Sandwell and West Birmingham Hospitals NHS
NHS Trust

AGENDA

Trust Board – Public Session

Venue: Anne Gibson Board Room, City Hospital

Date: 7 January 2016; 1330h – 1710h

Members attending:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Ms R Wilkin	(RW)	Director of Communications

Board Support

Mr D Whitehouse	(DW)	Head of Corporate Governance

Time	Item	Title	Reference Number	Lead
1330	1.	**Apologies – Mr H Kang**	Verbal	**DW**
	2.	**Declaration of interests** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.*	Verbal	**Chair**
1335h	3.	**Patient story**	Presentation	**CO**
1405h	4.	**Minutes of the previous meeting** *To approve the minutes of the meeting held on 3 December 2015 as a true and accurate records of discussions*	SWBTB (01/16) 204	**Chair**
	5.	**Update on actions arising from previous meetings**	SWBTB (01/16) 205	**DW**
	5.1	Patients on waiting list pre dating eDTA introduction	Verbal	**RB**
1430h	6.	**Questions from members of the public**	Verbal	**Chair**
1445h	7.	**Chair's opening comments**	Verbal	**Chair**
	8.	Minutes from the meeting of the **Quality & Safety Committee** held on 27 November 2015	SWBQS (11/15) 117	**OD/ CO**
	9.	Minutes from the **Workforce and Organisational Development Committee** meetings held on the3 December 2015 and the 7 December 2015	SWBWO (12/15) 024 SWBWO (12/15) 025	**HK/ RG**

Time	Item	Title	Reference Number	Lead
	10.	Minutes from the meeting of the **Finance and Investment Committee** held on 27 November 2015	SWBFI (12/15) 043	**RSM/ TL**
	11.	Minutes of the **Charitable Funds Committee** on the 3 December 2015	SWBCF (12/15) 030	**RSM/ RST**
	12.	Minutes from the **Public Health, Community Development & Equality Committee** held on the 26 November 2015	SWBPH (11/15) 041	**RSM/ TL**
1510h	**13.**	**Chief Executive's report**	SWBTB (01/16) 206	**TL**
1520h	**14.**	**Trust Risk Register**	SWBTB (01/16) 207 SWBTB (01/16) 207(a)	**KD**
1530h	**14.1**	**Line management of doctors**	SWBTB (01/16) 208 SWBTB (01/16) 208(a)	**RB**
1540h	**15.**	**Integrated Performance Report**	SWBTB (01/16) 209 SWBTB (01/16) 209(a)	**TW**
1555h	**15.1**	**Learning Disabilities: People's Parliament**	SWBTB (01/16) 210 SWBTB (01/16) 210(a)	**CO**
1605h	**16.**	**Financial performance – P08 November 2015**	SWBTB (01/16) 211 SWBTB (01/16) 211(a)	**TW**
1615h	**17.**	**CQC Improvement Plan**	SWBTB (01/16) 212 SWBTB (01/16) 212(a)	**KD**
1625h	**18.**	**Wider Safe Staffing – taking a wider view**	SWBTB (01/16) 213	**RG**
1635h	**18.1**	**Safe nurse staffing**	SWBTB (01/16) 214 SWBTB (01/16) 214(a)	**CO**
1645h	**19.**	**Fully Staffed – Apprenticeship Delivery at SWBH**	SWBTB (01/16) 215 SWBTB (01/16) 215(a)	**RG**
1655h	**20.**	**Annual Equality Report**	SWBTB (01/16) 216 SWBTB (01/16) 216(a)	**CO**
	UPDATES FROM THE BOARD COMMITTEES			
	21.	**Any other business**	Verbal	**All**
	22.	**Details of next meeting** The next public Trust Board will be held on 4 February 2016 at 1330h in the Board Room, SGH		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC

Venue Health Futures University Technology College, West Bromwich **Date** 3 December 2015 1.30pm – 5.00pm

Members Present

Mr Richard Samuda	Chair
Ms Olwen Dutton	Vice Chair
Dr Paramjit Gill	Non-Executive Director
Mr Harjinder Kang	Non-Executive Director
Cllr. Waseem Zaffar	Non-Executive Director
Mr Toby Lewis	Chief Executive
Ms Rachel Barlow	Chief Operating Officer
Miss Kam Dhami	Director of Governance
Mrs Raffaela Goodby	Director of Organisation Development
Mr Colin Ovington	Chief Nurse
Dr Roger Stedman	Medical Director
Mr Tony Waite	Director of Finance & Performance Management

Also in attendance:

Mrs Chris Rickards	Trust Convenor
Mr Alan Kenny	Director of Estates
Ms Ruth Wilkin	Director of Communications

Board Support:

Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1 Apologies	
Apologies were received from Mr Robin Russell.	
2 Declaration of interests	
There were no declarations of interest.	
3 Patient Story	
Due to the patient being readmitted to hospital they were unable to attend to provide their story at the meeting.	
Action: that a second patient story via DVD be held in reserve in circumstances where the planned patient story is cancelled at short notice.	DW
4 Minutes of previous meeting – 5th November 2015	SWBTB (11/15) 185
Resolved: the minutes of the previous meeting were agreed as an accurate record of the meeting.	

5 Update on actions arising from previous meetings Mr Lewis provided an update regarding smoking cessation by saying that in the report he had set out the 5 key points that had been agreed by the Board at its previous meeting. These were that: 1. All sites would be smoke free from November 2018 2. Smoking would only be permitted from April 2016 within designated shelters 3. That shelter arrangements would also apply to e-cigarettes 4. We would continue to support NRT, MECC and introduce a paid-time pilot slot. 5. Fines remedy would be trialled to seek to ensure there was both stick and carrot approaches. This would go live from April 2016 with further development work undertaken around point five. This policy wasn't unique to this Trust but our ambition to implement it and ensure that it works is. Ms Dutton sought clarification as to whether this regime would extend more widely to litter for example and whether the costs would be fully recovered. In response Mr Lewis made clear that the objective was not about generating income. The Board had taken a clear policy line around this being about promoting health and wellbeing. In terms of learning from other Trusts that have implemented a similar approach it was important that the proposals are implemented in a managed way that issues were not simply shifted elsewhere.	
Action: that the action log be updated to ensure all actions have clear deadlines against them.	**DW**
6 Questions from members of the public	
Mr Samuda opened the meeting for questions from the public. Mr Bill Hodgetts welcomed the offer Dr Stedman had made to meet with the Healthwatch representatives in a few weeks regarding the proposals around cancer services. He thanked the Board for their support over the past 12 months, with the Chairman also thanking Healthwatch for their engagement with the Board.	
7 Chair's opening comments	
Mr Samuda took the opportunity to highlight the success of the recent CQC rating of outstanding for the Children, Young People and Families Service and that it was a privilege to hear the feedback given at the summit when the announcement was made. Effective leadership at all levels was a key theme from the feedback. Mr Samuda offered his thanks to all of those involved in the inspection process. He went on to say that progress had been made with the TDA with the hope that the Midland Met development could be brought to financial close over the coming weeks. He also wanted to highlight the strong turnout at the recent Members Leadership Group meeting.	
8 Chief Executive's Report	SWBTB (12/15) 189 SWBTB (12/15) 189(a)
Mr Lewis drew the Board's attention to the work that was ongoing to tackle recruitment and sickness issues across the Trust. Progress had been made in 4 of the 8 groups with sickness levels now below 4%. Performance in October had fallen short in respect of key planned care targets, a matter that	

needed to be back on track in December in terms of the Trust's self-imposed six week maximum wait time. Quality and Safety Plans were currently being developed and agreed and would be brought to the Board in the new year. In the past week Monitor had written to all NHS Chief Executives highlighting the need to address spend on agency staff. Mr Lewis highlighted that this had been a key priority for the Trust for some time with regular reporting back through to the Workforce and OD Committee and the Board. Bank rates do not exceed the cap but there are agency rates which will breach the cap over the coming months especially in respect of certain groups such as A&E staff, trainee doctors and some specialist nurses. The Board always puts patient safety and quality of care at the forefront of its decision making. The Trust needed to retain flexibility in its ability to fill shifts whilst still retaining a clear focus on reducing agency costs. To that end it was proposed that the Trust delegate authority to the Chief Executive to breach the hourly cap for agency staff where there was a justified reason for doing so. Any such incidents would be reported to the Quality and Safety Committee after the event. Mr Waite stated that the national announcement would not affect existing terms and conditions.	
Resolved: **1. That the Board delegate authority to the Chief Executive to breach the hourly rate cap for agency staff when there is a justified reason for doing so.** **2. That the incidents of the pay cap being exceeded are reported to the Quality and Safety Committee and then to the Board.**	
9 Trust Risk Register	SWBTB (12/15) 190 SWBTB (12/15) 190(a)
Miss Dhami introduced the Risk Register drawing the Board's particular attention to the following: • BCG shortages remain on the risk register as a national risk. Maternity services are managing the backlog of vaccinations as supplies of the vaccines become available. • The oncology risks highlighted on the register will be addressed as part of the Cancer Services project. • In terms of trauma risk the trauma operating table takes three months to build but this risk should be mitigated by February 2016. In terms of assurances in terms of the equipment replacement programme this would be presented to the Audit and Risk Committee in January 2016. Mr Lewis raised risk 327 (reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants) stating that there may be opportunities through the Black Country Alliance but that if progress had not been made by March 2016 then it may be a matter that the Board would need to return to.	
9.1 Junior doctor (in training) Industrial Action	SWBTB (12/15) 191 SWBTB (12/15) 191(a)
Ms Barlow introduced the item, thanking the clinicians and other support in planning for the proposed strike action. The planned action had since been postponed until January. Comprehensive contingency plans had been developed and were in place. The Trust had made 135 cancellations on the day of the proposed strike, many of which had been rebooked. It was stressed that 135 is a small percentage of the thousands of admissions the Trust receives every day. This decision was taken on the basis of providing patients with	

certainty around their care and patient safety. Mr Kang asked whether other Trusts had gambled on the strikes not taking place and hence did not cancel bookings. Ms Barlow responded by saying that some cancelled on the day with some other reprofiling work to a different day on the same week. One of the potential lessons is around the effective use of technology in terms of communicating with patients about their care through the use of mobile technology. Ms Barlow also highlighted that there had been a B Braun strike, a company which provided the Trust's sterile supplies. This involved changing operating lists around but services were still maintained. Overall there was no heightened effect on A&E on the Tuesday but there was some increased activity on the Monday.	
10 Integrated Performance Report	SWBTB (12/15) 192 SWBTB (12/15) 192(a)
Mr Lewis introduced the report highlighting that staffing, mortality and readmissions were all substantive items elsewhere on the Board agenda. In terms of matters to pick out from the at a glance summary at the start of the report these included: • There was no mixed sex accommodation breaches reported during October. • The Trust's performance against the 4 hour ED wait target was 94.2% during October compared to 92% • There were 9 urgent cancellations during October. Urgent care challenge 3 would provide a focus on readmissions and access and discharge planning. Recent meeting with Social Care and CCGs had been positive with ADAPT and McCarthy ward providing some positive steps in supporting effective discharge plans. Mr Lewis stated that he was meeting with the Chief Executive of Birmingham City Council which would be a further opportunity to discuss ongoing partnership working. Mr Lewis expressed concern that intermediate care arrangements had still not been resolved with the CCG from last year and that a clear position needed to be confirmed by 19 December 2015. There remained some local issues around intermediate care with the impact of the Living wage and Sandwell Council being an outlier in terms of care workers pay. In terms of Referral to Treatment the national contract conditions changed in October. In terms of the November figures then the total waiting lists reduced by 3% with the backlog reducing by 7%. Significant effort was going in to planned care at the moment. There was a predicted in month failure in cancer targets for October but with this due to recover from November. There was currently work underway to formalise the appointment of a lead cancer nurse through internal appointment. Progress around cancer targets would be subject of further discussion by the Board towards the end of quarter 4. In terms of learning disabilities progress was being made around the kite mark. There was a CCG funded post currently out to recruitment. The Board asked for a progress update against the 5 Trust commitments in terms of learning disability be presented to the January 2016 Board meeting. Mr Lewis sought assurances as to when we would reach Trust compliance in regard to planned care. Ms Barlow responded by saying that the Trust would be compliant by January. The partial booking system went live in mid-November and was working well.	

In terms of cancelled operations then these were an area of focus with cancellations the highest for over a year. Of the 9 urgent cancellations 8 were deemed avoidable and were marginally over the 24 hour period for rebooking. The Executive lead was receiving daily reports to monitor cancellations. Work was underway to sit down with clinicians and support given to groups which have higher cancellation rates. In response to an issue raised around the junior doctors' bank it was agreed that a paper be brought to the next meeting providing an overview of the management arrangements for junior doctors. Mr Lewis challenged the validity of the vacancy data presented in the report. The Trust could not have 780 vacancies as stated. These 780 were vacancy positions logged on the system with many clearly not having been deleted off. The data needed to be cleansed by the end of January to prevent these figures being used as a basis for business planning and being pulled through to the annual plan assumptions for next year. Ms Barlow stressed the need for a monthly reconciliation with part of the quality assurance piece to reduce the scale of managed vacancies. Other issues highlighted were that fractured neck of femur performance had achieved 59% which was a deteriorating position and that complaints per 1,000 episodes of care had increased with the need to determine whether this was in reality more complaints or a coding issue.	
Actions: • **That a paper be brought to the next meeting providing an overview of the management of doctors in training.** • **That a report on the Trust commitments regarding Learning Disabilities be brought to the January meeting.** • **That there is a focused discussion as part of the IPR regarding cancer targets towards the end of quarter 4.**	
10.1 Mortality Update	SWBTB (12/15) 193 SWBTB (12/15) 193(a)
Dr Stedman introduced the paper highlighting that there were three core indicators the Trust used in regard to mortality rates. These were the Risk Adjusted Mortality Index (RAMI), Summary Hospital-Level Mortality Index (SHMI) and Hospital Standardised Mortality Ratio (HSMR). Over the previous 12 months there had been a steady increase in HSMR and RAMI relative to peers. Some of this may be down to changes in coding practice relating to palliative care. Overall the Trust's rates have remained well within standard ratio parameters. Mr Stedman went on to say that there were differences between the City and Sandwell sites with Sandwell having a profile of older and frailer patient demographics compared to City. He went on to stress that 80% of deaths of expected and unavoidable. Of 1,600 deaths per year a very small number of these may have been preventable in some form. Coding was also not an exact science and hence some explanations may be down to coding practice. It was agreed that mortality would be a topic for discussion at the next Board Development session.	
Actions: **That mortality is added to the agenda for the next Board development session.**	

11.1 Ten out of Ten Safety Standards	SWBTB (12/15) 194 SWBTB (12/15) 194(a)
Mr Ovington provided an overview of progress against the 10/ 10 safety standards which had been a focus of work for some time. Work has been ongoing to ensure consistent application of the standards across the Trust with patients being assessed against the standards within the first 24 hours of their hospital stay. Mr Samuda challenged where responsibility sat in terms of these standards being applied on each and every occasions and whether patients were aware of these standards and their rights to challenge if they felt they were not being met. Mr Ovington responded by saying that information was available at the bedside but that feedback from nurses was that patients or their relatives didn't always read the information provided. In terms of ownership then this sat with everybody within the multi-disciplinary team and needed to be implemented consistently. Miss Dhami said that the mock inspections had highlighted areas of good practice but that there was inconsistent application of the standards elsewhere. Ms Barlow stated that the focus areas were those key entry points into the Trust such as AMU's and elective in patients. The standards reflect the conversations we should naturally be having with patients during their first 24 hours of care. Mr Lewis challenged whether the issues were a matter of us asking people to change practice or record what they did in a different way and that some of this confusion persists in some parts of the Trust. What appears to be missing is the element of compulsion in respect of applying these standards and the need for ward leaders to apply these standards consistently for each and every new patient. There needed to be clear leadership at ward level around these standards.	
11.2 Readmissions – Board Assurance Framework Update	SWBTB (12/15) 195 SWBTB (12/15) 195(a)
Ms Barlow introduced the report on readmissions highlighting the improvements that had been made in this area with emergency readmission rates within 30 days of discharge having reduced from 9.1% in July to 7.7% in September. The readmissions focus week had provided an opportunity to promote awareness of the LACE tool which is a predictor tool for patients at risk of readmission. The week used a range of mechanisms including daily communications, the tracking of key performance data and multi professional learning. These activities were however resource intensive. Mr Samuda challenged whether we were an outlier in comparison with others in the Black County Alliance. Ms Barlow responded by saying that as a Trust we were being proactive in terms of introducing virtual comprehensive discharge care in the community, changing patient pathways and working with partners such as Social Care and GPs. As a Trust we had made significant progress but there was still more to do. Mr Hoare asked for examples of the reasons for readmissions during the past 48 hours. Ms Barlow responded by saying that the reasons were varied such as including changes to planned future care or medicine reconciliation issues. She also highlighted that they would be counted in the data if they had been readmitted elsewhere. Mr Lewis also felt that further work could be done to communicate with a patient's GP following any readmission.	

12. CQC Improvement Plan Update	SWBTB (12/15) 196 SWBTB (12/15) 196(a)
Miss Dhami introduced the report stating that following on from previous discussions at the Board the report provided an update on the delivery of the CQC Improvement Plan and how the in house inspection process had been used to test progress against the plan. It was not the intention to sign off the improvement plan until the Board were satisfied that there was firm assurance across the Trust. In terms of the in house inspections then these evidenced overwhelming feedback that patients and carers felt that the organisation was caring and that care was good or outstanding. In terms of areas for improvement then headline issues included care plans not consistently being signed off by the patient or relation or not completed fully. There remained improvements that needed to be made around some of the basics. As a Board there was an opportunity to discuss how else it would be assured of progress across the Trust on a consistent basis. The inspections had developed a high level of enthusiasm amongst those that took part and has highlighted a lot of good practice but there remains more to do to ensure consistency across every area. Ms Barlow reiterated the "buzz" that had been created from the process and the opportunities it provide for visibility for the leadership team. It was important for the programme to triangulate with other inspection regimes. Mr Lewis stated that his experience in undertaking an inspection highlighted that staff knew who to escalate issues to but that in terms of responses to some questions he received slight variations in answers dependant on the person he asked. He felt that this perhaps needed to be reflected back in terms of induction processes at a team level. Miss Dhami stated that the results of the mock inspections would be reported back to the Clinical Leadership Executive for them to consider any key issues arising from the feedback.	
13. Safe nurse staffing	SWBTB (12/15) 197 SWBTB (12/15) 197(a)
Mr Ovington introduced the report stating that the Trust had not made an October national submission in respect of safe nursing data. NHS England and the TDA had been made aware of the non-submission. This was due to a lack of confidence in the data as it was presented through the system. Daily checks were occurring with a paper system in place to more accurately collate ward nursing levels. Whilst the paper system was time consuming invariably it was likely to result in less time spent than in validating the electronic records. Mr Samuda sought clarity on whether this was simply an IT solution issue. Mr Ovington responded by saying that there were a combination of issues that led to a lack of confidence in the data. In terms of the electronic system it was over 15 years old and had not been developed in a way as to be able to pull off management reports. There were additions to the system in terms of e-rostering and bank modules but it was proposed that the paper based system would remain until any electronic solution had been thoroughly tested and was proven to work. In terms of who undertook the manual checking then this was the responsibility of the senior ward nurse and matron. This was time and resource intensive but was the key means of ensuring the data was accurate.	

Elaine Newell presented the second part of the paper with the focus on staffing levels in midwifery. There had been a significant investment in maternity services and staffing during the last 6 years. This investment had been recognised through CQC and other review processes. There remained difficulties around recruitment and high sickness absence rates. A lot of work was going in to making the service attractive to potential new midwives. Birthrate plus is the recognised model for co-ordinating optimal staffing levels. The application of this standard was however difficult, given the challenges of recruiting staff and affordability. The report sets out the staffing levels within the Trust against this standard based on professional judgement of the senior midwifery team. There were effective and robust escalation plans in place.	
14. Financial performance – PO7 October 2015	SWBTB (12/15) 198 SWBTB (12/15) 198(a)
Mr Waite introduced the financial report reminding the Board of the focus that had been given to the issue at the previous two Board Informal meetings. In terms of progress there had been a modest improvement in the financial position by £400, 000. This improvement whilst welcome was significantly less than what was required if the Trust was to exit the year on plan. There was a clear message being shared with the organisation that there must be a continued focus on planned care, sickness absence, pay and CIP plan delivery. In terms of achieving the £3.8 million target then this remained feasible at this point in time but there were clear risks and a significant improvement in step rate was still required. Mr Samuda challenged whether the measures that had been agreed were biting and whether there was sufficient traction in terms of improvement in run rate. Mr Lewis stated that later in the agenda there would be a discussion around the workforce plan and the fact that the Trust was not yet seeing the turnaround in the pay bill that was needed to meet our year-end target. At the January meeting the Board would need to have a frank conversation about deliverability of the current plan. He said that it was clear that the effort that had been put in to date had not shifted the needle in terms of filling vacancies, addressing sickness absence and addressing rostering issues. Mr Waite highlighted that to reach year end there needed to be an improvement equivalent to £2 million per month. Ms Dutton questioned whether there had been any changes in control mechanisms around agency staff that could have led to the still high use of agency staff. Mr Lewis stated that Mr Ovington had taken the role of personally signing off requests for agency cover which had provided some robustness to the process and that it would be worthwhile reintroducing that rigour.	
15. The Contribution of Volunteers to SWBH	SWBTB (12/15) 199 SWBTB (12/15) 199(a)
Mr Ovington introduced the report highlighting the importance the Trust places on volunteers and the support they give. A concerted recruitment campaign had resulted in 75 people joining the Trust's volunteer service by the end of November 2015. The report prompted discussion around key milestones for 2016 including promoting the value of volunteering and the benefits of giving back to the community and the ongoing partnership between staff and volunteers in delivering against the values of the Trust. Mr Ovington highlighted that the ambition was to have a total of 460 volunteers in the Trust with support provided 7 days a week.	

16. Annual Plan Delivery Report 2015/16 –Q2 Update	SWBTB (12/15) 200 SWBTB (12/15) 200(a)
Mr Lewis introduced the report stating that the report in front of the Board presented the quarter 2 update against the 30 priority objectives. In terms of the priorities listed as red then these were clearly set out in the report. The Board should however give equal focus to the effort needed to shift the ambers to green and the impact this would have on delivering against the Trust's key objectives. Ms Barlow highlighted the safe discharge priority and the fact that this was a significant piece of work with capacity needed to move this on including a benchmarking piece of where we are now. She also highlighted that in terms of discharge there were a group of wards that were performing consistently well but that there was a need for a stronger grip from the 4 medical wards at Sandwell for improvements to be made. Mr Lewis asked that a report be brought back to the March 2016 meeting in respect of progress against priority 13-ensure that we improve the ability of patients to die in a location of their choosing, including their own home.	
Action: that priority 13 (improving the ability of patients to die in a location of their choosing) is added to the action tracker with a report back to the Board in March 2016.	
17. Sandwell Treatment Centre	SWBTB (12/15) 201 SWBTB (12/15) 201(a)
In preparation of the financial close of Midland Met. 5 pre financial close issues were identified for which assurance was needed. One of these was the Sandwell Treatment Centre and in particular: • Is there sufficient space available to accommodate the (clinical and non-clinical services/ departments) to be retained on or transferred to the STC? • Is the capital investment required to develop the STC available and affordable in line with the Trusts 2016020 LTFM financial plans and programmes? • The need for a programme which captures the individual projects to be aligned to the master programme to enable the STC to be operational by July 2019. In terms of the answer to the first question Mr Kenny stated that there was sufficient space to accommodate the services that were to be retained. In terms of funding then this was within the LTFM but is predicated on other factors falling into place. Miss Dhami sought clarity over the phasing of the moves and the STC becoming operational in July 2019. Mr Kenny responded by stating that access to the wards is needed first and this can't be achieved until those departments had moved to Midland Met. Mr Lewis made clear that a summer 2019 opening was significantly earlier than the original proposals which saw the Sandwell changes being completed in 2020. Ms Dutton sought assurances that the development would be flexible enough to manage any developments that may occur within the Black Country Alliance. Mr Kenny responded by saying that flexibility has been built into the scheme with 3 wards remaining vacant that could be used flexibly should requirements demand. Mr Gill received assurances that there would be adequate research space. It was confirmed that the urgent care centre would open on 15 October 2019 with the transition from A&E occurring the night before.	

In terms of the location of pathology services it was made clear that they would be located in the lower ground floor. Mr Lewis drew the link with the capital figures with £19 million being invested from 2016-19 including pathology services. This includes the Education Centre development and equipment.	
Resolved: that the Board are content with the progress that is being made on the STC to authorise progress on the wider financial close of the Midland Met project.	
18. 100,000 Genome Project: Update	SWBTB (12/15) 202 SWBTB (12/15) 202(a)
Dr Stedman provided a brief overview of the 100,000 Genome Project of which the Trust is a phase 1 partner in the West Midlands Centre of the project. The project was cutting edge and sees genetic medicine coming of age. The project would look to unpack the clinical meaning for a vast information base that is the genomes of 100,000 volunteers. Mr Lewis stated that they were currently working through the detail of the contract arrangements with the Queen Elizabeth Hospital to ensure there was effective sharing of financial risk and rewards.	
Updates from Board Committees	
19 Minutes of the Configuration Committee held on the 17 November 2015	SWBCC (11/15) 079
The minutes from the Configuration Committee held on the 17 November 2015 were noted.	
20 Update from the meeting of the Quality and Safety Committee held on the 27 November 2015	SWBQS (11/15) 116
The update of the Quality and Safety Committee held on the 27 November 2015 was noted.	
21 Update from the meeting of the Finance and Investment Committee held on the 27 November 2015	SWBFI (11/15) 041
The update of the Finance and Investment Committee meeting of the 27 November 2015 was noted.	
Update from the Public Health, Community Development & Equality Committee held on the 26 November 2015	SWBPH (11/15)
The update of the Public Health, Community Development and Equality Committee held on the 26 November was noted.	
22 Any Other Business	
No other items were discussed	
23 Details of the next meeting : 7 January 2015	
The next meeting will be held at the Anne Gibson Board Room, City Hospital, commencing at 1:30pm.	

Signed ……..

Print ……..

Date ……..

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

Last Updated: 29 December 2015

	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status
SWBTBACT.488	CEO Report	SWBTB (8/15) 123	06-Aug-15	Mutual Tolerance Report at 6 months	TL	01/03/2016	Report scheduled for the March 2016 Board meeting.	Open
SWBTBACT.499	Forward Capital Plan 2015-17	SWBTB (9/15) 149	03-Sep-15	Update the Trust Board on the capital programme review	TW	03/12/2015	The matter was considered as part of the Private Board meeting on the 3 December	Closed
SWBTBACT.502	Trust volunteer service	Presentaion	01-Oct-15	A report on what success looks like for the Trust volunteer service at the, December 2015 Board.	CO	03/12/2015	The issue was considered by the Board at its meeting in December	Closed
SWBTBACT.507	Ten out of Ten	SWBTB (10/15) 163	01-Oct-15	The Board will receive an update with a remedy plan on Ten out of Ten at the December Board Meeting.	CO	03/12/2015	The Board received an update at its December meeting and will be subject to ongoing oversight by the Quality and Safety Committee	Closed
SWBTBACT.486	Consent on the day of surgery	SWBTB (7/15) 122	06-Aug-15	Provide update with analysis of how many people on our waiting list pre-date eDTAs introduction	RB	07/01/2016	Verbal update will be given at this meeting	Open
SWBTBACT.508	Chief Executive's Report	SWBTB (11/15)	11-Nov-15	Partnerships to be considered at next Board Development Session	RSM	19/02/2016	The matter was deferred from the December Development Session	Open
SWBTBACT.509	Kirkup Report	SWBTB (11/15) 180	05-Nov-15	Report back on duty to ensure inter personal and inter professional relationships within obstetrics and maternity	CO	07/01/2016	Update provided at the December Board meeting with further update included on the agenda of the Private Board in January	Open
SWBTCACT.510	Smoking Cessation	SBBTB (11/15) 181	05-Nov-15	Updates to be provided to the Board as the policy is progressed	TL		Update to be given at a future meeting	Open
SWBTBACT.511	Matter arising from 6 August	SWBTB (10/15) 172	06-Aug-15	R&D Plan to be considered by the Board	RG	04/02/2016	Report scheduled for the February 2016 meeting	Open
SWBTBACT.512	Integrated Performance Report	SWBTB (12/15) 192	03-Dec-15	Report back to the Board in Quarter 4 2015-16 regarding progress around cancer targets	RB	03/03/2016	New action	Open
SWBTBACT.513	Integrated Perfromance Report	SWBTB (12/15) 192	03-Dec-15	Report back on progress around the Trust's 5 Learning Disability commitments	CO	07/01/2016	New action. Item included on the agenda for this meeting	Open

SWBTBACT.515	Integrated Performance Report	SWBTB (12/15) 192	03-Dec-15	Report setting out the management accountabilities for junior doctors	RB	07/01/2016	Report included on the agenda for this meeting.	Open
SWBTBACT.517	100,000 Genome Project	SWBTB (12/15) 202	03-Dec-15	Board update on palliative care and patients ability to choose where they die	RSt	03/03/2016	New action	Open

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Quality and Safety Committee

Venue Anne Gibson Committee Room, City Hospital **Date** 27 November 2015; 1030h – 1230h

Members attending:		**In attendance:**	
Ms O Dutton	Chair	Ms A Binns	Assistant Director of Governance
Mr R Samuda	Chairman	Ms M Harris	Group Director of Operations
Dr R Stedman	Medical Director		
Mr C Ovington	Chief Nurse		
Ms R Barlow	Chief Operating Officer	**Committee Support:**	
Miss K Dhami	Director of Governance	Mr D Whitehouse	Head of Corporate Governance
Mrs R Goodby	Director of Organisation Development		

Minutes	**Paper Reference**
1. Apologies for absence:	**Verbal**
Apologies for absence were received from Mr Mike Hoare and Mr Tony Waite	
2. Minutes of the previous meeting held on 30 October 2015	SWBQS (11/15) 109
The minutes of the meeting held on the 30 October 2015 were agreed as a true and accurate record of the meeting.	
3. Matters and actions arising from previous meetings	
The action log was noted.	
4. Integrated Performance Report	SWBQS (11/15) 110
Ms Barlow introduced the Integrated Performance Report highlighting the work that had been undertaken around the kite marks. Ms Dutton welcomed the detail and openness of the report. She stressed the importance of being transparent where there were red indicators so long as clear action was highlighted as being taken to mitigate performance that was off track. Mr Samuda sought assurances that the culture of accurate reporting was fully embedded. Ms Barlow highlighted the recent discussions undertaken at the Board in regard to data quality	

and that whilst there was always more to do there had been quite a sea change in culture with a real focus on both data quality and timely reporting. Mr Ovington highlighted that there had been 1 case of MRSA Bacteraemia in October. This had been the subject of a root cause analysis and the patient had not been treated with any invasive devises. Other performance issues included: • the reported number of avoidable pressure sores was in fact 5 according to the performance indicator definition. • 7 serious incidents had been reported in October (including fall injuries) • Sickness absence overall remained above target but improving with 4 groups now reporting sickness absence below 4%. Ms Dutton sought assurances around progress in terms of staff vacancies. Mr Ovington responded by saying that the figures were encouraging in terms of new starters, particularly in emergency care. Community midwife recruitment remained a risk but this was a national recruitment issue. Ms Dutton went on to challenge progress in respect of cancer care waiting times. Ms Barlow responded by saying that the local cancer action team had been re-launched and that she was currently scoping a role for a lead nurse in this area to progress ongoing improvements. Dr Stedman went on to say that the cancer task force had been running for around 9 months and that some progress had been made but that more progress was still needed. Ms Barlow stressed the need for strengthened internal governance in this area and that there may be potential opportunities through the Black Country Alliance. Ms Barlow stated that readmissions were at 7.7% for the month. There will be a fuller report going to the Trust Board which identified data quality issues which may account for up to 0.7% of the difference. Urgent Care Challenge 3 would provide a focus around readmissions. Dr Stedman stated that in respect of HSMR there had been a small increase to 18 (compared to 17.4). A more detailed discussion would be prompted at the Trust Board and a review had been undertaken which flagged up some potential issues around palliative care coding.	
5. Safe Staffing Update	
Mr Ovington introduced the report highlighting that it would be the subject of wider debate at the Board meeting the following week. Mr Ovington informed the Board that the Trust had not made its monthly Unify submission given the concerns around data quality. A daily manual checking system had been introduced to provide assurances. The Board paper would provide more specific detail. The manual collection of data would continue until such a time as the trust was satisfied that the e-rostering system was accurate and consistent. Currently the manual data collections were providing stronger assurances than the electronic system. Miss Dhami asked whether we were using the system to its full capacity and whether any of the other trusts in the BCA were having similar issues. Mr Ovington responded by saying that none of the other BCA trusts were using this exact same system. He went on to say that a bank module could be added but that there were still issues with it being able to pull off effective management reports.	

6. CQC Improvement Plan Update	SWBQS (11/15) 111
Miss Dhami introduced the CQC Improvement Plan update saying the in house inspections had been successful and had included positive engagement from the CCG and MLG members. The checklists were currently being analysed and good practice recognised. Whilst there was work to do to analyse all of the checklists there were issues arising around some of the basics being embedded consistently across the trust and the visibility of the Executive team. There was a clear message however that staff were seen as caring. More work was needed before the Board could satisfy itself in terms of signing off all the CQC recommendations. The process had generated a real positive buzz and the inspection teams were received positively by staff. The staff that took the opportunity to be inspectors also gave positive feedback as to the benefits of being involved in the process. The recent outstanding rating had been communicated to all staff. The committee wished to thank all those that were involved in the inspection. The Quality Improvement Half Days would be utilised to feed back in terms of thanking staff and on learning that had a wider application across the Trust.	
7. Annual Priorities and Board Assurance Framework	SWBQS (11/15) 112
Ms Barlow introduced the report highlighting action that was being undertaken in respect of community caseload management, national waiting times, discharge rates and respiratory medicine. In terms of community caseload management progress was on track. The Single Point of Access and triage model had been reviewed with smart scheduling and 7 day services. The team were working with IT to enable systems to be linked and care to be scheduled in the community. In terms of national waiting times progress was being made in reducing waiting list size and the numbers of patients waiting over 18 weeks. The waiting list time had increased over the summer but the backlog was now reducing. Significant work was going on around planned care but the risk rating would be maintained for another month. Backlog clearance was the subject of weekly monitoring. In respect of discharge rates and DTOCs there is constructive dialogue with Birmingham City Council and they are engaged in the ADAPT workshop in the coming week. There is a strong focus on discharge bundles and ward leadership to deliver ongoing improvements. Urgent Care Challenge 3 would be taking place at the start of December and would have a focus on ADAPT and ward clinical leadership. Ms Dutton challenged whether more beds needed to be made available. Ms Barlow responded by saying that there was a comprehensive plan in place including providing capacity at Rowley and a joint health and social care ward at Sheldon. The conversation would need to shift to a broader care home strategy, working with the Council, to develop a 5-10 year strategy. In terms of respiratory medicine. A new pathway for Chronic Obstructive Pulmonary Disease would be launched in December with a focus on care at home.	
8. SAU move progress report	SWBQS (11/15) 113
Michelle Harris attended to speak to the committee about the impact of the SAU move. She	

stated that in the move there was a clear focus on improving patient flow and optimising patient stays. The new pathways provided more timely access to different services and professional support. The 12 hour model of care had provided a clear opportunity to build positive working relations across professions, for example the ultrasound team. The team was also building a more constructive relationship with local GPs to enable the more effective signposting of patients. The SAU meetings were continuing following the transition as they were seen as an effective means of discussing patient pathways. Ms Dutton asked about feedback from staff following the move. Ms Harris stated that staff had felt supported during the changes and had found the transition quite enjoyable. The patient centric approach, light and spacious environment and improved access to scanning facilities had all proven beneficial. Ms Barlow stressed the importance of bringing specialties together and effective relationship building to prevent any potential friction. Clinical meetings were for example well attended and scan responses were being received within 1 hour. There had been extensive negotiations with the Ambulance Service about escalations of care and there were direct conversations taking place with GPs as they issued referrals. The team was taking a very proactive, solution focussed approach. Ms Dutton asked whether there were any patient/ carer feedback coming through. Ms Harris stated that no negative feedback was being escalated through PALs. She said there was a strong team in place and new agile working areas provided a better environment for junior doctors. Mr Ovington said that he had been to the unit a number of times and stated that the environment had felt positive for both patients and staff. Dr Stedman also praised the engagement with doctors and surgeons giving them assurances as to the benefits of the new environment. Ms Barlow stated that there would be a full review of the move after 6 months.	
9. Update on industrial action and impact on safety	
Ms Barlow introduced the item stating that the first one day junior doctor strike was due on Tuesday with a further 2 days of action planned for the 15 and 16 December. Contingency plans were in place with 5 doctors in place across each A&E. Should the strike go ahead then cancellations would be made 48 hours in advance. The financial and performance impacts would be monitored and reported to the Board.	
10. Patient story for the Board	
A 13 year old boy would be attending with his mother to present his experiences of receiving treatment at the Trust.	
11. Serious Incident Report	SWBQS (11/15) 114
The report was noted	
12. Clinical audit forward plan: monitoring report	SWBQS (11/15) 115

The report was noted	
13. Matters of topical or national media interest	Verbal
Ms Dutton asked if the changes to nursing loans rather than bursaries were likely to have an impact on training and recruitment. Mr Ovington said that this brought nursing into line with other university students.	
14. Meeting effectiveness: The Committee agreed the effectiveness of the meeting was positive.	
15. Matters to raise to the Board and Audit & Risk Management Committee None	Verbal
16. Any other business	Verbal
Ms Dutton sought assurances around still birth rates at weekends following national media coverage of the issue. Dr Stedman gave an assurance that the labour ward was appropriately staffed 7 days a week. The figures were in part impacted by the choice of Tuesday as the index day which was the quietest day of the week. The figures were not out of kilter with other statistical comparisons.	
17. Details of the next meeting	Verbal
It was agreed that the meeting scheduled for the 18 December would be cancelled.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Workforce & Organisational Development Committee – Extra-ordinary Meeting

Venue Meeting Room 1, Trust HQ, Sandwell **Date** 3 December 2015; 10:30-12:15

Members Present

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

Also in attendance:

Mr Simon Cook	Midland Met Hospital Project

Committee Support:

Mr Duncan Whitehouse	Head of Corporate Governance

Minutes	**Paper Reference**
1 Apologies for absence	Verbal
There were no apologies for absence.	
2 Workforce Transformation 2016-2018	SWBTWOD (12/15) 019
Mr Kang opened the meeting by stating that there had been extensive discussion at Board and across the committees in respect of MMH with the Board continuing to seek assurances around the management of the Workforce Transformation project and the mitigation of risks. As a Trust we needed to assure ourselves of the ability to deliver the scale of transformation that is envisaged and satisfy ourselves that it is possible to remove £34 million in pay costs during 2016-18. Mrs Goodby introduced the paper that had been circulated to the committee in advance of the meeting which set out the Workforce Transformation Programme from April 2016 – March 2018. The Long Term Financial Model (LTFM) and Long Term Workforce Model (LTWM) that underpin the MMH business case require £34 million in pay bill savings. These are broken down into circa £23 million from reductions in the number of staff and a further circa £11 million from additional payments. In putting this transformation plan together a lot had been learnt from phases 1 and 2 of the Safe and Sound Programme. In particular it was essential to ensure genuine changes	

in workflow and that such changes are robustly applied. If that did not happen effectively then the removal of posts would not result in genuine transformation of productivity and ultimately ongoing enhancements in the quality of care.

Mr Kang challenged the buy in to the need for change from the bottom up as well as the top down. For this to succeed it needed everybody to fully understand what the Trust was trying to achieve and their role in supporting this to happen. He queried then the disparity between the 800 figure that emerged from the executive led work and the circa 300 posts that had been identified from the bottom up proposals and the robustness of the 646 total that was included in the papers.

Mrs Goodby gave an assurance that there had been a challenge back in terms of matching capacity and that the assumptions from both the top down and bottom up were both ambitious and realistic. A twin track approach had been taken in terms of activity with a clinical group workstream and an executive led workstream.

Ms Barlow stressed that Groups had been involved throughout the process and that there was buy in from staff. Some of the executive challenge back was in terms of encouraging people to see the art of the possible and look to innovative means of delivering high quality services. A little more stretch was possible in some areas but there was good evidence of engagement.

Mr Kang sought assurances that the transformation would be beyond staff numbers and result in real changes to clinical practice.

Mr Ovington reiterated that this wasn't about simply cutting staff to reach a short term financial goal but rather a wholesale transformation of how the Trust delivers quality care to patients. Things will be done differently with teams located in a different place and working together in a different way.

Mr Lewis returned to the report and sought explicit clarification on the 646 W.T.E. posts that had been identified. Mrs Goodby responded by saying that the 646 WTE figure and £11.7 million in additional payments had been reached following a synthesis of proposals to ensure that duplication had been removed. Mr Lewis was relaxed in terms of the discrepancies between the top down and bottom up figures, given the work that had taken place to ensure that there was no duplication, but that the committee and wider Board needed certainty that these figures were now realistic and achievable.

Mr Cook referred the committee to the scheme breakdown in respect of Emergency Care, as an example of how some of the figures had been reached. With reductions in re-admittance, the closure of 4 wards, vacancy management and other initiatives it had been determined that it would be realistic to alter staffing levels by the rate indicated.

Mr Lewis wanted firm assurance around the terminology of the loss of 4 wards. He challenged whether this was in fact the case as it seemed a bigger cut than was accounted for through the Midland Met.

Ms Barlow responded by saying that by 2018 there would be 676 acute beds on par with what we had planned for. Mr Cook stated that the figure wasn't in terms of complete loss of posts as some staff would be redeployed into community settings. To clarify the point Mr Lewis stated that in practice it appeared to be closer to a 2 ward reduction than a 4

ward reduction as stated in the paper. He used an example of a member of staff in medicine who would in future be working in a community setting rather than actually losing their job.

Mrs Goodby highlighted that some people may choose to resign rather than make the transition to a community setting. Mr Lewis stated that as a Trust we would support people through the transition. The committee did however need to be clear that because of the demographic of the staff population then some staff may be at an age where they choose to leave. That would however be their choice.

Mr Kang asked whether as part of the organisational design piece it was clear who would transition over into new roles, who would leave and not be replaced and who would leave and need to be replaced?

Mrs Goodby responded by saying that work was being done to map any potential changes in skill mix needed and plan for these accordingly by training/ retraining staff.

Mr Kang asked how the cash assumptions against posts had been determined and whether these were exact W.T.E. costs or averages. Mr Cook responded by saying that the calculations were based on averages relating to staff groups. Work was underway in terms of analysis of any net increases. It was important to stress that the exercise was not about creating an underpaid workforce.

Mr Lewis reaffirmed the principle that the key driver for these proposals was not about reducing or pairing back the workforce as an end in itself. The whole thrust of these changes was about developing highly skilled teams that could deliver the quality of care that the Trust was committed to delivering and aligned directly with the Trust's values. This may result in fewer senior people and less people in the middle of the organisation but the quality of care remained paramount.

Ms Barlow highlighted the length of staff reduction targets that are built into the business case with the assumption of a reduction of length of stay down to 3.17 days over 2 years due to improvements in patient pathways.

Mr Lewis moved the debate on to Medicine, Surgery and corporate functions. He asked for clarification on how many beds would be closing? Ms Barlow stated that in terms of acute beds then 144 would be lost between 2015-16 and 2019-20 in terms of headline figures (813 acute beds down to 669 acute beds) but that in terms of retained estate this would equate to 148 beds resulting in total bed capacity of 817 by 2019/ 20 compared to 897 in 2015/ 16. In terms of total theatres the reduction will be from 28 in 2015/ 16 to 24 in 2019/ 20. Mr Lewis stated that the Theatre Management Board would provide assurance that things were improving as the transition took place.

Dr Gill challenged the impact changes may have on specialist training and support using the example of anaesthetists and whether the new model would retain the capacity for effective training. An assurance was given by Ms Barlow that rotas currently were based on generalist provision and that in discussions to date professionals were not arguing a case against the proposals. Mr Lewis made clear that the Trust wouldn't lose trainees for financial reasons, that there would be non-training lists and that none of the proposals would result in a reduction in trainees.

Mr Kang returned to the risk of double counting and whether the committee could be assured that the figures had been cleansed to ensure there was no double counting in the figures presented before the committee today. He used the example of A10-Medical staff and the hypothesis that clear consultant job plan mapping could reduce the number of clinical sessions and in turn release 80 medical posts.

Mrs Goodby stated that this calculation was on the basis of a 5% productivity increase. Mr Cook went on to say that the 15 W.T.E. target stated didn't relate exclusively to consultants but did also include non-consultant medics.

Mr Lewis sought to ascertain the direct impact this and other hypotheses highlighted in the paper would have on consultants. Consultants were by no mean sacrosanct but the committee needed to be clear that the aim was not to be losing consultants through this process. He went on to seek assurances around the proposed reduction in outpatient clinics. The total number of outpatient clinics was currently 420. This was set to reduce to 370 by 2017/ 18 with 350 shifting into MMH in 2018/ 19. Fewer outpatients would result in the requirement for fewer staff.

Again the committee needed to reflect on the service from the patient experience and not simply a reduction in staff numbers. Self-service options in dermatology, the developments around treatment centres and community care were all examples where we had already been making some of these changes and reducing staff whilst continuing to improve care.

Mrs Goodby drew the committee's attention to the 7 biggest impact schemes in the paper. Mr Samuda sought assurances that the changes were in alignment with EPR. He also sought assurances that 24/7 workforce planning had been effectively integrated into these proposals.

Mr Cook responded by saying that workforce mapping for 24/ 7 coverage had been reflected in the proposals. The implications of EPR and for example the impact on medical records staff had also been reflected in the proposals.

Mr Kang again sought assurances around the numbers of W.T.E.s listed in the proposals and an assurance that there wasn't duplication in the figures put forward and that there was clear alignment across the transformation programmes to ensure delivery.

Mr Cook responded by stating that in pulling proposals together there was a challenge around three key themes. These were:

- Fit with Trust values – do any of the opportunities/ schemes conflict with the Trust's values.
- Alignment and future state – including capacity fit, including MMH assumptions; service at point of care fit and alignment to modelled productivity assumptions.
- Quality and safety implications – strategic assessment of quality and safety impacts

In terms of the mobilisation stages for 2016 through to August then in January we would quickly get an assessment of schemes and identify which ones we could quickly get on with and implement. These would be schemes which would release cash quickly and align

with the Trust's values and direction of travel. The team would then move on to the longer term schemes which would take longer to implement. Whilst some of these would be longer term it was made explicit that the majority of the £34 million savings must be made in the first year and indeed some of the analysis would be around how some schemes could be accelerated. Mr Lewis made clear that the Board should be thinking in terms of phases 1 and 2. Were there to be any kind of phase 3 then this would be a very small number of residual schemes and should have almost nothing in it.

Mr Cook highlighted that individual workshops would be taking place during the week commencing the 14 December to build an understanding of the opportunities that had been identified. The week commencing the 11 January further workshops would be held to map projects against value versus deliverability and agree priorities to fast track. A workshop with executives on the 12 January would be used to work through the mapping work across schemes. By the time we reached July 2016 and staff consultations then the detail needed to be to the point where it was explicit about how it affected individuals and their jobs so that people could fully understand and appreciate what it meant for them.

Mr Cook stated that workshops would be held in February to map benefits and undertake specific work around reengineering what we do and map what new processes would look like.

Mr Kang sought assurances that the Quality and Safety Committee would have the capacity to retain oversight of these changes and the impact upon quality of services. We must have absolute assurance that it is possible to remove the headcount and costs whilst maintaining safety and the quality of services. Mr Lewis responded by saying that discussions were underway to reframe the Quality and Safety Committee forward programme away from operational detail which would free up capacity for it to undertake this work. He stated the need for explicit focus across the Board Committees to ensure effective oversight of these changes.

Ms Barlow assured the committee that Groups and Directorates were accountable for their workforce. KPIs were matched to workforce changes and would be monitored through the appropriate leadership boards.

Mr Samuda sought assurances around the processes in place for recruiting into roles for which there was a national shortage of trained staff and areas which were difficult to recruit into.

Mr Lewis responded by saying that risk groups were known and represented on the Risk Register. The Board would need to assure itself of the ongoing reduction in agency spend. We must deliver against this in quarter 4 and have clear confidence in the way forward.

Mr Kang sought assurances in terms of fall back positions if schemes did not come to fruition within timescale. Mr Cook responded by saying that Groups were working up detailed options this side of Christmas around savings. This would inform the work around strategic fit and the modelling undertaken. It was imperative that the Trust was heading into next year with confidence in the schemes that would be delierved. Priortiy schemes would need to be worked up before quarter 1 2016-17.

Dr Gill wanted assurance that any potential impact of winter pressures had been factored in. Ms Barlow stressed that in terms of the modelling work then the planned bed base

and winter preparedness had been accounted for. There wasn't the view that winter preparedness would fail to the point of affecting the plans outlined today.

Mr Cook stressed the importance of the effective capacity and capability within the organisation to drive this transformation project forward. In some areas not all the capacity may be in place. One specific area is in respect of corporate capacity to the front line in making these changes. Support would be needed for leadership teams and resilience to drive the changes forward. Staff would need the space to lead the change and implement these with pace so that the relevant savings can be made.

Mr Lewis stated that the Board would need assurance that Group Leaders would have the time between January and May to effectively plan for the changes proposed. Alongside this corporate skills would be needed to support the organisation in moving forward. He wanted to see detail of pre delivery plans for the first 23-26 weeks of 2016 and for a first cut of these to be brought to the Private Board meeting in February. There were three distinct phases of implementation: 1 April 2016, 1 October 2017 and 1 April 2017. Again it was stressed that the April 2017 phase would be small.

The Board also needed to see a first draft of a communications plan. We cannot be in a position of creating bubble of optimism. This needed to be communicated in terms of what it takes to reach top quartile performance in terms of patient care consistently across every part of the Trust and the opportunities that brings. Staff would need be engaged and brought in with focus groups from across a range of staff.

Mr Kang challenged whether there were the skilled project leads in place to drive this forward. Mr Cook responded by saying that there would be the need for an injection of additional external resource at the start of the year but that this would taper off as the phasing progressed.

Mr Samuda reiterated the need to frame the conversation around patient pathways which add value to the patient experience. Where they don't then these need to change and staffing alongside it. It is not an issue of reducing staff for short term financial purpose but rather a fundamental transformation of how we deliver care to the communities of Sandwell and West Birmingham.

Mr Lewis reiterated that 180-200 roles would be coming from corporate functions. These functions would shrink considerably in a short period which is likely to be difficult. Mrs Goodby stressed the point that this was not about a simple headcount reduction exercise but a real investment in skills in the right areas that would support the Trust and its ambitions for the future.

Mr Lewis concluded by saying that during January and February the Board would need to be persuaded of the messaging that sits alongside these changes. Overall the Board should feel more assured than was the case a month ago but that these changes remains one of the most significant current challenges.

It was agreed that:

- At the January Private Board meeting it would receive details of the

communications plan, the means by which the programmes would be tracked to ensure successful implementation and the progress being made around the proposals affecting the corporate teams. Further information was also sought in terms of the reconciliation of beds and clarity over the consultant and doctor posts in the proposals pulling out of consultant and doctor posts.	
Action: That the Workforce and Organisational Development Committee inform the Board that it has received further assurances that the Trust can safely remove £34 million in pay costs during 2016-18 given the evidence presented to the committee today. **That ongoing assurances are provided to the January Trust Board in respect of:** • **The Comms Plan for the changes proposed including road testing the communications messages and narrative.** • **An outline as to the tracking mechanisms in place to measure progress and impact of these changes; and** • **An update on the corporate directorate workstreams.** **That the Workforce and OD Committee and Quality and Safety Committee continue to scrutinise the implementation of these proposals to ensure the skills and capacity are in place to deliver the proposals at each key phase and that quality and safety of patient care is not compromised.**	Raffaela Goodby & Simon Cook
The next meeting is to be held on 7 December 2015 at 1530h, Nurse Training Room Trust HQ	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Finance & Investment Committee - Minutes

Venue Anne Gibson Committee Room, City Hospital **Date** 27 November 2015; 0800 – 10:00

Members Present		In attendance	
Mr. Richard Samuda	Chairman		
Mr Harjinder Kang	Non-Executive Director	Committee Support:	
Mr. Tony Waite	Director of Finance and Performance Management	Mr Duncan Whitehouse	Head of Corporate Governance
Ms Rachel Barlow	Chief Operating Officer		

Minutes	**Paper Reference**
1. Apologies:	**Verbal**
Apologies were received from Mr. Mike Hoare and Mr Robin Russell.	
2. Minutes of the previous meetings – 30 October 2015	**SWBFI (11/15) 039**
The minutes were agreed as a true and accurate record.	
2.1. Matters arising and update on actions from the previous meetings	**SWBFI (11/15) 039 (a)**
Mr Waite highlighted that discussions were underway on a number of fronts with his counterparts in the Black Country Alliance with feedback being positive. Mr Waite had received the previous day correspondence from Lord Carter's office. This information included details of the 2014-15 reference costs but there was still work to be done around more effectively defining clinical efficiency and in terms of model hospital costs. He went on to highlight that there were as yet no clear timelines around the next stages of the Carter review.	
3. 2015-16 Financial performance and outlook	**SWBFI (11/15) 040**
Mr Waite introduced the report stating the importance of exiting the financial year in recurrent balance consistent with the trust's medium term plans. Mr Kang queried the extent to which the Chancellor's spending review statement would impact on the trust's current and future positions. In response Mr Waite stated that more analysis of the Chancellor's statement was needed to determine the extent to which any	

further resource would be available to frontline services. There remained some immediate challenges including the potential for junior doctor industrial action, the investment required around 7 day working and other factors such as inflation and recruitment shortages in some skilled areas. Ms Barlow stressed the ongoing importance of a long term focus for the trust in terms of transforming the way we deliver services across the Trust not just in response to the developments around MMH. Mr Samuda sought assurances around the negotiations in terms of ante natal services. Mr Waite replied by saying that in terms of the SLA then positive discussions were underway and was on track to be concluded prior to Christmas which would resolve matters in respect of current year charges and bills. In terms of any future agreements then there was a clear focus on pricing, risk share and the timeliness of data submissions. He went on to highlight new risks that had emerged following the announcement of the junior doctor and B Braun strikes. Ms Barlow stressed that comprehensive continuity plans were in place and that decisions to cancel activity would not occur until 48 hours prior to the strikes commencing. In response to a query as to the financial impact of the strikes Mr Waite stated that plans were based on the optimisation of capacity to contract. Any income loss would inevitably affect the bottom line. In regard to appendix 7 Ms Barlow highlighted that all the expedient measures had clear executive leads, milestones and deliverables against them and were subject to regular review by the Executive Team. Mr Waite stated that in terms of objective 50-selling hardware, the gains from this were limited given the costs of disposing of the equipment safely. In terms of scheme 69 then the Estates Team were currently working through the reconciliations and the effective utilisation of vacant properties.	
4. 2015-21 Capital Programme	**SWBFI (11/15) 041**
Mr Waite introduced the capital programme paper stating that the Board had received a paper at its September meeting regarding the previous years' capital programme but that this paper provided an overview of the programme going forward. One of the approval conditions for the MMH sign off was for there to be a capital programme in place. There was a small increase in the overall scale of the programme but a significant advancement in terms of timescales. This advancement was to ensure the retained estate was fit for purpose in a way that is concurrent with the MMH development. He made reference to the programme including £19 million being set aside for the Sandwell Treatment Centre including Pathology. Mr Waite stated that the Capital Programme was ambitious but realistic. The EPR programme remained largely unchanged. Other elements such as the replacement programme for medical equipment were subject to regular review. Mr Kang sought assurances over the measures the Trust took in terms of the disposal of surplus land and who took responsibility for site clearance. Mr Waite responded by saying that the Trust would provide vacant possession for the site with any demolition and remediation work done by the developer. In terms of the MES Mr Waite stated that following a moderation process the Trust was now down to 2 bidders with these submissions being evaluated in the new year with recommendations being brought through to the Board. The numbers included in the LTFM were on a par with the submissions received.	

In response to a query from Mr Kang in terms of the significance of the financial programme going forward Mr Waite stated that the cash position for the Trust over the next 4 years was tight and that it was imperative that CIPs were delivered to timetable.	
5. Matters to highlight to the Board and Audit & Risk Management Committee	**Verbal**
Mr Samuda stated the need for ongoing focus on delivering against our financial plans and the important links across this committee and the Audit and Risk Committee in ensuring effective oversight of progress.	
6. Meeting Effectiveness Feedback	
No points were raised under this item.	
7. Any Other Business	**Verbal**
Mr Waite provided an update on the finance team with recruitment underway around a new team structure. Over 30 staff had received training in lean methodology. In response to a question Mr Waite stressed that staff were firmly embedded in groups to ensure effective communication and a real understanding of the issues faced. Conversations with the Black Country Alliance were ongoing in terms of more effective working together.	
8. Details of the next meeting	**Verbal**
It was agreed that the 18 December meeting would be cancelled but that the teleconferences would continue during this period.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Charitable Funds Committee

Venue Churchvale room, Medical Education Centre, Sandwell

Date 3rd December 2015 1130 - 1230

Trustees Present		In attendance	Committee Support
Mr W Zaffar	[Chair]	Ms R Wilkin	Miss Y Charles
Mr R Samuda	[part]	Mr S Crump	
Mr T Waite		Mr R Russell	
		Mr T Reardon	

Minutes	Paper Reference
1 Apologies	**Verbal**
There were no apologies for absence.	
2 Minutes of the previous meeting	**SWBCF (12/15) 024**
The minutes of the meeting held on 3rd September 2015 were approved.	
AGREEMENT: The minutes of the previous meetings were approved.	
3 Matters arising from the previous meeting	**SWBCF (12/15) 025**
The committee noted and received Mr Waite's update in relation to the transition of the investment portfolio. Other action points would be picked up through other items on the agenda.	
3.1 Consolidation of Funds	**SWBCF (12/15) 026**
Mr Waite highlighted that there was still significant work needed in terms of the consolidation of funds. All managers had been written to with a deadline response of 31st August. This deadline was further extended but not all responses had been received by the extended deadline. There are some complications around consolidation of restricted/unrestricted funds.	

4 Progressing to a Single NHS Charity	**SWBCF (12/15) 027**
The Trust had received professional legal advice on the steps needed to be taken to progress to a single charitable fund. Based on this work is underway to declassify and re-categorise designated funds. We also need to look at how we communicate with staff, committee and trustees with a clear supportive line in terms of the re-designation of funds and spend. Mr Crump commented that there were mixed views on consolidation with some managers not wanting to lose individual pots of charitable funds whilst other readily accepted consolidation. Mr Waite highlighted the need to work more proactively with donors to show the benefits of a consolidated charity with common investment priorities. **The Committee agreed to accept the recommendations set out in the report**. The intention was that the new charity would be re-established by March 2016. Work would be ongoing around communication of the Midland Met appeal during this time period.	
5 The Trust Charity – Proposed Staff Team	**SWBCF (12/15) 028**
Ms Wilkin reported to the committee the proposed staff team that would be focussed on more fundraising activities, sourcing grant funding and support to members and volunteers. Mr Crump stated that income was predicted to be around £250,000 per year as a baseline with more work to show how much is invested. Ms Wilkin highlighted how the team would be led and how the team would be accountable to ensure transparency. A question was asked about the need to buy-in specialist expertise particularly for big ticket events. It was stated that such skills would be incorporated into the person specification for new roles and hence the in house capacity would exist. Where specialist support was needed then this would purely be in an advisory role.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Health, Community Development & Equalities Committee

Venue: D29 Meeting Room, City Hospital **Date** 26 November 2015: 1400h-1600h

Members present:		**In attendance:**	
Mr R Samuda	Chairman	Mrs C Rickards	Trust Convenor
Dr P Gill	Non-Executive Director		
Mr W Zaffar	Non-Executive Director		
Mrs R Goodby	Director of Organisation Development	**Committee Support:**	
Mr C Ovington	Chief Nurse	Mr D Whitehouse	Head of Corporate Governance
Ms R Wilkin	Director of Communications		

Minutes	**Paper Reference**
1. Apologies	**Verbal**
Apologies for absence were received from Mr Toby Lewis	
2. Minutes from the meeting held on 27 August 2015	**SWBPH (11/15) 035**
The minutes of the meeting held on the 27 August 2015 were agreed as an accurate and correct record with the exception of the reference to BMEC under item 5 of the minutes being changed to BME.	
3. Matters and actions arising from previous meetings	
The Chair asked for a review of external invitees to the committee and for invites to be sent to key meetings during the course of the year.	
4. Volunteers-objectives by March 2017	**SWBPH (11/15) 036**
Mr Ovington introduced the report stating that it set out the vision for how volunteers will continue to contribute their services and can get involved and be supported with the work of the Trust. Mr Ovington highlighted that a similar report would be going to the next meeting of the Board. The paper set out the intention to have over 400 volunteers across the Trust with a robust recruitment process having resulted in 75 people joining by the end of November 2015. Volunteers would have a role in welcoming people at the main entrances to the hospital sites. Volunteer support	

would be available 7 days a week. Mr Ovington said it was important to be imaginative about the utilisation of volunteers across the Trust. There was a thorough checking procedure before people became volunteers with the Trust's approach being an example of good practice. Mr Zaffar asked about opportunities to give people experiences that would support them back into work. Mr Ovington responded by saying it was one of the founding objectives of the volunteer strategy to provide opportunities to people to develop confidence and skills that would support them back into work. The work undertaken by Edna's Army and recent gardening projects were two examples of where the work and impact of volunteers had proven successful. Mr Gill sought assurances around volunteer safety given a recent incident with a member of staff. Mr Ovington gave assurances that volunteers were treated in exactly the same way as staff when it came to personal safety as was the case in regard to personal indemnity. Mr Samuda highlighted the opportunities for engaging the wider community in the work of the Trust. Mrs Rickards also commented that the in house approach was working well and enabled constructive working relationships between staff and volunteers.	
Action: a revised paper reflecting feedback from the committee would be presented to the next meeting of the Trust Board.	
5. Equality and diversity	**SWBPH (11/15) 037**
Mr Ovington introduced the paper highlighting that to date 3 EDS2 documents had been submitted and formally assessed by the Local Interest Group. These were the Health Visiting and Family Nurse Partnership, Childrens' Therapy Services from the Women and Child Health directorate and Interventional Radiology from Imaging. A further 21 directorates had submitted documentation with 10 of these having a full evidence base. The Local Interest Group has 6 lay members who frequently attend and then further lay members whose attendance is more sporadic. The meetings are chaired by the Deputy Chief Nurse-Workforce, Strategy and Patient Experience. Mr Ovington went on to introduce the Equality Report which was before the committee as a draft for comment. There was a requirement for the Equality Report to be completed and approved in January. The report was focused around the 10 equality objectives agreed by the Board. Mr Ovington requested feedback on the draft report prior to it being finalised and agreed by the Board in January. Mr Zaffar highlighted the opportunity to celebrate the importance placed	

on equality by the Trust. As a Trust we were being considerably more ambitious than some other organisations. Mr Gill highlighted the potential for drawing links through local networks with the NHS Inclusion Board and regional links to highlight the good work and ambitions we had as a trust.	
Action: that the committee to provide feedback to Mr Ovington this side of Christmas on the Equality Plan prior to the next iteration being presented to the Board.	
6. Raising awareness of protected characteristics	**SWBPH (11/15) 038**
Mrs Goodby and Ms Wilkin introduced the report highlighting the limited visibility that existed of some peer groups (e.g. BME Group, LGBT Group and Disability Group). The report highlighted the range of actions that were planned to raise awareness of protected characteristics including: • A campaign in January 2016 following on from the recent Information Governance campaign focused on the accuracy of staff data. Diversity in campaign posters etc. would also become more prominent as well as making role models more visible. • Work would also be undertaken to implement peer support groups. Some groups already exist but not in any particularly formal way. The intention was to meet with these groups and identify what support could be provided and to assign an Executive champion. • Signing up to Stonewall UK, signaling the commitment of the Trust. Mrs Rickards highlighted that some groups were successful but that others would be more cautious and would need to be engaged in a sensitive way. There then followed a discussion around ageing and the ageing demographic of the workforce. Ms Wilkin highlighted the intention to hold a workshop with Age Well for staff around the implications of ageing linked to a wider awareness campaign.	
In was resolved that: • **the January 2016 campaign is supported by the committee.** • **the committee support the Trust signing up to Stonewall UK.** • **a report is brought back to the February meeting highlighting progress of the campaign and updating the committee on overall progress made.** **It was agreed that part of a Board Informal session would be set aside to undertake further consideration of progress against the Trust's equality objectives.**	

7. Public health plan update	SWBPH (11/15) 039
The committee received an update on progress against the Public Health Plan 2014-17. The Board had recently agreed an approach to smoking cessation and work was ongoing in respect of food, gyms and mental wellbeing. The report set out progress and risk ratings against the 13 objectives in the plan. The committee went through the objectives in turn with the following comments being made: • Objective 2 – all pregnant women to receive carbon monoxide monitoring and as required, intensive smoking cessation support. Good progress had been made with 80.1% of identified smokers being referred but the amber red rating highlighted that there was more still to be done to support pregnant women in quitting given the risks it poses to perinatal deaths. • Objective 3 – all community nurses delivering audited asthma advice. Good progress was being made with lots of education in place. • Objective 4 - Trust sites being smoke free had been the subject of discussion at the previous Board meeting. • Objective 5-reducing alcohol related admissions had not been progressed as quickly as wished in part due to staff changes but it was now being progressed at executive level and would be the focus of a forthcoming CLE meeting. • Objective 6 - evidence that the food we serve promotes healthy choices. A focus is being put on out of hours food provision and a further launch of the Choose Green campaign. • Objective 8 - delivering health promotion activities including nicotine replacement therapy were in place. • Objective 9 - being recognised as a leader in workplace mental health. Support around mental health is positive with further opportunities for psychological therapy expansion being explored. • Objective 10-the Trust recognised as a youth employer of choice. Substantive work was being undertaken around apprenticeships • Objective 11- Trust tackles the number one priority for the local Health and Wellbeing Board by delivering outstanding services for the homeless. Mr Samuda highlighted the importance of working with 3rd sector partners on this issue. • Objective 12-select a new hospital partner in accordance with regeneration obligations. The trust was working with local suppliers with procurement being localised where practical to do so.	
Action: a report on apprenticeships be considered at the next Trust Board meeting.	

8. Meeting effectiveness	
Mr Samuda asked that the committee revisit the appropriateness of inviting external partners to the committee for relevant items.	
9. Matters to raise to the Board and Audit & Risk Management Committee	
The Equality Plan would be presented to the Board in January and equalities would be a matter added to the Board Development session forward plan.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

REPORT TO THE TRUST BOARD HELD IN PUBLIC

Chief Executive's Report – January 2016

December saw the organisation buffeted by more than the typical seasonal winter pressures.

- We faced the dual strike issue, which the Board discussed when we last met. In the event the doctors' action was deferred and is now in prospect for January 14th, while a series of stoppages took place at the sterile services unit in Birmingham.
- In addition we experienced a morning without water for much of the City site, after a pipe failure off site. This was compounded by the provider, Severn Trent, not activating the agreed process in relation to priority hospital re-provision. Discussions on lessons learned continue and some patients care was delayed or cancelled.
- Finally, we had a major disk failure in our CDA IT system in the run-up to Christmas. Yet again this is one of our acknowledged IT risks, which we have funded a solution to, but the problem struck before we could implement the solution. We need now to press ahead with the solution, albeit that our overall infrastructure programme is behind schedule because we have consistently had an extra ward open at Sandwell.

Board members will recognise that in October we dedicated a senior manager to our business continuity position, in recognition of issues identified in my annual statement of control for 2014-15. Matthew Dodd continues with his work to make sure that we have good local plans in place when issues do arise and can respond rapidly and consistently. Simulation exercises around major incidents will take place during 2016.

Whilst we would all of perhaps wished these instances to have not taken place, credit is due to a range of senior leaders, notably Rachel, for the manner in which each has been handled in practice.

1. Our patients

The Trust has managed to more than halve the number of very long wait patients (6 hours+) admitted as emergencies so far this year, compared to the prior year, and years before that. This is despite a rise in overall numbers attending all three of our Emergency Departments. This is encouraging, perhaps especially in respect of mental health liaison. However, we continue to fall short of the 95% four hour standard (missing it for 8 of 9 months), and substantial bed pressures on the Sandwell site have led to the very poor days during the last month. Both admission patterns and discharge patterns are creating issues for us on different days. As with the prior three years, delivery at Sandwell maps fairly closely to bed availability, though that is not true at City. The CQC recently reported concerns elsewhere about initial ED triage, and we are confident that we meet those standards. To succeed we know that we need to:

- Reduce readmission numbers and length of stay at Sandwell & West Birmingham Hospitals NHS Trust

- Ensure that majors is rapidly freed of admitted patients at City, allowing senior staff to focus on intermediate patients who may or may not require admission

I will update the Board orally on discussions around future oncology provision. Recruitment continues to ensure that we can provide a stable local service during 2016-2017. We need now to make much more rapid progress with e-prescribing, consistent with our desire to have standard protocols used at the heart of our current and new service. With the switch, during 2016, to a single aseptic unit at Sandwell, it will be important to have that consistency in place. Of equal importance is work to ensure that each of our MDTs works well, with a consistent membership, and multi-professional decision making. This is, after all, the reason the current service is not meeting the standards we expect.

Encouragingly, we have returned to compliance with national cancer wait time standards, and will meet, we expect, the measures for Q3. The re-launch of our cancer action team will seek to provide a broader base of action to meet that standard across all tumour groups. It is slightly too early to conclude whether action in urology on the surgical pathway at the QE and the diagnostic pathway has yet sustainably addressed this source of high volumes of delayed cases. The patients shown on the IPR beyond 104 days have been investigated and details can be provided to Board members on request. The Performance Management Committee has requested rapid improvement on the difficulties with the cardiac Rapid Access Chest Pain clinics. It is, among other changes, vital that they operate as a pan-Trust service so that patients can be seen quickly.

Most surgical specialties are making good progress towards our six week maximum wait time for clinic. There remain some issues in orthopaedics. Medical specialties, specifically dermatology and respiratory medicine, give cause for concern about achievement by March. Discharge rates, clinic profiles, and triage delay times are all factors in not accomplishing yet the consistent Trust wide delivery we aimed for last spring. Six weeks is the right standard for us, both because it gives GP referrers and patients clarity, and because our leave booking rules mean that we can confident that such a clinic will operate. The fortnightly programme board for outpatient improvement continues to focus on delivery of this metric, which requires many of the same disciplines needed to secure improved throughput and indeed to deliver partial booking without creating backlogs of un-appointed review patients.

We continue to succeed with our work on turning round good quality complaint responses more rapidly. The transformation compared to 2012, 2013, or 2014 is very significant. It is apparent from the improvement inspection work that we did that there is more to do to publicise changes arising from complaints, of which there are a number, and to ensure that staff can speak confidently about those changes. This forms part of January's team brief 'hot topics', and will be something we return to as a Board in preparing for June's annual general meeting.

2. Our workforce

Our absolute focus on sickness rates remains. Both the corporate reviews in December and clinical Group reviews in January will focus on long term sickness management return. The Clinical Leadership Executive workforce committee will monitor all over 28-day absences to provide assurance that individuals have a clear plan to return to work. This does not move us away from our emphasis on short term sickness, but it is evident we cannot move below 3% without addressing our

100+ employee long term absence situations. For short term sickness the Q4 emphasis is on triggers to action and ensuring local managers do operate our policy sensitively but firmly. We know that written guidance on flexible working and a single reporting line work – as we have seen improvements in Q3 in 4 of 8 groups.

It is good news that our ground-breaking work on apprenticeships has led to the Trust being a finalist in the Health Education West Midlands awards early in February. We are seeking further support from the same organisation to extend our Live-Work scheme. Within the Board's papers today is a note on the Government's drive from early 2017 to extend apprenticeships among large employers, including the NHS, and within that SWBH. As the paper outlines we will have to contribute over £1m to central coffers arising from the Chancellor's spending review. The paper sets out our journey from 100 to 200 apprentices and describes the introduction from April 2016 of an opt-out scheme, as distinct from an opt-in scheme. This makes all roles liable for apprenticeships at bands 1-4. There are some requests to exclude ward service officer roles from this system, which I would invite the Board to discuss.

Initial results have been considered from the NHS' annual staff survey. Our overall results show signs of improvement compared to 2014-15. However, our sample response rate was extremely low. This reflects the competing efforts to ensure that our monthly Your Voice e-form is completed by staff. Ruth Wilkin and Raffaela Goodby are leading work to consider how we can improve further the deployment of Your Voice across all staff groups, and, as with complaints and patient feedback, make progress with raising awareness of changes made as a result. With inevitable major workforce changes again this coming summer it is timely to try and get this feedback loop working well over the coming six months. A key theme from responses, and a key theme with getting responses, is the need to improve the visibility and approachability of the 'middle management' of the organisation. A number of groups and directorates have made strides with this in the last quarter and we need to consider through the Clinical Leadership Executive how that can be further supported.

The Board agreed at the last meeting to delegate to me the approval of breaches of the agency cap. This data is reported externally now each week, and will be summarised for the quality and safety committee. As the cap tightens in coming weeks, breach volumes are likely to increase. We will start by seeking to remove all non-framework contracts. And then aim to eliminate above cap use for non-ED functions. I cannot offer a timeframe on ED until we have completed assessment of the overall staffing position across our two sites.

Preparations for industrial action remain in place in the event that the Trust is notified of action proceeding, on January 14th or thereafter.

3. Our partners

The start of December saw a successful ADAPT workshop examining how the discharge bundle of good practice we have developed within the Trust was being deployed across our own wards and with partner agencies. The Trust has significant work to do to establish as routine the assessment of discharge timelines within 48 hours of admission. Beyond that, we aim to build clear information in video format for patients and their relatives about the choices they face, as we need to commence planning that process with families much sooner in someone's time with us. The advent of our discharge focused wards may be having the unintended consequence of causing routine discharge

good practice to be delayed into later in a patients' stay. During 2016 we are looking to remove at least half a day from routine stays on our sites, and having a more consistent approach will be central to making progress on this aim.

Discussions continue with Aston University around their medical school. A draft memorandum of understanding has been circulated separately to Board members to permit final operational planning and commercial discussions to be concluded. Attached at annex C is the original agreement by the Board to this proposal, for further discussion and consideration.

4. Our regulators

In February we will see a major inspection of our foundation educational provision, in addition to the routine processes of specialty visits. We remain well placed to respond to this evaluation. We are however in the process of making changes both to our educational leadership, and the facilities that we operate. These move us towards the Sandwell-hub/Midland Met spoke model which we will operate from 2018. They also reflect the intent to integrate educational provision across all disciplines, retaining distinctions between professions only where that makes sense to do so.

The 2016-17 research funding provision to the West Midlands CRN is as yet undetermined. However, we have agreed at regional level how any resource is to be allocated, and a small increase in income will come to the Trust. We can consider how that contributes to research trajectory we set in spring 2015, when we undertake a review of the 3 year delivery plan at our February meeting.

In line with the discussion at the last Trust Board, I have written to the CQC setting out our thoughts on re-inspection for acute services.

As usual I attach trackers for our quality and diversity goals, together with our annual plan work. What is evident from the first is that there is a significant body of work to be completed during Q4, ranging from policies and data cleansing, through to the commencement of interest groups. I remain to be assured that we have a clear line of sight across this work and a timetabled plan for delivery and will address that within the executive before the Board meets.

Toby Lewis, Chief Executive

December 30th 2015

Annex A – top 10 annual plan commitments : December Monitoring Report

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
Safe, High Quality Care						
1	Reducing admissions by 2%*	RB	NR	As the Board's papers in December show there is an initial impact from work undertaken in late Q2 and early Q3. There is real focus on this issue across sites and teams.		Continue to focus on specialty wards but also seize AMU opportunities and build on hot clinic model now running in surgery.
3	Achieving the gains promised within our 10/10 programme*	CO	DT	There is great work being undertaken and evident enthusiasm. It has yet to translate into a 100% delivery mindset.		The Board needs now to direct a set of interventions to ensure that we can demonstrate ward clinical teams embracing and using this checklist.
5	Tackling caseload management in community teams*	RB	FS	As per prior Board papers work is ongoing, but a single plan of action is not yet visible.		There remains, with focus, a chance to make this a green item, but a change of pace is now needed.
Accessible & Responsive						
9	Deliver our plans for significant improvements in our Health Visiting provision so children 0-5 years and their families receive high standards of professional support at home	RB	EN	There is considerable improvement in delivery in many categories, albeit we fall short of the KPI specification.		Continued improvement is needed to achieve the metrics specified later in Q4.
10	Work within our agreed capacity plan for the year ahead	RB	AM	The Trust is within our capacity plan but is not delivering sufficient volume of care. Reform to remove premium rate working is strong in Surgery A and WCH, less so in medicine, imaging and especially Surgery B.		There is some evidence of change in bookings, but it is not yet translating into productivity indices improvement nor higher overall volumes of work done.
Care Closer to Home						
12	Implement our Rowley Regis expansion plans, so that by March 2016 we have in place our Right Care Right Here model on the site*	RB/AK		Plan supported by the Board after extensive patient and staff consultation. Due to finish in next 3 months.		Ensure that the changes in care models in OPD are implemented, not merely a change in physical layout. Finalise the pharmacy option.
Good Use of Resources						
17	Create balanced financial plans for all directorates, and	TW	PS	The overall Trust plan remains deliverable, with a challenge to		Continued focus on our 3 areas of emphasis: CIP delivery, agency control,

Ref	2015/16 Priority	Exec Lead	Ops Lead	Current status	RAG	Actions in Q3 and Q4
	deliver Group level income & expenditure on a fully year basis*			make it deliverable recurrently. Local team compliance is poor in most cases.		and activity booking.
21st Century Infrastructure						
21	Agree Electronic Patient Record Outline Business Case, and initiate the procurement process, whilst completing infrastructure investment programme*	AD	ME	Infrastructure project contracts let and on site. EPR running to timetable.		Meet the timescales previously agreed and see improvement from infrastructure investment in network resilience.
22	Reach financial close on the Midland Met Hospital*	AK	DL	We are operating to, or slightly ahead of, timetable, and advanced works are on site.		Financial close and transition phase for project into commissioning stages.
An Engaged & Effective Organisation						
26	Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness*	RG	LB	Latest data shows some encouragement month on month. Four of eight groups are now below 4%.		We need to conclude work on long term sickness cases, including resolving those in corporate areas.

Annex B – Board Equality and Diversity Plan (vs. October 2014 version – July 15 revisions)

Key deliverable	Commitment at July 15 board	Current state – Dec 15
The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	This will be available in draft at in time for our annual declaration. This will be compared to our overall by band staff profile.	On track
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.	This work will be led by Raffaela Goodby, supported by the Head of Corporate Governance.	This will happen during January
We would undertake an EDS2 self-assessment for any single directorate in the Trust. Almost all directorates have submitted to post a draft for review.	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee in September 2015	On track.
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.	The start of this was planned for Dec 15 and has been delayed.
Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)		There is a clear schedule for the year ahead in place.
Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead by October 2015 with an unambiguous programme which will certainly include a specific BME leadership offer.	Plan developed, staffside consulted - implementation date to commence Q4.
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.	It now needs to be progressed, to conclude by December 2015. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity.	Method agreed, timetabling to be shared for completion by end of February 16
With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	This will require some further discussions across the leadership, to prioritise how we create interest groups with integrity. We will work with TU colleagues and others to think through how this is best developed in time for the PHCD&E committee in September.	Consulted with staffside colleagues & programme confirmed at PHCD&E committee (Nov).
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.	Plan developed, implementation date to commence Q4.

Annex C

Excerpt from April 2014 Board approval note to the medical school dean for AMS:

We discussed the proposal that you put to us at our Board meeting on April 3rd. We are able to endorse the proposal in principle and look forward to working with you and your colleagues in coming months to confirm the arrangements. As we do it will important to ensure that:

1. The proposals do not detract or distract from our existing and valued relationship with the University of Birmingham. We see no reason that they should. I have written to Professor Adam to advise him of our support for your plans.

2. That the articles of association for the new venture should enshrine some clear agreements, and clear governance for change to those agreements, in respect of the social purpose of the venture and the partners that shall be primarily involved.

3. That we confirm in coming weeks that we have in place the partnership sufficient to meet the Keele curriculum, and that we can foreseeably accommodate 500 undergraduate students across the partnership.

4. That we reach agreement on the commercial elements of the venture. Our Board are supporting a contractual involvement, under which we would remunerate (with an expectation of a small surplus) above the costs incurred in providing this service to you.

5. That we actively explore a wider, complimentary partnership with Aston that might include but not be limited academic appointments between our two institutions.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Trust Risk Register
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Mariola Smallman, Head of Risk Management
DATE OF MEETING:	7 January 2016

EXECUTIVE SUMMARY:

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

The Trust Risk Register was last reported to the Board at its December meeting and Executive Director updates are highlighted where these were provided for the meeting. There are three additional risks submitted for the Board to review and decide whether to include them on the Trust Risk Register.

REPORT RECOMMENDATION:

- **RECEIVE** monthly updates on progress with treatment plans from risk owners for risks on the Trust Risk Register
- **REVIEW and DECIDE** whether to include the three additional risks on the Trust Risk Register.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Clinical Leadership Executive December 2015

FOR DECISION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Risk Register

Report to the Trust Board on 7 January 2016

1. EXECUTIVE SUMMARY

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

2. TRUST RISK REGISTER (TRR)

2.1 Clinical Group and Corporate Directorate risks were reviewed at Risk Management and Clinical Leadership Committees. There are three additional risks highlighted for escalation to The Board:

- As a result of planned care activity being significantly below plan there is a risk that SLA income will under recover and compromise the delivery of key financial targets. This may harm the trust's reputation and compromise future investment plans. (**Risk number 84**)
- As a result of significant on-going reliance on premium rate temporary staffing there is a risk that pay costs will exceed budget and compromise the delivery of key financial targets. This may harm the trust's reputation and compromise future investment plans. (**Risk number 86**)
- As a result of the scale & pace of CIP development and delivery being behind plan there is a risk that costs will exceed budget and compromise the delivery of key financial targets. This may harm the Trust's reputation and compromise future investment plans. (**Risk number 164**)

2.2 The risk related to lack of assurance of standard process and data quality approach to 18 weeks has been updated based on the findings of a review of the breaches. (**Risk number 214**)

2.3 If discussions with BCA about the Interventional Radiology service have not reached a conclusion by the end of March the mitigation plan will be revisited. (**Risk number 327**)

2.4 Actions to recall approximately 1400 babies affected by the national BCG shortage are progressing; as at December approximately 40% of recalls were completed. (**Risk number 332**)

2.5 The oncology risk related to differential and extended chemotherapy wait times between sites has been updated following successful recruitment and audit findings which provide assurances that wait times have significantly improved; 9 days on each site. Monthly monitoring of performance will continue to check that staff recruitment maintains sustainable change. (**Risk number 538**)

2.6 The Informatics risk related to the Trust's integration engine has been updated to reflect progress made with business continuity measures, successful transfer of Rhapsody V2 onto a virtual server and transition from V2 to v5 is also underway. (**Risk number 755**)

2.7 The trauma risk is anticipated to be mitigated January / February as a new trauma operating table is on order. (**Risk number 770**)

2.8 The risk related to no longer being able to offer Rfa or USGF has been updated to reflect progress with replacement of the Sonosite machine, which is on order for delivery by the end of January. (**Risk number 775**)

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

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

3. ELECTRONIC RISK SYSTEM

3.1 Implementation of the electronic risk system is ongoing. All risk registers provided by clinical groups and corporate directorates have been imported onto the system and implementation is well underway. It is anticipated that all directorates will fully transfer management of their risk registers onto the electronic system during quarter 4 so that the electronic system is in use Trust wide by quarter 1, 2016-17.

3.2 Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System.

4. RECOMMENDATION(S)

4.1 The Board is recommended to:

- **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk Register.
- **REVIEW and DECIDE** whether to include the three additional risks on the Trust Risk Register.

Kam Dhami, Director of Governance

7 January 2015

Appendix: Trust Risk Register

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
84	Live (With Actions)	Finance	Finance	Service Level Agreement - Fina	*** NEW RISK PROPOSED FOR TRR *** As a result of planned care activity being significantly below plan there is a risk that SLA income will under recover and compromise the delivery of key financial targets. This may harm the trust's reputation and compromise future investment plans.	4x5=20	Daily tracking of demand and capacity plans with appropriate oversight and escalation.	Appointment of Deputy COO with specific responsibility for planned care. Development and implementation of effective production management capability. Establishment of Theatre Board to optimise effective utilisation.	Antony Waite	31/12/2015	30/12/2015	Monthly	5x4=20	Treat
86	Live (With Actions)	Financial Services	Financial Services	Costs Not Planned	*** NEW RISK PROPOSED FOR TRR *** As a result of significant on-going reliance on premium rate temporary staffing there is a risk that pay costs will exceed budget and compromise the delivery of key financial targets. This may harm the trust's reputation and compromise future investment plans.	4x5=20	All temporary staffing routed through bank office Weekly executive level review of forward temporary staffing demand & vacancies Enhanced escalation of approval for agency staffing	Improved roster management. Focus on effective sickness & absence management. Improvement in time to recruit for key staff groups.	Antony Waite	31/03/2016	29/12/2015	Monthly	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
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.	Safe & Sound 2 year programme of workforce change 2014/2016 delivered 407 WTE reduction. Early planning & engagement on 2016/2018 workforce change TDA Deep Dive (30 Sep) completed re. change delivery, learning and plans for 2016/2018. Workshops, consultation and engagement	Raffaela Goodby	31/03/2016	03/11/2015	Quarterly	3x4=12	Treat
119	Live (With Actions)	Maternity And Perinatal	Maternity 1	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.	Reviewed by TB who advised the risk will continue to be monitored / tolerated.	Rachel Barlow	31/03/2016	29/12/2015	Monthly	2x5=10	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
121	Live (With Actions)	Maternity And Perinatal	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 to be in place by end Jan 2016.	Rachel Barlow	31/01/2016	15/12/2015	Monthly	3x4=12	Treat
164	Live (With Actions)	Payroll Services	Payroll Services	Cost Improvement Not Met	*** NEW RISK PROPOSED FOR TRR *** As a result of the scale & pace of CIP development and delivery being behind plan there is a risk that costs will exceed budget and compromise the delivery of key financial targets. This may harm the Trust's reputation and compromise future investment plans.	4x5=20	Routine recording & reporting of CIP development and delivery. Routine executive level engagement with management teams to review CIP delivery at scheme specific level.	Expedient measures programme established to remedy immediate CIP gap. Review of change team resources to support CIP development & delivery. Coherent use of comparative information [eg Carter; CHKS Insight] to identify relevant and safe CIP opportunity. Progression of 2016 / 18 workforce change plans at scale & pace. Establishment of fit for purpose procurement transformation plan.	Antony Waite	31/03/2016	29/12/2015	Monthly	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
172	Live (With Actions)	Strategy	Strategy	Loss Of Income	Risk of failure to achieve TDA sign off for annual plan return and failure to develop an integrated TDA annual plan submission compliant with TDA guidance requirements which triangulates the Trust's long term finance, activity and workforce projections, which also align to the Trust's long-term integrated business plan and LTFM.	4x4=16		Recruit into two vacant posts	Toby Lewis	31/03/2016	03/08/2015	Quarterly	4x4=16	Treat
173	Live (With Actions)	Admitted Care	Priory 4	Service Level Agreement - Oper	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.	Continued monitoring through SSNAP Meeting held with Black Country Alliance stakeholders to discuss collaboration of Stroke services Any individual breach of agreed standards is monitored and pathway amendments made where identified.	Rachel Barlow	01/04/2016	29/12/2015	Monthly	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
214	Live (With Actions)	Waiting List Management	Waiting List Management (S)	Performance	Lack of assurance of standard process and data quality approach to 18 weeks.	4x3=12	SOP in place Deputy COO for Planned Care appointed Improvement plan in place for elective access All 52w breaches in last 18 months to have a RCA with detailed read across exercise on all opthalmology and orthopeadic breaches. Of RCA's currently undertaken, no evidence of harm caused due to delay. Training of admin staff commenced in November 15. TDA are providing support to the project. e outcome fully implemented.	TDA expert sought to assist in 52 week breach analysis and mitigation programme	Rachel Barlow	31/03/2016	29/12/2015	Monthly	3x3=9	Treat
215	Live (With Actions)	Waiting List Management	Waiting List Management (S)	Performance	Sustained high Delayed Transfers of Care (DTOC) patients remaining in acute bed capacity	4x4=16	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	ADAPT workshop with partners in Q3 to review progress and final implementation plan actions Confirm plans for a joint health and social care ward to be established and funded on the City site in 2016	Rachel Barlow	31/03/2016	29/12/2015	Bi-Monthly	3x4=12	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
								Providers to social services to work 7 days with improved turnaround and access standards - being addressed through CCG led forum Workshop hosted by Trust in December agreed forward programme of focussed themes to be delivered in Q4. All have KPIs to measure delivery / impact. PMO to be set up and fortnightly meetings in place with partners. EAB and nursing home capacity remain unmitigated risks .						
221	Live (With Actions)	Informatics	Informatics Systems (S)	IT Software - Clinical System	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 (high risk that in adding the full costs of an EPR into the LTFM that there is insufficient capital for related and pre-requisite schemes- e.g. Infrastructure Remediation / MMH Infrastructure preparation / Business Plan schemes)	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Informatics LTFM has been reviewed and prioritised with CEO and Finance engagement, to ensure appropriate funding is allocated and protected from additional Trust-wide delivery demands on Informatics Completion of the formal procurement process (SOC, OBC, and OBS) have been completed at speed to claw back time to enable appropriate implementation Board and managerial support for programme ensuring investment in infrastructure dependencies and required resource is prioritised appropriately	Establish formal Programme Board with appropriate governance including approved ToR Development of contingency plans in relation to clinical IT systems will be established, to ensure that if there is any slippage (for example, a TDA query / Legal challenge), there is an alternative and fully considered option. Management time will be given for programme elements such as detailed planning, change management, and benefits realisation	Alison Dailly	01/06/2016	23/12/2015	Monthly	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
228	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide EPR.	5x4=20	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 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 Phase 1 Deep Dive completed to identify detailed IT infrastructure issues - network element completed end May 2015	Review of resourcing requirements undertaken and appointment of additional specialist resources	Alison Dailly	01/04/2016	23/12/2015	Monthly	5x4=20	Treat
325	Live (With Actions)	Informatics	Medical Director's Office	Unauthorised Disclosure Of Inf	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 Specialist Security Manager recruited on interim basis, to provide immediate focus to upgrades, improvements, and IGTK and best practice activities and standards, for onward knowledge transfer and documentation of approved process	Review all NHS Mandates for Informatics and Clinical Systems and ensure compliance to these Deep discovery activities undertaken to flush out 'under the cover issues' End of XP and Win 2003 support to be given higher priority to ensure this issue is mitigated (WIN 7 migration), This may involve the use of external consultancies to speed up process.	Alison Dailly	31/03/2016	23/12/2015	Monthly	2x4=8	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
326	Live (With Actions)	Emergency And Acute	Accident & Emergency (C)	Staffing	Not all shifts have an appropriately trained trauma nurse on duty due to a lack of nurses trained in ATNC or equivalent which could compromise the quality of care.	5x3=15	All shift coordinators have ATLS qualifications. The peer review team advised that these staff should have the Advanced Trauma Nurse Course (ATNC) or equivalent. Local trauma teaching in place.	All staff within ED are being trained through a rotation course to achieve ATNC.	Rachel Barlow	31/12/2015	29/12/2015	Bi-Monthly	4x2=8	Treat
327	Live (With Actions)	Interventional Radiology	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4x3=12	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The QE provides an out of hours service for urgent requests. IR specialist recruited to support and locum arrangements in place to cover IR Consultant leave.	Discussions have taken place with BCA partners to look at options for providing a weekend service. Discussions have taken place with BCA partners to look at joint provider options. Substantive Consultant post being discussed with potential candidate	Rachel Barlow	31/03/2016	15/12/2015	Bi-Monthly	2x3=6	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
328	Live (With Actions)	Operations Management	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team	Recruitment making positive progress with a number of key appointments over Q2 Key vacancies covered with high quality interims Recruitment to Medicine Director Operations in train. Interviews scheduled early February. Deputy COO planned care recruitment to start in January. Deputy COO for Urgent Care vacant and uncovered in Q4.	Rachel Barlow	31/12/2015	29/12/2015	Quarterly	3x3=9	Treat
329	Live (With Actions)	Maternity And Perinatal	Maternity 1	Service Level Agreement - Oper	Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH.	3x5=15	Implemented alternative ways of providing services to minimise impact. Additional clinics as required Use of agency staff by Imaging to cover gaps in the current service.	Recruitment and retention strategy ongoing Training being scoped to support the development of Sonographers and other disciplines in house. Programme to start Q4 2015-16	Rachel Barlow	31/03/2016	15/12/2015	Monthly	5x2=10	

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Ongoing review of referrals to ensure inappropriate scans are not being undertaken and requests are in line with best practice guidance.							
330	Live (With Actions)	Gynaecology_Gynaeonco	Gynaecology (C)	Recruitment	Provision of ultra sound support for Gynaecology services is at risk due to difficulties in recruitment and retention of ultra-sonographers which results in the potential for delayed diagnoses, failure to achieve 31 day cancer investigation targets plus impacts on the one-stop community service contract. Group lack confidence that the team will be able to maintain 100% attendance in the CGS resulting in the contract being at risk.	**3x4=12**	Use of agency staff by Imaging to cover gaps in the current service Robust communication with Imaging for timely alerts when sonography not required in clinics to ensure efficient use of sonography time.	Recruitment and retention strategy ongoing Training being scoped to support the development of sonographers and other disciplines in-house.	Rachel Barlow	31/03/2016	15/12/2015	Monthly	**3x4=12**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
331	Live (With Actions)	Maternity And Perinatal	Community - Midwifery (C)	IT Software - Clinical System	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.	Rachel Barlow	01/06/2015	29/12/2015	Monthly	3x4=12	Treat
332	Live (With Actions)	Maternity And Perinatal	Maternity 1	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.	Clinics commenced Oct 2015 - 1400 babies to be recalled. As at Dec 2015 approx 40% recalls completed.	Rachel Barlow	31/03/2016	15/12/2015	Monthly	4x4=16	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Recording of all infants who are discharged who qualify but don't receive the vaccine. All the community midwives informed that infants will be discharged without being vaccinated. Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary.							
410	Live (With Actions)	Ophthalmology	Outpatients - EYE	Clinical Environment IC Relate	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the area.	5x4=20	Reviewing plans in line with STC retained estate	Site walkabout scheduled for Nov. Several options for relocation have been explored but none are suitable. Discussions held with Dir.Estates - agreement from Group that Sandwell is hub for ophthalmic OPD services.	Rachel Barlow	30/11/2015	15/12/2015	Quarterly	5x4=20	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	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
533	Live (With Actions)	Scheduled Care_Long	Oncology Medical	Service Level Agreement - Oper	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	Rachel Barlow	/ /	29/12/2015	Monthly	3x3=9	Treat
534	Live (With Actions)	Scheduled Care_Long	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.	Meet standards	Roger Stedman	/ /	29/12/2015	Monthly	3x4=12	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
538	Live (With Actions)	Scheduled Care_Long	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.	Roger Stedman	/ /	29/12/2015	Monthly	2x4=8	Treat
566	Live (With Actions)	Emergency And Acute	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. Agree a recruitment and retention premium. Marketing of new hospital plans pending approval of full business case. Leadership development and mentorship. Programme to support staff development. Continued communication and engagement of the Urgent Care Strategy.	Recruitment ongoing	Rachel Barlow	31/12/2015	29/12/2015	Monthly	3x5=15	Treat

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
666	Live (With Actions)	Paediatrics	Paediatrics	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments	The LA and CCG are looking to develop a Tier 3+ service whilst Tier 4 beds are reviewed nationally	Rachel Barlow	01/04/2016	15/12/2015	Monthly	4x4=16	Tolerate
755	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System	There is a risk that the Trust's integration engine fails, as 50% of the disks have already failed and are not repairable and the current version is unsupported by the supplier. Resulting in inability to transfer key clinical information between key clinical systems, making these systems unuseable (e.g. CDA, eMBS etc).	4x5=20	Business continuity and communications plans in the event of hardware failure have been put in place. Rhapsody V2 has been successfully transferred off the original failed server onto a virtual server. The transition of Rhapsoody 2 to Rhaphsody 5 is in progress.	Put in place business continuity and communications plan for the event of hardware failure. Activities underway to identify how to effectively and safely transition Rhapsody V2 off this server onto a virtual server. Treatment plan is to migrate of Rhapsody V2 to current V5 software. This will require downtime and implementation of business continuity over the migration period.	Alison Dailly	31/03/2016	23/12/2015	Monthly	2x5=10	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
								Treatment plan is to migrate of Rhapsody V2 to current V5 software. This is in progress and will require downtime and implementation of business continuity over the migration period.						
768	Live (With Actions)	Elective Access	Elective Access Inpatient (C)	Performance	There is a risk that within a large group of open referrals that there are potentially patients whose clinical or administrative pathway is not fully completed as a result of historical and inadequate referral management which may lead to delayed treatment.	**5x3=15**	Referral due to be closed on or before 31.10.15 New Deputy COO hired to oversee reform of planned care including referral management Training for all medical secretaries and elective access team in Oct / Nov.	The legacy open referral project was completed in November 2015, which identified that total numbers of open referrals is increasing which indicates inconsistencies in referral processes. Further analysis to identify which cohorts can be electronically closed, after being risk assessed, is taking place.Data quality group to be formed in November to focus on and oversee referral management of data quality Internal audit review to be commissioned in 2016 Closure of c60k open referrals May 15-Dec 15 will commence in January 16. . Automated weekly closure of agreed cohorts from Jan 16. Training plan in development for admin staff with supporting SOPs will commence in Jan 16.	Rachel Barlow	01/04/2016	29/12/2015	Monthly	**3x3=9**	**Treat**

Trust Risk Register

Sandwell and West Birmingham Hospitals NHS Trust

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
770	Live (With Actions)	Theatres_Vascular_Urol	Theatres - Orthopaedic	Quality Of Care	Risk of Trauma patients requiring traction during surgery being delayed with associated morbidities due to both trauma operating tables being over 15 years old.	4x4=16	Increase training for medical and theatre staff to prevent any accidental damage to the table.	Replacement of Trauma Table. Table ordered with expected delivery Jan / Feb (3 mth lead time for this item).	Rachel Barlow	28/02/2016	29/12/2015	Quarterly	4x4=16	Treat
771	Live (With Actions)	Theatres_Vascular_Urol	Theatres - 1st	Incident	Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability.	4x4=16	Audit by Pan Birmingham team of turnaround times. Non conformance discussed daily and investigated. Monthly Theatre users group meeting with Trust and BBraun. Non conformance presented at TUG monthly. TSSU and Theatre practitioner to follow process at BBraun and spot check theatre compliance.	Letter sent to BBraun by CEOx2. Meeting arranged with GDops & P.Pitt at BBraun which took place 30th October 2015. Gdops attending Pan Birmingham meeting December to discuss further The Pan Birmingham joint management board now convening weekly via conference calls and face to face. Recent strike action has had further impact on provision. Contract under review.	Rachel Barlow	/ /	29/12/2015	Quarterly	4x4=16	Treat

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Actions	Owner	Expected completion	Latest review	Review	Residual risk score (LxS)	Control potential
							Risk of cancellation on the day due to the unavailability of instrumentation as a result of off-site sterilisation issues due to the 24 hour turnaround process; migration of equipment; lost damaged instruments; lack of traceability. In addition this is compounded by ongoing industrial action 2 strikes have occurred and 2 more planned							
775	Live (With Actions)	Theatres_Vascular_Urol	Vascular Services	Medical Equipment	Risk of no longer being able to offer Rfa or USGF due to the poor quality and increasing loss of imaging on the screens during surgical procedures due to the age of the two sonosite machines.	5x3=15	As no other Sonosite available for use if the item is broken, Medical Engineering respond quickly and fix item but coming to end of it's life and needs replacing	Quotation for replacements submitted for consideration as part of capital bids Sonosite has been ordered with deliver expected by end January 2016	Rachel Barlow	31/01/2016	29/12/2015	Quarterly	5x3=15	Treat

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Line management of doctors**
SPONSOR (EXECUTIVE DIRECTOR):	**Rachel Barlow Chief Operating Officer**
AUTHOR:	**Rachel Barlow Chief Operating Officer**
DATE OF MEETING:	**7TH January 2016**

EXECUTIVE SUMMARY:

The attached paper confirmed the line management of doctors in the organisation covering :

- Line management clinical leaders
- Junior doctors

It also clarifies the role of the medical staffing department as a specialist and advisory service.

In order to fully embed a standardised approach to line management and rota management across the Directorates, there are some clarification and practicalities of work to be completed over the next 2 months. These include:

- Standardisation of job descriptions
- Assurance from Clinical Groups on administration for managing rotas and sickness absence and a clear reporting structure for junior doctors
- Consideration should be given to how job plans can be tracked and managed in a standardised way across the Trust. This may require investment.

REPORT RECOMMENDATION:

The Trust Board are asked to discuss and note the line management of doctors in the organisation.

The Chief Operating Officer, will work with the Clinical Group Directors to oversee the delivery of this work in Quarter4.

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

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Managing resources effectively

PREVIOUS CONSIDERATION:,

CLE

Line Management of Doctors

1 EXECUTIVE SUMMARY

This document sets out the line management arrangements of doctors in the following areas:

- Line management clinical leaders
- Junior doctors

2 LINE MANAGEMENT OF CLINCIAL LEADERS

The reporting lines and line management structure is as follows:

- Group Directors are managerially accountable to the Chief Operating Officer; professionally they are accountable to the executive level professional lead eg medical director, nursing director.
- Clinical Directors are managerially accountable to the Group Directors of Operations and professional accountability to the Group Directors.
- Speciality leads report to the Clinical Directors and are an advisory role to the directorate leadership.

Line managers typically undertake a range of responsibilities:

- Appraisal and objective setting.
- Team and individual development.
- Management of performance (conduct, capability, productivity, punctuality).
- Sickness absence management and recording.
- Management of work patterns and rotas.
- Oversee/authorise payments and employee expenses

It would be expected both the line manager and professional reporting lead are involved in appraisal and individual development.

3 JUNIOR DOCTORS AND ROTA MANAGEMENT

Both line management and rota management are the responsibilities of Clinical Groups. There is some variation in approach and practice, with efforts being made over the coming 2 months to standardise all aspects of line management of doctors.

Line management of junior doctors should be by clinical supervisors. Each Directorate should have a clear reporting structure with a named consultant to each junior doctor to avoid ambiguity. This should be reflected on ESR which currently shows inconsistency of line management. Issues that need escalation regarding a junior doctor's welfare or performance should be between the clinical supervisor and clinical director.

Each Clinical Group and Directorate must have robust, self-contained rota management and administration arrangements in place for their medical staff rotas.

The coordination and responsibility for robust rotas and OOH cover, rests with the consultant and speciality rota lead. The administration of this should be supported by the general management within the Directorate.

Any foreseen gaps in cover should be escalated to the Group Director of Operations and onto the Chief Operating officer if unresolved.

There should be accurate recording of sickness and return to work interviews for all medical staff in line with Trust policy. It is felt that this is currently under reported.

4 SHOP FLOOR WORKING

There is a separate job planning policy to support the job planning process. There is no standardised mechanism for the tracking of job plans and worked PAs. There are local processes in place in some Groups, but tracking is variable and there are examples of unintentional under delivery of job plans in year, which have been recovered. The Trust should look to establish a mechanism to track delivery against contracted job plans.

The day to day direction of junior doctors should be through the appropriate senior shift leaders and coordinating clinician. For example:

- On the wards should be to the ward manager and middle grade.
- In ED it will be the senior doctor in charge working in partnership with the nurse coordinator.

5 CONCLUSION AND RECOMMENDATIONS

In order to fully embed a standardised approach to line management and rota management across the Directorates, there are some clarification and practicalities of work to be completed over the next 2 months.

- Job descriptions should be standardised and re-circulated aligning with above arrangements.
- The Clinical Groups are asked to provide assurance of Directorate and Group level administration for managing rotas and sickness absence and a clear reporting structure for junior doctors.
- Some practicalities logistics need to be standardised to improve access and reports of information at staff level to line management.
- Consideration should be given to how job plans can be tracked and managed in a standardised way across the Trust. This may require investment.

The Chief Operating Officer, will work with the Clinical Group Directors to oversee the delivery of this work in Quarter 4.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

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

EXECUTIVE SUMMARY:

The report is presented to inform the Trust Board of the summary performance for the Trust for the period to November 2015.

1) IPR – Summary Scorecard for November Month

Summary Scorecard

Section	Red Rated	Amber Rated	Green Rated	None	Total
Infection Control	0	0	6	0	6
Harm Free Care	6	1	5	2	14
Obstetrics	1	0	6	6	13
Mortality and Readmissions	1	0	0	11	12
Stroke and Cardiology	3	0	8	0	11
Cancer	2	0	7	4	13
FFT, MSA, Complaints	9	2	5	6	22
Cancellations	4	0	5	0	9
Emergency Care & Patient Flow	6	0	7	6	19
RTT	5	0	2	0	7
Data Completeness	1	0	9	1	11
Staff	9	0	2	11	22
Total	**47**	**3**	**62**	**47**	**159**

- November performance has 47 exceptions (red rated) indicators.
- Relevant recovery plans are overseen through the executive Performance Management Committee.

Key:
Grey column shows a reported indicator, for which there is currently not a target or it is used for driving a graphical illustration.

2) New Indicators

- The IPR remains under regular review and revised / new indicators have been added.
- This month's IPR includes % in-month sickness rates.
- Readmissions now feeds down to group level to allow specific actions

3) Data Quality Kitemarks

- All IPR Kitemarks have been updated in the November IPR version and reflect the Executive sign off position (middle segment);
- The project assessed all indicators published in the IPR for data quality robustness across the 'kitemark' segment framework. This included 'bottom up' involvement from operational leads to Executive leads.
- The assessments have resulted in a number of actions (to address residual red segments) and the plan for which will be tracked as for audit recommendations.

REPORT RECOMMENDATION:

The Trust Board is asked to consider the content of this report.
Its attention is drawn to 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, Clinical Leadership Executive and Quality & Safety Committee.

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: November 2015

Reported as at: 29/12/2015

Contents

At Glance - November 2015

Infection Control

There was 1 C. Diff case reported during the month of November. The number of cases year to date is at 17 against a target of 20.

No cases of MRSA Bacteraemia were reported in November. 2 cases reported year to date versus a target of zero.

MRSA Screening - Elective patients meeting target overall and in all groups except Medicine; Non-elective patients meet full screening compliance across all groups.

The incidence of MSSA Bacteraemia (expressed per 100,000 bed days) for the month of November is 5.6 versus the target of 9.42; year to date 3.1

Harm Free Care

Overall Harm Free Care as assessed through the NHS Safety Thermometer indicates a level of Harm Free Care of 94.1% for November beneath the 95.0% operational threshold. This modest under-performance is stubborn month on month.

There were 72 falls reported in November (51 Acute; 21 Community) with 3 falls resulting in serious injury (2 in Medicine and 1 in Surgery A).
3 cases of serious injury from falls in month (14 year to date).

There were 6 cases of avoidable, hospital acquired pressure sores reported in November (3 cases in Medicine, 1 case in Surgery A, and 2 in Community).
All 6 cases were grade 2 ulcers.

There were 6 serious incidents reported in November (incl 3 from falls injury).

There was one medication error causing serious harm in November in medicine.

Venous Thromboembolism (VTE) Assessments in November are at 94.7% (target of 95%). The CCG has requested an exception report as 3/5 latest months have shown under-performance.

There were 6 Open CAS Alerts reported at the end of November, of which none were overdue at the end of the reporting period.

Obstetrics

The overall Caesarean Section rate for November is 24.9% (vs. 25% target), 25.4% (25.0%) on a cumulative year to date basis.
Elective and Non-Elective rates cumulatively are 8.8% and 16.6% respectively.

Adjusted perinatal mortality rate (per 1000 births) for November is 6.48;
6/8 months this year delivering within target of 8.0 or less.

Early Booking Assessment (<12 + 6 weeks) - SWBH Specific definition target of 90% has consistently not been met; November delivery 78.9%;
performance is consistently delivering to nationally specified targets.

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

Breastfeeding initiation is at 74.22% on a cumulative basis, below the target of 77% in the last quarter.

Mortality & Readmissions

The Trust overall RAMI for most recent 12-mth cumulative period is 91 (latest available data is as at August).
The RAMI for weekday and weekend each at 78 and within statistical confidence limits.

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

Deaths in Low Risk Diagnosis Groups (RAMI) - month of August is at 44 [vs. 102 equivalent month last year].
This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.

Crude in-month mortality rates remain similar to previous periods and tracks against established averages.
During the latest available month, of September, the mortality review rate is at 86% for the Trust against the internally set target of 90%.

Readmissions (in-hospital) reported at 8.0% for November in-month [8.3% rolling 12 mths].
For CQC diagnostic group reporting 8.6% rolling 12 months (vs. peer 6.0%).
Expected to improve over time due to October focus week which need to feed through.

Stroke Care & Cardiology

Stroke data for November indicates 95.2% of patients spending >90% of their time on a stroke ward being compliant with the 90% operational threshold (year to date delivery at 91.9%).

November admittance to an acute stroke unit within 4 hours remains relatively stable at 80.0% (falling short on 90% local target, but compliant with 80% national target).
Year to date delivery at 81.1%. The trust is looking to still improve on this level of performance.

Pts receiving CT Scan within 1 hour of presentation 65.2% in month [73.9% YTD] being compliant with 50% standard.
Pts receiving CT Scan within 24 hrs of presentation has failed to deliver to the 100% target in the month, delivery at 97.8%.

The November percentage of patients receiving thrombolysis within 60 minutes of admission was at 100% (target of 85%) - a significant achievement which is now consistently delivering for the last 4 months.

For November the Primary Angioplasty Door to balloon time (<90 minutes) and Call to balloon time (<150 minutes) was at 100% (80% targets); both indicators delivering year to date and have improved significantly month on month.

RACP performance for November at 71.3% (significant worsening from 97% previous month); 4/5 latest months failed staandard; impacting therefore the year to date performance which is now at 93.5% (target of 98%).
The service is now looking at improvements across the full pathway, in particular, the GP referral process.

Cancer Care

As projected the Trust failed the 62-day urgent GP referral to treatment target during October, with overall performance of 80.6% (vs. 85% target).

62 day cancer targets not met for Gynae, Upper GI, Lower GI & Urology cancer sites.
Gynae is an exceptional result this month and Urology a deterioration on previous improvement.

The projection is that all targets will deliver in November through to Feb (latest forecast).

In October, 13 patients were waiting over 62 days and 8 patients were waiting more than 104 days. There is now a national focus on this cohort of patients (104 days waiters) and the trust will be required to submit detailed patient level information for this indicator.

Other aggregate level targets were met in October (2WW and 31day).

The longest waiting patient is at 165 days in medicine.

Patient Experience - MSA & Complaints

There were no mixed sex accommodation breaches reported during the month of November.

FFT is meeting the target in respect of inpatient score, however low response rate. Failing the A&E score for November. Lower than targeted response rates continue in inpatients and A&E.
Outpatient FFT is reported for the first time & at 87% which is below the target score of 95%.

The number of complaints received for the month is at 104 (avg for this year is 96), with 3 formal complaints. All have been acknowledged within target timeframes.
The level of responses exceeding agreed dates is at its lowest rate this year (at 4.1% in November).
The oldest complaint on the system is 47 days old.

The Learning Disability indicator is red. The service is on an action plan to ensure compliance is as per latest guidance, and this is being progressed.

Patient Experience - Cancelled Operations

The number of elective operations cancelled at the last minute improved to 0.8% in November (vs. 1.0% previous month) & meeting the 0.8% target.
However, this delivery is not consistent against all specialities and some continue to fail.

No breaches of 28 days guarantee in November.

57 of all cancelled patients experienced multiple cancellations in November being consistent with previous months.

The number of sitrep cancellations decreased from 42 last month to 33 in November.
There were no urgent cancellations reported in the month of November which is a significant improvement to previous months.

Theatre utilisation is below the target of 85% at a Trust average of 73.0% as at November.
Review of completeness being undertaken having regard to new Cardiology system (Labyrinth).

Emergency Care

The Trust's performance against the 4-hour ED wait target of 94.14.% during the month of November.
Performance for the second Quarter was 94.57% (vs. Q1 92.99%).
December A&E performance (as at 28th Dec) is at 91.28% hence unlikely to meet the monthly or quarter 3 target.

WMAS fineable 30 - 60 minutes delayed handovers at 67 in November a significant decrease to last month.
Over 60 minutes delayed handovers reported at 3 cases.

Fractured Neck of Femur performance in November was at 91% following increased sessions.
In November therefore, both, internal (24hrs) and national standards (36hrs) have been met for this cohort of patients.

Patient out of hours bed moves are showing a reducing trend, but need to follow CQUIN principles which is being actioned and will inform this indicator going forward.

DTOCs are at 2.0% in the month of November (vs. 1.9% previous month), below the target of 3.5%.

Referral To Treatment

RTT incomplete pathway for November was at 92.27% meeting the 92% target.
This is the only pathway now monitored nationally.
The forecast is that incomplete RTT will be met over the next 3 months.

Admitted and non-admitted RTT pathways continue to be monitored & both under-achieved in November as per projections.

At the end of November 4 patients were waiting more than 52 weeks for commencement of treatment; of these 2 are on the incomplete pathway.

20 Treatment Functions failed the respective RTT pathway performance thresholds for the month. Mainly in Medicine and Surgery A.
'-Completed Pathway – Admitted - 5 Treatment Functions are under-performing
'-Completed Pathway – Non Admitted - 9 Treatment Functions are under-performing
'-Incomplete Pathway - 6 Treatment Functions are under-performing

Diagnostic waits (November) beyond 6 weeks were 0.16%, remaining well beneath the operational threshold of 1.00%.

Data Completeness

The Healthcare and Social Care Information Centre (HSCIC) assess the percentage of Trust submitted records for A&E, Inpatients and Outpatients to the Secondary Uses Service (SUS) for completeness of valid entries in mandatory fields. AE, OP and Community parameters remain above target, but IP data with valid entries has fallen just below the required threshold in previous months, recovering in November.

The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets is below the 99.0% operational threshold, with actual performance (completeness) during November reported as 97.4%. Outpatient, Community and A&E data sets continue to exceed their respective thresholds. Coding for Ethnicity has improved in November to 90.2% (89.82%LM) versus a target of 90%.

Open Referrals as at November are at are at 222,729 (214,841 LM). This reflects another monthly increase of c8,000 referrals. The trust is following up previous reviews earlier this year, and again assessing the process and policy in respect of this indicator which aims to maintain appropriate levels of open referrals. This is currently under-view due to complete by Jan2016.

Staff

PDR overall compliance as at the end of November is at 86.67%.
The Medical Appraisal / Revalidation rate as at August is 87.5% measuring only validated appraisals, not appraisals 'carried out'.
Both indicators are below targets of 95%.

Mandatory Training at the end of November is at 87.2% overall against target of 95%. Health & Safety mandatory training at 97.57%

In-month sickness rate is at 5.1% - highest monthly rate since June 2015.
12-month rolling period sickness absence at 5.0%.
Return to Work interview rate following Sickness Absence is at 65.2% for the month of November.

The Trust annualised turnover rate is at 13.6% as at November.

Qualified nurse vacancies as at October reported as 267wte (vs. 279wte previous month)

Nurse Bank & Agency utilisation continues to be high; a high proportion of the filled shifts has been via Bank nurses.
The absolute number of bank shifts worked in month is subject to validation as the trust transitions between two systems.

CQUIN

The trust has submitted Q2 returns to CCG and SCG commissioners.

Feedback has been received from both confirming 100% payment, however some schemes are subject to validation and audit.
November reviews with the CQUIN leads are scheduled to address some of the issues that have arisen since Q2.
Significant, on-going focus is required for several schemes to ensure this is delivers for Q3 (at the end of December).

Ext Assessment Frameworks & Data Quality

The TDA Observation & Escalation assessment of the trust remains at 'level 3 - Intervention'.

Data Quality (DQ) - the Performance Committee has agreed to re-visit all IPR indicators in respect of DQ. DQ kitemark assessments have been progressing as part of an ongoing improvement cycle.
The initiative is reaching its completion at the end of December 2015 when all data reported in the IPR will have a completed / assessed kitemark (or with clear actions in place). This will include the middle of the kitemark sign off reflecting Executive Judgement.
This version of the IPR already includes the updated Kitemarks for many indicators, some are still subject to a final sign off and will be completed at the end of the month.

Summary Scorecard - November (Month)

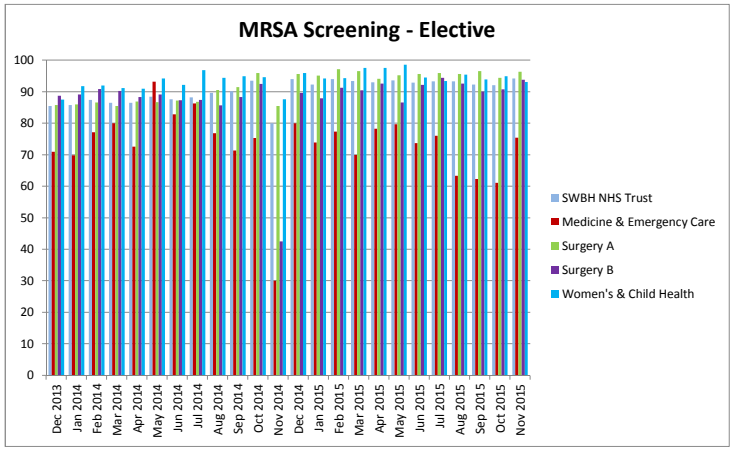
Summary Scorecard

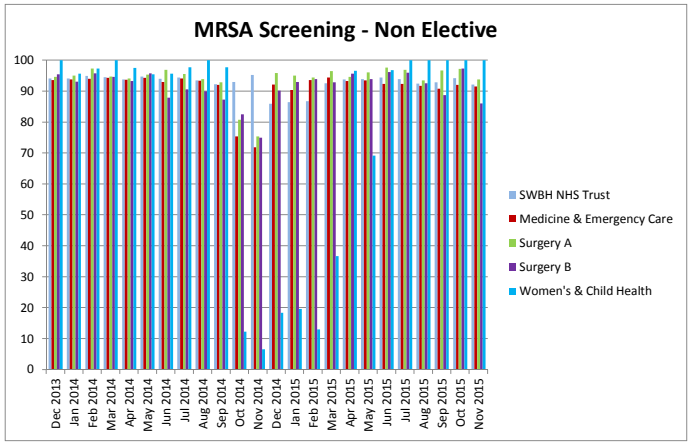
Section	Red Rated	Amber Rated	Green Rated	None	Total
Infection Control	0	0	6	0	**6**
Harm Free Care	6	1	5	2	**14**
Obstetrics	1	0	6	6	**13**
Mortality and Readmissions	1	0	0	11	**12**
Stroke and Cardiology	3	0	8	0	**11**
Cancer	2	0	7	4	**13**
FFT. MSA, Complaints	9	2	5	6	**22**
Cancellations	4	0	5	0	**9**
Emergency Care & Patient Flow	6	0	7	6	**19**
RTT	5	0	2	0	**7**
Data Completeness	1	0	9	1	**11**
Staff	9	0	2	11	**22**
Total	**47**	**3**	**62**	**47**	**159**

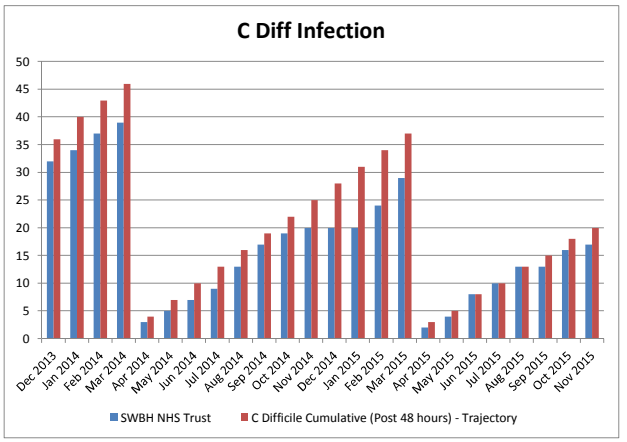
47 exceptions (red rated) reported indicators at November. This reflects a fairly static trend across the same indicators over the reporting periods and a number of improvements are planned which are driven through the Performance Committee by the Exec Group.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Jun 2014) J J A S O N D J F M A M J J A S O N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
4			C. Difficile	<= No	30	3		Nov 2015	1	0	0	0					1	17			
4			MRSA Bacteraemia	<= No	0	0		Nov 2015	0	0	0	0					0	2			
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9		Nov 2015									5.6	3.1			
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	95		Nov 2015									16.8	21.3			
3			MRSA Screening - Elective	=> %	80	80		Nov 2015	75.5	96.4	93.9	93.1					94.2				
3			MRSA Screening - Non Elective	=> %	80	80		Nov 2015	91.6	93.8	86	100					92.2				

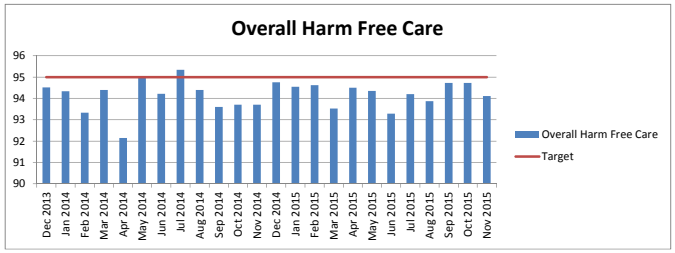


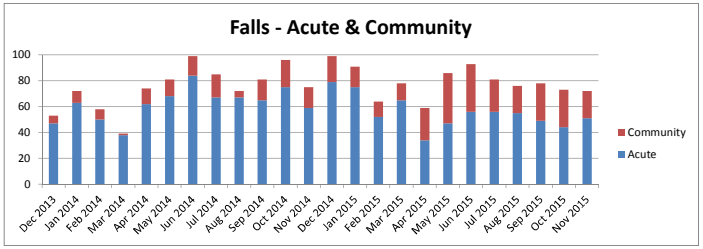


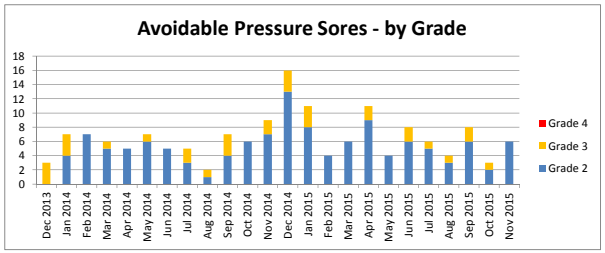


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Nov 2015									94.1				
8		d	Patient Safety Thermometer - Catheters & UTIs	%			0.51	0.49	0.42	0.41	0.40	0.25	0.31	0.41	0.40	0.64	0.25	4.00	2.00	1.00	9.00	3.00	3.00	4.00			Nov 2015									0.35				
8			Falls	<= No	804	67	99	85	72	81	96	75	99	91	64	78	80	106	90	70	76	78	73	72	Nov 2015	42	6	2	1	0	0	21		72	645			
9			Falls with a serious injury	<= No	0	0	4	1	5	1	1	2	1	1	0	1	1	1	1	5	0	1	2	3	Nov 2015	2	1	0	0		0	0		3	14			
8			Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	5	5	2	7	6	9	16	11	4	6	11	4	8	6	4	8	3	6	Nov 2015	3	1	0	0			2		6	50			
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Nov 2015	93.4	96.8	98.9	91.8					94.7				
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	98	98																			Nov 2015	99.9	99.7	99.9	99.1		0.0			99.8				
3			WHO Safer Surgery - brief (% lists where complete)	=> %	95	95																			Nov 2015	100	99	100	100		100			100				
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	85	85																			Nov 2015	99	93	99	100		100			98.134				
9		d	Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	Nov 2015	0	0	0	0	0	0	0		0	3			
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	Nov 2015	1	0	0	0	-	0	0		1	2			
9		d	Serious Incidents	<= No	0	0	2	2	2	1	1	2	3	4	4	6	5	4	7	9	7	5	7	6	Nov 2015	4	1	0	1	0	0	0	0	6	50			
9			Open Central Alert System (CAS) Alerts	<= No			7	5	6	5	5	15	17	10	9	4	8	5	4	8	11	8	7	4	Nov 2015									4				
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	1	0	0	0	4	0	1	0	1	0	3	2	0	1	2	2	0	Nov 2015									0				

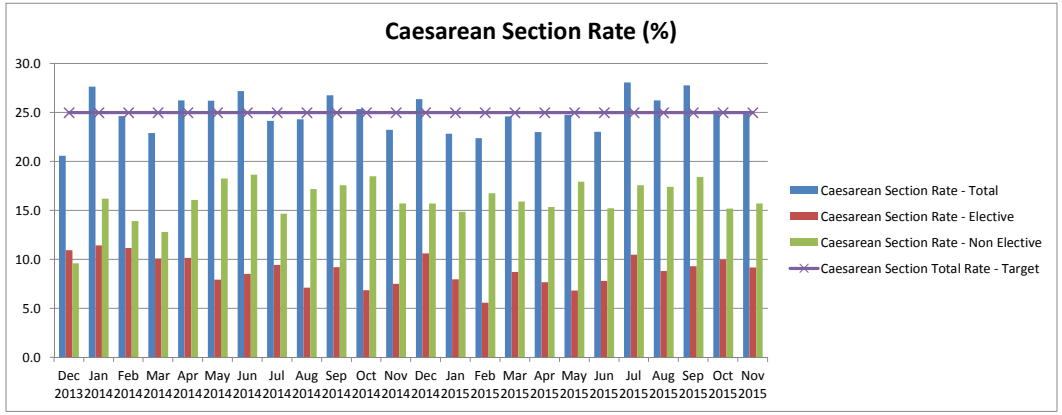


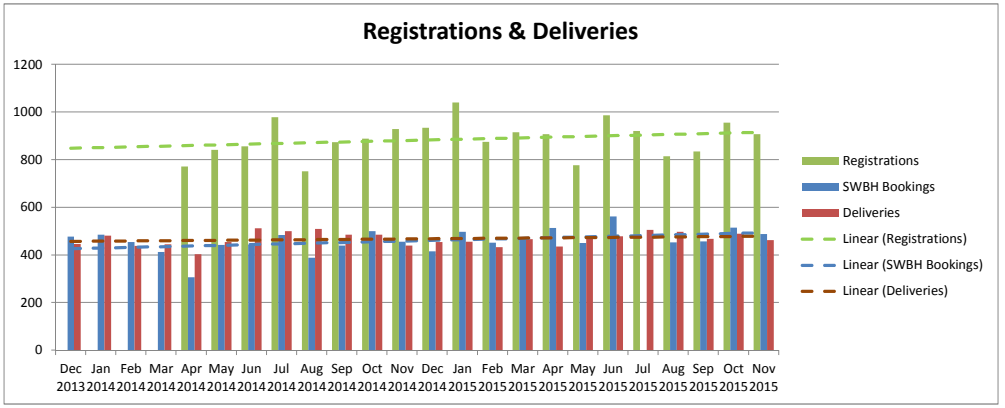




Patient Safety - Obstetrics

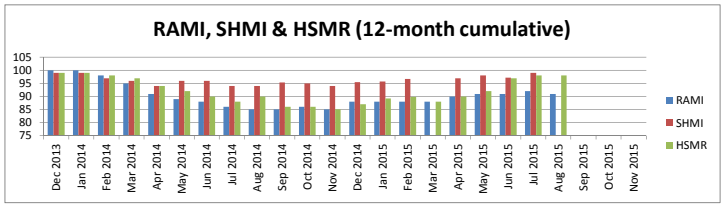
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Month	Year To Date	Trend	Next Month	3 Months
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Nov 2015	24.9	25.4			
3		•	Caesarean Section Rate - Elective	<= %			9	9	7	9	7	8	11	8	6	9	8	7	8	11	9	9	10	9	Nov 2015	9.2	8.8			
3		•		<= %			19	15	17	18	19	16	16	15	17	16	15	18	15	18	17	18	15	16	Nov 2015	15.7	16.6			
2		•d	Maternal Deaths	<= No	0	0																			Nov 2015	0	0			
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Nov 2015	2	20			
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Nov 2015	0.65	2.15			
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Nov 2015	6.48				
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0																			Nov 2015	78.94				
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Nov 2015	153.6				
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0		-->	-->		-->	-->		-->	-->		-->	-->			-->	-->		-->	-->	Nov 2015	-	74.22			
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			2.6	1.8	0.9	0.9	0.7	1.5	1.2	1.3	0.5	2.1	2.1	2.1	1.3	1.6	1.6	1.6	1.5	1.3	Nov 2015	1.31	1.66			
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.6	1.6	0.7	0.3	0.7	1.3	0.8	0.3	0.5	1.5	1.6	1.0	1.3	1.0	1.1	1.3	1.1	1.3	Nov 2015	1.31	1.23			
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.4	0.4	0.2	0.0	0.0	1.0	0.4	0.0	0.0	1.2	0.7	0.8	0.9	0.2	0.5	0.8	1.1	1.0	Nov 2015	1.04	0.72			

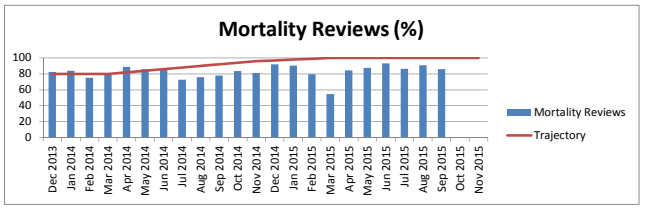


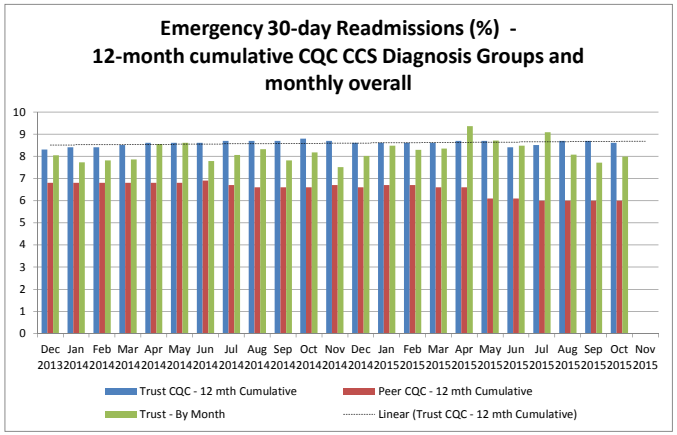


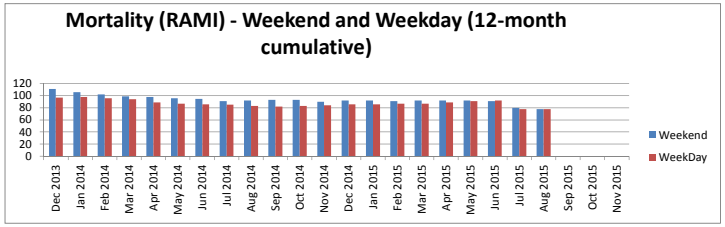
Clinical Effectiveness - Mortality & Readmissions

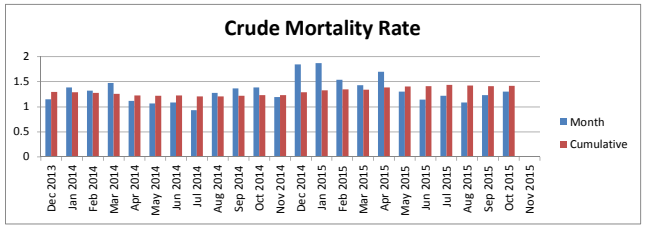
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	88	86	85	85	86	85	88	88	88	88	90	91	91	92	91	-	-	-	Aug 2015										455			
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	86	85	83	82	83	84	86	86	87	87	89	91	92	78	78	-	-	-	Aug 2015										428			
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	95	91	92	93	93	90	92	92	91	92	92	92	91	80	78	-	-	-	Aug 2015										433			
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	96	94	94	95	95	94	96	96	97	-	97	98	97	99	-	-	-	-	Jul 2015										391			
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			90	88	90	86	86	85	87	89	90	88	90	92	97	98	98	-	-	-	Aug 2015										475.0			
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	47	51	71	89	80	76	111	105	94	93	75	84	53	102	44	-	-	-	Aug 2015									44				
3			Mortality Reviews within 42 working days	=> %	90	90																-	-	-	Sep 2015	86	82	100	0					86				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.1	0.9	1.3	1.4	1.4	1.2	1.8	1.9	1.5	1.4	1.7	1.3	1.1	1.2	1.1	1.2	1.3	-	Oct 2015									1.31				
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.2	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	-	Oct 2015										1.42			
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.8	8.1	8.3	7.8	8.2	7.5	8.0	8.5	8.3	8.4	9.4	8.7	8.5	9.1	8.1	7.7	8.0	-	Oct 2015									7.99				
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			7.9	7.9	8.0	8.0	8.0	8.0	8.0	8.1	8.1	8.2	8.2	8.2	8.3	8.4	8.4	8.3	8.3	-	Oct 2015										8.30			
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.6	8.7	8.7	8.7	8.8	8.7	8.6	8.6	8.6	8.6	8.7	8.7	8.4	8.5	8.7	8.7	8.6	-	Oct 2015	-	-	-	-						8.61			





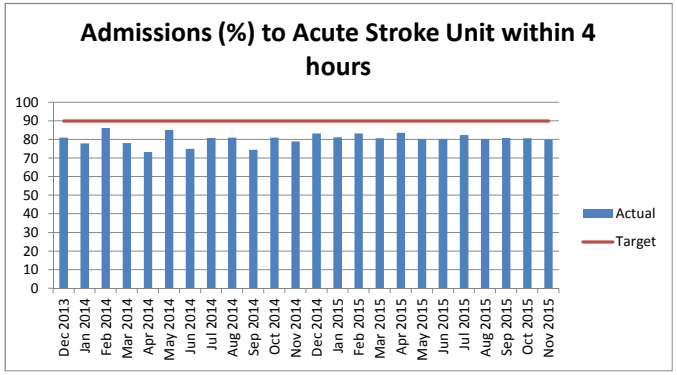


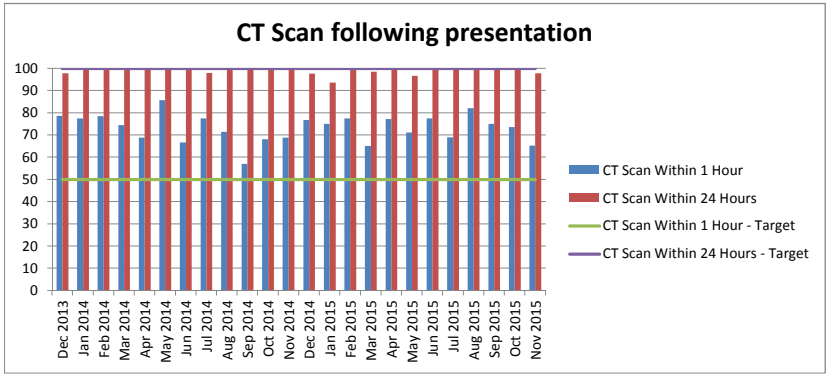


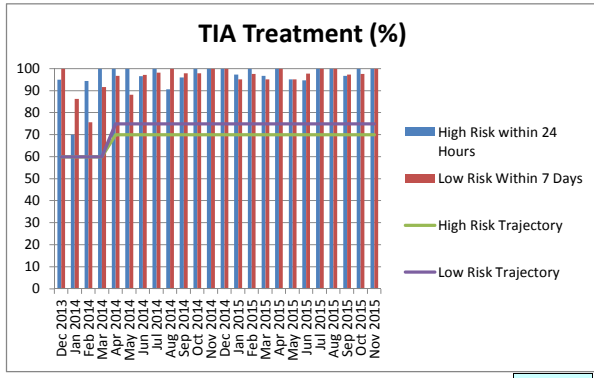


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (Since Jun 2014)																		Data Period	Month	Year To Date	Trend	Next Month	3 Months
					Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N							
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0																			Nov 2015	95.2	91.9			
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0																			Nov 2015	80.0	81.1			
3			Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0																			Nov 2015	65.2	73.9			
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	100.0	100.0																			Nov 2015	97.8	99.3			
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Nov 2015	100.0	85.0			
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0																			Nov 2015	100.0	100.0			
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0																			Nov 2015	100.0	98.2			
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0																			Nov 2015	100.0	98.5			
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0																			Nov 2015	100.0	94.3			
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0																			Nov 2015	100.0	95.3			
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0																			Nov 2015	71.3	93.5			



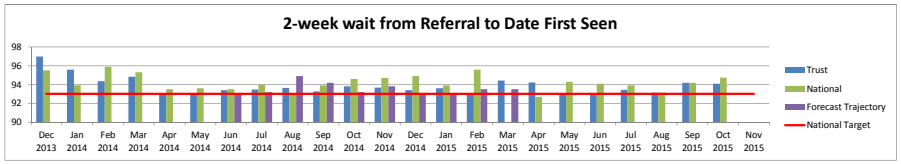


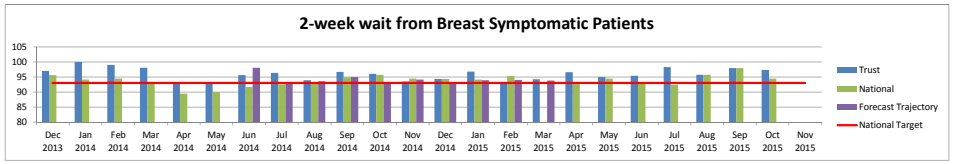


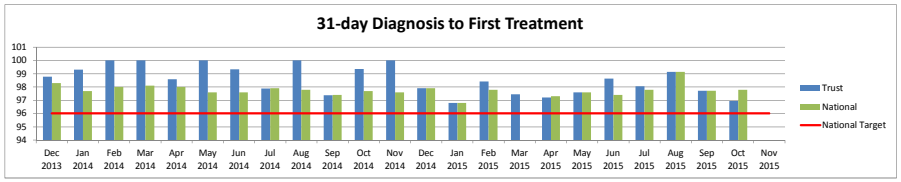
Clinical Effectiveness - Cancer Care

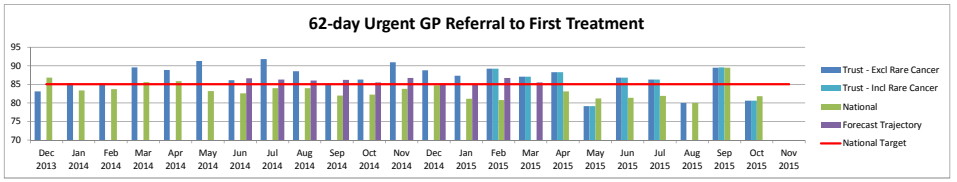
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
1			2 weeks	=> %	93.0	93.0																			Oct 2015	92.7	93.4	97.7	97.7					94.1	93.6			
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Oct 2015		-							97.4	96.7			
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Oct 2015	97.4	98.4	0.0	92.3					96.9	97.9			
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																N/A			Oct 2015									100.0	98.1			
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			Oct 2015									100.0	98.8			
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			Oct 2015									-	0.0			
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			Oct 2015	83.6	82.0	0.0	70.4					80.6	84.9			
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0	-	-	-	-	-	-	-								-				Oct 2015	83.6	82.0	0.0	70.4					80.6	85.7			
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																			Oct 2015	0.0	100.0	0.0	100.0					100.0	97.0			
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			Oct 2015	100.0	100.0	0.0	0.0					96.7	90.9			
1			Cancer - Patients Waiting over 62 days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	12	9	13	-	Oct 2015	4.5	4.5	0.0	4.0					13.0	33.5			
1			Cancer - Patients Waiting over 104 days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	4.5	7.0	4.0	8.0	-	Oct 2015	4.0	2.0	0.0	2.0					8.0	23.5			
1			Cancer - Longest Waiter in days	No			-	-	-	-	-	-	-	-	-	-	-	-	-	180	147	228	165	-	Oct 2015	165	124	0	146					165				

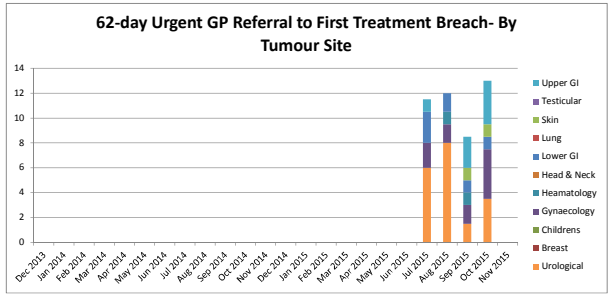
Cancer - Patients Waiting (over 62 days) By Tumour Site				Data Period	Breast	Childrens	Gynae	Haematolog	Head & Neck	Lower GI	Lung	Skin	Testicular	Upper GI	Urology	Total
Breaches	No			Oct 2015	0.0	0.0	4.0	0.0	0.0	1.0	0.0	1.0	0.0	3.5	3.5	13.0
Compliance	%			Oct 2015	100.0	-	70.4	-	-	75.0	100.0	92.0	-	68.2	61.1	80.6







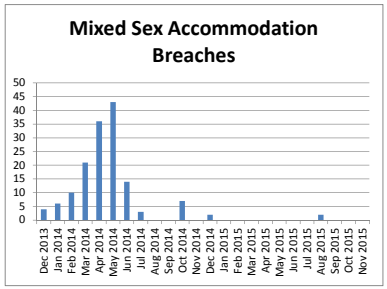


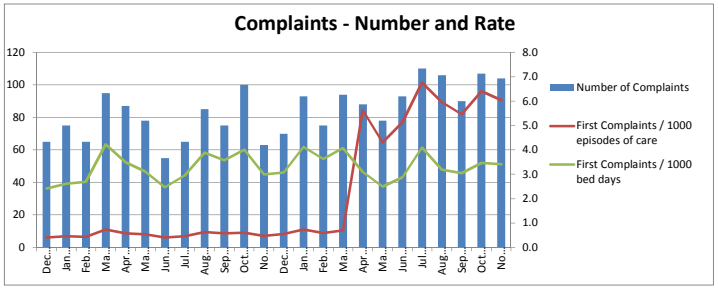


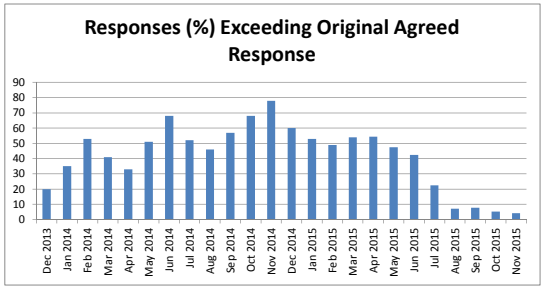
NOTES:

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
8		b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	45	41	32	31	28	31	28	33	43	43	29	31	31	28	25	22	27	16	Nov 2015									16				
8		a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	70	73	76	74	73	73	69	70	68	72	95	95	95	96	95	95	95	93	Nov 2015									93				
8		b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	16	16	17	17	17	18	17	18	21	22	9.9	8.4	7.2	9.4	9.6	7.5	6.8	5.9	Nov 2015	5.92								5.9				
8		a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	48	47	49	47	48	49	49	50	44	52	79	79	79	84	88	83	80	82	Nov 2015	82.1								82				
8		a	FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87	Nov 2015									87				
13		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	14	3	0	0	7	0	2	0	0	0	0	0	0	0	2	0	0	0	Nov 2015	0	0	0	0		0	0		0	2			
9			No. of Complaints Received (formal and link)	No			55	65	85	75	100	63	70	93	75	94	88	78	93	110	106	90	107	104	Nov 2015	42	18	18	10	2	2	4	8	104	776			
9			No. of Active Complaints in the System (formal and link)	No			270	219	258	282	324	359	219	249	266	265	278	225	186	170	174	143	151	145	Nov 2015	65	24	25	13	2	2	5	9	145				
9		a	No. of First Formal Complaints received / 1000 bed days	Rate1			2.5	2.9	3.9	3.6	4.0	3.0	3.1	4.1	3.6	4.1	3.1	2.5	2.9	4.1	3.2	3.0	3.5	3.4	Nov 2015	3.15	3.1	21.6	2.01					3.41	3.20			
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			0.4	0.5	0.6	0.6	0.6	0.5	0.6	0.7	0.6	0.7	5.6	4.3	5.1	6.8	6.0	5.5	6.4	6.0	Nov 2015	6.24	6.17	9.74	3.43			0		6.04	5.72			
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	99	99	100	99	100	100	99	98	100	99	100	100	100	100	100	100	100	Nov 2015	100	100	100	100	100	100	100	100	100				
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	68	52	46	57	68	78	60	53	49	54	54	47	42	22	7.1	7.7	5.3	4.1	Nov 2015	2.99	8.7	4	0	0	0	20	0	4				
9			No. of responses sent out	No			4	138	66	42	35	26	198	59	52	84	56	115	102	129	77	107	101	94	Nov 2015	35	16	15	9	1	4	1	13	94				
9			Oldest' complaint currently in system	No			145	127	133	131	174	161	182	192	213	234	254	188	210	186	208	136	159	47	Nov 2015	43	47	34	24	4	3	40	27	47				
14		e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Nov 2015	N	N	N	N	N	N	N	N	No				

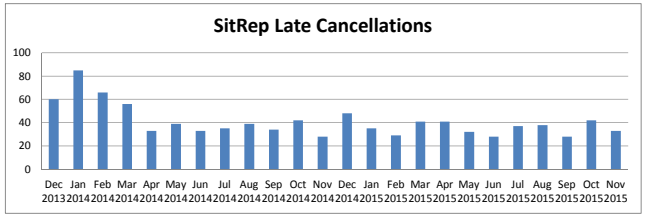


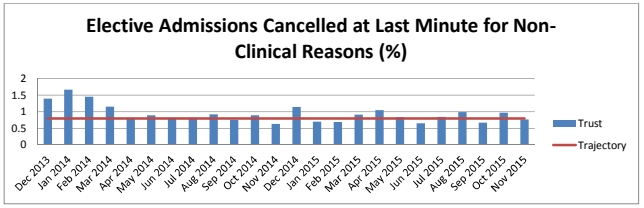


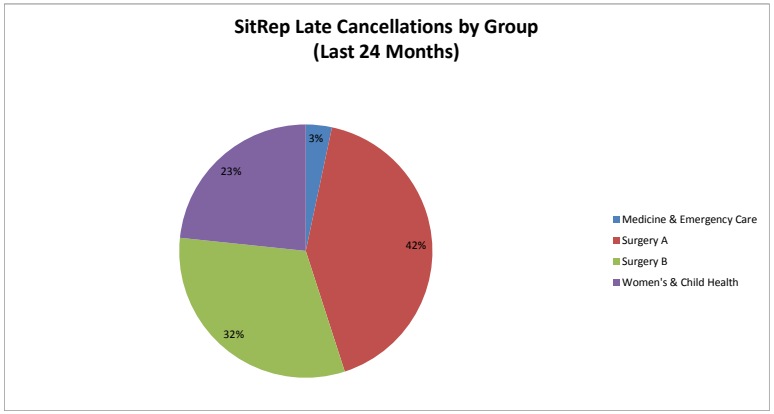


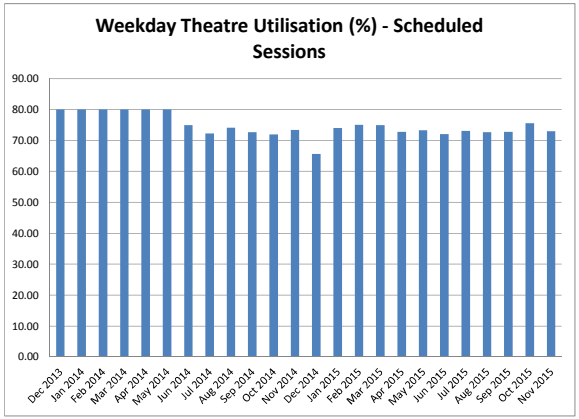
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2		•	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Nov 2015	0.06	0.76	1.33	2.98					0.8	0.8			
2		•e•	Number of 28 day breaches	<= No	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	Nov 2015	0	0	0	0					0	1			
2		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	Nov 2015	0	0	0	0					0	1			
2			No. of Sitrep Declared Late Cancellations	<= No	320	27	33	36	39	34	42	28	48	36	29	41	41	32	28	37	38	28	42	33	Nov 2015	1	8	15	9					33	279			
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	Nov 2015	0	0	0	0					0	5			
3			Multiple Cancellations experienced by same patient (al cancellations)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	46	52	59	46	39	49	50	57	Nov 2015	8	21	24	4					57				
3			All Cancellations, with 7 or less days notice (expressed as total number of patients)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	209	204	229	222	211	229	244	238	Nov 2015	28	79	95	36					238				
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Nov 2015	34.8	78.0	75.1	76.1					73.0				
2			Urgent Cancellations	<= No	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	11	5	6	0	7	3	9	0	Nov 2015	0.0	0.0	0.0	0.0					0	41			



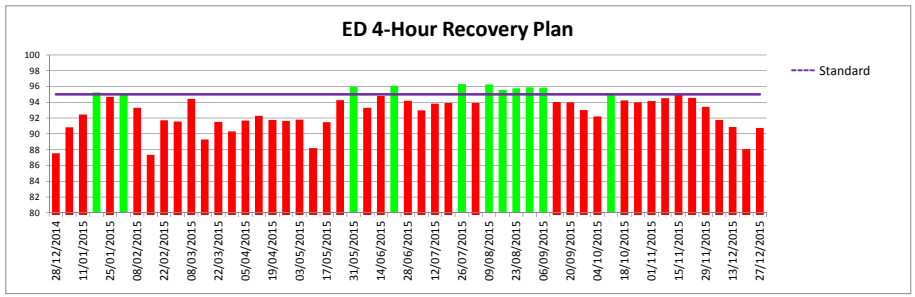


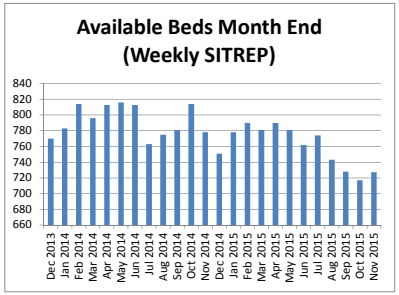


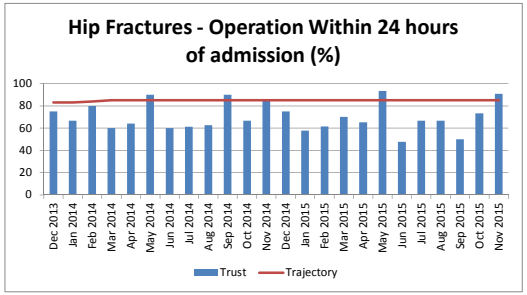


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend	Next Month	3 Months
2			Emergency Care 4-hour waits	=> %	95.00	95.00																			Nov 2015	93.9	93.0	99.8	94.14	93.87			
2			Emergency Care 4-hour breach (numbers)	No			1277	1122	876	1460	1636	1440	2234	1054	1481	1695	1527	1406	1037	1086	741	1138	1106	1103		Nov 2015	485	613	5	1103	9144			
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Nov 2015	0	0		0	0			
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Nov 2015	17	17	69	17	17			
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Nov 2015	53	48	33	50	49			
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Nov 2015	8.23	7.06	7.02	7.55	7.65			
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Nov 2015	3.47	4.24	1.57	3.59	4.21			
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	125	145	51	136	219	159	282	185	149	164	43	116	90	72	58	76	93	67		Nov 2015	23	44		67	615			
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	8	1	13	21	14	31	7	6	8	9	8	3	3	2	1	1	3		Nov 2015	1	2		3	30			
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																		-		Oct 2015	0.00	0.04		0.02	0.11			
11			WMAS - Emergency Conveyances (total)	No			4093	4278	3994	4067	4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202		Nov 2015	1972	2230		4202	29284			
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Nov 2015	0.5	3.8		2.0	2			
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Nov 2015	1.6	10.2		12				
2			Delayed Transfers of Care (Acute) - Total Bed Days	<= No	0	0	New indicator from November 2015																	-			-	-		-	-			
2			Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	New indicator from November 2015																	-			-	-		-	-			
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			587	606	575	568	603	535	699	544	573	634	567	596	502	545	529	588	601	518		Nov 2015				518	4446			
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			282	297	295	246	306	257	286	214	258	270	237	293	239	240	237	275	261	209		Nov 2015				209	1991			
3			Hip Fractures - Operation < 24 hours of admission (%)	=> %	85.0	85.0																			Nov 2015				91	68.7			
3			Hip Fractures - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Nov 2015				100	83.6			

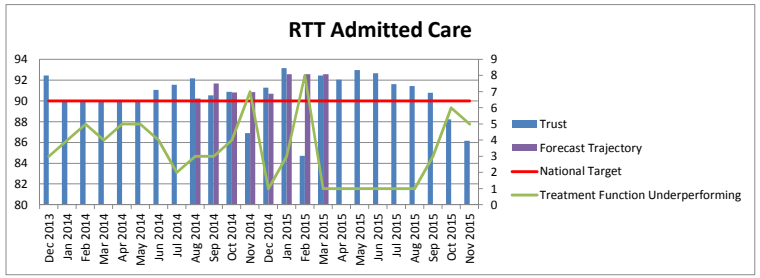


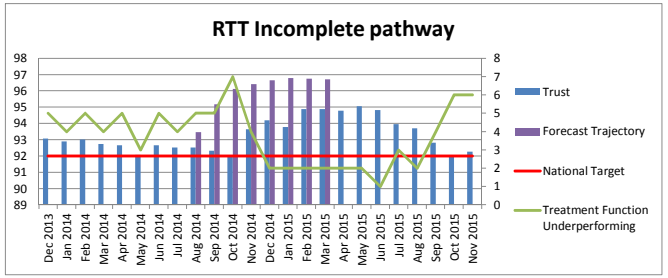


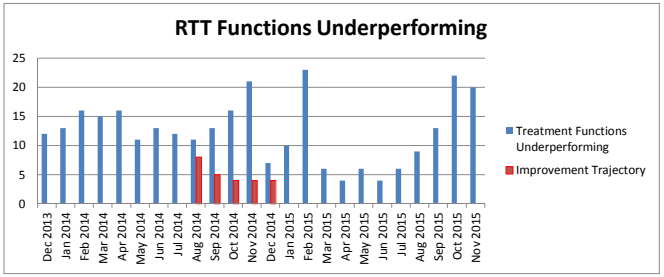


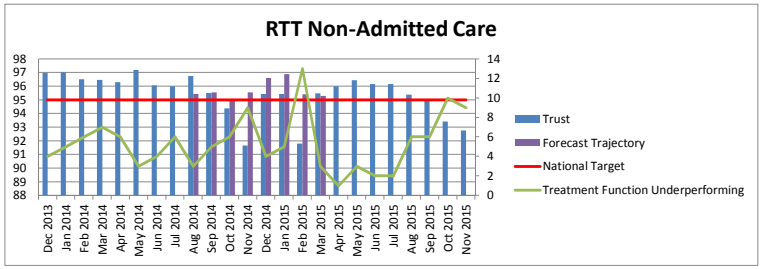
Referral To Treatment

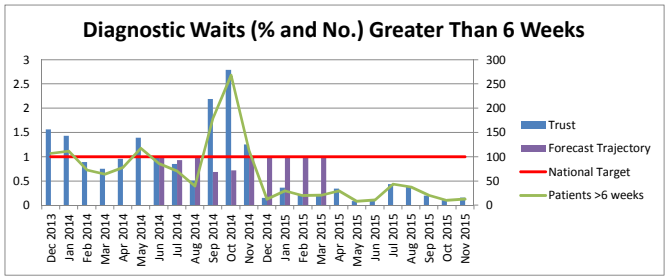
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Nov 2015	95.3	74.1	80.2	91.3					86.17				
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Nov 2015	86.9	91.2	95.3	96.3					92.77				
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Nov 2015	91.5	89.0	94.0	96.7					92.27				
2			Patients Waiting >52 weeks	<= No	0	0	2	3	4	4	3	3	0	4	3	4	1	2	1	3	5	2	4	4	Nov 2015	1	0	3	0.0					4				
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	2	2	-	3	1	-	1	1	1	-	2	-	2	3	1	2	2	Nov 2015	1	0	1	0					2				
2			Treatment Functions Underperforming	<= No	0	0	13	12	11	13	16	19	8	10	23	6	4	6	4	6	9	13	22	20	Nov 2015	8	9	3	0.0					20				
2			Acute Diagnostic Waits in Excess of 6-weeks	<= %	1.0	1.0	0.98	0.86	0.51	2.19	3.16	1.09	0.16	0.37	0.22	0.23	0.35	0.09	0.11	0.44	0.38	0.2	0.11	0.16	Nov 2015	0.0	0.7	0.0	0.0		0.2			0.16				

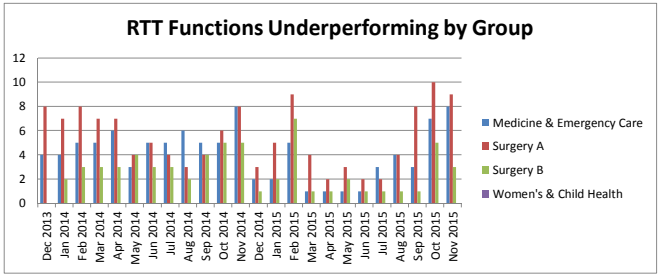










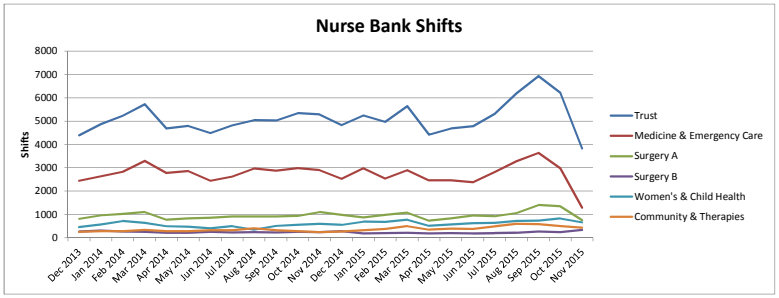


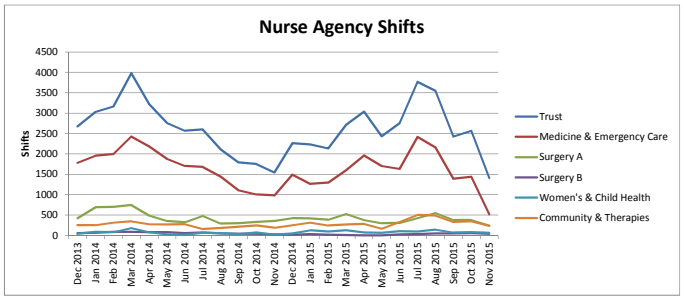
Data Completeness

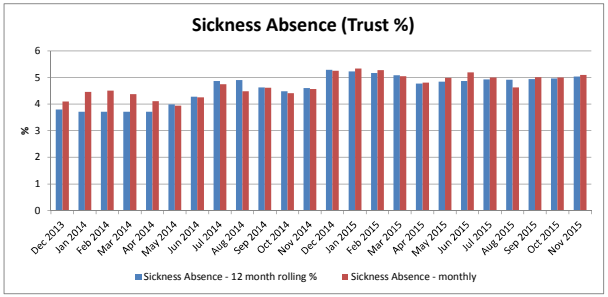
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
14			Data Completeness Community Services	=> %	50.0	50.0																		-	Oct 2015								61.2	61.2				
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Oct 2015									99.4				
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Oct 2015									99.4				
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Oct 2015									99.2				
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	95.6	95.4	95.2	95.7	95.3	95.7	96.0	96.5	96.9	96.6	96.9	96.6	96.3	96.5	95.8	96.5	97.0	97.4	Nov 2015									97.4	96.6			
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.4	99.4	99.5	99.5	99.5	99.6	99.6	99.6	99.6	99.6	99.6	99.5	99.4	99.5	99.5	99.5	Nov 2015									99.5	99.5			
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.3	96.1	96.1	96.2	96.4	96.6	96.2	97.0	96.7	96.8	96.8	96.9	96.9	96.3	96.0	96.7	96.3	97.1	Nov 2015									97.1	96.6			
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Nov 2015									90.2	91.0			
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Nov 2015									5.4	5.6			
2			Open Referrals	No			-	-	-	-	-	-	-	-	-	-	173,131	180,758	183,245	191,411	203,025	208,990	214,841	222,779	Nov 2015	78,201	41,714	70,005	29,256	3,318	231	54		222,779				

Staff

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Trajectory Month - Amber	Previous Months Trend (since Jun 2014) J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Group M	A	B	W	P	I	C	CO	Month	Year To Date	Trend	Next Month	3 Months
7		b	WTE - Actual versus Plan (FTE)	No				580	584	626	608	628	674	685	701	732	689	888	831	733	763	823	842	780		Nov 2015													
3		b	PDRs - 12 month rolling	=> %	95.0	95.0	90.0																					Nov 2015	82.4	83.4	79.5	87.0	88.5	68.3	83.1	84.8		86.7			
7		b	Medical Appraisal and Revalidation	=> %	95.0	95.0	90.0										-											Nov 2015	80.5	79.3	80.0	83.3	94.4	100.0	0.0	100.0		87.5			
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15	3.8																					Nov 2015	5.4	5.3	3.1	5.7	4.2	4.6	5.0	4.9	5.0	4.9			
3			Sickness Absence (Monthly)	=> %	3.15	3.15	3.8																					Nov 2015	6.6	5.3	3.2	6.1	3.3	4.6	4.2	4.4	5.1				
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-									Nov 2015	63.3	67.2	57.7	64.5	80.5	48.0	81.0	74.4	68.1	65.2			
3			Mandatory Training	=> %	95.0	95.0	90.0																					Nov 2015	81.8	87.4	85.7	84.1	94.5	86.8	89.3	89.8		87.2			
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0	90.0																					Nov 2015	95.5	97.0	94.3	96.0	99.1	96.4	97.4	98.1		97.6			
7		b	Staff Turnover (rolling 12 months)	<= %	10.0	10.0	10.0																					Nov 2015									13.6	13.5			
7			New Investigations in Month	No				6	5	2	15	3	1	0	3	4	5	8	11	5	8	4	5	10	6	Nov 2015	0	0	0	1	1	0	4	0	6				
7			Vacancy Time to Fill	Weeks				19	18	19	19	20	21	20	20	23	22	23	24	26	25	27	25	23	23	Nov 2015									23				
7			Professional Registration Lapses	<= No	0	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0	0	0	0	0	0	0	0	0	0			
7			Qualified Nursing Variance (FIMS) (FTE)	No				173	177	201	200	188	200	228	238	247	263	221	247	288	303	321	320	279	267	Nov 2015									267				
10			Nurse Bank Fill Rate	=> %	100.0	100.0	100.0	82	80	77	78	78	82	73	78	78	78	75	81	81	79	80	87	82	90	Nov 2015	84.5	86.3	97.6	96.1	100.0	100.0	95.6	96.4	90.3	81.9			
10			Nurse Bank Shifts Not Filled	<= No	0	0	0.0	919	1087	1802	1370	1086	1440	1727	1716	1432	1487	1532	1378	1073	1622	1423	1207	917	780	Nov 2015	217	117	27	394	0	0	19	6	780	9932			
10			Nurse Bank Use (shifts)	<= No	46980	3915	3915.0																					Nov 2015	1287	763	330	669	5	183	430	163	3830	42330			
10			Nurse Agency Use (shifts)	<= No	0	0	0.0																					Nov 2015	517	242	35	59	41	274	232	9	1409	21938			
10			Admin & Clerical Bank Use (shifts)	<= No	0	0	0.0																					Nov 2015	890	220	121	58	487	114	244	2798	4932	43214			
10			Admin & Clerical Agency Use (shifts)	<= No	0	0	0.0																					Nov 2015	79	74	42	11	0	0	0	106	312	1713			
			Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	-			
15			Your Voice - Response Rate	No			0.0	-->	-->	18.2	-->	-->	17.4	-->	12.6	12.7	-->	-->	-->	13.9	-->	-->	15.3	-->	-->	Sep 2015	6	10	15	12	24	24	31	19	15.3				
15			Your Voice - Overall Score	No			0.0	-->	-->	3.68	-->	-->	3.65	-->	3.57	3.55	-->	-->	-->	3.59	-->	-->	3.51	-->	-->	Sep 2015	3.45	3.37	3.63	3.64	3.58	3.11	3.68	3.46	3.51				







CQUIN (page 1 of 2)

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Trajectory Notes	Q1	Q2	Q3	Q4	Monthly Trend A	M	J	J	A	S	O	N	D	J	F	M	Comments	Data Period	Year To Date	Trend	Next Month	3 Months
1	National	£646	£323	£0	Acute Kidney Injury	Improvement from previous Quarter	Derive Base Data	Improvement to last Qtr - GP Letter Pilot - Delayed	Improvement to last Qtr - GP Letter Pilot Jan	Improvement to last Qtr	Q1 Met	Q2 Met	•	•	-	-	-	-					November results not confirmed; Delivery expected and manual auditing process needs to continue	Nov-15	•	•	•	•
2	National	£323	£129	£0	Sepsis Screening	Improvement from base to agreed target	Derive Base Data	Target set at 32.5%	Improvement to Target	Improvement to Target	Q1 Met	Q2 Met	•	•	-	-	-	-					In October Patient First implemented . However, system configuration not complete - supplier challenged - October results particularly low at 14% (32%expected) - A&E consultant agreed set December process to ensure Dec month is an improved rate at least.	Nov-15	•	•	•	•
3	National	£323	£65	£0	Sepsis Antibiotic Administration	90% by Q4	Establish Audit Mech.	CCG aware - small samples	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	•	•	-	-	-	-					Delivering in November	Nov-15	•	•	•	•
4	National	£388	£388	£0	Dementia - Find, Assess, Investigate, Refer & Inform	90% (each of 3 elements) in Q4	Carry fwd from last year	Query with CCG - inform?	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	•	•	-	-	-	-					The 'inform' part of delivery a concern, till discharge letter goes live in Jan. 80+ letters to be manually audited to keep achievement. Letters needs to go out to GPs	Nov-15	•	•	•	•
5	National	£65		£0	Dementia - Staff Training	Target tba - Qtly reports to Board	Carry fwd from last year	Work towards 90%	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	•	•	-	-	-	-					Tracking well with excellent training programme in place.	Nov-15	•	•	•	•
6	National	£194		£0	Dementia - Supporting Carers	Bi-annual reports to Board	Carry fwd from last year	Work towards 90%	Work towards 90%	90% Achieved	Q1 Met	Q2 Met	•	•	-	-	-	-					Tracking well.	Nov-15	•	•	•	•
7	National	£1,292	£1,163	£0	Improvement in diagnosis recording in HES Data Set of Mental Health presentations	85% in one month	Qly Data Collection	Achieve 85% in one month to complete CQUIN - already achieved in July & August at 99% - maintain performance			Q1 Met	Q2 Met	•	•	-	-	-	-					CSU has raised data challenge, which is being resolved positively. However, internally also wrong code set used meaning we have not delivered target as yet (85%) .. At 80% in November - Group aware and focussed on achieving 85% for December	Nov-15	•	•	•	•
8	Local	£330	£330	£0	Community Therapies - Dietetics Community Communication with GPs	Deliver outstanding actions from 14 / 15	One data submission at end of Q2				Met												Delivered fully	Nov-15	•			
9	Local	£672	£142	£0	Reduce Number of Ward Transfers experienced by patients with Dementia	Agree improvement trajectory from base	Derive Base Data	Improvement Required	Improvement Required	Improvement Required	Q1 Met	Q2 Met	•	•	-	-	-	-					October results of concern, single month already double the size of the previous quarter - urgent process review to take place	Nov-15	•	•	•	•
10	Local	£672	£493	£0	Reduce Number of Out Of Hours Patient Transfers	Agree improvement trajectory from base	Derive Base Data	Improvement Required	Improvement Required	Improvement Required	Q1 Met	Q2 Met	•	•	-	-	-	-					October results increased, investigation required to confirm seasonal impact;	Nov-15	•	•	•	•
11	Local	£1,163	£475	£0	Safeguarding	Carry Forward from last year	Report to Board (Pat Story)	Report to Board (Pat Story)	Report to Board (Pat Story)	Report to Board (Pat Story)	Q1 Met	Q2 Met	•	•									Tracking well.	Nov-15	•	•	•	•
12	Local	£400	£0	£0	Falls Medication	Baseline now agreed Q2	Not active Q1	Not active Q2	Baseline agreed		Not Active		-	-									Starting after Q2, baseline discussions being held	Nov-15		•	•	•
13	Spec.	£118	£59	£118	Reduce Number of Consultant-Led Follow Up OP Attendances	Implement plans to & monitor FUN ratio	Formulate Plans	Sign Off of Plans	Monitor & Improve	Monitor & Improve	Q1 Met	Q2 Met	•	•	-	-	-	-					Plan required and sign off by Medical Director - lack of clarity in respect of delivery of activity.	Nov-15	•	•	•	•
14	Spec.	£118	£59	£0	HIV - Reducing Unnecessary CD4 Monitoring	90% pts have no more than 1 CD4 count in 9m	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met	Q2 Met	•	•	-	-	-	-					Tracking well.	Nov	•	•	•	•
15	Spec.	£118	£59	£118	Haemoglobinopathy Networks - develop partnership working, define pathways and protocol	Publish agreed care p'ways and protocols	Set Up initial network meet				Q1 Met	Q2 Met	•	•	-	-	-	-					Discussion with SCG required. Update from M Walsh discussion required. Another review due internally.	Nov-15	•	•	•	•
16	Spec.	£118	£59	£0	Breast Cancer - help patients make more informed choices regarding treatment	Provision of anon. pt. Datasets	Derive Base Data	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met	Q2 Met	•	•	-	-	-	-					Tracking well.	Nov-15	•	•	•	•
17	Spec.	£118	£59	£0	Bechet's Disease (Highly Specialised Service) - set up clinical outcome collaborative workshop	Submit Quarterly return	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Qtly Data Collection	Q1 Met	Q2 Met	•	•	-	-	-	-					Tracking well.	Nov-15	•	•	•	•

CQUIN (page 2 of 2)

0

	CQUIN	Annual Plan Values (000s)	Achieved Values - YTD (000s)	Value at Risk (000s)	Indicator	Note	Trajectory		Previous Months Trend												Data Period	Comments	Year To Date	Trend	Next Month	3 Months
							Year	Month	A	M	J	J	A	S	O	N	D	J	F	M						
17	Public Health	£94	£0	£0	Breast Screening - improvement in uptake	Annual Report			Q1 Met			Q2 Met			●	●	-	-	-	-	Nov-15	13 out of 14 GPs taking part; all have shown improvements and many at desired improvement target of 5% uptake. GPs not taking part shown deterioration; MD to write to non-participating GPs	●	●	●	●
18	Public Health	£42	£11	£32	Bowel Screening - improvement in uptake	Annual Report			Q1 Met			Q2 Met			●	●	-	-	-	-	Nov-15	Patient letter gone out, but 6mths period in which to attend screening so results - uptake unlikely	●	●	●	●
19	Public Health	£154	£77	£0	Maternity and Health Visiting Services - Integrated working	Implement Shared Assessment Framework			Q1 Met			Q2 Met			●	●	-	-	-	-	Nov-15	BadgerNet used to facilitate sharing	●	●	●	●

The Trust is contracted to deliver a total of 20 CQUIN schemes during 2015 / 2016. 7 schemes are nationally mandated, a further 5 have been agreed locally, 5 identified by the West Midlands Specialised Commissioners and 3 by Public Health. The collective **financial value** of the schemes is **c.£8.8m.**

The CCG and SCG have signed off the Q2 position and agreed to fully fund the schemes up to that stage. The Trust is reporting on Q3 performance at the end of January.

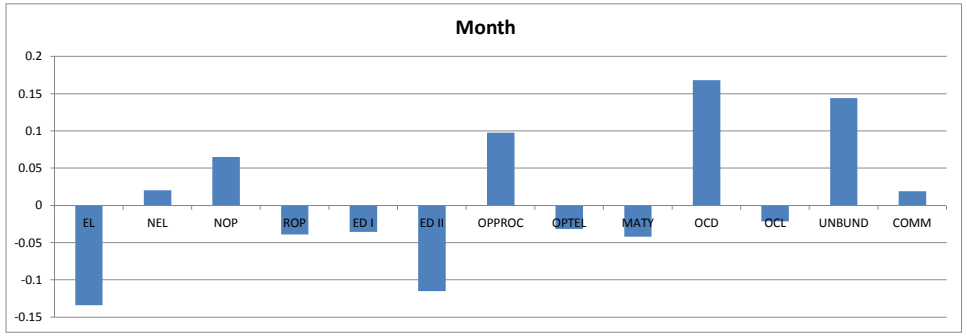
A number of manual interventions has been necessary to secure scheme delivery, as systems were either not in place or failing appropriate configuration. This relates mainly to AKI, Sepsis A and Dementia 'inform' element.

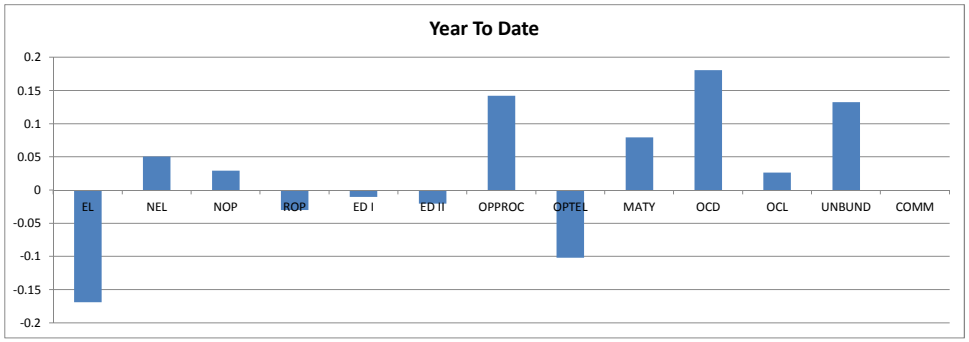
- There is a high risk that Sepsis A will fail this quarters' targets although processes have been put in place to manually satisfy the audit requirements. For clarity, The trust is delivering the appropriate clinical care, it is the audit that is not fully in place as Patient First fails to deliver on this development. - AKI continuous to rely on manual audits, but the system development is expected in January, this scheme is of a lesser risk of failure for Q3. - Dementia 'inform' element relies on patient letters being sent to GPs where patients has a certain level of score. There is a heavy focus on extracting this manually and sending out, but it is expected to deliver.

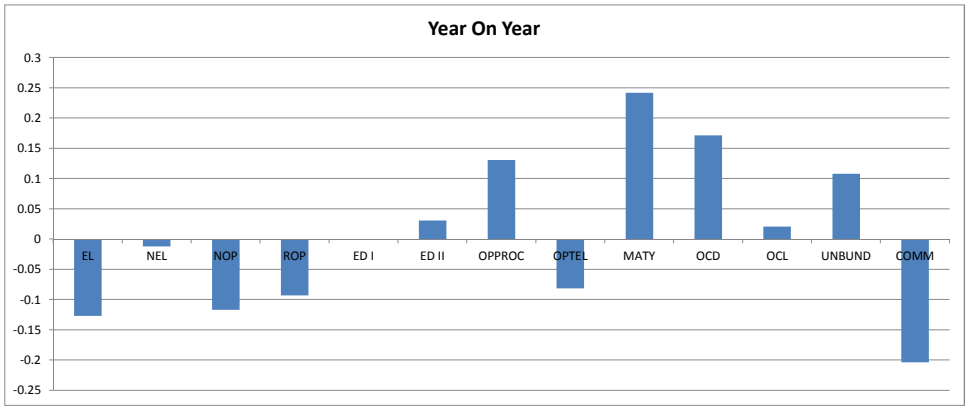
Other schemes rated amber are subject to a fuller review at the end of the quarter and are expected to deliver.

Activity Summary

Data up to Novmber 2015 (M08)







Activity - Variance expressed as a percentage between actual activity and planned (contracted) activity is reflected for the month and year to date in the graphs opposite. Additionally, there is a year on year comparison of current year with previous year for the corresponding period of time.

Adverse variances to plan in elective and outpatient care are being addressed through the demand and capacity work being led by the Chief Operating Officer. The plan focusses on maintaining underlying contract plan levels of activity during Q3 and Q4 through daily reporting of booked admitted and non-admitted activity and management challenge of differences from target.

There has been some movement in point of delivery activity since plans were set with plans set as daycase procedures but now recorded in the outpatient setting. Outpatient procedures continue to perform well in month 8 however daycases have dipped slightly following improved performance in October, and elective procedures continue to show significant adverse variance.

Emergency admissions continue to over perform year-to-date, however there was an under-performance in month 8, and our emergency departments continue to underperform – particularly at the City site.

Maternity performance against plan is not showing the same level of over performance we saw in October, however actual activity levels remain at the average level seen so far this year.

KEY					
EL	IP and DC Elective	OPTEL	Outpatient Telephone Conversation	OCL	Other Contract Lines
NEL	IP Non Elective	MATY	Maternity Pathways	UNBUND	Unbundled Activity
NOP	New Outpatient	OCD	Occupied Cot Days	COMM	Adult and Child Community
ROP	Review Outpatient	ED I	ED City & Sandwell Acute and Malling		
OPPROC	Outpatient Procedures	ED II	ED BMEC		

Finance Summary

Data Source	Data Quality	PAF	Indicator	Trajectory Year	Trajectory Month	Previous Months Trend (O N D J F M A M J J A S O N D J F M)	RAG	Data Period	Group (M A W B C P I CO)	Month	Year To Date	Trend	Next Month	3 Months
						100 200 300 400 500 600 700 800								
18		f	Bottom Line Income & Expenditure position - Forecast compared to plan £m	£0.0			GREEN	Nov-15		£0.000				
18		f	Bottom Line Income & Expenditure position - Year to Date Actual compared to plan £m	£0.0	£0.0		RED	Nov-15	-4.9 -3.7 -1.6 -2.0 0.4 0.0 -1.9 -0.8		-£1.991			
18		f	Actual efficiency recurring / non-recurring compared to plan - Year to Date actual compared to plan	£0.0	£0.0		AMBER	Nov-15	-0.5 -2.0 0.1 -0.5 0.2 0.2 0.3 -1.1		-£0.303			
18		f	Actual efficiency recurring / non-recurring compared to plan - Forecast compared to plan	£0.0			AMBER	Nov-15	0.3 -3.1 -0.3 -0.5 0.1 0.0 0.7 -2.3		-£1.286			
18		f	Forecast underlying surplus / deficit compared to plan	£0.0			GREEN	Nov-15			£0.000			
18		f	Forecast year end charge to capital resource limit	£22.8			GREEN	Nov-15		£19.653				
18		f	Is the Trust forecasting permanent PDC for liquidity purposes?	No			GREEN	Nov-15		£0.000				
18		b	Temporary costs and overtime as % total paybill	2.6%	2.6%		RED	Nov-15	11.6% 4.7% 1.7% 2.1% 9.1% 0.2% 7.9% 3.5%	6.5%	6.1%			
18			Financial Sustainability Risk Ratings from M6 (Continuity of Services Risk Ratings for M3 to M5)	3			GREEN	Nov-15			3.0			

MONTHLY: PASTE IN TDA KEY METRICS PAGE TO THIS FILE

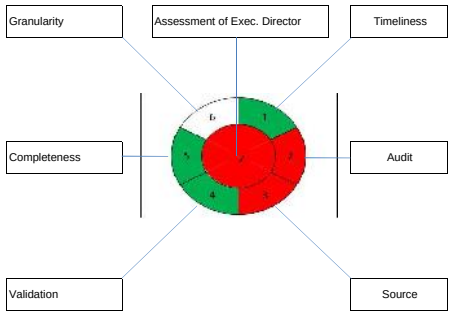
Legend

Data Sources	
1	Cancer Services
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	CHKS
6	Healthcare Evaluation Data (HED) Tool
7	Workforce Directorate
8	Nursing and Facilities Directorate
9	Governance Directorate
10	Nurse Bank
11	West Midlands Ambulance Service
12	Obstetric Department
13	Operations Directorate
14	Community and Therapies Group
15	Strategy Directorate
16	Surgery B
17	Women & Child Health
18	Finance Directorate
19	Medicine & Emergency Care Group
20	Change Team (Information)

Indicators which comprise the External Performance Assessment Frameworks		
●		NHS TDA Accountability Framework
	a	Caring
	b	Well-led
	c	Effective
	d	Safe
	e	Responsive
	f	Finance
●		Monitor Risk Assessment Framework
●		CQC Intelligent Monitoring

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		EC	AC	SC					
Patient Safety - Inf Control	C. Difficile	<= No	30	3																		Nov 2015	1	0	0	1	15			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																		Nov 2015	0	0	0	0	2			
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																		Nov 2015	88	91	36	75.5				
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																		Nov 2015	92	90	88	91.6				
Patient Safety - Harm Free Care	Falls	<= No	0	0	61	42	44	41	67	50	66	63	42	52	43	47	42	39	41	40	41	41	Nov 2015	10	23	8	41	334			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	3	1	4	1	1	2	0	1	0	1	1	0	1	5	0	1	1	2	Nov 2015	1	1	0	2	11			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	3	3	0	5	3	6	7	10	1	1	8	3	6	2	0	6	2	3	Nov 2015	1	2	0	3	30			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																		Nov 2015	91.0	83.9	98.9	93.4				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																		Nov 2015	100.0	88.9	100.0	99.9				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																		Nov 2015	100	0	0	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.0																		Nov 2015	99	0	0	99.4				
Patient Safety - Harm Free Care	Never Events	<= No	0	0																		Nov 2015	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	Nov 2015	1	0	0	1	2			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																		Nov 2015	2	2	0	4	29			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																-	-	Sep 2015	87	77	94	86				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			10.1	10.2	11.0	10.7	10.0	8.9	9.6	10.7	10.0	10.5	11.7	10.5	10.3	11.5	10.7	9.7	9.6	-	Oct 2015				9.6				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			9.5	9.6	9.8	9.9	10.0	10.0	9.9	10.1	10.1	10.2	10.3	10.3	10.3	10.4	10.4	10.3	10.3	-	Oct 2015					10.4			

Medicine Group

Section	Indicator		Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		EC	AC	SC					
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																		-	Oct 2015		96.4		96.4	91.3			
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																		-	Oct 2015		80.8		80.8	81.2			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	Oct 2015		73.6		73.6	75.0			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																		-	Oct 2015		100.0		100.0	99.5			
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																		-	Oct 2015		100.0		100.0	83.3			
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																			Nov 2015		100.0		100.0	100.0			
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																		-	Oct 2015		100.0		100.0	97.9			
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																		-	Oct 2015		97.7		97.7	98.2			
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Nov 2015		100.0		100.0	94.3			
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Nov 2015		100.0		100.0	95.3			
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Nov 2015		71.3		71.3	93.5			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Oct 2015			92.7	92.7				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Oct 2015			97.4	97.4				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Oct 2015			83.6	83.6				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	1	4.5	4.5	-	Oct 2015	-	-	4.50	4.50	10			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	3	4	-	Oct 2015	-	-	4.00	4.00	7			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	62	97	228	165	-	Oct 2015	-	-	165	165				
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	14	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			28	28	32	36	48	18	31	30	36	38	41	35	41	53	36	29	43	42	Nov 2015	20	11	11	42	320			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			129	106	130	131	156	149	93	106	126	117	112	104	87	90	74	58	65	65	Nov 2015	36	14	15	65				
Pt. Experience - FFT,MSA,Comp (Group Sheet Only)	Oldest' complaint currently in system (days)	No			145	127	133	131	174	161	182	188	209	230	250	188	210	186	208	136	159	43	Nov 2015	33	43	9	43				

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend	Next Month	3 Months
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Nov 2015	-	0.53	-	0.06				
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0.0	0.0	0.0	0	0			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	7	7	3	2	5	4	1	0	0	9	8	1	2	4	7	0	0	1	Nov 2015	0.0	1.0	0.0	1	23			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	60	50	61	54	57	60	62	61	49	48	54	60	46	47	45	33	54	35	Nov 2015	0.0	0.0	34.8	34.8				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	1	2	5	0	0	1	1	0	Nov 2015	0.00	0.00	0.00	0.00	10			
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Nov 2015	93.9	93.0	Site S/C	93.4	93.2			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1016	907	736	1201	1390	1181	1913	940	1242	1412	'	'	'	'	'	'	'	'	Mar 2015	1361	4	47	1412	13511			
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Nov 2015	0.0	0.0	Site S/C	0	0			
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																	-	-	Sep 2015	16.0	16.0	Site S/C	16	17			
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																	-	-	Sep 2015	43.0	55.0	Site S/C	50	57			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Nov 2015	8.2	7.1	Site S/C	7.6	8.2			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Nov 2015	3.5	4.2	Site S/C	3.9	4.6			
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	125	145	51	136	219	159	282	185	149	164	43	116	90	72	58	76	93	67	Nov 2015	23	44		67	615			
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	8	1	13	21	14	31	7	6	8	9	8	3	3	2	1	1	3	Nov 2015	1	2		3	30			
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																		-	Oct 2015	0.00	0.04		0.02	0.11			
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4093	4278	3994	4067	4193	4168	4470	4001	3829	4182	3981	4214	114	4256	4241	4016	4260	4202	Nov 2015	1972	2230		4202	29284			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Nov 2015	0.0	94.0	96.3	95.3				
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Nov 2015	0.0	89.3	85.7	86.9				
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Nov 2015	0.0	92.6	90.9	91.5				
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1	Nov 2015	0	0	1	1				
RTT	Treatment Functions Underperforming	<= No	0	0	5	5	6	5	5	7	2	2	6	1	1	1	1	3	4	3	7	8	Nov 2015	0	3	5	8				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Nov 2015	0	0	0	0.00				

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		EC	AC	SC					
Data Completeness	Open Referrals	No			-	-	-	-	-	-	-	-	-	-	60,571	63,010	62,950	66,143	70,955	72,441	75,035	78,201	Nov 2015	21,451	17,643	39,107	78201				
Staff	WTE - Actual versus Plan	No			157	151	166	160	166	197	232	242	244	176	200	200	219	236	262	261	217	214	Nov 2015	99.5	48.2	62.7	214				
Staff	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Nov 2015	83.49	80.58	84.54		85.6			
Staff	Medical Appraisal and Revalidation	=> %	95.0	95.0											-								Nov 2015	81.82	91.67	70.97		83.9			
Staff	Sickness Absence (%)	<= %	3.15	3.15																			Nov 2015	5.04	5.75	5.22	5.37	4.93			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	64.4	69.5	39.8		60.74			
Staff	Mandatory Training (%)	=> %	95.0	95.0																			Nov 2015	82.34	81.54	81.38		82.8			
Staff	New Investigations in Month	No			1	2	1	2	1	0	0	1	2	2	2	1	1	2	1	3	0	0	Nov 2015	0	0	0	0				
Staff	Nurse Bank Fill Rate %	=> %	100	100	-	-	-	-	-	-	-	-	-	72	2528	3008	2311	3287	3019	4330	2700	1185	Nov 2015				85				
Staff	Nurse Bank Shifts Not Filled (number)	<= No	0	0	-	-	-	-	-	-	-	-	-	1031	1136	1055	771	1146	977	811	594	217	Nov 2015				217				
Staff	Nurse Bank Use	<= No	34560	2880																			Nov 2015				1287	21304			
Staff	Nurse Agency Use	<= No	0.00	0.00																			Nov 2015				517	13205			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0.00	0.00																			Nov 2015				890	7794			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0.00	0.00																			Nov 2015				79	416			
Staff	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-			
Staff	Your Voice - Response Rate (%)	No			-->	-->	9	-->	-->	9	-->	-->	6	-->	-->	-->	6	-->	-->	6	-->	-->	Sep 2015	5.0	3.0	15.0	6.0				
Staff	Your Voice - Overall Score	No			-->	-->	3.76	-->	-->	3.76	-->	-->	3.57	-->	-->	-->	3.49	-->	-->	3.45	-->	-->	Sep 2015	3.35	3.79	3.36	3.45				

Surgery A Group

Section	Indicator	Measure	Trajector Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
Patient Safety - Inf Control	C. Difficile	<= No	1																			Nov 2015	0	0	0	0	**0**	**2**			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0																			Nov 2015	0	0	0	0	**0**	**0**			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80																			Nov 2015	92.96	100	96.33	0	**96.4**				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80																			Nov 2015	93.17	95.03	92.31	100	**93.8**				
Patient Safety - Harm Free Care	Falls	<= No	0	4	8	3	9	9	6	6	0	4	4	5	9	5	4	2	4	2	6	Nov 2015	4	0	0	2	**6**	**37**			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	**0**	**0**	**0**	**0**	**0**	**0**	1	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	1	Nov 2015	0	0	1	0	**1**	**1**			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	**0**	**0**	1	1	**0**	**0**	4	**0**	**0**	2	**0**	**0**	1	1	1	2	1	1	Nov 2015	0	0	0	1	**1**	**7**			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0																			Nov 2015	98.21	93.08	97.16	99	**96.8**				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0																			Nov 2015	99.66	99.5	100	100	**99.7**				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0																			Nov 2015	98	100	100	0	**99.0**				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0																			Nov 2015	98	40	100	0	**92.9**				
Patient Safety - Harm Free Care	Never Events	<= No	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	1	1	**0**	**0**	**0**	**0**	**0**	**0**	Nov 2015	0	0	0	0	**0**	**2**			
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**	Nov 2015	0	0	0	0	**0**	**0**			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0																			Nov 2015	0	0	1	0	**1**	**6**			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	98.0																	-	-	Sep 2015	67	100	0	100	**81.8**				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %		6.9	6.5	6.3	5.7	6.6	6.3	6.4	7.3	7.0	6.4	7.7	8.2	7.9	7.3	7.8	7.8	7.3	-	Oct 2015					**7.3**				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	<= %		6.84	6.83	6.72	6.61	6.68	6.65	6.67	6.74	6.78	6.74	6.78	6.77	6.85	6.92	7.03	7.21	7.27	-	Oct 2015						**7.0**			

Surgery A Group

Section	Indicator	Measure	Trajector Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
Clinical Effect - Cancer	2 weeks	=> %	93.0																		-	Oct 2015	93.4		93.4		**93.38**				
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0																		-	Oct 2015	97.4				**97.35**				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0																		-	Oct 2015	100.0		92.3		**98.44**				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0																		-	Oct 2015	93.8		61.1		**82**				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		-	-	-	-	-	-	-	-	-	-	-	-	-	0	10	3	5	-	Oct 2015	-	-	-	-	**4.5**	**17**			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	1	2	-	Oct 2015	1	-	1	-	**2**	**13**			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		'	'	'	'	'	'	'	'	'	'	'	'	'	'	180	147	173	124	'	Oct 2015	108	-	124	-	**124**				
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	3	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	Nov 2015	0	0	0	0	**0**	**2**			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		11	8	19	15	13	13	7	15	9	16	16	8	16	16	15	15	18	18	Nov 2015	6	9	2	1	**18**	**122**			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		50	34	39	49	57	78	53	45	40	45	46	27	32	23	26	23	23	24	Nov 2015	12	10	1	1	**24**				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No		131	118	99	109	133	143	171	192	213	234	254	97	157	108	122	125	27	47	Nov 2015	47	29	23	9	**47**				
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8																			Nov 2015	0.29	1.22	1.43	-	**0.76**				
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	Nov 2015	0	0	0	0	**0**	**1**			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	5	6	16	10	18	6	33	11	13	17	12	10	8	21	13	13	17	8	Nov 2015	1	3	4	0	**8**	**102**			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	80.2	76.8	76.1	78	75	76.8	70.8	77.6	78.7	75.1	78.5	77.8	78.7	80.2	78.18	77.9	78.4	78	Nov 2015	76.8	78.9	77.3	86.0	**78.01**				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		-	-	-	-	-	-	-	-	-	-	2	0	0	0	7	2	8	0	Nov 2015	0	0	0	0	**0**	**19**			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		100	119	52	103	118	94	121	43	108	127	'	'	'	'	'	'	'	'	Mar 2015	66	53	8	0	**127**	**1166**			
Emergency Care & Pt. Flow	Hip Fractures - Operation < 24 hours of admission (%)	=> %	85																			Nov 2015		90.9			**90.9**	**68.7**			

Surgery A Group

Section	Indicator	Measure	Trajector Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate A	B	C	D	Month	Year To Date	Trend	Next Month	3 Months
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0																			Nov 2015	73.9	60.9	91.3	0.0	**74.1**				
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0																			Nov 2015	95.0	92.6	75.4	0.0	**91.2**				
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0																			Nov 2015	91.0	86.0	90.8	0.0	**89.0**				
RTT	Patients Waiting >52 weeks	<= No	0	**0**	**2**	**4**	**2**	**1**	**2**	**0**	**3**	**1**	**2**	**1**	**0**	**0**	**0**	**2**	**1**	**1**	**0**	Nov 2015	0	0	0	0	**0**				
RTT	Treatment Functions Underperforming	<= No	0	**5**	**4**	**3**	**4**	**6**	**7**	**4**	**5**	**8**	**4**	**2**	**3**	**2**	**2**	**4**	**8**	**10**	**9**	Nov 2015	4	3	2	0	**9**				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0																			Nov 2015	0.7	0.0	0.7	0.0	**0.68**				
Data Completeness	Open Referrals	No		-	-	-	-	-	-	-	-	-	-	**32,829**	**34,523**	**35,269**	**36,991**	**39,612**	**40,315**	**40,565**	**41,714**	Nov 2015	15,160	12,557	10,973	3,024	**41714**				
Staff	WTE - Actual versus Plan	No		**77**	**78**	**71**	**71**	**71**	**76**	**66**	**62**	**70**	**70.1**	**88.3**	**97.1**	**103**	**110**	**120.4**	**122**	**116**	**107**	Nov 2015	35.9	26	24.8	14.7	**107**				
Staff	PDRs - 12 month rolling	=> %	95.0																			Nov 2015	80.0	73.3	89.8	83.5		**86.5**			
Staff	Medical Appraisal and Revalidation	=> %	95.0											-								Nov 2015	84.21	84.62	100	70.73		**85.4**			
Staff	Sickness Absence	<= %	3.15																			Nov 2015	5.5	4.5	5.9	4.8	**5.3**	**5.2**			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	58.9	41.0	77.1	74.8	**67.2**	**63.7**			
Staff	Mandatory Training	=> %	95.0																			Nov 2015	84.8	82.0	89.8	88.9		**88.8**			
Staff	New Investigations in Month	No		**0**	**0**	**0**	**2**	**0**	**1**	**0**	**1**	**1**	**2**	**3**	**3**	**1**	**2**	**1**	**0**	**3**	**0**	Nov 2015	0	0	0	0	**0**				
Staff	Nurse Bank Fill Rate	=> %	100.0	-	-	-	-	-	-	-	-	-	**76**	**71**	**80**	**82.2**	**75.6**	**76.44**	**85.8**	**85.3**	**86.3**	Nov 2015					**86.32**	**81**			
Staff	Nurse Bank Shifts Not Filled	<= No	0	-	-	-	-	-	-	-	-	-	**335**	**313**	**247**	**197**	**347**	**303**	**272**	**220**	**117**	Nov 2015					**117**	**2016**			
Staff	Nurse Bank Use	<= No	826																			Nov 2015					**763**	**8029**			
Staff	Nurse Agency Use	<= No	0																			Nov 2015					**242**	**2926**			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0																			Nov 2015					**220**	**1596**			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0																			Nov 2015					**74**	**275**			
Staff	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00					**-**	**-**			
Staff	Your Voice - Response Rate	No		-->	-->	11	-->	-->	11	-->	-->	9	-->	-->	-->	10	-->	-->	10	-->	-->	Sep 2015	12	3	11	8	**10**				

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		O	E					
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Nov 2015	0	0	0	0			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Nov 2015	0	0	0	0			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Nov 2015	82.1	97.7	93.9				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Nov 2015	80	88.9	86.0				
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	2	0	0	0	0	1	1	0	0	0	0	2	1	0	0	1	2	Nov 2015	2	0	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	Nov 2015	0	0	0	0			
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0	0	0	0			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Nov 2015	99.2	98.3	98.9				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98	98																			Nov 2015	99.9	99.8	99.9				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95	95																			Nov 2015	100	98.9	99.65				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85	85																			Nov 2015	98.5	98.9	98.59				
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Nov 2015	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Nov 2015	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Nov 2015	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		-	-	Sep 2015	0	100	100				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			3.4	4.9	4.6	4.0	4.9	4.9	5.0	2.9	4.5	5.5	5.7	4.4	3.4	5.7	3.6	5.3	5.0	-	Oct 2015			5.0				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.9	4.8	4.8	4.8	4.8	4.8	4.8	4.7	4.5	4.5	4.5	4.6	4.6	4.6	4.5	4.7	4.7	-	Nov 2015				4.6			

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		O	E					
Clinical Effect - Cancer	2 weeks	=> %	93	93																		-	Oct 2015		97.7	97.7				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96	96							-										#DIV/0!	-	Oct 2015		0	0				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85	85				-													#DIV/0!	-	Oct 2015		0	0.0				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	-	Oct 2015	-	0	0	0			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	-	Oct 2015	-	0	0	0			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	62	51	62	0	-	Oct 2015	-	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	Nov 2015	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	10	11	8	12	11	14	14	12	16	14	9	6	15	15	16	18	18	Nov 2015	17	1	18	111			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			40	34	37	36	37	47	33	35	35	36	39	35	17	17	22	19	24	25	Nov 2015	24	1	25				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			100	103	129	98	63	138	109	102	123	144	164	135	102	126	148	83	106	34	Nov 2015	28	34	34				
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Nov 2015	1.1	1.76	1.33				
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	Nov 2015	0	0	0	0			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	17	16	14	16	12	11	7	24	11	8	15	17	16	10	14	8	19	15	Nov 2015	8	7	15	114			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85	85	72.5	74.5	72	73.6	72	73	68	74.1	72	75.2	73.3	71.4	73.1	73.9	70.5	73.6	75	75.1	Nov 2015	78	67.4	75.09				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	0	0	1	0	0	0	0	0	Nov 2015	0	0	0	1			
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95	95																			Nov 2015	99.8		99.8	99.1			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			80	13	26	29	10	27	25	8	8	39	-	-	-	-	-	-	-	-	Mar 2015	29	10	39	290			
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	-	-	-	-	-	-	-	-	-										Nov 2015	0		0	0			
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15																	-	-	Sep 2015	14		14	14			
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																	-	-	Sep 2015	17		25	20			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5																			Nov 2015	7.02		7.02	4.01			
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5																			Nov 2015	1.57		1.57	1.78			

Surgery B Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate		Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		O	E					
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90	90																			Nov 2015	74.6	90.8	80.2				
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95	95																			Nov 2015	95.2	95.4	95.3				
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92	92																			Nov 2015	94.0	94.1	94.0				
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	0	2	2	1	0	0	1	1	0	1	0	3	2	1	3	3	Nov 2015	3	0	3				
RTT	Treatment Functions Underperforming	<= No	0	0	3	3	2	4	5	5	1	2	7	1	1	2	1	1	1	1	5	3	Nov 2015	1	2	3				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1	1																			Nov 2015	0	0	0.00				
Data Completeness	Open Referrals	No			'	'	'	'	'	'	'	'	'	'	58.186	60.484	61.192	63.016	65.129	66.371	67.982	70.005	Nov 2015	58.984	11.021	70005				
Staff	WTE - Actual versus Plan	No			38	33	32	28	30	27	30	32	29	28.5	35.3	35.1	46.6	43.1	49.7	57	57.7	59.1	Nov 2015			59.1				
Staff	PDRs - 12 month rolling	=> %	95	95																			Nov 2015	74.9	91.5		86.7			
Staff	Medical Appraisal and Revalidation	=> %	95	95											-								Nov 2015	80.8	75	79.5	91.39			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	3.51	2.09	3.14	3.21			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	50	79.3	57.68	53.18			
Staff	Mandatory Training	=> %	95	95																			Nov 2015	84	90.6		86.52			
Staff	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	Nov 2015			0				
Staff	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	100	99	99.6	98.4	98.2	96.9	96	97	97.6	Nov 2015			97.63	97.75			
Staff	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	1	2	1	3	4	7	13	7	27	Nov 2015			27	64			
Staff	Nurse Bank Use	<= No	2796	233																			Nov 2015			330	1805			
Staff	Nurse Agency Use	<= No	0	0																			Nov 2015			35	227			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015			121	1032			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015			42	193			
Staff	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-			
Staff	Your Voice - Response Rate	No			-->	-->	17	-->	-->	17	-->	-->	14	-->	-->	-->	12	-->	-->	15	-->	-->	Sep 2015	7	32	15				
Staff	Your Voice - Overall Score	No			-->	-->	3.52	-->	-->	3.52	-->	-->	3.54	-->	-->	-->	3.59	-->	-->	3.63	-->	-->	Sep 2015	3.65	3.64	3.63				

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		G	M	P	C					
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Nov 2015	0	0	0	0	0	0			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Nov 2015	0	0	0	0	0	0			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Nov 2015	93.1				93.1				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Nov 2015	0	100			100.0				
Patient Safety - Harm Free Care	Falls	<= No	0	0	2	0	1	0	0	0	0	0	0	0	1	2	1	0	1	2	0	1	Nov 2015	0	0	1	0	1	8			
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	Nov 2015	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	2	0	0	0	2	0	0	0	0	0	1	0	0	0	Nov 2015	0	0	0	0	0	1			
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Nov 2015	98.2	86.7			91.8				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	98.0	98.0																			Nov 2015	99	99.4			99.1				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	95.0	95.0																			Nov 2015	100	100			100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	85.0	85.00																			Nov 2015	100	100			100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Nov 2015	0	0	0	0	0	1			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Nov 2015	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Nov 2015	0	1	0	0	1	9			

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		G	M	P	C					
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																		Nov 2015		24.9			24.9	25.4			
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	9	7	9	7	8	11	8	6	9	8	7	8	11	9	9	10	9	Nov 2015		9.17			9.2	8.8			
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			19	15	17	18	19	16	16	15	17	16	15	18	15	18	17	18	15	16	Nov 2015		15.7			15.7	16.6			
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																		Nov 2015		0			0	0			
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																		Nov 2015		2			2	20			
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																		Nov 2015		0.65			0.7	2.2			
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Nov 2015		6.48			6.5				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																		Nov 2015		78.9			78.9				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																		Nov 2015		154			153.7				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0		-						-				N/A			N/A	N/A	-	-	Sep 2015	0	0	0		0.0				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.5	6.2	6.4	5.5	7.2	6.8	7.2	6.6	7.4	6.9	7.4	6.9	7.1	7.1	4.4	4.5	6.4	-	Oct 2015					6.4				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.5	6.4	6.4	6.4	6.5	6.5	6.6	6.5	6.6	6.7	6.7	6.7	6.8	6.9	6.7	6.6	6.6	-	Oct 2015						6.7			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		Oct 2015	97.7		0		97.7				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		Oct 2015	92.3				92.3				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		Oct 2015	70.4				70.4				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	1.5	1.5	4	-	Oct 2015	4	-	0	-	4	7			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0	2	-	Oct 2015	2	-	0	-	2	4			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	123	130	98	146	-	Oct 2015	146	-	0	-	146				

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		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	Nov 2015	0				0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			6	11	8	8	8	12	7	11	9	11	7	9	14	14	12	10	9	10	Nov 2015	2	4	3	1	10	85			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			21	21	24	29	29	33	12	21	27	32	28	28	20	18	17	13	13	13	Nov 2015	0	0	0	0	13				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			82	52	66	87	104	123	151	52	73	94	113	128	96	50	57	57	27	24	Nov 2015	16	24	20	9	24				
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Nov 2015	3.93		-		3.0				
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0				0	0			
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	4	7	6	6	7	7	7	1	5	7	6	4	2	2	4	7	6	9	Nov 2015	9				9	40			
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	81	83	78	76	77	77	80	77	78	79	76	78	74	75	76	79	76	76	Nov 2015	76.1	-			76.1				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	8	3	0	0	0	0	0	0	Nov 2015	0	-	0	-	0	11			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			14	18	14	30	23	36	82	5	30	16	-	-	-	-	-	-	-	-	Mar 2015	8	0	8	0	16	300			
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Nov 2015	91.3				91.3				
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Nov 2015	96.3				96.3				
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Nov 2015	96.7				96.7				
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0				0				
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015	0				0				
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Nov 2015	0				0.0				

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		G	M	P	C					
Data Completeness	Open Referrals	No			-	-	-	-	-	-	-	-	-	-	19,676	20,814	21,841	23,178	25,152	26,342	27,705	29,256	Nov 2015	8,279	14,834	6,134	9	29256				
Staff	WTE - Actual versus Plan	No			60	67	81	61	60	59	66	67	68.6	66.9	67.9	70.8	87.2	95.8	111	96.6	85.7	82.5	Nov 2015	26.3	34.2	15.4	6.9	82.5				
Staff	PDRs - 12 month rolling	=> %	95.0	95.0																			Nov 2015	82.4	88.3	90	81.7		88.0			
Staff	Medical Appraisal and Revalidation	=> %	95.0	95.0											-								Nov 2015	73.7	81.8	100	0		89.5			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	5.04	6.3	4.48	7.05	5.7	5.6			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	68.1	63.6	66.5	47.6	64.53	59.24			
Staff	Mandatory Training	=> %	95.0	95.0																			Nov 2015	88.6	79.2	89	88		84.3			
Staff	New Investigations in Month	No			0	2	0	0	0	0	0	0	1	1	1	3	2	2	1	1	1	1	Nov 2015	0	0	1	0	1				
Staff	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	90	93.6	95.4	91.9	93.9	90.9	94.7	94.2	96.1	Nov 2015					96.1	93.9			
Staff	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	81	37	35	53	50	68	51	48	394	Nov 2015					394	94			
Staff	Nurse Bank Use	<= No	6852	571																			Nov 2015					669	5285			
Staff	Nurse Agency Use	<= No	0	0																			Nov 2015					59	641			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015					58	516			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015					11	98			
Staff	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																													
Staff	Your Voice - Response Rate	No			-->	-->	12	-->	-->	12	-->	-->	9	-->	-->	-->	13	-->	-->	12	-->	-->	Sep 2015	17	6	16	18	12				
Staff	Your Voice - Overall Score	No			-->	-->	3.65	-->	-->	3.65	-->	-->	3.53	-->	-->	-->	3.66	-->	-->	3.64	-->	-->	Sep 2015	3.8	3.57	3.42	3.73	3.6				

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	1	1	1	3	2	3	8	5	3	1									G	M	P	C					
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-	-	-	-	-	-	-	-	-	-	17	26	56	97	124	118	111	-	Oct 2015				111	111	549			
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	-	-	Sep 2015				90.7	90.7	87.83			
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	-	-	Sep 2015				9.04	9.04	9.29			
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	-	Oct 2015				92.3	92.29	81.43			
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-	-	-	-	-	-	-	-	-	-	88.4	78.8	77.3	86.7	86.1	84.5	91	-	Oct 2015				91	91.02	86.23			
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	85.1	80.2	91.4	89.8	82	92.9	95.1	-	Oct 2015				95.1	95.14	89.09			
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	-	Oct 2015				83.2	83.24	77.38			
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	-	Oct 2015				1	1	7			
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	-	Oct 2015				96.5	96.52	89.17			
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	-	Oct 2015				80.2	80.15	79.39			
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	-	Oct 2015				27.6	27.58	32.45			
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015				-	-	-			
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	-	-	Sep 2015				333	333	1077			
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	-	-	Sep 2015				86.1	86.05	91.27			
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-	-	-	-	-	-	-	-	-	-	-	-	-	359	374	340	365	-	Oct 2015				365	365	1438			
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	####	####	Nov 2015				0	0	92.63			
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	-	Oct 2015				321	321	1251			
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	####	####	Nov 2015				0	0	86.86			
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	-	Oct 2015				42	42	-			

Women & Child Health Group

WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	-		

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend	Next Month	3 Months
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Nov 2015	0	0	0	0	0	0	0			
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015	-	-	-	-	-	-	-			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015	-	-	-	-	-	-	-			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	-	-	-	-	Oct 2015	-	-	-	-	-	-				
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	0	1	1	3	0	2	3	1	5	0	2	3	0	2	0	1	2	Nov 2015	2	0	0	0	0	2	10			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	1	2	3	6	5	5	8	7	6	4	6	5	2	3	0	2	2	Nov 2015	2	0	0	0	0	2				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			112	27	46	68	92	111	90	96	117	138	73	92	27	23	18	0	25	4	Nov 2015	10	0	0	0	0	4				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2015	-	-	-	-	-	-	-			
Data Completeness	Open Referrals	No			-	-	-	-	-	-	-	-	-	-	1,700	1,743	1,808	1,870	1,957	3,276	3,293	3,318	Nov 2015	1,290	1	1,546	0	481	3,318				
Staff	WTE - Actual versus Plan	No			31	32	29	27	25	27	27	24	16	16	20.4	22.8	32.5	34	33.7	40.3	40.1	39.2	Nov 2015	3.2	4.6	14.5	2	3.2	39				
Staff	PDRs - 12 month rolling	=> %	95.0	95.0																			Nov 2015	75.4	86.5	92.1	95.1	100		91.81			
Staff	Medical Appraisal and Revalidation	=> %	95.0	95.0											-								Nov 2015	100	100	100	75	100		88.1			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	4.68	1.47	4.46	3.57	5.79	4.2	4.31			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	78.6	93.9	85.4	91.4	100	80.5	79.5			
Staff	Mandatory Training	=> %	95.0	95.0																			Nov 2015	90	96.4	94.9	95	95.1		95.4			
Staff	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Nov 2015	0	0	0	1	0	1				
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015						487	4205			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015						0	0			
Staff	Your Voice - Response Rate	No			-->	-->	31	-->	-->	31	-->	-->	12	-->	-->	-->	21	-->	-->	24	-->	-->	Sep 2015	15	41	22	28	63	24				
Staff	Your Voice - Overall Score	No			-->	-->	3.74	-->	-->	3.74	-->	-->	3.76	-->	-->	-->	3.69	-->	-->	3.58	-->	-->	Sep 2015	3.14	3.28	3.51	3.85	4.27	3.58				

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend	Next Month	3 Months
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Nov 2015	0	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Nov 2015	0	0	0	0	0	0			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	1.0	1.0	1.0	-	-	1.0	3.0	1.0	1.0	-	-	2.0	2.0	2.0	1.0	1.0	1.0	-	Oct 2015					4.0				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	2.0	3.0	4.0	4.0	4.0	5.0	7.0	8.0	9.0	9.0	9.0	11.0	12.0	13.0	13.0	14.0	15.0	-	Oct 2015						4.34			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		-	Oct 2015			73.6		73.58	75			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																		-	Oct 2015			100		100	99.47			
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015	-	-	-	-	-	-			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2015	-	-	-	-	-	-			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	-	-	-	-	Oct 2015	-	-	-	-	-				
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	Nov 2015	0	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	3	3	0	4	2	2	3	2	1	0	4	3	5	8	4	1	2	Nov 2015	2	0	0	0	2	27			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	8	5	5	8	10	8	9	7	5	0	5	5	7	11	7	3	2	Nov 2015	2	0	0	0	2				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			40	59	30	52	76	72	75	83	75	96	123	102	27	24	43	62	29	3	Nov 2015	3	0	0	0	0				
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2015	-	-	-	-	-	-			
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			41	32	34	49	50	52	45	41	49	51	-	-	-	-	-	-	-	-	Mar 2015	51	0	0	0	51	513			
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Nov 2015	0.15				0.15				
Data Completeness	Open Referrals	No			'	'	'	'	'	'	'	'	'	'	132	148	151	173	178	198	208	231	Nov 2015	231	0	0	0	231				
Staff	WTE - Actual versus Plan	No			11	13	22.1	14	16	15	21	21	33	33.6	41.4	46.3	57.9	58.9	55.9	50	47.5	45.1	Nov 2015	26.6	0.6	3.3	6.2	45.1				
Staff	PDRs - 12 month rolling	=> %	95.0	95.0																			Nov 2015	65.5	92.3	78.6	83.9		78.9			
Staff	Medical Appraisal and Revalidation	=> %	95.0	95.0											-								Nov 2015	100	0	100	100		95.7			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	3.0	6.5	3.0	5.6	4.57	4.64			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	49	90	72.7	19.7	48.0	45.5			
Staff	Mandatory Training	=> %	95.0	95.0																			Nov 2015	84.3	91.1	89.5	90.4		87.1			
Staff	New Investigations in Month	No			2	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2015					0				
Staff	Nurse Bank Use	<= No	288	24																			Nov 2015					183	670			
Staff	Nurse Agency Use	<= No	0	0																			Nov 2015					274	1955			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015					114	1415			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015					0	0			
Staff	Your Voice - Response Rate	No			-->	-->	33	-->	-->	33	-->	-->	18	-->	-->	-->	19	-->	-->	24	-->	-->	Sep 2015	17	0	55	11	24				
Staff	Your Voice - Overall Score	No			-->	-->	3.73	-->	-->	3.73	-->	-->	3.28	-->	-->	-->	3.41	-->	-->	3.11	-->	-->	Sep 2015	2.79	0	3.55	3.67	3.11				

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		AT	IB	IC					
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0											-	-	-	-	-	-	-	-	Nov 2015	-	-	-	-				
Patient Safety - Harm Free Care	Falls	<= No	0	0	11	13	4	14	20	17	21	22	16	13	30	47	37	25	27	29	29	21	Nov 2015	0	18	3	21	245			
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	Nov 2015	0	0	0	0	2			
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	2	2	1	1	1	3	5	2	1	3	3	1	1	3	2	0	0	2	Nov 2015	0	2	0	2	12			
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Nov 2015	0	0	0	0	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Nov 2015	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Nov 2015	0	0	0	0	4			
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	Nov 2015	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	0	5	2	5	1	1	2	1	1	0	1	2	1	3	5	4	4	Nov 2015	1	3	0	4	20			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	3	8	8	10	12	3	4	3	6	0	7	6	4	5	7	5	5	Nov 2015	0	3	2	5				
Pt. Experience - FFT,MSA,Comp	Oldest complaint currently in system (days)	No			115	75	38	60	64	81	75	61	82	103	158	0	99	118	140	10	21	40	Nov 2015	0	12	40	40				

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		AT	IB	IC					
Staff	WTE - Actual versus Plan	No			45	45	61.8	65	67	71	75	76	72.2	77.4	174	92.8	77.3	85.3	87.7	114	124	103	Nov 2015	9.6	59.6	33.7	102.9				
Staff	PDRs - 12 month rolling	=> %	95.0	95.0																			Nov 2015	86.8	72.1	90.6		87.3			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	3.49	5.78	4.92	5.02	5.17			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	94.4	82.1	75.1	80.99	79.92			
Staff	Mandatory Training	=> %	95.0	95.0																			Nov 2015	92.8	85.6	91		89.2			
Staff	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	4	Nov 2015				4				
Staff	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	93	89.5	94.2	89.2	89	89.7	92.2	90.6	95.6	Nov 2015	-	-	-	95.61	91.21			
Staff	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	36	41	31	46	72	62	56	48	19	Nov 2015	-	-	-	19	375			
Staff	Nurse Bank Use	<= No	5408	451																			Nov 2015				430	3694			
Staff	Nurse Agency Use	<= No	0	0																			Nov 2015				232	2642			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015				244	1969			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015				0	0			
Staff	Your Voice - Response Rate	No			-->	-->	32	-->	-->	32	-->	-->	28	-->	-->	-->	26	-->	-->	31	-->	-->	Sep 2015	45	31	26	31				
Staff	Your Voice - Overall Score	No			-->	-->	3.88	-->	-->	3.88	-->	-->	3.76	-->	-->	-->	3.77	-->	-->	3.68	-->	-->	Sep 2015	3.58	3.65	3.8	3.68				

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		AT	IB	IC					
Community & Therapies Group Only	DVT numbers	=> No	730	61	87	39	33	70	35	42	47	54	53	55	56	53	67	64	78	59	44	-	Oct 2015				44	421			
Community & Therapies Group Only	Therapy DNA rate OP services	<= %	9	9	11	10.6	10.5	11.3	12	13.6	12	12.3	13.9	12.9	13.3	12	14.5	10.7	9.85	10.5	11.4	11	Nov 2015				11.0	11.6			
Community & Therapies Group Only	FEES assessment	<= No	100	8	3	4	4	5	5	3	2	14	1	2	0	2	0	0	-	-	-	-	Jul 2015				0	2			
Community & Therapies Group Only	ESD Response time	<= Hr	48	48										-	-	-	-	-	-	-	-	-	Feb 2015				0	0			
Community & Therapies Group Only	STEIS	<= No	0	0	1	0	1	0	0	0	1	0	0	-	-	-	0	0	0	0	1	0	Nov 2015				0	1			
Community & Therapies Group Only	Rapid response to AMU, RRTS	<= mins	60	60	72	73	68	81	79	82	86	79	98	-	-	-	-	-	-	-	-	-	Feb 2015				98	864			
Community & Therapies Group Only	Avoidable weight loss	<= %	20.0	20.0	8	0	0	0	0	0	9	0	0	8	0	25	20	0	-	-	-	-	Jul 2015				0.0	11.8			
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	11.2	16.1	15.6	17.1	14.3	12.3	13.1	9.5	12.1	13.7	16	14	11	15	15	12	15	-	Oct 2015				15	98			
Community & Therapies Group Only	DNA/No Access Visits	%			-	-	3	1	1	1	1	1	1	-	-	-	-	6	1	1	-	-	Sep 2015				0.69				
Community & Therapies Group Only	Falls Assessments - DN service only	%			-	-	72	58	49	45	45	62	54	65	47	55	50	46	44	43	42	-	Oct 2015				41.6				
Community & Therapies Group Only	Pressure Ulcer Assessment - DN service only	%			-	-	73	61	50	48	46	63	57	65	51	55	51	48	44	43	44	-	Oct 2015				43.8				
Community & Therapies Group Only	Healthy Lifestyle Assessments - DN Service only	%			-	-	61	54	48	39	43	58	54	36	47	57	45	37	37	37	36	-	Oct 2015				35.92				
Community & Therapies Group Only	At risk of Social Isolation Referrals to 3rd sector DN service only	%			-	-	46	75	67	57	65	95	77	-	-	-	-	50	75	50	63	-	Oct 2015				62.5				
Community & Therapies Group Only	MUST Assessments - DN Service only	%			-	-	9	11	10	11	10	19	18	-	22	22	24	21	23	23	23	-	Oct 2015				22.61				
Community & Therapies Group Only	Incident Rates - per 1000 charge	Rate1			-	-	4	5	5	4	4	5	4	-	4	5	5	4	4	-	-	-	Aug 2015				4.4				
Community & Therapies Group Only	Dementia Assessments - DN Service only	%			-	-	72	62	55	52	51	61	62	-	46	56	40	48	45	50	43	-	Oct 2015				43				
Community & Therapies Group Only	48 hour inputting rate	%			-	-	91	83	81	85	86	89	83	-	87	89	92	91	94	90	90	-	Oct 2015				90.2				

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate							Month	Year To Date	Trend	Next Month	3 Months
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		CEO	F	W	M	E	N	O					
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	5	6	5	7	6	6	15	5	6	5	7	8	6	15	11	13	8	Nov 2015	3	2	0	1	0	1	1	8	73			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	12	13	21	21	25	12	21	16	18	14	12	14	9	16	16	16	9	Nov 2015	3	1	0	0	0	1	4	9				
Pt. Experience - FFT,MSA,Comp	Oldest' complaint currently in system (days)	No			90	77	99	121	106	104	104	123	145	138	158	99	121	53	24	27	29	27	Nov 2015	-	-	-	-	-	-	-	27				
Staff	WTE - Actual versus Plan	No			162	176	162	183	194	203	168	175	200	220	260	267	110	99.6	103	100	92.2	89.3	Nov 2015	8.7	1.8	-12.7	15.1	-0.5	42.2	34.7	89.3				
Staff	PDRs - 12 month rolling	=> %	95.0	95.0																			Nov 2015	84	65	79	91	92	87	83		87.0			
Staff	Medical Appraisal and Revalidation	=> %	95.0	95.0											-						#DIV/0!		Nov 2015			95						100			
Staff	Sickness Absence	<= %	3.15	3.15																			Nov 2015	2.27	2.50	3.44	3.28	2.99	5.98	5.61	4.91	4.76			
Staff	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-		-	-							Nov 2015	75.6	64.8	41.9	85.1	47.7	82.3	74.8	74.4	72.1			
Staff	Mandatory Training	=> %	95.0	95.0																			Nov 2015	94	93	92	92	96	88	89		90			
Staff	New Investigations in Month	No			3	1	0	5	0	0	0	1	0	0	1	0	1	2	1	1	5	0	Nov 2015	0	0	0	0	0	0	0	0				
Staff	Nurse Bank Use	<= No	1088	91																			Nov 2015								163	1511			
Staff	Nurse Agency Use	<= No	0	0																			Nov 2015								9	296			
Staff	Admin & Clerical Bank Use (shifts)	<= No	0	0																			Nov 2015	-	-	-	-	-	-	-	2798	24687			
Staff	Admin & Clerical Agency Use (shifts)	<= No	0	0																			Nov 2015	-	-	-	-	-	-	-	106	731			
Staff	Your Voice - Response Rate	No			-->	-->	24	-->	-->	21	-->	-->	15	-->	-->	-->	16	-->	-->	19	-->	-->	Sep 2015	60	23	38	18	15	15	12	19				
Staff	Your Voice - Overall Score	No			-->	-->	3.60	-->	-->	3.49	-->	-->	3.48	-->	-->	-->	3.50	-->	-->	3.46	-->	-->	Sep 2015	3.66	3.36	3.76	3.69	3.45	3.31	3.23	3.46				

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Learning Disabilities : People's Parliament
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Debbie Talbot – Deputy Chief Nurse
DATE OF MEETING:	7th Jan 2016

EXECUTIVE SUMMARY:

SWBH CEO attended the 'people's parliament' in June 2014 and committed to a range of actions to improve the experience of patient's with Learning Disabilities in our organisation. Enclosed is a progress report to date which includes progress on actions arising from the Confidential Enquiry into Premature Deaths of Patients with LD 2013. This will support data quality assurance kitemark assessment .

REPORT RECOMMENDATION:

Discuss and note progress

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X		X

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

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

Comments:

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

High Quality Care for All
LD kitemark compliance ratings

PREVIOUS CONSIDERATION:

None (to be included in future Adult Safeguarding reports to PSC , CQRM and Q&S)

FOR INFORMATION

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Confidential Enquiry into Premature Deaths of Patients With Learning Disabilities 2013 and Commitments to People's Parliament 2014

Progress Report December 2015

1.0 Organisational Strategy

- Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (DOH 2013) Appendix One- DOH response includes 18 recommendations including :
  1. identification of people with LD
  2. audit of reasonable adjustment
  3. consideration of multi-morbidity
  4. named health care co-ordinator for people with multiple or complex needs (2 or more LT conditions)
  5. patient held records
  6. equal access to investigations and treatments
  7. appropriate referral to specialist LD services

Local Drivers

- Peoples Parliament- Commitment to improve services (cross reference recommendations from CIPOLD 1,5,8)
- Changing our Lives (COL)– local action plan to improve services for patients with LD in SWBH
- Patient stories –carer/user feedback on criteria to improve patient experience /safety
- Clinical incidents and complaints feedback regarding staff knowledge base, information etc.
- Self -assessment against six criteria for meeting needs of people with LD based on recommendations in Healthcare for All (2008)

Background

Over 800 patients were admitted to SWBH in 14/15 potentially requiring access to nurses with expert knowledge and skills to support their journey and improve experience and outcomes. Traditionally the LD services at SWBH have been provided using two different models for Sandwell and Birmingham patients. In Sandwell a LD Lead Nurse (LDLN) is hosted by the Adult Safeguarding Team and generally available on site five days per week. The post was co-created between the two organisations (BCPNHST) to meet the needs of both. In City there is case specific support via the single access phone number to Health Care Facilitator team. The service is no longer based in the hospital and therefore inter team working to promote proactive work is difficult (information leaflets, training, audit etc.).

A second LDLN has been funded to provide cover for Birmingham residents and interviews are taking place 13th January 2016. This will allow promotion of standardised, evidence based practice under the guidance of the Adult Safeguarding Team and Deputy Chief Nurse.

2.0 Communication Strategy

- On recruitment of the second LDLN a re-launch of service provision via Heartbeat, staff communications , ward /department visits , roadshows is planned
- The LD intranet page will be up-dated to ensure access to Easy Read information and key contacts, national and local documents, care plans etc.
- External communication to ensure local Health Care Facilitator teams and GPs are aware of the new service to ensure provision of integrated care.

- Ensure LDLN are involved in locality CIPOLD meetings and form links with 3rd sector partners such as Changing our Lives

3.0 Patient Safety

Patients with LD are flagged on EBMS and the LDLN receives an automated notification which enables her to search patient systems for more information, advise and support are provided to the patient/carer and staff to help undertake an individual patient assessment and develop personalised care plans.

Action 1: committed to ensuring we identify and flag patients with LD when they are in hospital

Action 2:Commitment to ensuring reasonable adjustments are put in place for individuals in hospital and to work with others to find ways for this to be audited and how the Quality of Health Principles could be part of this process.

Action 3: Commitment to increase awareness and competency of staff working Positively with people with LD and using reasonable adjustment

Action 4: Commitment to explore options for putting in patient held records developed in conjunction with service users

Action 5: commitment to increase the numbers of people with LD employed by SWBH by focusing on young people in transition:

4.0 Patient Experience

Patient Satisfaction Surveys make provision for LD /MH and sensory loss to be identified hence enable the organisation to determine the number of respondents with a LD who have responded as a proportion of the whole and key themes for action.

5.0Clinical Effectiveness

Areas of Good Practice:

- Introduction of notifications, flagging
- Introduction of use of hospital passport
- Close liaison between hospital and community teams

6.0Next steps

- Recruitment of second LDLN
- Standardise policies across site
- Develop Workforce Development Plan and range of training methods
- Analyse results in patients satisfaction surveys to determine themes
- Ensure activity and outcome data recorded, collated and reviewed to allow appropriate local and corporate action planning
- Communications plan

7.0 Recommendations

- Accept the report.

Executive Lead: Colin Ovington, Chief Nurse

8.0Appendices:

Combined CIPOLD 2013 and People's Parliament 2014 Action Plan

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Title of published report	**Learning Disability –SWBH response to : CIPOLD . 2013 and Sandwell's People's Parliament (PP)- JUNE 2014**
Date of publication	**Dec 2015 progress up-date (addendum to Adult Safeguarding Report)**
Service lead(s) for the guidance	**Debbie Talbot DCN , Jacque Ennis LDLN**

Ref	Standard	Current Compliance	Explanation of Compliance	Action up-date/Next Steps	Lead	Time-frame
1	CIPOLD 1 We need to know if people have learning disabilities. People with learning disabilities should be flagged on the NHS central registration system in all healthcare record systems. [The Department of Health, NHS England and the Health and Social Care Information Centre]	3	Identification of patient with a learning disability on the casualty card (including new version) and Patient Assessment Record. Identification of patient with a learning disability flag on the Electronic Bed Management System. (Flag is put on from point of admission to discharge) Learning disability flag available on ICM, Pathways for referral to Learning Disability Liaison Nurse	Learning Disability flag continues to be put on at point of admission to discharge. Work to be completed at City Hospital. To continue to gain consent to flag on ICM. 255 people with a Learning Disability will be flagged by end of December 2015. Same system will be introduced to City when Learning Disability Nurse in post. (To capture patients with a learning disability from Birmingham) Learning disability referrals are picked up at City presently by Learning Disability Liaison Nurse (Sandwell) if Learning Disability flag is put on or through telephone contact. Easy read appointment letter and	LDLN	March 2016

	PP: 'I will find out the best way to make sure that people with a LD are flagged when in hospital and put this in place'		(LDN) at Sandwell Hospital and Health Facilitation (HF) at City Hospital however due to changes within the HF team patients are not being seen promptly. Referrals to LDN at Sandwell come via e-mail (also email link from flag on EBMs), staff, carers and providers of services in the community.	complaints letter designed. (Unable to implement, as we could not identify patients with a learning disability. With permanent flagging in place, will need to address this as patients with a learning disability can be identified on ICM.). Progress– this is partly achieved in that as the LDLN receives the notification via EBMS a permanent flag is generated. This equates to 255 patients to date and will improve on the recruitment of the second LDNS and following our communication strategy to the organization.		
2	CIPOLD 2 Services should make changes called reasonable adjustments. This is so that people with learning disabilities can use them as easily as everybody else. Reasonable adjustments to be audited annually. Examples of best practice to be shared across agencies and organisations	2	Evidence of reasonable adjustments made including longer appointment times, carers in anaesthetic room and recovery in theatre. Confidential inquiry into premature deaths of people with an LD (CIPOLD) group is chaired by a person with a Learning Disability and there are representatives from advocacy group Changing our lives.	Audit of reasonable adjustments required Jayne Leeson has put in a bid to CEO for COL doing an audit of reasonable adjustments.	COL (TBC)	April 2016

	PP:' I will ensure that reasonable adjustments are put in place for individuals in hospital and work with others including outside organisations to find ways for this to be audited referencing the Quality of Health Principles'		Patient story to Trust Board LDN offered to attend provider meetings to gather Feedback. Patient survey includes patients with a Learning Disability.Feedback from carers , families and providers. Audit completed in 2012 regarding the care of patients with a learning disability by changing our Lives.	Progress: COL worked closely with the organization in 2009/2010 to undertake an 'audit' evidence of reasonable adjustment in terms of physical access, admission ,staff knowledge and discharge planning. A joint action plan was agreed and a business plan for the first LDLN funded. Another audit by COL would enable review against Quality of Health Principles* undertaken by service users. Mortality reviews determine preventable deaths on an individual basis –plans in 2016 to analyse findings based on population of patients with LD as a proportion of the whole population .		

3	CIPOLD 7 People with learning disabilities should get the same investigations and treatments that other people get. Reasonable adjustments should be made if needed.	2	Reduction of concerns raised by other agencies via safeguarding route. Although there is no specific protocol in place there are Evidence of reasonable adjustments via patient and carer stories available. Evidence of referrals via family and friends to LDN following successful patient experience previously. Visiting policy. Carers assessment on PAR and then referral to Social care Highlight of young carers within PAR. Use of relative rooms available and improved parking rates etc	Continues to be a reduction in concerns raised by other agencies. Learning Disability liaison nurse continues to work with SWBH's to make reasonable adjustments. Staff training on learning disabilities awareness addresses reasonable adjustments and advises that any reasonable adjustment made should be documented in medical notes. (Evidence for audit)	LDLN	On-going
4	PP: 'I will put in place actions to increase the awareness and competency of staff working positively with people with LD and using reasonable adjustment'	3	Although no specific protocol for routine training there is Training package completed ensuring consistency across both Sandwell and City Hospitals Ward and departmental training.	Learning Disability Awareness training continues to be offered to staff at SWBH's and Community staff. Includes reasonable adjustments. Learning Disability Awareness training for Acute Student Nurses for 2016 both at Sandwell and City Hospitals. Working with Skills for Health on an e-learning training package for learning disability awareness training.	DT/ LDLN	Jan 2016

			Learning Disability conference planned for October 2015. Learning Disability month November 2014.	Conference to now take place in 2016. Workforce Development Plan to be developed to confirm staff knowledge /skills expectations Progress: Training and coaching undertaken by LDLN , based on PDR and speciality need, work in progress to provide e-learning package.		
5	CIPOLD 5 Patient-held health records to be introduced and given to all patients with learning disabilities who have multiple health conditions PP:' I will explore options for putting in place patient held records to be developed in co - production for people with LD	2	Hospital passports introduced into SWBH.	Passport being used in SWBH's and are promoted with people with a learning disability, families, provider services and staff. IT project 'Better Outcomes for People with LD Transforming Care for Health' in conjunction with COL commenced to review access to healthcare support for patients with LD on epilepsy and respiratory pathways Progress: Meeting held with COL and internal /external IT experts to explore 'Better Outcomes for People with LD Transforming Care for Health ' which has the potential to provide pathway related	DT/ LDLN	TBC

				patient portals for interactive communication with health and social care staff to the service user's home		
6	CIPOLD 10. Mental Capacity Act advice to be easily available 24 hours a day	4	Legal team available 24 / 7	Legal team available 24/7.		
7	CIPOLD 12 There is a need for good quality training about the Mental Capacity Act. This must be regularly updated for staff that work in health or social care.	4	Mandatory training for band 7's and above. Ward based training available and access to Adult Safeguarding team	Safe-Guarding team when in post. MCA covered in Learning Disability Awareness training.		
N/A	CIPOLD 13 Do Not Attempt Cardiopulmonary Resuscitation Guidelines (DNACPR) to be more clearly defined and standardised across England	N/A	National development SWBH policy	National development. Evidence of practice. SWBH policy. Need to address training on DNAR/CPR for medical staff.		
N/A	CIPOLD 14 There is a need for good long-term planning for people's health needs. This must look at the whole person. Advanced health and care planning to be prioritised. Commissioning processes to take this into account, and be flexible and responsive to change.	N/A		Annual Health checks to be completed by GP practices. Work to be completed by Health Facilitation Nurses in Sandwell. Meeting with the team in January 2016 to move forward. Need also to address at SWBH's		
8	CIPOLD 15 When someone is near the end of their life they	2	Palliative care specialists available 24/7 Continues to be	Further developments required to ensure PCT have skills to meet needs of patients	DW/AL	TBC

	should get help from specialists. This can help make sure people with learning disabilities get good care when they are dying. The Mental Capacity Act must be followed. [National End of Life Care Programme and the Department of Health]		joint working with Palliative care specialists including joint training initiatives and individual patient advice	with LD and LD community are accessing specialist PCT More written information required (available from Macmillan on cancer related issues)		
9	CIPOLD 16 We need a system nationally for recording the deaths of all people with learning disabilities. Some of the deaths would need to be investigated. This will help us to learn more about the reasons why people with learning disabilities die. CIPOLD 17 Systems in place to make sure that there is local data about deaths of people with learning disabilities. This should be published on population profiles and Joint Strategic Needs Assessments	2	All patient deaths are reviewed individually to determine if death was preventable and any learning opportunities	Data checked not all patients identified were patients with a learning disability. Data checked by Learning Disability Liaison Nurse. Action presented at MQUAC Dec 17th and agreed to retrospectively review deaths this year . future MQUAC reports would identify patients with LD as co-existing condition and analysis of findings report submitted	LDLN SP DT	Feb 2016
10	CIPOLD 9 A lot of people with learning disabilities have serious chest infections. People with chest infections need to see a doctor	3	Patients who present are triaged according to category of assessment need. Patients are nursed on appropriate speciality cared for by MDT with expert	We need to collect and collate data regarding patients with LD accessing respiratory pathways IT project 'Better Outcomes for People with LD Transforming Care for Health' in	DT/ LDLN	

	quickly and get the right treatment. Adults with learning disabilities to be seen as a high risk group for deaths from respiratory problems.		knowledge in respiratory medicine.	conjunction with COL commenced to review access to healthcare support for patients with LD on epilepsy and respiratory pathways. Initial meetings undertaken and contacts with respiratory team and IT required		
11	PP: ' I will increase the numbers of people with LD employed by SWBH by focusing on people in transition'	2	Equal access to work experience and apprenticeship opportunities with dedicated specialist support facilitated by Learning Works 9 self -declared individuals currently supported through a combination of apprenticeships, work experience and work club with disabilities which include autism and Asperger Syndrome.	Active promotion of opportunities to local organisations supporting candidates with LD. Use appropriate graphics and visual material to support access to all candidate groups Continue to challenge service provisions within our organization and remover barriers to host candidates identified as eligible. Capture case studies and data of individuals who have progressed to celebrate and inspire others Progress: Nine young people with LD currently being supported to gain work experience. Future plans will include targeted recruitment strategies using appropriate communication materials and report people in substantive posts	Lawrence Kelly Learning Works Team	
Other CIPOLD recommendations for national / community services						

N/A	CIPOLD 3 NICE Guidelines to take into account multi-morbidity.		National Development.		
N/A	CIPOLD 4 A named healthcare coordinator to be allocated to people with complex or multiple health needs, or two or more long-term conditions		National Development.		
N/A	CIPOLD 6 Standardisation of Annual Health Checks and a clear pathway between Annual Health Checks and Health Action Plans [Department of Health and NHS England]		National Development.		
N/A	CIPOLD 8 Some people with learning disabilities have difficulty using medical services. When this happens the person should be quickly referred to Community Learning Disability Teams who should help these people.		National Development.		
N/A	CIPOLD 11 The definition of Serious Medical Treatment and what this means in practice to be clarified		National Development.		
N/A	CIPOLD 18 A National Learning Disability Mortality Review Body be established		National Development		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Financial performance – P08 November 2015**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Tim Reardon – Associate Director of Finance**
DATE OF MEETING:	**7 January 2016**

EXECUTIVE SUMMARY:

Key messages:

- Headline improvement in month but underlying deterioration; I&E remains off plan year to date.
- I&E outlook indicates plausible route to original plan target but with significant delivery risk.
- Necessary reliance on significant contingencies to meet key financial targets. Additional measures mobilised to underpin delivery of those targets. No clear route to delivery of stretch surplus target.
- Step improvement in monthly run rate required to secure exit run rate consistent with medium term financial plan. Focus of organisation firmly on remedy to deliver original plan.
- Capital programme reviewed and re-profiled to be consistent with now confirmed requirements of retained estate and IM&T strategies consistent with effective delivery of MMH models of care.

Key actions:

- Confirm and deliver revised demand and capacity plans consistent with remedy of year to date under-performance on planned care. Delivery to be contained within original plan costs.
- Reduce pay bill run-rate in the first instance through reduction in premium rate agency spend to a level consistent with that achieved in Q3 / Q4 of 2014.15.
- Resolve dispute in respect of ante-natal secondary provider charges and establish fit for purpose SLA
- Discipline in delivery of CIP schemes to realise plan value on a full year effect basis.
- Expedite delivery of those necessary additional measures consistent with safe services.
- Progress identified actions to manage resources within approved External Finance & Capital Resource Limits having regard to any reliance on non-cash contingencies and revised capital programme.

Key numbers:

- Month surplus £505k being £241k favourable to plan; YTD deficit £(821)k being £(1,991)k adverse.
- Forecast surplus £3.8m in line with original financial plan.
- Pay bill £24.4 (vs. £24.6m) in month; Agency spend £1.6m (vs. £1.4m) in month; £12.0m YTD.
- CIP delivery to date £9.1m being £0.3m adverse to TDA plan. Step up in CIP in Q3 / Q4 required.
- Capex YTD £10.5m being £1.8m below plan. Capital commitments £5.3m.
- Cash at 30 November £28.9m being £3.0m above plan due to timing differences
- New FSRR 3 to date being as plan despite adverse EBITDA performance; forecast 4 vs. plan 4
- Capital Resource Limit (CRL) charge under-shoot £500k on £20.2m plan expected.
- External Finance Limit (EFL) charge forecast at £(0.7)m being consistent with approved EFL.

REPORT RECOMMENDATION:

The Board is recommended to RECEIVE the report and REQUIRE & SUPPORT those actions necessary to secure key financial targets consistent with the delivery of safe, high quality care.

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Good use of resources

PREVIOUS CONSIDERATION:

Performance Management Committee
Finance Committee members telecon

Finance Report

Period 08
November 2015
FY 2015.16

Trust Board
7 January 2015

Contents

Page Title

Finance Report

Summary & Recommendations

Period 8 2015/16

Statutory Financial Duties	Value	Outlook	Note
I&E surplus	£3.8m	√	1
Live within Capital Resource Limit	£20.2m	√	2
Live within External Finance Limit	£(0.7)m	√	3

1. Plausible route to £3.8m original plan but with significant delivery risk. No clear route to stretch target surplus £5.0m.
2. Capex control totals being managed to secure £500k CRL undershoot in support of I&E surplus delivery.
3. Management of working capital including creditor stretch necessary as I&E delivery reliant on non-cash contingencies.

Outlook

- Issues in respect of continued under-delivery of planned care volumes compromising income recovery and sustained use & cost of premium rate interim staffing.
- Target delivery includes significant use of contingencies. Focus remains on delivery of improved recurrent exit run rate consistent with medium term financial plan.
- Consequent cash erosion managed on a basis consistent with the trust meetings its obligations as they fall due.

Financial Performance for the 8 months to 30 November

I&E deficit £821k being £1,991k adverse to plan;

Capital expenditure £10.5m being £1.8m below plan;

Cash at 30 November £28.9m being £3.0m more than plan.

Opportunities & risks

The Trust has initiated a programme of additional measures necessary to the achievement of key financial targets and which include all identified opportunities.

There are specific risks to that plan and which are the subject of measures to seek to mitigate adverse impact:

- CQUIN and other income penalties
- Unfunded winter pressures
- Planned care activity recovery does not materialise
- Recruitment delays and sickness absence continue to drive excessive agency demand
- Adverse antenatal pathway settlement

Recommendation

- Progress those actions necessary to secure key financial plan targets consistent with safe, high quality care.
- Maintain focus on delivering exit run rate consistent with medium term financial plan.

Finance Report

Performance to date – I&E and cash

Period 8 2015/16

I&E

The key I&E issues are:

- Planned care income below plan levels;
- Sustained use of premium rate interim staffing;
- Rate of cost reduction below that required to meet medium term financial plan trajectory

In month underlying performance deteriorated driven by income under-recovery. Headline reported performance supported by use of contingencies.

The year to date headline I&E deficit is after the benefit of £6.9m of balance sheet contingencies realised to support the reported position.

Reserves planned but not spent or accrued to date total £4.0m.

Savings programme

Progress reported through the Trust's savings management indicates delivery to date below TDA plan profile for the first time. The concern is on-going with regard to the delivery of full year plans where significant savings remain to be identified and allocated. Bottom-up forecasts from Groups re CIP achievement confirm this concern.

Capital & Cash

Capital expenditure to date stands at £10.5m against a full year plan of £20.5m. A further £5.3m of firm commitments have been made to date. Schemes reviewed and expected to deliver to schedule and budget.

CRL undershoot of £500k planned on back of under-budget delivery of land remediation programme.

Positive cash position reflects capital programme and extended payables which continue to include disputed payments in particular for maternity pathway charges. Receivables are above plan levels and include sums due from local authority for delayed discharges penalties.

Better Payments Practice Code

82% performance for NHS bodies in month brings the YTD up to 86% by value.

Non-NHS performance remains below target at 89% by value. Delay in receipting of orders continues to be a significant impediment to performance.

Financial Sustainability Risk Rating

Rating of 3 year to date compares with planned rating of 3.

Forecast is 4 consistent with plan.

Finance Report

I&E – To date & Outlook

Period 8 2015/16

P08 Year to Date	Annual Plan £'000s	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	Plan Outturn £'000s
Patient Related Income	399,617	32,900	33,096	196	266,187	262,995	(3,191)	399,617
Other Income	40,691	4,023	3,890	(133)	27,264	27,305	41	40,691
Income total	**440,308**	**36,923**	**36,986**	**63**	**293,450**	**290,300**	**(3,150)**	**440,308**
Pay	(286,222)	(24,206)	(24,445)	(239)	(191,106)	(195,801)	(4,695)	(286,222)
Non-Pay	(127,479)	(10,465)	(10,286)	179	(86,769)	(80,837)	5,933	(127,479)
Expendiutre total	**(413,702)**	**(34,671)**	**(34,731)**	**(61)**	**(277,875)**	**(276,638)**	**1,237**	**(413,702)**
EBITDA	**26,606**	**2,252**	**2,255**	**2**	**15,575**	**13,663**	**(1,913)**	**26,606**
Non-Operating Expenditure	(21,973)	(2,019)	(1,617)	402	(14,653)	(14,320)	333	(21,973)
IFRIC12	372	31	(133)	(164)	248	(164)	(412)	372
DH Surplus/(Deficit)	**5,006**	**264**	**505**	**241**	**1,170**	**(821)**	**(1,991)**	**5,006**

This table shows the YTD I&E position for the Trust.

In month surplus and year to date deficit supported by use of contingencies.

The underlying rate of improvement is less than that necessary to secure an exit run rate consistent with medium term financial plan.

Out-turn plan as stretch target.

Outlook	Reported YTD £'000s		Mth 9 £'000s	Mth 10 £'000s	Mth 11 £'000s	Mth 12 £'000s	FY 2015/16 £'000s
Patient Related Income	262,995		33,585	33,884	33,766	33,566	397,799
Other Income	27,305		3,373	3,385	3,385	4,585	42,033
Income total	**290,300**		**36,959**	**37,269**	**37,151**	**38,151**	**439,831**
Pay	(195,801)		(24,535)	(24,425)	(24,424)	(23,893)	(293,078)
Non-Pay	(80,837)		(10,257)	(10,314)	(11,089)	(10,645)	(123,140)
Expendiutre total	**(276,638)**		**(34,791)**	**(34,739)**	**(35,512)**	**(34,537)**	**(416,218)**
EBITDA	**13,663**		**2,167**	**2,531**	**1,639**	**3,613**	**23,613**
Non-Operating Expenditure	(14,320)		(1,697)	(1,697)	(774)	(1,080)	(19,568)
IFRIC12	(164)		(20)	(20)	(20)	(20)	(246)
DH Surplus/(Deficit)	**(821)**		**450**	**813**	**844**	**2,513**	**3,800**

Plausible route to original plan surplus £3.8m but with significant delivery risk. No clear route to stretch plan surplus target.

Reliance on the use of significant contingencies remains.

Rate of underlying improvement is key to delivery of any surplus in the 2015/16 financial year.

Finance Report

Income Analysis

Period 8 2015/16

PERFORMANCE UP TO November 2015	Activity			Finance		
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000
Accident and Emergency	148,302	146,571	(1,732)	14,686	13,873	(813)
Adult Renal Dialysis	362	130	(232)	44	16	(28)
Community	394,159	392,780	(1,379)	23,719	23,831	112
Day Cases	28,350	24,123	(4,227)	22,014	18,979	(3,036)
Elective	7,791	5,813	(1,977)	14,343	10,851	(3,492)
Maternity	12,437	13,450	1,013	11,837	12,741	904
Non-Elective & Emergency	45,580	44,889	(691)	58,836	59,336	500
Occupied Cot Days	7,531	8,906	1,374	3,877	4,036	159
Other Contract Lines	2,123,443	2,191,913	68,470	60,173	59,930	(243)
Outpatient	7,958	6,278	(1,681)	1,521	1,207	(314)
Outpatient FA Multi Professional Non-Consultant Led	113	40	(73)	31	23	(8)
Outpatient FA Single Professional Consultant Led	79,598	82,320	2,722	12,989	13,599	610
Outpatient FA Single Professional Non-Consultant Led	31,984	34,331	2,347	2,975	2,997	21
Outpatient FUP Multi Professional Consultant Led	17,978	11,894	(6,084)	2,249	1,522	(726)
Outpatient FUP Multi Professional Non-Consultant Led	444	372	(73)	21	20	(1)
Outpatient FUP Single Professional Consultant Led	197,231	189,120	(8,111)	16,235	15,552	(684)
Outpatient FUP Single Professional Non-Consultant Led	69,975	74,653	4,678	4,496	4,722	226
Outpatient Procedures	32,347	37,236	4,889	5,985	7,262	1,277
Outpatient Telephone Consultation	8,577	7,691	(886)	194	186	(8)
Other	40,607	45,561	4,954	5,569	6,045	476
Total				**261,796**	**256,728**	**(5,068)**

This table shows the Trust's year to date SLA income performance by point of delivery.
The impact of the shortfall in planned care activities can be seen in the adverse variance for day cases and elective activity. That these have only been partially offset by additional activity on outpatients and non-elective work underlines the importance of the elective demand and capacity work to the recovery plan.

The headline variance on total Patient Related Income to date is £(3,191)k.
The difference to SLA income shown above is primarily related to pass through costs of drugs & devices being above plan £1.5m and which are offset by an equivalent variance on non-pay costs.

Finance Report

Pay bill & Workforce

Period 8 2015/16

Paybill & Workforce

- Total workforce of 6,674 WTE [being 345 WTE below plan] including 184 WTE of agency staff.
- Total pay costs in November (including agency workers) £24.4m [vs. £24.6m previous month] & being £0.2m adverse to plan.
- Significant reduction in temporary pay costs required to be consistent with delivery of key financial targets. Focus on improvement in recruitment time to fill and effective sickness management. Escalated approval controls also reintroduced. Noted spend increase is inconsistent with reported WTE reduction due to review & correction of recognition of interim 'consultancy' costs adjusted for cumulatively in November.
- The Trust did not comply with new national agency framework guidance for agency suppliers in November. Minimal number of shifts procured outside of this are subject to escalated executive approval and is driven by commitment to maintaining safe staffing.
- Similarly, the Trust exceeded the national agency rate cap effected from 23 November 2015. Minimal number of shifts procured outside of this are subject to executive approval and CEO review and is driven by commitment to maintaining safe staffing.

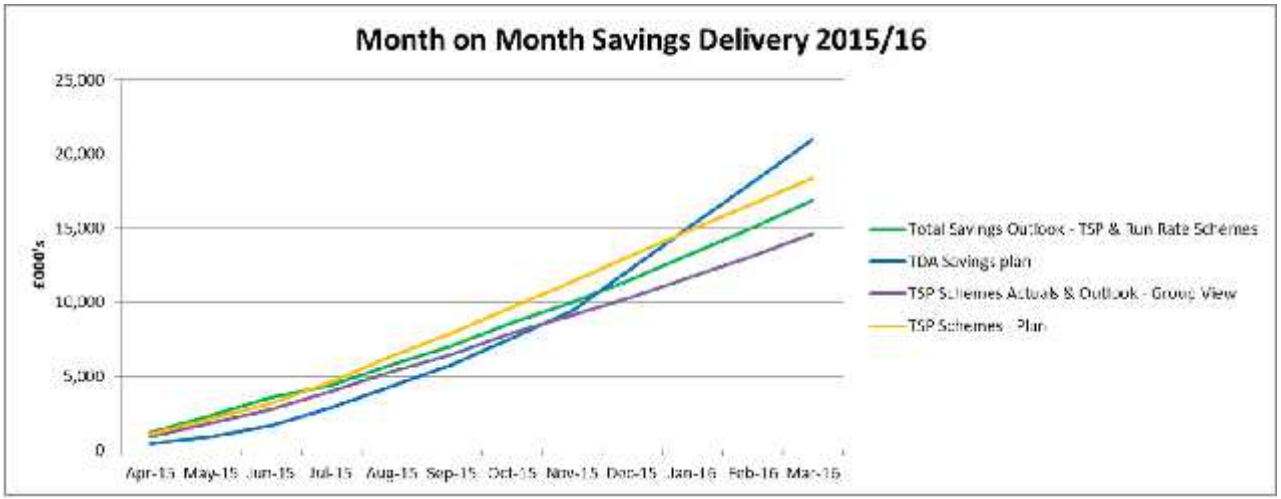
Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	196	(3,191)
Other Income	(133)	41
Medical Pay	(112)	(373)
Nursing	317	1,035
Other Pay	(445)	(5,357)
Drugs & Consumables	(499)	(1,885)
Other Costs	678	7,818
Interest & Dividends	402	333
IFRIC etc adjustments	(164)	(412)
Total	241	(1,991)

Pay & workforce	Current period	Previous period	Change in period Value	Change in period %
Pay - total spend	24,445	24,598	-153	-1%
Pay - substantive	20,943	21,234	-291	-1%
Pay - agency	1,585	1,422	163	11%
Pay - bank (including locum)	1,917	1,942	-25	-1%
WTE - total	6,884	6,890	-6	0%
WTE - substantive	6,069	6,054	15	0%
WTE - agency	184	238	-54	-23%
WTE - bank (including locum)	631	598	33	6%

Finance Report

CIP achievement

Period 8 2015/16



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

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

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

At P08 [TSP] savings delivery was £0.3m adverse to TDA plan with £9.1m of savings delivered against a plan of £9.4m.

TSP savings delivery was also £2.3m adverse to the plan value of those schemes with £9.1m delivered against a plan of £11.4m.

A group view of the outlook suggests a shortfall in TSP delivery of £6.3m against TDA plan target £21.0m.

This is the subject of specific escalation.

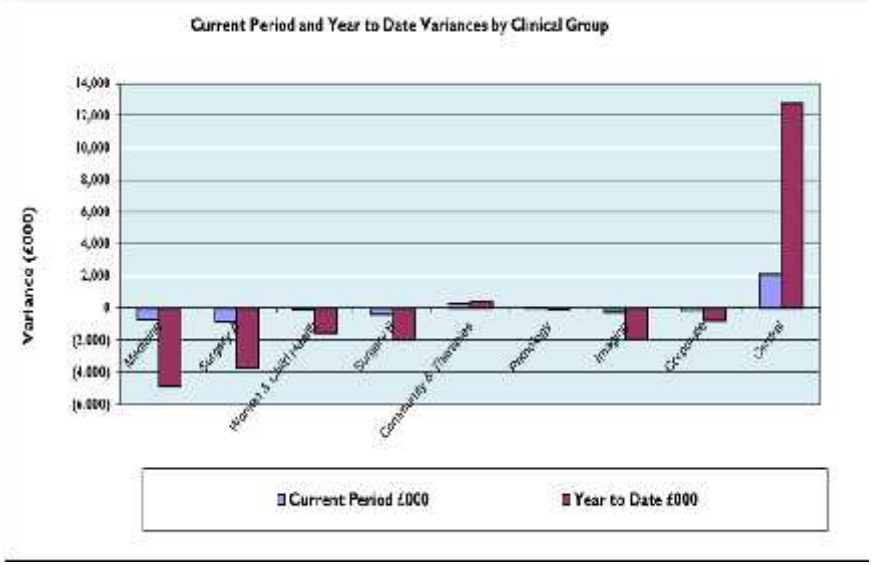
The full year effect of plan schemes is £21m being consistent with recurrent plan target.

Finance Report

Group Analysis – Month & YTD

Period 8 2015/16

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(731)	(4,929)
Surgery A	(856)	(3,723)
Women & Child Health	(7)	(1,584)
Surgery B	(380)	(2,008)
Community & Therapies	256	358
Pathology	70	(46)
Imaging	(266)	(1,945)
Corporate	(188)	(794)
Central	2,104	12,759



Performance of Clinical Groups

- **Medicine:** Key risks continue to be medical and nursing agency; delivery of savings plans especially the major scheme around closure of capacity. Delivering winter plan within budget also major risk. Significant CIP Plans value were identified but actual delivery significantly away from plan.
- **Surgery A:** Key risks are, delivery of contract, and delivering CIP target. Demand and Capacity work is forecasting significant improvement against contract. Identification of CIP plans and delivery remains a concern.
- **Women & Child Health:** Settlement of Maternity Pathway forward SLA & historic payments key for the Group. Management of position largely via holding vacancies; workforce plan assuring sustainability & safety.
- **Surgery B:** Intensive work around Demand and Capacity recovery on-going; expectation that significant improvements can be delivered. Significant gap in CIP identification and delivery are also a concern, although work on D&C and delivery of improvements should address significant proportion of these.
- **Community & Therapies'** position includes significant vacancy management as route to CIP savings. workforce plan assuring sustainability & safety.
- **Imaging:** Significant use of Premium Rate Working, contracted out reporting (now ceased) and mobile MRI scanner in order to deliver activity. Use of agency staff remains high. Have been a number of opportunities for improvement identified, and delivery of these vital in order to move toward financial balance.

Corporate Areas

- Pay underspends on management and administration of £0.8m are offset by share of SLA underperformance, savings under-delivery and non-pay overspending. Delivery of Demand and Capacity work in clinical Groups will have positive impact on position. Corporate Nursing & Facilities; and Operations remain the two Directorates under most financial pressure.

Central

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

Finance Report

Capital

Period 8 2015/16

Summary Capital Expenditure: FY 2015/16							
	YTD			Full Year			
Expenditure Category	Flex Plan £'000s	Actual £'000s	Variance £'000s	TDA Plan £'000s	Flex Plan £'000s	Outlook £'000s	Variance £'000s
Estates	8,194	6,752	(1,442)	10,759	12,385	11,885	(500)
Information	1,455	2,004	549	5,100	4,754	4,754	0
Medical equipment	2,444	1,526	(918)	3,000	2,990	2,990	0
Contingency	0	0	0	1,294	24	24	0
NHS funded expenditure	**12,093**	**10,282**	**(1,811)**	**20,153**	**20,153**	**19,653**	**(500)**
Donated assets	283	254	(29)	76	348	348	0
Total Expenditure	**12,376**	**10,536**	**(1,840)**	**20,229**	**20,501**	**20,001**	**(500)**

The above table summarises the capital programme. A granular scheme specific schedule is provided as an appendix.
The programme is being managed within respective category control totals and which reflect in-year plan flexing.
A year on year and scheme by scheme review completed and which indicates expected delivery to schedule & budget.

The full year out-look indicates an expected £500k under-spend and which is specific to the under-budget delivery of land remediation works on the Grove Lane site.
That under-spend is expected to crystalise as a CRL capital to revenue transfer to underpin delivery of the plan I&E target.
This remains to be confirmed with the TDA at P09.

Finance Report

SOFP

Period 8 2015/16

	Balance as at 31st March 2015		Balance as at 30th November 2015	TDA Planned Balance as at 30th November 2015	Variance to plan as at 30th November 2015		TDA Plan at 31st March 2016	Forecast 31st March 2016
	£000		£000	£000	£000		£000	£000
Non Current Assets								
Property, Plant and Equipment	233,309		234,941	235,644	(703)		238,898	187,539
Intangible Assets	677		529	517	12		437	437
Trade and Other Receivables	890		958	908	50		1,011	1,011
Current Assets								
Inventories	3,467		3,321	3,084	237		2,972	2,972
Trade and Other Receivables	16,318		18,402	16,226	2,176		15,966	15,966
Cash and Cash Equivalents	28,382		28,939	25,910	3,029		27,082	27,082
Current Liabilities								
Trade and Other Payables	(45,951)		(54,025)	(44,512)	(9,513)		(48,974)	(48,974)
Provisions	(4,502)		(2,862)	(3,883)	1,021		(3,437)	(3,437)
Borrowings	(1,017)		(1,017)	(1,017)	0		(1,017)	(1,017)
DH Capital Loan	(1,000)		0	0	0		0	0
Non Current Liabilities								
Provisions	(2,986)		(2,930)	(2,363)	(567)		(1,434)	(1,434)
Borrowings	(26,898)		(26,224)	(26,218)	(6)		(25,881)	(25,881)
DH Capital Loan			0	0	0		0	0
	200,689		**200,032**	**204,296**	**(4,264)**		**205,623**	**154,264**
Financed By								
Taxpayers Equity								
Public Dividend Capital	162,210		162,210	162,210	0		162,210	162,210
Retained Earnings reserve	(13,758)		(14,415)	(10,151)	(4,264)		(8,824)	(22,362)
Revaluation Reserve	43,179		43,179	43,179	0		43,179	5,358
Other Reserves	9,058		9,058	9,058	0		9,058	9,058
	200,689		**200,032**	**204,296**	**(4,264)**		**205,623**	**154,264**

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

Cash held at the end of November exceeds the planned level. Delivery of the trust's financial plan is necessarily reliant on the use of balance sheet flexibilities. This will represent a drain on the trust's cash balances. Whilst this does not represent a near term risk it may be relevant to the trust's medium term investment plans.

Appropriate options to remedy any such impact will be considered and effected in due course consistent with securing the trust's medium term financial plans.

Necessary near term working capital management, including a stretch on payables, will be progressed to manage year end EFL target delivery.

Finance Report

Financial Sustainability Risk Rating FSRR

Period 8 2015/16

	November		Full Year	
	Plan £'000s	Actual £'000s	Plan £'000s	Forecast £'000s
Capital Service Cover				
Revenue available for Debt Service	16,266	13,374	27,050	24,177
Annual Debt Service	7,136	6,904	9,601	8,741
Capital Servicing Capacity (times)	2	2	3	3
Capital Service Capacity metric	3	3	4	4
Liquidity				
Working capital Balance	(9,882)	(10,563)	(10,380)	(10,412)
Operating Expenses within EBITDA	275,106	276,641	409,621	414,752
Liquidity Ratio Days	(9)	(9)	(9)	(9)
Liquidity Ratio Metric	2	2	2	2
I&E Margin				
Normalised Surplus/(Deficit)	922	(659)	4,634	4,902
Total Income	291,316	289,923	436,587	438,779
I&E Margin	0.3	(0.2)	1.1	1.1
I&E Margin Rating	3	2	4	4
I&E Margin Variance from Plan				
I&E Margin Variance	0.2	(0.5)	0.2	0.1
I&E Margin Variance from Plan rating	4	3	4	4
Financial Sustainability Risk Rating	3	3	4	4

This is the measure of financial health applied to the Trust by the TDA. As such it is based on the stretch target of £5m the Trust has signed up to.

Previously referred to as the CoSRR, this has been updated by Monitor. The FSRR retains the elements relating to liquidity and debt servicing that comprised the CoSRR as well as elements for underlying I&E margin performance.

Performance on all components of the FSRR is slightly down on plan to date. I&E margin is the element which is affecting the YTD metric.

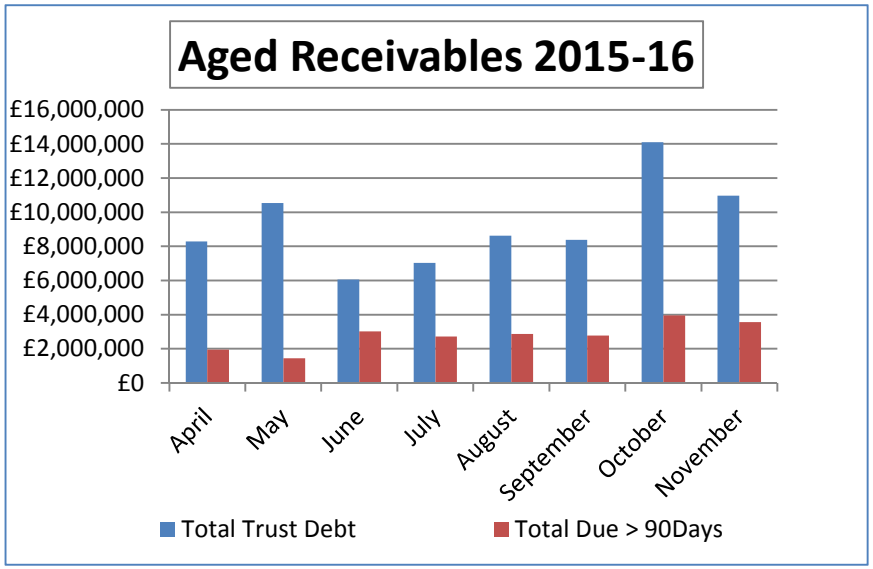
Given the anticipated achievement of the recovery plan the full year forecast remains consistent with the plan

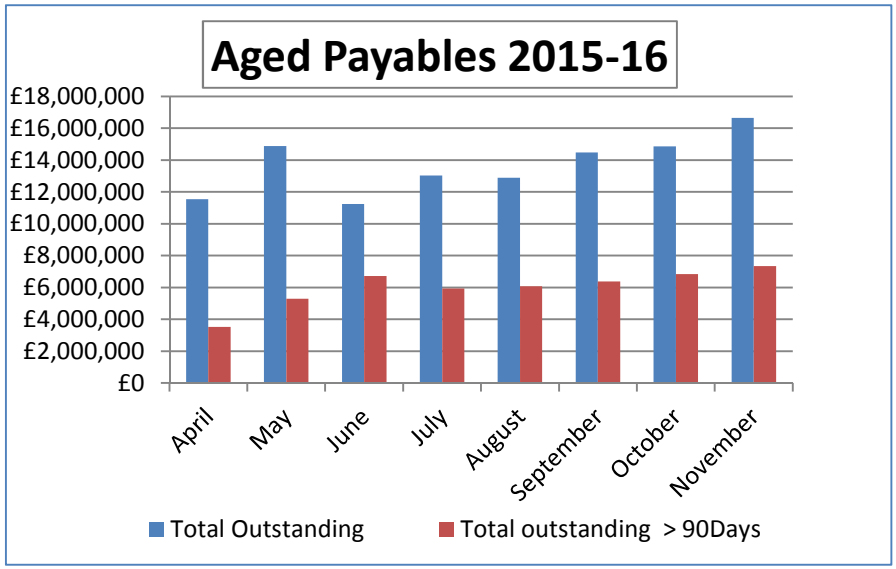
.

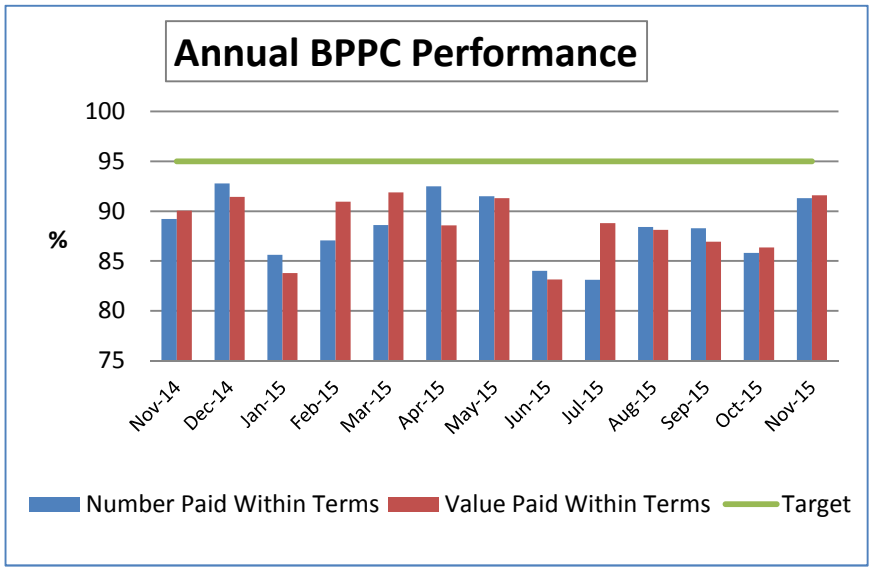
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 8 2015/16







Note

- Within aged receivables the level of over 90 days debt has reduced, however outstanding debt relating to SLA's with other NHS providers and DTOCs charges with local authorities remain. Discussions for both issues are underway at Executive level.

- BPPC is below target of 95% but reflects consistent performance to date. The main challenges in improving this relate to the trust P2P process and specifically the use of purchase orders, including receipting.

Finance Report

Appendix : Capital Programme

Period 8 2015/16

Capital Programme

2015/16 as at Period 8		Flex Plan	Plan YTD	Spend YTD	Outlook	Variance
Area	Programme / scheme	£000	£000	£000	£000	£000
Estates	Land remediation (Grove Lane site)	3,600	2,667	2,699	3,100	-500
Estates	Capitalised salaries	500	333	346	500	0
Estates	MMH project costs	2,200	1,467	1,671	2,200	0
						0
Estates	Statutory standards	1,200	933	1,183	1,200	0
Estates	Security	266	0	0	266	0
						0
Estates	MMH electrical supply	250	227	0	250	0
Estates	MMH utilities	0	0	0	0	0
Estates	**Sub-Total**	**8,016**	**5,627**	**5,898**	**7,516**	**-500**
Retained	Retained estate - Rowley	580	517	0	580	0
Retained	Retained estate - Sandwell maternity	1,600	550	195	1,600	0
Retained	Retained estate	0	0	7	0	0
Retained	Sandwell electrical works #1	800	500	0	800	0
Retained	Catheter lab works	680	600	630	680	0
Retained	SAU, SDU and EGAU reconfiguration	210	0	0	210	0
Retained	SGH aseptic suite	0	0	0	0	0
Retained	Group TSP schemes	499	400	22	499	0
Retained	**Sub-Total**	**4,369**	**2,567**	**854**	**4,369**	**0**

Finance Report

Appendix : Capital Programme

Period 8 2015/16

Capital Programme

2015/16 as at Period 8

Area	Programme / scheme	Flex Plan £000	Plan YTD £000	Spend YTD £000	Outlook £000	Variance £000
IM&T	EPR	550	315	304	550	0
IM&T	Network stabilisation	3,300	690	1,462	3,300	0
IM&T	Speech recognition	400	67	0	400	0
IM&T	Document management	100	17	0	100	0
IM&T	Development of PACS / CDA	50	6	0	50	0
IM&T	Year of Outpatients	113	86	81	113	0
IM&T	PC upgrades / Windows 7	152	196	55	152	0
IM&T	Vitalpac	89	79	88	89	0
IM&T	Existing systems	0	0	0	0	0
IM&T	IM&T other schemes	0	0	13	0	0
IM&T	**Sub-Total**	**4,754**	**1,455**	**2,004**	**4,754**	**0**
Equipment	CQC equipment	740	750	602	740	0
Equipment	Medical equipment	2,250	1,694	924	2,250	0
Equipment	**Sub-Total**	**2,990**	**2,444**	**1,526**	**2,990**	**0**
Other	Contingency	24	0	0	24	0
Other	**Sub-Total**	**24**	**0**	**0**	**24**	**0**
	TOTAL NHS FUNDED PROGRAMME	**20,153**	**12,093**	**10,283**	**19,653**	**-500**
Charity	Donated equipment	348	283	254	348	0
Charity	**Total Charitable Funded spend**	**348**	**283**	**254**	**348**	**0**
	TOTAL PROGRAMME	**20,501**	**12,375**	**10,537**	**20,001**	**-500**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CQC Improvement Plan
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Kam Dhami, Director of Governance
DATE OF MEETING:	7 January 2016

EXECUTIVE SUMMARY:

The attached paper provides a note on delivery of the CQC Improvement Plan and proposes ways in which the Board can test and check whether the work that has been carried out has been effectively implemented across the Trust and real change has resulted

The paper also describes the new in-house inspections that have been carried out during week commencing 23 November and provides some initial feedback from the inspectors.

REPORT RECOMMENDATION:

The Board is asked to receive and accept the update and provide ongoing support to the delivery of the Improvement Plan.

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

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

Safe high quality care

PREVIOUS CONSIDERATION:

CLE and Quality and Safety committee

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Our Improvement Plan – responding to the Care Quality Commission Report
Update on delivery and initial in-house inspection feedback

Report to the Trust Board: 7 January 2016

1. The CQC report was published in March 2015 and identified 67 areas for improvement which we needed to carry out to improve the care and services provided to our patients. In response, an Improvement Plan was developed that we set out to achieve by the end of October 2015. Over the past 8 months work has been on-going to address the areas of poor practice found, with regular reports presented to the Board, Quality and Safety Committee and Clinical Leadership Executive.

2. There are many examples where actions have been completed such as **new lockable trolleys** and other storage containers to keep patient records secure, being able to **identify patients with a DNACPR order** on the eBMS system using a flag, **resuscitation trolley checks** carried out by Group DoNs, automated cabinets in place for improved storage, dispensing and governance of medicines etc.

3. In a number of areas work is on-going and needs to be concluded or a revised delivery plan considered. Examples include complete **person-centred care documentation**, embedding **Ten out of Ten**, reducing **sickness rates**, consistent **hand-hygiene** practice, and **memory loss scoring for dementia patients** in outpatients.

4. Organisation-wide improvements in communication, staff engagement and learning have continued to be strengthened since the CQC Inspection and have supported delivery of the Improvement Plan. Notable examples include Your Voice, Quality Improvement Half-Days, Ok to Ask, Urgent Care Challenge programmes and Board Rounds.

5. What needs to happen over a sustained period of time is to see if the changes made to working practices are real all the time, everywhere.

In-house inspection regime

6. To check if our response to the CQC findings have delivered real improvements on the ground and to identify any areas where attention is still needed, a series of unannounced in-house inspections, **32** in total, took place across the Trust over a 7-day period ending on 29 November.

7. The response to the request for 'volunteer' inspectors was positive, with **50 staff** from a range of disciplines and grades taking part. The visits were mostly carried out in pairs, with one person being a clinician, and involved talking to staff, observing interactions, checking out the environment and, where possible, speaking to patients. To ensure impartiality staff were not allocated to inspect their own work place or areas with whom they had close links. Further independence was introduced with the involvement of the TDA, CCG and the Trust's Members Leadership Group on some inspections.

8. For the areas visited to feel like they have been through as close to real CQC inspection as we could reconstruct the in-house team were required to wear an inspector's badge and carry a clipboard. To build consistency into the process all inspectors were working to a checklist, but were free to pursue areas, both good and of concern, as necessary.

9. One of our learning points from the CQC Inspection last year was that staff and managers need to be better at receiving inspectors and talking about how they and the team work and describing their interactions with others outside their area. By creating 'mock ups' of this experience we can begin to address this for next CQC visit, as well the many other inspections, e.g. peer reviews we receive.

10. A huge amount of information has been gathered by the inspectors with over **60** completed checklists returned. The feedback from the inspections will be shared with local areas and directorate group management teams as well as more widely across the Trust during January to ensure shared learning, with the good practice identified introduced in other areas and corrective actions taken as required.

11. Initial feedback suggests that the majority of patients and visitors are happy with the care received and find staff helpful and friendly. This mirrors what the CQC inspectors found last October. Some inspectors came across areas where practices were inconsistent, for example, hand washing, awareness and following of the Ten out of Ten patient safety standards checklist, care plan documentation.

12. The plan is to periodically carry out unannounced inspections, targeting good and problem areas as required. Feedback questionnaires were sent out to the in-house inspectors to get their thoughts on how the visits ran and ideas for improvement. Their comments will feed into the discussions the CLE has about future inspections.

Future approaches to validate sustained and improved practice

13. Last month Board members considered approaches in addition to the in-house inspections that it wanted to deploy and information it required to be assured of the successful delivery of the Improvement Plan and continued good practice, everywhere all of the time. The following options were agreed:

- Using existing data and information more intelligently e.g. complaints, incidents, Your Voice, IPR
- Including Improvement Plan related reviews in the 2016/17 Clinical Audit Plan (**quarterly**)
- Deploying more Internal Audit time next year to validate areas self-assessed as performing well (a minimum of **40 days, May – June**)
- Commissioning external peer assessments **(October – November)**
- Carrying out snap shot audits in selected areas
- Find exemplar health care practices across the NHS, and more widely, and learn from their experiences to successfully introduce changed / new ways of working locally.

Conclusion

14. The unachieved actions in the Improvement Plan now need to be completed at pace and the shortcomings identified through the inspections addressed. A programme of work is being developed to test and measure achievements in delivering the Plan so that additional actions can be taken, with the aim of moving from a 'requires improvement' rating to 'good' and 'outstanding' across all of our services.

Kam Dhami
Director of Governance 30 December 2015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC

DOCUMENT TITLE:	**Wider Safe Staffing – taking a wider view**
SPONSOR (EXECUTIVE DIRECTOR):	**Raffaela Goodby, Director Organisation Development**
AUTHOR:	**Gayna Deakin, Deputy Director of Workforce (Strategy and Planning)**
DATE OF MEETING:	**7th January 2016**

EXECUTIVE SUMMARY:

This paper provides a more detailed update on the information presented to the Trust Board on 3rd December 2015.

It sets out the detail of an exercise undertaken to understand and illustrate clinical ward team staffing levels beyond nurse numbers i.e. multidisciplinary teams.

REPORT RECOMMENDATION:

- This update is accepted by the Board.
- Wider safe staffing is an integral part of the Trust's main work programmes.
- That a watching brief is kept on national developments for safe staffing and the associated work programme.

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

PREVIOUS CONSIDERATION:

Safe staffing data considered monthly at Trust Board
CLE monthly
Quality and Safety Committee

WIDER SAFE STAFFING – TAKING A WIDER VIEW

UPDATE 7th January 2016

1. Introduction

This paper provides a more detailed update on the information presented to the Trust Board on 3rd December 2015 with regard to safe staffing, in particular in light of the on-going national Sir Mike Durkin work that is about taking safe staffing beyond nursing numbers.

This supports the Trust's top priority to provide safe high quality care. In addition, in August 2015 the Chief Nurse of NHS Improvement wrote to all Chief Nurses in the Trust's across the UK to inform them of a shared work programme that aims to improve the safety and quality of NHS staffing, this was formally launched in October 2015. To date there is no further information setting out the programme of work or timetable despite the high profile launch. Therefore this 'pre work' will set SWBH in good stead to respond in timely way when the work does progress.

2. Update

In November 2014 SWBH's Chief Nurse led a nurse staffing establishment review that resulted in an agreed leadership model, minimum safe standards for nurse:bed ratio and the normal balance between registered and non-registered practitioners for early, late and night shifts. In addition to the safe staffing levels determined it is acknowledged that there are a number of critical inputs from other clinicians that form a multidisciplinary team and contribute to safe care for our patients.

A further exercise has now been undertaken to work up what constitutes the 'ward clinical team' and to illustrate, in very broad terms, how much time the various clinicians are present at ward level contributing to the overall inpatient care outcomes and experience. Key stakeholders including Health Education West Midlands (HEWM), NHS TDA and regional colleagues have confirmed that there is no defined approach, best practice or guidance available to inform how to define the overall inputs of the wider clinical team.

National benchmarking data of all acute sector staff hours to occupied bed days was used to determine SWBH's number of occupied bed days. According to NHS statistics between July and September 2015 the Trust had 790 overnight beds open with an occupancy rate of 74.7%. This equates to 54,308 occupied bed days. This calculation was used along with national norms, set out below, for time spent by physiotherapists, pharmacists and occupational therapists on a ward:

July 2015 - September 2015

Physiotherapist	300 physiotherapy contacts per 1,000 days 29 mins average length of face to face contact 1,588 contacts per WTE	Therefore across this period there were approx. 600 physio contacts which on average is 3 hours physio time per 30 bed ward per day.
Occupational Therapist	147 OT contacts per 1,000 days 34 mins average length of face to face contact 1,252 contacts per WTE	Therefore across this period there were approx. 600 OT contacts which on average is 1.5 hours OT time per 30 bed ward per day.
Pharmacist		According to NHS benchmarking the average number of hours spent on wards per week (all pharmacists) per 100 beds in 2014 for Acute trusts with Community

		services is 59 hours This equates to for a 30 bed ward (30/100)*(59/7) = 2.5 hours per day

In summary, using national benchmarking metrics applied to SWBH occupied bed days indicates that in broad terms the SWBH Trust average for which physiotherapists, occupational therapists and pharmacists are present on the ward is 7 hours within a 24 hour period. This is broken down in the table below:

SWBH average benchmark

Staff Role	Average hours per patient (30 beds) over 24 hours
Physiotherapists	3
Occupational Therapist	1.5
Pharmacist	2.5
Total	**7.0**

An additional exercise has been undertaken to review a specific 35 bedded ward within SWBH. The information was contributed by SWBH stakeholders but demonstrated that detailed information is quite difficult to obtain. Existing workforce modelling, timetables and rotas, where available, were used and professional judgements and intelligence has been relied upon to build upon this further.

In this scenario, we attempt to illustrate very broad assumptions and apply these to the specific roles that comprise the multidisciplinary team. It must be noted that the complexity of patient case mix and acuity etc will impact on the number and type of staff deployed daily and this piece of work has taken a broad 'on average' overview.

The 6.61 hours/time spent by clinicians providing patient care includes direct/hands-on patient care and indirect patient care such as making referrals, planning discharges, sharing information, dealing with families, writing up notes etc.

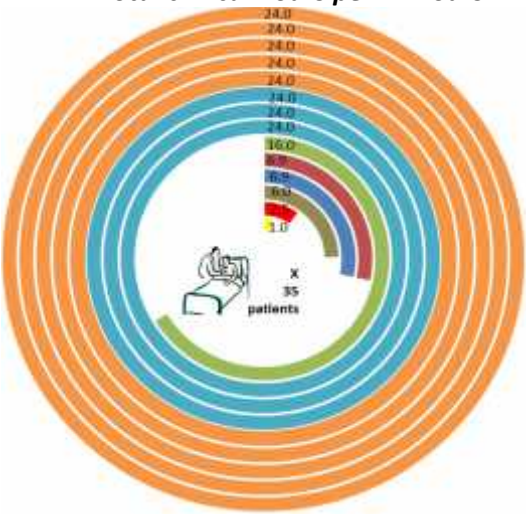
The two scenarios below demonstrate a SWBH respiratory ward on Monday -Friday and a weekend.

Respiratory ward (Mon-Fri): staff role and hours

Staff Role	Graph Legend	Headcount	Total Clinical hours per 24 hours	Average hours per HC over 24 hours	Average hours per patient (35 beds) over 24 hours
Qualified Nurse		10	120.0	12.0	3.43
HCA		6	72.0	12.0	2.06
Therapists (Physio & OT)		2	16.0	8.0	0.46
Middle Grade		2	6.9	3.5	0.20
Jr Dr		2	6.9	3.4	0.20
Specialist Nurse*		1	6.0	6.0	0.17
Pharmacists		1	2.5	2.5	0.07
Consultant		1	1.0	1.0	0.03
Combined clinical time per patient per 24 hours					6.61

**Based on data from CNS manager and adjusted for non clinical factors*
Physical presence doesn't account for hours on call

Total clinical hours per 24 hours



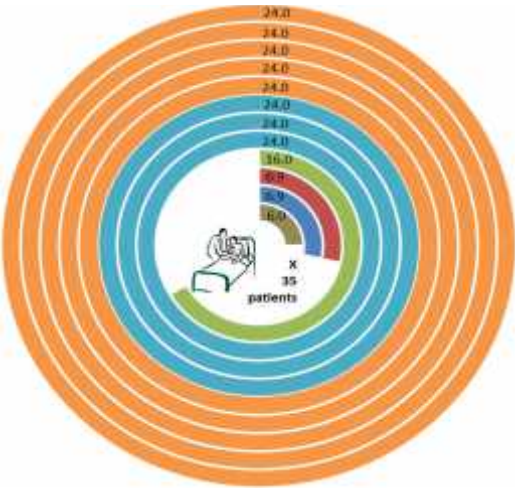
Respiratory ward (Sat-Sun): staff role and hours

Staff Role	Graph Legend	Headcount	Total Clinical hours per 24 hours	Average hours per HC over 24 hours	Average hours per patient (35 beds) over 24 hours
Qualified Nurse		10	120.0	12.0	3.43
HCA		6	72.0	12.0	2.06
Therapists (Physio & OT)		2	16.0	8.0	0.46
Middle Grade		2	6.9	3.5	0.20
Jr Dr		2	6.9	3.4	0.20
Specialist Nurse*		1	6.0	6.0	0.17
Combined clinical time per patient per 24 hours					**6.51**

**Based on data from CNS manager and adjusted for non clinical factors*

Physical presence doesn't account for hours on call

Total clinical hours per 24 hours



3. Summary

This update provides a broad overview of the role and inputs of the wider clinical ward team. The subject of safe staffing and the inputs of the wider clinical team will feature heavily in our on-going pieces of workforce planning including:

- 2016-2018 business planning and new LEAN & efficient ways of working
- Plans for the leadership and management of doctors that was agreed at a recent CLE
- 7 day working implications and pilots

The Trust will continue to keep a watching brief on the national position and outcomes of work led by Sir Mike Durkin and NHS Improvement and will be in a good position to respond to instructions on wider safe staffing levels or best practice recommendations as a result.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Safe Nurse Staffing
SPONSOR (EXECUTIVE DIRECTOR):	Colin Ovington – Chief Nurse
AUTHOR:	Colin Ovington – Chief Nurse
DATE OF MEETING:	7th January 2016

EXECUTIVE SUMMARY:

1.1 This report is an update on safe nurse staffing November 2015 data.

1.2 The daily checking of nurse staffing data has been used to provide this report and provides a realistic picture of staffing on the wards

1.3 It is my recommendation that this manual system will continue until the bank module on the e-rostering system can be validated against the daily staffing numbers.

1.4 Key questions for the board today continue to relate to gaining confidence in the manual data collection until a better electronic solution can demonstrate the same degree of accuracy.

REPORT RECOMMENDATION:

To receive an update at the February Trust Board meeting
To support the manual, daily checking of nurse staffing as the means of collecting the necessary information to make the national submission.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	X

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

Financial		Environmental		Communications & Media	X
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:

Relates to our safety objectives and BAF

PREVIOUS CONSIDERATION:

FOR INFORMATION

SWBTB (01/16) 214(a)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SAFE NURSE STAFFING UPDATE

Report to Trust Board on 7th January 2016

1 EXECUTIVE SUMMARY

1.1 This report is an update on nurse staffing data collected for November 2015.

1.2 The daily data check on nurse staffing has formed the basis of the calculations included in the report, this will continue until the bank modules can be fully assessed on the e-rostering system, this is currently under way. The daily checking is time consuming but means that the actual staff on duty is counted by senior nurses to assure themselves that the required levels of nurse staffing is sufficient to meet safety standards and to re-deploy staff where necessary before using temporary resources. This provides better assurance about what is happening shift by shift on all in patient wards and assessment units across the trust.

2 NOVEMBER DATA UPDATE

The fill rates of registered nurses across our medical and surgical wards remain in a safe state with the use of temporary staff to supplement our permanent staff. Group directors of Nursing and matrons are re-deploying staff on a shift by shift basis to ensure that the balance of our own staff to temporary staff is managed. This is not always popular with staff but does ensure that we have a spread of our own staff across the trust which is for the benefit of patient safety. 9% of shifts in medicine and surgery fall below the required numbers despite efforts to keep them at the right level. It continues to be more difficult to fill shifts on our community wards. As detailed in the report about maternity services last month work continues to recruit midwives, some newly qualified staff are being inducted and therefore not included in the overall staffing numbers reported

3 RECOMMENDATION

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

Chief Nurse continues to work with the information team to produce consistent and assured data in relation to ward nurse staffing.

Testing of the bank nurse module against the daily manual check will be undertaken during January, this will not form the basis of next months report but the board will be given a view on progress.

Colin Ovington, Chief Nurse

29th December 2015

	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015
Medicine & Emergency care	D5	City	13	5	5	5	97.4%	100.0%	1	1	0	82.6%	0.0%
	D7	City	19	3	3	3	98.9%	99.3%	1	1	0	93.3%	0.0%
	D11	City	21	3	3	3	112.8%	97.8%	2	2	1	124.9%	126.7%
	D12	City	10	2	2	2	102.5%	100.0%	1	1	1	100.0%	100.0%
	D15	City	24	3.5	3.5	3	90.0%	101.6%	2	2	1	96.7%	102.0%
	D16	City	21	3	3	3	96.9%	100.0%	2	2	1	101.6%	126.7%
	D26	City	21	3	3	3	101.1%	100.0%	2	2	1	145.8%	173.3%
	AMU 1	City	41	10	10	10	91.6%	94.7%	4	4	4	114.6%	101.1%
	AMU 2	City	19	5	5	5	89.3%	77.3%	1	1	1	138.1%	106.9%
	PR4	Sandwell	25	7	7	7	95.8%	83.9%	3	3	3	96.0%	97.8%
	PR5	Sandwell	34	5	5	4	96.0%	97.5%	3	3	2	95.6%	104.9%
	NT4	Sandwell	28	4	4	4	99.6%	98.3%	3	3	3	99.4%	98.8%
	LY 4	Sandwell	34	5	5	4	95.0%	91.7%	3	3	2	97.0%	98.6%
	LY5	Sandwell	29	4	4	4	96.3%	100.0%	4	4	2	128.8%	100.0%
	N5	Sandwell	15	5	5	2	104.1%	100.0%	1	1	1	91.6%	53.3%
	AMU A	Sandwell	32	11	11	11	95.0%	100.4%	4	4	3	101.1%	100.0%
	AMU B	Sandwell	20	3.5	3.5	3	98.9%	98.6%	3	3	3	113.3%	100.0%

	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015
Surgery A	D21	City	23	4	4	2	97.7%	100.0%	2	2	2	76.3%	86.2%
	D17	City	19	4	4	2	85.6%	117.4%	2	2	2	82.2%	101.9%
	SAU	SGH	14	5+1 on mid shift	6	4	92.4%	97.7%	2	2	1	102.2%	100.0%
	L2	SGH	20	6	6	4	97.1%	98.8%	3	3	2	91.6%	81.0%
	P2	SGH	20	5	5	3	96.6%	100.0%	4	4	3	97.7%	100.0%
	N3	SGH	33	5	5	3	89.0%	97.7%	4	4	3	94.8%	100.0%
	L3	SGH	33	5	5	3	93.1%	95.3%	4	4	3	95.7%	94.3%
	CCS	City		Staff flexed to the dependency/number of patients in the units			98.3%	97.9%	Staff flexed to the dependency/number of patients in the units			104.9%	110.5%
	CCS	SGH					92.8%	117.4%				93.3%	96.7%

	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015
Community & Therapies	Henderson	RH	24	3	3	2	89.0%	100.0%	3	3	3	96.2%	96.2%
	Elisa Tinsley	RRH	24	3	3	2	85.6%		3.5	3.5	2.5	100.0%	
	D43	City	24	6	6	4	100.0%	100.0%	5	5	2	100.0%	131.0%
	Leasowes	RH	20	3	3	2	75.4%	109.2%	3	3	2	118.2%	100.0%

	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015
Surgery B	Eye ward	City	10	2	2	2	100.0%	100.0%	1	1	0	88.0%	87.9%

	Ward	site	No. Beds	Morning shift RN's expected	Afternoon /Evening shift RN's expected	Night shift RN's expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015	Morning HCSW expected	Afternoon /Evening HCSW expected	Night Shift HCSW expected	Percentage day time fill rate during Sept 2015	Percentage night time fill rate during Sept 2015
Womens & Children's	L G	SGH	14	3	3	2	82.8%	75.9%	1	1	1	48.4%	69.0%
	L1	SGH	26	5	5	4	94.8%	66.7%	3	3	2	61.5%	86.4%
	D19	City	8	3	3	2	67.8%	81.7%	1	1	0	60.0%	0.0%
	D27	City	18	4	3	2	73.9%	63.8%	2	2	1	69.2%	86.2%
	Maternity	City	42	6	5	4	96.3%	76.5%	4	4	2	96.3%	85.7%

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Fully Staffed – Apprenticeship Delivery at SWBH
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby – Director of Organisation Development
AUTHOR:	James Pollitt – Associate Director of Education, Learning & Development
DATE OF MEETING:	7th January 2016

EXECUTIVE SUMMARY:

This paper makes recommendations in response to the government's recent announcement to introduce an apprenticeship levy. This levy states that all public organisations must have 2.3% of their workforce made up of apprentices. This will mean a cost of approx. £1.4m for SWBH when the levy is introduced.

SWBH already runs a successful apprenticeship programme, which currently employs over 100 apprentices in the Trust and has won regional and national awards, demonstrating this is an area of good practice. The report outlines the steps that need to be taken to meet the government's policy change, and suggests a timeline that is practical for the Trust to implement to be able to support recruiting managers and the apprentices involved.

REPORT RECOMMENDATION:

It is recommended that:

1. The Trust adopts option 2 to implement an 'apprentice first' option to all vacant band 1-3 posts with minimal exceptions

2. Implementation starts from April 2016 to allow a preparatory year to embed the culture change needed ready for the government's deadline of April 2017.

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

Accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

- Good Use of Resources
- An engaged, effective organisation

PREVIOUS CONSIDERATION:

Apprenticeship Delivery – the government's 2020 vision

Strategic context

The Conservative Government made a manifesto pledge to deliver 3 million apprenticeships by 2020. On the 7 December 2015, the Prime Minister David Cameron announced *"Today, we're going even further with our Apprenticeship 2020 vision. We will make every part of the public sector – from Whitehall to local government, the NHS to the police ensure that apprentices form at least 2.3% of the workforce".*

The changes will all be set out in a package of measures called "English Apprenticeships – Our 2020 vision", with the vision of hoping to increase the ratio of 16- to 18-year-olds starting an apprenticeship to 1 in 10 by 2020.

In his Autumn Statement, the Chancellor of the Exchequer introduced an Apprenticeship Levy which is designed to generate the income required to fund the additional apprenticeships being offered. This will be applied to organisations with a salary bill of over £3 million at a rate of 0.5% of the wage bill and will be collected through PAYE and payable alongside income tax and national insurance. This will come into effect from April 2017. The levy payment for SWBH Trust will be approximately £1.4 million per annum.

Our Trust needs to position itself so it can meet the government's requirements without impacting negatively on our financial position and staffing numbers. That will require a significant change relating to the employment and training of apprentices. Changes will be required:

- in the recruitment and selection process of employees in band 1-3
- a contractual change in our approach to employing apprentices
- agreement from Staffside regarding these changes.

Current situation

SWBH Trust already has a self-set target to deliver 100 new apprenticeships annually which we are on track to achieve. The apprentices currently on our programme are classed as supernumerary. This means that although their salary is funded from service budgets, they are not occupying a vacant post and as such are not counted in the staffing figures.

This latest announcement changes that position as apprentices will now have to be part of our staffing figures. Early consultation with the staff side convenor and other trade union colleagues has taken place regarding the government announcement and how the Trust responds to the challenge faced. At PPAC on the 23rd December 2015 it was agreed by all that this is a must do, and that more detailed planning is needed to fully embed apprentices into the organisation.

Review of Options

1. **Option 1** – Continue with the current SWBH approach, but double the number of apprentices to circa 200 which represents about 2.3% of the workforce.

   Currently we are delivering the agreed 100 apprenticeships. This will provide an annual income of around £250k based on an average of £2k per apprentice from Skills Funding Agency (SFA) and potentially £500 from Health Education England. Both these income streams cannot be guaranteed and can change with little notice. If we increase the number of apprentices to 200, it will double the income but will need additional infrastructure to support the increased delivery of apprenticeships. The cost of this increase would be circa £125k per annum.

   The recruitment and selection process would also have to change as the apprentices would no longer be considered supernumerary. However there will not be a job offer at the end as they will not be filling a vacancy. Financially this option would create a funding deficit of circa £900k against the proposed apprenticeship levy.

2. **Option 2** – Introduce an 'apprentice first' approach that places an apprentice as a first option in all vacant band 1-3 vacant posts.

   This strategy would require a significant change in how we recruit, select and succession plan our workforce in order to provide the number of apprentice opportunities required.
   There would need to be an 'opt out' clause; however these must be kept to a minimum. Suggested clauses would be:
   - If there was significant risk to service delivery due to the number of trainees in the service area or ward
   - Where staff are at risk
   - Where no formal qualification is required for the role e.g. domestic services.

   The apprentice would be counted in the staffing numbers as they would be training to fill a live vacancy. There would be expectation that the apprentice would automatically secure the vacant position upon successful completion of the apprenticeship.

   Adopting this approach would provide the income described in option 1 (£500k) but would also provide an in-year efficiency against the salaried post of around £9k based on a Band 2 post. (Apprentice salary = £6500, Band 2 midpoint = £15,432). Working on the 2.3% of the workforce having to be apprentices and based on 7000 staff we would have to deliver 214 apprentices per year.

   This would provide an annual salary efficiency of circa £1.9million. This money would be used to offset the apprenticeship levy (£1.4m) with the financial surplus held centrally as contingency funds. The additional funds from SFA would be used to support the increased infrastructure required for apprenticeship delivery and staff development.

3. **Option 3** – Introduce a combination of options 1 and 2 over a transition period.

   This would enable the Trust to continue to successfully deliver apprenticeships as it has done in the past and allow time for the development and embedding of the process described in option 2. It would be a practical solution designed to create some flexibility during the early implementation\ transition period of option 2. This period would be April 2016 – April 2017. The financial benefits realised will be a combination of those described in option 1 and 2.

Conclusion

There are still a lot of unknowns in the recent changes to the apprenticeship funding and delivery, however, progress made to date within the Trust regarding the support and employment of apprentices has been positive.

There has been a significant shift towards the use of apprentices in SWBH, but there remains some cultural barriers which need to be addressed around employing apprentices in the Trust. All options above will present organisation challenge which will require support for recruiting managers and process change to enable the level of apprentices to be recruited and supported that is needed.

Recommendations

It is recommended that:

3. The Trust adopts option 2.
4. Implementation starts from April 2016 to allow a preparatory year to embed the culture change needed ready for the government's deadline of April 2017.

James Pollitt
Associate Director of Education, Learning and Development

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Annual Equality Report**
SPONSOR (EXECUTIVE DIRECTOR):	**Colin Ovington – Chief Nurse**
AUTHOR:	**Estelle Hickman – Equality and Diversity lead**
DATE OF MEETING:	**7th January 2016**

EXECUTIVE SUMMARY:

The Trust is required to produce an annual report on equality in January 2016. The draft report was previously discussed at the Board subcommittee on Public Health, Community Development and Equality. The final amendments to be made include the addition of data which has traditionally been by calendar year and therefore cannot be produced in advance of the Board meeting. This data will be circulated as soon as it is prepared and in advance of the publication date.

REPORT RECOMMENDATION:

Discuss and approve the report in draft stage and to agree that the data can be checked by the Chief Executive, Chief Nurse and Director of Organisational Development prior to publication on the Board's behalf.

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

Accept	Approve the recommendation	Discuss
	X	X

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

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

Comments:

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

Relates to our safety objectives and BAF

PREVIOUS CONSIDERATION:

Public health, community development and equality committee

Sandwell and West Birmingham Hospitals NHS
NHS Trust

EQUALITY REPORT
January 2016

Where EVERYONE Matters

Contents

Executive Summary

This document is the Trust response to the Public Sector Equality Duty requirement to publish Equality monitoring data of our workforce and service users and to show how we are:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

The New Equality regulations require us to publish 'relevant, proportionate information demonstrating our compliance' annually and to set and publish 'specific, measurable equality objectives' every 4 years.

Equality and Diversity is a corporate function and remains a key priority of the Trust we are compliant with the Care Quality Commission, the Equality, Diversity and Human Rights (EDHR) Public Sector Duties and with current Equality Legislation.

The Trust has made significant progress over the years in ensuring that the well being of patients, visitors and staff remains central to all of it functions. We aim to consistently provide quality health care that meets the needs of our local communities and make sure that the services we offer are inclusive. Our staff work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment, or socio-economic status.

As an employer, we ensure that our staff are kept informed, involved and are competent and confident in delivering the services we provide. Through proactive leadership we support and promote equality and diversity to ensure that our staff can work in environments free from discrimination.

As a service provider, we ensure that the needs of our patients inform the provision and delivery of our services, with the adoption of the equality delivery system2 template. Our engagement agenda provides us with the opportunity to listen, act and learn whilst enabling our service users to be involved and have confidence in what we do.

Whilst we have been able to demonstrate compliance through our achievements and ongoing progress with the equality agenda we cannot become complacent. We have a number of projects and future actions to undertake that will ensure we remain steadfast in our resolve to achieve better health outcomes for all and reducing the health inequalities experienced by many groups within our communities.

The Trust Board is committed to developing ever more consistent links into our local communities, working with voluntary sector, faith, and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work.

Public Sector Publishing Obligations

In accordance with Public Sector Equality Duty requirements we have to provide information on our workforce and patients around the following protected characteristics:

- Ethnicity [Race]
- Disability
- Age
- Religion or belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Pregnancy & maternity
- Marriage & Civil Partnership

Public Sector Equality Duty
Equality Report

Section one: Overview

1.1 Introduction

The Trust is committed to achieving equality and inclusivity both as an employer and as a provider of services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our staff. We will publish our equality assurance and objectives on our websites and in print format on request.

Organisation Profile

Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research.

Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road, from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick (which is also our stand-alone Birth Centre's base). The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City. Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell. We have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology. Our community teams deliver care across Sandwell providing integrated services for children in schools, GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations.

Sandwell and West Birmingham employ around 7,500 people and contains some of the most diverse localities within the West Midlands and is considered one of the most diverse urban areas of Britain (Office for National Statistics). The Trust is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. The 'Right Care, Right Here' partnership has now run for ten years. Our intention is to provide substantially more care at home and rely less on acute hospitals. We aim to move 350,000 appointments out of traditional settings and close a further 20% of our hospital beds, as we have safely closed 25% over the last ten years. Whilst most of the programme involves investment in GP surgeries and health centres, we still plan to relocate our acute care into a single purpose built hospital. A site on Grove Lane in Smethwick has been purchased for this purpose, following public consultation in 2006. Our plans were approved in 2014-15 and we will open our new facility (Midland Metropolitan Hospital) in 2018-19. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site.

Our training and education team are outward facing in sourcing the workforce we need for the long-term. We have a very active programme of apprentices and school experience joint working. We are partners in the Sandwell University Technical College development. More widely we work closely with Birmingham City University, Wolverhampton University, Birmingham and Aston Universities. The Learning Works is our community-based recruitment and training resource.

During 2014-15 we published our Public Health and Community Development strategy, which outlines the contribution we currently make and plan to make to tackling the underlying causes of ill-health in the communities that we serve.

Trust Vision

Our vision is to help improve the health and wellbeing of people in Sandwell, Western Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home.

We have been working on our 2020 vision since 2014 with teams and services, clinicians and managers, having time to consider and develop their ambitions and plans for transforming the care they provide. Starting with our leadership conference in 2014, workshops, surveys and other tools have allowed us to test and refine the ideas of our staff, and to engage patients in developing ideas.

In July 2015 we launched our draft vision for care in 2020 and engaged with staff, patients, stakeholders and third sector organisations to gain their views. Our 2020 vision now reflects that feedback.

Our eight clinical groups have worked through how they can support each other's plans. This work has led us not just to choices about priorities but also to a descriptive series of patient stories showing how care models will change. In many cases most care will be delivered in the same way, and certainly to high quality standards but in all sorts of ways we expect to change the coordination of care - joining up more effectively with patients and their relatives, with GPs and other care partners, and across our own organisation, between sites and specialties. This coordination is a seven day a week ambition.

Our detailed plans will evolve as time moves on but the direction of travel is clear and consistent, in line with this 2020 vision. We want to take a lead role in disease prevention. We aim to provide care for long-term conditions in different ways and in partnership with GPs. Acute hospital care will be specialised and centralised for excellence and longterm rehabilitation and social care will be part of what we do, working alongside others to meet the changing needs of our population.

Trust Values

The Trust vision is underpinned by its values and as an employer and provider of services we pride ourselves in being;

- Caring and Compassionate
- Accessible and Responsive
- Professional and Knowledgeable
- Open and Accountable
- Engaging and Empowering

The Trust annual report published in September 2015 set out our priorities and our achievements to date. For more information about our Trust please view a copy of our annual report and annual plan at: http://www.swbh.nhs.uk/our trust/annual-reports

1.2 Public Sector Duty

The Equality Act 2010 places a Public Sector Equality Duty [PSED] on public bodies and others carrying out public service functions. The aim is to embed equality considerations in the day-to-day work of public bodies. It requires us to consider how our activities as an employer and our decision making as provider of services, affect people who share different protected characteristics.
.

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or belief
- Sex
- Sexual orientation

The Equality Duty has three main aims which are to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

Regulations came into effect in September 2011 requiring all public sector bodies to publish 'relevant, proportionate information demonstrating compliance' and to set 'specific, measurable equality objectives'. As an NHS organisation we are required to:

- Publish a report annually which explains how we achieved the general duty and provide information about people who share a 'protected characteristic'.

- Publish our Equality Objectives by 6 April 2012, which will include a plan of what we intend over the next four years.

1.3 Key Achievements

Over the last few years we have introduce a number of initiatives and measures to improve the experiences and outcomes for our patients and staff. These include:

- Introduction of designated Baby feeding facilities.

- Introduction of our Customer Care Promises.
  - To improve patient confidence and experience in our care delivery

- In-house patient experience surveys across all clinical settings.
  - To ensure that our services meet the needs of our patients

- Improved Signage and accessibility to our buildings, wards, departments and car parks.
  - Enabling equal access to all our patients, visitors and staff

- Introduction of Website access and route plans to our hospitals and departments via 'DisableGo' website, the link is on the Trust website.
  - Our patients and visitors are able to view and print off the route to their destinations within the hospital, at home

- Improved access resources/equipment for identified equality patient groups, e.g. disability, other disadvantaged groups.
  - ensuring that our patients and visitors can access appropriate wheelchairs, hearing loops, lowered reception counters, information kiosks, PALS

- Language Line and face to face interpreters via our Interpreting Services.
  - introduction of an in-house trust bank service offering interpretation of the top 10 languages.
  - ensuring our patients are involved with their treatment and care, and confident in their decision making.

- Initiatives to improve our services to vulnerable adults and those with dementia and Learning Disability.
  - Introduction of dementia-friendly wards.
  - Appointment of activity coordinators to interact with dementia patients.
  - Appointment of Learning Disability Liaison Nurse
  - Each clinical area have 'The Hospital communication Book' designed by the Clear Communication People Ltd, to improve patients care, confidence and safety.

- The successful integration of the Community Services into the Acute Trust.
  - Enabling a seamless approach to care and service delivery for all patients.

- Increased staff awareness of Equality, Diversity and Human Rights agenda via our in-house training programmes (98.19% of our staff have received training to date).
  - Equality, Diversity and Human Rights training is now included in the Trust Mandatory Training programmes to ensure that all staff access the training.

- Host staff Equality and Diversity conferences
  - We have hosted two Equality and Diversity conferences for staff as part of our awareness campaign. Staff feedback included statements such as:
    "Should be a must for all Trust employees"
    "Pt experience stories – excellent and powerful"
    "Excellent content - Very thought provoking"
    "Very informative and an eye opener for those who feel they have no issues"

- Improved patient menu choices
  - Our patient and community engagement enabled us to improve the food we provide for our patients.

- Improved the diversity of our chaplaincy/spiritual care team
  - We have appointed our Faith Specialist Chaplains for Sikhs and Muslim women and children
  - We have introduced a 'Bank of Locum chaplains' to enable to provide a wider range of faith specialist chaplain's e.g. Buddhists and black Christians.

To ensure that the diverse needs of our patients and staff are integrated into our work at all times we have in place:

- The commitment of the Trust Board
- Continuous improvements of policies and practices based on our Ward and departmental reviews

- Our equality delivery framework ensuring monitoring and regular reporting
- Effective community engagement activities
- Equality Impact assessments of our policies, services and functions.
- Continuous roll out of the Equality Delivery System (EDS2).
- Introduced a Cultural Ambassador programme
  - The aim is to ensure fairness in how BME employees are treated in formal processes.
  - Ambassadors will act as mentors to affected employees and join panels for formal processes.
  - They will work alongside our new investigations unit for disciplinary and grievance procedures.

Section Two – Equality Activities

The Trust wants to support its local communities by providing quality health care that meets their needs, by making sure that the services we offer are inclusive. We work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment or socio-economic status.

2.1 Equality Delivery System

Sandwell and West Birmingham Hospital Trust adopted EDS2 as a framework to deliver better outcomes for both staff and service users and embed equality into our mainstream activities. The EDS2 is intended to help us with the analysis of our equality performance that is required by section 149 of the Equality Act 2010 (the public sector equality duty), in a way that promotes localism, whilst helping us to deliver on the NHS Outcomes Framework, the NHS Constitution and the Human Resources Transition Framework. It also will help the Trust to continue meeting the Care Quality Commission's (CQC) 'Essential Standards of Quality and Safety'.
The Equality Delivery System2 (EDS2) is a set of nationally agreed objectives and outcomes comprising of 18 outcomes grouped under the following 4 goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

We grade our equality performance against the EDS goals Red Amber Green rating below:

- Excelling - Purple
- Achieving - Green
- Developing - Amber
- Undeveloped - Red

2.1.1 Implementation

Effective implementation is vital to the success of the EDS2 and the Trust is committed to achieving positive outcomes through this process. As part of the implementing and embedding the EDS2, we held a number of stakeholder events, recruited and trained 'Lay Assessors' across the Birmingham and Black Country region and have developed our own Trust 'Local Interest Group'. The Trust holds the Lay Assessor database which Black Country NHS organisations can access on request.

In partnership with our Local Interest Group we undertake assessment workshops with service leads and staff members as part of the Trust initial equality performance analysis. This work resulted in the development of our Strategic Equality Objectives.

A great deal of activity is taking place to support the implementation of EDS2 within the organisation.

2.1.2 EQUALITY AND DIVERSITY SCHEME OBJECTIVES

Building on discussion held by the Board to date we have framed our plans against the four components of the national scheme. That scheme will form a contractual obligation on the NHS in 2015-2016. The italicised materials are the things that we will do.

Better Outcomes

As a trust we are committed to ensuring better health outcomes for all patients. We have a growing portfolio of data that demonstrates progress on this journey. What we need to be undertaking is an analysis against key protected characteristics, triangulated with our outcome data. This will demonstrate to us whether we are having an equitable impact and whether we need to concentrate efforts in a different way. We know that patient feedback via complaints or surveys does not demonstrate any real variation, this needs to have continuous monitoring as we embrace E&D further. In particular we need to ensure that we are acting to provide an acceptable environment of care for people who are deaf or visually impaired.

This data will be made available monthly to the CLE equality committee.

Improved patient access and experience

The crucial element is for us to concentrate on actively valuing and supporting diversity, not simply ensuring that we comply with legislative minimum standards. We need to do this without creating any undue preferences, or discrimination or tokenistic gestures. Patients, visitors to the trust and our staff should be able to feel and talk about our inclusiveness in this context

We currently collect data about the patient populations who access our services. The use of outpatient kiosks will be our vehicle to improving patient data from quarter 3 this year. We then need to use this data to explore how people with the protected characteristics access and use our services.

We will agree a specific quarterly audit programme as part of our clinical and internal audit work for 2015-16. Where possible we will secure experts by experience from local groups to audit with us.

A representative and supported workforce

We have strong trade union representation on E&D, particularly though the Royal College of Nursing and that has given rise to the Cultural Ambassadors programme which started during September. The aim is to ensure fairness in how BME employees are treated in formal processes and to have ambassadors who will act as mentors to affected employees and join panels for formal processes

Our BME ambassadors pilot has now commenced and will run until autumn 2015.

To ensure that we have a full understanding of the diversity of our staff groups we will undertake towards the end of 14-15 a one off ESR data validation, this will help us describe directional changes we need to make in creating a talented workforce for the future.

The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data. This will be available in draft at the end of January 2014, in time for

our annual Public Sector Equality Duty declaration. This will be compared to our overall by band staff profile.

Our workforce includes those people from our community who volunteer in the Trust, as we develop our voluntary services programme we will actively recruit not just for the values, skills and attributes they bring but also make due consideration about how we can make best use of their protected characteristics, e.g. cultural variations, language.

Our volunteering plan will reflect the opportunity to reach communities hitherto excluded from employment within the Trust.

In order to ensure that our workforce is able to reflect the characteristics the law protects and our population contains, we will look again to support peer groups in each of the nine characteristics. Presently we have one such group. Learning from past failures, this will be on the basis of supporting enthusiastic individuals with time off, rooms, material, rather than trying to 'corporatise' their work.

By the end of 2015 we expect to have groups covering each characteristic within our organisation.

Inclusive Leadership

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.

A specific programme of peer group mentorship will be put in place during 2014-15.

Finally, we have work to do to give a voice or platform to both individuals in senior roles from traditionally excluded backgrounds, and to issues faced by those with protected characteristics. Bearing that in mind, we will explore how we can:

- *On a monthly basis, focus events and communication on specific protected characteristics in our population.*
- *Ensure much greater visibility within our promotional and staff communications material for the genuine diversity we have in our midst at a senior level*

Measures of Success (to be included in annual plan 2015-16)

i. The Trust can demonstrate progress on EDS2 scoring over a two year period, with role-model teams reaching the highest ratings over time and no red rating being judged in 2016-17
ii. The Trust successful bids for accreditation in this field from relevant bodies (NHS Employers, Stonewall etc)
iii. Patient feedback demonstrates that we have actively engaged with them and that no complaints are received in relation to discrimination
iv. Staff with key protected characteristics have access to and receive training to support their career and leadership aspirations. The leadership cadre of the trust mirrors closely the protected characteristics of the population we serve by 2016/17
v. 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.

2.1.3 Equality Performance Assessments

In the first phase of the Trust EDS2 rollout programme we have successfully completed 23 service areas 3 of which have now been fully rag rated in accordance with the EDS2 toolkit. The assessments have been very successful in terms of local engagement - our last RAG rating panel workshop comprised of 15 local people representing majority of the Protected Characteristics.

2.1.4 Grading Outcome

The Services that have gone through the formal RAG rating workshops (Local Interest Group) have been graded as Amber (developing) or Green (Achieving), where there are Red (underdeveloped) ratings, action plans have been developed to address issues/concerns. The ratings illustrate that compliance within the equalities agenda is visible however there is no room for complacency as there is much work to be done. To view a copy of the grading report see: https\\www.swbh.nhs.uk/about-us/trust-profile/equality-and-diversity/the-equality-delivery-system-and-equality-objective

Our Equality delivery Framework is monitored by a sub-committee of the Trust Board, the Public Health, Community Development and Equality Committee chaired by the Trust Chairman. There are three subgroups, each chaired by a senior manager, reporting into the Public Health, Community Development and Equality Committee;

This structure provides leadership, monitoring and reporting functions to give assurances to Trust Board. It also supports the organisation in the development and promotion of good practice in equality and diversity as a service provider and employer. Minutes of the meetings are available on request.

In April 2010 the Equality Act was published with a phased implementation to commence in October 2010.

A gap analysis has been completed to determine how the Trust complies with the new arrangements. The results showed that overall the organisation was able to meet the requirements of the legislation and where it was not able to demonstrate full compliance an action plan was developed. The actions were embedded into the appropriate existing action plans to ensure the issues were addressed and rectified at service level.

2.2 Training

Board Training: Equality and Diversity awareness and training has been part of the Board's development program, this has included workshops by external equality consultants such as Equality Works.

Staff Training: We have included Equality, Diversity and Human Rights training in the Trust Mandatory training programmes and it also forms part the Trust Personal Development Review (PDR). The programmes are designed in line the Knowledge and Skills framework (KSF) and delivered by the Equality and Diversity team. The content incorporates awareness of Dignity in the workplace, including the legal, moral and social duty to promote Fairness, Respect, Equality, Dignity and Autonomy (FREDA) in line with the Human Rights principles.

Other training such as Corporate Welcome, Conflict Resolution, and Customer Care also incorporate and discuss the principles of equality and duties in relation to behaviours and attitudes. The Training Focuses in particular on identification of discrimination, victimisation and harassment and the processes in place to support the elimination of such behaviours and practices in the workplace.

The E&D Advisor has developed bespoke training programmes aligned to the KSF Core dimension 6 levels 1 & 2 and 3 & 4. The level 1 & 2 programme is aimed non clinical staff at bands 1 -4 and clinical staff at bands 1 – 5 and the level 3 & 4 programme is aimed at all other staff within the organisation to ensure that equality and diversity is embedded into the core business areas of the Trust. The training will assist managers in supporting staff, challenge discrimination and develop an equality friendly environment.

E&D provides individual support to managers in undertaking Equality Impact Assessments and evidencing the Equality Delivery System2 within their areas.

The E&D Advisor is visible across the organisation providing support, advice and specialist information to staff. We provide team based training in clinical areas and departments, individual staff support as well as guidance to facilitate changes to improve the wellbeing of our patients and staff.

2.3 Equality Impact Assessments

We undertake Equality Impact Assessments (EIAs) on all new and reviewed policies, services, functions and transformation schemes.

Some of the outcomes from our EIAs have been highlighted previously in our key achievements. These have resulted in improved access and experiences for our patients and staff.

Embedding the practice of conducting equality impact assessments is ongoing to ensure that we continue to provide services and practices that meet the needs of all patients and staff. It also enables us to continuously promote of equality and challenge discrimination both as an employer and as a service provider.

2.4 Patient Engagement

Along with our patient surveys this activity provides one of the most effective ways to capture genuine and meaningful information which is important to each community. It provides powerful feedback that can influence the way the Trust provides its services, interact with individuals and create environments where people feel valued, respected and at ease. It also helps to build staff confidence and competence when caring for their patients.

Patients

To support our engagement processes for patients, we have

- Patient Experience Surveys
- Patient Advisory Liaison Service (PALS)
- Equality & Diversity Local Interest Group

Patient Experience Surveys (Update pending – Kuldeep Singh)

Employees

Employee's at all levels within the Trust are responsible for ensuring that their behaviour is consistent with our values, customer care promises and associated Trust policies and guidance. All managers are responsible for maintaining the equality principles within their areas and ensuring all equality issues are effectively managed. Employee's are made aware that it is the responsibility of all individuals to promote equality and avoid discrimination in their practices and behaviours.

Throughout the Trust there are a number of engagement methods used to ensure employee's are informed, engaged, have their views heard and able to influence. These include initiatives such as daily electronic Staff bulletins, Monthly Hot Topic meetings chaired by the Chief Executive or other members of the Executive team, Staff Magazine, local departmental meetings. Staff views are also sought via staff surveys and other consultations taking place within the Trust.

Volunteers

Sandwell & West Birmingham Hospitals NHS Trust is developing its network of volunteers to support the Trust and its patients and visitors in a whole host of activities. We want you to join the team. Our volunteers provide invaluable support and make a real difference to people's lives. We want to grow our team. There are a range of ways that you can be involved in volunteering including:

- Mi Way - Way-finding: helping direct people through the Trust's sites, buildings and facilities; helping people check-in for their appointments, accompanying people to their appointments
- Mi Day - Recreational activities: helping people take part in activities while they are being cared for by our services
- Mi Plate - Mealtime assistance: helping people at mealtimes who may need assistance either in hospital or in the community

Where are we now?

A robust recruitment process is underway which will result in volunteers joining the service to be deployed across the Trust to support way finding [at check in kiosks] and provide support for patients in the inpatient settings [support with nutrition, reading etc.]

Intentions for 2016 and beyond

- To work with the community

Volunteers offer a significant contribution across all disciplines not only to support staff in their endeavours but also as a means to share experiences and expertise and 'to give' back to the community at large. We will ensure this by making our message of involvement clear on our website and by ensuring use of appropriate social media. Also by entering into partnership with school and colleges about the opportunities to volunteer

- To be inclusive

SWBH NHS Trust serves a large and diverse population and consequently our volunteer service needs to reflect this and it is our intention to ensure that our volunteer colleagues are proportionately representative of the community we serve in order to gain the maximum benefit and enhance patient experience. We will achieve this by actively engaging with community groups and organisations to seek their support in identifying ways that will encourage people to want to work with us.

- To value our volunteers

When people take the time and trouble to offer her time to us we need to make sure this is recognised and appreciated. We will make sure that our substantive staffs recognise their part in appreciating volunteers. We will also hold regular updates for our volunteers on matters of interest/development. Working with our partner volunteers ie Agewell, cancer services, stroke etc we will hold regular updates to share ideas an developments and to develop a recognition award for the volunteers.

- To be responsive

The success of volunteers depends upon true partnership between the Trust staff and those people who offer their time as volunteers. We will work with Clinical groups and divisions to seek the views/needs from a volunteer service to make sure that we are all engaged in the same effort.

What does success look like?

Success will relate to the number of people we have recruited to volunteer and the length of time they continue to volunteer with us. The latter relative to the volunteer's motivation to volunteer.

A milestones and targets plan is drafted but in summary our measure of success would be that by 1ST January 2018 we would see:-

- A total complement 800 volunteers in the Trust deployed through the various Mi themes
- Volunteer support available 7 days a week through the various mi themes
- Weekly recruitment interviews with volunteers joining us every month
- Monthly updates to volunteers programme
- Volunteers supporting carers with patients in our care
- Volunteers in community settings supporting patients in out of hospital settings
- A volunteer workforce representative of the population served and of the protected characteristics
- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts
- A minimum of 30 regular volunteers in each clinical group depending on size and purpose

Community Engagement

The Equality & Diversity team 'outreach' to a wide variety of community groups with sessions held in the community. People attending are asked to give their views on the care they have received with a particular emphasis on them as individuals. There is an acceptance by respondents that it would be an impossible task for the hospital to meet their individual needs and this is taken into consideration in their responses.

The feedback is reported through our Clinical Leadership Executive committee and to the individual managers where actions to address where possible. Questions asked are categorised into four areas; Hospital meals/food, Privacy and care, Environment/Cleanliness and Communication/language.

The information has already influenced a number of our key achievement outcomes for our patients and visitors.

During 2015 the Trust set up its first community engagement network, a network of SWBH staff who engage with different parts of the community. The group has had representation from equality and diversity, volunteering, maternity services, community children's services, learning and development, corporate nursing, fundraising, membership and staff side.

The purpose of the network is to share community connections so that the Trust can be more engaged in the diverse communities that we serve and to plan community engagement activities. Through the network Sandwell & West Birmingham Hospitals NHS Trust has engaged with a number of community groups, representatives and projects including the Health Lottery funded schemes supported by Aspire and Succeed for the Lozells area.

We have also worked with groups to identify work experience, volunteering and apprentice opportunities within the Trust.

The network has set its 2020 vision for community engagement and has identified some key ambitions. In 2020 we will:

- Have strong links with all established and transient community groups within the Sandwell and West Birmingham areas
- Have a vibrant, large group of volunteers who are active and reflect the local community, with particular involvement from BME groups and new communities
- Have an engaged membership that involves people from all of the community groups that we serve as well as meaningful patient networks
- Have a membership that is in contact with all areas of the Trust's work
- Have no cultural barriers for people who want to work with us or people who need to access our services
- Be renowned among Sandwell and West Birmingham community groups as a Trust that engages and gives back to the community, actively supporting health and wellbeing
- Have routes to learning and employment for people from the community who currently find it difficult to work with us
- Know we are succeeding because the community will tell us so.
- Have an embedded annual events programme designed around the needs of different communities

Our priorities for the year ahead are to:

- Promote the community engagement 2020 vision to colleagues within the Trust and externally
- Establish a programme of internal volunteering where every member of staff is able to volunteer for one day per year to support the local community

Section Three – Monitoring

3.1 **Workforce Equality Information and Analysis** (Update pending – Andrew Harding and Raffeala Goodby Data will not be available until early in January 2016)

The NHS is the largest employer within the United Kingdom it employs in the region of 1.4 million people. There is a plethora of evidence and data regarding the NHS workforce and the experiences of its staff. The NHS represents society at all levels because of the diversity of its workforce.

Outlined below are some of the reported experiences of staff working within the NHS;

-
-

3.2 ***Trust Workforce Equality Data*** (Update pending – Andrew Harding and Raffeala Goodby)

- **Staff in Post**
- **Leavers**
- **Promotions**
- **Recruitment**
- **Professional Development Review**

- **Cases in Formal Procedures**

3.3 **Pay Gap Audit** (Update pending – Andrew Harding and Raffeala Goodby)

3.4 **Staff Surveys** (Update pending – Andrew Harding and Raffeala Goodby)

3.5 Workforce Equality Data (Update pending – Andrew Harding and Raffeala Goodby)

The Trust reports annually on its workforce disaggregated by Ethnicity, Gender, Age, Disability, Religion and belief and Sexual Orientation. With the introduction of the new equality legislation the number of protected characteristics has expanded to include Gender Reassignment, Pregnancy and Maternity and Marriage and Civil Partnership. The Trust is actively seeking to improve its workforce data, and our employees are encouraged to disclose equalities information.

3.6 Patient Data (Update pending - Matthew Maguire)

Our patient information can be disaggregated based on ethnicity, gender, age, marital Status and religion. Information on sexual orientation, disability and gender reassignment is not captured on a regular basis due to constraint on the current national Patient administration System [PAS] and therefore the data is limited.

The Equality and Diversity department is working with the Information Department to actively address the gaps in equality monitoring across the organisation.

A breakdown of our patient data by ethnicity for the period April to December 2014 can be seen in Appendix 3.

4.0 **Conclusion** To be completed

5.0 **Future Activities** To be completed