.5%	100.0%	100.0%	407	3.7	1.6	5.3
Priory 2 - Colorectal/General Surgery	20	97.1%	96.8%	100.0%	104.8%	733	3.8	2.4	6.2
Priory 4 - Stroke/Neurology	25	95.7%	87.7%	86.5%	96.8%	702	5.6	2.8	8.4
Priory 5 - Gastro/Resp	34	99.0%	101.1%	97.5%	114.4%	1019	3.1	1.9	5.0
SAU - Sandwell	20 + 6 chair	95.5%	89.5%	100.0%	100.0%	393	8.0	2.5	10.5
CCS - Critical Care Services - City	flex	89.9%	95.7%	95.3%	78.5%	221	32.9	8.4	41.3
D5 - Cardiology (Female)	13	96.1%	193.8%	-	-	469	6.6	0.7	7.4
D11 - Male Older Adult	21	99.4%	98.3%	97.8%	100.0%	637	3.3	1.7	5.0
D12 - Isolation	10	95.1%	100.0%	98.3%	100.0%	247	5.6	2.9	8.5
D15 - Gastro/Resp/Haem (Male)	24	98.4%	170.8%	88.2%	171.1%	597	3.3	2.1	5.5
D16 -Gastro/Resp/Haem (Female)	21	98.4%	95.1%	97.8%	100.0%	623	3.4	1.6	5.0
D19 - Paediatric Medicine	8	96.8%	74.2%	72.6%	-	152	8.0	0.5	8.4
D21 - Male Urology / ENT	23	91.2%	98.3%	100.0%	100.0%	542	3.6	2.6	6.2
D26 - Female Older Adult	21	100.0%	100.0%	-	-	645	3.3	1.7	5.0
D27 - Gynaecology	18	86.5%	46.9%	82.1%	82.1%	353	2.8	1.3	4.1
AMU 2 & Poisons Unit - City	19	92.6%	109.8%	99.2%	109.8%	520	5.9	1.5	7.4
D43 - Community	24	90.1%	134.8%	97.6%	203.6%	801	2.6	3.8	6.4
D47 - Community	20	-	-	-	-	565	1.9	0.0	1.9
D7 - Cardiology (Male)	19	98.6%	196.6%	-	-	541	7.2	0.6	7.8
Female Surgical Ward	19	102.2%	81.5%	99.0%	96.3%	311	6.9	3.5	10.5
Labour Ward - City	12	84.6%	98.1%	82.5%	94.6%	286	20.7	4.3	25.0
City Maternity	42	98.5%	87.5%	90.5%	91.0%	975	3.7	1.8	5.5
AMU 1 - City	41	98.2%	92.3%	99.2%	97.8%	652	8.6	3.6	12.3
Serenity Birth Centre - City		102.9%	88.4%	84.5%	103.4%	44	41.1	20.5	61.6
Ophthalmology Main Ward - City	10	100.0%	95.3%	100.0%	100.0%	248	4.2	1.6	5.8
Eliza Tinsley Ward - Community RTG	24	92.2%	99.6%	95.2%	100.0%	693	2.6	3.5	6.1
Henderson	24	92.5%	90.3%	95.7%	101.6%	689	3.0	3.0	6.1
Leasowes	20	66.7%	121.0%	100.0%	100.0%	572	2.5	3.5	6.0
McCarthy	16	93.0%	91.6%	94.6%	100.0%	417	3.3	3.7	6.9

Group	Role	Pay Band	Position Title	Occupational Group	Vacancies as 31.03.16	Number of Conditional Offers made by 28 August 16	Number of Conditional Offers made by 23 Sept 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	31	4	9	14	12%	14	34	H
Corporate - Estates & New Hospital Project	Multi Skilled Mechanical	4	Multi Skilled Mechanical Craftsperson	Estates and Ancillary	3	1	0	4	57%	4	4	H
Corporate - Estates & New Hospital Project	Estates Officer	6	Estates Officer	Estates and Ancillary	2	0	0	1	50%	1	2	H
Corporate - Operations	Clinical Coder	3	Clinical Coder	Administrative and Clerical	2	0	0	0	0%	0	2	H
Imaging	Radiographer	5	Radiographer - Generic [PTA0056]	Allied Health Professionals	14	0	0	11	66%	11	14	H
Imaging	General Manager - Imaging	8B	Group General Manager - Imaging [C1302]	Administrative and Clerical	1	0	0	1	100%	1	1	H
Imaging	Consultant	Consultant	Consultant (Radiology)	Medical and Dental	3	0	0	2	9%	2	2	L
Imaging	Sonographer	7	Sonographer	Allied Health Professionals	2	1	1	2	16%	2	3	H
Medicine & Emergency Care	Group Director of Operations- M&EC	9	Group Director of Operations- M&EC	Administrative and Clerical	1	0	0	0		0	1	H
Medicine and Emergency Care	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	75	8	5	69	18%	69	124	H
Medicine and Emergency Care	Emergency Medicine	Consultant	Consultant	Medical and Dental	6	0	0	2	14%	2	8	H
Medicine and Emergency Care	Acute Physician	Consultant	Consultant	Medical and Dental	2	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	4	0	0	6	45%	6	5	H
Pathology	Biomedical Scientist	5 to 6	Biomedical Scientist across all directorates	Healthcare Scientists	13	2	3	14	20%	14	11	M
Surgery A	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	27	3	6	17	10%	17	26	H
Surgery A	Consultant (Anaesthetics)	Consultant	Consultant	Medical and Dental	4	0	0	3	8%	3	3	M
Surgery A	Group General Manager	8B	Group General Manager	Administrative and Clerical	2	0	0	1	100%	1	1	H
Surgery B	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered	1	5	0	9	26%	9	4	L
Women and Child Health	NeoNatal Nurse	6	Sister Charge Nurse	Nursing and Midwifery Registered	4	0	0	2	14%	2	4	M
Women and Child Health	Community Midwife	6	Community Midwife	Nursing and Midwifery Registered	22	0	0	13	22%	13	31	H
Women and Child Health	Health Visitor	6	Health Visitor	Nursing and Midwifery Registered	15	12	0	0	0%	0	18	M
Women and Child Health	Staff Nurse	5	Staff Nurse	Nursing and Midwifery Registered			2					
						36	26					

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Health Plan - 9 Equality & Diversity Objectives

Executive Summary:

Each month the Trust Board monitors 9 Diversity Objectives that are set out in the 3 year Public Health Plan. This report sets out the work that has taken place to achieve (or not) each of the 9 objectives. Where objectives have been met in part, or not at all, it sets out what is needed to deliver the remainder of the objective and a delivery plan.

Report Recommendation

- Discuss the 9 Diversity Objectives and highlight any areas of concern to be addressed by the Director of OD.
- Highlight areas for 'ongoing development' that should be included in the 2017-2020 Public Health Plan.

Public Health Plan 2014-2017 – 9 Diversity Pledges

Public Health Plan Diversity Pledge	Detail of objective	Summary of position 28th September 2016
1. The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Work is ongoing with the overseeing of the analysis of training requests and training funds, this was completed in December 2014. A comparative exercise will be undertaken in regard to overall band staff profile. A draft should be completed in time for the annual declaration.	This has been met. Full and regular analysis taken to the Education, learning and Development Committee. The statistics for 2015/16 were approved by June 16 Public Trust Board. There were no causes for concern in the data and it demonstrated that equal access was being given to colleagues with protected characteristics. The analysis was also reported as part of the WRES return to NHSE This will be reviewed regularly to ensure the position does not change and Trust Board level oversight remains.
2. The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	This objective has been met. The Board have undertaken two development sessions so far in inclusion and diversity – which have taken place during the Board Informal time together. In April 2016 Ellie Barnes OBE delivered a developmental session on LGBT issues to the board. This has informed the development of the employee networks, the approach to Trans issues and the language and communications used by the Trust. Ellie has also made connections between SWBH and Birmingham LGBT. Both executive and non executive board colleagues have attended relevant events, e.g the CCG Equality Awards and the ENEI House of Lords Event.
3. We would undertake an EDS2 self-assessment for every single directorate in the	It is to be reviewed in full and final form at the next meeting of the	This objective will be met by November 2016 but in an amended form.

Trust. Almost all directorates have submitted to post a draft for review.	Board's PHCD&E committee.	EDS2 has been achieved in full in 11 directorates across the Trust. The bottom up directorate approach was a 'one off ' in order to generate detailed feedback from clinical groups on the actions needed in their area. This approach has had limited success as local managers have struggled to engage with the concept. However, some groups such as Communities and Therapies have used the EDS2 process to shape their approach to patients and staff with protected characteristics. In order to 'close' this objective, the Trust Equality and Inclusion officer will generate an EDS2 evaluation for the whole Trust during November 2016, based on evidence collated and agreed through the local interest group to date. This will build on the detail available from the clinical groups, and make recommendations based on the data. These recommendations will contribute to the Trust's Equality and Inclusion Plan (as part of the Public Health Plan) for 2017-2020
4. Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS. From July 2016 the kiosks will automatically update in to CDA and IPM.	This objective will be met and closed during October 2016. At the time of writing this report the Outpatient kiosks element remains an outstanding action to be implemented. During April 216 OD developed and included a Diversity Questionnaire in the annual governance declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. The results of this are overdue due to operational issues within the corporate team, but will be available during early October for analysis and to set the 'baseline' for the 2017-2020 Equality and Inclusion programme of work. There has been an 80% response rate, generating rich data for the

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

		Plan for next 12 months attached in appendix 1
6. Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead with an unambiguous programme which will certainly include a specific BME leadership offer.	This objective has been partly met and will be completed in January 2017. Diagnostic phase of leadership programme taking place July / August / September 2016 with independent one to one conversations, focus groups, i drop in roadshows and communications. This has generated a detailed and robust report with recommendations for the E&I agenda for the next two years, this report has not been included here. Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. See separate report.
7. We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	This objective has been met in full. The following HR policies were reviewed by an independent external reviewer. • Dignity At Work – Due for renewal August 16 • Grievance and Disputes Policy – Due for renewal August 16 • Recruitment and Selection Procedure - Due for renewal November 18 The recommendations and actions being taken are detailed in appendix 3.
8. With partners to ensure a peer group in each protecting characteristic is active [we	Joint approach with Staffside needed as accessing existing groups has	This objective has been met in part. This Research phase with Hay Group was successful in identifying colleagues

have BMSOG and there is an emerging LGBT group]	proved fruitless to date.	who were willing to be involved in setting up Staff Network Groups. These groups will have an executive sponsor and will be launched during Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby BME Employee Network – Executive Sponsor Toby Lewis Disability Awareness Employee Network – Executive Sponsor Colin Ovington At each launch event there will be a key speaker, and the opportunity for colleagues to put themselves forward as Network Chair and Network Vice Chair. The chairs will then work with the executive sponsors to shape the activities of the staff network for the coming 12-24 months. Each group will have a small operational budget to host events and interventions, and be supported by the Equality and Inclusion Officer and HR Business Partner for E&I.
9. Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	This objective has not yet been met. The successful achievement of this objective will be predicated on the successful completion of objectives 6 and 8. We will use the qualitative and quantitative data from the various surveys and reports and a communications campaign developed to support the leadership programme. The pictorial representation will be completed during October 2016 when the results of the governance survey are available.

Diversity campaigns 2016/2017

October 2016	BME • Black History Month
November 2016	Diversity and inclusion • Launch of BME, LGBT and Disability Networks • Launch of transgender policy
December 2016	AIDS awareness – link to World AIDS Day
January 2017	Visual Impairment • National Braille Day
February 2017	LGBT • LGBT History Month
March 2017	Gender equality • International Women's Day
April 2017	Learning Disabilities • World Autism Day
May 2017	Mental Health • Mental Health Awareness Month
June 2017	Gypsy, Roma, Traveller • Gypsy, Roma, Traveller History Month
July 2017	Physical Disabilities
August 2017	Deaf Awareness
September 2017	Age

DIVERSITY AND INCLUSION POLICY RECOMMENDATIONS

The Trust currently is a member of ENEI and earlier this year was offered an assessment of selected Workforce policies:

- Dignity At Work – Due for renewal August 16
- Grievance and Disputes Policy – Due for renewal August 16
- Recruitment and Selection Procedure - Due for renewal November 18

The feedback on the Policy content was complimentary but with some suggested amendments in the main to reflect legislation. I have sent to the Policy authors to check they are happy with my view that we adopt the suggested changes. I think it will be useful to agree the mechanism for this for these Policies and for future Policies. We should be aiming for all Policies (workforce and other) to be assessed in this way, whilst ENEI can do this I'd argue that we should have the skills in house to do this (or at least some of this work) and we should consider what training or development would be required to do this and who it should be who could deliver it.

One of the key areas of concern for employees interviewed as part of the Diversity and Inclusion focus groups (highlighted by Hay group in their pre report feedback following the Diversity and Inclusion focus groups) was that the Recruitment and Selection Procedure was not applied fairly or consistently with a feeling that some staff were 'earmarked' for jobs. As a result I've added in some specific recommendations regarding Recruitment and Selection over and above any policy changes.

	ACTION	BY WHOM
September/October 2016	Agree with Convenor whether proposed changes can be agreed in isolation, given their provenance and uncontroversial nature. Currently all Policy changes must be consulted on but potentially we should argue that where the changes are to reflect legislative changes or reflect best practice we could develop a 'rubber stamping' process for this.	RG/LB
September	Explore training for all Policy authors, potentially from ENEI. If we restrict to Workforce Policies we risk missing other Policies relating to both staff and patients where there are diversity and inclusion implications. Policy authors to be identified from existing Policies. Groups to identify any employees likely to be required to author Policies.	NB/AA/EH
November onwards	Delivery of Training	External Organisation
	Consider potential Group diversity and inclusion leads to work with Corporate partners who the Groups will need to nominate. They will also need training. This will ensure proper engagement at Group level	RG

	with Diversity and Inclusion issues.	
December 2016 onwards	Commencement of Policy assessment and potential revisions to reflect diversity and inclusion promises/best practice/legislation.	Policy leads
December 2016 onwards	Consider an audit of selected recruitment processes in relation to individual jobs as the concern via Hay focus Groups is that the Policy wasn't being adhered to e.g. successful appointees had correct qualification, diversity profile of applicants vs. appointees etc.	Discuss who could lead this – should be Trust employee owing to confidentiality issues.
January 2017 onwards	ENEI to assess Policies on a timely basis prior to submission to relevant committees as to assess every Policy would delay approval processes and incur costs.	ENEI

Nick Bellis

HR Business Partner with responsibility for Diversity and Inclusion

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Workforce Consultation 16-18 Approval to Close**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby – Director of Organisation Development**
AUTHOR:	**Lesley Barnett – Deputy Director Human Resources**
DATE OF MEETING:	**6th October 2016**

EXECUTIVE SUMMARY:

This paper gives the Trust Board detailed information on progress with the workforce consultation which commenced on 27th July 2016 and concluded on 16th September 2016. It providers a detailed update on the workforce proposals considered during the consultation, feedback received to date and seeks Trust Board approval to proceed with formally closing the consultation and move to the implementation phase. It also outlines the next steps with respect to securing those employees who are 'at risk' with suitable alternative employment through the redeployment process.

All schemes were discussed in depth at the Trust's Workforce and OD Committee on Monday 26th September 2016.

The content provided in this paper is current as at close of play on Thursday, 29th September 2016. The Trust Board will note that the consultation process has resulted in a third of all schemes being changed as a result of feedback and other scheme leads amending or changing the proposed implementation process.

Finalisation of the compulsory redundancy selection process, individual consultation and final appeals is on-going and is due to finalise on 11th October 2016 when the last 'final appeal' will be heard. The Trust Board is asked to sign off the programme followed to date and formally close the workforce consultation and to delegate authority to the Chief Executive and Director of Organisation Development for the implementation phase.

The Trust Board is also asked to note that the redeployment process is due to commence 'at pace' week commencing 17th October 2016 with employees scheduled to commence trial periods in posts deemed to be suitable alternative employment from October / November 2016 onwards.

REPORT RECOMMENDATION:

1. The Trust Board agree to formally close the workforce consultation process that closed on 16th September 2016
2. The Trust Board delegate authority to the Chief Executive and Director of OD to agree and implement the workforce change process.
3. Note the feedback from the statutory collective redundancy consultation process.

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:
Workforce and OD Committee September 2016 CLE September 2016 Public Trust Board July 2016

Background and context

The transformation of services set out in the Trust's long-term plan seeks annual recurrent efficiencies of the order of £45-50m by the end of 2017/18. This necessitates change across all resources, including pay and workforce. Spend on our workforce accounts for 68% of all our Trust costs. We aim to deliver a £30million-plus recurrent saving in pay and workforce costs; and to deliver £10m-plus of the in-year pay CIP in 2016/17. Approximately 80% of the pay and workforce savings will be delivered through headcount reductions.

The Trust launched a small consultation on 6th April 2016, the 'Easter' consultation, which is now largely concluded. The outcome will be a net reduction of 16.39 WTE with a financial impact of £1.1m.

The Trust launched a workforce consultation on approx. 450 WTE on 27th July 2016 which concluded on 16th September 2016.

To minimise impact on our staff and create as much certainty as possible, the aim is for this to be the only major workforce consultation in financial years 2016-2018.

Key process and key milestones followed

Key dates and milestones for the consultation process are set out below.

Table 1 – Key Milestones

Action:	Date:
Launch of Consultation with JCNC	27th July 2016
Schemes details published on Trust Intranet	27th July 2016
Consult over organisational change approach and 'pooling' arrangements for selection	Friday 19th August
Issue At Risk Letters	25th August
Hear Pooling Appeals	w.c. 5th September
Conclusion of formal statutory consultation with Trust trade unions	Friday, 16th September
Undertake selection interviews	w.c. 19th and 26th September
Confirm selection outcome and complete individual consultation	w.c. 26th September
Trust Board Formally Conclude Consultation	6th October 2016
Final Appeals	5th, 10th and 11th October
Redeployment interviews	w.c. 17th October

All schemes subject to the workforce consultation process are expected to achieve the key milestones described above.

Collective Redundancy Consultation

With the exception of one week in August, meetings with the Trust's trade unions were undertaken three times a week to discuss schemes' rationale, address queries, consider alternative proposals and determine the most appropriate application of the Trusts Organisational Change process. These meetings were chaired by Lesley Barnett or Raffaela Goodby. The details of all workforce scheme proposals were shared with the trade unions and managers of those schemes with redundancy proposals attended in person to present to the trade unions the details of their schemes and respond to staff side queries/concerns.

The outcome of this process was that a number of schemes have either changed; a different organisation change process has been adopted as a result of feedback, or have been withdrawn. This evidences a commitment to consult in an engaged and meaningful manner.

It should be noted that the trade unions raised a number of concerns during the consultation process that was addressed via the Trust's Grievance and Disputes Procedure. Their concerns were heard by Kam Dhami, Director of Governance on Tuesday, 6th September. These centred upon the pace and quantity of matters under consultation. An agreement was reached on the way forward, which resolved their concerns at Stage 3 of the process. This resulted in the trade unions focusing the remaining time within the formal consultation on those schemes involving redundancy proposals and a commitment to meet regularly to prepare thoroughly for the anticipated consultation process in 2018 and learn lessons from this process. The Director of OD and Deputy Director of Human Resources will meet quarterly with the trade unions in order to prepare for future consultations and attempt to resolve queries or concerns quickly.

The draft outcomes of the consultation process was reported to the JCNC on Monday, 26th September.

A summary of the feedback received from the Trade Unions is attached as Appendix A. A third of the schemes that include compulsory redundancy proposal were amended as a result of consultation i.e. combination of changes to proposed selection pools, and changes to scheme proposals with one scheme being withdrawn. The trade unions have also identified a number of schemes where their members are reporting safety concerns.

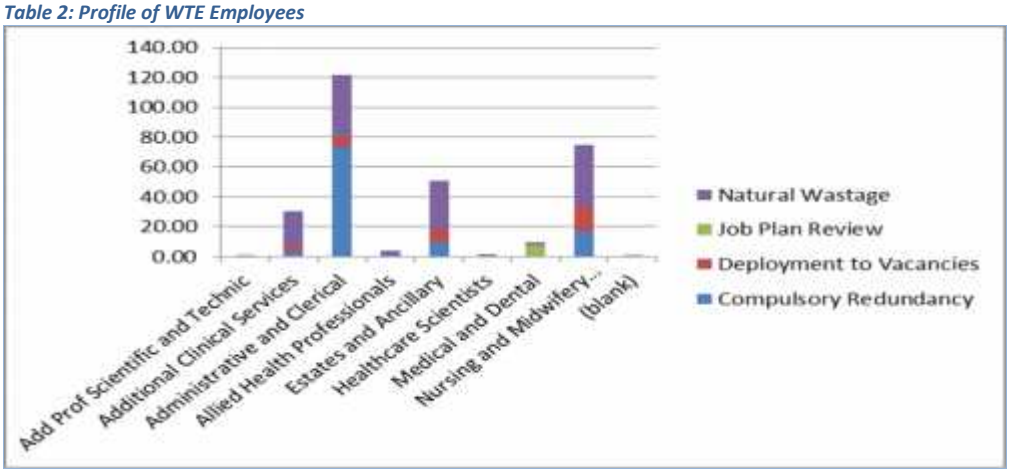
Pooling Appeals

A total of thirteen employees submitted pooling appeals. Three withdrew or DNA'd. A total of three appeals were upheld.

Outcome of Consultation

The summer consultation described above has consulted on schemes to reduce the headcount of our workforce by 293 WTE with a further equivalent WTE savings via other pay reduction methods i.e. reducing overtime, skill-mix reductions.

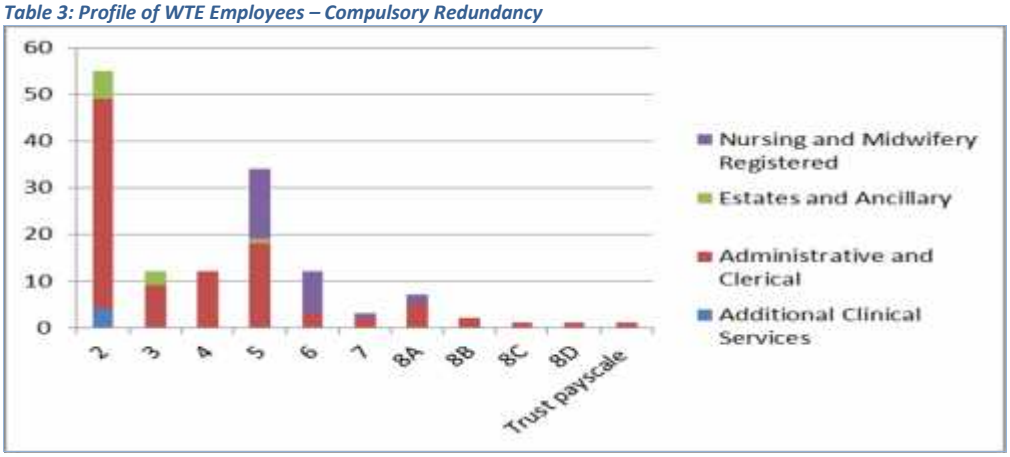
Table 2: Profile of WTE Employees



Of the above approximately 140 employees (headcount) will be affected by redundancy proposals with approximately one third of these being redeployed within their existing Directorates or Departments i.e. those undergoing restructure proposals.

The remaining employees will be supported to secure suitable alternative employment via a central redeployment process led by the HR Department.

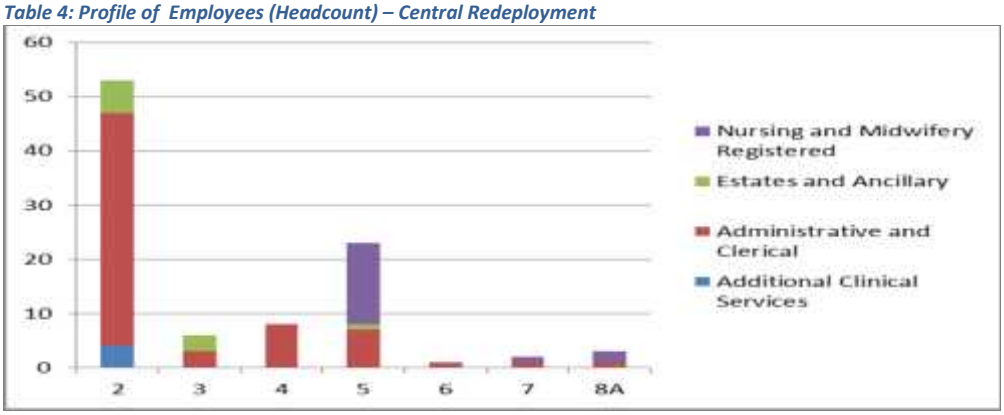
Table 3: Profile of WTE Employees – Compulsory Redundancy



Redeployment

As previously confirmed the intention is to redeploy and retrain our staff, to minimise potential redundancies and retain our loyal and skilled colleagues as far as possible. The Trust has demonstrated that they are equipped to deliver this, having made only a handful of redundancies through previous workforce changes. The Trust vacancy position has been actively managed during the lead up to the redeployment process to maximise our potential to redeploy employees as quickly as possible as set out in Table 1, Key Milestones.

Table 4: Profile of Employees (Headcount) – Central Redeployment



Safety Concerns

The quality and safety impact of each scheme has been subject to challenge and scrutiny throughout the consultation process with feedback from both trade union partners and employees regularly reviewed. Issues raised have been captured on scheme 'issues logs'.

A relatively small number of concerns were identified as summarised below. These were reviewed by the Chief Executive, Medical Director and Chief Nurse on 22nd September 2016.

Scheme:	Summary of Safety Concerns:	Executive Assessment:
Ophthalmic Ward Review	Impact on patient safety	Surgery B leaders asked to further develop alternative options put forward for

Scheme:	Summary of Safety Concerns:	Executive Assessment:
		consideration.
Surgery B Theatres	Retention of key skills	Approval will only be given pending confirmation for the rationale in the proposed change in staffing levels required at band 6.
ED – Workforce Review	Safety of proposed staffing levels, acuity, NICE guidelines and personal safety of staff finishing shifts during the early hours of the morning.	Remain concerned about late shift and safety of staff going off duty at 3 a.m. Group leadership asked to provide further information comparing the withdrawn NICE guidance to the proposed workforce plan.
Medicine Bed Reduction Scheme	D12 – move from five to three HBN04 beds.	Approved following consideration of infection control issues and advice from the DIPCC on the consequent implications it was acknowledged that there will be a group of SCP patients who will require nursing on other SWBH wards.
Orthotics	Retention of key skills	Not approved – scheme withdrawn.
Security	Proposed alternative restraint procedure, increased reliance on bank and lack of skilled security personnel, lack of cover due to change in shift patterns.	Currently not supported to proceed. Awaiting further information e.g. alternative restraint model proposed and rota proposals before agreeing a way forward.
Surgery A – Pain Clinics	Workload of remaining employees.	Approved. Staff concerns noted but believe the plan to be achievable with good prospective leave planning and close supervision.
Imaging	Number of clinicians attending MDT's.	Approved following assurance from the Group Director.
Medicine	Size of matron portolio's.	Approved following a robust review of the concerns log.
Operations, Outpatient Review	Safety concerns raised consequent upon reduction in qualified nurse staffing levels.	Not approved at this stage. Further workforce information has been requested to develop a more in depth understanding of the role of outpatient nurses in haem-onc patient pathway.

Scheme:	Summary of Safety Concerns:	Executive Assessment:
Estates	Slips, trips and falls consequent upon changes to snow clearance arrangements.	Approved scheme to proceed. Trade union concerns were noted, but approved on the basis that the alternative plan put forward was considered sufficiently robust.

Financial Position

The proposed schemes as detailed on TPRS confirm a total of £26 m recurrent savings towards the £30 million-plus savings objective.

Recommendations

The Trust Board is asked to:

- note the feedback from the statutory collective redundancy consultation process
- sign off the consultation process to date and form ally close the consultation
- delegate authority to the Chief Executive and Director of Organisation Development for implementation.

Lesley Barnett
Deputy Director of Human Resources
29th September 2016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P05 August 2016
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DATE OF MEETING:	30 September 2016

EXECUTIVE SUMMARY:

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

Summary Scorecard

Section	Red Rated	Green Rated	None	Total
Infection Control	2	4	0	**6**
Harm Free Care	8	5	2	**15**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	2	9	0	**11**
Cancer	1	9	5	**15**
FFT. MSA, Complaints	10	6	5	**21**
Cancellations	5	4	0	**9**
Emergency Care & Patient Flow	9	5	4	**18**
RTT	5	3	6	**14**
Data Completeness	1	9	9	**19**
Workforce	11	1	10	**22**
SQPR	10	0	0	**10**
Total	**67**	**61**	**58**	**186**

- August IPR has 67 red rated exception indicators [July 60]
- Relevant recovery plans are overseen through the Executive Performance Management Committee. Current focus RTT, diagnostic waits, ward dashboard indicators, VTE.
- Exception reporting is provided to CCG and NHSI as required. The Trust has received a formal performance notice from the CCG and NHSI in respect of ED 4hr performance; requires CCG led system response

Key targets – August Delivery

× **ED 4 hour** performance in August was at 89.67% below the national target of 95% and failing the STF trajectory of 92.78%. Total patients over 4 hrs 1,884 [2,168]; DTOC 530 [617]; delayed ambulance handovers 118 [130] indicative of a struggling system with SGH remaining under particular pressure.

✓ **RTT** (incomplete pathway) 92.03% being compliant with national standard and STF trajectory; no patients on incomplete pathway breaching the 52 week wait standard. Elevated number of treatment functions under-performing and increased backlog requires attention to sustain delivery to standard.

✓ **62 day cancer** July performance at 89.8%; August predicted at 84.1%; September and Q2 expected to meet national & STF standards

✓ **Acute Diagnostic waiting times** continue to consistently operate within the 1% tolerance; 0.85% in month represents elevated concern and requirement for proactive remedial action.

× **Sickness rate** at in-month 4.47% [4.15%]; improvement has plateaued in last three months. Cumulative sickness are at 4.7%

× **VTE** performance at 94.5% (94.4%) below the national standard of 95.0% and local 10/10 standard of 100%.

× **Cancelled operations** elevated in month with 55 [49 July and 31 June] late cancellations of which none [2] were patients cancelled on more than one occasion.

× **Stroke** admissions to acute stroke unit within 4 hrs performance remains variable with 70.8% [65.4%] against national standard 80% and local standard 90%; CT scan within 24 hrs at 97.9% in August, delivering above the commissioner agreed revised target of 95%.

Positive delivery

- ✓ **Hip fractures** performance in month improving from 59% last month to 79.2% representing progress towards standard of 85% and indicating positive impact of improvement plan reported at P04
- ✓ **Readmissions** rates in July reduced to 6.99% in month, being sustained 2-year low; tracking towards peer 6.2%
- ✓ **Infection control** delivers across all indicators in August and well within targets
- ✓ **Stroke and Cardiology** primary angioplasty and rapid access chest pain sustaining high performance
- ✓ **Mortality reviews** undertaken within 42 days at 68.5% in June (76%); Q1 performance at 68.1% being compliant with CQUIN trajectory.

Requiring attention – action for improvement

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

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

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

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

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

- ED 4hr performance (system response)
  - SRG review, commitment and progression of its extant 10 point plan; in particular
  - Demand management / admission avoidance
  - Resolution of commissioning intent for intermediate care capacity
  - Capacity of adult social care to support effective discharge and care support at patient home

- CQUINs
  - Noted risk to delivery of x3 CQUINs with potential financial impact c£0.5m
  - Resolve residual trajectory and compliance requirements specifically NIC, LTC and readmissions
  - Remedial plans for delivery of at risk standards specifically transfer of care and sepsis

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

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

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

The trust reported delivery against its financial plan for Q1 and secured £1.98m STF on that basis.

P05 performance is reported as being on plan but which required the application of non-recurrent flexibility to enable that. There is a risk that any significant requirement for such flexibility in P06 may compromise the ability to report performance in line with plan at end Q2 and so compromise recovery of Q2 STF funding.

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

	Actual			Prospective						
STF Operational access element	Q1	July	August	September	October	November	December	January	February	March
ED 4 hours [trajectory as adjusted for tolerance]		92.37%	92.78%	92.78%	93.28%	93.28%	92.04%	92.54%	92.54%	92.54%
Actual		88.81%	89.67%	89.17%						
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
RTT Incomplete [trajectory as adjusted for tolerance]		91.00%	91.48%	91.48%	91.98%	91.98%	92.30%	92.80%	92.80%	93.60%
Actual		92.06%	92.03%	92.00%						
STF payment 12.5%	353	118	118	118	118	118	118	118	118	118
Cancer 62 day [trajectory as adjusted for tolerance]		84.00%	84.51%	84.51%	85.01%	85.01%	84.61%	85.11%	85.11%	85.11%
Actual		89.80%	84.10%	85.00%						
STF payment 5.0%	141			141			141			141

STF in respect of ED 4hr performance has been lost for P04 & P05 [£236k]. It is expected that P06 will similarly be lost as performance falls below trajectory [£118k].

The STF regime provides for money to be 'earned back' in future quarters if performance recovers to trajectory on a cumulative basis. ED performance in Q3 would be required to be 94.9% in order to recover Q2 lost STF funding. This is not realistic in a deteriorating system environment.

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

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

REPORT RECOMMENDATION:

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

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

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

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Accessible and Responsive Care, High Quality Care and Good Use of Resources.

PREVIOUS CONSIDERATION:
Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals NHS Trust

SWBTB (10/16) 111(a)

Integrated Quality & Performance Report

Month Reported: August 2016

Reported as at: 29/09/2016

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At Glance - August 2016

Infection Control

3x C. Diff cases reported during the month of August;
x10 cases year to date being within trajectory
Max x30 cases for the year have been agreed within the CCG Contract 16/17.

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

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

MRSA Screening
- Non-elective patients screening 93.6% (compliant with 80% target)
- Elective patients screening 92.8% in month (compliant with 80% target);

Whilst elective screening is compliant overall, Medicine Group which is at 66% (with Scheduled Care @ 33% only) - subject of remedial action within the group.

MSSA Bacteraemia (expressed per 100,000 bed days) for the month of August at 9.9 against a tolerance rate of 9.42.
Year to date the rate is at 5.1 and within target of 9.42.

Harm Free Care

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

x94 [x83] falls reported in August with x3 [x1] fall resulting in serious injury.
31 falls within community and 63 in acute setting.
The level of falls shows elevated levels over the last five months.

For the month of August there are x8 [x10] avoidable, hospital acquired pressure sores reported.
x3 [x4] separate cases reported within the DN caseload.
Year on year comparison of last 5 months indicates potential elevated level which is subject to CNO scrutiny.

x6 [x5 last mnth] serious incidents reported in August
x24 year to date.

No never events were reported in August; x2 on a year to date

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

Venous Thromboembolism (VTE) Assessments in August at 94.48% below the standard of 95% for the second months running and short of local target of 100%.
On-going focus of attention to secure a more consistent and improved performance this year.

Obstetrics

The overall Caesarean Section rate for August is 27.9% (27.2% LM) against target of 25% in the month.
5/8 months exceed standard and subject to Group Director scrutiny.

Elective and Non-Elective rates in month are 8.9% and 19.0% respectively.

Adjusted perinatal mortality rate (per 1000 births) for August is 3.91 being within the tolerance rate of 8.
The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
The year to date position is also within the tolerance rate of 8 at 5.82.

Nationally this indictor 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 August the delivery is 78.9%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such. A review is planned for this indicator.

Breastfeeding initiation performance as at June quarter is at 73.7% just below the newly agreed target for 16/17 of 74.0%.
The target was revised downward (77% previously) by CCG in recognition of the good trust performance compared regionally.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 101 (latest available data is as at May)
RAMI for weekday and weekend each at 102 and 99 respectively.

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

Deaths in Low Risk Diagnosis Groups (RAMI) - month of May is 50
This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

Crude in-month mortality rate for July is 1.2, and is the same as last year same period. The rolling crude year to date mortality rate remains consistent at 1.4 and consistent with last year same period.
There were x119 [x123]deaths in the hospital in the month of July.

Mortality review rate in June at 69% a reduction on previous month.
A local CQUIN is in place for 16/17 to improve performance compared to Q4 15-16 which now known to be at 68%.
Therefore there is a sustained improvement required against this indicator.

Readmissions (in-hospital) reported at 7.0% in July (7.7% in June); [7.8% rolling 12 mnths]. This represents a significant improvement and important step towards peer group performance which is at 6.2%.
Readmissions is a local CQUIN in 16/17.

Stroke Care & Cardiology

Stroke data for August indicates that 91.2% (94.3% last month) of patients spending >90% of their time on a stroke ward which is in line with the 90% operational threshold; year to date at 92.9%

August admittance to an acute stroke unit within 4 hours is at 70.8% (65.4% LM 86.0% month before last) below 80% national and 90% internal target.
The performance remains variable and is subject to targeted mngt attention.
Ongoing root cause analysis are done for each breach and learning is built into training.

Pts receiving CT Scan within 1 hour of presentation is at 60.4% in August (60.4% LM) ; being compliant with 50% standard
Pts receiving CT Scan within 24 hrs of presentation delivery in month at 97.9% (94.3%LM) compliant with 95% standard.
Note: Target has been revised with CCG to 95% from 100% following clinical advice of appropriate measures; this now matches the national SSNAP performance metric.

August eligible patients for thrombolysis are at 66.7% compliance compared to the 85% standard.
Year to date performance now improved to 77.8% recovering to 85% target.

For August, Primary Angioplasty Door to balloon time (<90 minutes) was at 90.9% and Call to balloon time (<150 minutes) at 90.9% hence both indicators delivering consistently against 80% targets.

RACP performance for August is at 100% exceeding the 98% target for a number of months now.
From 1st April count is being amended to appropriately be 'from receipt' of referral (vs. date of referral), but the service monitors both.

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

Cancer Care

As projected, all cancer targets in July are compliant to standards.

August position has been confirmed as failing the 62 day standard (skin patient). September unvalidated position is that the target will have been met

-July validated position is that 7.0 patients waited longer than the 62 days.
-x3 patients waited more than 104 days at the end of July, both were deemed avoidable delays.
-The longest waiting patient as at the end of July was at 113 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, but indications are that the services are failing in places against this timeline presently; current delivery only at 50%.

Patient Experience - MSA & Complaints

X12mths consecutive without mixed sex accommodation breach.

-Inpatients FFT for August 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 August, 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 collation now resumed at 100%.

The number of complaints received for the month of August is at 115, with 3.5 formal complaints per 1000 bed days.
100% have been acknowledged within target timeframes.
4.2% of responses have been beyond agreed target time.

Patient Experience - Cancelled Operations

The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.2% for August (1.1% July, June at 0.7%) failing the in-month tolerance of 0.8% for two months running.

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

55 sitrep declared late (on day) cancelations were reported of which 11 were deemed avoidable..
The Trust also reports 223 cancellations in July with less than 7 days notice .
Theatres have been asked to review this and audit the reasons to eliminate data issue in capturing cancellations reasons.
A range of actions are in place to reinforce cancellation policy, admin issues and ongoing root cause analysis is in place against all non-compliance, the theatre management group is responsible for driving those through with all specialities.

Theatre utilisation is consistently below the target of 85% at a Trust average of 68.3% in August.
The theatre capacity and performance is subject to remedial action through Theatres Board. A specific set of reporting and improvement actions will be part of this.

Emergency Care

The Trust's performance against the 4-hour ED wait target in August was 89.73% against the 95% national target and against the 92.78% STF Trajectory.
1,884 breaches were incurred in August (2,168 LM).
ED performance trend : (88.81% in July, 91.31% in June, 92.88% in May, 91.4% in April: *Q1 at 91.9%*). September performance predicted at 89.17%.

WMAS fineable 30 - 60 minutes delayed handovers at 112 in August - a small decrease from previous months.
6x cases were > 60 minutes delayed handovers in August.
Handovers >60mins (against all conveyances) are at 0.14% below the target of 0.02% (0.08% on a year to date basis) . This is against total conveyances of 4,204 in August (4,363 in July, 4,099 in June and 4,604 in May).

Fractured Neck of Femur patients delivery for August at 79.25 (59% LM) below the 85% target, however single biggest improvement since the start of the year which indicates that measures are beginning to take effect.
TTR undertaken and actions to include re-enforcement of appropriate imaging & review in ED.
Trauma Co-Ordinator Nurse to commence to support this process.

DTOCs accounted for 530 bed days in August (617 in July, 588 in June, 494 in May); of which 287 [245] 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 August at 92.03% (92.06% July, 92.72% June) with a 2,968 (2870 July, 2,515 June) patients backlog. A significant increase to backlog predicted to rise further for Sept.
Performance is currently meeting the STF standard.

x32 patient pathways are under-performing of which 4 are failing on the incomplete pathway. RTT Improvement trajectories have been established for all specialties with recovery from July through December led by the Groups, but that forecast is again under review as slipping from original projections.

There are no 52 week breaches on the incomplete pathway to which the trust is held accountable; The Trust is constantly striving for improvement in the RTT validation cycle, this is now set for earlier in the month.

Diagnostic waits beyond 6 weeks were 0.85% for August, the highest for the last 15 months. Still below the 1% threshold. However, to be noted that the performance may be impacted by breaches in Endoscopy and Echograms; this may put the delivery of this standard at risk. Currently the STF criteria is met.

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

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 July at 96.3%), 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.

Open Referrals without future activity stand at 81,000 as at reporting period here (these numbers exclude patients on the RTT pathway e.g. waiting list). Low patient risk rated (green) amount to c14,400 are subject to auto-closures since Jan2016. The backlog is slowing down, but ongoing lack of management is persistent within the organisation. This is due to lack of focussed referral management within the services and needs addressing firmly.

Staff

PDR overall compliance as at the end of August is at 89.4% against the 95% target. Medical Appraisal at 88.9% being just below 90.0% standard (performance standard indicates appraisals 'validated' not 'carried out'). RTW is at 79.9% for the month.

In-month sickness for August is at 4.47% (4.15% LM) and increase on previous months. The cumulative sickness rate is at 4.70%.

The Trust annualised turnover rate is at 11.6% in August (11.9% July, 12.1% June) - reducing steadily over last few months. Specifically, nursing turnover has been recorded at 11.2% (11.3% July, 11.8% June) more in line with the overall turnover. Both are still well above trust aspirations in respect of turnover.

Mandatory Training at the end of July is at 88.3% overall against target of 95%. Safeguarding training non-compliance has been a focus with catch up sessions for non-compliant staff scheduled mid-September.
Health & Safety (clinical safety training) related mandatory training is at 96.8% and delivering above the 95% target consistently.

CQUINs, Local Quality Requirements 2016/17

Specialised commissioners (3 schemes) have notified failure for 1 scheme and expect significant improvement in delivery on a second scheme. There is therefore a financial risk associated with this CQUIN payment (£211k) on a full year basis. Host CCG have confirmed full delivery for their schemes. The Trust is preparing to report the Q2 position during October in line with timetable.

Local Quality Requirements 2016/17 are monitored by CCG. Key Access Targets (A&E, RTT, Diagnostics and Cancer) are subject to STF criteria and therefore are excluded from fines to the CCG. All other local quality requirements will be monitored for impacting fines and lack of performance and will be reported to clinical groups and to the CCG in the form of the SQPR (Service Quality Performance Report) to the CCG (as per contract). Year to date most persistent failure across: Safeguarding training, comm falls & dementia, morning discharges . A new IPR page has been added to highlight this.

STF Criteria & NHSI Assessment Framework

Access to STF is weighted 70% towards financial control totals being met and 30% weighting is attributed to agreed performance trajectories against key access targets (A&E, RTT, Diagnostics and Cancer).

As at August, A&E targets are failing the criteria giving rise to £118k expected STF loss for the month and anticipated £383k loss for Q2.
A recovery plan with a new trajectory is required for A&E purposes. The other access targets are delivering at this stage albeit using the 'tolerances' allowed (RTT and diagnostics) ; cancer 62 day target despite failing 62 days target in May has delivered Q1 fully and despite failure in August for the same target, projects Q2 delivery to required national and STF targets.

As at August month the financial control component of STF is being met with the use of non-recurrent flexibility support.

Summary Scorecard - August (Month)

Summary Scorecard

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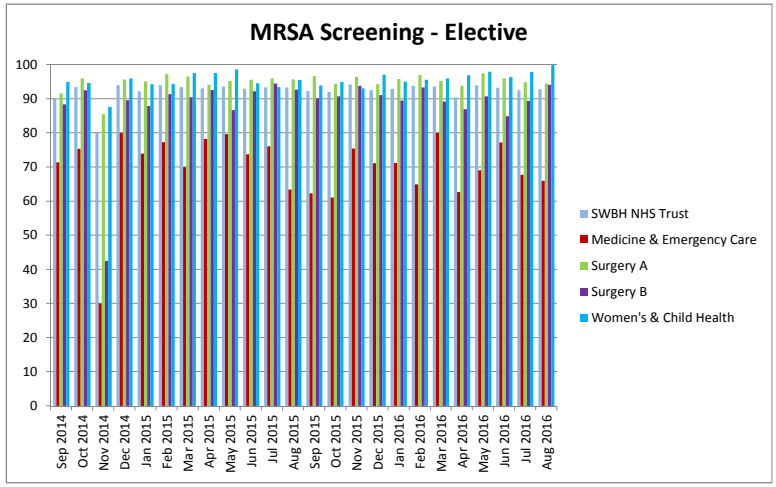
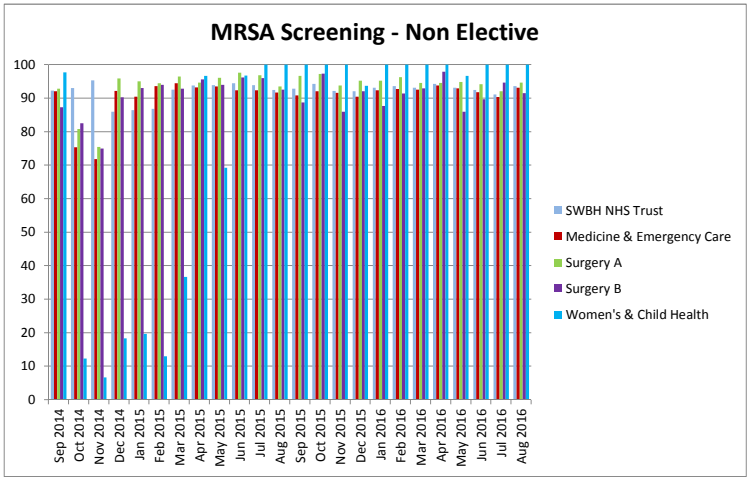
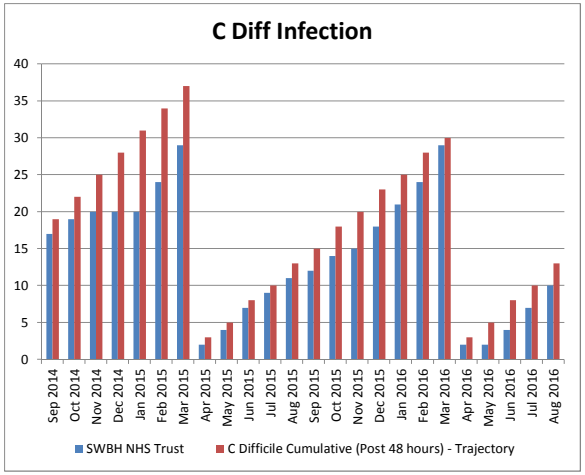
Exceptions are being managed in respective groups and are monitored in Group Reviews and in the Operational Management Committee governed by Performance Committee. There are no exceptions outstanding to the CCG at today. The CCG has

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
4			C. Difficile	<= No	30	3																			Aug 2016	2	1	0	0					3	10	
4			MRSA Bacteraemia	<= No	0	0																			Aug 2016	0	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42																			Aug 2016									9.9	5.1	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	95	95																			Aug 2016									0.0	16.2	
3			MRSA Screening - Elective	=> %	80	80																			Aug 2016	66	94.5	94.1	100					92.8	92.6	
3			MRSA Screening - Non Elective	=> %	80	80																			Aug 2016	93.2	94.7	91.5	100					93.6	92.9	

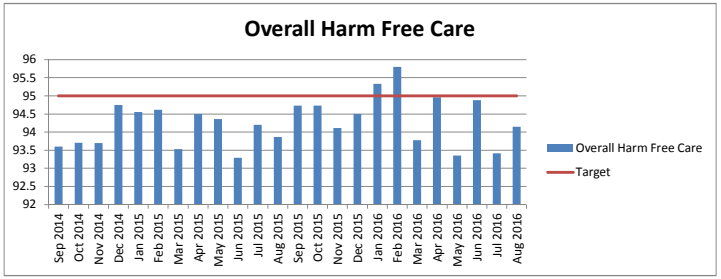


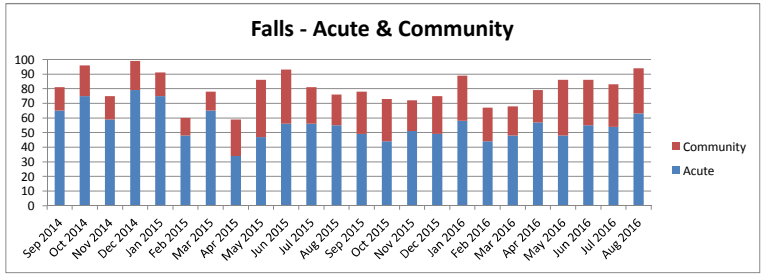


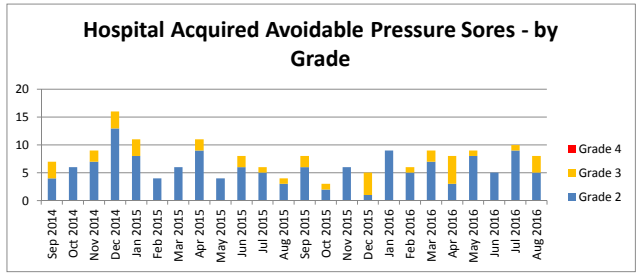


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	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																			Aug 2016									94.1	94.2	
8		•d	Patient Safety Thermometer - Catheters & UTIs	%			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	3.00	3.00	Aug 2016									0.26	0.30	
8			Falls	<= No	804	67	78	80	106	90	70	76	78	73	72	75	89	67	68	79	86	86	83	94	Aug 2016	47	10	2	1	0	1	31		94	428	
9			Falls with a serious injury	<= No	0	0	1	1	1	1	5	0	1	2	3	1	2	2	2	1	0	4	1	3	Aug 2016	2	1	0	0		0	0		3	9	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	6	11	4	8	6	4	8	3	6	5	9	6	9	8	9	5	10	8	Aug 2016	5	2	0	0			1		8	41	
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	Aug 2016							3		3	13	
3		•d•	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Aug 2016	94.1	92.9	98.9	93.7					94.5	95.2	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Aug 2016	99.1	99.9	100.0	99.2		0.0			99.7	100.0	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Aug 2016	99	100	99	100		0			99.3	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Aug 2016	98	100	99	98		0			98.5	99.1	
9		•d•	Never Events	<= No	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	0	Aug 2016	0	0	0	0	0	0	0		0	2	
9		•d	Medication Errors causing serious harm	<= No	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	-	0	0		0	0	
9		•d•	Serious Incidents	<= No	0	0	6	5	4	7	9	7	5	7	6	2	12	8	5	2	1	10	5	6	Aug 2016	3	3	0	0	0	0	0	0	6	24	
9			Open Central Alert System (CAS) Alerts	<= No			4	8	5	4	8	11	8	7	4	9	7	6	5	1	13	3	11	12	Aug 2016									12	40	
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	0	3	2	0	1	2	2	0	0	2	1	2	0	0	0	0	1	Aug 2016									1	1	

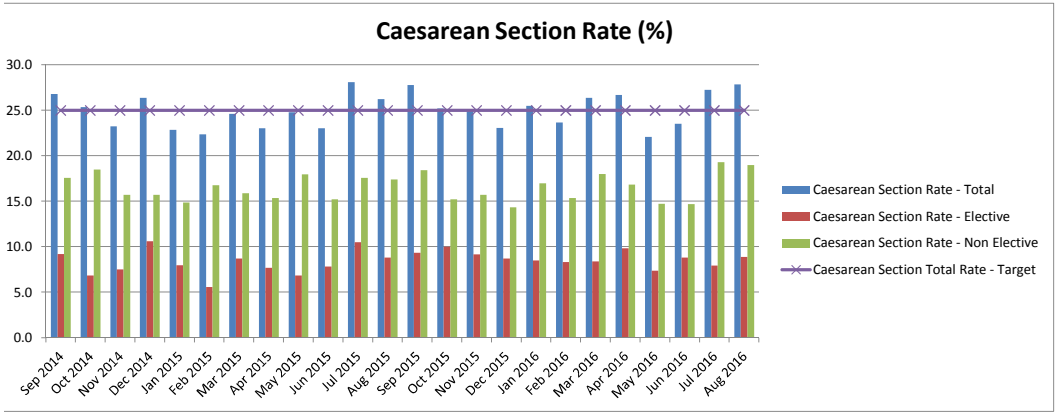


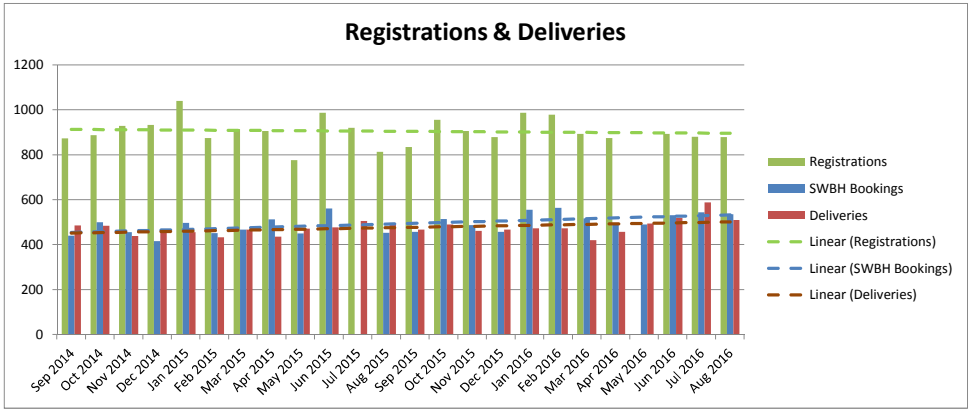




Patient Safety - Obstetrics

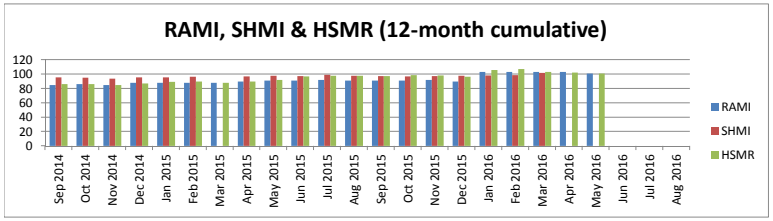
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Aug 2016	27.9	25.5	
3		•	Caesarean Section Rate - Elective	<= %			9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	Aug 2016	8.9	8.5	
3		•	Caesarean Section Rate - Non Elective	<= %			16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	Aug 2016	19.0	17.0	
2		•d	Maternal Deaths	<= No	0	0																			Aug 2016	0	0	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Aug 2016	0	8	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Aug 2016	1.57	1.40	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Aug 2016	3.91	5.82	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Aug 2016	78.9	78.4	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Aug 2016	135.9	133.7	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->	Aug 2016	-	73.68	
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			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	1.4	1.8	Aug 2016	1.85	2.09	
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			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	1.4	1.5	Aug 2016	1.54	1.73	
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			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	1.4	1.5	Aug 2016	1.54	1.49	

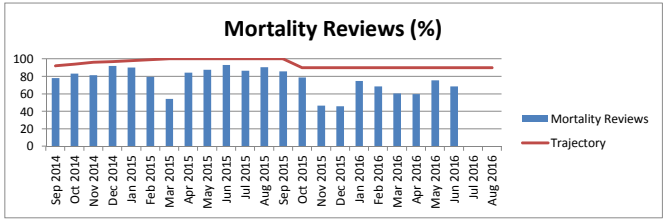


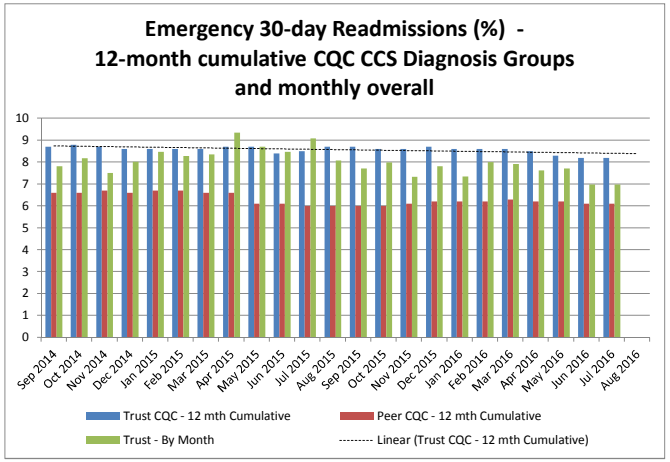


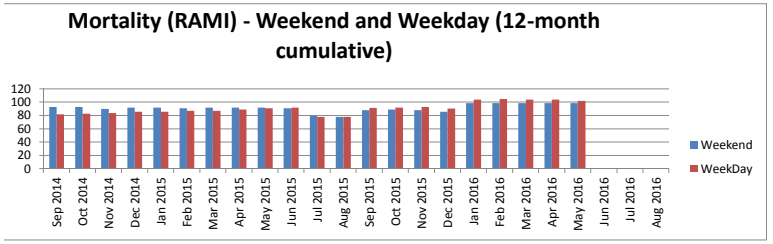
Clinical Effectiveness - Mortality & Readmissions

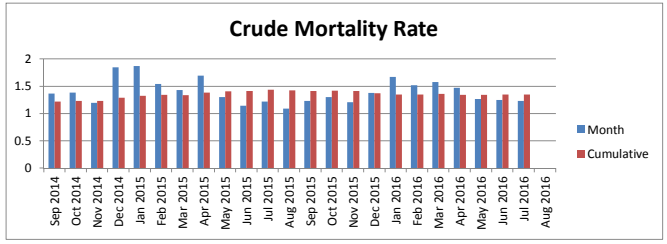
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	88	90	91	91	92	91	91	91	92	90	103	103	103	103	101	-	-	-	May 2016										204	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	87	89	91	92	78	78	92	92	93	91	104	105	104	104	102	-	-	-	May 2016										206	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	92	92	92	91	80	78	88	89	88	86	99	99	99	99	99	-	-	-	May 2016										198	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	-	97	98	97	99	98	97	97	97	98	98	99	102	-	-	-	-	-	Mar 2016										1177	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			88	90	92	97	98	98	98	99	98	97	106	107	103	102	101	-	-	-	May 2016										203.0	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	93	75	84	53	102	44	80	57	148	40	68	113	82	103	50	-	-	-	May 2016									50		
3			Mortality Reviews within 42 working days	=> %	90	90																-	-		Jun 2016	68	70	0	100					68.5	68	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			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	1.3	1.2	-	Jul 2016									1.23		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			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	1.4	1.4	-	Jul 2016										1.35	
			Deaths in the Trust	No			143	151	122	110	122	98	117	129	116	135	163	146	158	142	121	123	119	-	Jul 2016									119	505	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	7.0	7.0	-	Jul 2016									6.99		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	7.8	7.6	-	Jul 2016										7.84	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			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	8.2	8.2	-	Jul 2016	-	-	-	-						8.30	





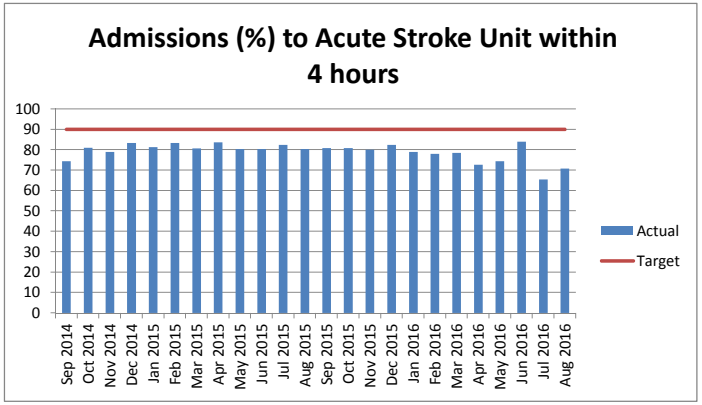


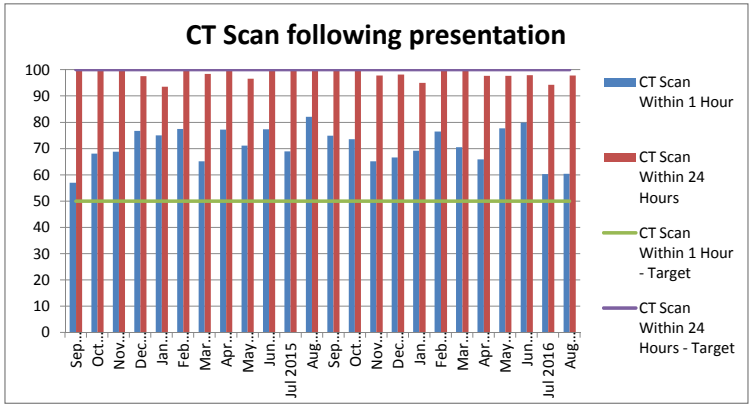


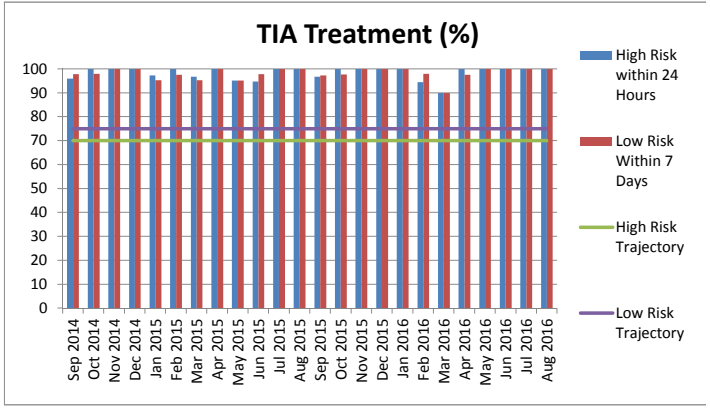


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Mar 2015) M A M J J A S O N D J F M A M J J A	Data Period	Month	Year To Date	Trend
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Aug 2016	91.2	92.9	
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0		Aug 2016	70.8	73.4	
3		●	Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Aug 2016	60.4	68.8	
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Aug 2016	97.9	97.1	
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0		Aug 2016	66.7	77.8	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Aug 2016	100.0	100.0	
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0		Aug 2016	100.0	100.0	
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0		Aug 2016	100.0	99.5	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Aug 2016	90.9	96.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Aug 2016	90.9	95.6	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Aug 2016	100.0	99.8	

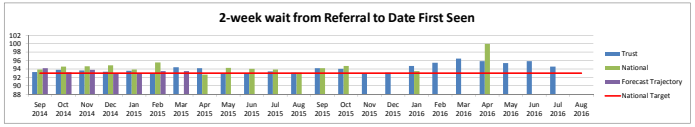


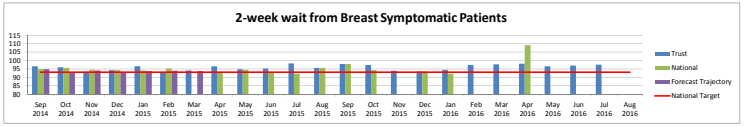


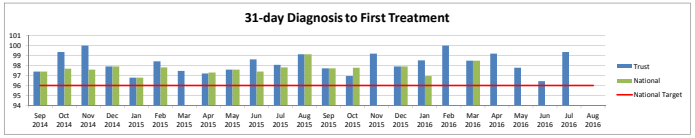


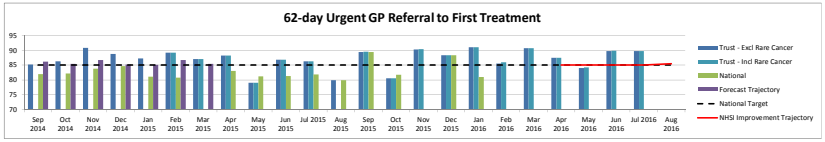
Clinical Effectiveness - Cancer Care

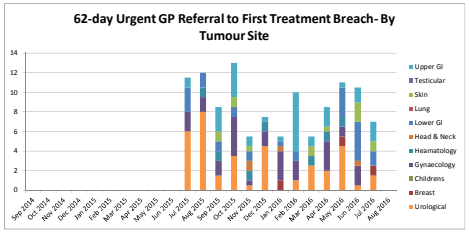
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																		-	Jul 2016	92.4	97.1	91.7	95.6					94.6	95.5	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jul 2016		-							97.6	97.3	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jul 2016	100.0	98.8	100.0	100.0					99.3	98.2	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0							N/A											-	Jul 2016									95.0	96.3	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																		-	Jul 2016									100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	Jul 2016									-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		-	Jul 2016	85.0	88.6	100.0	100.0					89.8	87.7	
1	NEW		62 Day (urgent GP referral to treatment) including Rare Cancer	=> %	85.0	85.0						-												-	Jul 2016	85.0	88.6	100.0	100.0					89.8	87.8	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	Jul 2016	0.0	96.4	0.0	100.0					96.6	97.3	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	Jul 2016	80.0	100.0	0.0	0.0					90.0	92.6	
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	0	12	9	13	6	8	6	10	6	9	11	7	7	-	Jul 2016	3.0	4.0	0.0	0.0					7.0	33.0	
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	4.5	7.0	4.0	8.0	2.0	3.5	0.0	4.5	0.5	3.0	1.0	2.0	3.0	-	Jul 2016	2.0	1.0	0.0	0.0					3.0	9.0	
1			Cancer - Longest Waiter in days	No			-	-	-	-	180	147	228	165	138	167	98	154	98	175	95	130	113	-	Jul 2016	113	153	48	62					113		
	NEW		Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	62	0	0	0					62	35	
	NEW		IPT Referrals - Within 42 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	33	50	-	Jul 2016	-	-	-	-					50	44	

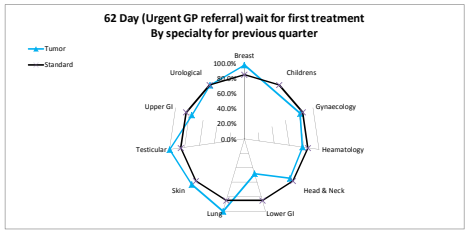


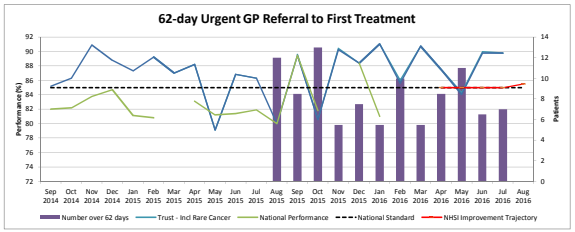






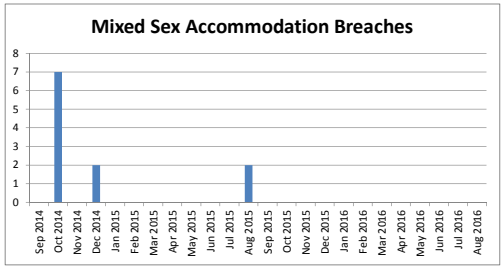


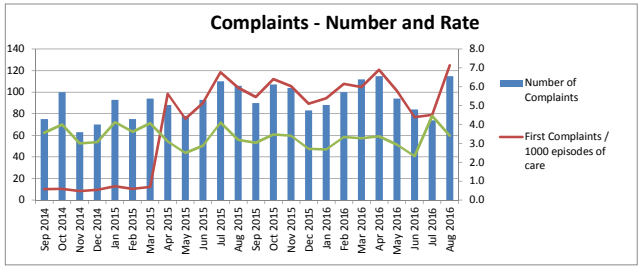


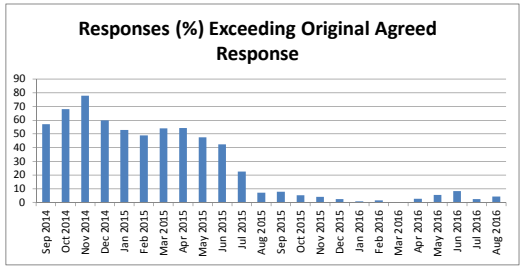


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	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	43	29	31	31	28	25	22	27	16	15	15	15	14	17	16	17	16.7	13	Aug 2016									13	16	
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	72	95	95	95	96	95	95	95	93	96	96	95	95	96	90	83	86	83	Aug 2016									83		
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	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	7.78	7.5	Aug 2016	7.5								7.5	7.8	
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	52	79	79	79	84	88	83	80	82	81	79	74	74	78	85	87	86	83	Aug 2016	83								83		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	-	-	-	-	-	-	-	-	0	0.1	1.5	0.1	0	0.3	2.5	0.1	1.29	0.6	Aug 2016	-								0.6	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	95	100	Aug 2016	-								100		
8			FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	-	87	86	90	88	87	87	88	88	86	89	Aug 2016									89		
8			FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	-	-	-	-	100	100	96	100	95	100	91	100	94	86	Aug 2016									86		
8			FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	-	-	-	-	97	97	95	91	91	97	100	100	100	100	Aug 2016									100		
8			FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	-	-	-	-	95	98	96	99	99	99	99	100	98	96	Aug 2016									96		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	-	-	-	-	86	82	90	94	93	92	90	0	0	100	Aug 2016									100		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	-	-	-	-	-	-	-	28	14	23	15	10	12	9	0	0	1.4	Aug 2016									1	5	
13		a	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	0	0	Aug 2016	0	0	0	0		0	0		0	0	
9			No. of Complaints Received (formal and link)	No			94	88	78	93	110	106	90	107	104	83	88	100	112	115	94	84	74	115	Aug 2016	40	21	17	15	2	2	5	13	115	482	
9			No. of Active Complaints in the System (formal and link)	No			265	278	225	186	170	174	143	151	145	121	113	128	147	154	144	147	127	143	Aug 2016	47	21	24	21	2	2	9	17	143		
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			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	4.5	3.4	Aug 2016	2.4	4	23	3.1					3.41	3.18	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			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	4.5	7.1	Aug 2016	6.2	8.4	12	5.7			0		7.13	5.74	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	95.9	100	Aug 2016	100	100	100	100	100	100	100	100	100	99	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	54	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	2.36	4.2	Aug 2016	13	0	0	0	0	0	0	0	4	5	
9			No. of responses sent out	No			84	56	115	102	129	77	107	101	94	98	69	81	84	98	81	103	103	80	Aug 2016	22	11	15	13	1	3	8	7	80	465	
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Jul 2016	N	N	N	N	N	N	N	N	No		

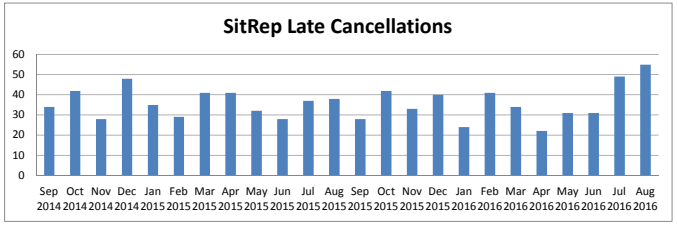


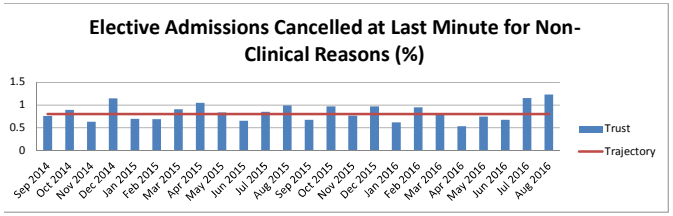


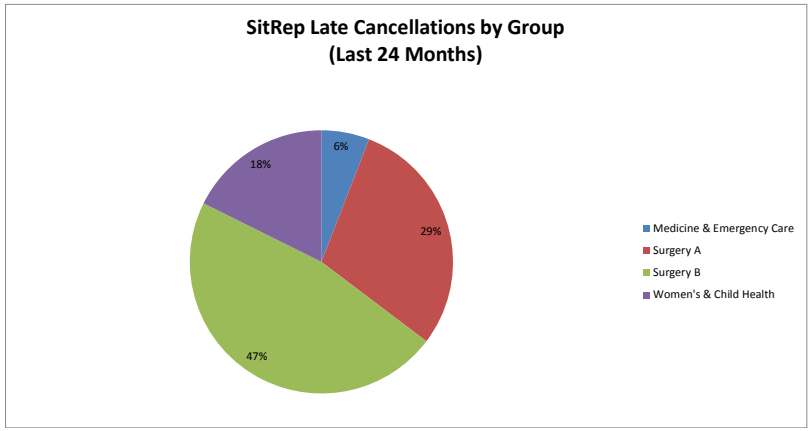


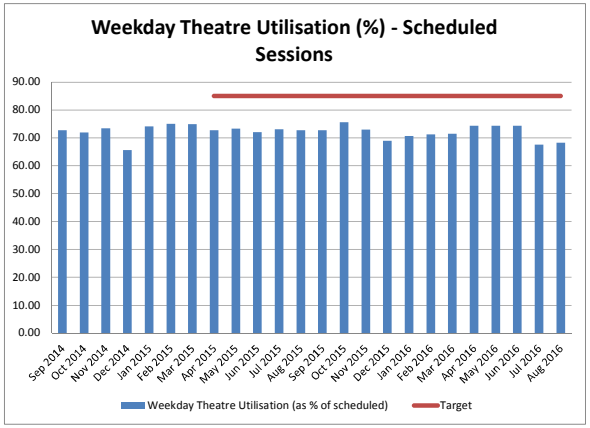
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	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																			Aug 2016	0.32	2.09	1.76	1.78					1.2	0.9	
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0					0	0	
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0					0	0	
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	41	41	32	28	37	38	28	42	33	40	24	41	34	22	31	31	49	55	Aug 2016	6	23	20	6					55	188	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0	Aug 2016	0	0	0	0					0	3	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	-	46	52	59	46	39	49	50	57	39	63	56	57	79	63	43	56	51	Aug 2016	2	34	13	2					51	292	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	-	209	204	229	222	211	229	244	238	194	210	228	223	229	257	229	241	223	Aug 2016	26	91	87	19					223	1179	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Aug 2016	32.3	72.7	70.3	76.4					68.3	71.7	
2			Urgent Cancellations	<= No	0.0	0.0	-	11	5	6	0	7	3	9	0	0	0	0	0	0	0	0	0	0	Aug 2016	0.0	0.0	0.0	0.0					0	0	



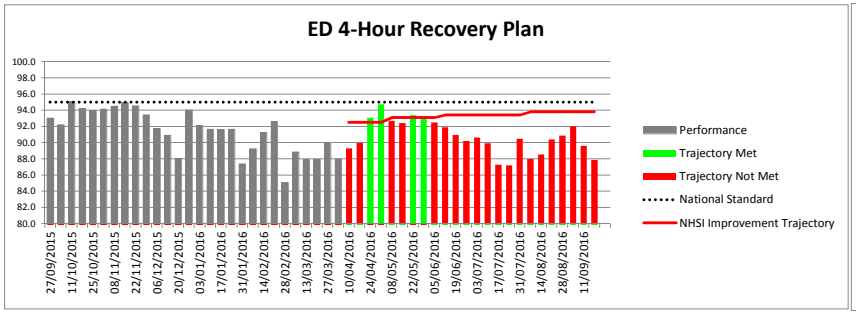


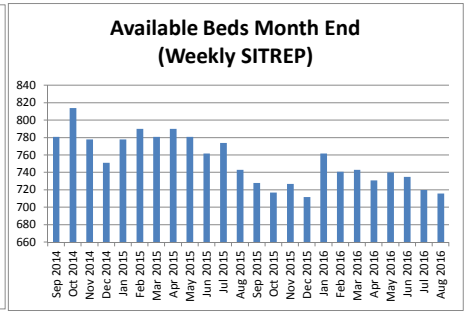


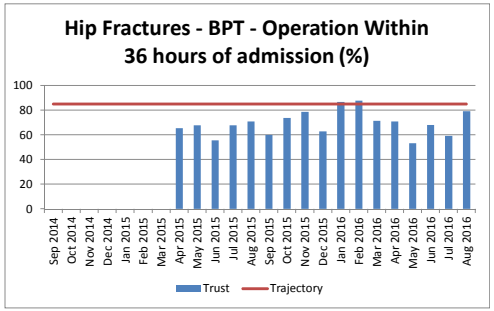


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Aug 2016	86.5	90.4	98.6	89.73	90.86	
2			Emergency Care 4-hour breach (numbers)	No			1695	1527	1406	1037	1086	741	1138	1106	1103	1715	1757	1956	2342	1608	1451	1625	2168	1884	Aug 2016	1025	828	31	1884	8736	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Aug 2016	0	0		0	0	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Aug 2016	18	16	41	17	17	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Aug 2016	50	47	110	54	56	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Aug 2016	7.64	9.20	3.33	7.76	7.47	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Aug 2016	4.02	4.46	1.69	3.90	3.88	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	Aug 2016	72	40		112	450	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	Aug 2016	5	1		6	17	
11		•	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Aug 2016	0.25	0.04		0.14	0.08	
11			WMAS - Emergency Conveyances (total)	No			4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	Aug 2016	1979	2225		4204	21385	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Aug 2016	0.3	3.7		1.8	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Aug 2016	1.33	13.3		15		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	859	641	698	653	464	494	430	394	497	498	318	426	397	454	494	588	617	530	Aug 2016				530	2683	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	348	283	404	286	212	204	193	110	254	267	185	198	232	234	228	251	245	287	Aug 2016				287	1245	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			634	567	596	502	545	529	588	601	518	540	632	543	546	563	498	451	578	533	Aug 2016				533	2623	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			270	237	293	239	240	237	275	261	209	236	320	269	232	255	222	204	268	246	Aug 2016				246	1195	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0	-																		Aug 2016				79.2	66.0	

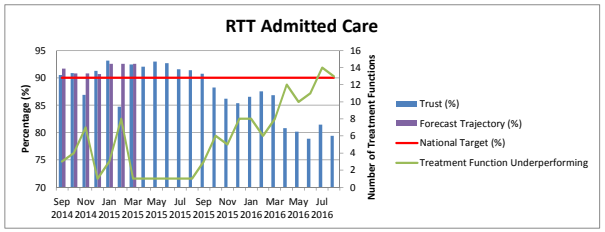


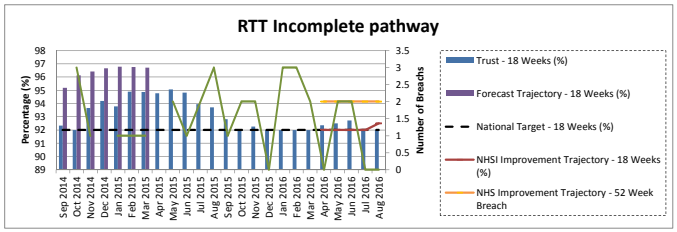


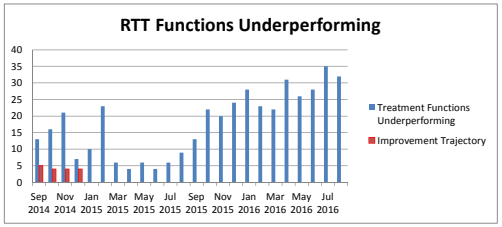


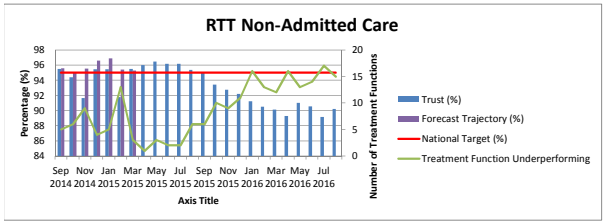
Referral To Treatment

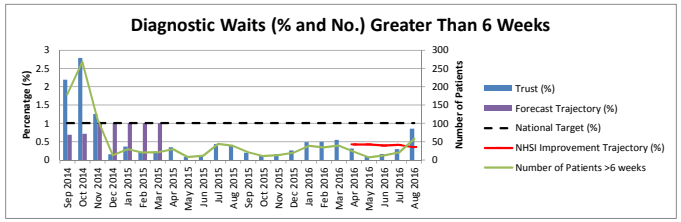
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Aug 2016	85.3	71.5	81.0	84.1					79.42		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Aug 2016	79.3	92.8	91.8	88.9					90.22		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Aug 2016	90.8	91.1	93.4	94.0					92.03		
	NEW		RTT - Backlog	No			1519	1601	1619	1727	2034	2181	2444	2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	Aug 2016	873	630	720	121					2968		
2			Patients Waiting >52 weeks	<= No	0	0	4	1	2	1	3	5	2	4	4	2	4	5	8	3	2	4	4	-	Aug-16	1	3	0	0					4	13	
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	0	2	1	2	3	1	2	2	0	3	3	2	0	2	2	0	0	Aug 2016	0	0	0	0					0	4	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	6	4	6	4	6	9	13	22	20	24	28	23	22	31	26	28	35	32	Aug 2016	13	10	6	2.0					32		
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0	2	2	2	1	3	2	4	6	6	5	4	4	2	3	3	3	4	4	Aug 2016	2	2	0	0					4		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Aug 2016	0.1	4.5	0.7	0.0		0.6			0.85		
	NEW		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			-	524	511	699	995	2244	2442	2872	2258	1593	1250	273	281	542	480	419	502	-	Jul 2016	107	179	-	-		216			502		
	NEW		Total ASIs in the month	No			-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0		Aug-16	0	0	0	0					0	0	

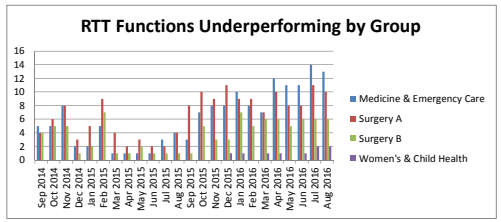


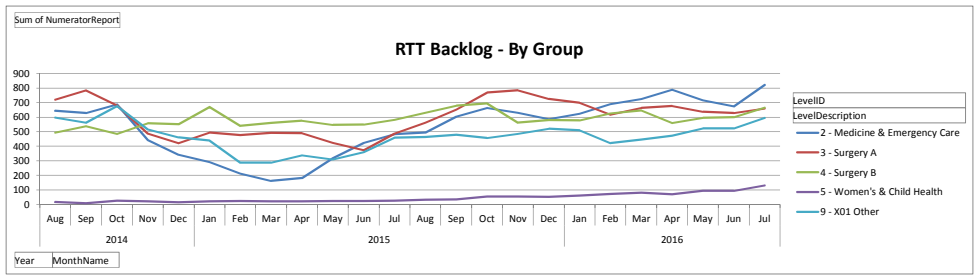


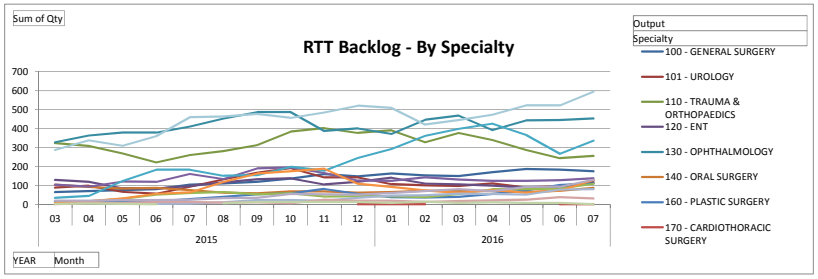






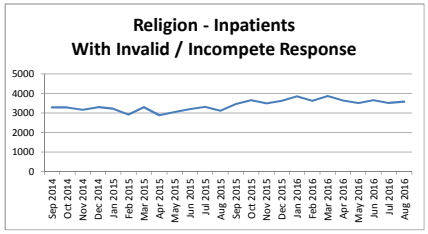


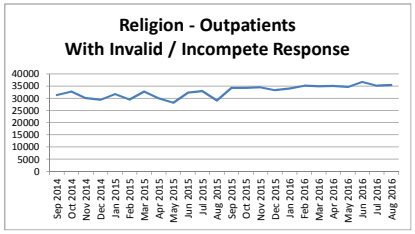


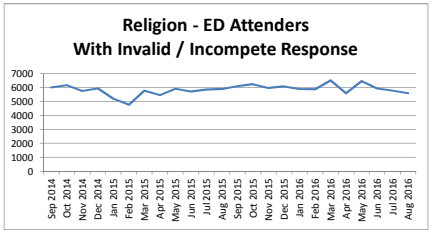


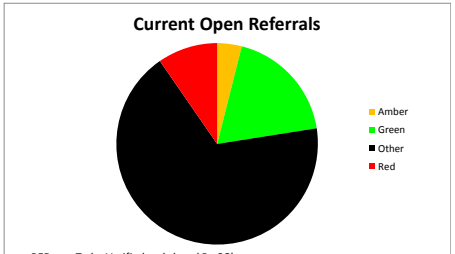
Data Completeness

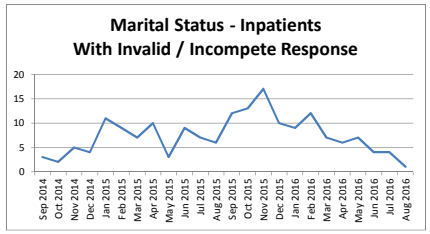
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Aug 2016								61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Jun 2016									99.4		
2			Percentage SUS Records for IP care with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Jun 2016									99.3		
2			Percentage SUS Records for OP care with valid entries in mandatory fields -provided by HSCIC	=> %	99.0	99.0																	-	-	Jun 2016									99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.6	96.9	96.6	96.3	96.5	95.8	96.5	97.0	97.4	97.0	97.5	96.5	98.1	96.7	96.7	96.9	96.3	97.9	Aug 2016									97.9	96.9	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.5	99.5	99.5	99.4	99.5	Aug 2016									99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.8	96.8	96.9	96.9	96.3	96.0	96.7	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	96.7	Aug 2016									96.7	96.9	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Aug 2016									93.0	93.4	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Aug 2016									91.0	90.8	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			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	69.8	69.2	Aug 2016									69.2	69.6	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			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	58.0	57.8	Aug 2016									57.8	58.0	
			Protected Characteristic - Religion - ED patients with recorded response	%			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	66.5	65.3	Aug 2016									65.3	64.8	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			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	100.0	100.0	Aug 2016									100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			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	40.1	40.8	Aug 2016									40.8	40.1	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			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	40.9	39.5	Aug 2016									39.5	40.9	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Aug 2016									5.7	5.8	
2			Open Referrals	No			-	173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	228,862	192,989	187,876	190,396	194,788	199,207	204,824	206,563	210,740	Aug 2016	70,424	40,895	68,140	25,230	5,631	361	59		210,740		
			Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	77,139	77,410	77,383	81,209	Aug 2016	26,511	16,220	22,147	10,770	2,208	315	41		81209		
			Duplicate Entries	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00									-	-	

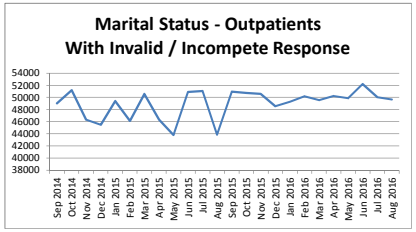


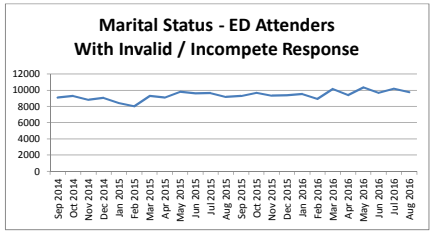








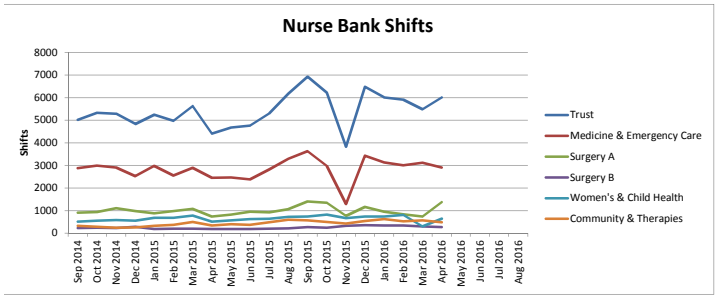


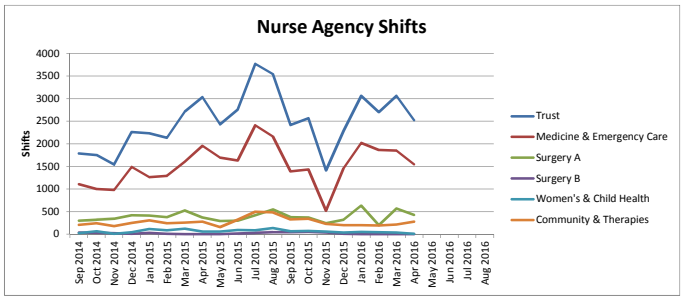


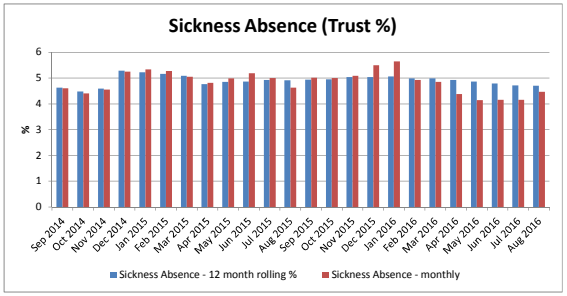
Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Mar 2015) M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	88.8	85.6	92.7	84.4	90.6	82.8	83.8	85.1		89.4	
7		b	Medical Appraisal	=> %	95.0	95.0		-																	Aug 2016	87.5	75.6	90.3	88.9	80.0	186.7	0.0	100.0	94.9	88.9	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Aug 2016	5.3	5.3	3.2	5.0	4.4	4.3	4.5	4.2	4.70	4.8	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																			Aug 2016	4.3	5.4	4.1	5.0	5.0	2.7	4.8	3.9	4.47	4.3	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0		-	-																Aug 2016	69.6	80.9	85.7	79.0	82.4	64.3	88.9	80.5	78.9	78.9	
3			Mandatory Training	=> %	95.0	95.0																			Aug 2016	82.5	86.8	88.3	87.6	96.2	86.0	92.8	91.6		88.3	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Aug 2016	92.6	94.3	93.8	96.4	99.4	96.6	98.9	99.4		96.8	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Aug 2016									11.6	12.2	
	NEW		Nursing Turnover	%			-	-	-	-	-	-	-	-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	Aug 2016									11	12	
7			New Investigations in Month	No			5	8	11	5	8	4	5	10	6	2	5	12	9	6	4	3	8	4	Aug 2016	1	0	0	1	0	0	1	1	4		
7			Vacancy Time to Fill	Weeks			22	23	24	26	25	27	25	23	23	23	24	26	23	26	25	23	24	24	Aug 2016									24		
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	Aug 2016	0	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			263	221	247	288	303	321	320	279	267	293	272	274	293	292	315	317	339	343	Aug 2016									343		
10			Nurse Bank Fill Rate	=> %	100.0	100.0	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	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			-->	-->	-->	13.9	-->	-->	15.3	-->	-->	12.6	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6	8	14	11	19	21	21	15	12.6		
15			Your Voice - Overall Score	No			-->	-->	-->	3.59	-->	-->	3.51	-->	-->	3.57	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.37	3.31	3.63	3.63	3.79	3.4	3.72	3.58	3.57		

UNDER DEVELOPMENT - SEE TAB TEMPORARY STAFFING







CQUIN (page 1 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD	Value at Risk (000s)	Indicator	Trajectory / Notes	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	Monthly Trend A M J J A S O N D J F M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
1a	National	£792			Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	Annual Staff Survey results to improve by 5% for full payment	Baseline 2015/16: Q9a, 9b and 9c			2016 Results to Qs to improve by 5% for full payment	Met	A number of initiatives in place to improve results.	Jun-16				
1b	National	£792			Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	CQUIN funds will be paid on delivering the four outcomes opposite.	Unify Return submission	Renegotiate contracts	Renegotiate contracts	All four outcomes delivered	Met	a) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b) The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c) The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d) Ensuring that healthy options are available at any point including for those staff working night shifts.	Jun-16				
1c	National	£792			Staff Health & Wellbeing - Improving uptake of flu vaccination	Annual submission; flu vaccination at 75%+	No returns		Report %age achieved	Report %age achieved	N/A	Payment timeline to be clarified - possibly not until Q3	Jun-16				
2a	National	£396			Sepsis - A&E Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs		Screening and Review performance is low for Q1 (37% & 50% respectively); it is likely that trajectory agreed needs to have a steep improvement	Jun-16				
2b	National	£396			Sepsis - Inpatient Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs		There are effectively two parts to this scheme; screening, administering AB within one hour, and reviewing within 72 hours. The performance is reasonable on the screening at 60% in Q1 but low on the administering and reviewing at 33%. Documentation appears to be the issue rather than the reviewing itself.	Jun-16				
4a	National	£633			Antimicrobial Resistance and Antimicrobial Stewardship - **Reduction of antibiotic consumption**		2015/16 data for AB consumption			2016/17 data for AB consumption	Met	Acute trusts submit their own antibiotic consumption data to PHE and evidence of 72 hour antibiotic review to the commissioners too. Data submission due 14th August as PHE delayed data collation tool.	Jun-16				
4b	National	£158			Antimicrobial Resistance and Antimicrobial Stewardship - **Review of antibiotic prescribing**		Q1 Reviews up to 25% of sample	Q2 Reviews up to 50% of sample	Q3 Reviews up to 75% of sample	Q4 Reviews up to 90% of Sample	Met	AB reviews in sample at 78% in Q1	Jun-16				
5a	Local	£633			Cancer - Audit of 2ww cancellations		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
5b	Local	£633			Cancer - Cancer Treatment Summary Record in Discharge Care Plans		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
5c	Local	£475			Cancer - Cancer VTE Advice		N/A				N/A	Quarter 2 reporting, lead is progressing	Jun-16				
6	Local	£317			Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions		Script	Shooting	Share in training	Share in training	Met	Discussion with CCG awaited around choice of video; but Q1 requirements despite this met	Jun-16				
7	Local	£950			Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days		Improvement on 15/16 Q4 Avg 68%	Improvement on last quarter avg	Improvement on last quarter avg	Improvement on last quarter avg	N/A	Q1 data not available until Sept due to reviews being 42 days later. Reviews performance has fallen recently and there may be risks associated with the delivery of the improvement required (Q4 68%).	Jun-16				
8a	Local	£475		£98	Discharges - Implementation of transfer of care plans		Q1 Audit of 50 Notes					Policy requirements extensive; no structured/phased approach at this stage for delivery, but engagement started. CCG supportive to discuss delivery criteria. For Q1 no notes were audited. Audit criteria (based on policy) are being designed and shared with relevant wards/departments to commence the process. Potential £98k at risk therefore.	Jun-16				
8b	Local	£475			Discharges - Reduction in Readmission Rate (Adults)		Q1 Position compared to 15/16 Baseline	Improvement on last quarter	Improvement on last quarter	Improvement on last quarter		The CCG baseline calculated is not clear so not directly comparable with Q1 results. We are seeking clarification with CCG to ensure comparability.	Jun-16				
		£7,915															

CQUIN (page 2 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Note	Trajectory		Q1	Q2	Q3	Q4	Previous Months Trend												Data Period	Comments	Year To Date	Trend	Next Month	3 Months
							Year	Month					A	M	J	J	A	S	O	N	D	J	F	M						
9	Specialised Services	£211			Preventing term admissions to NIC																				Jun-16	Due to resource implications the full CQUIN is not deliverable by the Trust. A partial delivery has been proposed to the commissioner - we await feedback, but worst case may have to look at alternative scheme					
10	Specialised Services	£75			Haemoglobinopathy improving pathways				Evidence meetings, action log and minutes.				Met												Jun-16	Delivering					
11	Specialised Services	£211			Activation systems for patients with long term conditions																				Jun-16	The Trust has not yet identified appropriate long term conditions of the relevant sample size. There is opportunity to spread this into Q2					
12	Public Health	£55			Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population																				Jun-16	Await reporting - but continuation from last year					
13	Public Health	£36			Breast Screening - improvement in uptake - Promotion of screening programme																				Jun-16	Await reporting - but continuation from last year					
14	Public Health	£19			Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population																				Jun-16	Await reporting - but continuation from last year					
15	Public Health	£12			Bowel Screening - improvement in uptake - Promotion of screening programme																				Jun-16	Await reporting - but continuation from last year					
16	Secondary Care Dental	£54			Sugar Free Medicines Audit						Q3 Reporting														Jun-16	Reporting not due until Q3.					

Overview ..

▪The Trust is contracted to deliver a total of 16 CQUIN schemes during 2016 / 2017. 4 schemes are nationally mandated, a further 4 have been agreed locally. 3 identified by the West Midlands Specialised Commissioners and 3 by Public Health.

▪The collective financial value of the schemes **is c.£8.6m**; Local & Nationally schemes are at £7.9m and Specialised & PH at £0.7m.

▪The Trust has reported to CCG and CG on its Q1 performance as summarised on this dashboard and awaits feedback.

Q1 Position ..

Feedback has been received from both CCG and Specialised Commissioners.

Causes for Concern based on Q1 performance ..

CCG Schemes ..

×Sepsis screening & review performance is below reasonable levels, whilst trajectories are still to be agreed there is likely to be a large improvement required. Documentation remains an area of focus rather than reviews themselves. The CQUIN lead and Medical Director are progressing.

× Transfer care plans require focus in respect of ward audits which needs to be put in place. CQUIN lead is agreeing the policy criteria to apply to audits. (50 notes per quarter) agreed). CCG supportive and agreed to extend audits to Q2 based on significant policy requirements.

× Readmissions scheme requires a more comprehensive focus although we are observing reduction in the performance generally

Specialised Services Schemes ..

× NICU scheme is not deliverable in current format, the Trust has made a proposal on what it can deliver without extensive investment. The commissioners have rejected the proposal and are after a full delivery of the scheme or forfeit of funding (£211k) - the situation arises due to lack of clarity at sign off process.

Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		M	A	M	J	J	A	Data Period	Group								Month	Year To Date	Trend
					Year	Month								M	A	B	W	P	I	C	CO			
			Medical Staffing - Demand (Shifts)	No			-	-	1443	1429	1523	1491	Aug 2016	949	226	162	135	0	19	0	0	1,491	5,886	
			Medical Staffing - Total Filled	%			-	-	81.982	74.038	74.064	76.928	Aug 2016	73.87	86.28	83.33	77.04	0	63.16	0	0	77	77	
			Medical Staffing - Bank Filled	%			-	-	47.844	47.921	50	50.131	Aug 2016	29.67	78.97	82.96	85.58	0	100	0	0	50	49	
			Medical Staffing - Agency Filled	%			-	-	52.156	52.363	50	49.869	Aug 2016	70.33	21.03	17.04	14.42	0	0	0	0	50	51	
			Medical Staffing - Filled Shifts - Snr Consultant	No			-	-	114	110	107	137	Aug 2016	67	65	0	0	0	5	0	0	137	468	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			-	-	1069	951	1021	1010	Aug 2016	657	130	112	104	0	7	0	0	1,010	4,051	
			Nursing - Demand (Shifts)	No			-	-	8158	8413	9220	9887	Aug 2016	4865	2303	262	718	0	62	1614	63	9,887	35,678	
			Nursing - Total Filled	%			-	-	90.439	89.326	89.208	87.0	Aug 2016	85.41	89.1	97.33	79.81	0	100	89.41	95.24	87	89	
			Nursing - Qualified - Bank Filled	%			-	-	42.301	43.407	41.678	43.1	Aug 2016	43.37	30.75	46.27	71.9	0	8.06	47.4	93.33	43	43	
			Nursing - Qualified - Agency Filled	%			-	-	16.007	17.565	19.343	18.4	Aug 2016	14.06	31.04	3.92	0.7	0	56.45	21.62	1.67	18	18	
			Nursing - HCA - Bank Filled	%			-	-	30.184	28.57	26.954	26.6	Aug 2016	31.26	19.05	47.84	26.7	0	35.48	20.37	5	27	28	
			Nursing - HCA - Agency Filled	%			-	-	11.385	11.071	12.012	11.9	Aug 2016	11.31	19.15	1.96	0.7	0	0	10.6	0	12	12	
			AHPs - Radiography - Demand (Shifts)	No			-	-	138	97	79	55	Aug 2016	0	0	0	0	0	51	4	0	55	369	
			AHPs - Radiography - Filled (Shifts)	No			-	-	138	97	73	55	Aug 2016	0	0	0	0	0	51	4	0	55	363	
			AHPs - Physiotherapy - Demand (Shifts)	No			-	-	191	156	192	55	Aug 2016	16	0	16	0	0	5	18	0	55	594	
			AHPs - Physiotherapy - Filled (Shifts)	No			-	-	191	156	192	55	Aug 2016	16	0	16	0	0	5	18	0	55	594	
			AHPs - Other - Demand (Shifts)	No			-	-	301	336	289	66	Aug 2016	12	0	0	0	6	48	0	0	66	992	
			AHPs - Other - Filled (Shifts)	No			-	-	301	336	288	55	Aug 2016	12	0	0	0	6	37	0	0	55	980	
			Admin - Demand (Shifts)	No			-	-	1994	1954	1902	2147	Aug 2016	680	424	218	219	244	85	50	227	2,147	7,997	
			Admin - Filled (Shifts)	No			-	-	1988	1937	1855	2061	Aug 2016	661	411	217	175	244	85	44	224	2,061	7,841	
			Facilities - Demand (Shifts)	No			-	-	1903	1947	1442	1451	Aug 2016	29	22	1	1	0	1	0	1397	1,451	6,743	
			Facilities - Filled (Shifts)	No			-	-	1898	1933	1405	1397	Aug 2016	29	19	1	1	0	1	0	1346	1,397	6,633	
			Interpreters - Demand (Shifts)	No			-	-	4925	5358	5110	5034	Aug 2016	-	-	-	-	-	-	-	-	5,034	20,427	
			Interpreters - Total Filled	%			-	-	99.61	99.72	99.75	99.62	Aug 2016	-	-	-	-	-	-	-	-	100	100	
			Interpreters - Bank Filled	%			-	-	78.96	77.99	76.61	76.4	Aug 2016	-	-	-	-	-	-	-	-	76	77	
			Interpreters - Agency Filled	%			-	-	21.0	22.0	23.4	23.6	Aug 2016	-	-	-	-	-	-	-	-	24	23	
			Interpreters - Unfilled	%			-	-	0.4	0.3	0.3	0.4	Aug 2016	-	-	-	-	-	-	-	-	0	0	

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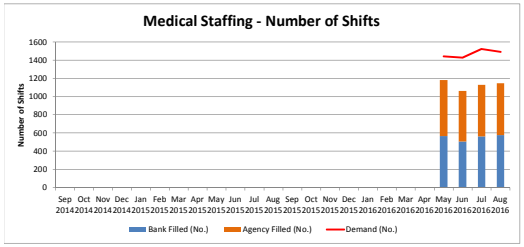
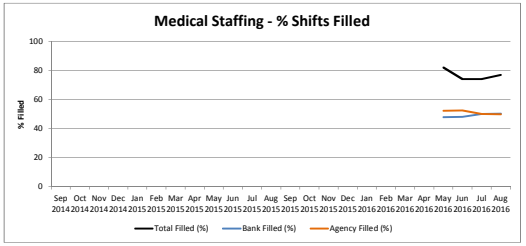
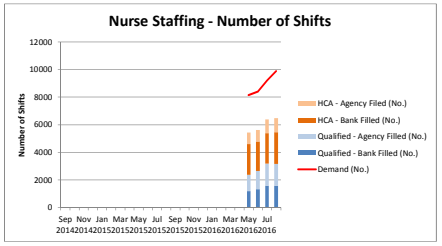






NOTES:

The page is under development and will be drive from information derived from the 'Barnacles' data tool.

SQPR: Local Quality Requirements 2016/17 - Exceptions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Fines			Comments	2016/17					Data Period	Group								Month	Year To Date	Trend
					Year	Month	per Trigger	Trigger	YTD		A	M	J	J	A		M	A	B	W	P	I	C	CO			
	NEW	CCG	Safeguarding Adults Advanced Training	=> %	85	85	£5,000	Monthly	£25,000	Improvement progressed by HR Director	79	78	78	79	79	Aug 2016									78.711	78.42	
	NEW	CCG	Safeguarding Children Level 2 Training	=> %	85	85	£5,000	Monthly	£25,000	Improvement progressed by HR Director	74	73	73	72	73	Aug 2016									72.5	73.0	
	NEW	CCG	Safeguarding Children Level 3 Training	=> %	85	85	£5,000	Monthly	£25,000	Improvement progressed by HR Director	71	72	72	75	74	Aug 2016									73.6	72.6	
	NEW	CCG	WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	£1,000	2nd Breach	£1,000	Improvement progressed by GDOps	99	99	99	100	99	Aug 2016	97.8	100	98.8	97.7					98.5	99.1	
	NEW	CCG	Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27	n/a	n/a	£0	Not progressed as yet	16	15	17	17	13	Aug 2016	11.7	9.05	28.1	21.4					13.5	15.9	
	NEW	CCG	ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90	£1,000	2nd Breach	£4,000	Not progressed as yet	88	88	87	87	87	Aug 2016	87								87.1	87.3	
	NEW	CCG	BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	£1,000	2nd Breach		Indicator denominator under review - CCG aware	83	81	79	79	78	Aug 2016				78					77.8	80.0	
	NEW	CCG	CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	£1,000	2nd Breach		Indicator denominator under review - CCG aware	79	80	81	82	82	Aug 2016				82					81.7	80.6	
	NEW	CCG	Gynae clinics							Awaiting GM response; no fine stated						Jul-16											
	NEW	CCG	Community - Screening For Dementia - SQPR	=> %	100	100				Recovery plan in place	40	37	53	30	37	Aug 2016									37.2	38.4	
	NEW	CCG	Community - HV Falls Risk Assessment - SQPR	=> %	100	100				Recovery plan in place	61	67	56	61	55	Aug 2016									54.8	60.0	
	NEW	CCG	Inter-provider tertiary referrals for patients on 62 day cancer pathway (<42 days)	%		100				Raised at OMC - not fineable in 16/17		50	33	50		Jul-16									50.0		

NOTES:

SQPR stands for Service Quality Performance Report. The Trust has impoemented this report to monitor nationa, opearantion and local quality requirements which are agreed with the CCG at the time of contracting.

CCG will have pre-agreed finable non-compliance for a range of performance indicators. Fines are variable and will in some cases apply monthly, in others if repeated under-performance is observed.

As national and operational performance is monitored thorughout the pack , and is largely subject to STF criteria montiored, we report here only on Loal Quality Requirements. As they would otherwise stay invisible.

Due to the large volume of indicators captured and reported agianst, only the under-performing items have been picked out here. They will be monitored till the rest of the year to ensure compliance is sustained. Each financial year will capture some different indicators so this page will stay on top of this.

Current Under-Performance
The services have been notified about under-performance and regular discussions are in place. The CCG is expecting recovery plans for indicators consistently failing.

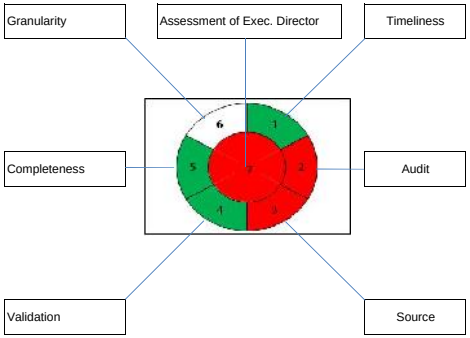
Legend

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:

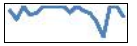
Red / Green	As assessed by Executive Director
White	Awaiting assessment by Executive Director

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

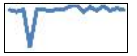
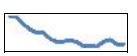
Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Aug 2016	2	0	0	2	6	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Aug 2016	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Aug 2016	94	69	33	66.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Aug 2016	93	96	91	93.2		
Patient Safety - Harm Free Care	Falls	<= No	0	0	52	43	47	42	39	41	40	41	41	35	40	35	32	44	37	47	39	47	Aug 2016	15	32	0	47	214	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	1	0	1	5	0	1	1	2	0	0	1	1	0	0	2	1	2	Aug 2016	2	0	0	2	5	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	1	8	3	6	2	0	6	2	3	4	4	6	4	4	3	-	5	5	Aug 2016	0	5	0	5	20	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Aug 2016	91.7	86.8	98.3	94.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Aug 2016	98.8	100.0	100.0	99.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Aug 2016	99	0	100	98.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																			Aug 2016	98	0	100	97.8		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Aug 2016	2	1	0	3	11	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Jun 2016	64	67	77	68		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	9.2	9.0	#####	Jul 2016				9.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	9.7	9.5	#####	Jul 2016					9.7	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	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																			Aug 2016		91.2		91.2	92.9	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																			Aug 2016		70.8		70.8	73.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Aug 2016		60.4		60.4	68.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	95.0	95.0																			Aug 2016		97.9		97.9	97.1	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Aug 2016		66.7		66.7	77.8	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Aug 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																			Aug 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																			Aug 2016		100.0		100.0	99.5	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Aug 2016		90.9		90.9	96.0	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Aug 2016		90.9		90.9	95.6	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Aug 2016		100.0		100.0	99.8	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jul 2016			92.4	92.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jul 2016			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jul 2016			85.0	85.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0	0	0	0	0	1	4.5	4.5	2.5	1.5	0.5	6	3	3.5	1.5	3.5	3	0	Jul 2016	0.00	0.00	3.00	3.00	12	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	0	3	4	2	0	0	4.5	0	2	0	1	2	0	Jul 2016	0.00	0.00	2.00	2.00	5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	62	97	228	165	138	104	98	154	98	175	95	130	113	-	Jul 2016	-	-	113	113		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-						Aug 2016	-	-	62	62	35	
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	Aug 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			38	41	35	41	53	36	29	43	42	32	34	47	39	49	36	28	25	40	Aug 2016	24	8	8	40	178	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			117	112	104	87	90	74	58	65	65	57	50	65	63	72	57	62	46	47	Aug 2016	26	12	9	47		

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Aug 2016	-	0.53	0.30	0.32		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	9	8	1	2	4	7	0	0	1	0	2	1	1	0	3	0	0	6	Aug 2016	0.0	1.0	5.0	6	9	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	48	54	60	46	47	45	33	54	35	32	34	32	31	58	56	54	28	32	Aug 2016	0.0	0.0	32.3	32.3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	1	2	5	0	0	1	1	0	0	0	0	0	0	0	0	0	0	Aug 2016	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Aug 2016	86.5	90.4	Site S/C	88.6	89.9	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1412	'	'	'	'	'	'	'	'	'	'	1560	1908	1246	1046	1187	1333	1227	Aug 2016	1153	0	74	1227	6039	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Aug 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								-	-	-	-								Aug 2016	18.0	16.0	Site S/C	17	17	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0								-	-	-	-								Aug 2016	50.0	47.0	Site S/C	48	50	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Aug 2016	7.6	9.2	Site S/C	8.5	8.1	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Aug 2016	4.0	4.5	Site S/C	4.3	4.2	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	164	43	116	90	72	58	76	93	67	121	116	97	117	81	65	70	122	112	Aug 2016	72	40		112	450	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	9	8	3	3	2	1	1	3	8	10	6	9	2	0	1	8	6	Aug 2016	5	1		6	17	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Aug 2016	0.25	0.04		0.14	0.08	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4182	3981	4214	114	4256	4241	4016	4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	Aug 2016	1979	2225		4204	21385	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Aug 2016	0.0	87.1	84.5	85.3		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Aug 2016	0.0	80.8	78.5	79.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Aug 2016	0.0	93.7	89.2	90.8		
RTT	RTT - Backlog	<= No	0	0	161	181	317	424	482	494	604	664	629	587	623	689	725	789	716	674	821	873	Aug 2016	0	217	656	873		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	0	0	0	1	0	0	1	1	1	3	4	0	0	0	1	-	Jul 2016	0	1	0	1		
RTT	Treatment Functions Underperforming	<= No	0	0	1	1	1	1	3	4	3	7	8	8	10	8	7	12	11	11	14	13	Aug 2016	0	5	8	13		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Aug 2016	0	0	0.56	0.10		

Medicine Group

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Data Completeness	Open Referrals	No			0	60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	70,424	Aug 2016	11,431	19,215	39,778	70424		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,178	27,360	25,493	26,511	Aug 2016	7,900	8,034	10,577	26511		
Workforce	WTE - Actual versus Plan	No			176	200	200	219	236	262	261	217	214	208	204	201	219	220	207	213	220	229	Aug 2016	111.2	68.57	48.65	229		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Aug 2016	90.71	89.12	84.51		89.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		-																	Aug 2016	81.82	86.21	91.89		88.2	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Aug 2016	5.52	5.62	4.31	5.30	5.48	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	-	-	-																Aug 2016	4.49	4.59	3.37	4.27	4.80	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100		-	-																Aug 2016	68.1	73.9	62.5		68.57	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Aug 2016	84.36	81.45	81.44		82.6	
Workforce	New Investigations in Month	No			2	2	1	1	2	1	3	0	0	1	1	6	4	1	0	0	1	1	Aug 2016	1	0	0	1		
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	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	6.0	5.0	10.0	6.0		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.49	-->	-->	3.45	-->	-->	3.37	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.44	3.56	3.10	3.37		

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		GS	SS	TH	An			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																		Aug 2016	1	0	0	0	1	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																		Aug 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																		Aug 2016	96.04	92.41	0	0	94.5		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																		Aug 2016	93.53	97.81	0	88.89	94.7		
Patient Safety - Harm Free Care	Falls	<= No	0	0	4	5	9	5	4	2	4	2	6	11	13	6	11	7	8	3	11	10	Aug 2016	2	8	0	0	10	39	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	Aug 2016	0	1	0	0	1	3	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	0	0	1	1	1	2	1	1	1	2	0	1	2	2	-	1	2	Aug 2016	1	0	0	1	2	7	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																		Aug 2016	91.92	93	0	98.45	92.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																		Aug 2016	99.82	100	0	100	99.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																		Aug 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																		Aug 2016	100	100	100	0	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	Aug 2016	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																		Aug 2016	1	1	0	0	3	7	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Jun 2016	71	66.67	0	0	70.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	5.9	6.9	-	Jul 2016					6.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	7.4	7.37	-	Jul 2016						7.5	

Surgery A Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate GS	SS	TH	An	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Jul 2016	97.1		0.0		97.05		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Jul 2016	97.6				97.58		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jul 2016	98.8		0.0		98.75		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jul 2016	88.6		0.0		88.57		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	0	10	3	5	2	5	2	2	3	2	9	1	4	-	Jul 2016	-	-	-	-	4	15	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	4	6	1	2	0	4	0	0	1	0	1	0	1	-	Jul 2016	1	-	0	-	1	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			'	'	'	'	180	147	173	124	98	167	75	74	117	73	114	100	153	'	Jul 2016	153	-	0	-	153		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	<= No	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	9590	4696	0	1934	16220	62513	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			16	16	8	16	16	15	15	18	18	11	16	14	19	24	15	9	9	21	Aug 2016	10	6	3	2	21	78	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			45	46	27	32	23	26	23	23	24	15	17	23	26	24	29	25	18	21	Aug 2016	9	8	3	1	21		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Aug 2016	2.55	2.44	0	-	2.09		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	17	12	10	8	21	13	13	17	8	16	5	19	6	10	6	14	9	23	Aug 2016	14	9	0	0	23	62	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	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	71.8	72.7	Aug 2016	73.4	69.6	0.0	88.0	72.65		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	2	0	0	0	7	2	8	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			127	'	'	'	'	'	'	'	'	'	'	49	65	68	30	38	75	78	Aug 2016	47	29	0	2	78	289	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85	85	-																		Aug 2016		79.2			79.2	66.0	

Surgery A Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		GS	SS	TH	An			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Aug 2016	77.8	63.2	0.0	0.0	71.5		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Aug 2016	91.2	94.6	0.0	0.0	92.8		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Aug 2016	92.8	89.1	0.0	0.0	91.1		
RTT	RTT - Backlog	<= No	0	0	492	488	423	373	486	562	651	768	785	725	698	617	662	676	636	627	658	630	Aug 2016	276	354	0	0	630		
RTT	Patients Waiting >52 weeks	<= No	0	0	2	1	0	0	0	2	1	1	0	0	1	1	0	2	1	2	3	-	Jul 2016	2	1	0	0	3		
RTT	Treatment Functions Underperforming	<= No	0	0	4	2	3	2	2	4	8	10	9	11	9	9	7	10	8	8	11	10	Aug 2016	5	5	0	0	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Aug 2016	0.3	0.0	10.3	0.0	4.48		
Data Completeness	Open Referrals	No			-	32,829	34,523	35,269	36,991	39,612	40,315	40,565	41,714	42,539	36,195	35,305	35,734	37,034	38,099	38,955	40,183	40,895	Aug 2016	23,320	13,572	0	4,003	40895		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,456	15,128	15,709	16,220	Aug 2016	9,590	4,696	0	1,934	16220		
Workforce	WTE - Actual versus Plan	No			70.1	88.3	97.1	103	110	120	122	116	107	112	120	102	102	103	101	105	109	101	Aug 2016	40.65	12.74	24.6	18.55	101.08		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	81.9	89.7	89.0	83.3		88.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		-																	Aug 2016	83.33	77.78	0	70		77.7	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Aug 2016	6.2	3.6	6.6	4.5	5.3	5.3	
Workforce	Sickness Absence - In Month	<= No	3.15	3.15	-	-	-																Aug 2016	6.2	######	7.0	######	5.4	5.1	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100		-	-															-	Jul 2016	81.8	61.6	88.9	81.6	80.9	79.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	84.0	82.8	89.3	89.1		87.8	
Workforce	New Investigations in Month	No			2	3	3	1	2	1	0	3	0	0	1	1	1	0	0	0	2	0	Aug 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

Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00					-	-	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	10	-->	-->	10	-->	-->	8	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	9	**8**		
Workforce	Your Voice - Response Score	%			-->	-->	-->	3.56	-->	-->	3.37	-->	-->	3.31	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	-	-	-	3.49	**3.31**		

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		O	E			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Aug 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Aug 2016	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Aug 2016	85.2	98.3	94.1		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Aug 2016	91.3	91.7	91.5		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	0	0	2	1	0	0	1	2	1	1	1	1	1	1	1	1	2	Aug 2016	1	1	2	6	
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	Aug 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	-	1	0	Aug 2016	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Aug 2016	99.4	98.1	98.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Aug 2016	100	100	100		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Aug 2016	100	96.8	99.41		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Aug 2016	99.3	96.8	98.82		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Aug 2016	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Aug 2016	0	0	0	0	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	97	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	-	-	Jun 2016	0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	4.2	5.3	-	Jul 2016			5.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	4.6	4.6	-	Aug 2016				4.6	

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate		Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		O	E			
Clinical Effect - Cancer	2 weeks	=> %	93	93																		Jul 2016		91.3	91.3		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96								#DIV/0!						#DIV/0!				Jul 2016		100	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85								#DIV/0!				#DIV/0!			#DIV/0!			Jul 2016		100	100.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	0	0	0	0	1	0	0.5	0	0	0	0	0.5	0	-	Jul 2016	-	0	0	0.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	Jul 2016	-	0	0	0	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	62	51	62	0	104	54	84	0	59	0	0	70	48	-	Jul 2016	-	48	48		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 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	Aug 2016	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			16	14	9	6	15	15	16	18	18	17	9	14	19	21	14	18	15	17	Aug 2016	11	6	17	85	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			36	39	35	17	17	22	19	24	25	21	15	14	19	25	23	23	23	24	Aug 2016	19	5	24		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																		Aug 2016	2.17	1.13	1.76		
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	Aug 2016	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	8	15	17	16	10	14	8	19	15	11	11	14	14	8	12	8	36	20	Aug 2016	15	5	20	84	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	75.2	73.3	71.4	73.1	73.9	70.5	73.6	75	75.1	73.79	74.5	74.8	72.5	73.9	75	73.4	69	70.3	Aug 2016	72.3	65.6	70.32		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																		Aug 2016	98.6		98.6	98.2	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			39	-	-	-	-	-	-	-	-	-	-	13	33	41	52	42	44	43	Aug 2016	29	14	43	222	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																		Aug 2016	0		0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15								-	-	-	-							Aug 2016	41		41	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60								-	-	-	-							Aug 2016	110		24	112	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																		Aug 2016	3.33		3.33	3.28	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																		Aug 2016	1.69		1.69	1.72	

Surgery B Group

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		O	E			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Aug 2016	79.6	83.0	81.0		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Aug 2016	92.4	89.8	91.8		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Aug 2016	93.3	93.5	93.4		
RTT	RTT - Backlog	<= No	0	0	559	574	547	549	582	630	678	693	561	579	578	626	646	560	595	600	666	720	Aug 2016	496	224	720		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	1	0	3	2	1	3	3	1	2	1	3	1	0	0	0	-	Jul 2016	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	1	1	2	1	1	1	1	5	3	3	7	5	6	6	5	6	6	6	Aug 2016	2	4	6		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Aug 2016	0	0.68	1		
Data Completeness	Open Referrals	No			'	58,186	60,484	61,192	63,016	65,129	66,371	67,982	70,005	71,194	62,182	60,870	61,989	63,337	64,441	65,936	67,252	68,140	Aug 2016	55,840	12,300	68140		
Data Completeness	Open Referrals - Awaiting Management	No			'	'	'	'	'	'	'	'	'	'	'	'	'	'	20,583	20,129	21,126	22,147	Aug 2016	17,087	5,060	22147		
Workforce	WTE - Actual versus Plan	No			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	41.5	41.6	46	48.3	53.9	Aug 2016			53.9		
Workforce	PDRs - 12 month rolling	=> %	95	95																			Aug 2016	93.4	94.2		94.9	
Workforce	Medical Appraisal and Revalidation	=> %	95	95		-																	Aug 2016	92.3	80	90.3	94.16	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	3.48	2.76	3.23	3.2	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	-	-	-																Aug 2016	4.68	2.89	4.1	3.25	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100		-	-															-	Jul 2016	82.9	77.2	85.68	81.79	
Workforce	Mandatory Training	=> %	95	95																			Aug 2016	86.4	93.8		88.05	
Workforce	New Investigations in Month	No			0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	Aug 2016			0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	100	99	99.6	98.4	98.2	96.9	96	97	97.6	93.5	97.3	95.9	97.1	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			-->	-->	-->	12	-->	-->	15	-->	-->	14	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	7	31	14		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.59	-->	-->	3.63	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.56	3.73	3.63		

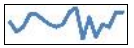
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P	C			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Aug 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Aug 2016	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Aug 2016	100				100.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Aug 2016	100	100			100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	1	2	1	0	1	2	0	1	0	2	0	1	0	1	2	1	1	Aug 2016	0	1	0	0	1	5	
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	Aug 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	-	0	0	Aug 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Aug 2016	97.3	91.3			93.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Aug 2016	99	99.4			99.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Aug 2016	100	0			100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Aug 2016	97.7	0			97.7		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Aug 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Aug 2016	0	0	0	0	0	3	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P	C			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																		Aug 2016		27.9			27.9	25.5	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	8	7	8	11	9	9	10	9	9	8	8	8	10	7	9	8	9	Aug 2016		8.89			8.9	8.5	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			16	15	18	15	18	17	18	15	16	14	17	15	18	17	15	15	19	19	Aug 2016		19			19.0	17.0	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																		Aug 2016		0			0	0	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																		Aug 2016		0			0	8	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																		Aug 2016		1.57			1.6	1.4	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Aug 2016		3.91			3.9		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																		Aug 2016		78.9			78.9		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																		Aug 2016		136			135.9		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0			N/A			N/A	N/A			N/A		N/A					-	-	Jun 2016	100	0	0		100.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	4.7	4.4	-	Jul 2016					4.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	5.4	5.2	-	Jul 2016						5.5	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-	Jul 2016	95.6		0		95.6		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-	Jul 2016	100				100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-	Jul 2016	100				100.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	0	1.5	1.5	4	0.5	1.5	3	2	0	3	1	2	0	-	Jul 2016	0	-	0	-	0	6	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	1	1	0	2	0	0	0	0	0	1	0	1	0	-	Jul 2016	0	-	0	-	0	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	123	130	98	146	89	71	104	97	62	149	86	176	62	-	Jul 2016	62	-	0	-	62		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Less than 1 Hour	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 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	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		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	Aug 2016	0				0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			11	7	9	14	14	12	10	9	10	15	17	4	13	5	10	9	15	15	Aug 2016	4	9	2	0	15	54	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			32	28	28	20	18	17	13	13	13	14	20	6	17	9	13	10	19	21	Aug 2016	0	0	0	0	21		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Aug 2016	2.74		-		1.8		
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	Aug 2016	0				0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	7	6	4	2	2	4	7	6	9	13	6	7	13	4	10	9	4	6	Aug 2016	6				6	33	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	79	76	78	74	75	76	79	76	76	72	74	71	78	76	73	74	76	76	Aug 2016	76.4	-			76.4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	8	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2016	0	-	0	-	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			16	-	-	-	-	-	-	-	-	-	-	15	6	16	5	5	10	7	Aug 2016	3	0	4	0	7	43	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Aug 2016	84.1				84.1		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Aug 2016	88.9				88.9		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Aug 2016	94				94.0		
RTT	RTT - Backlog	<= No	0	0	20	20	23	22	25	32	34	54	53	52	60	70	80	69	92	93	130	121	Aug 2016	121				121		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	-	Jul 2016	0				0		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	2	2	Aug 2016	2				2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Aug 2016	0				0.0		

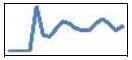
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate G	M	P	C	Month	Year To Date
Data Completeness	Open Referrals	No			-	19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	Aug 2016	7,469	11,835	5,913	13	25230	
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,041	10,069	10,168	10,770	Aug 2016	3,479	6,130	1,159	2	10770	
Workforce	WTE - Actual versus Plan	No			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	97.1	118	Aug 2016	7.76	78.5	31.9	0	118.2	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	90	81.2	89.6	0		89.3
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		-																	Aug 2016	89.5	92.3	84.6	0		91.1
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	4.74	5.53	3.7	0	5.0	5.2
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-																Aug 2016	6.65	5.62	2.49	0	5.0	4.2
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0		-	-															-	Jul 2016	85.5	78	78.1	0	79.01	77
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	87.7	87.2	88.5	0		87.0
Workforce	New Investigations in Month	No			1	1	3	2	2	1	1	1	1	0	0	1	0	1	0	0	1	1	Aug 2016	0	1	0	0	1	
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			-->	-->	-->	13	-->	-->	12	-->	-->	11	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	5	17	13	11	
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.66	-->	-->	3.64	-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.69	3.67	3.62	3.45	3.6	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P	C			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-	17	26	56	97	124	118	111	159	167	207	193	159	207	198	141	184	176	Aug 2016				176	176	906	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-	82.6	81	86.7	88.3	87.9	90.7	89.9	88.9	88.2	87.6	91.9	89	87.2	87.7	86.7	86.2	81.3	Aug 2016				81.3	81.3	85.89	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-	17	15.9	8.8	5.87	9.69	9.04	8.51	9.19	8.82	7.69	6.68	9.33	12.8	11.4	9.11	9.17	6.5	Aug 2016				6.5	6.5	9.8	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-	59.2	61.7	71.1	77.7	82	87.4	92.3	93.3	91.9	97.5	90.3	94.4	98.2	97.7	86.6	90.1	89.3	Aug 2016				89.3	89.27	92.04	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-	88.4	78.8	77.3	86.7	86.1	84.5	91	94.5	96.2	99.8	97.9	96.2	99.8	97.9	99.2	99.7	99.7	Aug 2016				99.7	99.71	99.29	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-	85.1	80.2	91.4	89.8	82	92.9	95.1	93	94.5	95.8	88.9	95.6	99	97.5	86.5	87.1	91.9	Aug 2016				91.9	91.85	92.31	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-	76.9	71.5	78.3	79.2	70	84.7	83.2	84.4	80.5	90.2	84.2	81.6	89.2	81.9	79.2	79.5	85.4	Aug 2016				85.4	85.39	83	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100	1	1	Aug 2016				1	1	104	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-	74	74.3	79.1	83.5	94	93	96.5	97.1	93.9	97.9	93.6	96	97.9	92.8	90.1	86.5	92.1	Aug 2016				92.1	92.07	91.87	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-	63.3	65.3	65	77.7	88.5	83.1	80.2	84.7	91.9	98.6	99.3	99.4	99.8	39.4	94.9	96.1	89.8	Aug 2016				89.8	89.77	85.42	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-	38.7	38.7	38.7	33.6	31.4	32.3	27.6	30.7	36.8	37.9	35.6	43.9	42.8	39.4	36.7	38.3	41.9	Aug 2016				41.9	41.88	39.8	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	100	100	100	-	-	-	-	-	-	-	-	-	100	100	100	100	100	Aug 2016				100	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-	-	-	-	347	397	333	360	358	353	335	391	341	382	400	389	359	420	Aug 2016				420	420	1950	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-	88	87.2	85.8	92.3	98.5	86	94.7	98.6	97.2	96.3	100	100	100	98.8	98.2	96.1	96.1	Aug 2016				96.1	96.11	97.76	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-	382	322	369	359	374	340	365	337	376	366	322	358	411	322	353	354	359	Aug 2016				359	359	1799	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-	74.1	80.9	79	99.7	95.4	94.7	94.1	91.8	98.2	99.7	98.8	100	99.4	99.4	99.2	98.3	91.8	Aug 2016				91.8	91.82	97.43	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	-	-	-	315	340	275	321	257	316	352	294	339	290	341	355	359	364	Aug 2016				364	364	1709	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-	76.2	68.8	66.3	98.4	95.8	81.1	89.4	83.4	92.4	89.6	92.2	91.6	91.2	90.9	93.5	91.3	83.1	Aug 2016				83.1	83.11	89.73	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-	0	0	0	84	31	27	42	56	51	42	39	39	51	60	51	39	46	Aug 2016				46	46	247	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	-	

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	0	2	3	0	2	0	1	2	0	2	4	2	3	4	2	1	2	Aug 2016	1	0	0	0	1	2	12	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	4	6	5	2	3	0	2	2	1	1	4	3	3	5	4	2	2	Aug 2016	1	0	0	0	1	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			-	1,700	1,743	1,808	1,870	1,957	3,276	3,293	3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	5,631	Aug 2016	1,572	1	1,853	0	2,205	5,631		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,502	1,437	1,510	2,208	Aug 2016	755	0	825	0	628	2,208		
Workforce	WTE - Actual versus Plan	No			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	39	39.8	Aug 2016	15.5	4.19	14.9	4.14	1.32	40		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	83.7	94.4	86.5	93.2	100		93.32	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		-																	Aug 2016	0	71.4	100	75	100		92.5	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	5.38	2.66	5.58	3.5	2.44	4.43	4.25	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	-	-	-																Aug 2016	5.3	5.9	7.3	3.3	0.8	4.98	4.43	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0		-	-															-	Jul 2016	89.4	100	70	95.7	100	82.4	81.2	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	93.7	99.3	95.6	95.4	98.8		95.2	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	Aug 2016	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	21	-->	-->	24	-->	-->	19	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	15	28	12	26	57	19		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.69	-->	-->	3.58	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.64	3.73	3.77	3.75	4.14	3.79		

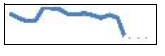
Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Aug 2016	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	-	-	2.0	2.0	2.0	1.0	1.0	1.0	-	-	1.0	2.0	-	2.0	1.0	2.0	1.0	-	Jul 2016					1.8		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	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	13.0	12.0	-	Jul 2016						4.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	Jul 2016			60.38		60.38	70.83	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																		-	Jul 2016			94.34		94.34	96.88	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 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	Aug 2016	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	0	4	3	5	8	4	1	2	1	3	6	5	2	0	1	1	2	Aug 2016	2	0	0	0	2	6	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	0	5	5	7	11	7	3	2	0	3	6	5	2	1	2	2	2	Aug 2016	2	0	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			51	-	-	-	-	-	-	-	-	-	-	49	62	36	67	69	86	66	Aug 2016	66	0	0	0	66	324	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Aug 2016	0.63				0.63		
Data Completeness	Open Referrals	No			-	132	148	151	173	178	198	208	231	248	259	271	286	288	298	325	342	361	Aug 2016	361	0	0	0	361		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	287	267	299	315	Aug 2016	315	0	0	0	315		
Workforce	WTE - Actual versus Plan	No			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	44.5	47	Aug 2016	21.9	2.95	5.01	4.34	47.0		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	81.1	100	91.7	73.7		85.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Aug 2016	87.5	0	100	82.5		103.9	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	3.0	4.6	2.0	6.3	4.33	4.53	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Aug 2016	2.7	4.4	0.5	4.6	2.72	4.26	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																		-	Jul 2016	68.2	94.1	90.5	30.5	64.3	61.0	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	82.7	88.4	91.8	86.1		86.5	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Aug 2016					0		
Workforce	Nurse Bank Use	<= No	288	24															-	-	-	-	Apr 2016					170	170	
Workforce	Nurse Agency Use	<= No	0	0															-	-	-	-	Apr 2016					241	241	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016					120	120	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016					0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	19	-->	-->	24	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	18	0	61	11	21		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.41	-->	-->	3.11	-->	-->	3.40	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.34	0	3.84	3.91	3.4		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Aug 2016	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	13	30	47	37	25	27	29	29	21	26	31	23	20	22	38	31	29	31	Aug 2016	0	31	0	31	151	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	1	0	0	0	0	1	0	1	2	1	1	0	0	1	0	0	Aug 2016	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	3	3	1	1	3	2	0	0	2	0	3	0	4	2	4	-	3	1	Aug 2016	-	1	-	1	13	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Aug 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Aug 2016	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Aug 2016	0	0	0	0	3	
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	Aug 2016	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	0	1	2	1	3	5	4	4	2	3	6	7	3	5	5	4	5	Aug 2016	1	4	0	5	22	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	0	7	6	4	5	7	5	5	5	3	6	7	11	7	9	8	9	Aug 2016	1	7	1	9		

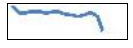
Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			77.4	174	92.8	77.3	85.3	87.7	114	124	103	105	94.7	100	106	102	123	128	154	152	Aug 2016	14.5	97.2	40.3	151.99		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	89.4	80.9	83.4		89.2	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	3.16	4.57	5	4.48	4.51	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-																Aug 2016	2.68	4.15	6.23	4.8	4.08	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0		-	-															-	Jul 2016	95.5	88.8	86.3	88.86	87.97	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	95.3	90.6	93.3		92.4	
Workforce	New Investigations in Month	No			0	1	3	0	0	0	0	0	4	0	0	2	0	0	0	2	0	1	Aug 2016				1		
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			-->	-->	-->	26	-->	-->	31	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	30	21	18	21		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.77	-->	-->	3.68	-->	-->	3.72	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.63	3.7	3.82	3.72		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	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	12.9	13.3	12	14.5	10.7	9.85	10.5	11.4	11	10.5	11.3	9	8.06	9.9	8.82	9.6	8.85	9.01	Aug 2016				9.0	9.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.58	1.58	1.58	1.58	Aug 2016				1.6	1.6	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Community & Therapies Group Only	STEIS	<= No	0	0	-	-	-	0	0	0	0	1	0	1	2	1	1	0	0	2	0	0	Aug 2016				0	2	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	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	%			-	2	2	2	6	1	1	2	1	1	1	1	0	1	1	2	3	2	Aug 2016				1.82		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38.5	42.4	41.5	Aug 2016				41.51	40.36	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			65	47	55	50	46	44	43	42	41	46	52	55	54	61	161	70	61	55	Aug 2016				54.78		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			65	51	55	51	48	44	43	44	33	48	54	56	58	64	67	75	65	63	Aug 2016				62.91		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			-	22	22	24	21	23	23	23	23	26	28	32	32	37	35	40	36	32	Aug 2016				32.1		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			-	46	56	40	48	45	50	43	50	29	28	31	21	40	37	11	30	37	Aug 2016				37.19		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			-	87	89	92	91	94	90	90	94	94	93	94	94	93	91	90	90	92	Aug 2016				92.33		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	-	-	-	-	-	-	-	-	-	-	7	-	-	200	222	222	Aug 2016				31.67	29.33	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	4	3	Aug 2016				3	13	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	3	3	2	1	3	1	Aug 2016				1	10	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	1	1	Aug 2016				1	2	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	1	Aug 2016				1	1	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																			Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		CEO	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			6	5	7	8	6	15	11	13	8	5	4	5	8	8	10	12	4	13	Aug 2016	2	1	1	0	0	3	6	13	47	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			18	14	12	14	9	16	16	16	9	8	4	4	7	8	9	12	9	17	Aug 2016	3	1	1	0	0	4	8	17		
Workforce	WTE - Actual versus Plan	No			220	260	267	110	99.6	103	100	92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	Aug 2016	12.6	3.55	-0.92	17.5	-0.01	58.7	38.3	129.68		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2016	88	78	86	96	88	82	88		88.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		-						#DIV/0!											Aug 2016			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2016	2.46	2.68	2.91	3.07	4.56	4.92	4.32	4.17	4.34	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	-	-	-																Aug 2016	1.53	1.59	1.98	3.65	4.85	4.10	5.09	3.88	3.63	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0		-	-															-	Jul 2016	88.1	73.7	64.3	83.5	66.7	87.1	77.1	80.5	79.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2016	96	95	0	94	99	89	93	91.6	93	
Workforce	New Investigations in Month	No			0	1	0	1	2	1	1	5	0	1	2	2	2	4	4	1	4	1	Aug 2016	0	0	0	0	0	0	1	1		
Workforce	Nurse Bank Use	<= No	1088	91															-	-	-	-	Apr 2016								156	156	
Workforce	Nurse Agency Use	<= No	0	0															-	-	-	-	Apr 2016								18	18	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016	-	-	-	-	-	-	-	2492	2492	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0															-	-	-	-	Apr 2016	-	-	-	-	-	-	-	113	113	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	16	-->	-->	19	-->	-->	15	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	67	24	25	20	15	9	10	15		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.50	-->	-->	3.46	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	Dec 2015	3.65	3.44	3.77	3.76	3.59	3.47	3.35	3.58		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	6 October 2016

EXECUTIVE SUMMARY:

The Trust Risk Register compromises high (red) risks that have been through the validation processes at directorate / group and Executive Committee levels.

Risks on the Trust Risk Register have been reviewed and updated by Executive Directors.

REPORT RECOMMENDATION:

- **RECEIVE and NOTE** updates from Executive Directors for high (red) risks on the Trust Risk Register.
- **REVIEW** and **AGREE** removal of the proposed risks from the TRR and for these to be managed by Clinical Groups with oversight by the Risk Management Committee.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Clinical Leadership Executive on 23 August 2016

FOR DECISION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 6 October 2016

1. EXECUTIVE SUMMARY

1.1 This report is to provide Trust Board with an update on the Trust Risk Register (TRR).

2. TRUST RISK REGISTER (TRR)

2.1 Trust Risk Register risks have been updated since the last meeting of the Board and highlights are provided below.

2.2 Risk updates include:

- Due to lack of EAB bed, nursing home capacity and waits for domically care there is a deteriorating level of Delayed Transfers of Care (DTOC) bed days which results in an increased demand on acute beds (**215**). The risk statement has been updated and the initial risk score is now 4x5 (previously 4x4). The current risk score is 4x4 (previously 3x4). The COO confirmed this is to reflect a higher initial severity level and to align to the associated BAF risk score.
- 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 (**566**). The initial and current severity of this risk has been increased from 4 to 5 based on the COO's assessment of the risk.
- Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels (**534**). CEO has reviewed and amended the current risk score to 3x3.
- The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps (**533**). This risk is under review by the CEO and will be re-defined.
- National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours (**1875**). Following discussions at executive committees, the risk scores were reviewed by W&CH and are now 3x5 (initial risk score) and 2x5 (current risk score)**.**

2.3 Risks requested for removal from the TRR for local management and oversight at RMC:

- Potential loss of the Hyper Acute Stroke Unit due to an external commissioner led review (**173**). M&EC Clinical Group proposes that this risk is removed from the TRR because it is no longer a live risk. The commissioner led review outcome was that the BCA will determine the number of hyper acute stroke units. There is no current risk that the service will cease. It is proposed that the Directorate monitor the situation and if the potential risk arose again it would be escalated to the M&EC Clinical Group in the first instance.

- Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being out with 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 (**329**). W&CH proposes that this risk is removed from the TRR because controls and ongoing mitigation (recruitment, some agency usage and amended working practices) have proved effective. Proposed for ongoing monitoring by the Directorate.
- 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 CGS resulting in the contract being at risk (**330**). W&CH proposes that this risk is removed from the TRR. The risk was initially rated as high and was downgraded to amber as controls and ongoing mitigation (recruitment, some agency usage and amended working practices) have proved effective. Proposed for ongoing monitoring by the Directorate.

2.4 As a reminder, the options available for handling risks are:

Terminate	Cease doing the activity likely to generate the risk
Treat	Reduce the probability or severity of the risk by putting appropriate controls in place
Tolerate	Accept the risk or tolerate the residual risk once treatments have been applied
Transfer	Redefine the responsibility for managing the risk e.g. by contracting out a particular activity.

2.5 Clinical Leadership Executive colleagues have been reminded of the process to escalate and request removal from the TRR, as it is recognised that risks change as mitigation measures are implemented or circumstances change and risks may no longer be live.

3. RECOMMENDATION(S)

3.1 The Board is recommended to:

- **RECEIVE and NOTE** updates from Executive Directors for high (red) risks on the Trust Risk Register.
- **REVIEW** and **AGREE** removal of the proposed risks from the TRR and for these to be managed by Clinical Groups with oversight by the Risk Management Committee.

Kam Dhami, Director of Governance
6 October 2016
Appendix A: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
666	Live (With Actions)	Paediatrics	Paediatrics	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments	The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally.	Rachel Barlow	31/03/2017	16/09/2016	Quarterly	4x4=16	Tolerate
215	Live (With Actions)	Waiting List	Waiting List Management	Performance	Due to lack of EAB bed, nursing home capacity and waits for domically care there is a deteriorating level of Delayed Transfers of Care (DTOC) bed days which results in an increased demand on acute beds.	4x5=20	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	EAB and nursing home capacity remain unmitigated risks. System Resilience partners will review demand and capacity of interim bed base and recommend future requirements by end Q1 2016-17.	Rachel Barlow	31/03/2017	16/09/2016	Quarterly	4x4=16	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
								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.						
1603	Live (With Actions)	Finance		Costs Not Planned	As a result of significant reliance on non-recurrent measures and balance sheet flexibility to support the Trust's financial performance cash balances have been eroded and there is a risk that this may compromise future investment plans.	**4x5=20**	Management controls: Routine cash flow forecasting including rolling 15 month outlook Routine five year capital programme review & forecast Routine medium term financial plan update Routine monitoring of supplier status avoiding any 'on stop' issues Independent controls / assurance: Internal audit review of core financial controls External audit review of trust Use of Resources including financial sustainability Regulator scrutiny of financial plans	Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion. Establish and conclude task & finish programme to resolve significant outstanding debtor and creditor issues. Excellence in working capital management including appropriate creditor stretch, timely debtor recovery and pharmacy stock reduction. Establish and progress cash generation programme including accelerated programme of surplus asset realisation.	Tony Waite	31/03/2018	21/09/2016	Quarterly	**3x5=15**	**Treat**

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566	Live (With Actions)	Emergency And	Accident & Emergency (S)	Staffing	There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x5=20	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Leadership development and mentorship. Programme to support staff development. Robust forward look on rotas through leadership team reliance on locums (37% shifts filled with locums). Registrar vacancy rate 59%. Consultant vacancy rate 35%.	Recruitment ongoing with marketing of new hospital. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy.	Rachel Barlow	31/03/2017	16/09/2016	Quarterly	3x5=15	Treat
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	Unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	31/10/2016	16/09/2016	Monthly	3x4=12	Treat

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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	30/09/2016	20/09/2016	Monthly	3x4=12	Treat
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without	5x4=20	Reviewing plans in line with STC retained estate Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors	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	16/09/2016	Quarterly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.									
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs (1414MARWK03)	**4x5=20**	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	Phase 2 Transformation implementation in progress. Consultation sign-off October 2016. Phased implementation of individual plans over a two year period, started Q1 2016-17.	Raffaela Goodby	31/03/2018	20/09/2016	Quarterly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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1643	Live (With Actions)	Operations		Incident	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, 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. Bed programme easing situation. On trajectory for bed closures.	Contingency bed plan to be agreed in October for winter 2016/17. Bed programme agreed via TB. weekly PMO for delivery by December	Rachel Barlow	31/03/2017	16/09/2016	Monthly	3x4=12	Treat
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	Complete actions from information security assessment. Complete rollout of Windows 7. Upgrade servers from version 2003	Mark Reynolds	31/12/2016	16/09/2016	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
							Information security assessment completed and actions underway.							
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. 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.	RMC / CLE discussion with a view to removal from TRR. Reviewed by TB who advised the risk will continue to be monitored / tolerated.	Rachel Barlow	31/03/2017	16/09/2016	Quarterly	**2x5=10**	**Tolerate**

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1875	Live (With Actions)	Maternity_ Health		Vaccination	National shortage of paediatric Hepatitis B Vaccine, putting babies born to Hep B positive mothers at risk of infection. This is post exposure prophylaxis for the infant, and should never be delayed more than 24 hours.	3x5=15	Hepatitis B vaccine is normally freely available to vaccinate babies born to mothers with the Hepatitis B Virus Hepatitis Vaccine is normally freely available as a stock item to give to babies born to mothers who present unbooked and deliver Consider using adult dose with constraints	Pharmacy liaising with other drug companies to see if they have a supply available. May consider using adult Hepatitis B vaccine, however this is a different dose in pre-filled syringes. There are no clear graduation marks on these syringes and so baby may be underdosed.	Rachel Barlow	31/12/2016	28/09/2016	Monthly	2x5=10	Treat
328	Live (With Actions)	Operations	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team Deputy COO for Planned Care appointed.	Recruitment to Medicine Director Operations continues to be of focus. Deputy COO for Urgent Care vacant and also subject to recruitment.	Rachel Barlow	31/12/2016	16/09/2016	Quarterly	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	31/12/2016	16/09/2016	Quarterly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
533	Live (With Actions)	Scheduled Care	Oncology Medical	Service Level Agreement - Operational	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	3x5=15	Being tackled through use of locums and waiting times monitored through cancer wait team.	100% funding increase proposed by Trust. Strategic partnership working with New Cross and Coventry and Warwick. Actively recruiting two Medical Oncologist for SWBH. Regional networking through the Cancer Network	Roger Stedman	30/09/2016	04/04/2016	Quarterly	3x3=9	Treat
768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that data quality errors arise due to an inadequate referral management system which could lead to delays for patients.	5x3=15	Historical backlog of open referrals closed in Q3 2015. SOP and training in place as part of actions at time. Audit of current open referrals open pathways completed and shows some remaining inconsistencies in referral management practice.	Closed referral validation to be completed. CSC to fix bug on PAS system. Data quality programme to be completed.	Rachel Barlow	31/12/2016	16/09/2016	Quarterly	3x3=9	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

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214 Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process impact on 18 week data quality which results in underperformance of access target.	**4x3=12**	SOP in place Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place. Improvement plan in place for elective access with training being progressed. 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,	Implement full action plan Source e-learning module for RTT with a competency sign off for all staff in delivery chain Data quality process to be audited	Rachel Barlow	31/03/2017	16/09/2016	Quarterly	**3x3=9**	**Treat**

Risk Ref No. / Status / Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
					competency and training.							
221 Live (With Actions) Informatics	Informatics Systems (S)	IT Software - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources in informatics, significant time constraints (programme should have started earlier) and budgetary constraints.	**4x4=16**	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM Delivery risk shared with supplier through contract Project prioritised by Board and management.	Management time will be given for programme elements such as detailed planning, change management, and benefits realisation	Mark Reynolds	31/03/2017	16/09/2016	Quarterly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
534	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels.	3x4=12	Oncology recruitment ongoing and longer term resolution is planned as part of the Cancer Services project.	Recruit to revised clinic footprint across multi-provider partnership.	Roger Stedman	30/09/2016	22/09/2016	Monthly	3x3=9	Treat
771	Live (With Actions)	Theatres	Theatres - 1st	Incident	Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability.	3x4=12	Audit by Pan Birmingham team of turnaround times. Non conformance discussed daily and investigated. Monthly Theatre users group meeting with Trust and BBraun. Non conformance presented at TMB monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance.	Surgery A Group Director of Operations attending Pan-Birmingham Management Board to escalate issues. Monitoring is ongoing and some improvements seen.	Rachel Barlow	31/12/2016	21/09/2016	Quarterly	2x4=8	Treat

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						Ongoing monitoring. Some improvement.							
173 Monitor	Admitted Care	Priory 4	Service Level Agreement - Operational	*** PROPOSED FOR REMOVAL FROM TRR *** Potential loss of the Hyper Acute Stroke Unit due to an external commissioner led review.	**4x4=16**	Standard operating procedure agreed and in place for data collection and validation. Outcomes rated well nationally. KPI monitoring in place. Review panel feedback being considered as part of strengthening position as preferred provider. Progressing strategy with Black Country Alliance stakeholders for stroke services locally.	The commissioner led review outcome was that the BCA will determine the number of hyper acute stroke units. There is no current risk that the service will cease. It is proposed that the Directorate monitor the situation and if the potential risk arose again it would be escalated to the M&EC Clinical Group in the first instance.	Rachel Barlow	30/09/2016	21/09/2016	Quarterly	**2x4=8**	**Tolerate**

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
330	Live (With Actions)	Gynaecology_Gyna	Gynaecology (C)	Recruitment	*** PROPOSED FOR REMOVAL FROM TRR *** 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 CGS resulting in the contract being at risk.	**3x4=12**	Use of agency staff by Imaging to cover gaps in the service was in place until recruitment was completed. Robust communication with Imaging for timely alerts when sonography not required in clinics to ensure efficient use of sonography time. Number of staff returned from sick leave and Maternity leave. USS are now able to cover all Gynaecology activity using substantive staff. Risk resolved	The risk was initially rated as high and was downgraded to amber as controls and ongoing mitigation (recruitment, some agency usage and amended working practices) have proved effective. Proposed for ongoing monitoring by the Directorate.	Rachel Barlow	30/09/2016	22/09/2016	Monthly	**2x4=8**	**Treat**
327	Live (With Actions)	Interventional	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	**4x3=12**	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests.	BCA plans to be delivered to commence in April 2016. PPAC & staff currently being consulted and volunteers for rotas sought. Working on Rota to cover our first commitment Saturday 30th April.	Rachel Barlow	30/11/2016	15/09/2016	Quarterly	**2x3=6**	**Treat**

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	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 Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall						
329 Live (With Actions)	Maternity_ Health	Ante-Natal (C)	Service Level Agreement - Operational	*** PRPOSED FOR REMOVAL FROM TRR *** 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	**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.	Training being scoped to support the development of Sonographers and other disciplines in house. Programme to start Q2 2016-17 Controls and ongoing mitigation (recruitment, some agency usage and amended working practices) have proved effective. Proposed for ongoing monitoring by the Directorate.	Rachel Barlow	31/03/2017	23/09/2016	Monthly	**1x5=5**	**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
				inequitable service for those women choosing to book at SWBH.		Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance.							
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.	Mitigation plan up to end March successfully completed, however another national shortage is likely. New unlicensed batch, operational policy agreed and in place however backlog remains	Rachel Barlow	30/09/2016	16/09/2016	Monthly	**2x2=4**	**Treat**

Risk Ref No. / Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Lead Owner	Expected completion	Latest review	Review	Current risk score (LxS)	Control potential
						Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary. Backlog reduced. All parents offered appointment by end of Feb						
538 Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	**2x4=8**	Review / amend pathway Staff vacancies recruited to. Latest audit (Nov 15) provides assurance that wait times have significantly improved; 9 days on each site. Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change. New 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board.	Further Executive review at performance management review in November to confirm if the solution has succeeded in full.	Rachel Barlow	31/12/2016	15/09/2016	Quarterly	**1x4=4**	**Treat**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P05 August 2016**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**6 October 2016**

EXECUTIVE SUMMARY:

Key messages:

- Year to date performance reported as being in line with underlying financial plan; headline variance reflects loss of STF funding due to Q2 failure to achieve ED performance trajectory.
- In month application of contingency and balance sheet flexibility necessary to achieve performance in line with plan – stubborn cost base and with additional costs for unfunded bed capacity.
- Limited flexibility remaining to support P06. Any failure to deliver P06 in line with plan would result in loss of Q2 STF monies (£2.5m in addition to anticipated £350k ED failure loss).
- 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.
- Forecast reported as showing achievement of control total including full recovery of STF as required by NHSi. Minimum £351k loss of STF due to Q2 ED performance failure expected and notified.
- Significant risk to achievement of underlying plan including specifically CCG intent to pursue underspend on SLA, CIP plan with delivery risk, emergent in year issues and sufficiency of resources available for effective restructuring at necessary scale & pace.
- Limited scope for contingency and balance sheet flexibility and which would further erode cash balances. Delivery must be tangible and sustainable.
- Any failure to deliver underlying plan would be compounded by significant STF loss with consequent headline deficit and failure to deliver control total.
- Consequent risk to cash balances, delivery of EFL compliance and affordability of strategic investment programme. Remedial plan to restore cash balances remains to be confirmed.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Delivery of demand & capacity plan to secure income
- Urgent resolution of 2016.17 contract queries with SWBCCG
- Executive led work on mitigation of key risks and consideration of expedient measures programme
- Secure approved CRL and deliver capital programme to time, necessary sequence & budget
- Deliver working capital management improvement consistent with achievement of EFL
- Development & delivery of liquidity / cash improvement plan consistent with achievement of EFL

Key numbers:

- Month deficit £(450)k being £(115)k adverse to plan; YTD deficit £(1,316)k being £(234)k adverse.
- Year surplus £6.6m reported as per agreed control total and after benefit of £11.3m STF funding.
- Pay bill £25.2m (vs. £25.9m) in month; Agency spend £1.9m (vs. £1.8m).
- Savings delivery to date £4.6m being £(0.5)m adverse to plan and below expected scheme value.
- Total in year savings potential identified £17.4m – being £2.2m below plan with delivery risk.
- Capex YTD £4.1m being £(3.0)m below plan. Variance relates to Informatics and estates re-profiling

- Cash at 31 August £18.7m being £(9.6)m below plan due to timing of receipt of STF and HEE income.
- FSRR 3 to date being as plan; forecast is as plan at 2.
- Capital Resource Limit (CRL) requires to be confirmed and capex programme managed to achieve
- External Finance Limit (EFL) forecast to be achieved

REPORT RECOMMENDATION:

The Board is recommended to note the report and to REQUIRE those actions necessary to secure the required step change in underlying run rate consistent with sound finances and 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

Finance Report

Period 05 2016/17
August 2016

Trust Board
6th October 2016

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Finance Report

Summary & Recommendations

Period 05 2016/17

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

1. Known prospective under-recovery of STF £351k with no meaningful prospect of over-achievement of underlying plan to remedy. Amendment of forecast subject to NHSi approval.
2. CRL remains to be confirmed. Capex then to be managed to achieve compliance.
3. EFL achievement requires effective cash restoration plan

Outlook

- Significant risk to delivery of £6.6m surplus control total.
- Delivery risk on CIP and significant CCG challenges on SLA with potential for formal dispute.
- NHSI sighted on risk to full year financial plan achievement.
- P06 plan shortfall may exceed available technical solutions. Impact would be loss of full £2.8m Q2 STF.
- Implications for H2 I&E and cash available to support capital programme to be determined and mitigated.

P05 key issues & remedial actions

- CCG contract income required to over-deliver contract. CCG declared intent to pursue under-performance having regard to risks to their financial plan.
- Reliance on STF funding to achieve control total. ED failure expected Q2 will result in under recovery. Any failure to deliver underlying financial plan would risk £6m H2 STF income with consequent headline deficit.
- £1.8m non-recurrent support underpinning P05. Of this £1.2m is balance sheet flexibility and £0.6m is timing on use of reserves.
- Required underlying step change in Q2 pay bill not seen in P05. Workforce change consultation completed to timescale.
- Clinical group level route to budget balance & CIP plans not yet secure.
- Capex programme subject to modest re-profiling; risk of capital constraints given anticipated national provider finances deterioration.
- SWB strategy dependant on planned I&E cash surpluses supporting capital investment.

Recommendation

- Note reported P05 position and plan 2016/17 position including step change required in income & costs.
- Note implication of any P06 plan shortfall on Q2 STF receipt and resulting cash impact.
- Consider mitigating actions required to safeguard cash position.

Finance Report

Performance to date – I&E and cash

Period 05 2016/17

Financial Performance to Date

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

- I&E deficit of £1,316k being £234k adverse to plan;
- Capital spend of £4,067k, £2,975k adverse to plan;
- Cash at the end of August is £18,672k being £9,600k less than plan.

I&E

P05 YTD benefits from £1.2m of contingencies and flexibility and £0.6m of timing on use of reserves and which have enabled the trust to maintain delivery against underlying plan [i.e. excluding STF]. It is on this basis that £1.65m STF has been recognised in respect of Q2.

The year to date variance from plan of £234k is entirely explained by the two month failure of ED 4hr performance against STF trajectory with consequent loss of STF funding. It is expected that a further £117k of similar funding will be lost in P06 and that remedial performance in Q3 to recover that is not credible. Similarly, that over delivery on the underlying plan to remedy that on a full year basis is not realistic.

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

Savings

£4.6m delivered to date being £0.5m adverse to plan.

Capital

Capital expenditure to date £4.1m 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. Notable that nationally capital limits are under pressure and that an approved CRL remains to be secured.

Cash

The cash position is £9.6m below plan at 31 August. This is due to timing differences in receipt of £1.6m re STF payments, £2m education funding and £6m of net working capital payments.

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

The key issue for the Trust is the impact of both prior and current year underlying deficits eroding the cash position.

This cash balance is critical to the Trust's long-term capital plan.

Significant work is on-going to confirm an effective route to EFL delivery and which sustains strategic investment priorities.

Better Payments Practice Code

Performance in August improved measured by volume and value but remains below the target of 95%.

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

Continuity of Service Risk Rating

Rating of 3 year to date consistent with plan 3.

Forecast 2 as plan 2.

Finance Report

I&E Performance – to date & outlook

Period 05 2016/17

Period 5 YTD	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	Annual Plan £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Patient Related Income	34,500	33,542	(958)	174,603	173,764	(839)	421,450	421,167	(283)
Other Income	3,711	3,784	73	18,709	18,958	250	44,815	46,397	1,582
Income total	**38,211**	**37,326**	**(885)**	**193,312**	**192,723**	**(589)**	**466,265**	**467,564**	**1,299**
Pay	(25,218)	(25,167)	51	(125,979)	(127,462)	(1,483)	(298,966)	(301,570)	(2,604)
Non-Pay	(11,502)	(10,800)	702	(59,288)	(57,460)	1,828	(138,785)	(137,469)	1,316
Expenditure total	**(36,720)**	**(35,966)**	**754**	**(185,267)**	**(184,922)**	**345**	**(437,751)**	**(439,039)**	**(1,288)**
EBITDA	**1,491**	**1,360**	**(131)**	**8,045**	**7,801**	**(244)**	**28,514**	**28,525**	**11**
Non-Operating Expenditure	(1,843)	(1,833)	10	(9,217)	(9,203)	14	(22,122)	(22,110)	12
Technical Adjustments	18	24	6	90	86	(4)	208	186	(22)
DH Surplus/(Deficit)	**(334)**	**(450)**	**(115)**	**(1,082)**	**(1,316)**	**(234)**	**6,600**	**6,601**	**1**
Add back STF	*(942)*	*(825)*	*117*	*(4,708)*	*(4,474)*	*234*	*(11,300)*	*(10,949)*	*351*
Adjusted position	***(1,276)***	***(1,274)***	***2***	***(5,791)***	***(5,790)***	***0***	***(4,700)***	***(4,348)***	***352***
Non-recurrent CIPs	*0*	*(28)*	*(28)*	*0*	*(236)*	*(236)*	*0*	*(680)*	*(680)*
Technical Support	*(117)*	*(1,352)*	*(1,235)*	*(667)*	*(2,452)*	*(1,785)*	*(1,600)*	*(4,602)*	*(3,002)*
Underlying position	***(1,393)***	***(2,654)***	***(1,261)***	***(6,457)***	***(8,478)***	***(2,021)***	***(6,300)***	***(9,630)***	***(3,330)***

Year to date performance reported as being in line with underlying [pre-STF] plan. Use of £1.8m contingency & balance sheet flexibility together with timing on use of reserves underpin that position.

Year to date variance from control total plan relates entirely to STF funding loss as a consequence of ED 4hr performance being below trajectory in Q2 to date. Expected non-compliant ED performance through Q2 with 351k loss of STF.

Forecast currently shows that being made good from over-delivery of underlying plan. There is currently no realistic route to achieve that and 'earning back' through Q3 remedy of ED performance to trajectory is not credible.

Finance Report

Outlook – Risks & Opportunities

Period 05 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. £1m of outstanding challenges for P01 & to £2m for each of the following periods.
- CIP plan delivery risk. Workforce consultation launched with indicative £ benefit below target level.
- Trust qualifies for partial STP funding as a consequence of missing financial milestones and operational standards.
- Demand growth drives excess capacity requirement necessarily staffed at premium rate cost and compromises bed reduction CIP plan.
- Recruitment delays and sickness absence continue to drive excessive agency demand
- Community property occupation costs & associated funding transfer from CCG.
- Planned but unconfirmed CRL compromising ability to follow through on full capital programme

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

Finance Report

Income Analysis

Period 05 2016/17

Year to Date Performance Against SLA by Patient Type						
PERFORMANCE UP TO August 2016	**Activity**			**Finance**		
	Planned	**Actual**	**Variance**	**Planned £000**	**Actual £000**	**Variance £000**
Accident and Emergency Attendances	90,804	94,786	3,983	£8,861	£9,320	£459
Renal Dialysis	85	232	147	£10	£29	£18
Community Contacts	244,560	256,274	11,714	£14,556	£14,529	-£27
Day Cases	15,995	18,782	2,786	£13,096	£12,918	-£178
Elective Inpatients	2,788	2,733	-55	£6,707	£6,223	-£484
Emergency Admissions	17,421	17,138	-282	£33,292	£33,049	-£243
Emergency Short Stay Admissions	6,642	5,544	-1,098	£4,444	£3,794	-£651
Maternity Pathways	8,627	8,425	-201	£8,245	£8,065	-£180
Occupied Cot Days	5,937	5,441	-495	£3,040	£2,906	-£134
Other Contract lines	1,381,994	1,497,314	115,320	£38,761	£39,998	£1,237
Outpatients - First Attendance	74,471	76,500	2,030	£10,959	£11,177	£218
Outpatients - Procedures	25,778	25,770	-8	£5,346	£4,783	-£563
Outpatients - Review Attendance	173,287	167,852	-5,435	£13,730	£13,000	-£730
Outpatients - Telephone Consultation	5,155	6,068	912	£118	£126	£8
Unbundled	29,042	29,116	74	£3,914	£3,859	-£55
Excess Bed Days	5,557	6,227	670	£1,334	£1,497	£163
Total				**£166,413**	**£165,272**	**-£1,142**

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

The variance on total Patient Related Income to date is £1,014k adverse.
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 £0.4m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 05 2016/17

Paybill & Workforce

- Total workforce of 6,847 WTE [being 115 WTE below plan] including 262 WTE of agency staff.
- Total pay costs (including agency workers) were £25.2m in August being broadly in line with plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets in Q3. Focus on improvement in recruitment time to fill and effective sickness management.
- The Trust did not comply with new national agency framework guidance for agency suppliers in August. 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 spend 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	(958)	(839)
Other Income	73	250
Medical Pay	(143)	(951)
Nursing	405	791
Other Pay	(211)	(1,323)
Drugs & Consumables	(319)	(973)
Other Costs	1,021	2,801
Interest & Dividends	10	14
IFRIC etc adjustments	6	(4)
Total	(115)	(234)

Pay and Workforce	Current Period	Previous Period	Change in period Value	Change in period %
Pay - total spend	25,167	25,891	(724)	-3%
Pay - substantive	21,438	21,578	(140)	-1%
Pay - agency spend	1,864	1,809	54	3%
Pay - bank (inc. locum) spend	1,865	2,503	(639)	-26%
WTE - total	6,847	6,809	38	1%
WTE - substantive	6,007	5,993	14	0%
WTE - agency	262	244	18	7%
WTE - bank (inc. locum)	579	572	7	1%

Finance Report

CIP achievement

Period 05 2016/17

Year to Date up to Period 5	16/17 In Year Target	In Year Actual and Forecast Delivery												In Year		Full Year Effect		
		Apr Actual 1	May Actual 2	Jun Actual 3	Jul Actual 4	Aug Actual 5	Sep F/Cast 6	Oct F/Cast 7	Nov F/Cast 8	Dec F/Cast 9	Jan F/Cast 10	Feb F/Cast 11	Mar F/Cast 12	16/17 F/Cast	16/17 Variance	16/17 Target	16/17 Schemes	16/17 Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine and Emergency Care	4,494	72	175	158	140	213	189	352	367	359	643	643	643	3,953	(542)	7,617	8,357	740
Surgery A	3,256	3	60	5	56	51	83	123	133	143	179	187	195	1,218	(2,039)	5,519	3,572	(1,947)
Women and Child Health	1,976	60	32	50	162	220	181	188	193	196	213	222	302	2,019	43	3,349	2,864	(484)
Surgery B	1,568	7	5	15	12	12	12	20	28	20	101	101	101	435	(1,134)	2,658	1,682	(975)
Community and Therapies	787	0	0	12	10	18	7	19	19	19	21	21	21	167	(620)	1,334	399	(935)
Pathology	584	47	61	54	57	79	63	67	80	86	93	93	93	872	288	990	1,189	199
Imaging	875	29	100	71	61	63	82	102	105	99	87	99	100	999	124	1,482	1,455	(28)
Sub-Total Clinical Groups	**13,541**	**219**	**433**	**363**	**499**	**656**	**617**	**870**	**924**	**923**	**1,338**	**1,366**	**1,455**	**9,662**	**(3,879)**	**22,949**	**19,518**	**(3,430)**
Strategy and Governance	190	27	27	27	27	27	27	27	27	27	27	27	27	327	137	322	501	179
Finance	202	6	6	6	6	60	19	19	19	19	21	21	21	218	17	342	360	18
Medical Director	238	4	4	55	28	25	25	32	32	32	38	38	38	349	111	404	492	88
Operations	811	36	53	51	71	65	65	83	85	115	115	115	115	970	159	1,304	1,382	78
Workforce	230	20	24	12	19	20	25	55	55	55	55	55	55	450	220	390	654	264
Estates and NHP	419	75	43	53	52	58	61	137	72	72	72	72	72	838	419	710	1,394	684
Corporate Nursing and Facilities	1,154	59	67	41	28	49	49	78	122	133	145	151	161	1,083	(71)	1,886	2,773	887
Sub-Total Corporate	**3,244**	**227**	**224**	**245**	**231**	**304**	**271**	**430**	**411**	**453**	**472**	**478**	**488**	**4,235**	**992**	**5,358**	**7,557**	**2,199**
Central	2,816	246	246	246	246	246	318	318	318	318	318	318	317	3,457	641	3,800	3,457	(343)
DH Surplus/(Deficit)	**19,601**	**692**	**903**	**855**	**977**	**1,206**	**1,206**	**1,618**	**1,653**	**1,693**	**2,128**	**2,162**	**2,261**	**17,354**	**(2,246)**	**32,107**	**30,532**	**(1,575)**

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

Group level forecasts indicate that £17.4m of plans are expected to deliver in the full year 2016/17. This is £2.2m short of the Trust target of £19.6m.

YTD savings delivery of £4.6m being £0.5m behind plan at the end of August.

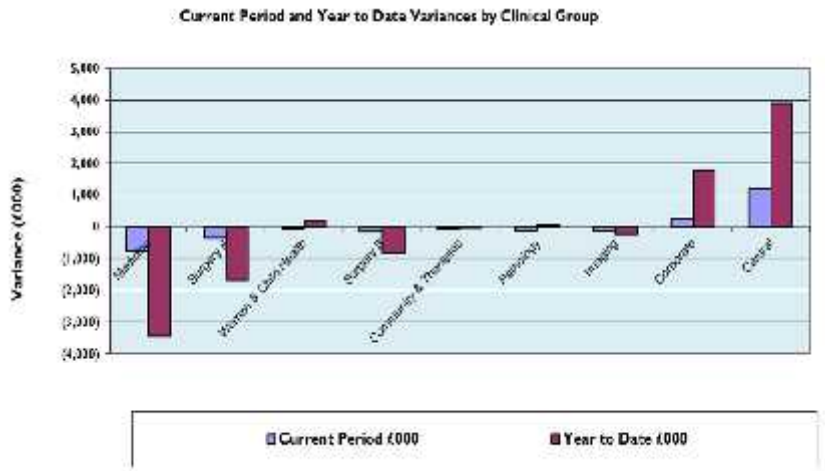
Measurement of success remains delivery of "bottom right" surplus and within that any necessary and sufficient CIPs. Delivery of CIPs to plan is key but not necessarily sufficient to that success.

Finance Report

Group Analysis – Month & YTD

Period 05 2016/17

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(785)	(3,448)
Surgery A	(347)	(1,671)
Women & Child Health	(42)	204
Surgery B	(142)	(828)
Community & Therapies	(41)	(29)
Pathology	(115)	61
Imaging	(114)	(231)
Corporate	264	1,792
Central	1,190	3,908



Performance of Clinical Groups

- **Medicine:** Despite planned over delivery in 2016/17 slippage on TSP schemes, including the ward run rate schemes, which combined with the ongoing use of unfunded capacity, are creating a pay cost pressure.
- **Surgery A:** Key risks are delivery of income to plan and while Demand and Capacity work is forecasting improvement against contract, this is not realised to date. Additional ward capacity and medical vacancies are driving pay cost pressures.
- **Women & Child Health:** Income over performance in maternity P04 not sustained. However, vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, substantive pay has increased as success in qualified recruitment is seen and the growth in birth rates is below the level required in the plan.
- **Surgery B:** Intensive work around Demand and Capacity continues in FY 2016/17. Improvement is still required but scale not yet seen; improvement in day case oral surgery in August encouraging but insufficient in isolation.
- **Community & Therapies**' key issue is resolving the investment levels required in order to deliver the target income levels and securing reduction in charges for community properties. Loss of D47 contract is not reflected in YTD or FY forecast.
- **Pathology:** Lower direct access work together with increased clinical immunology drugs costs offset any benefit of additional testing to TP organisations.
- **Imaging:** The reduction in nuclear medicine together with a deterioration in internally trading activity and Interventional Radiology Drug usage contributed to the net P05 adverse variance.

Corporate Areas

- Pay and non-pay underspends are the main drivers of the variance within corporate. Savings in a number of corporate areas including nursing & facilities, operations and medical director have benefited this group.

Central

- In addition to the £0.2m STF failure the main variance is the phasing in of budgets to match NHSI phased plan year to date.

Finance Report

Capital

Period 05 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	3,266	2,524	(742)	15,390	14,817	14,817	0
Information	2,395	811	(1,584)	7,746	7,996	7,996	0
Medical equipment / Imaging	205	104	(101)	1,950	1,950	1,950	0
Contingency	47	0	(47)	750	1,073	1,073	0
Sub-Total	**5,912**	**3,439**	**(2,473)**	**25,836**	**25,836**	**25,836**	**0**
Technical schemes	1,100	594	(506)	2,640	2,640	2,640	0
Donated assets	30	34	4	77	77	77	0
Total Programme	**7,042**	**4,067**	**(2,975)**	**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 05.
The technical schemes include MES against which £0.5m of items have been capitalised.
In addition to the YTD spend £3.1m of commitments have been made.

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

Finance Report

SOFP

Period 05 2016/17

Sandwell & West Birmingham Hospitals NHS Trust STATEMENT OF FINANCIAL POSITION 2016/17						
	Balance as at 31st March 2016	Balance as at 31st August 2016	TDA Planned Balance as at 31st August 2016	Variance to plan as at 31st August 2016	TDA Plan as at 31st March 2017	Forecast 31st March 2017
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	196,381	194,427	197,999	(3,572)	210,333	210,333
Intangible Assets	386	319	386	(67)	386	386
Trade and Other Receivables	846	11,922	12,348	(426)	44,615	44,615
Current Assets						
Inventories	4,096	4,179	4,139	40	4,139	4,139
Trade and Other Receivables	16,308	24,468	13,707	10,761	13,107	13,107
Cash and Cash Equivalents	27,296	18,672	28,272	(9,600)	23,294	23,294
Current Liabilities						
Trade and Other Payables	(54,144)	(53,053)	(56,157)	3,104	(56,307)	(56,307)
Provisions	(1,472)	(1,355)	(373)	(982)	(370)	(370)
Borrowings	(1,306)	(1,306)	(1,017)	(289)	(1,017)	(1,017)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,095)	(3,027)	(3,938)	911	(3,683)	(3,683)
Borrowings	(25,591)	(25,536)	(25,381)	(155)	(24,681)	(24,681)
DH Capital Loan	0	0	0	0	0	0
	159,705	**169,710**	**169,985**	**(275)**	**209,816**	**209,816**
Financed By						
Taxpayers Equity						
Public Dividend Capital	161,710	173,110	173,094	16	205,361	205,361
Retained Earnings reserve	(17,993)	(19,389)	(19,117)	(272)	(11,553)	(11,553)
Revaluation Reserve	6,930	6,931	6,950	(19)	6,950	6,950
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	159,705	**169,710**	**169,985**	**(275)**	**209,816**	**209,816**

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

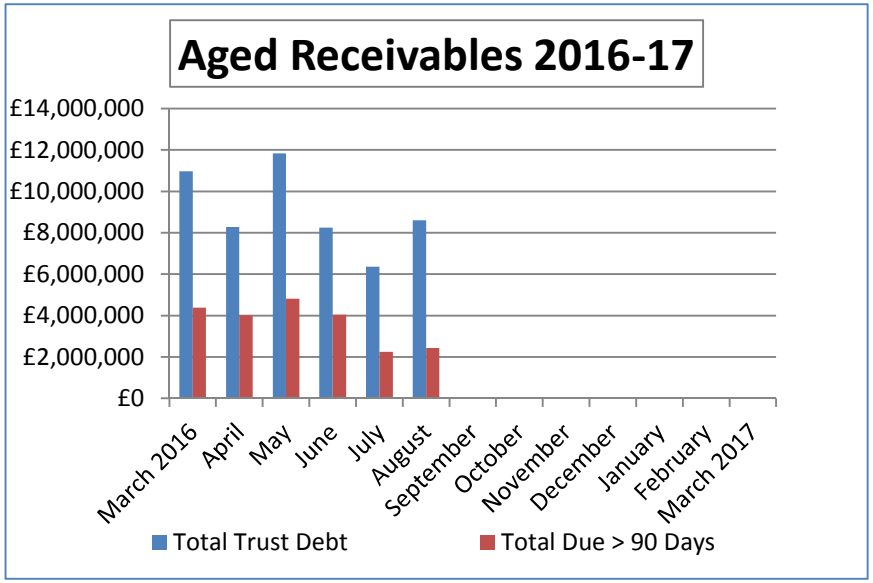
Variance from plan for cash is due to timing differences in receipt of £1.6m re STF payments, £2.0m education funding and £6.0m of net working capital payments.

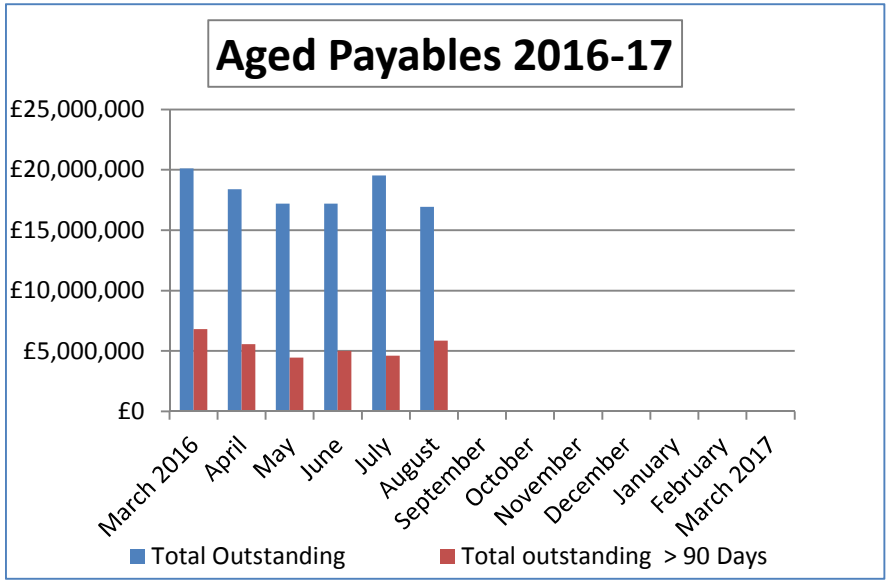
The Receivables variance from plan is predominantly related to accruals for NHS contract income. A task & finish plan to resolve significant outstanding receivables & payables issues is in progress. With view to close out end Q2.

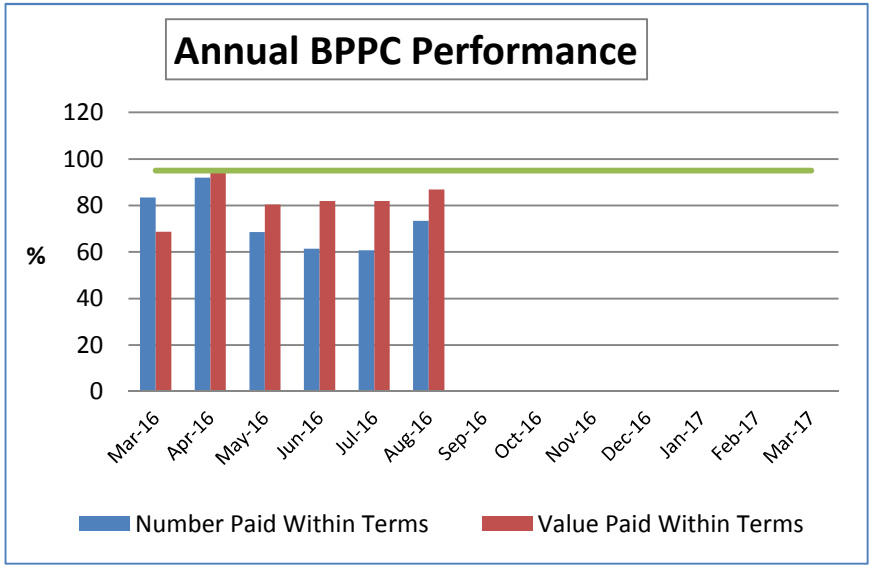
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 5 2016/17







Note

- The August debt position shows an increase in overall debt, this is predominantly due to invoices raised to Public Health England for the year to date and large invoices raised in August that were not settled in month for NHS England and Sandwell MBC. The 90 Day debt is showing a small increase and continues to be predominantly represented by Non NHS and Local Government Customers that are under discussion at Executive Level for resolution in 2016-17.
- The overall Payables position has reduced during August as the Trust continues to manage cash pressures and retain BPPC performance. The overall level of over 90 days liability increased as further NHS invoices remain unpaid. Negotiation at Executive Level will be required to resolve in 2016-17
- BPPC is below target of 95% by volume and value. This is the subject of focussed process improvement work with finance and procurement teams through 2016/17

Finance Report

Financial Plan 2016.17 - overview

Period 05 2016/17

-£(7.0)m	**Original plan deficit as submitted April 2016 to NHSI**	**The trust submitted a £(7.0)m deficit financial plan to NHSI. This plan reflected the significant underlying deficit on exiting 2015.16, a realistic view of CIP achievability and made some modest allowance for the costs of change & restructuring.**
-£(4.7)m	Revised plan deficit pre STF funding – 'underlying plan'	**Planned care income was set to both recover the under-delivery experienced in 2015.16 and to over perform against expected contracts through the repatriation of activity.**
+£6.6m	Agreed control total surplus including £11.3m STF funding	**A revised plan deficit of £4.7m is plausible. This reflects the impact of final agreed contracts (+£0.9m) and non-recurrent application of double running cost funding for capital expenditure (+£1.6m). The trust has received and accepted a control total for 2016.17 with NHSI. The application of STF funding provides a route back to surplus. The control total surplus of £6.6m essentially requires the trust to deliver a maximum in year deficit of £(4.7)m before STF funding**
+£ 4.3m	LTFM surplus consistent with medium term financial plan	**The challenge is to improve on that plan in 2016.17 and to remedy back to LTFM plan by the end of 2017.18. A supporting programme to re-float cash and liquidity is underpinned by prospective asset disposals. This means exiting 2016.17 in underlying financial balance and having restored the RCRH reserve which underpins the MMH unitary payment.**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Capital programme 2016.17**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Chris Archer – Associate Director of Finance**
DATE OF MEETING:	**6 October 2016**

EXECUTIVE SUMMARY:

This report provides an update on the capital programme for 2016.17 and indicative requirements for 2017.18.

The attached schedule sets out at scheme level detail progress to date and responsible person indicated intent for the remainder of this year. Plan 2016.17 is the extant approved capital plan.

A relevant context for consideration of this paper is the national position on capital resources.
This indicates an intended level of capex across NHS providers which significantly exceeds likely available resources. Accordingly, there is pressure to under-spend against local capital plans.
Whilst no specific target has been requested of the trust to date an under-spend of £3m-£4m would represent a reasonable assessment of potential ask.
There is currently no identified route to such an under-spend which has been considered and assured as not detrimental to delivery of strategic plans.

This national concern as to capital affordability manifests itself as trusts being required to seek specific additional CRL approval for any capex above that generated through depreciation. For this trust that means securing specific approval for £14m of the extant £28m programme. Arguably, for the trust that is covered by the approvals granted for Midland Met [ref retained estate], MES and EPR. The trust is, however, required to make such an application to NHSI and that is in hand.

The capital programme is, with the exception of MES, BTC & Midland Met, represented by expenditure funded directly by internally generated resources and cash balances. The finance report and risk register draw attention to the requirement to generate P&L surpluses and to remedy cash balances to enable that. This is a cause for concern and management attention.

The indicative 'bottom up' revised programme for 2017.18 shows an overdrawn contingency. This means that current proposals go beyond the capex set out in the trust medium term financial plan.
This is subject to review such that capex plans align to affordable resources without compromise to the delivery of key strategic objectives.

REPORT RECOMMENDATION:

The Board is recommended to note the report and to REQUIRE those actions necessary to secure an affordable capital programme consistent with the delivery of key strategic objectives.

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

Sandwell & West Birmingham Hospitals NHS Trust

Year to date August 2016/17	Revised Plan 16/17 £000's	YTD Plan £000's	YTD Actuals £000's	YTD Variance £000's	Outlook 2016.17 Committed £000's	Outlook 2016.17 Intent £000's	Outlook 2016.17 Outlook £000's	Outlook 2016.17 Variance £000's	Revised Plan 17/18 £000's
CAPITAL PROGRAMME									
	July 16				Forecast: updated Aug 16				
ESTATES									
Capitalised salaries	500	208	211	2	0	289	500	0	500
MMH project costs	1,700	705	625	(80)	198	877	1,700	0	1,818
Medical Education Centre: Design , Development Enabling Works	0	0	0	0	0	150	150	150	0
MMH Utilities	1,400	0	718	718	0	628	1,347	(53)	0
Retained estate - Sandwell maternity	400	100	198	98	64	99	361	(39)	0
Sandwell electrical works #2	800	400	52	(348)	5	744	800	0	0
City - Sheldon block- DRICC - Intermediate Care	900	200	15	(185)	4	881	900	0	0
City - Sheldon block- DRICC - Cardiac Rehab	350	350	18	(332)	360	(78)	300	(50)	0
City - Sheldon block- DRICC - Bechets £200k 16/17- Phase 1	200	0	0	0	0	200	200	0	0
City - Sheldon block- DRICC - Therapies	0	0	0	0	0	0	0	0	500
Medical records relocation from SGH to City CPU	27	27	3	(24)	0	24	27	0	0
STC - Pathology Enabling Works	250	30	0	(30)	10	240	250	0	0
STC - Medical Illustration	200	175	1	(174)	103	97	200	0	0
STC - OPD1	1,435	285	67	(218)	104	1,264	1,435	0	65
STC - OPD2	1,435	0	2	2	45	88	135	(1,300)	65
STC - OPD5	550	5	4	(1)	23	523	550	0	0
STC Project Phase 2 - Including (Pathology, OPD 3,4,6,7 & Main Enterance, Theatres)	0	0	0	0	0	0	0	0	9,000
STC Project Phase 3: U Care & GUM & Int Care & Therapies	0	0	0	0	0	0	0	0	0
City - Infrastructure & Utilities Services Works for Retained Estate	2,250	150	133	(17)	243	1,874	2,250	0	2,000
City - secure outline planning permission	750	365	245	(120)	241	264	750	0	0
SGH pharmacy aseptic suite	520	65	0	(65)	0	0	0	(520)	0
Group TSP schemes	400	50	6	(44)	11	383	400	0	0
City - Sheldon block- DRICC - Bechets £200k 18/19- Phase 2	0	0	0	0	0	0	0	0	0
Statutory standards- 16/17	750	150	227	77	316	208	750	0	0
Statutory standards- 17/18	0	0	0	0	0	0	0	0	600
Statutory standards- 18/19	0	0	0	0	0	0	0	0	0
Statutory standards- 19/20	0	0	0	0	0	0	0	0	0
Statutory standards- 20/21	0	0	0	0	0	0	0	0	0
Land remediation (Grove Lane site)	0	0	0	0	0	(0)		0	0
Sandwell electrical works #1	0	0	0	0	0	0		0	0
Estates contingency for redeployment	0	0	0	0	0	5	5	5	0
SGH Main Entrance	0	0	0	0	0	730	730	730	0
Day nursery Sandwell	0	0	0	0	0	70	70	70	0
s278 MMH related	0	0	0	0	0	2,175	2,175	2,175	0
s106 related	0	0	0	0	0	0	0	0	0
				0		0		0	
Other schemes	0	0		0		0		0	0
				0					
TOTAL ESTATES	**14,817**	**3,266**	**2,524**	**(742)**	**1,725**	**11,734**	**15,984**	**1,167**	**14,548**

Year to date August 2016/17	Revised Plan 16/17 £000's	YTD Plan £000's	YTD Actuals £000's	YTD Variance £000's	Outlook 2016.17 Committed £000's	Outlook 2016.17 Intent £000's	Outlook 2016.17 Outlook £000's	Outlook 2016.17 Variance £000's	Revised Plan 17/18 £000's
IM&T									
Clinical wrap - Trust implementation	1,571	353	77	(276)	450	990	1,517	(54)	2,567
Clinical wrap - Cerner	1,816	178	0	(178)	0	1,870	1,870	55	4,570
PAS replacement	0	0	0	0	0	0	0	0	0
Network stabilisation	607	551	163	(388)	412	32	607	0	0
Speech recognition	1,250	711	275	(437)	117	858	1,250	0	65
Electronic Records & Document Management	558	90	10	(80)	1	310	321	(237)	998
Bleep Replacment	200	200	0	(200)	0	200	200	0	0
IVOR Replacment	200	0	0	0	0	200	200	0	0
ACD Replacment	200	0	0	0	0	200	200	0	0
Windows 7 RollOut	209	141	67	(74)	57	145	269	60	0
Medical devices and mobility interfaces	60	0	0	0	0	60	60	0	340
Windows Server 2012 RollOut	200	60	0	(60)	56	144	200	0	0
SAN Migration	100	30	0	(30)	0	100	100	0	0
VOIP Deployment	215	0	0	0	0	215	215	0	0
Videoconferencing	150	0	0	0	0	0	0	(150)	0
MMH networking / telephony	0	0	0	0	0	0	0	0	500
Replace / upgrade data centres (Ph2)	100	30	45	15	54	1	100	0	100
Skype Consultations	0	0	0	0	0	0	0	0	50
Integration portal	0	0	0	0	0	0	0	0	0
Decommissioning disposed estate	0	0	0	0	0	0	0	0	0
Network reconfiguration	0	0	0	0	0	0	0	0	200
Community Mobile Working	50	0	43	43	0	157	200	150	200
Replace WAN	110	50	0	(50)	0	0	0	(110)	0
Non-Retained EstateInvestment to vacate Telecom & Data Centre	0	0	0	0	0	0	0	0	0
IM&T routine investment	0	0	0	0	0	0		0	0
Integration portal	0	0	0	0	0	0		0	0
Decommissioning disposed estate	0	0	0	0	0	0		0	0
Clinical mobile devices	0	0	0	0	0	0		0	0
Development of PACS / CDA	0	0	0	0	0	0		0	0
IT Hardware Upgrade (PCs, Laptops, Tablets)	400	0	131	131	0	529	660	260	400
						0		0	
Other schemes	0	0		0		0		0	0
						0			
TOTAL IM&T	**7,996**	**2,395**	**811**	**(1,584)**	**1,148**	**6,011**	**7,969**	**(26)**	**9,990**
EQUIPMENT									
Medical equipment Routine Replacement 16/17	1,500	155	91	(64)	202	1,207	1,500	0	0
Imaging PACS workstations	400	0	0	0	0	400	400	0	0
CQC	50	50	13	(37)	16	21	50	0	0
Medical equipment Routine Replacement 17/18	0	0	0	0	0	0	0	0	2,376
Medical equipment Routine Replacement 18/19	0	0	0	0	0	0	0	0	0
Medical equipment Routine Replacement 19/20	0	0	0	0	0	0	0	0	0
Medical equipment Routine Replacement 20/21	0	0	0	0	0	0	0	0	0
MMH enabling (group 2/3 items)	0	0	0	0	0	0	0	0	500
MMH design	0	0	0	0	0	0	0	0	1,355
Pathology robot	0	0	0	0	0	216	216	216	
Equipment gap (excluded)	0	0	0	0	0	0	0	0	
						0		0	
Other schemes	0	0		0		0		0	
TOTAL EQUIPMENT	**1,950**	**205**	**104**	**(101)**	**218**	**1,844**	**2,166**	**216**	**4,231**

Year to date August 2016/17	Revised Plan 16/17 £000's	YTD Plan £000's	YTD Actuals £000's	YTD Variance £000's	Outlook 2016.17 Committed £000's	Outlook 2016.17 Intent £000's	Outlook 2016.17 Outlook £000's	Outlook 2016.17 Variance £000's	Revised Plan 17/18 £000's
CONTINGENCY									
Contingency / indexation	112	47	0	(47)	0	112	112	0	309
EPR slippage	388	0	0	0	0	0		(388)	(1,178)
Electronic Records & Doc Man slippage	573	0	0	0	0	0		(573)	(573)
NHS schemes indexation	0	0	0	0	0	0		0	0
						0		0	
Other schemes	0	0		0		0		0	0
TOTAL CONTINGENCY	**1,073**	**47**	**0**	**(47)**	**0**	**112**	**112**	**(961)**	**(1,442)**
TOTAL MAIN PROGRAMME	**25,836**	**5,912**	**3,439**	**(2,473)**	**3,091**	**19,701**	**26,231**	**395**	**27,327**
DONATED ASSETS									
Charitable Funds Utilisation	77	30	34	4	0	43	77	0	78
Donated assets indexation	0	0	0	0	0	0		0	0
						0		0	
Other schemes	0	0		0		0		0	0
TOTAL DONATED ASSETS	**77**	**30**	**34**	**4**	**0**	**43**	**77**	**0**	**78**
TECHNICAL SCHEMES									
BTC Lifecycle Capitalised- IFRIC 12	105	44	44	0	0	61	105	0	755
MES Lifecycle Capitalised- IFRIC 12	2,535	1,056	550	(506)	0	1,985	2,535	0	9,273
MMH PDC Drawdown	0	0	0	0	0	0		0	0
MMH PDC Drawdown - slippage	0	0	0	0	0	0		0	0
MMH Building Asset	0	0	0	0	0	0		0	0
						0		0	
Other schemes	0	0		0		0		0	0
TOTAL TECHNICAL SCHEMES	**2,640**	**1,100**	**594**	**(506)**	**0**	**2,046**	**2,640**	**0**	**10,028**
GRAND TOTAL EXPENDITURE	**28,553**	**7,042**	**4,067**	**(2,975)**	**3,091**	**21,790**	**28,948**	**395**	**37,433**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Community Children's Caseloads
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington
AUTHOR:	Elaine Newell
DATE OF MEETING:	6th October 2016

EXECUTIVE SUMMARY:

Within Children's therapy services three tools are currently used to manage caseloads. These have been in place for a considerable period of time and are used by staff members in prioritising and managing caseload allocation and assessing the outcome of interventions. Dudley continues to pilot the Balance System. It is too early to know if this tool is successful & would provide a better system than that currently utilised by the therapies team, or whether this would translate appropriately for acute paediatrics.
There are currently no validated tools for use in caseload management within acute paediatrics, health visiting or midwifery.

REPORT RECOMMENDATION:

Await the outcome of the Balance system within Dudley Group prior to giving consideration regarding whether this can be effectively utilised within SWBH.

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:

PREVIOUS CONSIDERATION:

Annual priority update: Tackling Community Childrens caseloads. Update Sept 16

Priority for 2015-16	How were we performing at the start of 2015/16?	Where do we need to get to?
Tackling caseload management in community teams	• **Successful implementation of new IT tools to make caseload management more visible and part of our management of performance**	• **All nursing caseloads (at team level) reduced to median in Black Country** • **Patient contact time increased by 10% among district nurses, health visitors and midwives**

1. **Update**

W&CH community teams delivered a detailed presentation to the Quality and Safety Committee regarding achievements and future vision within Maternity and Childrens Teams.

2. Dependency tools

2.1 Community Children's Therapies

Within Childrens therapy services three tools are currently used to manage caseloads. These have been in place for a considerable period of time and are used by staff members in prioritising and managing caseload allocation:

1. Dependency Tool

Caseload weighting tool based on regional model. The tool looks at the severity of impairment, the consequence of impairment (level of intervention/support to function within home environments) & the outcome of intervention in effecting a change.

2. Activity Formula

A Local tool that calculates clinical availability per clinician, dependent upon their grade & any additional responsibilities. Each clinician is therefore aware of their target number of patient contacts per month. Clinical contacts are monitored with each clinician during monthly supervision sessions. Team Leaders meet with Dan Stott, contracts department quarterly to monitor actual activity against commissioned activity.

3. School Allocation Formula

The most effective and cost efficient way to see the majority of children is within school - it helps to get the targets embedded in the school day and it also means the child doesn't lose any school days.

We have liaised with Leeds SLT service (who are recommended by RCSLT as an outstanding service) and also with Kevin Rowland about how to deliver our service in a more structured and efficient way.

Each school in Sandwell (primary and secondary) has a named SLT.

A formula has been devised which takes into account the size of the school (in terms of the number of children on the roll), the percentage of those children known to SLT already and the percentage of children in the school who are eligible for the deprivation pupil premium. All primary schools are

scored against these 3 elements and ranked and the number of school days they are offered a year are then worked out accordingly.

The information is shared with all of the primary schools so that the system is open and transparent.

2.2 Community Children's Nursing team

2.2 Community Children's Nursing team

There are 3 teams in community children's:

1. **Special Educational Needs Team (SENT)**

   This team support children with Special Educational Needs.

   Caseload: There are 3 special schools within Sandwell (Orchard, Meadows & Westminster. 2 Focused Provision Schools (Crockett's Lane & St Michaels High School). The team also cover children with complex medical needs within mainstream schools (example – Epilepsy nurse specialist – trains school staff/parents & care plans for use in school)

2. **Complex Care Team (including continuing & palliative care).**

   The continuing care and palliative care team are individual packages of care directly funded by the CCG with staff recruited to deliver prescribed care within community setting (child's home & school).

CCN –Short Intervention & Chronic Care Team (SICC)

Caseload: Children with chronic long term conditions (oncology/o2 dependent) short intervention (reduce hospital stay). This service is not task orientated, it is holistic and based on developing relationships, confidence & education of children and their families to manage their condition at home; therefore the acute Gel tool is not appropriate. *'Children are not little adults' (2008)* The acute cases are prioritised and accommodated around regular planned visits for the chronic children.

The 3 teams give an idea of different functions of the CCN's role. However they do function as one team & this allows for flexibility when there are capacity issues (sickness/vacancies).

Example 1: if a child's NG tube comes out & that child lives close to one of the special schools it may be more cost & time effective for one of the SENT team to attend the home visit. Calls go into & are co-ordinated via the community office.

Example 2: At end of life the SICC team will support the complex care – palliative team.

2.3 Health Visiting

Caseloads are determined by the number of babies / under 5's within the area – there is currently no recognised dependency / productivity tools and KPI's are focussed around nationally driven mandated contacts. Recent recruitment campaigns have proved successful and the majority of vacancies have now been filled.

2.4 Community Midwifery

Caseloads are determined by the number of antenatal bookings / births within the area covered – there are currently no recognised dependency / productivity tools. Recruitment remains a major concern within this specialty group. The Community Midwifery Review Project remains key to enabling improvements in collaborative working and increased direct patient contact.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Equality & Inclusion – A more diverse leadership at SWBH
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby – Director of Organisation Development
AUTHOR:	Raffaela Goodby – Director of Organisation Development
DATE OF MEETING:	6th October 2016

EXECUTIVE SUMMARY:

The Director of OD commissioned an independent piece of research on SWBH's progress on equality and inclusion – the outcome and recommendations are included in this report. The research was to take an 'outside' view on how we are doing as a Trust on diversity, with a particular ask to identify key actions needed to increase the number of staff with protected characteristics occupying senior management positions in SWBH.

The 8 recommendations will form the basis of our approach to Equality and Inclusion over the coming 3 years, and be measured through the Public Health Plan 17-20 when it is developed this winter. This work will be led by the Director of OD who is bringing together a team to support the delivery of these objectives. The Chief Nurse will sponsor from a professional and patient focussed perspective.

The priority is to put in place mechanisms that change the diversity breakdown of our senior management within 2 years. The board are invited to discuss the data points for identifying success – and explore whether we want to take a more affirmative discrimination approach in the future, if the recommendations detailed in this paper do not have the desired impact.

REPORT RECOMMENDATION:

- Discuss the 8 recommendations contained within the report
- Discuss the data points and time frames
- Commit to executive and non executive sponsorship as per recommendations
- Accept a future plan to endorse on diversity and inclusion.

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

Contributes to all.

PREVIOUS CONSIDERATION:

August Public Trust Board

Public Health Plan 2014-2017 – 9 Diversity Pledges

Public Health Plan Diversity Pledge	Detail of objective	Summary of position 28th September 2016
1. The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Work is ongoing with the overseeing of the analysis of training requests and training funds, this was completed in December 2014. A comparative exercise will be undertaken in regard to overall band staff profile. A draft should be completed in time for the annual declaration.	This has been met. Full and regular analysis taken to the Education, learning and Development Committee. The statistics for 2015/16 were approved by June 16 Public Trust Board. There were no causes for concern in the data and it demonstrated that equal access was being given to colleagues with protected characteristics. The analysis was also reported as part of the WRES return to NHSE This will be reviewed regularly to ensure the position does not change and Trust Board level oversight remains.
2. The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	This objective has been met. The Board have undertaken two development sessions so far in inclusion and diversity – which have taken place during the Board Informal time together. In April 2016 Ellie Barnes OBE delivered a developmental session on LGBT issues to the board. This has informed the development of the employee networks, the approach to Trans issues and the language and communications used by the Trust. Ellie has also made connections between SWBH and Birmingham LGBT. Both executive and non executive board colleagues have attended relevant events, e.g the CCG Equality Awards and the ENEI House of Lords Event.
3. We would undertake an EDS2 self-assessment for every single directorate in the Trust. Almost all directorates	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee.	This objective will be met by November 2016 but in an amended form. EDS2 has been achieved in full in 11 directorates across the Trust. The bottom

have submitted to post a draft for review.		up directorate approach was a 'one off ' in order to generate detailed feedback from clinical groups on the actions needed in their area. This approach has had limited success as local managers have struggled to engage with the concept. However, some groups such as Communities and Therapies have used the EDS2 process to shape their approach to patients and staff with protected characteristics. In order to 'close' this objective, the Trust Equality and Inclusion officer will generate an EDS2 evaluation for the whole Trust during November 2016, based on evidence collated and agreed through the local interest group to date. This will build on the detail available from the clinical groups, and make recommendations based on the data. These recommendations will contribute to the Trust's Equality and Inclusion Plan (as part of the Public Health Plan) for 2017-2020
4. Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS. From July 2016 the kiosks will automatically update in to CDA and IPM.	This objective will be met and closed during October 2016. At the time of writing this report the Outpatient kiosks element remains an outstanding action to be implemented. During April 216 OD developed and included a Diversity Questionnaire in the annual governance declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. The results of this are overdue due to operational issues within the corporate team, but will be available during early October for analysis and to set the 'baseline' for the 2017-2020 Equality and Inclusion programme of work. There has been an 80% response rate, generating rich data for the The Trust has taken part in the National Workforce Race Equality Standard (WRES) survey requested by NHSE and the report is now displayed on the SWBH Trust website. This reported on the protected characteristics statistics that are known from ESR, including access to training and impact on key HR

		processes such as grievances and dignity at work issues. The annual WRES will remain in the ongoing E&I programme of work.
5. Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first 'positioning' campaign.	This objective has been met in full to date **February 2016** Deaf Awareness Campaign **March 2016** Mutual Respect and Guidance campaign onwards. **March 2016** Gender Equality **May** LGBT Pride celebrations **June** Launch of Ramadan and awareness raising of Islam Dementia & Older People – Rowley Regis Garden Party Attended Houses of Parliament with Staffside invited by Employers Network for Equality & Inclusion. Only NHS Trust to invite local TU partners. Celebrating our EU staff post referendum **July** - Eid Celebration in Anne Gibson Board Room attended by board members and non executives. **August** National Apprenticeship Week (Age) Live and Work Homeless Project Campaign (Age) **September** Eye Health Campaign (Disability) **Plan for next 12 months attached in appendix 1**
6. Add into our portfolio of leadership development	Raffaela Goodby will determine how we move ahead with an	This objective has been partly met and will be completed in January 2017. Diagnostic phase of leadership programme taking place July / August /

activities a series of structured programmes for people with PC	unambiguous programme which will certainly include a specific BME leadership offer.	September 2016 with independent one to one conversations, focus groups, i drop in roadshows and communications. This has generated a detailed and robust report with recommendations for the E&I agenda for the next two years, this report has not been included here. Hay Group have now put together a proposal for the Equality & Inclusion development programme. Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. The proposed programme outline and structure is attached in Appendix 2. Consideration will also be given to national programmes, such as the NHS Leadership Academy 'Ready Now' programme. The Director of OD will also make an up to date assessment on access to national programmes such as Nye Bevan, Elizabeth Garrett and the diversity breakdown of applicants to these programmes.
7. We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	This objective has been met in full. The following HR policies were reviewed by an independent external reviewer. • Dignity At Work – Due for renewal August 16 • Grievance and Disputes Policy – Due for renewal August 16 • Recruitment and Selection Procedure - Due for renewal November 18 The recommendations and actions being taken are detailed in appendix 3.
8. With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	This objective has been met in part. This Research phase with Hay Group was successful in identifying colleagues who were willing to be involved in setting up Staff Network Groups. These

emerging LGBT group]		groups will have an executive sponsor and will be launched during Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby BME Employee Network – Executive Sponsor Toby Lewis Disability Awareness Employee Network – Executive Sponsor Colin Ovington At each launch event there will be a key speaker, and the opportunity for colleagues to put themselves forward as Network Chair and Network Vice Chair. The chairs will then work with the executive sponsors to shape the activities of the staff network for the coming 12-24 months. Each group will have a small operational budget to host events and interventions, and be supported by the Equality and Inclusion Officer and HR Business Partner for E&I.
9. Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	This objective has not yet been met. The successful achievement of this objective will be predicated on the successful completion of objectives 6 and 8. We will use the qualitative and quantitative data from the various surveys and reports and a communications campaign developed to support the leadership programme. The pictorial representation will be completed during October 2016 when the results of the governance survey are available.

SWBTB (10-16) 116(a)

KORN FERRY | HayGroup

Diverse Leadership Project - "SO" Overview Report

August 2016

Sandwell and West Birmingham Hospitals NHS Trust

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Executive Summary

Sandwell and West Birmingham Hospital Trust's ultimate ambition is to become the best integrated care organisation in England, and to do that it needs a leadership group which is diverse, talented and representative of the people it serves. In order to understand how the Trust is progressing towards this objective, and appreciate the existing framework in which they operate, we have undertaken a review of the Trust's context, policies, strategies and guidance. We have also gained insight into the perception of diverse leadership from the employee body through a series of focus groups, written feedback and interviews.

From the desk based review of existing policies and plans, it is apparent that the Trust has very clear ambitions related to increasing diversity in its leadership, and has started to make steps towards improving the current situation. Some strong initiatives have been put in place, and the Chief Executive has made the agenda a priority for his Executive team, who are genuinely invested in making this a success.

However, there appears to be some disconnect between the intended impact of the policies and strategies in place, and what staff actually perceive and experience throughout the Trust. Members of the Executive Team do not all feel they possess sufficient skills or knowledge to lead this agenda, and additionally, the visibility and impact of existing campaigns and initiatives is not as high as it could be. As such, the staff are not completely aware - or if they are aware do not fully believe that the Executive and Leadership group are fully committed to progressing the cause. It emerged that further support for both individual executives and the senior management team and board collectively might be required to support them achieve their goals.

Some of the concerns raised among the staff included: that the existing culture does not encourage people to speak up; current talent management initiatives, recruitment and selection processes do not represent best practice; that more could be done to support certain workforce groups; and there is a strong perception across the Trust that opportunities are significantly dependent on informal, personal networks based on cliques and favouritism. Additionally, staff expressed concern about experiences of bullying and discrimination, the apparent disregard or tolerance of such behaviours, and poor satisfaction with the handling processes for such complaints.

That being said, we recognise that the Trust is taking a broad range of positive initiatives towards addressing the lack of diversity in leadership, and with an increased awareness and belief in policies and initiatives, should be making clear progress towards their ambition. Many of the findings relate to the lack of impact or visibility that existing initiatives are having, and do not reflect the lack of effort on behalf of the Chief Executive and some members of the wider senior leadership team to address the topic.

The “Recommendations” section of this report outlines in detail the six key areas of existing talent management and leadership diversity practice which we believe could be addressed. In summary, they are:

- Increase recognition and knowledge of the value of diversity within the manager population
- Improve the culture of “not speaking up” which currently exists in the Trust
- Improve and invest in diversity and talent management initiatives, including access to training and development opportunities, which more fully meet the Trust’s objectives
- Review (and redesign if necessary), recruitment and selection processes which enable individuals to succeed and progress, regardless of background
- Disband cliques and remove culture of favouritism across the Trust and its management
- Address organisational inequities and increase the support provided to groups and individuals based on needs

In order to develop these findings, we have gained and assimilated context from a range of sources, which is presented in the following sections:

- The SWBH context and Workforce Profile
- The Trust’s strategic ambitions
- Current Trust initiatives and actions
- How the Trust is currently developing leadership talent?
- Observations on the Trust’s stance and current performance against these frameworks
- Observations and insight from individual interviews with a range of staff, focus groups and Executive Team interviews

We conclude with detailed explanation surrounding the six key findings noted above, and have also included suggestions of some practical next steps that the Trust could take, which are found in Section 8.2.

This condensed overview forms part of the as-is report produced by Korn Ferry Hay Group as part of the Diverse Leadership Project. It is designed to provide an overview of the purpose and findings of this work, as well as outline potential next steps. All other research, content, observations and discussion can be found in the full report.

Next Steps

Recommendations and Next Steps

Discussion of Recommendations

Drawing on the analysis and observations from the interviews, focus groups and desk-based research, we have outlined six key areas of existing talent management and leadership diversity practice which need to be addressed. The development of the Diversity Leadership programme will be informed by these recommendations. Our recommendations, which we would like to test with your Executive team, are as follows:

1. Increase recognition and knowledge of diversity management within the manager population, and in turn improve staff belief in Executive commitment to diversity

The Executive possess the desire and ambition to progress equality and diversity across the Trust, and are committed to developing a leadership team and broader management population that is more inclusive and representative. They are undertaking some great initiatives towards this goal, such as extending the “Freedom to Speak” initiatives and their “Mutual Respect and Tolerance campaign”.

However, they do not all believe they have the skills, confidence or knowledge to do this, and are not in complete agreeance as to what good looks like. The Trust is achieving the “basics” of inclusive practice, but the Executive need further support and development to allow the Trust to capitalise more strongly on the diversity of talent available to it.

Additionally, in order to ensure the diversity agenda is given the priority the Executive Team seek, there needs to be a greater awareness and buy-in to its criticality at manager level, to ensure the message is being passed on to staff.

Currently the credibility of the Executive Team’s commitment to the issue is low, and something must be done to address staff’s lack of belief in their leaders’ motivations. Simply stating a commitment to the issue has not been enough to gain buy-in from the wider staff, especially when the board and senior leadership groups do not appear to be diverse enough from staff’s perspectives. There is a need to move towards a greater balance of diversity of all protected characteristics in leadership teams so that staff do not feel there is a ceiling. The continued prioritisation of the diversity agenda through ongoing communications, initiatives and programmes will filter through the organisation and slowly lead to a change in perception from the staff, improving the organisational culture around diversity and inclusivity.

2. Improve the culture of “not speaking up” which currently exists in the Trust

Partly due to the lack of belief in the Executive’s commitment, the existing culture is one in which staff do not have the confidence to report their own stories or concerns, be open about who they are, or challenge the Trust when they see something as being unfair. The Equality Report 2016 states that the Trust’s intention is to *‘give voice’ or* platform to both individuals in senior roles from traditionally excluded backgrounds, and to issues faced by those with protected characteristics’, but the existing culture is not one in which staff feel comfortable having a voice.

Initiatives such as the “Cultural Ambassadors” programme for BME staff, which was designed to ensure employees had access to a mentor or supporter, or the “Mutual

Respect and Tolerance Policy", while well-intentioned, have not raised enough of a profile to be successful.

It is clear that staff of the Trust need strong role models that they can relate to, and while the Trust is aware of the importance of this, the culture of fear needs to be addressed before initiatives will be successful.

3. Improve and invest in diversity and talent management initiatives, including access to training and development, which more fully meet the Trust's objectives

The existing practices relating to talent management are mixed, however there is consensus about the fact that the PDR/Appraisal process needs to be improved. The existing E&D training is incomprehensive and optional, as well as allegedly only being accessible online. It was clear that staff and managers felt they could benefit from personal E&D training which incorporated "real-life simulations" and was based on situation rather than policy.

Additionally, while the Trust has committed to invest over £1m a year for training and development, it is important that this money is appropriately targeted and that talent management initiatives are implemented adequately. Concern about the annual timeframe for the planning of distribution of this money, and perceived inequalities of its allocation were both raised. Monetary investment in training and development will not have the desired outcomes if the underlying processes such as PDR, allocation of development opportunities and management support are not suitable and so should be reviewed.

4. Design recruitment and selection processes which enable individuals to succeed and progress, regardless of background

It is clear that there is a need for recruitment and selection processes which are always defensible, and the existing process and practice does not give all potential applicants an equal chance at success. The feeling across the Trust was that these issues are not just around the diversity of candidates applying for roles but inclusivity and opportunities provided once individuals become part of the organisation, such as applying for a promotion. As the Chief Executive has stated, there is a need to develop recruitment practice that is not just compliant, but actively reaches out to under-represented communities and groups.

Achievement of the Trust's 2020 vision 'depends on the skills, talents and teamwork of our workforce', and the EDS2 includes clear objectives for NHS organisations to have both inclusive leadership and a representative and supported workforce. In order to ensure the Trust has the workforce to meet both its own and NHS ambitions, the right recruitment and selection processes will need to be in place that do not strive to achieve compliance, but rather best-practice.

5. Disband cliques and remove culture of favouritism across the Trust and its management

In order for the Trust to become a fairer and more transparent employer for all, it is important that managers understand the need to be open and inclusive with their teams, and are proactive in removing/reducing the prevalence of cliques and favouritism.

While this is partly able to be managed through the improvement of core processes such as recruitment and promotion which may introduce bias, changing the attitude of acceptance towards favouritism and nepotism are vital. By allowing the proliferation of processes that are less than fully transparent or managerial/group cliques, individuals' confidence to pursue their careers or challenge situations is limited.

This leads us to interpret that unintentional favouritism, perhaps due to unconscious bias, is in fact at the root of many individuals' concerns about the fairness of existing processes.

6. Increase the support provided to groups and individuals based on needs

While many of the ways in which individuals experience discrimination are not intentional, there is more that could be done to ensure all are afforded fair opportunities to achieve their potential, rather than just ensuring the same offer is provided for everyone. Staff feel that their development is not valued and efforts are not made to help staff meet their goals. While the £1m investment is a key initiative, care needs to be taken to ensure some groups are not consistently prioritised (such as leaders or high-potentials), and others, such as those with a need for computer or literacy development "left behind".

Many workers, particularly those in lower grades (such as manual workers) should be provided improved opportunities and support in areas such as literacy and computer training. This should include direct access to learning resources, but also increasing awareness of opportunities and requirements within the manager population.

Finally, the Trust has declared as part of its Equality Report 2016 a clear objective:

'[That] the proportion of band 8 and above senior leaders in the Trust with a protected characteristic rises to closely align to the workforce profile and to local demographics over a three-year period. To help achieve this we will ensure that staff at all grades have access to the necessary preparatory training opportunities to help them achieve their career and leadership goals'.

From our findings, The Trust is not currently in a position where staff believe they have equal or fair access to these opportunities, and the Executive and managers do not feel they are fully enabled to deliver progress on the diversity agenda. To ensure the Trust is moving towards achievement of the above goal and other objectives, a leadership programme aimed at increasing not just awareness and knowledge but understanding of diversity will be critical.

In detailing these findings, we have produced Table 7 which includes the timescales and changes required in order to address these recommendations.

Table 7 – Recommendations for Next Steps

Recommendations	Length of time	Change required
Increase recognition and knowledge of diversity management within the manager population, and in turn improve staff belief in Executive commitment to diversity.	Medium-term	Knowledge sharing and increased communications as a first step
Improve the culture of "not speaking up" which currently exists in the Trust	Long-term	Change of culture and attitude across staff body
Improve and invest in diversity and talent management initiatives which more fully meet the Trust's objectives	Short-Medium Term	Practical steps, training and increasing of manager competency
Design recruitment and selection processes which enable individuals to succeed and progress, regardless of background	Short-Term	Practical steps and improved process design
Disband cliques and remove culture of favouritism across the Trust and its management	Long-term	Mind-set shift of managers, staff and leaders and: Amend and/or stop selected procedures and practices and also introduce some new ways of working
Increase the support provided to groups and individuals based on needs	Short-Term and medium term	Financial commitment and compliance monitoring, and refresh /refocus/ develop new initiatives

Practical Next Steps

We have identified a wide range of practical next steps that can be taken in the short and medium term to start to address some of the key themes identified above, as well as discussing the establishment of special interest groups and communications.

These practical steps are based on our knowledge and experience of a range of organisations (not just other NHS Trusts) that demonstrate aspects of excellence or best practice in implementing EDI objectives to benchmark local approaches and performance and to explore opportunities for adapting ideas to suit the Trust's needs and challenges. They should also help inform the Trust's diversity pledges and future actions.

In an ideal world, the Trust would be in a position from which it could put effort into all of these things. However, we recognise that resources are limited and so choices need to be made – so we have identified the one (or two) activity(s) which we would recommend are prioritised. The criteria for that prioritisation is that of impact in the Trust, and supporting the success of the upcoming development programme. The suggested priority item is in **bold.**

1. Increase recognition and knowledge of the value of diversity within the leader/manager population

Develop a series of activities to raise awareness and understanding of the EDI agenda, and the value of diversity among the leadership population. These could include:

1.1 Development of a self-contained new training module which uses an interactive story-telling approach through e-learning or a web based platform. In order to ensure maximum value from this training, it is important that teams are brought together to discuss the content, together with examples of challenging scenarios specific to their area of work. This would increase the relevance to individuals, and give the "in-practice" experience that people need, rather than a tick-box style online training.

1.2 Development of a photo exhibition / poster campaign to celebrate and acknowledge the diversity of staff and role model diverse leadership at different levels. Link images/short story to patient impact and quality of care/service improvement – highlighting the 'added value' that diversity brings to the Trust's operations and services. This needs to be undertaken in conjunction with other initiatives, to ensure it isn't seen as "tokenism" by staff.

1.3 The design and delivery of a managers' development workshop/conference on inclusive leadership, as a way of enabling richer conversations with managers about the Trust's aspirations, what inclusive leadership means and the changes that will be required. This would reflect on key inclusive leadership behaviours and explore how to further develop and enhance these. This could be seen to "kick-start" the Diversity Leadership Programme, and will provide increased awareness of the issue to a wider group than those that will initially participate in the programme itself. This could also feed into the development of the new leadership diversity pledges.

1.4 Define transparent and meaningful objectives/KPIs for the Executive Team related to their awareness, management and promotion of diverse leadership.

2. Improve the culture of "not speaking up" which currently exists in the Trust

The Trust is aware that not everyone feels safe or confident to share their stories and situations. In order to move towards a culture where people feel more able to be open, a number of actions could be taken:

2.1 Run a 'Giving Voice' type campaign, developed and supported by the unions, special interest groups and staff. This should seek to find ways to create practical safe places for people to air their concerns, as well as inform people of places they can already go. It is important that there is a feedback mechanism in place; so if issues arise such as delays in tackling concerns or something being given low priority, individuals feel they can ask why this is the case.

2.2 Disband the Cultural Ambassadors initiative (as it is not well-embedded and staff are generally unaware of it) and replace with 'Buddies'. The main role of these 'Buddies' would be to act as a confidential contact point for those experiencing unfair treatment and to support managers and complainants deal more quickly and flexibly with complaints and concerns (short of formal proceedings). It will be essential to provide clarity of role requirements and training to ensure the posts have the necessary skills in this role. We would recommend the Trust reaches out to Stonewall and the TUC for additional guidance and support.

2.3 Provide employee 'champions' with greater support and clarity around the role. This support needs to enhance their awareness around their potential impact and influence as well as change principles and practice linked to diversity and inclusion. There needs to be a review of 1, time off arrangements to participate in networks and 2, reviewing how managers will receive feedback from the networks both formally and informally e.g. via HR or E&D advisor. A first step would be to facilitate a conversation with current employee champions – what is their view of the role, what has been successful, what needs to change? What support and resources do they require to be effective?

2.4 Review/refresh the 'safe call' service to improve encouragement for staff to more easily and quickly confidentially report concerns or incidents of bullying and harassment to a named person help line (not just by email). The safe call service is very likely understood by most staff to be for whistleblowing on other concerns relating to professional conduct and patient care. Staff may have increased confidence to report unfair treatment related concerns if there are separate arrangements to do so.

2.5 Design and implement mediation and other flexible approaches (using behavioural intervention techniques) to help resolve conflict at early stages and short of formal grievance /disciplinary processes. These approaches could be developed and/or provided with staff interest groups and trade unions. Initiatives may include developing a pool of 'in house' mediators and skills development workshops for managers in alternative ways of dealing with conflict. The 'Buddies' could be incorporated into this part of the process.

2.6 Develop and pilot a programme on how to challenge unacceptable behaviours by/as 'bystanders', with the engagement of Trade unions and staff interest groups. This could form the next stage of the Mutual Respect and Tolerance policy roll out. We suggest a pilot programme which should be aimed initially at managerial grades at ward level. This would provide an ideal location in which to role model desired behaviours to a wide range of staff who 'pass through' daily, e.g. clinical and non-clinical staff, estates staff, and visitors etc.

2.7 Make the Mutual Respect and Guidance policy "real" for people, and gain buy-in from the staff. For example, the physical absence of the "Mutual

Respect and Tolerance" campaign at the City Hospital, while easy rectifiable, needs to be prioritised and given the credence they deserve. A lot of thinking has gone into the development of this initiative, and feedback from the focus groups is that current awareness is not high.

3. Improve and invest in diversity and talent management initiatives including access to training and development, which more fully meet the Trust's objectives

The perceptions that talent management initiatives may not best meet the Trust's objectives, and that access to training and development are not always distributed fairly can be assisted by the following:

3.1 Invest in "Train the Trainer" for the L&D team to ensure EDI is incorporated into all of their practice.

3.2 Collaborate with relevant internal and external partners to develop shared learning resources, to support flexible and self-managed learning.

3.3 Undertake a diversity audit of PDR processes and practices. This idea was commended by several individuals and executives who were interviewed.

3.4 Create a process where all applications for courses must be forwarded and managers should make the case as to why they do not support an individual's application. Create a quick appeals or mediation process if the manager and individual cannot agree.

3.5 Incentivise managers/ supervisors of 'manual workers', encouraging them to develop all their staff through means other than standard training programmes. Create a fund where Frontline managers and supervisors can bid for small amounts to cover the cost of resources, materials and refreshments. Give them access to in-house training resources without challenge; be that a training room space or expertise.

3.6 Develop an initiative that encourages flexible, informal engagement between staff to discover more about each other's jobs and increase understanding and appreciation of what is involved, including the career pathways to and within it. Use real stories and role models. Clearly brand the initiative and encourage engagement in a variety of ways – such as posters with real staff stories, YouTube clips, badges inviting a conversation etc. (a variant of Hello My Name is…). The starter conversations could extend to include other ways of learning about the diversity of roles and opportunities, e.g. invitation to team meetings, informal shadowing or observation etc. Some monitoring of take-up would be necessary to help ensure that certain groups do not get disproportionately or unfairly excluded.

3.7 Establish a few ‘quick win’ cross-working projects on ‘live’ change issues across the Trust. This should actively involve diverse teams and active managerial support. This would reinforce staff engagement and yield a return on investment.

3.8 Create a series of training/development modules for the specialist interest groups aimed at building both capacity and confidence.

3.9 Develop an Inclusive Mentoring scheme – to include training for mentors and mentees. Approved mentors to be drawn from a range of organisations, backgrounds and levels of seniority. Mentees can self–nominate for a place on the scheme.

4. Review (and redesign if necessary), recruitment and selection processes which enable individuals to succeed and progress, regardless of background

4.1 Ensure EDI is included as a key aspect throughout all Recruitment & Selection training, and not just as a session within it. Require those involved in the R&S process to update their skills and knowledge regularly and formally. This should include exploring how personal bias can influence decision making at interviews and what to look for in candidates e.g. that his/her actions or behaviours illustrate awareness and appreciation of ED&me.

4.2 Ensure there is a greater balance and diversity on panels – ensuring staff on the panels can demonstrate to HR that they are self-aware by demonstrating emotional intelligence and an awareness of biases and personal triggers.

4.3 Run CV and interview workshops/clinics with the support of a range of internal and external partners. These should be tailored to the NHS context, and initially rolled out for staff at lower grades. This will assist those who may not have the necessary skills or abilities to (for any number of reasons) produce quality applications or CVs, however may possess the skills to “do the job”.

4.4 Require managers to actively identify talented individuals suitable for promotion or further development when posts become vacant (‘your name has been suggested as someone….’). Safeguards will need to be set up to ensure that process remain fair and open. This requirement could also potentially be linked to contributing evidence of managerial/leadership accountabilities as part of the PDR for managers (evidencing inclusive leadership/promoting & developing staff etc.).

4.5 Monitor and track outcomes of recruitment processes in more detail – especially ‘near-misses’. These individuals should be actively followed up and engaged in development feedback conversations, to ensure they feel valued, and have insight into the reasons behind their lack of success.

4.6 Raise understanding of transferable skills through career pathway development (medium term). Encourage developing talent from one part of the Trust to other parts; for example from security to health care givers.

5. Disband cliques and remove culture of favouritism across the Trust and its management

This particular area will be addressed through the delivery of leadership programmes, providing assistance in the development of managerial skills and competencies that can work to limit this.

5.1 Encourage all senior managers, rather than just the Executive, to go back to the floor regularly. This should at times be unannounced, not a spot check or "checking up" but as a temporary pair of hands drafted in at short notice.

5.2 Support the specialist interest groups to join forces to raise awareness and understanding across the groups.

5.3 Address organisational inequities, for example by providing greater access to information to non-office based or IT-equipped.

5.4 Ensure that processes for promotion and development are not seen to be biased or selected based on favouritism. Developing transparent processes that remove the influence of favouritism is a start to removing the perception of its impact.

6. Increase the support provided to groups and individuals based on needs

6.1 Many individuals from a range of diverse groups could benefit from extra support to help them achieve their potential.

6.2 Establish a specialist advisory service to support disabled staff and managers working with disabled staff. Engage with relevant partners to establish the design and parameters of the service.

6.3 Audit the accessibility training resources, particularly from a disability equality perspective. The audit should include diversity-testing of content, equipment and environment. The audit could be designed and implemented by actively engaging staff from range of interests and experiences.

6.4 Create a basic IT training skills pathway available to all staff at any time (including outside of core hours). The programme should aim to build confidence, and be accessible to all staff wishing to increase their skills. Some of the sessions should be run as bi or multi-lingual, as well as at different skill levels.

6.5 Increase awareness and opportunities for staff to improve basic literacy and numeracy skills. This applies to staff from a range of minority groups or in need of support groups, and would help ensure staff feel their needs are being provided for.

6.6 Provide in partnership with specialist interest groups and L&D, some individual time for individuals. That could be in the form of 'drop ins' for people to discuss how they might want to develop and the provision of information into the opportunities and resources available. These sessions can also provide managers time to discuss how they might develop their teams or individuals. Again, it is important that these spaces are created in and outside of core hours, and that people are released to attend.

6.7 Create a night owl programme allowing managers and staff to gain access to information and people outside of core hours.

7. Setting up Special Interest Groups

As a first step, SWBHT will need to identify which groups of under-represented staff they wish to support through setting up special interest or identity-specific staff groups. We would suggest these initially be for:

- BME staff
- LGBT staff
- Disabled staff including those with long-term health conditions

Initial Stage: Special Interest Group roles and working arrangements

The Executive Team needs to agree a pledge which sets out the overall purpose and aims for the special interest groups. It should also provide terms of reference or similar which gives guidance on who is eligible to join the groups, for groups will only be open to people who identify themselves as BME, LGBT or a person with a disability.

In developing the terms of reference/guidance, the Executive may also wish to consider clarification of the following:

- Who (named member) of the Exec Team will take overall responsibility to make recommendations to the Chief Executive?
- Who (named Executive Team member) will take a lead/joint lead for each group?
- To what extent will the Executive wish to have active, personal engagement with the groups? For example - regular meetings and if so, with whom?
- Will managers at a more local level be required or to meet/consult locally?
- Will the special interest groups be consulted independently alongside/in parallel with the trade unions, or will they be required to be consulted primarily through the trade unions?
- Will representatives be given time off to organise, and undertake their roles? If so - how many representatives and on what basis? Will the staff who are members of the group be given time off to meet, and if so how often and how much time on what basis?

- What (internal) resources will the groups have access to, (for example access to Communications expertise plus basic resources as photocopying, meeting and training rooms etc.)?
- What powers or recognised authority will the groups have, if any (e.g. negotiating rights)?

Establishing the Groups

Once the Executive Team agrees its pledge and the initial scope and terms of reference, there are a number of ways forward to launching the special interest groups. However different strategies and approaches may be appropriate for the different groups rather than a 'one-size fits all'. The final choice will in part depend on considerations such as:

- Extent and nature of current engagement with the Trust in representing the needs and concerns of different staff groups
- Past experiences of engaging with the Trust on relevant issues
- The 'advocacy' skills of current or prospective staff group members
- Levels of trust and confidence in the Trust to respond effectively to issues of concern.

Mini conferences and/or 'drop in' sessions to raise awareness of the Trust's commitment and intent to set up the groups may be a useful starting point. This can also be an efficient way to help to identify a diverse range of staff across grades and disciplines willing to actively participate in promoting the staff groups and developing trust and confidence in the groups amongst prospective members. This participation might, for example, include: engaging with colleagues to gather information on what they (the staff groups) would like to see the groups' aims and services be, for example:

- Campaigning
- Networking
- Educational
- Advocacy
- Social
- Or other purposes?

We would also strongly advise that each special interest group is provided a separate telephone line, email address and mailbox.

This particular area is something about which we would able to have further discussions with you, to help develop how these suggestions could be implemented.

8. Communications

In addition to the above actions linked to the six key themes, there needs to be a continual and increased focus on communications. This would include cascading a strong message of intent from the Executive that instances of conscious or unconscious bullying are unacceptable and will not be tolerated. The message should be that senior managers will work to support managers and leaders to develop skills and confidence to change the existing culture. This may include HR being more proactive in raising awareness of what constitutes good and bad practice and inappropriate behaviour/s, supporting and challenging individuals and being vigorous in critiquing and developing the leadership and management population.

Introducing a regular programme of ‘Speak to the CEO/board members’ events will encourage more direct engagement between senior leaders and the wider staff population. Staff should be allowed the opportunity to put questions forth to their leaders in a variety of ways. It is also important to ensure that communication and engagement approaches do not unfairly exclude certain staff groups from engaging.

Once any next steps are agreed following discussions, communications should be in the form of “*you said… we have done….”* to demonstrate to the staff the actions that have been taken, and increase their belief in leaders’ commitment to act.

The current position of having only one Equality and Diversity Advisor will limit the Trust’s ability to develop positive and proactive communications and initiatives to engage the workforce with this agenda. If there is only to be one resource, it is important that their role is clearly defined and more widely understood by the staff population. A dedicated and ongoing communications resource would not only help to improve impact and visibility of campaigns, it will also demonstrate how seriously the Trust values the agenda.

Together with the actions outlined within the six key themes above and the investment in a dedicated Diversity Leadership programme, this suggested communication should build authenticity and evidence that ‘***everyone, matters***’ in action.

About Korn Ferry

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Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Improving internal communications:
SPONSOR (EXECUTIVE DIRECTOR):	Ruth Wilkin, Director of Communications
AUTHOR:	Ruth Wilkin, Director of Communications
DATE OF MEETING:	6th October 2016

EXECUTIVE SUMMARY:

The Board has previously discussed the audience segmentation work and accompanying internal communications improvement programme. This paper sets out four key face to face improvements that will be implemented over the next four months.

During October we implement a new model of 24/7 communications in four wards from each Group. This aims to test out the best ways to ensure consistent, effective internal communications with front-line colleagues.

REPORT RECOMMENDATION:

Accept the progress report.

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

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

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

Strategic Objective: An effective, engaged organisation, Annual priority: Creating time to talk

PREVIOUS CONSIDERATION:

Improving Internal Communications

Since July 2016, the Board has been informed of the internal communications improvement programme that has included audience segmentation, identifying employee profiles and the action plan to deliver a step change in effective communications.

1 Modelling an effective team-based 24/7 communications programme

During September, we have discussed effective communications with nurse leaders in order to understand how messages reach front-line staff and how the communications team can support improvements.

A ward (or team) based framework has been developed (Appendix A) that has enabled teams to understand what systems they currently have for communications and how effective they are. Four wards will be piloting a new 24/7 communications model from Surgery A/B, Medicine, Women & Child Health and a Community ward.

These wards will begin a four week programme during October. Progress and lessons learned will be shared throughout the four week programme with leaders of other wards / teams.

The programme maps out each face to face meeting that takes place, the lead, the attendees, the frequency, the content and identification of risks and mitigations of effective communications. The face to face meetings for each ward range from shift handovers and “on shift” huddles, to 1:1s, team meetings and a monthly QIHD equivalent opportunity.

The programme will be rolled out to other wards during December.

2 Your Voice relaunch

In October we launch a revised approach to our employee survey, Your Voice. Your Voice surveys staff every six months (previously every quarter) and generates employee engagement scores. Groups have access to detailed information from their employees including the levels of engaged, neutral and disengaged staff. On receipt of the results the communications team and the HR Business Partners will work with each group on an action plan that aims to reduce the number of disengaged staff.

3 Hot Topics attendees

In October our invitation list to the monthly Chief Executive-led team briefing system, Hot Topics, changes to better reflect the Trust’s structure. Team attendance and feedback received from teams following the Hot Topics briefing will be published internally.

4 Focus on line manager offer

From January 2017 we will focus on the offer to line managers following our meetings with different team leaders to understand the support they need to effectively communicate. It is expected that our offer needs to bring together training (in a range of formats), bespoke content that is more easily understood and shared, and content delivering through different media to suit our employee profiles.

5 Establish our evaluation mechanisms

We have set benchmarks, trajectories and KPIs so that we can report regularly on our progress and evaluate how are doing. Evaluation metrics for the 24/7 communications programme are in development with the four wards.

Ward-based communications framework

Staff Profiles

Floor worker	**Floor manager**
Spends 95% of their time delivering care or a service in a consistent location. Limited access to IT systems. *Roles include: Ward based clinicians, Junior doctors, midwives, lab staff, theatre staff, A&E / assessment unit staff*	Manager of floor workers. 60% of time delivering patient care or services. Regular access to Trust IT systems *Roles include: Ward managers, matrons, Theatre managers*

Channel	**Benefits**	**Risks**	**Profile**
Meetings and 1:1s	Direct messaging, opportunities to question and query	Inconsistent across the organisation. Shift workers esp night time workers often get limited opportunities. Messages can get distorted as cascaded	Essential for all but best for Roaming Workers, Floor Workers, Remote Workers
Noticeboards	Clear and direct and can be targeted for different teams / individuals	Not always updated, messaging overload	Floor workers with some use for remote and roaming workers who have a consistent base
Payslips	Reaches everyone at the same time, potential to be explored for targeting to groups of staff	Generic messaging for all employees, so not tailored. Moving to digital	Roaming workers, remote workers and floor workers
Screensavers	At-a-glance information that repeats key messages. Can be seen by staff who walk past shared terminals	No guarantee of messages being seen. Not compatible with all PCs	Floor workers and managers
Technology	Ease of access via personal devices	Potential exclusion of staff who don't have or use smartphones. Risk of internal information to be communicated more widely.	All staff with personal and Trust devices

Proposed framework for face to face

Type of face to face opportunity	Frequency	Led by	Attendees	Content	Risks and how to overcome them
Shift handovers					
"On shift" meetings / huddles					
1:1s					
Ward team meetings					
Visibility / walkabouts					
Other opportunities eg QIHDs?					

Content

- **Ward "must dos" for that day or shift:** *eg safety alerts, patient level information*
- **Ward performance:** *dashboard content, incidents,*
- **Group and directorate information:** *budget setting and performance, business planning, TNA*
- **Trust annual or monthly priorities:** *sickness, 10 out of 10, agency usage, Hot Topics information*
- **Appraisals, performance and development conversations**
- **Trust News** eg: MMH / STC developments, external awards, regulatory performance, new services, service changes taff notices: health and wellbeing support, Trust charity, sustainability, SWBH Benefits, events