

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: Enki Medical Practice, Modality Partnership, Orsborn House, 55 Terrace Road, B19 1BP **Date:** 5th October 2017, 0930h – 1230h

Members:

Mr R Samuda (RSM) Chairman
 Ms O Dutton (OD) Vice Chair
 Mr M Hoare (MH) Non-Executive Director
 Mr H Kang (HK) Non-Executive Director
 Ms M Perry (MP) Non-Executive Director
 Cllr W Zaffar (WZ) Non-Executive Director
 Prof K Thomas (KT) Non-Executive Director
 Mr T Lewis (TL) Chief Executive
 Dr R Stedman (RST) Medical Director
 Ms E Newell (EN) Chief Nurse
 Ms R Barlow (RB) Chief Operating Officer
 Mr T Waite (TW) Director of Finance
 Miss K Dhami (KD) Director of Governance
 Mrs R Goodby (RG) Director of OD

In attendance:

Mrs C Rickards (CR) Trust Convenor
 Mrs R Wilkin (RW) Director of Communications
 Ms C Dooley (CD) Head of Corporate Governance
 Ms A Binns (AB) Deputy Director of Governance

Board support

Ms R Fuller (RF) Executive Assistant

Time	Item	Title	Reference Number	Lead
0930h	1.	Welcome, apologies and declarations of interest <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> Apologies: Kam Dhami	Verbal	Chair
0931h	2.	Patient Story	Presentation	EN
0945h	3.	Questions from members of the public	Verbal	Chair
0950h	4.	Chair's opening comments	Verbal	Chair
UPDATES FROM THE BOARD COMMITTEES				
0955h	5a	To: (a) receive the update of the People and OD Committee meeting held on 25 th September 2017 (b) receive the minutes of the People and OD Committee held on 26 th June 2017	Tabled SWBTB (10/17) 002	HK HK
1000h	5b	To: (c) receive the update of the Quality and Safety Committee meeting held on 29 th September 2017 (d) receive the minutes of the meeting held on 25 th August 2017	Tabled SWBTB (10/17) 003	OD OD

Time	Item	Title	Reference Number	Lead
1005h	5c	To: (a) receive the update of the Public Health, Community Development and Equality Committee meeting held on 4 th October 2017	Verbal	KT
		(b) receive the minutes of the Public Health, Community Development and Equality Committee meeting held on 18 th May 2017	SWBTB (10/17) 004	KT
1110h	5d	To: (a) receive the update of the Finance & Investment Committee meeting held on 4 th October 2017	Verbal	MH
MATTERS FOR APPROVAL OR DISCUSSION				
1015h	6.	Chief Executive's Report	SWBTB (10/17) 005	TL
1035h	7.	New Frontiers for Research & Development	SWBTB (10/17) 006	RS
1055h	8.	Planning variance	SWBTB (10/17) 007	TW
1115h	9.	Perinatal mortality peer review update	SWBTB (10/17) 008	EN
1125h	10.	Trust Risk Register	SWBTB (10/17) 009	AB
1135h	11.	Integrated Performance Report	SWBTB (10/17) 010	TW
	11.1	Persistent Reds	SWBTB (10/17) 011	TW
1150h	12.	Financial performance: Period 05 August 2017	SWBTB (10/17) 012	TW
1205h	13.	Black Country Local Maternity Service	SWBTB (10/17) 013	EN
UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS				
1215h	14.	Minutes of the previous meeting and action log (a) To approve the minutes of the meeting held on 7 th September as a true and accurate record of discussions	SWBTB (09/17) 021	Chair
		(b) Update on actions from previous meetings (action log)	SWBTB (09/17) 022	
	15.	Matters arising		
1225h	15.1	Patient and staff disability pledges	SWBTB (10/17) 013	AB
MATTERS FOR INFORMATION				
	16.	Any other business	Verbal	All
	17.	Details of next meeting The next public Trust Board meeting will be held on Thursday 2nd November starting at 09:30am in the Anne Gibson Board Room at City Hospital		

Sandwell and West Birmingham Hospitals

NHS Trust

PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

Venue: Anne Gibson Committee Room, City Hospital

Date: 26th June 2017, 1530 – 1700hr

Members Present:

Mr Harjinder Kang, Chair
Mr Richard Samuda, Non-Executive Director
Mr Toby Lewis, Chief Executive
Mrs Raffaella Goodby, Director of People & OD

In Attendance:

(HK) Ms Zoe Huish – Guardian of Safe working (ZH)
(RS) Mrs Fiona Shorney – Clinical Group Director PCCT (FS)
(TL) Miss Yulander Charles – Executive Assistant (YC)
(RG)

Minutes	Paper Reference
1. Welcome, apologies and declarations of interest	Verbal
Apologies were received from Ms Rachel Barlow however Mrs Fiona Shorney was present as her representative. Apology was also received from Ms Elaine Newell.	
2. Minutes of the previous meeting	SWBWOD
The minutes of the meeting held on 17 th March 2017 was agreed as a true record.	
3. Matters arising from previous meeting, 17th March	SWBWOD xxx
<p><u>Security Schemes:</u> a further proposal will be taken to the PPAC for further discussion. Mr T Lewis noted that no issues have been raised or occurred as a result of outsourcing. A suggestion was raised to split security and car parking i.e. to outsource car parking, however there will be a need to risk assess each site.</p> <p><u>Thornbury usage:</u> We have gone 26 days without using Thornbury. During this time only one case was put forward requesting their use, however this request was decline. Presently we are operating well without the use of Thornbury however the situation will be continually monitored and the Board will be informed as to any changes.</p> <p><u>Doctor's sickness absence:</u> There has been an improvement in the number of recorded sickness in doctors. There was an issue with being able to pinpoint who had specific line manager responsibility for specific doctors however we are starting to get the necessary information via PDR.</p> <p><u>Workforce consultation</u> – this will be discussed further within the meeting.</p> <p><u>People plan:</u> Trajectories have been mapped through and the teams are informed with work plans in place. It was agreed that this item can now be closed.</p>	
4. Workforce Consultation 16-18 update	Verbal
There has been significant progress to date around redeployment with regards to the Summer 2016 workforce consultation. Since our last report there is a balance of 18 people in the process of commencing/completing trials in	

new roles and only 6 employees without suitable offer of alternative employment. The team are working closely with Staff side and have been able to positively iron out any potential issues.

Work is also being done to strengthen our working partnership with GPs by assisting them to focus on different ways of working. Our success has been noted within the region as many trusts are now turning to us for advice.

5. Accelerated recruitment Plan	Verbal
<p>Mrs R Goodby updated the committee on the current levels achieved within the recruitment plan. It was highlighted that the original assumption of 50% conversion of offers was a realistic view as individuals will often decide to go elsewhere even after being offered a post here. This decision is often based on a number of factors outside our hand e.g. geographic.</p> <p>It was stressed that we can aim to counteract such factors by strengthening our Branding i.e. becoming more attractive as an employer. Mr R Samuda noted that another factor which could have a positive influence on the level of conversion is the rapid processing of any offers we make, adding to this the “keeping in touch” with the student/individual. Surgeries was seen as a positive role model where such factors had a positive effect.</p> <p>Mrs R Goodby agreed with this fact and noted that these were noted by recruits as positive factors which made them want to work within the trust. Factors such as “warm welcome”; “keeping in touch”; “learning & development opportunities”. It was also noted that other trust often employ a “golden hand shake” at times in the region of £3000. The committee was asked if this is something which we could employ here, however it was felt that this is more of an BCA issue to have such a conversion level and Mrs R Goodby feedback to the committee that at a recent HRD meeting it was decided that this means was not a cost effective measure in the long run as it doesn’t always guarantee retention of staff.</p> <p>On the matter of retention Mr T Lewis asked what measures were being put in place to help in strengthen our retention levels. He was informed that the process is to initiate an internal transfer window – this much faster than doing internally job vacancy and via NHS jobs. A meeting is held with the individual to ascertain reason behind wanting to leave, during the discussion it is determined whether there is a possibility of either working within another area, meeting any training and or assessing any further employee benefits. The potential for this process was discussed by the committee at length and the Chair suggested that another area which could be extended is that of the introduction of Nursing mentors within the directorates. The committee agreed to look into this further.</p>	
6. Aspiring for Excellence rollout	SWBPOD (06/17) 004
<p>The roll-out of the new performance and development review framework as begun across the trust. To date just over 500 line managers plus Medical line managers have been trained in the new programme with a further 400 due to complete training by the end of July.</p> <p>Positive feedback have been received from the sessions highlighting the; ease of the new paperwork; the platform it gives in supporting consistency for target setting; the training sessions providing managers with the opportunity to network and share views and experiences.</p> <p>Staff have also been encouraged to take part in the training as to date nearly 1500 have participated. To increase exposure training materials will be circulated directly to staff via email and leaflets will be attached to the July payslip for all staff with opportunity to attend drop-in sessions.</p>	
7. Accredited Manager Draft programme	SWBPOD (06/17) 005
<p>An outlined framework for the programme of management and development was presented to the committee by Mrs R Goodby. This piece of work sits under Theme 4 of the Peoples Plan and will support the skills and competence of the 500 line managers.</p>	

8. Guardian of Safe working updating	SWBPOD (06/17) 006
<p>This is the first report on the 2016 Junior Doctors contract implemented by the Trust to date. This new contract replaces the hours monitoring process of the 2020 terms and conditions with a process of individual exception reporting for doctors when they work beyond their contracted hours.</p> <p>The GOSW can impose fines if specific breaches of the Terms and conditions of Service (TCS) occur where doctor safe working has been compromised. In comparison to other local trusts to date there has been no fines levied to SWBH for serious breaches in junior doctors hours.</p>	
9. Matters to raise to the Board and Audit & Risk Management Committee	Verbal
<p>The Committee wished to raise the following matters to the Trust Board:</p> <ul style="list-style-type: none"> • <u>Workforce Consultation 16-18 update:</u> • <u>Aspiring for Excellence rollout:</u> • <u>Guardian of Safe working update:</u> 	
10. Any other business	Verbal
<p>There were no items of any other business.</p>	
11. Date and time of next meeting	Verbal
<p>The next meeting will be held on 25th September 2017, 1530-1700, Anne Gibson Committee Room, City Hospital</p>	

Signed

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Date

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 25 August 2017, 10.30 – 12.00 hours

Members attending:

Ms. O. Dutton Chair and Non-Executive Director
 Ms. R. Barlow Chief Operating Officer
 Miss K. Dhami Director of Governance
 Ms. E. Newell Chief Nurse
 Dr. R. Stedman Medical Director
 Mr. T. Waite Director of Finance
 Ms. C. Parker SWBH CCG

In attendance:

Miss Y Charles Executive Assistant

Minutes	Paper Reference
1. Welcome, apologies for absence and declarations of interest	Verbal
Apologies were received from Mr. Roger Stedman and Ms. Marie Perry. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	SWBQS (08/17) 002
The minutes of the previous meeting held on the 28 th July 2017 were approved as a correct record.	
3. Matters and actions arising from previous meetings	SWBQS (08/17) 003
There were no outstanding actions or matters arising from the last meeting.	
3.1 – Clinic cancellations	SWBQS (08/17) 004
<p>Ms. Barlow provided an outline on the levels of clinic cancellations over the past 12 months. Also noted was the Standard Operating practice for re-booking patients who have been cancelled.</p> <p>On average 1700 clinics per month were cancelled which affected around 17,000 patients. The monthly figure is around 3000 patients per month. The standard operating policy is to provide alternative appointment slots within 2 weeks of cancellation; alternatively patients are booked chronologically based on waiting times. The Committee was assured that although staff annual leave is a contributory factor, a more robust plan is being initiated to combat the level of cancellations. Liam Kennedy – Deputy COO, Planned care has been tasked with overseeing this.</p> <p>Action : RB to provide a 3 monthly review on the ongoing progress to the committee. RB to liaise with Bill Hodgetts of Healthwatch to gain his input and perspective into the plan.</p>	
3.2 – Mortality reviews: GP involvement	Verbal
An update was provided by Ms. Parker, who highlighted the level of work currently being done around the Mortality review. GP's are being encouraged to take part in the programme and to create a working partnership with Dr. Cobb and team. Effort is being made by the Mortality group to work closer with the Mental Health and Primary care teams to better communicate and share information. Work is ongoing.	

Action : CP to continue to engage with GPs and encourage them to link into the scheme and form a working process with the Mortality review team.	
4. Patient story for the September Trust Board	Verbal
Ms. Newell noted that the planned patient story to the September Trust Board will be on a paediatric patient who received care as part of the Allergy Service. Dr. Niten Makwana will be there to present.	
5. Learning from Deaths Plan	SWBQS (08/17) 005
<p>There was a proposal at the June meeting for the Trust response to the national 'Learning From Deaths' agenda. The Learning from Deaths guidelines was launched nationally back in March 2017. Dr. Cobb provided an update on the implementation timeline for the Learning From Deaths Plan. The plan looks at creating medical examiners within the Trust which will reduce the numbers we do and increases the quality in our own Mortality system. The system will be overseen by the Committee.</p> <p>The report outlined the process flow chart outlining the new approach to reviewing and learning from deaths including:</p> <ul style="list-style-type: none"> - The Medical Examiner Role in screening all deaths - Identification of deaths for special review - 1st stage structured judgemental review - 2nd stage structured judgemental review – and referral for SI investigation if warranted - The organisational learning <p>It is expected that the new process for learning from deaths will be fully active by December 2017, at which a Q4 report will be submitted with the Trust's 17/18 quality account.</p>	
6. Serious Incident/Never Events Governance	SWBQS (08/17) 006
<p>At last month's Trust Board, additional changes to strengthen Never Event governance was proposed and accepted. Miss Dhimi informed the Committee as to how the revisions are being actioned. It was noted that the Serious Incident investigation journey will now be completed within 50 working days (previously 45). This is better than the national requirement which is 60 working days. The reporting template has been revised to ensure that as well as undertaking a robust and concise investigation in line with the national Serious Incident Framework, consideration is also given to all relevant parties who will be privy to the investigation findings.</p> <p>A Training Needs Analysis has been undertaken and a number of key staff, mostly senior clinicians, had been identified to complete the formal Serious Incident Investigation training. External training has been sourced and training dates set for 1st and 2nd November 2017. Lead Investigators will always be selected from this pool of trained staff.</p>	
7. Perinatal Mortality review: update	Verbal
Ms. Newell explained that the peer review report around Perinatal Mortality was due by the end of August, however due to annual leave this was postponed until the end of September.	
Action : EN to provide an update at the next meeting.	
8. T & O Safety Summit: action plan	SWBQS (08/17) 007
It was noted by Dr. Trudgill that following two deaths which attracted adverse rulings from the coroner in T&O; a safety summit was held at which the T&O team were asked to provide assurance that the attitude and approach to safety within the multi-disciplinary team would change significantly for the better.	

<p>A series of pledges were made at the safety summit as to how they intend to carry these pledges forward. The team gave assurances on the following areas of patient safety:</p> <ul style="list-style-type: none"> - Consent and the assessment of mental capacity - Medical assessment and treatment - Consistency of care - Managing mortality - Infection control - Safety culture <p>Assurance was given on the team's acknowledgment of the pledges and on tightening procedures. Learning actions will be shared as part of the induction programme. To ensure that new members to the team are on target on the delivery of the actions as well as monitoring of the KPIs on the dashboard, information will be tracked at the newly formed Executive Quality Committee (the joint Clinical effectiveness committee and Patient Safety Committee).</p>	
<p>Action : NT to provide a review in 3 months</p>	
<p>9. Clinical Audit Plan 2017/18</p>	<p>SWBQS (08/17) 008</p>
<p>Miss Dhimi presented the fourteen point areas of the audit plan and asked that the Committee peruse and approve the questions sited by the 2017/19 Clinical audit plan are relevant to the Boards strategic interests and concerns. This two year plan this is a key component in ensuring that the quality of clinical care is measureable and conducive. The audits included in the plan can be linked to other published plans, including the Quality and the Safety Plans. Further audits can be added as and when necessary e.g. the publication by the CQC of their latest inspection report. A shared learning platform will be initiated via reporting the findings and outputs locally within the relevant service areas and then more widely following review at the Executive Quality Committee.</p>	
<p>10. Integrated Performance Report</p>	<p>SWBQS (08/17) 009</p>
<ul style="list-style-type: none"> • Consistent reds on IPR data <p>The following areas were highlighted as being areas of concern for improvement;</p> <ul style="list-style-type: none"> - <i>Cancelled operations</i> – It was noted that this impact patient experience as well as contractual obligations; a high level of avoidable cancellations persists (c50% of all cancellations). To tackle this issue a remedial action plan has been agreed with the CCG which will be overseen through the Theatres Management Board - <i>Neutropenic Sepsis</i> – It was highlighted that this persistently remains below 100% standard and proves to be a constant 'always event' compliance standard. MD to action improvement. 10 patients missed it in July to date 10/39 (26%) patients did not receive treatment within the required 1hr timeframe. - <i>Sepsis (CQUIN)</i> – It was highlighted that Q1 performance was only 42k below possible achievement, as a result increased focus is needed in Q2. To address performance in respect of patients identified for screening who are screened and for those patients who are confirmed with sepsis to receive IV antibiotic within 1 hour. 	
<p>11. Monthly Serious Incident Report</p>	<p>SWBQS (08/17) 010</p>
<p>Miss Dhimi confirmed that the Risk Management Team is working with departments to strengthen responses to SIs and Never Events.</p>	
<p>12. Meeting effectiveness</p>	<p>Verbal</p>

The Committee agreed that the meeting discussions were useful and constructive.	
13. Matters to raise to the Trust Board	Verbal
The Committee agreed that the following matters were to be raised to the Trust Board:	
<ul style="list-style-type: none"> • Learning from Deaths plan • T & O Safety Summit: action plan • Clinical Audit Plan • Consistent reds on IPR data 	
14. Any other business	Verbal
No other items were raised	
15. Date and time of the next meeting	
Next meeting: 29 th September 2017 at 10.30h in the Anne Gibson Committee Room at City Hospital.	

Signed

Print

Date

Public Health, Community Development and Equality Committee

Venue**Date** 18th May 2017, 1400 – 1530h**Members Present****In Attendance**

Mr. Richard Samuda
Cllr. Waseem Zaffar

RSa
WZ

Mrs Elaine Newell
Mrs. Raffaella Goodby
Dr. Roger Stedman
Mrs. Ruth Wilkin
Mrs. Chris Rickards

EN
RG
RSt
RW
CR

Secretariat

Miss Rosie Fuller

RF

Minutes	Paper Reference
1 Welcome and Apologies	Verbal
Apologies were received from Mr. Toby Lewis.	
2 Minutes from the meeting held on 9th February 2017	SWBPH (05/17) 006
The minutes of the meeting held on the 9 th February 2017 were accepted as a true record. However, the following addendum was noted.	
Halal Food – Cllr Zaffar commented at the last meeting that Mr. Lewis noted his dissatisfaction on the progress on this matter and asked for an external consultant be approached to drive this matter forward.	
ACTION	
<ul style="list-style-type: none"> • Mr. Lewis to drive forward the focus on halal food. 	
3 Matters and actions arising from previous meetings	SWBPH (05/17) 007
The following actions were reported upon:	
Early Release of Bodies. The Committee was informed due to the postcode of Midland Met, the Black Country Coroner would be responsible for all deaths at the Trust and progress on the impending increase of work once Midland Met was commissioned was being pursued by Dr. Stedman.	
4 Volunteering – what will happen in Q2	SWBPH (05/17) 008
Mrs. Wilkin gave a review of volunteering and activities for the next quarter including the recruitment of a Volunteer Services Coordinator. The Committee was informed about the idea of a transport scheme where in need patients and families would have assistance in attending activities that would benefit them. The team would formulate a policy after taking guidance on the tax implications and insurance liability from other trusts and organisations on how they sponsor this type of activity.	
Mrs Wilkin continued to inform the Committee of initiatives the volunteering team would also explore, these included the offer to student groups who want to volunteer as part of their course work, existing volunteers to refer a friend and the reconnecting with the retired generation who have more time available to volunteer.	

Mrs. Wilkin informed the Committee the new Volunteer Coordinator team consists of 1 full time band 7 and 2 temporary post holders. The full time post is reflective of similar posts in the area but unfortunately, there is no one suitable in the deployment field so this post will be advertised.

During their discussion, the Committee enquired if staff would be able to volunteer in other organisations. Mrs. Goodby stated this was not something the Trust currently offered but under the Trust's corporate and social responsibilities, she would be looking into this, as organisations like Lloyds Bank have sent teams of volunteers into the Trust to assist with projects, however, parameters would need to be set as including assessments of patient facing wards.

The Committee thanked Mrs. Wilkin and her team in providing a detailed report in the short time allowed.

5 Community Development – creating the map

Verbal

The Committee continued its previous discussions how best to relate to all members of its community and its continued working with partnering organisations and the offer available to them. Cllr Zaffar commented the community is always changing and there are gaps in our links those organisations which need forging such as the eastern European community, African, Somalia and other organisations.

Mr. Samuda suggested the upcoming Topping Out ceremony would be an ideal opportunity to invite representatives from these communities and also continue to engage with the CCG. The Committee continued to discuss and noted that the sustained links with Agewell, the Chamber of Commerce and linking with local schools would help in closing the gaps the Trust presently had in reaching some of its community. The achievements of working well with refugees and on complaints, incident logging and A&E were reported, however the use of social media was an area that needed further exploration especially using twitter and facebook etc. which would be a beneficial way in the different communities. Mrs. Wilkin and Cllr Zaffar agreed to discuss further the use of social media outside of the meeting.

The Committee discussed how recent community events were vital in engaging and reaching areas of the community that were not well represented, and through the efforts of the Charity Appeal for Midland Met this is a good opportunity to link into the.

ACTION

- Mrs. Wilkin and Cllr Zaffar to discuss the development of social media to reach the community currently not fully engaged with the services of the Trust.

6 Alcohol Services – delivering on the plan

SWBPH (05/17) 009

Dr. Stedman reported on the appointment of a Band 7 Alcohol nurse in April and the impact of the post holder has already made on the Trust's Public Health target of reducing alcohol admissions and improvement of referrals to partner alcohol agencies via Make Every Contact Count (MECC). The work in the next quarter will be to collect data to understand the problem in more detail.

Mrs. Wilkin confirmed the alcohol nurse post was funded through the Your Trust Charity donation for 2 years and work has already commenced in looking at how to secure future funding of this important post.

It was reported that the numbers of successful cases through Swanswell, Aquarius and other partner organisation from MECC is not known due to the restrictions of obtaining the appropriate information from these organisations but dialogue was continuing to reach a satisfactory conclusion.

Dr. Stedman also informed the Committee that there was focus on first time visitors, especially the young to stop those becoming frequent visitors. Cllr Zaffar commented that in Asian communities, drinking was a taboo subject and it would be hard to reach that community. Mrs. Wilkin also stated that with new migrants entering our community drinking habits were changing which would need to be factored into the service the Trust would be providing.

It was noted that drug addiction was a specialism undertaken by the mental health service and Dr. Sally Bradbury was a specialist in alcohol addiction.

7 Public Health Plan 2017-2020, follow up on trust board discussion	SWBPH (05/17) 010
<p>Mr. Samuda reminded the Committee this was the 2nd chapter in the public health story and Dr. Stedman reported Mr Lewis had written the draft following a summit meeting that took place before Christmas with local authorities to align our objectives. Some of the previous objectives have been carried over such as MECC, alcohol and smoking, but added to these objectives is reducing isolation in the older population. Work has already begun with Agewell and the Afro-Caribbean Community on how to get support at home when patients have been discharged from hospital. These two organisations were recently successful in applying for funding from Your Trust Charity for a period of 2 years to pursue the isolation objective.</p> <p>Dr. Stedman also informed the Committee that there are elements of the public health plan that overlap with the quality plan and Sandwell council's health plan. The joint objectives are infant perinatal mortality, primary school obesity and preventative vaccinations such as 'the flu vaccine' where opportunities to improve in these areas was required. Mrs. Newell confirmed that work was progressing with Dr. Ratnaraja on inpatient flu vaccinations. The Committee was informed that there was a cost implication in supplying the flu vaccine to patients but any surplus staff flu stock would be used on patients.</p> <p>Mrs. Rickards informed the Committee that she has spoken to Mr. Lewis about mental health issues for staff as in some instances these related to stress and bullying at work, he provided reassurance that he was meeting to discuss these issues with colleagues. Mrs. Goodby confirmed that as part of staff health and wellbeing, gaps of this nature were being identified for follow, this also included how grievances were handled and the time to resolve such cases.</p> <p>The Committee discussed various issues on staff wellbeing and how to reduce any existing work place stresses through it initiatives of free gym membership, lunchtime walks and a counselling line. Mr. Samuda stated the ongoing appeal for Midland Met could provide an opportunity to approach other organisations to see how they managed work place stress. He volunteered to contact colleagues at Deutsche Bank who are a major employer and have a good approach in helping staff wellbeing for advice.</p> <p>The Committee were informed the next step was for the plan to be finalised at the Leadership Conference next week and for the Sandwell Health & Wellbeing board to sign off on the collaboration in June. Mr. Lewis would continue to lead and report any issues to the next meeting.</p>	
<p>ACTION</p> <ul style="list-style-type: none"> • Mr. Samuda to contact colleagues at Deutsche Bank to discuss managing work place stress for their staff. • Mrs. Wilkin and Mr. Lewis to present the Public Health plan to the Leadership Conference for finalisation next week • Mr. Lewis to present the Public Health plan to the Sandwell Health & Wellbeing Board in June 	
8 Diversity Pledges – latest thinking	SWBPH (05/17) 011
<p>Mrs Goodby informed the Committee that the staff pledges have been well reviewed and commented on. Attention is now drawn to the Patient pledges which require further expansion.</p> <p>The following highlights were noted:</p> <p>Transgender. More work is required on improving how we treat transgender patients.</p> <p>Deaf Awareness. The Trust will work with the Birmingham Deaf Institute and front line staff on how to communicate with all our deaf patients.</p> <p>Age Protected characteristics. A need to look at the provision to supporting parents whose child is in hospital. This will be providing toothbrushes, blankets etc. and would enforce current pledges of providing sleeping arrangements, showers and hospitality.</p> <p>The Committee were satisfied with the pledges for patients and discussed it would formalise the way in which the majority of staff treated patients and relatives with compassion. Notwithstanding the paper submitted, the pledges required more work to enrich them but the Committee agreed work was progressing satisfactory in the right directory.</p>	

Mr. Samuda suggested the work offered by the Guide Dog association with guide and therapy dogs. Mrs. Newell confirmed guide dogs have been around in the Trust for many years, however therapy dogs was new and would need future exploration. The Committee agreed for Mr. Samuda to contact the Leamington Guide Dog association and set up an introduction.

The Committee discussed further and Mrs. Goodby noted amendments to be made to the patient pledges and agreed to present the pledges to the July Trust Board meeting.

ACTION

- Mr. Samuda to contact the Leamington Guide Dog association to discuss guide and therapy dogs in the Trust.
- Mrs. Goodby to provide an update on the patient pledges to the July Trust Board meeting.

9 Matters to raise to the Board	Verbal
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The following items will be highlighted to the Trust Board meeting:

- Alcohol
- Staff Pledges. Mrs. Goodby to prepare a paper for presentation to the July Trust Board

10 Any Other business	Verbal
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No other business was discussed by the Committee

11 Next meeting	Verbal
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The next meeting will be held on 14th September at 2pm in the, Anne Gibson Committee Room, City Hospital

Signed

Print

Date

Sandwell and West Birmingham Hospitals

NHS Trust

Public Trust Board – October

Chief Executive's Report

We continue to meet wait time standards for planned, diagnostic and cancer care. In September we have delivered our best emergency care 'performance' for nine months, but we have fallen short of our aim of 90%. Fundamentally this is a discharge question.

A draft CQC report has been received which we are studying. Publication will follow later in the autumn. Our safety and quality focus remains on our three year change plans, and standards of delivery of our always on safety are improving week on week. The actions necessary to address last month's Never Event are in hand.

This month's meetings will be dominated by our financial deviation to plan. We are now behind our income position (albeit our waiting list is not increasing). And we are cutting spend but not rapidly enough. If both continue this will impact our ability to finance the 2018 capital programme and prevent us receiving STF income in 2017.

1. Our patients

Our new NIV unit has now opened and from this month will see inter site transfers. This represents a big investment in quality. The new facility on priory 5 will offer expert nursing and medical care seven days a week. It is another example of a single site model improving quality in advance of the Midland Met Hospital in 2019. The Critical Care Board will study the impact of the facility and examine our standards in Q4 against NCEPOD guidance published this summer.

In the month ahead we launch our Dementia and Delirium pathway. This codifies changes we have put in place over recent weeks around focused care. This is an intervention to improve patients experience of care. The changes provide additional training and support to nursing staff. This compliments work to reduce agency expenditure around focused care.

Over the next three months we are looking to largely conclude our inpatient work on the Safety Plan. In practice this means ensuring that any safety checks missed in the first twenty four hours are completed over the following day. This metric is reported daily, and like all safety incidents, is scrutinised by the executive each morning. Consistent delivery of these 20 local standards would put care at the Trust into a position which differentiates staff efforts from the NHS norm.

Linked to the Safety Plan is our work to embed consistency of care across our adult medical wards. A Listening Into Action style event will take place later in October to examine progress in this year-long project. Indications remain positive that, in the majority of wards, we can deliver this standard. It will mark a multi professional endeavour, reflecting nurse recruitment, redesign of medical roles

and other adjustments. The Trust continues to explore how to make this a seven day proposition, and a project team to deliver that ambition meets monthly.

Our future lies in working even more closely with general practice. We have made big changes in recent months in how we transmit information between primary and secondary care. From December we would hope to be able to make appointments with GPs from our A&E. Large scale GP groupings and the Trust are working in concert to deliver pathway changes in disciplines like diabetes and respiratory medicine. It would be the culmination of considerable effort across a number of years if we could in 2017-18 formally launch an Accountable Care System proposition locally based on this tradition.

The Board's papers include a mid-year review of our work on Research and Development. Symbolically the main entrance to Midland Met will focus on innovation and learning, modelled on London's Wellcome Institute. The paper outlines strong progress in particular in expanding surgical research. Of course our aim is to 'mainstream' innovations, and we are working across BCA and the STP to examine how we embed concepts like our Endobarrier for tackling obesity among diabetic patients.

This report annexes the Trauma and Orthopaedic Safety Summit scorecard. As the minutes from the last Board record we will discuss this in more detail next time in order to consider whether progress is rapid enough.

Also attached is the initial Expected Date of Discharge league table being developed to track performance by team and individual clinician. During October we will be working with teams to alter the 'mindset' on what the EDD is. Thereafter the data will be widely published inside the Trust and will be available to the multi-agency A&E delivery Board, which I chair. A review of how the Acute Medical Units operate is being completed intended to ensure we get the right process balance between 'flow' and 'patient experience'.

2. Our workforce

The coming month will see our annual awards ceremony take place. We honour a large number of outstanding individuals and teams. All of our staff have had chance to vote for the key awards and even more importantly patient voices have contributed to the Care Quality award. As usual the Trust leadership will be joined by key partners in celebrated staff contributions.

In September we launched our Black History Month, as part of wider celebrations for this event which is now in its thirtieth year. The Trust celebration is by far the biggest we have ever had, linked and inspired by our BME network. It is important that we balance celebration with recognising the burden of discrimination and exclusion that remains. The Trust continues to partner with the RCN and Unison in endeavouring to address these issues, and to make sure that our Mutual Respect and Tolerance Guidance is adhered to – as a matter of conduct.

Our first ever Speak Up Day took place in month. This, and subsequent communication work, is designed to highlight the options for employees and visibly commit the leadership to act. In month we will use Hot Topics to get good data on issues raised by employees, which they feel have been set aside or ignored so that we can use that data to refresh our approach and evidence of progress. We will repeat in Q4 our Your Voice survey on whistleblowing to test penetration of the approach. We

would expect to repeat Speak Up Day during spring 2018. As the 'brand' develops we may focus particular days on particular themes within the organisation. The Trust is also a volunteer to contribute to a national project around whistleblowing.

The Board discussed last time our slow progress in further reducing sickness absence. In coming weeks we will receive outputs from work on the best evidenced approaches to addressing workplace stress and mental health issues. This needs to inform a renewed approach to this subject for 2018.

The Board's People and OD committee has reiterated the commitment of the full team to our work on the Accredited Line Manager. After some pilot work in Q3, this will be rolled out in Q4 as a mandatory requirement for people managers across our Trust from Board to ward. The curriculum will combine policy familiarity with work on developmental and soft skills.

Recruitment progress is reflected in my usual annex. We continue to see retention challenges on which separate material will be circulated, but in addition to our band 5 nurse hire successes, we are also beginning again to see a 'Midland Met effect' in acute care, with clinicians accepting the exciting challenge of joining us in our 2019 move to a single emergency site.

The latest safe staffing data is appended to my report for Board consideration.

3. Our partners

The Trust continues to work closely with NHSI, NHSE and UHB to identify a solution to issues around oncology services. A shared summit meeting later in October is being organised to assess the balance of risk between divergent proposals for change. The Sandwell and Birmingham OSC have asked to be kept informed of development in their role as the responsible body for service change and consultation. The Trust is actively involved with Healthwatch to ensure that information is provided to local residents. Although these discussions are focused on solid tumour oncology, the knock on effects of change for blood based cancers are being considered and must be addressed.

Our work on volunteering remains a focus for the Trust's leadership. Our HelpForce collaboration is moving at pace with many staff and volunteers contributing to a recent design work shop. Meanwhile, the Trust is exploring how we can collaborate with Communities In Sync in Sandwell, which brings together a number of leading edge third sector providers to deliver place based services.

4. Our commissioners

Based on the GE report, we are working together with the CCG to develop a shared response. We expect this to incorporate an approach to this year's contract and next year's. Meanwhile, specific work with wider Birmingham general practice has been assimilated into the role Dave Baker has taken on. We expect that alignment work to go beyond the traditional boundaries of West Birmingham consistent with the Local Authority approach to constituency grounded localism.

The Trust remains actively involved in the cooperative working model that we have developed with Sandwell MBC. Consistent with that contract a review of working practices will go to Cabinet later in 2017. Joint approaches to the public health and prevention work we are doing on sexual health are a shared next priority for this innovative collaboration.

5. Our Sustainability and Transformation Plan

The Trust has contributed our response to the NHSI pathology network model. We continue to work constructively towards wider collaboration and have signed off plans for joint approaches in our innovative FINCH service.

In addition is my standard report on the business of the Clinical Leadership Executive (CLE) drawing Board members' attention to the key consideration we addressed there in the prior month.

Toby Lewis, Chief Executive

September 29th 2017

Appendix A: T&O Safety Summit

Appendix B: EDD Changes

Appendix C: Recruitment Scorecard

Appendix D: Safe Staffing

Appendix E: September CLE Outbrief

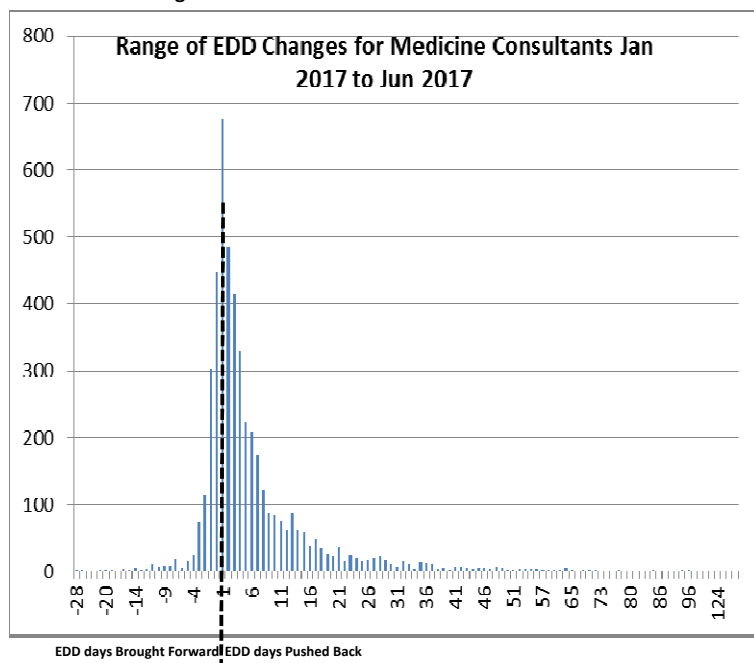
T&O Safety Summit Dashboard

Section	Indicator	Evidence	Resp Staff	Measure	Trajectory	
					Year	Month
Consent & Mental Capacity	MDT attendance at Board Round / Ward Round	Audit 1	MDT	=> %	100	100
Consent & Mental Capacity	Completion of consent proforma (MCA, family communication)	Audit 1	Consultant	=> %	100	100
Consent & Mental Capacity	Risks and mortality communicated and documented in notes	Audit 1	Consultant	=> %	100	95
Medical Assessment	Medical assessment by Registrar or above within 12 hours of admission to the ward (including CDA check)	Audit 1	Registrar	=> %	100	50
Medical Assessment	Fully completed clerking proforma	Audit 1	Registrar	=> %	98	60
Medical Assessment	Attendance at 0800 Handover	Audit 2	CSP	=> %	100	100
Medical Assessment	Fully completed anaesthetic proforma	Audit 3	Anaesthetist	=> %	100	80
Medical Assessment	Attendance at Team Brief and utilisation of Team Brief Checklist	Audit 4	Consultant	=> %	100	100
Medical Assessment	Orthogeriatric review of all complex patients pre- and post-operatively	Audit 1	Ortho-geri	=> %	100	50
Medical Assessment	Compliance with DNA CPR protocols documented on eBMS	Data	Consultant	=> %	100	90.0
Consistency of Care	Named clinical lead for each ward attending weekly meetings with the ward manager	QIHD Minutes	Consultant	=> %	90	90
Consistency of Care	Compliance with Ward Safety Checklist	Data	Clinical Lead	=> %	100	99
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	Data	Mortality Lead	=> %	100	98
Patient Safety - Harm Free Care	Serious Incidents investigated through MDT	SI Reports	All	=> %	100	100
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions)	Data	CSP	=> %	85	85
Infection Control	Cleanliness Audit (Theatre and Wards) (National Standards of Cleanliness)	Data	Matron/CD	=> %	98	96.0
Infection Control	Compliance with SSI Bundle including RCA completion for every deep wound infection	Data	All	=> %	100	100.0
Infection Control	Antibiotic review at 72 hours	Audit 1	Registrar / Ortho-geri	=> %	100	90.0
Safety Culture	QIHD review of Action Plans from incidents, Never Events and risk register	QIHD Minutes	QIHD Lead	=> %	100	100.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	Data	Consultant	=> %	100	100.0
Patient Safety - Harm Free Care	Fracture Clinic Wait ≤ 72 hours	Data	Consultant	=> %	95	95.0
Safety Culture	Attendance at QIHD	Data	All	=> %	80	80.0

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
-	-	-	-	-	-	✓											
-	-	-	-	-	-	✓											
-	-	-	-	-	-	✗											
-	-	-	-	-	-	✗											
-	-	-	-	-	-	✓	✓										
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✗	✗	✗	✗														
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✓	✗	✗	✗	✗	✗												
-	✗	✗	✗	✗	✗												
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-	-	-	-	-	-	✓											
✗	✗	✗	✗	✗	✓												
-	-	-	-	-	-	✗											
-	NA	✗	✗	✗	NA												

Data Period	Month	Year To Date	Trend
Sep-17	100.0	100	
Sep-17	100.0	100	
Sep-17	90.0	90	
Sep-17	30.0	30	
Sep-17	40.0	40	
Sep-17	100.0	100	
Aug-17			
Sep-17	100.0	100	
Sep-17	20.0	20	
Sep-17	92.0		
Sep-17	100.0	100	
Sep-17	97.9	97.9	
Jun-17	33.0	50	
Sep-17	100.0	100	
Aug-17	58.3	63.6	
Aug-17	94.0		
Aug-17	100.0	100.0	
Sep-17	50.0	50.0	
Sep-17	100.0	100.0	
Aug-17	100.0		
Aug-17	94.6		
Jul-17	70.0	65.0	

Expected Date of Discharge for Medical Consultants Jan to June 2017



Admitting Consultant Code	Consultant Name	Avg. EDD day change	Earliest brought forward	Latest pushed back	Number of EDD changes	Patients	RATIO EDD Changes to 1 Patient	Patient EDDs Brought Forward	Brought Forward Ratio	Patient EDDs Pushed Back over 14 days	Pushed Back over 14 days %	Pushed back over 7 days	Pushed back over 7 days%
C4384869	Sharobeem Kamel	10.71	-27	124	1124	381	2.95	74	19%	68	18%	105	28%
C5208339	Usman Nuhu	6.18	-23	100	1522	543	2.80	49	9%	48	9%	97	18%
C3492907	Lee B	7.17	-11	61	641	262	2.45	21	8%	19	7%	43	16%
C3616279	Page Nigel	7.11	-14	70	1238	508	2.44	47	9%	35	7%	86	17%
C4061313	Ahmed Imtiaz	6.42	-14	85	2118	897	2.36	64	7%	78	9%	140	16%
C3557378	Singhal Saket	6.70	-21	75	572	247	2.32	12	5%	22	9%	42	17%
C5190249	Abusriwil Hatem	7.32	-15	96	1740	772	2.25	48	6%	59	8%	113	15%
C2731531	Ahmad Rajai	6.09	-11	78	392	180	2.18	10	6%	13	7%	28	16%
C4646604	Clare Sarbjit	6.13	-28	96	2134	998	2.14	53	5%	51	5%	122	12%
C2597423	Cobb Carol	6.34	-16	126	995	499	1.99	28	6%	29	6%	53	11%
C3276310	Lewis M J V	5.00	-9	47	433	223	1.94	17	8%	15	7%	25	11% Note
C4535555	De Parijat	5.38	-3	45	445	245	1.82	19	8%	15	6%	29	12% <i>Table shows admitting consultant</i>
C3280878	Trudgill Nigel	9.01	-20	160	809	447	1.81	28	6%	33	7%	70	16% <i>and subsequent EDD changes.</i>
C4152956	Anderson Mark	7.12	-4	57	636	353	1.80	15	4%	22	6%	39	11% <i>Computer user making changes to EDD</i>
C4395609	Basu Ansu	7.42	-10	85	445	253	1.76	19	8%	18	7%	29	11% <i>are often not consultant but other members of</i>
C4605296	Rajasekaran A	3.74	-14	36	398	234	1.70	23	10%	9	4%	18	8%
C4018470	Mohammed Imityaz	6.36	-9	67	620	373	1.66	21	6%	21	6%	37	10%
C3682353	Abdullah A	6.16	-14	47	496	348	1.43	14	4%	14	4%	36	10%
C4613916	Fogden Edward	8.54	-16	56	273	213	1.28	7	3%	13	6%	21	10%
C5183307	Nathani Nazim	4.31	-10	33	303	237	1.28	9	4%	6	3%	15	6%
C2821874	Millane T	3.95	-4	37	134	131	1.02	8	6%	3	2%	6	5%
C4305527	Khan Jawad	2.89	-3	29	85	101	0.84	6	6%	1	1%	4	4%
C3667309	Varma Chetan	1.70	-3	13	62	81	0.77	6	7%	0	0%	2	2%
C3478765	Bradberry Sally	4.58	-1	28	57	75	0.76	3	4%	2	3%	3	4%
C2714695	Gordon P C	6.50	-1	19	40	59	0.68	1	2%	2	3%	3	5%
C3299874	Connolly D L	0.78	-7	8	78	134	0.58	8	6%	0	0%	2	1%
C3304790	Davis R	4.75	-2	27	28	82	0.34	2	2%	1	1%	2	2%
C5179686	Wasala Rani	4.11	1	18	53	426	0.12	0	0%	2	0%	5	1%
C3120811	Wright Christine	7.00	-1	63	57	570	0.10	3	1%	3	1%	6	1%
C4654238	Wandroo Farooq	7.47	-22	39	62	626	0.10	5	1%	8	1%	12	2%
C2483584	Situnayake Rohan Deva	20.50	-8	49	12	124	0.10	1	1%	1	1%	1	1%
C4279819	Makwana N	3.25	0	7	30	324	0.09	0	0%	0	0%	0	0%
C5189331	Pandey Rajesh	3.47	-1	19	27	332	0.08	1	0%	1	0%	2	1%
C4659910	Ganesan V	4.13	0	13	18	235	0.08	0	0%	0	0%	3	1%
C3652462	Agwu Chizomam	4.24	0	22	25	429	0.06	0	0%	1	0%	4	1%
C3101959	Akbar A	4.69	0	16	22	431	0.05	0	0%	1	0%	2	0%
C4084358	Murrin Richard	8.71	0	21	20	465	0.04	0	0%	2	0%	3	1%
C3320941	Hasan S Y	5.06	-7	41	40	1013	0.04	9	1%	4	0%	4	0%
C4502111	Williams Sarah	4.86	0	16	29	962	0.03	0	0%	1	0%	1	0%
C4587033	El-Modir Ahmed	55.00	55	55	6	234	0.03	0	0%	1	0%	1	0%
C4037662	Raza K	0.00	0	0	1	73	0.01	0	0%	0	0%	0	0%
C4285472	Pancham S	-4.00	-9	1	4	336	0.01	1	0%	0	0%	0	0%

Report : M. Chadderton

f team.

Recruitment Activity Report

Report Date: 26/09/2017		Appendix C													
Criteria		Measure/Month		Actual					Notified as at Report Date		Forecast				
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Band 5 Nurses	SIP	FTE Establishment	983.64	992.21	981.67	981.95	981.97	991.00	985.75	985.75	985.75	985.75	985.75	985.75	991.00
		FTE FTE In Post	839.93	819.86	815.91	807.19	801.52	48.07	799.68	831.16	837.34	844.61	844.88	881.43	883.70
		FTE New Starters	5.83	7.77	7.65	6.92	5.23	48.67	16.53	17.62	10.62	46.90	12.62	7.62	
		FTE Leavers	14.21	7.29	14.05	11.88	7.07	17.19	10.35	10.35	10.35	10.35	10.35	10.35	10.35
	Offers External Applicants	FTE Vacancies in month	143.71	172.35	165.76	174.76	180.45	191.32	154.59	148.41	141.14	140.87	104.32	107.30	
		FTE Conditional offers (in month)	5.60	9.44	25.80	40.92	12.27	10.92							
		FTE Offers Confirmed (in month)	3.00	11.54	5.33	15.55	29.38	16.74							
		FTE Establishment	582.16	585.28	585.28	585.48	587.18	587.18	587.18	587.18	587.18	587.18	587.18	587.18	587.18
Band 6 Nurses	SIP	FTE FTE In Post	531.19	538.07	536.75	539.65	546.48	544.28	543.67	543.15	543.62	544.10	544.57	545.05	
		FTE New Starters	2.40	2.45	5.50	1.80	2.00	6.00	2.73	3.73	3.73	3.73	3.73	3.73	
		FTE Leavers	2.80	1.92	2.68	4.43	4.20	6.61	3.25	3.25	3.25	3.25	3.25	3.25	
		FTE Vacancies in month	50.97	47.21	48.53	45.83	40.70	42.90	43.51	44.03	43.56	43.08	42.61	42.13	
	Offers External/Internal Applicants	FTE Conditional offers (in month)	9.80	3.52	9.51	2.00	6.20	11.73							
		FTE Offers Confirmed (in month)	2.00	2.72	6.16	1.00	5.80	2.33							
		FTE Establishment	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	
		FTE FTE In Post	28.28	27.16	23.96	24.16	23.16	23.16	26.08	25.39	26.01	23.59	24.00	24.41	
Band 5 Midwives	SIP	FTE New Starters	0.00	0.80	0.60	2.00	0.00	3.92	0.00	2.10	2.10	2.10	2.10	2.10	
		FTE Leavers	0.00	0.00	0.00	0.00	0.00	1.00	0.69	1.48	4.52	1.68	1.69	1.69	
		FTE Vacancies in month	-20.03	-18.91	-15.71	-15.91	-14.91	-14.91	-17.83	-17.14	-17.76	-15.34	-15.75	-16.16	
		FTE Conditional offers (in month)	0.00	0.00	0.80	4.92	9.00	0.00							
	Offers External Applicants	FTE Offers Confirmed (in month)	0.00	1.80	0.00	0.00	2.92	2.00							
		FTE Establishment	208.10	208.10	184.30	184.30	184.30	183.80	183.80	183.80	183.80	183.80	183.80	183.80	
		FTE FTE In Post	129.87	127.67	124.49	126.89	127.09	126.09	125.09	123.83	123.62	123.41	123.20	122.99	
		FTE New Starters	0.00	0.00	1.00	0.60	0.00	0.00	0.00	1.05	1.05	1.05	1.05	1.05	
Band 6 Midwives	SIP	FTE Leavers	0.81	0.00	2.72	2.93	1.00	1.00	1.26	1.26	1.26	1.26	1.26	1.26	
		FTE Vacancies in month	78.23	80.43	59.81	57.41	57.21	57.71	58.71	59.97	60.18	60.39	60.60	60.81	
		FTE Conditional offers (in month)	1.00	1.00	0.60	4.00	0.00	0.00							
		FTE Offers Confirmed (in month)	0.00	0.80	0.00	0.00	0.00	0.00							
	Offers External/Internal Applicants	FTE Establishment	313.96	315.53	313.73	313.73	321.10	313.73	313.73	313.73	313.73	313.73	313.73	313.73	
		FTE FTE In Post	284.47	285.17	281.97	280.57	283.37	284.37	289.37	288.83	288.68	288.53	288.38	288.23	
		FTE New Starters	2.00	6.00	1.40	2.00	4.00	5.00	2.00	2.39	2.39	2.39	2.39	2.39	
		FTE Leavers	3.30	3.00	5.65	3.00	3.00	3.00	0.00	2.54	2.54	2.54	2.54	2.54	
Consultants	SIP	FTE Vacancies in month	29.49	30.36	31.76	33.16	37.73	29.36	24.36	24.90	25.05	25.20	25.35	25.50	
		FTE Conditional offers (in month)	3.00	0.00	3.00	3.00	0.00	2.00							
		FTE Offers Confirmed (in month)	0.00	0.00	1.00	0.00	3.00	4.00							
		FTE Establishment	499.95	504.70	500.70	513.20	511.56	511.56	511.56	511.56	511.56	511.56	511.56	511.56	
	Offers External Applicants	FTE FTE In Post	437.09	442.07	454.05	445.58	445.64	452.24	475.91	486.73	512.55	512.98	513.42	513.85	
		FTE New Starters	2.53	10.41	2.00	10.00	14.11	30.80	15.00	30.00	4.61	4.61	4.61	4.61	
		FTE Leavers	3.92	1.40	3.00	5.25	7.51	7.13	4.18	4.18	4.18	4.18	4.18	4.18	
		FTE Vacancies in month	62.86	62.63	46.65	67.62	65.92	59.32	35.65	24.83	-0.99	-1.42	-1.86	-2.29	
Band 2 HCAs	SIP	FTE Conditional offers (in month)	11.61	10.16	28.41	58.00	18.00	16.41							
		FTE Offers Confirmed (in month)	7.25	2.61	3.00	1.00	17.50	21.00							
		FTE Establishment	93.14	93.38	93.38	93.54	92.48	92.48	92.48	92.48	92.48	92.48	92.48	92.48	
		FTE FTE In Post	92.71	92.63	88.57	88.57	88.37	89.83	87.83	87.24	87.64	89.04	89.45	88.85	
	Offers External Applicants	FTE New Starters	0.00	0.00	0.00	0.00	1.46	0.00	0.00	1.00	2.00	1.00	0.00	0.00	
		FTE Leavers	1.00	1.80	1.92	0.00	0.00	2.00	0.60	0.60	0.60	0.60	0.60	0.60	
		FTE Vacancies in month	0.43	0.75	4.81	4.97	4.11	2.65	4.65	5.24	4.84	3.44	3.03	3.63	
		FTE Conditional offers (in month)	0.00	2.26	0.00	1.00	0.00	5.28							
Band 3 HCAs	SIP	FTE Offers Confirmed (in month)	0.00	5.21	1.80	0.00	0.00	0.00							

Notes:
Establishment: WTE contracted numbers have been adjusted for HCA Apprentices and increase in P5 NIV. Forecast FTE Establishment figure adjusted by 5.25 from Oct 17 for delivery of bed reduction CIP in Surgical Services. Net impact of service reconfiguration aligned to Gynaecology oncology with effect from Jan 18 to be confirmed

New starters - Figures based on agreed dates with new hires
New starters forecast: Based on average number of new recruits due to recruitment campaigns and number of student nurses likely to accept offers.
Leavers -: Figures based on terminations received into ESR and assuming that managers are submitting termination data in a timely fashion.
Leavers: With the exception of band 5 staff nurses and midwives, the leaver figure is based on the WTE leaving the organisation. For band 5 staff nurses/midwives, this also includes the WTE moving internally to take into account the impact of internal promotion.
Turnover forecast: Based on average for the staff group/band over the previous year.
Student Nurse Offers: Forecast assumes that 50% of offers made to date will be successful
Band 5 Midwives: Decision taken to over establish at band 5 and develop post holders to fill band 6 midwifery vacancies.
Band 6 Midwives: New starters includes an assessment of the number of band 5 midwives due to move to band 6 positions following successful completion of training (see note above).
Band 5 Nurses: Report includes data on band 5 nursing posts within the Trust with the exception of midwives. Reporting on external recruitment activity i.e. activity that improves vacancy bottom line given this is an entry level post.
Band 6 Nurses: Figures include all band 6 nurses i.e. charge nurses, sisters, community practitioners with the exclusion of midwives

Data source: ESR and Recruitment data base

TRUST BOARD			
DOCUMENT TITLE:	Safe staffing		
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell –Chief Nurse		
AUTHOR:	Elaine Newell		
DATE OF MEETING:	5 th Oct 2017		
EXECUTIVE SUMMARY:			
<p>Aug Summary</p> <p>The summary level Unify data demonstrates a significant negative variance in the day time fill rates during the August period. The average in month CHPPD for registered nurses across the trust is 5.0 hours which is consistent with the rolling 3 month average. However the average day time fill rates across the trust for registered nurses and care staff, which includes permanent, bank and agency staff is 90.2 and 91.4 respectively (July = 97.7 and 95.6) The night shift fill rate has remained stable at 98.7 and 99.6% respectively.</p> <p>The reduction in fill rate appears inconsistent with seasonal variance when compared to previous years. There is some speculation that this may have been impacted by the reduction in bank pay rates and this will continue to be monitored. Evidence from the individual ward based Early Warning Trigger alerts, does not suggest any direct correlation with an increase in patient harm or negative outcomes</p> <p>Hot spot areas include all areas within Women and Child Health (particularly Maternity), D43 and 47 and Eliza Tinsley.</p>			
REPORT RECOMMENDATION:			
The Board are requested to receive this update and agree to publish the data on our public website.			
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):			
The receiving body is asked to receive, consider and:			
Accept	Approve the recommendation	Discuss	
x			
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):			
Financial	x	Environmental	Communications & Media
Business and market share		Legal & Policy	Patient Experience
Clinical	x	Equality and Diversity	Workforce
Comments:			
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
PREVIOUS CONSIDERATION:			
Sept Trust Board			


Safe Staffing Return Summary			Day				Night				Care Hours Per Patient Day (CHPPD)							
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night		Cumulative count over the month of patients at 23:59 each day	Registered midwives / nurses	Care Staff	Overall
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)				
Month	Site Code	Site Name																
Jul-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2138	2330	526	527	414	500	0	18	109.0%	100.2%	120.8%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	25676	27032	15249	16705	14064	17337	6905	8503	105.3%	109.5%	123.3%	123.1%				
	RXK10	ROWLEY REGIS HOSPITAL	2826	3265	4417	4556	1243	1985	1788	2085	115.5%	103.2%	159.7%	116.6%				
	RXK01	SANDWELL GENERAL HOSPITAL	30666	32776	19123	22015	15612	18588	8817	13232	106.9%	115.1%	119.1%	150.1%				
	Total			61305	65403	39314	43803	31332	38409	17510	23837	106.7%	111.4%	122.6%	136.1%			
Aug-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1839	1807	497	475	472	560	0	28	98.3%	95.6%	118.7%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24155	24753	13808	14687	13967	16362	6858	8233	102.5%	106.4%	117.2%	120.0%				
	RXK10	ROWLEY REGIS HOSPITAL	2964	3200	3816	3937	1176	1794	1553	1860	107.9%	103.2%	152.6%	119.8%				
	RXK01	SANDWELL GENERAL HOSPITAL	28245	29172	16759	19191	14679	16520	7932	11384	103.3%	114.5%	112.5%	143.5%				
	Total			57202	58932	34879	38290	30293	35236	16343	21505	103.0%	109.8%	116.3%	131.6%			
Sep-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2137	2080	454	475	472	532	0	119	97.3%	104.5%	112.8%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24208	27604	14308	17278	13993	20283	6794	10406	114.0%	120.8%	144.9%	153.2%				
	RXK10	ROWLEY REGIS HOSPITAL	1274	1472	1216	1382	403	1185	587	756	115.5%	113.6%	294.4%	128.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	27883	32528	16822	23743	14654	20124	7392	15185	116.7%	141.1%	137.3%	205.4%				
	Total			55501	63684	32800	42877	29521	42124	14773	26466	114.7%	130.7%	142.7%	179.2%			
Oct-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2199	2139.917	546.75	548.5	434.75	519	0	28	97.3%	100.3%	119.4%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	25273	27384.5	14779.5	15814.42	14038.5	16711.07	6797	8913.5	108.4%	107.0%	119.0%	131.1%				
	RXK10	ROWLEY REGIS HOSPITAL	3308	3480.067	3886.5	4283.25	1230	1876.5	1590	2006	105.2%	110.2%	152.6%	126.2%				
	RXK01	SANDWELL GENERAL HOSPITAL	31768.25	33296.75	19265.22	21818.3	16182.5	19034.25	8175	11998.83	104.8%	113.3%	117.6%	146.8%				
	Total			62548	66301	38478	42464	31886	38141	16562	22946	106.0%	110.4%	119.6%	138.5%			
Nov-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2082.5	2122.167	569.75	590.9167	490.25	499.75	0	55.75	101.9%	103.7%	101.9%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26188.75	26959.63	15119	15017.5	14937	16194.5	6939	8142	102.9%	99.3%	108.4%	117.3%				
	RXK10	ROWLEY REGIS HOSPITAL	3040.5	2955.25	3894	3722.75	1306.5	1463	1511.5	1800	97.2%	95.6%	112.0%	119.1%				
	RXK01	SANDWELL GENERAL HOSPITAL	29371	30796.57	18168.5	19839.58	15566	17377.82	7733	11116.5	104.9%	109.2%	111.6%	143.8%				
	Total			60683	62834	37751	39171	32300	35535	16184	21114	103.5%	103.8%	110.0%	130.5%			
Dec-14	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1963.75	1844.167	554	471.5	518	465.5	0	139.25	93.9%	85.1%	89.9%	0.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26367.75	26839.52	15860.5	15872.08	15638.5	16717.67	7044	7930	101.8%	100.1%	106.9%	112.6%				
	RXK10	ROWLEY REGIS HOSPITAL	3280	3003	3634.5	3553.5	1262.5	1255.5	1501.5	1622.5	91.6%	97.8%	99.4%	108.1%				
	RXK01	SANDWELL GENERAL HOSPITAL	30676	30848.75	17822	19391.08	16710.5	17467	8177.017	10390.08	100.6%	108.8%	104.5%	127.1%				
	Total			62288	62535	37871	39288	34130	35906	16723	20082	100.4%	103.7%	105.2%	120.1%			
Jan-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2123.25	2227.333	505.5	492.25	582.75	555	129.5	157.5	104.9%	97.4%	95.2%	121.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30328.5	30574.63	15962.5	15937.82	18989.5	20653.42	7731	8767.25	100.8%	99.8%	108.8%	113.4%				
	RXK10	ROWLEY REGIS HOSPITAL	2919	3183.5	3472.5	3411.5	1333	1558.5	1429	1542.25	109.1%	98.2%	116.9%	107.9%				
	RXK01	SANDWELL GENERAL HOSPITAL	29286.5	30702.12	17609.5	19883.43	16561.5	18341	8455	11660.25	104.8%	112.9%	110.7%	137.9%				
	Total			64657	66688	37550	39725	37467	41108	17745	22127	103.1%	105.8%	109.7%	124.7%			
Feb-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1867.25	2053.5	464.5	462	490.25	518	129.5	101.75	110.0%	99.5%	105.7%	78.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	27390.25	27677.75	14544.5	14620.48	17409.5	18193.92	6915.5	7414.25	101.0%	100.5%	104.5%	107.2%				
	RXK10	ROWLEY REGIS HOSPITAL	2542	2743.25	3000.5	3185.5	1194.5	1192	1457.5	1407	107.9%	106.2%	99.8%	96.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	25298.5	27136.1	14521.5	16240.82	14720	16798	7292	9867.25	107.3%	111.8%	114.1%	135.3%				
	Total			57098	59611	32531	34509	33814	36702	15795	18790	104.4%	106.1%	108.5%	119.0%			
Mar-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2353.25	2352.417	501.5	447	573.5	565.25	148	139.5	100.0%	89.1%	98.6%	94.3%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	29823.73	30744.15	16727.5	15515.32	18670	21136.23	7507.5	7752	103.1%	92.8%	113.2%	103.3%				
	RXK10	ROWLEY REGIS HOSPITAL	2702.5	3084.9	3546.75	3896.583	1211.5	1717.75	1670.5	2067	114.1%	109.9%	141.8%	123.7%				
	RXK01	SANDWELL GENERAL HOSPITAL	28133.5	30365.28	15989.5	17373.25	15995	20147.07	7760.517	10975.02	107.9%	108.7%	126.0%	141.4%				
	Total			63013	66547	36765	37232	36450	43566	17087	20934	105.6%	101.3%	119.5%	122.5%			
Apr-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1502	1941	305.5	396.25	444	536.5	92.5	101.75	129.2%	129.7%	120.8%	110.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	30171.5	31776.33	16684	15468.25	18810.5	20221.75	7285.5	8325	105.3%	92.7%	107.5%	114.3%				

	RXK10	ROWLEY REGIS HOSPITAL	2614	2568.5	3772	3448.067	1116.5	1351.5	1763	1778	98.3%	91.4%	121.0%	100.9%
	RXK01	SANDWELL GENERAL HOSPITAL	27100	29153.3	15850.25	17460.35	16443.5	18445.28	7508	10431.5	107.6%	110.2%	112.2%	138.9%
			61388	65439	36612	36773	36815	40555	16649	20636	106.6%	100.4%	110.2%	123.9%
May-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2034.5	1941	434	402.25	573.5	527.25	138.75	138.75	95.4%	92.7%	91.9%	100.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	32094.5	32675.33	16822.25	16256	19465	21176.25	7493	8437	101.8%	96.6%	108.8%	112.6%
	RXK10	ROWLEY REGIS HOSPITAL	2645.5	2576.067	3508.5	3169.083	1083.5	1475.067	1842.5	2033	97.4%	90.3%	136.1%	110.3%
	RXK01	SANDWELL GENERAL HOSPITAL	26561	27802.15	15591.5	17242.17	16839	17383.17	8199.5	10655	104.7%	110.6%	103.2%	129.9%
			63336	64995	36356	37070	37961	40562	17674	21264	102.6%	102.0%	106.9%	120.3%
Jun-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2276.25	2172.167	419	426	555	527.25	166.5	184.75	95.4%	101.7%	95.0%	111.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28309.5	29468.17	15410.18	14755.27	18281	19637.77	6748.5	7504.317	104.1%	95.8%	107.4%	111.2%
	RXK10	ROWLEY REGIS HOSPITAL	2442	2374.75	3676.5	3263	1302.5	1494	1587	1916.5	97.2%	88.8%	114.7%	120.8%
	RXK01	SANDWELL GENERAL HOSPITAL	26826	28578.08	15516.5	17366.28	15139.5	17222.75	8432.5	10183	106.5%	111.9%	113.8%	120.8%
			59854	62593	35022	35811	35278	38882	16935	19789	104.6%	102.3%	110.2%	116.9%
Jul-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	1951.583	465	512.75	589	555	0	166.5	209.8%	110.3%	94.2%	0.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	32069.5	27187.57	13190.5	13134.5	27450.5	19260.02	8199.5	7613.267	84.8%	99.6%	70.2%	92.9%
	RXK10	ROWLEY REGIS HOSPITAL	3208	2495	3565	2970.667	2139	1486.75	2495.5	1923	77.8%	83.3%	69.5%	77.1%
	RXK01	SANDWELL GENERAL HOSPITAL	30178.5	26279.73	15686	15236.02	23885.5	17973.25	11764.5	11337.25	87.1%	97.1%	75.2%	96.4%
			66386	57914	32907	31854	54064	39275	22460	21040	87.2%	96.8%	72.6%	93.7%
Aug-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	806	465	370.75	573	518.25	0	171	86.7%	79.7%	90.4%	0.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	31861.5	24502	13158.25	11459.75	27419.5	18006.17	7843	7162.517	76.9%	87.1%	65.7%	91.3%
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	2431.5	3565	3108.117	2139	1589.75	2495.5	2150.5	75.8%	87.2%	74.3%	86.2%
	RXK01	SANDWELL GENERAL HOSPITAL	29192	24223	14735.5	15146	22765.5	17481.07	11251	11176.75	83.0%	102.8%	76.8%	99.3%
			65192	51963	31924	30085	52897	37595	21590	20661	79.7%	94.2%	71.1%	95.7%
Sep-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	900	935	450	378.5	555	472	166.5	194.75	103.9%	84.1%	85.0%	117.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28394	26595.9	11679	13003.83	24495	20277.5	7651	7903	93.7%	111.3%	82.8%	103.3%
	RXK10	ROWLEY REGIS HOSPITAL	3105	2663	3450	3364.5	2070	1881.25	2415	2336	85.8%	97.5%	90.9%	96.7%
	RXK01	SANDWELL GENERAL HOSPITAL	27587	25604	14651	16277.83	21016	18495	11561.5	11814.52	92.8%	111.1%	88.0%	102.2%
			59986	55798	30230	33025	48136	41126	21794	22248	93.0%	109.2%	85.4%	102.1%
Oct-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	969.3333	465	344.75	573.5	536.75	157.25	178.25	104.2%	74.1%	93.6%	113.4%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	30986	34295.28	13485.5	16855.07	26737.5	28120.5	8215	10881.25	110.7%	125.0%	105.2%	132.5%
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	3267.667	3565	3678	2139	2590.25	2495.5	2913.5	101.8%	103.2%	121.1%	116.8%
	RXK01	SANDWELL GENERAL HOSPITAL	27183.5	30355.55	15523.5	21546.75	21761	24224.5	10848	16673.5	111.7%	138.8%	111.3%	153.7%
			62308	68888	33039	42425	51211	55472	21716	30647	110.6%	128.4%	108.3%	141.1%
Nov-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	191	536	536	157	138	104.2%	74.1%	93.6%	113.4%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	24755	23194	9789	9919	22694	21079	7217	7434	110.7%	125.0%	105.2%	132.5%
	RXK10	ROWLEY REGIS HOSPITAL	2738	2309	1738	1837	1826	1871	1493	1446	101.8%	103.2%	121.1%	116.8%
	RXK01	SANDWELL GENERAL HOSPITAL	24276	23016	12497	12096	20417	19181	10173	9660	111.7%	138.8%	111.3%	153.7%
			52204	48954	24241	24043	45473	42667	19040	18678	93.8%	99.2%	93.8%	98.1%
Dec-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	450	232	195	573	545	185	148	96.8%	84.1%	95.1%	80.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28783	27400	12089	11327	27170	24752	9454	8471	95.2%	93.7%	91.1%	89.6%
	RXK10	ROWLEY REGIS HOSPITAL	3044	2561	1975	2027	2030	2007	1689	1586	84.1%	102.6%	98.9%	93.9%
	RXK01	SANDWELL GENERAL HOSPITAL	26109	24203	13225	12669	21872	20396	10342	10095	92.7%	95.8%	93.3%	97.6%
			58401	54614	27521	26218	51645	47700	21670	20300	93.5%	95.3%	92.4%	93.7%
Jan-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	198	573	564	148	148	100.0%	85.3%	98.4%	100.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	26001	24220	10586	9949	24291	23361	8611	7795	93.2%	94.0%	96.2%	90.5%
	RXK10	ROWLEY REGIS HOSPITAL	2867	2417	1798	1775	1912	1888	1235	1223	84.3%	98.7%	98.7%	99.0%
	RXK01	SANDWELL GENERAL HOSPITAL	25861	24488	12914	12728	21731	20994	10454	10439	94.7%	98.6%	96.6%	99.9%
			55194	51590	25530	24650	48507	46807	20448	19605	93.5%	96.6%	96.5%	95.9%
Feb-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	420	420	210	195	518	518	148	148	100.0%	92.9%	100.0%	100.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	27047	25992	11249	10768	25705	24916	8501	8412	96.1%	95.7%	96.9%	99.0%
	RXK10	ROWLEY REGIS HOSPITAL	3906	3279	3664	3960	2604	2557	2779	3098	83.9%	108.1%	98.2%	111.5%

	RXK01	SANDWELL GENERAL HOSPITAL	28919	27969	14877	17262	22491	22021	12307	14590	96.7%	116.0%	97.9%	118.6%	10304	4.9	3.1	7.9
			63744	62446	32610	35098	53624	52203	23862	26850	98.0%	107.6%	97.4%	112.5%	22306	18	10	28
Feb-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	270	315	210	191	518	481	0	46	116.7%	91.0%	92.9%	#DIV/0!	175	4.5	1.4	5.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27838	27199	13363	13030	24460	23721	8831	9138	97.7%	97.5%	97.0%	103.5%	8319	6.1	2.7	8.8
	RXK10	ROWLEY REGIS HOSPITAL	2852	2816	3409	3694	3110	2722	2512	2655	98.7%	108.4%	87.5%	105.7%	2242	2.5	2.8	5.3
	RXK01	SANDWELL GENERAL HOSPITAL	26276	25767	13759	15260	19922	19628	12317	13527	98.1%	110.9%	98.5%	109.8%	9359	4.9	3.1	7.9
			57236	56097	30741	32175	48010	46552	23660	25366	98.0%	104.7%	97.0%	107.2%	20095	18	10	28
Mar-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1361	1521	945	615	1642	1430	356	525	111.8%	65.1%	87.1%	147.5%	207	14.3	5.5	19.8
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27241	26683	13748	13163	24777	23662	10047	9645	98.0%	95.7%	95.5%	96.0%	9536	5.3	2.4	7.7
	RXK10	ROWLEY REGIS HOSPITAL	3239	3038	3947	4107	3588	3072	3340	3328	93.8%	104.1%	85.6%	99.6%	2420	2.5	3.1	5.6
	RXK01	SANDWELL GENERAL HOSPITAL	23762	23020	13865	15342	18052	17437	12492	13552	96.9%	110.7%	96.6%	108.5%	9625	4.2	3.0	7.2
			55603	54262	32505	33227	48059	45601	26235	27050	97.6%	102.2%	94.9%	103.1%	21788	26	14	40
Apr-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1335	1416	915	648	1590	1541	345	363	106.1%	70.8%	96.9%	105.2%	210	14.1	4.8	18.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	28695	27561	13723	13252	26964	24779	9890	9750	96.0%	96.6%	91.9%	98.6%	9329	5.6	2.5	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3144	2958	3855	4022	2820	2460	3885	3897	94.1%	104.3%	87.2%	100.3%	2274	2.4	3.5	5.9
	RXK01	SANDWELL GENERAL HOSPITAL	23021	21873	13713	14464	17400	16747	12336	12769	95.0%	105.5%	96.2%	103.5%	9569	4.0	2.8	6.9
			56195	53808	32206	32386	48774	45527	26456	26779	95.8%	100.6%	93.3%	101.2%	21382	26	14	40
May-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	292	337	232	217	573	518	0	55	115.4%	93.5%	90.4%	#DIV/0!	238	3.6	1.1	4.7
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30870	31048	14867	13613	28345	27360	10345	10004	100.6%	91.6%	96.5%	96.7%	9915	5.9	2.4	8.3
	RXK10	ROWLEY REGIS HOSPITAL	3254	3078	4397	4186	2914	2536	4014	3919	94.6%	95.2%	87.0%	97.6%	1536	3.7	5.3	8.9
	RXK01	SANDWELL GENERAL HOSPITAL	26141	25145	14245	14637	22440	22611	12412	12946	96.2%	102.8%	100.8%	104.3%	10047	4.8	2.7	7.5
			60557	59608	33741	32653	54272	53025	26771	26924	98.4%	96.8%	97.7%	100.6%	21736	18	12	29
Jun-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	0	0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	328	0.0	0.0	0.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	32092	31476	15977	14308	29009	27747	11086	11521	98.1%	89.6%	95.6%	103.9%	9390	6.3	2.8	9.1
	RXK10	ROWLEY REGIS HOSPITAL	3157	2937	4381	3949	2825	2476	3890	3867	93.0%	90.1%	87.6%	99.4%	2282	2.4	3.4	5.8
	RXK01	SANDWELL GENERAL HOSPITAL	24642	24373	13973	14438	19970	19498	12336	13033	98.9%	103.3%	97.6%	105.7%	9303	4.7	3.0	7.7
			59891	58786	34331	32695	51804	49721	27312	28421	98.2%	95.2%	96.0%	104.1%	21303	13	9	23
Jul-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	300	345	225	180	555	555	0	0	115.0%	80.0%	100.0%	#DIV/0!	276	3.3	0.7	3.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	30894	29888	14741	13461	28584	26702	9817	10265	96.7%	91.3%	93.4%	104.6%	9579	5.9	2.5	8.4
	RXK10	ROWLEY REGIS HOSPITAL	3075	3000	4281	3966	2850	2490	3915	3879	97.6%	92.6%	87.4%	99.1%	2269	2.4	3.5	5.9
	RXK01	SANDWELL GENERAL HOSPITAL	25308	24971	14711	14847	22287	22588	13274	13555	98.7%	100.9%	101.4%	102.1%	9811	4.8	2.9	7.7
			59577	58204	33958	32454	54276	52335	27006	27699	97.7%	95.6%	96.4%	102.6%	21935	16	9	26
Aug-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	292	345	232	183	573	555	0	18	118.2%	78.9%	96.9%	#DIV/0!	249	3.6	0.8	4.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29837	27218	14638	12947	27665	24649	9611	10160	91.2%	88.4%	89.1%	105.7%	9277	5.6	2.5	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3567	3346	4843	4529	2923	2671	4011	3988	93.8%	93.5%	91.4%	99.4%	2571	2.3	3.3	5.7
	RXK01	SANDWELL GENERAL HOSPITAL	27288	24118	15703	14697	19737	22381	14390	13733	88.4%	93.6%	113.4%	95.4%	9906	4.7	2.9	7.6
			60984	55027	35416	32356	50898	50256	28012	27899	90.2%	91.4%	98.7%	99.6%	22003	16	9	26
3-month Avges	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	197	230	152	121	376	370	0	6	116.6%	79.4%	98.4%	#DIV/0!	284	2.1	0.4	2.6
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	#DIV/0!	#DIV/0!	#DIV/0!
	RXK02	CITY HOSPITAL	30941	29527	15119	13572	28419	26366	10171	10649	95.4%	89.8%	92.8%	104.7%	9415	5.9	2.6	8.5
	RXK10	ROWLEY REGIS HOSPITAL	3266	3094	4502	4148	2866	2546	3939	3911	94.7%	92.1%	88.8%	99.3%	2374	2.4	3.4	5.8
	RXK01	SANDWELL GENERAL HOSPITAL	25746	24487	14796	14661	20665	21489	13333	13440	95.1%	99.1%	104.0%	100.8%	9673	4.8	2.9	7.7
	Total	Latest 3 month average====>	60151	57339	34568	32502	52326	50771	27443	28006	95.3%	94.0%	97.0%	102.1%	21747	5.0	2.8	7.8

CLINICAL LEADERSHIP EXECUTIVE: SUMMARY NOTE	
Date	26 th September 2017
Attendees	The Executive Group, Group Triumvirates and Staff Convenor
Key points of discussion relevant to the Board	<ul style="list-style-type: none"> • EPR workshop We explored service and staff changes issues associated with the technology. Work in September had identified 216 procedure changes to working practices which need to be documented prior to go live. CLE explored how to complete and embed that work. • CQC Inspection Improvement Plan We examined the initial draft inspection report from March 2017, and agreed arrangements to start work immediately on the improvement areas identified by the draft report. There was a commitment to tackle all of the issues raised not later than March 2018. Kam Dhami will drive implementation through the new EQC. • Financial Outlook We discussed expenditure and income progress year to date and resolved to devote the larger part of the October CLE to a concluded plan. It was acknowledged that the depth and pace of change in non-pay had to be different, and that changes to medical and management agency had to catch up with changes in nurse agency. I drew attention to the investment fruits of a balance financial position and highlighted additional ward clerk resource as a key priority for improvement in April 2018. There was broad support for that intent. • Getting it Right First Time (GIRFT) David Baker outlined the Brigg's report material and CLE discussed how to harness this intelligence to drive quality and finance. It was understood that we hoped to approach this on a pan STP basis, with Dave coordinating efforts. • Winter Plan Rachel Barlow reminded colleagues of the plan, including the transformation intent around EDD and ADAPT. The support of all areas of the Trust are needed for what is not a medicine or A&E plan, but an all comers drive. The flu vaccination campaign was highlighted.
Positive highlights of note	<ul style="list-style-type: none"> • Outstanding ratings within the CQC report • Clinical leadership engagement with 'Speak Up Day'
Matters presented for information or noting	<ul style="list-style-type: none"> • Trust Risk Register • Integrated Performance Report
Decisions made	<ul style="list-style-type: none"> • Name the EPR 'Unity' and the patient portal as 'PatientHub'
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> • Coherence of financial recovery plan • Sequencing difficulties with EPR deployment

Toby Lewis, Chief Executive
Chair of the Clinical Leadership Executive
(For the meeting of the Trust Board scheduled for 29th September 2017)

Sandwell and West Birmingham Hospitals 
NHS Trust

TRUST BOARD					
DOCUMENT TITLE:	New Frontiers for Research & Development @ SWBH				
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman				
AUTHOR:	Dr Roger Stedman,				
DATE OF MEETING:	Thursday 5 th October 2017				
EXECUTIVE SUMMARY:					
This paper outlines progress made against the Trust's R&D plan. It describes a re-alignment of R&D priorities with those of the organisation and its strategic partners, which is resulting in a flourishing of R&D activity in new and exciting areas. The paper previews some of the forthcoming activity for the second half of 17/18 and beyond.					
REPORT RECOMMENDATION:					
Review, discuss and accept the report and consider in particular how it can support the Trust in promoting the nursing profession to lead on new portfolios of research and also involve non-clinical staff to become active in research in the area of health service delivery and transformation.					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation			Discuss	
X				X	
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):					
Financial		Environmental		Communications & Media	X
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					

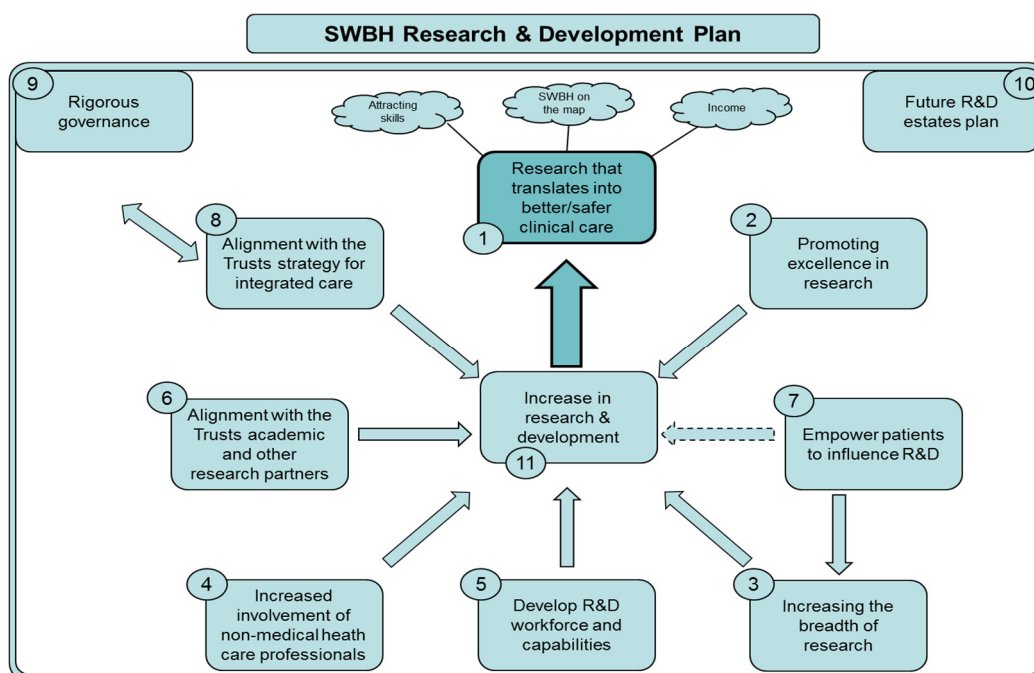
New Frontiers for Research & Development @ SWBH

Introduction

In May 2017 the board received the next 3 year iteration of the R&D plan. This plan builds on the foundations laid by the 2014-17 R&D plan and takes the research ambitions of the Trust to the next level.

This paper aims to demonstrate how that is being achieved, look forward to what will be coming next and at the same time demonstrate to the board the growth in breadth and depth of research that is taking place at the Trust and how that is aligned to the Trust's vision and ambitions.

The plan in a nutshell



The figure above illustrates the elements of the plan and how they are aligned to achieving the purpose of delivering better safer care to our patients. The principle tactical approach to this is to significantly increase the volume of research that is conducted at the Trust, the rationale being that research active services are not only advancing the frontier of their specialty but are actually delivering better care as they do so. All elements of the plan have that purpose and approach in mind.

Promoting national and international excellence and leadership in research

SWBH has always had a strong tradition of research, and has had particular strengths in a number of areas – Cardiovascular, Ophthalmology and Rheumatology have been specialties that have not only led locally but have been centres that are recognised nationally and internationally. Being the University of Birmingham academic centres for these specialties has driven this aspiration for excellence as well as generating opportunities through the attraction of major grant funding. These specialties are distinguished by the fact that they are not just carrying out high quality and impactful

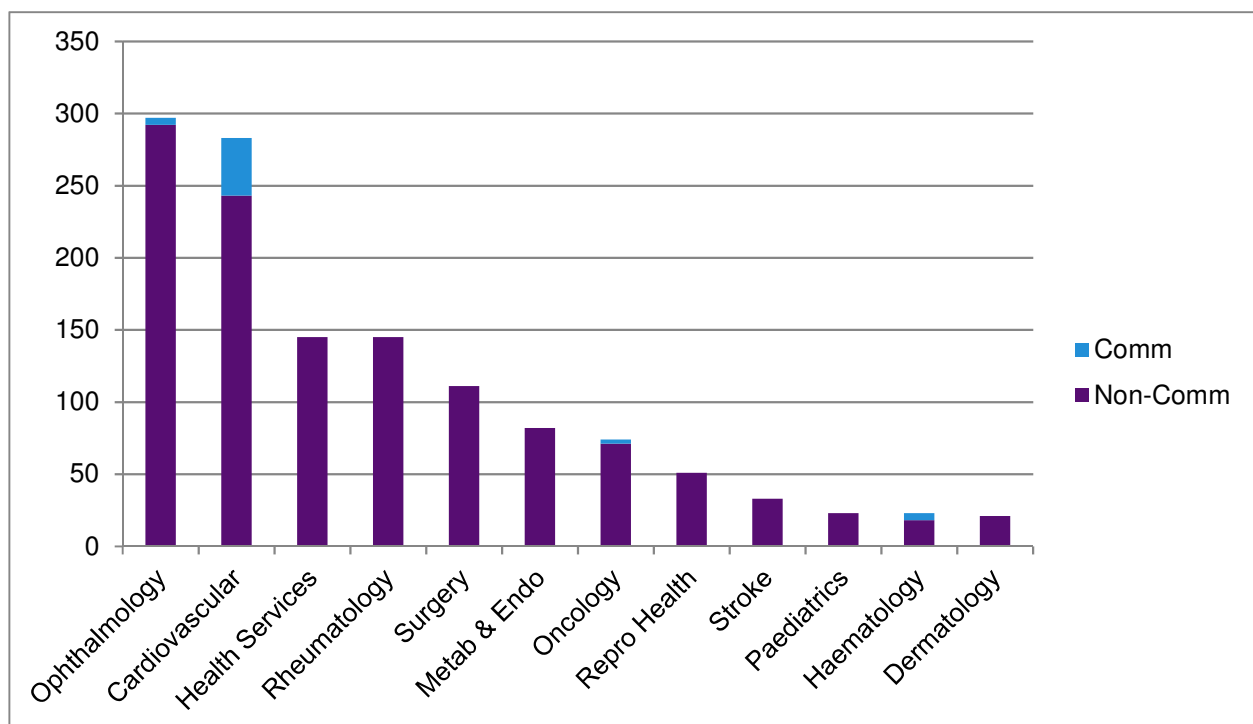


research but they are setting the research agenda for their areas and are recognised for it on international platforms.

In cardiovascular medicine Professor Greg Lip has been granted a NIHR senior investigator award – this rare accolade not only recognises the work that he has done and continues to do in the field of atrial fibrillation but also carries with it the funding for a whole time senior academic which has released the funds to enable the department to create an additional academic position – that will allow a broadening of the portfolio of the department into areas such as hypertension, cardiac imaging and cardiac intervention.

This is the first NIHR senior investigator award the Trust has ever had – it may yet not be the last as Professor Chris Buckley, one of our rheumatology academics is also currently in the application process for a senior investigator award.

All three of our established academic centres have undergone significant growth in their portfolios of activity in the last 12 – 24 months – as can be seen in the figure below showing activity by specialty.



Increasing the breadth of research at SWBH

A key tactic in increasing the volume of research at SWBH is not only to cause those already doing a lot to do more – but also to cause those not doing any, to do some. The plan sets the objective of bringing two previously inactive or low recruiting specialties into the research portfolio per year. This year T&O and Critical Care – both previously inactive in research, have started active recruitment to new studies. In particular T&O have the accolade of being the zero to hero specialty – having introduced several new studies in the last year – significantly exceeding their recruitment target. They have started collaborating with Aston University looking at the biomechanical engineering of joint prostheses amongst other things. The T&O portfolio is notable also for its involvement of non-medical professionals in leading research activity.

The ones to watch for next year will be respiratory medicine, who have two studies in interstitial lung disease and a large scale asthma study in the pipeline, and maternity with





four significant studies in the pipeline for later this year and next. Maternity have at least one study that is being led by a research midwife.

It is interesting to note in the above diagram how the relative positions of research areas have changed. Notwithstanding the existing top three established specialty areas – there has been a significant rise in the position of surgery as a result of the new activity by T&O, Critical Care and Anaesthesia – and a relative fall in the position of specialties, which are of decreasing significance to the SWBH portfolio in general – oncology for example has typically been the fourth ranked specialty but has fallen back significantly in the last year. There is also the gratifying appearance of Health Services research on the table, of which more later.

Increased involvement of non-medical professionals

As has been alluded to earlier – whilst absolute numbers remain small – there has been a significant awakening of research interest amongst therapy, nursing and midwifery colleagues. At least three studies in the pipeline for later this year or next are therapy or midwifery led. We have yet to open a nursing led study, however fruitful discussions are being had with the Chief Nurse, and we are developing new routes into research for nursing through the creation of part and full time secondment opportunities in research nursing.

The introduction of health services research as not just a valid line of activity but one that is aligned to the values and vision of the organisation, it also opens up the opportunity to develop a rigour and evidence base for how we implement change and operate services effectively. It also widens the field of professional groups to be involved in active research to those with non-clinical roles as well.

Aligning our research strategy with that of our academic and other research partners

University of Birmingham – remains our strongest and most well established academic partner. Notwithstanding that we have sought to build partnerships elsewhere these have not been at the expense of developing this historic collaboration. We have through this partnership recruited to and will shortly have working with us Professor Dan Lasserson, an acute medic with a strong track record and interest in interface and integration research. His particular interest is studying the psychology and behaviours of service users (and providers) what drives them to access certain parts of the system in favour of other more appropriate alternatives. He will be applying this interest to the use (or not) of acute ambulatory medical pathways as a means of avoiding hospital admission. Using an embedded researcher model he has studied variations in care and deviations from pathways, the use of technology for home based monitoring and point of care testing and also service user perception and experience of alternative service offerings to the traditional A&E and acute medicine model.

University of Aston – building partnerships between BMEC and the visions sciences institute at Aston. Biomechanical engineering in T&O and other partnerships in cardiology, and maternity are also being explored.

Academic Health Science Network – Professor Paulus Kirchhoff is working with the AHSN and the BCA in studying the deployment of a technological solution to improving the





reliability of the Atrial Fibrillation pathway – one for which there is current poor compliance with devastating consequence for stroke risk.



This technology is designed to drive both clinician and service user behaviour to improve the delivery of appropriate AF care.

M40 Collaborative – Birmingham, Oxford, London (UCL) working together on the arthritis accelerated trials programme.

Alignment with the Trust's 2020 vision and strategy for integrated care

Health services research is a large relatively untapped well of opportunity. A relatively modest foray into this area has resulted in an appearance as the fourth most active area of recruitment this year. Professor Lasserson's portfolio and skills are highly relevant to our ambition to be the best example of an integrated healthcare organisation. His appointment will start yielding research activity towards the end of this year.

There remains many unanswered questions as to what works in integrated care, and what activities in primary and community settings genuinely impact on secondary care usage and what doesn't. In addition to ambulatory care pathways already cited, there is work that can be done in end of life care, re-admission risks, discharge planning, and deployment of secondary specialist advice in community settings, amongst others. SWBH is an ideal testing ground for this type of research and stands to benefit from an understanding of the true evidence base for community based intervention.

Collaboration through University of Warwick with Dr Giovanni Radaelli, assistant professor of operations management at Warwick business school – is studying large scale change management in a healthcare organisation as manifest through the plans (People, digital and Quality Plans) of the 2020 vision.

Empowering Patients to influence R&D

R&D committee remains to date the only executive committee with regular patient representation, in the form of Brin Helliwell a patient activist with a particular interest in promoting stroke research.

The R&D 'bus' has done one round of the Trust estate in 2016. We will evaluate the impact of this intervention and consider further deployment.

The introduction of EPR will enable cross-referencing of patients that respond positively to the check-in kiosk question regarding research participation to potential active studies relevant to their condition.

Work is on-going on the Midland Met foyer display area for R&D following an inspiring trip to the Wellcome foundation.

Research Governance that is rigorous and promotes the efficiency and effectiveness of research



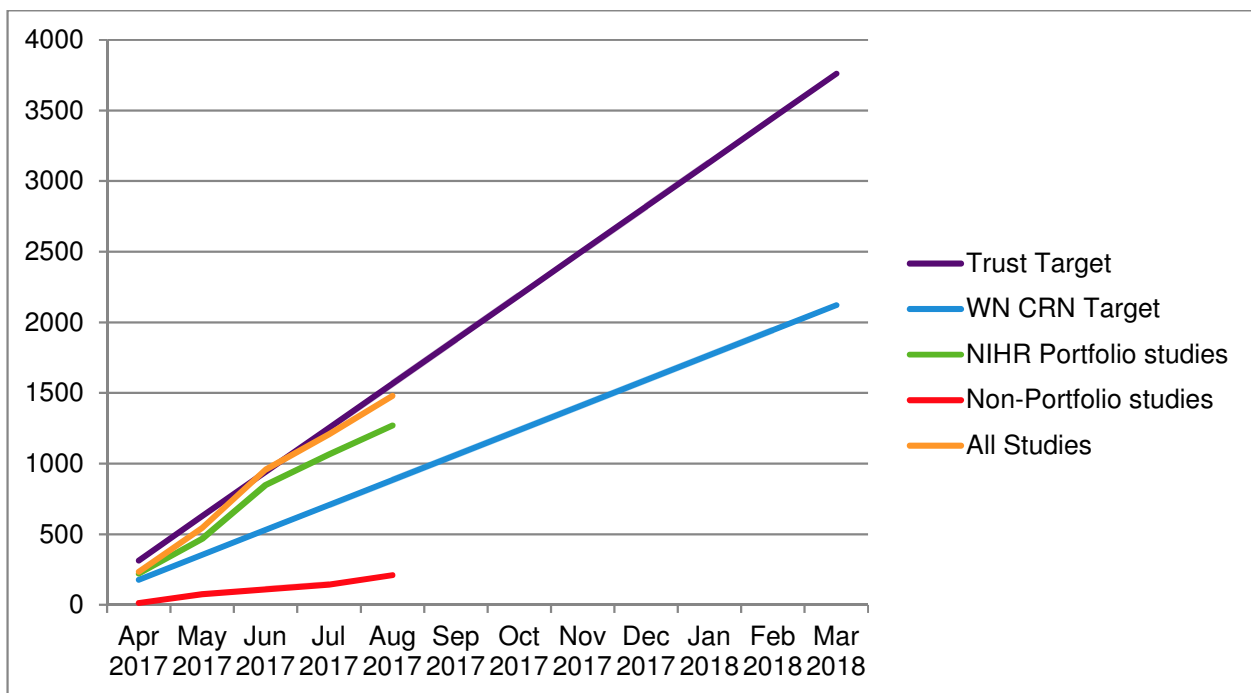


A new formal feasibility assessment process for research studies has been developed which ensures deliverability prior to confirmation of capacity and capability. Integrate the new UK Policy Framework for Health and Social Care Research. Monitor and implement any changes linked to the EU Regulations, planned for October 2018, and Brexit

Performance against the target to increase recruitment by 560 each year.

Year	FY	Growth
		560/year
0	16-17	3200
1	17-18	3760
2	18-19	4320
3	19-20	4880
4	20-21	5440
5	21-22	6000

Current performance against 2017/18 target



The R&D plan is currently performing. Current pipeline work and potential development areas (in particular Health Services research in interface and integration) warrant a prediction that this year's target will be exceeded.

Conclusion

The R&D function at SWBH has undergone a quiet revolution that has brought it into the fold of the organisation, aligned it to the vision of the organisation and as a result allowed it to begin to flourish in the organisation.



This is a truly exciting time to be involved in R&D at SWBH. The ground work laid in the three years of the first R&D plan has made possible what is now being achieved and will soon be surpassed by the both visionary and pragmatic R&D plan under the leadership of Professor Karim Raza and the work of the R&D team.



TRUST BOARD

DOCUMENT TITLE:	Planning Gap
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite – Finance Director
AUTHOR:	Tim Reardon – Associate Director of Finance
DATE OF MEETING:	5 October 2017

EXECUTIVE SUMMARY:**Headlines**

The trust now faces a financial challenge for 2017.18 which is greater in scale than that represented in its financial plan set in advance of the start of the financial year.

This paper deals specifically with a look back at the key assumptions made in setting that plan and which in hindsight were optimistic and give rise to that variance from plan.

The financial plan required the trust to remedy a £33m [7% of opex] challenge.

The planning variance from review of key assumptions increases that challenge to £42m [9%].

The attached report explains the detail of the key matters in that variance.

The report also recognises potential headwind cost pressures which are the subject of separate consideration by the Board.

Financial obligations

The trust has signed up to its financial control surplus of £9.9m [deficit £(0.6)m before STF funding].

Delivery of that control total was always challenging and clearly is now more so.

It was also dependent on the delivery of a minimum of £13m non-recurrent measures.

The profit on disposal of surplus assets of £16.3m recognised at P05 delivers that element of the plan.

Action

The executive team remains focussed on delivering its financial obligations as best possible.

Specifically, it remains focussed on progressing income & cost improvement at scale and pace.

REPORT RECOMMENDATION:

The Board is recommended to

- challenge and confirm the report
- require and support those actions necessary to achieve the best financial result possible

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Excellence in use of resources

PREVIOUS CONSIDERATION:

FIC August 2017

Finance Report

Planning Variance
Financial Plan 2017/18

Trust Board
5 October 2017

Contents

Page Title

1. Title & contents
2. Summary report
3. Why the actual financial challenge is greater than that indicated in the financial plan
4. Plausible route to remediation and prompt to action now being taken

Financial challenge 2017.18 – look back plan review

This report deals primarily with a look back at the assumptions made in the trust's financial plan for 2017.18 and the consequence of that in terms of the financial challenge now faced by the trust in delivering its financial obligations.

The trust now faces a financial challenge for 2017.18 which is greater in scale than that represented in its financial plan.

This was reported to and recognised by the Finance Committee at its August meeting.

The Committee rightly sought to better understand the reasons behind that challenge.

The financial plan was constructed in advance of the new financial year and included specific assumptions in respect of two key matters:

- the underlying financial position as the trust exited 2016.17 and
- the expected full year benefit of cost improvements made in 2016.17

It is evident that each of those assumptions was optimistic. This is described in more detail below.

The financial plan required the trust to remedy a £33m [7% of opex] challenge.

The planning variance from combination of the above two matters increases that to £42m [9%].

There are recognised headwinds that may manifest themselves as the financial year progresses. The impact of a harsh winter driving a need for more capacity and [premium rate pay] cost, the downward pressure on income from commissioner challenges to what they are prepared to pay for and the costs of any need to accelerate the scale and pace of change are the material risks.

These have the potential to stretch beyond the challenge that was anticipated in our planning process.

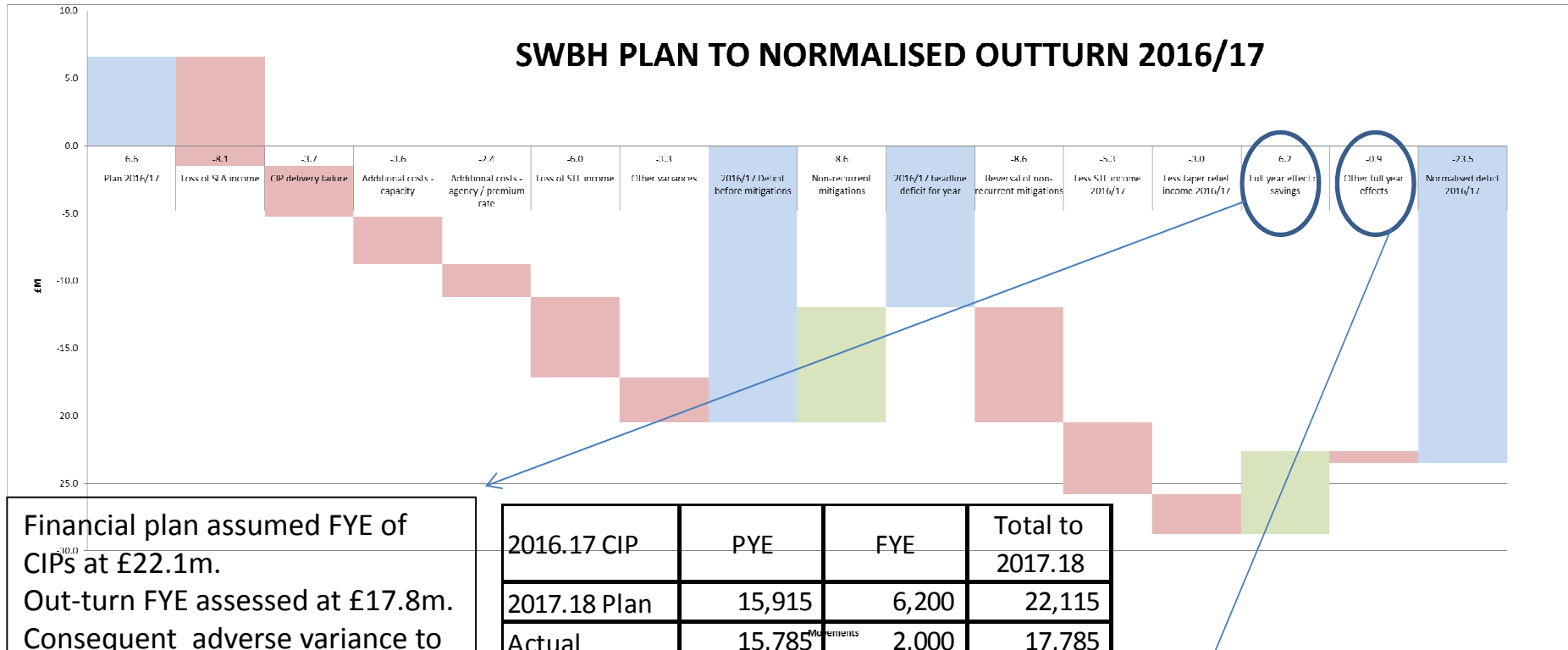
The executive team remains focussed on delivering its financial obligations as best possible.

Specifically, it remains focussed on progressing income & cost improvement at scale and pace with view to:

- securing pre-STF exit run rate as close to financial balance as is possible
- delivering the best in year result as close to financial control total as possible

This is the subject of separate detailed consideration by the Board.

SWBH PLAN TO NORMALISED OUTTURN 2016/17

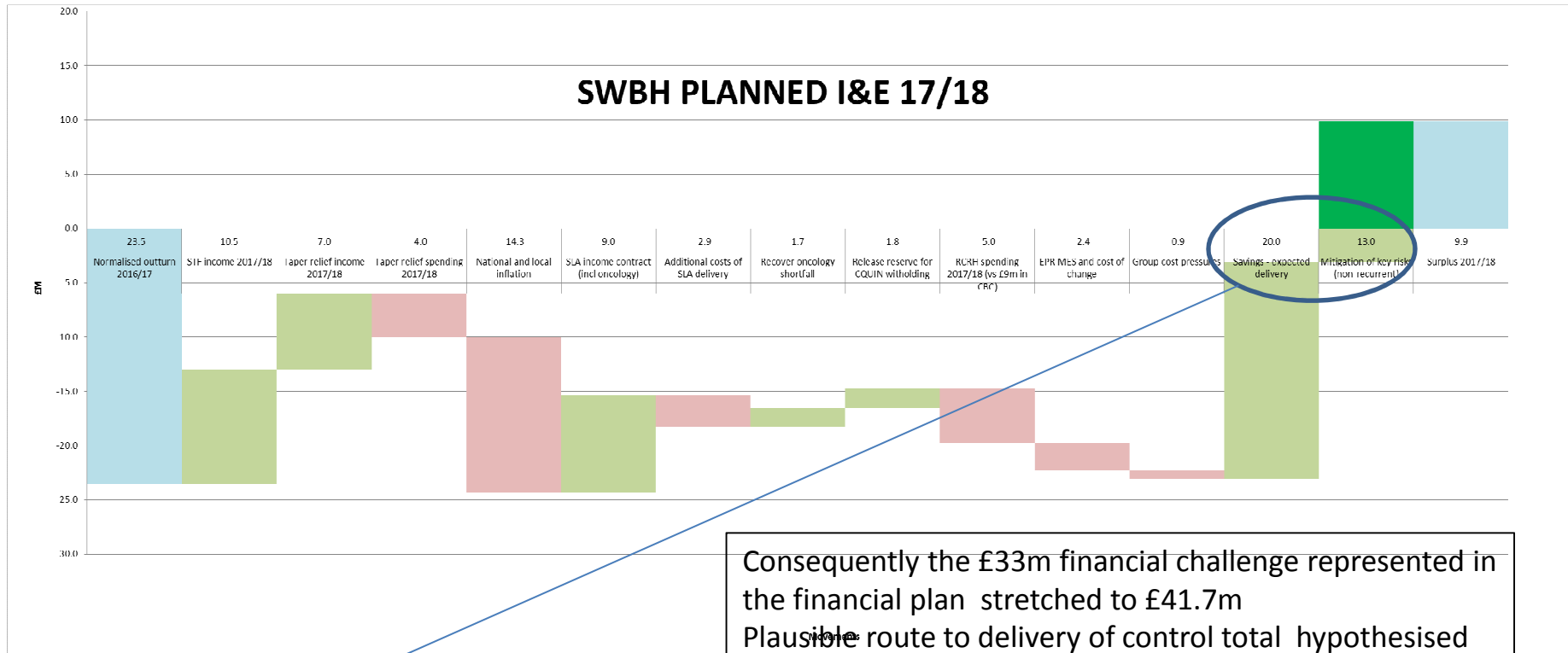


Financial plan assumed FYE of CIPs at £22.1m.
 Out-turn FYE assessed at £17.8m.
 Consequent adverse variance to plan of £4.3m

2016.17 CIP	PYE	FYE	Total to 2017.18
2017.18 Plan	15,915	6,200	22,115
Actual	15,785	2,000	17,785
Difference	130	4,200	4,330

Q4 pay costs ran ahead of initial forecast used to inform financial plan...additional bed capacity; temporary staff costs etc. Assumption made that those costs would be remedied in Q1 of 2017.18 over & above CIPs and so not represented in the £33m scale of financial challenge recognised in that plan.

PAY 2016.17	P07 YTD	P08	P09	P10	P11	P12	FoT
	£k	£k	£k	£k	£k	£k	£k
A Pay - Actual	-178,896	-26,268	-26,517	-26,435	-26,275	-26,469	-310,860
B Pay - P09 FoT	-178,896	-26,268	-26,517	-26,410	-26,302	-26,452	-310,845
C Pay - P07 FoT	-178,896	-25,710	-25,684	-25,322	-25,188	-25,320	-306,120
A vs C Variance	0	-558	-833	-1,113	-1,087	-1,149	-4,740
A vs B Variance	0	0	0	-25	27	-17	-15
B vs C Variance	0	-558	-833	-1,088	-1,114	-1,132	-4,725



Consequently the £33m financial challenge represented in the financial plan stretched to £41.7m
 Plausible route to delivery of control total hypothesised to prompt remedial action which is now in progress

CIP requirement	Start Point Challenge	Plausible route to delivery										
		CIP - Group Forecasts	CIP - stretch	Profit on land sale	Production Plan margin stretch	Cost validation & avoidance	Reserves avoidance	FIP2	Other tbc	Total	Gap	
2017.18												
Financial plan	33.00											
Forecast P&L gap to [pre STF] control total	8.73											
	41.73	18.56	2.00	16.30	1.50	1.00	1.00		1.37	41.73	0.00	

TRUST BOARD					
DOCUMENT TITLE:	Perinatal Mortality – Peer review update				
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell – Chief Nurse				
AUTHOR:	Elaine Newell / Rachel Carter				
DATE OF MEETING:	5 th October 2017				
EXECUTIVE SUMMARY:					
<p>A Peer review of perinatal mortality cases was convened at the request of the Trust as part of the assurance response to CQC outlier report into rates of perinatal mortality following the most recent MBRRACE report. This report highlights key findings following direct verbal feedback. A written report and action plan will follow at November Trust Board</p>					
REPORT RECOMMENDATION:					
<p>The Board are requested to note the contents and recommendations contained within this report</p>					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies:</i>) The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation			Discuss	
x					
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply:</i>)					
Financial		Environmental		Communications & Media	x
Business and market share		Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					

Perinatal Mortality – Peer review update

Elaine Newell – Chief Nurse

5th October 2017

A Peer review of perinatal mortality cases was convened at the request of the Trust as part of the assurance response to CQC outlier report into rates of perinatal mortality following the most recent MBRRACE report.

The review was undertaken by Dr Sheila Macphail – Consultant Obstetrician (National Perinatal Epidemiology Unit) and Mrs Carmel McCalmont – Director of Midwifery at UHCW. The reviewers assessed a randomised selection of cases from the period January to July 2017. The reviewers were specifically asked to comment on whether deficiencies and / or omissions in care (where relevant) had been appropriately identified and whether CESDI gradings had been appropriately assigned. The reviewers also helpfully provided additional insight into areas of process and procedure where it was felt that improvements could be made.

Terms of reference required that a written report was provided to the Trust by the end September 2017, with a plan for submission to the Public Trust Board in early October 2017. At the time of submitting this briefing note, the report is yet to be received. However the Chief Nurse has met with the reviewers and direct verbal feedback on their key findings has been given. These key findings are as follows:

1. The reviewers found no additional concerns relating to clinical care. There were no care issues highlighted that were not already identified within the original local investigations and CESDI ratings were deemed to have been appropriately assigned.
2. Evidence was provided that all cases are reviewed by the MDT however the level of input and involvement from the medical team in the investigation of incidents and subsequent report writing was poor.
3. Whilst some high quality reports were recognised, there were some inconsistencies in the quality of reports reviewed. It was noted that reports focussed on negative outcomes and failed to recognise positive practice or where positive actions had been undertaken to address issues of concern.
4. Lack of robust evidence relating to closing the loop on actions – particularly amongst the medical team.
5. The reviewers were critical of the lack of robust QA process for report sign off at Group and Executive level.
6. Evidence of changes in governance and review processes in line with recent national initiatives were positive.
7. Adherence to CTG training needs to be approached more robustly and evidenced across the medical staff group.
8. Physical case notes seen by the review team were in a very poor state of order post case note scanning. The team were highly critical of the fact that notes had been returned with loose documents and incorrectly stored CTG recordings.
9. Complex Scan images stored by the fetal medicine team on viewpoint were not available to the wider obstetric team (although it should be noted that detailed reports are available within the case notes).

The Clinical group have already set in motion a series of actions to address the initial findings. Assurance has been received regarding receipt of a written report within the next 7 days and this will be provided with a robust action plan to the Public Trust Board in November.

TRUST BOARD					
DOCUMENT TITLE:	Trust Risk Register				
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance				
AUTHOR:	Refeth Mirza, Head of Risk Management				
DATE OF MEETING:	5 October 2017				
EXECUTIVE SUMMARY:					
<p>A reformatted version of the Trust Risk Register (TRR) is being presented to Trust Board (Appendix A), which more clearly identifies the in-date actions being taken to mitigate the identified risks. The current rating applied to a number of risks indicates that the response to the risk has had a positive impact and the risk no longer requires the high-level focus the Board. Additionally, some risks with an initial lower than red rating are on the TRR because of their profile rather than scoring. These risks will be discussed at October Risk Management Committee and subject to confirm and challenge to see if the current risk scoring is correct and whether they should remain on the TRR or should they now be managed locally by the Group / Directorate. Any changes proposed will be put forward to CLE that month and then the Board in November.</p>					
REPORT RECOMMENDATION:					
<p>Trust Board is asked to NOTE and DISCUSS the updated Trust Risk Register and to be aware that the highlighted risks will be confirmed and challenged at the Risk Management Committee in October, in line with the Trust Risk Management Strategy.</p>					
ACTION REQUIRED (<i>Indicate with 'x' the purpose that applies</i>):					
The receiving body is asked to receive, consider and:					
Accept	Approve the recommendation			Discuss	
	✓			✓	
KEY AREAS OF IMPACT (<i>Indicate with 'x' all those that apply</i>):					
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:					
<p>Aligned to BAF, quality and safety agenda and requirement for risk register process as part of external accreditation programmes.</p>					
PREVIOUS CONSIDERATION:					
<p>At the September Risk Management Committee and the Clinical Leadership Executive</p>					

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board on 5 October 2017 Trust Risk Register

1. INTRODUCTION

This report is to provide the Trust Board with an update on the Trust Risk Register (TRR). The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Trust Risk Register.

2. TRUST RISK REGISTER

The Trust Risk Register is at **Appendix A**.

Since the Trust Risk Register was reported to the Board at its September 2017 meeting the Head of Risk Management has reviewed the Trust Risk Register (TRR). The TRR has been updated to provide an accurate position against the progress for the risks. Emphasis has been given to actions associated with the risk. Actions have been drawn up and implemented to reduce the risks. The restyled version of the TRR has been formatted as being similar to the format of the new strategic Board assurance Framework (BAF). The Head of Risk Management has taken all entries in the current TRR and adjusted and amended them to fit into the new spreadsheet.

3. RISKS HIGHLIGHTED FOR DISCUSSION

Risk owners and Executive leads have had the opportunity to review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising.

Scrutiny of the TRR has highlighted that the risks in the table below (Table 1) have now been reduced from an initial scoring of 'Red' to 'Yellow' by taking the appropriate actions they have been mitigated to this point. However, these risks will be discussed in depth at Risk Management Committee (RMC) in October for confirm and challenge to see if the current risk score accurately represents the status of the risk against the actions that have been completed. Where this is the case and the mitigating actions completed have reduced the risk, RMC will discuss whether these should remain on the TRR or whether they should now be managed locally by the Group / Directorate.

Table 1

Risk No. Date of entry	Clinical Group	Risk Statement	Initial Risk Rating (LxS)	Current Risk Rating (LxS)
1643 11/02/2016	Corporate Operation	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, raises experience, safety and financial risks	4x4=16	2x4=8
325 12/05/2015	Medical Director Office	There is a risk of a breach of patient or staff confidentiality due to cyber-attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	3x5=15	2x4=8

The review has also highlighted that the risks mentioned in the table below (**Table 2**) were included on the TRR with an initial rating of 'Amber' or 'Yellow' and following appropriate actions being taken they have now been reduced further. Again these risks will be discussed at RMC in October to see whether these should also now be managed within the Directorates/Groups.

Table 2

Risk No. Date of entry	Clinical Group	Risk	Initial Risk Rating (LxS)	Current Risk Rating (LxS)
228 22/09/2015	Medical Director Office	There is a risk that a not fit for purpose IT infrastructure as current systems are not flexible to support clinical activity redesign. This will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments.	3x4=12	3x3=9
327 12/05/2015	Imaging	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	2x3=6
534 29/12/2015	PC&CT	Trust non-compliant with some peer review standards due to lack of oncologist attendance at MDTs. This will impact on patient treatment plan and therefore may affect patient outcomes.	3x4=12	3x3=9
1738 15/04/2016	Surgery	There is a risk that children under 3 years of age, who attend the ED at BMEC, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist. This could potentially result in severe harm to the patient.	3x4=12	2x4=8
214 18/03/2016	Corporate Operations	There is a risk of underperformance of access target due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust.	4x3=12	3x3=9
538 23/08/201	PC&CT	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	2x4=8	1x4=4

The Risk Management Team will continue to support the maintenance of the risk register and provide guidance to risk owners and teams on how to review risks in a meaningful way. Work is underway to change the Clinical Groups/Corporate Directorate Risk Registers to the same format as the Trust Risk Register. Risks will be monitored proactively in order to highlight issues before an incident occurs.

4. RECOMMENDATION

The Board is asked to note the updated Trust Risk Register and to be aware that the above mentioned risks will be confirmed and challenged at RMC in October in line with the Trust Risk Management Strategy, see table 3 below.

Table 3

LEVEL OF RISK	
Green	Manage risk locally on Department / Team Risk Register
Yellow	Manage risk locally and add to Directorate Risk Register
Amber	Manage risk locally and add to Group Risk Register
Red	Manage risk locally; add to Group Risk Register; and submit to Risk Management Committee monthly

Refeth Mirza
Head of Risk Management

TRUST RISK REGISTER - September 2017

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the 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	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary Rachel Barlow	14/09/2017	3x4=12	Cross charging tariff affecting financial position. 1-Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed. (29/12/2017) 2-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. (29/12/2017)	2x4=8	29/12/2017	Live (With Actions)
2272 13/01/2017	Medicine and Emergency Care	Accident and Emergency	The Trust has un-substantiated beds open due to admissions above plan, extended Length of Stay (LOS) above bed plan assumptions and too many Delayed Transfers of Care bed days (DTC). This could result in overcrowding in ED undoubtedly adversely impact on patient outcomes.	5x5=25	Business continuity inplace for upto 20 additional patients in ED	Michelle Harris Rachel Barlow	16/09/2017	5x4=20	Existing bed reduction programme insufficient 1. Support from On call manager and capacity to support ED cohorting patients in corridor = x1 crew 4 pts (31/12/2017) 2. To obtain social care business continuity response to eradicate all acute delayed transfer of care patients. (31/01/2018) 3. Command and control structure to be put in place if business plan activated to support ED and live assessment of risk (31/01/2018)	1x5=5	31/12/2018	Live with Actions
221 22/09/2015	Medical Director Office	Informatics(C)	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources within the Trust. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	Kulvinder Kalsi Mark Reynolds	17/09/2017	3x4=12	Insufficient skilled resources within the Trust to deliver the EPR system. 1-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee (30/09/2017) 2-Agree and implement super user and business change approaches and review and re-establish project governance. (30/09/2017) 3-Embed Informatics implementation and change activities in Group PMOs and production planning (30/04/2017)	1x2=2	31/10/2017	Live (With Actions)
1643 11/02/2016	Corporate Operation	—	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, raises experience, safety and financial risks	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.	Rachel Barlow	20/09/2017	2x4=8	Unfunded beds - insufficient staff capacity. 1-Contingency bed plan is agreed in October for winter - L5 to be opened in November.(31/12/2017) 2-Bed programme to ensure robust implementation of EDD planning on admission and implementation of red/green working on wards. (31/12/2017) 3-Overseas recruitment drive (pending)	1x4=4	31/12/2017	Live (With Actions)
1603 22/01/2016	Finance	Financial Management (S)	The Trust's recent financial performance has significantly eroded cash balances and which were underpinning future investment plans. There is a risk that our future necessary level of cost reduction and cash remediation is not achieved in full or on time and which compromises our ability to invest in essential revenue developments and inter-dependent capital projects	5x5=25	1-Routine & timely financial planning, reporting and forecasting including fit for purpose cash flow forecasting. 2-Routine five year capital programme review & forecast 3-Routine medium term financial plan update 4-PMO infrastructure and service innovation & improvement infrastructure in place & effective Independent controls / assurance 1- Internal audit review of core financial controls 2-External audit review of trust Use of Resources including financial sustainability 3-Regulator scrutiny of financial plans 4-Routine scrutiny of delivery by FIC	Timothy Reardon Tony Waite	06/11/2017	4x5=20	Lack of assurance on the sufficiency of our plans to achieve cost reduction and cash remediation 1- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion -Use relevant benchmarks to underpin multi-year & specific CIP plans -Align trust CIP to commissioner QIPP to secure collective system cost reduction -Secure market opportunities to drive financial margin gain 2- Ensure necessary & sufficient capacity & capability to deliver scale of improvement required 3- Develop and secure alternative funding and contracting mechanisms with commissioners to secure income recovery and to drive the right long term system behaviours 4- Refresh LTFM to confirm scale of cash remediation required consistent with level 2 SOF financial sustainability rating 5- Secure borrowing necessary to bridge any financial gap	2x5=10	31/03/2018	Live (With Actions)
228 22/09/2015	Medical Director Office	Informatics(C)	There is a risk that a not fit for purpose IT infrastructure as current systems are not flexible to support clinical activity redesign. This will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments.	3x4=12	1-Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) 2-Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 3-Informatics has undergone organisational review and restructure to support delivery of key transformational activities 4-Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities	Dean Harris Mark Reynolds	16/11/2017	3x3=9	IT infrastructure not fit for purpose. 1-Complete network and desktops refresh. (31/12/2017) 2-Stabilisation of all aspects of the local IT infrastructure to be completed. The replacement of PCs, printers, monitors, etc., and upgrade of the network is conducted in parallel. (31/12/2017) 3-Establish infrastructure plan and track progress. (30/09/2017)	1x1=1	31/10/2017	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics(C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	Mark Reynolds	16/11/2017	2x4=8	Sytems in place to prevent cyber attack. 1- Upgrade servers from version 2003. (30/12/2017) 2-Restricted Devices Security Controls (30/12/2017) 3-Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate. (30/09/2017) 4-Achieve Cyber Security Essentials (30/12/2017) 5-The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our COC inspections. (30/12/2017)	1x4=4	30/12/2017	Live (With Actions)
327 12/05/2015	Imaging	Imaging Management (C)	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	1-Interventional radiology service is available Mon - Fri 9-5pm across both sites. 2-The QE provides an out of hours service for urgent requests. 3-Locum arrangements in place to support workforce plan.	Jonathan Walters Rachel Barlow	16/11/2017	2x3=6	Lack of Radiology Consultants. Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall. Some sessions have been arranged at Dudley, and talks are taking place with UHB. (31/12/2017)	1x3=3	31/12/2017	Live (With Actions)

TRUST RISK REGISTER - September 2017

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
533 29/12/2015	Primary Care And Community Therapies	Oncology Medical	The Trust has excess waits for oncology clinics due to non-replacement roles by UHB and pharmacy gaps. This will impact external KPIs against cancer waiting times.	3x5=15	1- Use of locums to fill staffing gaps. 2- NHS Improvement-seconded UHB manager on site at SWBH to try and facilitate communication with UHB clinical team and improve perception of performance.	Stephen Hildrew Roger Stedman	19/11/2017	5x3=15	Staffing gaps due to non replacement UHB roles. 1- Recruitment being managed by UHB. Good progress reported for the GI position. (31/01/2018) 2- UHB SLA to be extended following notice being served. (22/10/2017)	1x3=3	31/10/2017	Live (With Actions)
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	Trust non-compliant with some peer review standards due to lack of oncologist attendance at MDTs. This will impact on patient treatment plan and therefore may affect patient outcomes.	3x4=12	Oncology recruitment ongoing.	Stephen Hildrew Roger Stedman	19/11/2017	3x3=9	Lack of Oncologist attendance at MDTs. 1- Contingent on start date for GI appointments and longer term resolution is planned as part of the Cancer Services project. (31/10/2017)	// to add.	31/10/2017	Live (With Actions)
410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Ophthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	Laura Young Rachel Barlow	20/11/2017	3x4=12	Poor building design of SGH Ophthalmology OPD 1-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. (31/07/2018) 2-Review plans in line with STC retained estate (31/07/2018)	2x2=4	29/09/2018	Live (With Actions)
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	Roger Stedman	20/11/2017	2x5=10	Multiple IT systems some of which have no mechanism for acknowledgment or audit trail. 1-Implementation of EPR in order to allow single point of access for results and audit (30/03/2018) 2-All staff to comply with the updated Management of Clinical Diagnostic Tests policy 31/10/2017 3-To review and update Management of Clinical Diagnostic Tests (31/10/2017)	1x5=5	31/12/2017	Live (With Actions)
1738 15/04/2016	Surgery	BMEC Outpatients - Eye Centre	There is a risk that children under 3 years of age, who attend the ED at BMEC, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist. This could potentially result in severe harm to the patient.	3x4=12	1-Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. 2-Agreement with BCH to access paediatric specialists advice. 3-There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up anaesthetic services when required. 4-Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area - potentially Great Ormond Street Hospital 5-The expectation of the department is that a general ophthalmologist should be able to treat to the level of a general ophthalmologist and will be able to deal competently with the majority of cases that present at BMEC ED.	Bushra Mushtaq Roger Stedman	20/11/2017	2x4=8	Limited access to OOH service. 1-Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. (30/11/2017) 2-Liaise with commissioners over the funding model for the Paediatric OOH service. (30/11/2018) 3-Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting).(22/12/2017) 4-Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is. (22/12/2017)	1x4=4	30/11/2018	Live (With Actions)
215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTOC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase.	Phil Holland Rachel Barlow	21/11/2017	4x4=16	Lack of EAB beds in nursing and residential care placements and social services. 1- The System Resilience plan awaits clarification from Birmingham City Council. The system resilience partners are considering risk and mitigation as part of A&E delivery group. (31/2/2017) 2- To review and update the ADAPT pathway, with a management data set and KPI standards. The new process to be implemented in September to provide more focused assessments and care planning. (31/12/2017)	3x4=12	30/12/2017	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities. Therefore therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	1- Mental health agency nursing staff utilised to provide care 1:1 2- All admissions are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	Heather Bennett Rachel Barlow	21/11/2017	4x4=16	There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. 1- The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally. (31/03/2018)	// to add.	31/03/2018	Monitor (Tolerate)
114 04/04/2016	Workforce And Organisational D	Human Resources	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment due to a reduction of 1400 WTEs, leading to excess pay costs.	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2- Learning from previous workforce change is factored in to the delivery plan, inclusive of legislative changes and joint working with Staffside	Raffaella Goodby	21/11/2017	3x4=12	Delivery of Workforce Plan. 1-Implementation of 2nd year of the 16-18 Transformation Plan monitored via TPRS and People Plan Scorecard. (31/03/2018) 2-Groups required to develop workforce plans/ associated savings plans for 18-19 ensuring effective and affordable reconfiguration of services in 2019. Plans to be developed through Group Leadership, with a view to commencing an open and transparent workforce consultation process in the spring of 2018. 3-Groups required to develop and implement additional CIP plans to address identified CIP shortfall. (30/09/2017)	3x3=9	31/07/2018	Live (With Actions)

TRUST RISK REGISTER - September 2017

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
214 18/03/2016	Corporate Operations	Waiting List Management (S)	There is a risk of underperformance of access target due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust.	4x3=12	1- SOP in place 2-Improvement plan in place for elective access with training being progressed. 3-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.	Liam Kennedy <i>Rachel Barlow</i>	21/11/2017	3x3=9	Lack of assurance on 18 week process. 1-Data quality process to be audited - Monthly audits (31/03/2018) 2- E-learning module for RTT with a competency sign off for all staff in delivery chain - to be rolled out to all staff from October. (01/12/2017) 3-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. (31/10/2017)	2x2=4	11/02/2018	Live (With Actions)
538 23/08/2016	Primary Care And Community The	Oncology Medical	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	2x4=8	1-Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change. 2-New 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board and ongoing work with pharmacy to address the inequalities in waiting times for patients 3-Pathway for new patients reviewed, aim 7 days' time to treatment 4-Both units to be staffed to national standard 1:3, ongoing active recruitment to substantive posts, use of bank and where necessary agency to deliver KPI Capacity issues preventing delivery to be escalated to matron	Sarah Wiltshire <i>Rachel Barlow</i>	21/11/2017	1x4=4	Insufficient staff to support chemotherapy 1-Executive review at peer review in October to confirm if the solution has succeeded in full. (01/11/2017) 2-Ongoing trust wide support to chemotherapy recruitment (01/11/2017) 3-Resolution of Oncology uncertainty will aid process (01/11/2017)	2x2=4	31/12/2017	Live (With Actions)
566	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that further reduction or failure to recruit senior medical staff in ED will lead to an inability to provide a viable rota at consultant level. This will impact on delays in assessment, treatment and will compromise patient safety.	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	Michelle Harris <i>Rachel Barlow</i>	06/12/2017	3x4=12	Vacancies in senior medical staff in ED. 1- Recruitment ongoing with marketing of new hospital. (31/03/2018) 2- CESR middle grade training programme to be implemented as a "grow your own" workforce strategy. (31/03/2018) 3- Development of recruitment strategy (31/03/2018)	4x3=12	31/03/2018	Live (With Actions)

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P05 August 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance & Performance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	5 th October 2017

EXECUTIVE SUMMARY:**IPR – Key indicators summary – P05 August 2017**

- ✘ **ED 4 hour** performance for August 87.49% (86.0%) with 2,117 [2,686] breaches of the standard. Anticipated non-compliance for September with 88% vs STF required standard of 90%
- ✘ **MSA Breaches** x42 incurred in August
- ✓ **RTT August** delivery 92.97% [93.59%] compliant with the national standard of 92%. Failing to achieve 92% standard are 4x specialities. Trust waiting list at 32,751, patient backlog of patients at 2,304 in August [2,151]. Whilst the trust is meeting its national obligations, the backlog is starting to grow and hence focus is recommended.
- ✘ **52 week incomplete breaches** x4 in August
- ✓ **Acute Diagnostic waiting times** within 6 weeks compliant as at August at 99.26% (subject to validation) with 61 breaches. Main breaches in cardiology with some patients outside 8 weeks.
- ✓ **62 day cancer** compliant at 87% at July vs. target of 85%; all other cancer targets continue to deliver. Q1 delivery of the full cancer target has therefore been achieved.
- ✓ **Mortality rate** indicators remain within confidence limits. MDO review of emergent divergence between weekday and weekend rates.
- ✘ **Never Event** x1 due to wrong patient punch – biopsy.
- ✘ **Maternal Death** x1 being first recorded or 18 mnths
- ✓ **VTE** delivers full year to national standard at 95.8% [96.9%] in August.
- ✓ **MRSA** – no cases year to date
- ✘ **Neutropenic sepsis** remains below 100% standard, but improving each month. In August 3/55 (5.5%) patients did not receive treatment within the required 1hr timeframe.
- ✓ **CDiff** – x8 cases year to date against a target of 12.5.
- ✘ **Falls** reported in August at 72, 3x falls resulting in serious harm. Falls with harm remain very low & favourable to peer comparison.
- ✘ **Elective Operations Cancellations** consistently under-delivering, but improvement seen in August reporting at 0.94% [1.2%] against 0.8% target; cancellations are the high still at 38 on day cancellations of which 12 were validated as avoidable;
- ✘ **28 Day Guarantee** x2 urgent cancellations during August in Dermatology plastics patients.
- ✘ **Hip fractures** best practice tariff performance has unfortunately worsened again in month to 58% [71%]. Hence remains below 85% standard on a persistent basis;
- ✘ **Sickness rates** in the month of August at 4.39% - a reduction to last month attributed to seasonal trend; cumulatively at 4.53%. Short-term sickness increased in August to 664 cases [612], long term sickness slightly increasing to 232 [225] month on month.
- ✓ **Readmissions** elevated at 7.8% in July but cumulative 7.1% and consistently better than peer.

Requiring attention – action for improvement :**Cancelled operations**

- We continue to see high levels of cancellations which impact patient experience as well as contractual obligations; a high level of avoidable cancellations persists (c50% of all cancellations)
- High levels of 'on day' cancellations causing attention with regulators, coupled with late starts and low theatre utilisation warranting a refreshed cancellations process.
- Remedial action plan agreed with CCG to be overseen through Theatres Management Board
- Theatre Improvement Project established on 14th June to drive out 'theatre value chain' improvements as recently recommended also by EY review.
- Over the last week a further planned care focus group and approach has been put in place which should drive reductions in cancellations as part of improved throughput focus
- Validation and management of 28 day breaches needs to be part of a robust cancellation management process

Neutropenic Sepsis

- Shows improvement but stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement continuous.

Who Safer Surgery

- Continuous to be under scrutiny by MD

Sepsis [CQUIN]

- Q1 performance only 42k below possible achievement, Q2 delivery stepping up so increased focus required
- To address performance in respect of patients identified for screening who are screened and for those patients who are confirmed with sepsis to receive IV antibiotic within 1 hour.
- Reviews of antibiotics to be carried out within 72 hours

Recovery Action Plans (RAPs)

Require oversight at PMC / OMC to ensure ongoing engagement across the services and EG

The Trust now has the following RAPs ongoing for action:

1. Community Gynae referral to 1st OP within 4 weeks: failing target in August after successful delivery in previous months – the service is reacting to this.
2. Safeguarding training:
 - a. Children level 3 – delivering to trajectory
 - b. Children level 2 – delivering to trajectory
 - c. Adult Advanced training – delivering to trajectory
3. Dementia and Falls Assessments (Community); Data quality review ongoing for these indicators involving the GDN. Performance still under expected trajectories
4. Cancelled on day operations: progress not yet established – Theatre Improvement Project overseeing
5. Two Maternity indicators are now delivering to expected standard or improvement trajectory for BMI and CO. The Director of Midwifery is reviewing breaches at patient level and addressing issues as appropriate.
6. ED 4hrs being managed separately, but also under RAP.

CQUINs 2017/18 – Q1 Position

- Q1 reporting completed with 42k funding missed to secure – this is against the Sepsis scheme.
- Risks within specialised commissioning schemes exists against the Long Term Conditions scheme (HIV) – this has not delivered last year and is questionable whether the trust can deliver currently (£200k full year impact)

Q2 Reporting commences in October

IPR Indicator Changes

- Sepsis performance will be added to the IPR to highlight early issues in the trust – this will be added to the 'HarmFree' section of the IPR
- Radiology indicators will be added to identify activity levels and performance in terms of results reporting – this will be added to the 'Radiology IPR' section
- Beds – more information will be added to explain performance and trajectories – this will be added to the 'PatientFlow' section of the IPR

REPORT RECOMMENDATION:

The Board is asked to consider the content of this report.

Its attention is drawn to the matters above and commentary at the 'At a glance' summary page in the IPR report

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE, Q&S

Sandwell and West Birmingham Hospitals



NHS Trust

SWBTB (10/17) 10a

Integrated Quality & Performance Report

Month Reported: **August 2017**

Reported as at: 28/09/2017

TRUST BOARD

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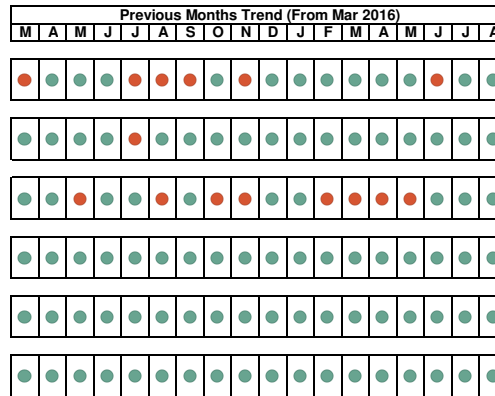
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August 2017

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology																																																																																
<p>Coif - compliant</p> <ul style="list-style-type: none"> 1x C. Diff cases reported during the month of August; x8 cases year to date against a target of 12.5. An annual trajectory of 30 has been agreed with the CCG for 17/18. On track. 	<p>Safety thermometer - not compliant</p> <ul style="list-style-type: none"> 93.9% reported for August against NHS Safety Thermometer against the target 95%; 94.6% year to date. <p>x72 [x85] falls reported in August with x3 [x1] fall resulting in serious injury.</p> <ul style="list-style-type: none"> x83 falls reported year to date In month, 38 falls within community and 34 in acute setting. Falls remain subject to ongoing CNO scrutiny. 	<p>C-section rate - compliant</p> <ul style="list-style-type: none"> The overall Caesarean Section rate for August is 22.4%, improving from last month and in line with the 25% standard. 24.6% year to date against the 25% target. Effective and non-effective rates are 7.8% and 14.6% respectively. Matter considered at Q&S & Board and to be kept in view. 	<p>Mortality - compliant</p> <ul style="list-style-type: none"> The Trust overall RAMI for most recent 12-month cumulative period is 100 (available data is as at July) RAMI for weekday and weekend each at 97 and 109 respectively. MDO review of recent divergence to September Q&S. SHMI measure which includes deaths 30-days after hospital discharge is at 101 for the month of March (latest available data). <p>Deaths in Low Risk Diagnosis Groups (RAM) - month of May is 61. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.</p> <ul style="list-style-type: none"> Crude in-month mortality rate for July is 1.5 [1.3] increasing to previous long term avg of 1.3, increase month on month as well as same period last year; The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period at this stage and stable to long term average, but may increase due to higher monthly position. There were x142 [x129] deaths in our hospitals in the month of July; slightly higher than last year same period which was at 119. 	<p>Patient stay on Stroke Ward - compliant : data for August indicates that 98.2% [92.6%] of patients are spending >90% of their time on a stroke ward - compliant with the 90% operational threshold</p> <p>Admission - not compliant</p> <ul style="list-style-type: none"> August admittance to an acute stroke unit within 4 hours is at 69% [71.9%] below the national target of 80%. The national target of 80% is generally met, but recently this has been slipping - a review performance is to take place. <p>Scan - 1 hour compliant; 24 hrs not compliant</p> <ul style="list-style-type: none"> Pls receiving CT Scan within 1 hour of presentation is at 69.4% [70.2%] in August being consistently compliant with 50% standard; Pls receiving CT Scan within 24 hrs of presentation delivery in month at 93.5% failing the 95% standard in month 																																																																																
<p>MRSA - compliant</p> <ul style="list-style-type: none"> Nil cases of MRSA Bacteremia were reported in August: zero cases on a year to date basis. Annual target set at zero. 	<ul style="list-style-type: none"> x8 [x7] avoidable, hospital acquired pressure sores reported in August of which 2x grade 2 and 6x grade3 x4 separate cases reported within the DN case-load. CNO keep in view <p>x8 [x1] serious incidents reported in August; this is the highest level of reported cases in 8 months routine collective review in place and reported to the Q&S Cttee.</p>	<p>Adjusted perinatal mortality rate (per 1000 births) for August is 7.39 [9.67] against threshold levels of 8;</p> <p>The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.</p> <p>The year to date position 6.65 is within the tolerance rate of 8.0.</p> <p>Nationally, this indicator is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.</p>	<ul style="list-style-type: none"> Mortality review rate in June at 56% still well below target: an exception report has been requested from the MD office to identify causes and improvements Revised Learning from Deaths arrangements being implemented and which provide for routine 100% review. 	<p>Thrombolysis - not compliant</p> <p>At 50% as at August - again this is subject to validation later in the month and RCAs are carried out for each of the breaches.</p>																																																																																
<p>MRSA Screening - compliant</p> <p>August month:</p> <ul style="list-style-type: none"> Non-elective patients screening 92% Elective patients screening 89.2% <p>both indicators are compliant with 80% target in-month and year to date</p> <p>Elective screening is compliant with standard at a whole trust & group level. Directorate level compliance with exception of Medicine Scheduled Care [74%] but a significant improvement on previous reporting.</p>	<ul style="list-style-type: none"> 1x never event was reported in August due to wrong patient punch biopsy; 3x year to date WHO Safer Surgery as at August 99.8% vs the 100% target Clinician/list specific follow up by MD to secure 100% compliance <p>There were no medication error causing serious harm in July continuing a trend of no occurrences.</p> <p>x22 [x27] DOLS have been raised in August of which 22 were 7-day urgents;</p>	<ul style="list-style-type: none"> Post Partum Haemorrhage (>2000ml) back to routine levels of 3 against a threshold of 4 Puerperal Sepsis within normalised range following new sepsis pathways being implemented; ongoing review by Group Director & MD for assurance. <p>1x Maternal death was reported in August; 1st recorded in 18months.</p>	<ul style="list-style-type: none"> Readmissions (in-hospital) reported at 7.8% in July increasing sharply to previous months; 1.1% rolling 12 mths. The equivalent, latest available peer group rate is at 8.7% . 	<p>Angioplasty - compliant</p> <p>For August 100% compliance on both Primary Angioplasty Door to balloon time (<90 minutes) and Call to balloon time (<150 minutes) & delivering consistently against 80%</p> <p>RACP compliant</p> <p>RACP performance for August at 100% [100%] exceeding the 98% target for over 17 consecutive mths</p> <p>TIA Treatments - compliant</p> <ul style="list-style-type: none"> TIA at 50% as at August - again this is subject to validation later in the month and RCAs are carried out for each of the breaches. TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at August is at 97% [80.8%] against the target of 70%. TIA (Low Risk) Treatment <7 days from receipt of referral delivery at August is 90.7% [89.7%] against a target of 75%. 																																																																																
<p>Cancer Care</p>	<p>Patient Experience - MSA & Complaints</p>	<p>Patient Experience - Cancelled Operations</p>	<p>Emergency Care</p>	<p>Referral To Treatment</p>																																																																																
<p>Cancer standards - compliant</p> <ul style="list-style-type: none"> July performance delivery across all cancer targets including 62 Days at 87.0% August delivery still being validated across the 62 Day pathway, but 2WW confirmed as delivered. <p>July validated position is that :</p> <ul style="list-style-type: none"> x10.5 [x9.5] patients waited longer than the 62 days at the end of July. x1.5 [x1] patients waited more than 104 days at the end of July The longest waiting patient as at the end of July was at 102 days [106 days] <p>Neutropenic sepsis - not compliant</p> <ul style="list-style-type: none"> 3/55 patients) 5.5% of neutropenic sepsis July cases failed to receive treatment within prescribed period (less than 1hr). Number of missed delivery is reducing, but the aim has to be to achieve 100% target consistently. 25% of Tertiary referrals were met within 38 days by the Trust for the month of July - the consistent failure to meet this target requires attention and escalated to GDO for review & assurance. Cancer team track breaches and provide RCAs for each. 	<p>MSA - not compliant</p> <p>There were x42 MSA breaches in August, all pre-approved by COO.</p> <p>Friends & Family reporting of performance is undergoing a full review and reporting will improve with this. This is being reviewed as part of the 'persistent red' initiative.</p> <p>The number of complaints received for the month of August is 104 with 3.1 formal complaints per 1000 bed days. 100% have been acknowledged within target timeframes (3 days). 23% month (24% YTD) of responses have been reported beyond agreed target time; escalated to DG for remedy.</p>	<p>Cancelled Ops - not compliant</p> <ul style="list-style-type: none"> 38 [50] sitrep declared late (on day) cancellations were reported in August. Of the 38 patients who were cancelled, 12 [21] were validated as avoidable in July; Effective operations cancelled at the last minute for non-clinical reasons, as a proportion of elective admissions, was 0.94% in August [1.2% July] (since Jun-16 consistently failing the tolerance of 0.8%) <p>There were 2x breaches of the 28 days guarantee in August</p> <ul style="list-style-type: none"> Year to date 5x breaches were incurred No urgent cancellations took place during the month of August 	<p>ED 4hr standard - not compliant</p> <ul style="list-style-type: none"> The Trust's performance against the 4-hour ED wait target in August was 87.49% [86.00%] against the 90% STF & 95% national target 2,177 breaches were incurred in August <p>ED quarterly performance trend for 17/18: Q1 at 83.3%; Q2 at 88.08%</p> <p>WMA5 fineable 30 - 60 minutes delayed handovers at 127 [111] in August. A small increase in month.</p> <ul style="list-style-type: none"> x0 [x1] cases were > 60 minutes delayed handovers in August Handovers >60mins (against all conveyances) 0.0% in August meeting the target of 0.02% 0.00% on a year to date basis. - This performance is against total conveyances of 4,278. 	<p>RTT - compliant</p> <ul style="list-style-type: none"> RTT incomplete pathway for August is at 92.97%; continuing to perform to national standard of 92% at trust level, but below internal trajectory Specialities which continue to under-perform against 92% standard are: T&O, Oral surgery, Plastic Surgery and Dermatology but have clear improvement plans to achieve The RTT backlog for August has 2,304 [2,115] patients waiting over 18+* this is largely made up of Inpatients, followed by an increase in OP News & Follow ups The total waiting list has remained fairly static for the last three months stabilising at 32,000-33,028 patients September performance is behind expectations at this stage against the national standard of 92% and the Trust is seeing an increased back-log of 3,025 which will take time to get back down to recent lower levels <p>There were 4x 52 week breaches in August on the incomplete pathway</p>																																																																																
<p>Data Completeness</p> <ul style="list-style-type: none"> The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 95.0% operational threshold (May 98.3%). OP and A&E datasets deliver to target. ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Mailing Health will be validated via the Data Quality Department. Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the kiosks and revision to capture fields is being considered. Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding 	<p>Staff</p> <p>PDR - not compliant</p> <ul style="list-style-type: none"> PDR overall compliance as at the end of August is at 87.5% against the 95% target. - Medical Appraisal at 84.8%. <p>Sickness - not compliant</p> <ul style="list-style-type: none"> In-month sickness for August is at 4.39% (4.59%) improving slightly to last month but this can be attributable to the seasonal trend; the cumulative sickness rate is 4.53% [4.53%]. The number of short term sickness 664 [612] cases showing another increase to last month; long term 232 [225] cases showing an increase to last months. <p>Turnover rate - not compliant</p> <ul style="list-style-type: none"> The Trust annualised turnover rate is at 13.1% [11.7%] in August. Specifically, nursing turnover in August is at 12.7%; the trust aspiration for this staff group turnover is 10.7% by Mar-18. 	<p>CQUINs & Local Quality Requirements 2017/18</p> <p>CQUIN - Q1 £42k cost of non-compliance</p> <p>The Trust has been funded to support 3x national CQUINs and 3x Specialised Commissioning Schemes and several Public Health schemes. The funding value in 2017/18 is £8.5m.</p> <p>Quarter 1 reporting completed at the end of July and feedback from commissioners has been received:</p> <ul style="list-style-type: none"> National schemes delivered 1,04m against a 1.08m possible (42k loss Sepsis). Specialised schemes delivered 15k out of 15k possible. <p>Q2 possible delivery is at £22.23m compared to Q1, the value at risk is higher.</p> <p>Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to guidance. The Trust has got a number of formally agreed RAPs (recovery action plans) in place at this stage which continued into 17/18:</p> <ul style="list-style-type: none"> Safeguarding training for which the performance notice action plan has been accepted; August performance is hitting the trajectory and on target to hit full standard in Sept. Community falls & dementia delivery is being addressed, but reporting issues remain Maternity indicators are being actively monitored for BMI and CO Monitoring On the Day Cancellations are subject to Theatre Improvement Project (TIP) focus Gynae 4 week community clinics are delivering in line with improvement trajectory, but has seen a worsening in month which is being investigated A&E including morning discharges and other A&E indicators are subject to an overall plan (RAP) and this has been submitted. The specific IPR page has been added to highlight and monitor areas of non-compliance against the LQRs (Local Quality Requirements). 	<p>STF Criteria & NHS Single Oversight Framework</p> <p>STF - £866k cost of Q1/Q2 non-compliance estimated</p> <p>30% [£3.1m] performance related STF to be assessed against achievement of ED 4hr improvement trajectory. Of which 15% is for A&E 4 hour breaches and 15% is around GP streaming.</p> <p>Q1 ED funding component [£236k] not secured due to non-compliance with 90% standard. Q2 ED funding component [£630k] assessed not secured due to non-compliance with 90% standard.</p> <p>Balance of STF [£7.4m] related to achievement of financial plan.</p> <p>P05 financial performance reported as being on plan but supported by £3.5m of non-recurrent measures.</p>	<p>Summary Scorecard - August (In-Month)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Section</th> <th>Score</th> <th>Rated</th> <th>None</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Infection Control</td> <td>0</td> <td>6</td> <td>0</td> <td>6</td> </tr> <tr> <td>Harm Free Care</td> <td>10</td> <td>3</td> <td>9</td> <td>22</td> </tr> <tr> <td>Sickness</td> <td>2</td> <td>5</td> <td>6</td> <td>13</td> </tr> <tr> <td>Mortality and Readmissions</td> <td>1</td> <td>1</td> <td>11</td> <td>13</td> </tr> <tr> <td>Stroke and Cardiology</td> <td>2</td> <td>9</td> <td>0</td> <td>11</td> </tr> <tr> <td>Cancer</td> <td>0</td> <td>10</td> <td>5</td> <td>15</td> </tr> <tr> <td>FFT, MSA, Complaints</td> <td>14</td> <td>1</td> <td>6</td> <td>21</td> </tr> <tr> <td>Cancellations</td> <td>6</td> <td>2</td> <td>0</td> <td>8</td> </tr> <tr> <td>Emergency Care & Patient Flow</td> <td>6</td> <td>8</td> <td>4</td> <td>18</td> </tr> <tr> <td>RTT</td> <td>6</td> <td>2</td> <td>6</td> <td>14</td> </tr> <tr> <td>Data Completeness</td> <td>2</td> <td>8</td> <td>9</td> <td>19</td> </tr> <tr> <td>Workforce</td> <td>5</td> <td>1</td> <td>13</td> <td>19</td> </tr> <tr> <td>Temporary Workforce</td> <td>0</td> <td>0</td> <td>28</td> <td>28</td> </tr> <tr> <td>SGPR</td> <td>10</td> <td>0</td> <td>8</td> <td>18</td> </tr> <tr> <td>TOTAL</td> <td>64</td> <td>56</td> <td>105</td> <td>225</td> </tr> </tbody> </table>	Section	Score	Rated	None	Total	Infection Control	0	6	0	6	Harm Free Care	10	3	9	22	Sickness	2	5	6	13	Mortality and Readmissions	1	1	11	13	Stroke and Cardiology	2	9	0	11	Cancer	0	10	5	15	FFT, MSA, Complaints	14	1	6	21	Cancellations	6	2	0	8	Emergency Care & Patient Flow	6	8	4	18	RTT	6	2	6	14	Data Completeness	2	8	9	19	Workforce	5	1	13	19	Temporary Workforce	0	0	28	28	SGPR	10	0	8	18	TOTAL	64	56	105	225
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<p>Open Referrals, patients on non-RTT pathways/and without future waiting list actually stand at 126,000 as at August showing a steadily increasing trend again as administration / IT processes persistently do not close down referrals/pathways as appropriate.</p> <p>A project has been kicked off to re-visit the issue and 'new PTL formats' meetings will focus on validating all of these patients.</p> <p>Low patient risk rated (green risk) amount to c15,000 (which are part of the 126,000 total), are subject to auto-closures since Jan2016. The group aims to remove auto-closures when processes are re-visited.</p>				<p>Persistently red-rated performance (>12months) indicators are subject to improvement trajectories and monitoring.</p>																																																																																

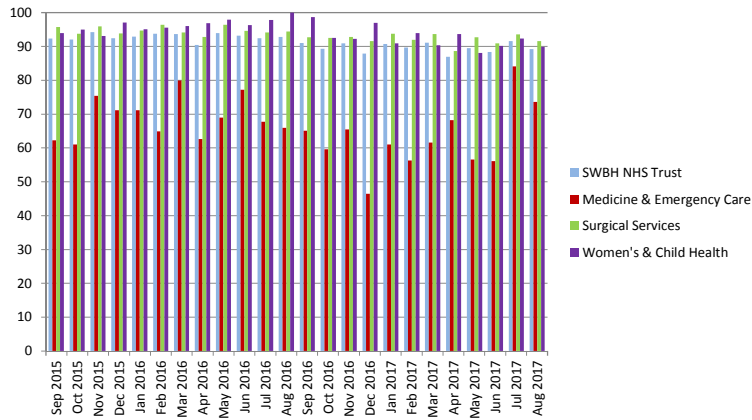
Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	<= No	30	2.5
4			MRSA Bacteraemia	<= No	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9
3			MRSA Screening - Elective	=> %	80	80
3			MRSA Screening - Non Elective	=> %	80	80

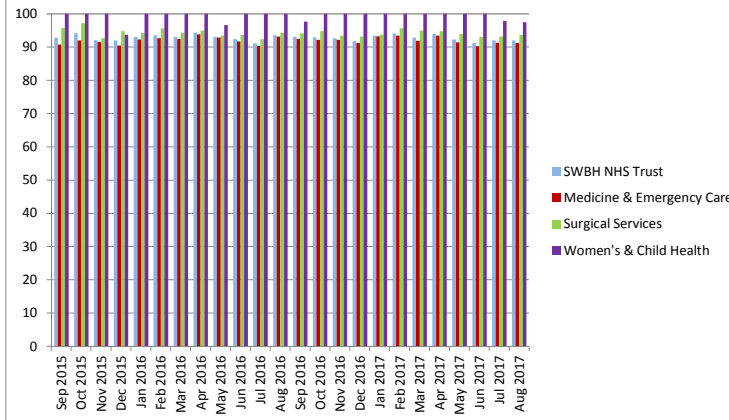


Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Aug 2017	1	0	0					1	8	
Aug 2017	0	0	0					0	0	
Aug 2017								5.5	8.4	
Aug 2017								0.0	9.5	
Aug 2017	74	92	90					89.2	89.2	
Aug 2017	91	94	98					92.0	92.3	

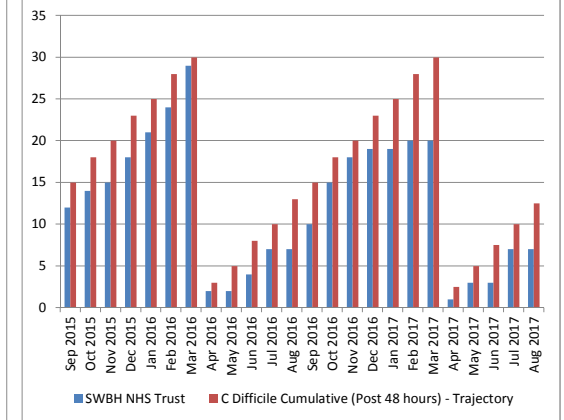
MRSA Screening - Elective



MRSA Screening - Non Elective



C Diff Infection

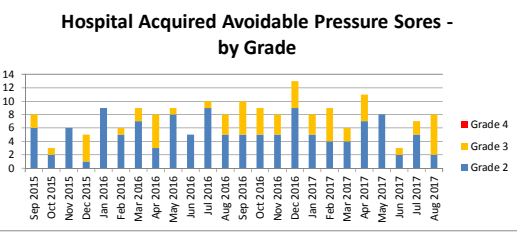
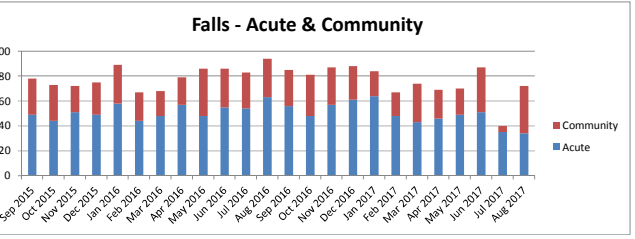
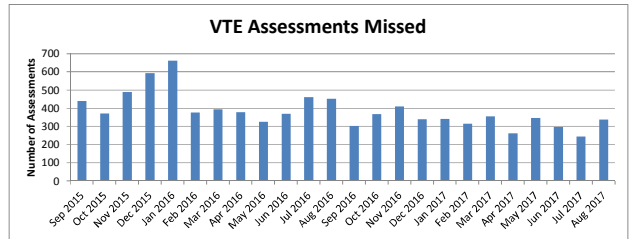


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95
8			Patient Safety Thermometer - Catheters & UTIs	%		
	NEW		Number of DOLS raised	No		
	NEW		Number of DOLS which are 7 day urgent	No		
	NEW		Number of delays with LA in assessing for standard DOLS application	No		
	NEW		Number DOLS rolled over from previous month	No		
	NEW		Number patients discharged prior to LA assessment targets	No		
	NEW		Number of DOLS applications the LA disagreed with	No		
	NEW		Number patients cognitively improved regained capacity did not require LA assessment	No		
8			Falls	<= No	804	67
9			Falls with a serious injury	<= No	0	0
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Acquired Avoidable)	<= No	0	0
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0
3			Venous Thromboembolism (VTE) Assessments	=> %	95	95
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100
9			Never Events	<= No	0	0
9			Medication Errors causing serious harm	<= No	0	0
9			Serious Incidents	<= No	0	0
9			Open Central Alert System (CAS) Alerts	<= No		
9			Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0

Previous Months Trend (since Mar 2016)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1.00	3.00	6.00	2.00	3.00	3.00	3.00	1.00	6.00	2.00	2.00	0.00	3.00	2.00	1.00	3.00	2.00	
-	-	-	-	-	-	-	-	25	22	15	14	23	15	14	6	27	22
-	-	-	-	-	-	-	-	25	22	14	14	23	15	14	6	27	22
-	-	-	-	-	-	-	-	6	0	0	0	0	0	0	0	3	0
-	-	-	-	-	-	-	-	4	15	14	8	8	15	12	9	7	12
-	-	-	-	-	-	-	-	6	6	2	11	6	3	11	7	7	9
-	-	-	-	-	-	-	-	1	0	1	1	0	1	0	2	1	2
-	-	-	-	-	-	-	-	5	2	1	0	0	3	1	1	13	0
68	79	86	86	83	94	85	81	87	88	84	67	74	69	70	87	85	72
2	1	0	4	1	3	3	1	2	3	3	1	2	1	1	1	1	3
9	8	9	5	10	8	5	9	8	13	8	9	6	11	8	3	7	8
3	3	2	1	4	3	2	0	2	5	6	8	6	5	8	4	8	4
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	1	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	2	1	10	5	6	4	6	5	10	5	6	5	4	4	3	1	8
5	1	13	3	11	12	12	14	10	8	6	5	4	8	9	27	3	3
2	0	0	0	0	1	1	2	1	2	0	1	0	0	0	1	1	1

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Aug 2017								93.9	94.6	
Aug 2017								0.18	0.19	
Aug 2017	13	7	0	-	-	2		22	84	
Aug 2017	13	7	0	-	-	2		22	84	
Aug 2017	0	0	0	-	-	0		0	3	
Aug 2017	8	1	0	-	-	3		12	55	
Aug 2017	3	5	0	-	-	1		9	37	
Aug 2017	2	0	0	-	-	0		2	6	
Aug 2017	0	0	0	-	-	0		0	18	
Aug 2017	28	4	0	0	2	38		72	383	
Aug 2017	1	0	0		0	2		3	7	
Aug 2017	7	0	1			0		8	37	
Aug 2017						4		4	29	
Aug 2017	94.4	97.2	96.7					95.8	96.2	
Aug 2017	100.0	100.0	99.2		0.0			99.9	99.9	
Aug 2017	100	100	100		0			100.0	99.5	
Aug 2017	98	100	100		0			99.2	98.5	
Aug 2017	1	0	0	0	0	0		1	3	
Aug 2017	0	0	0	-	0	0		0	0	
Aug 2017	2	1	1	0	1	3	0	8	20	
Aug 2017								3	50	
Aug 2017								1	3	



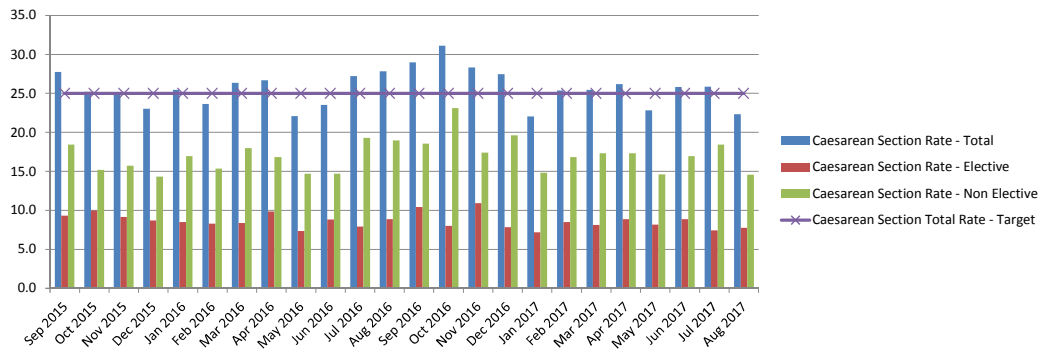
Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017	
					Year	Month
3			Caesarean Section Rate - Total	<= %	25.0	25.0
3			Caesarean Section Rate - Elective	<= %		
3			Caesarean Section Rate - Non Elective	<= %		
2			Maternal Deaths	<= No	0	0
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

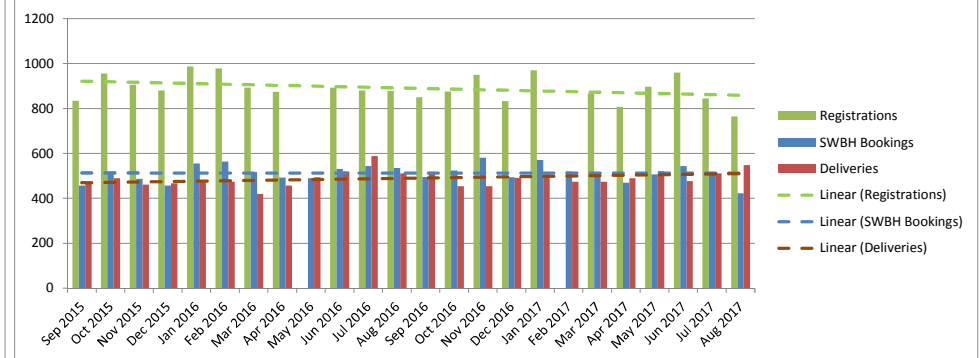
Previous Months Trend (since Mar 2016)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
8	10	7	9	8	9	10	8	11	8	7	9	8	9	8	9	7	8
1.8	1.8	3.7	1.9	1.4	1.8	3.2	2.9	2.8	3.5	2.9	1.9	2.6	4.4	2.5	2.5	1.8	0.8
1.5	1.3	3.4	1.3	1.4	1.5	3.0	1.8	1.9	1.7	2.5	1.6	2.3	3.0	1.6	1.6	1.0	0.6
1.1	1.0	2.4	1.3	1.4	1.5	3.0	1.4	1.3	1.0	2.0	1.6	2.1	2.3	1.4	1.6	1.0	0.0

Data Period	Month	Year To Date	Trend
Aug 2017	22.4	24.6	
Aug 2017	7.8	8.2	
Aug 2017	14.6	16.4	
Aug 2017	1	1	
Aug 2017	3	13	
Aug 2017	1.28	1.37	
Aug 2017	7.39	6.65	
Aug 2017	76.5	78.2	
Aug 2017	107.0	131.6	
Aug 2017	-	77.46	
Aug 2017	0.79	2.34	
Aug 2017	0.59	1.52	
Aug 2017	0.00	1.20	

Caesarean Section Rate (%)



Registrations & Deliveries

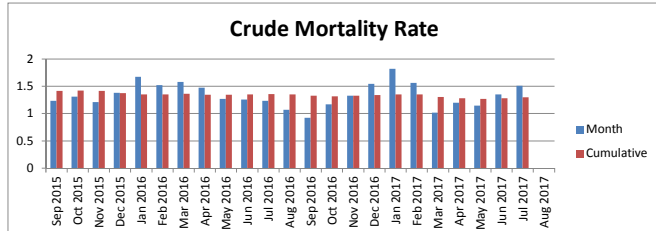
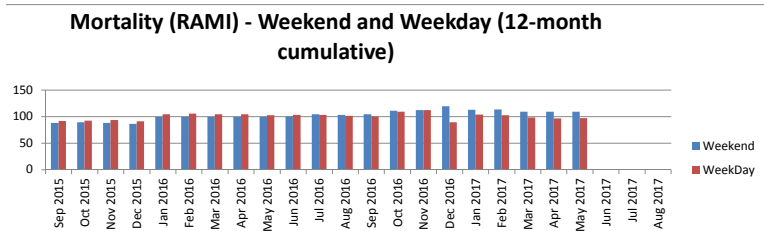
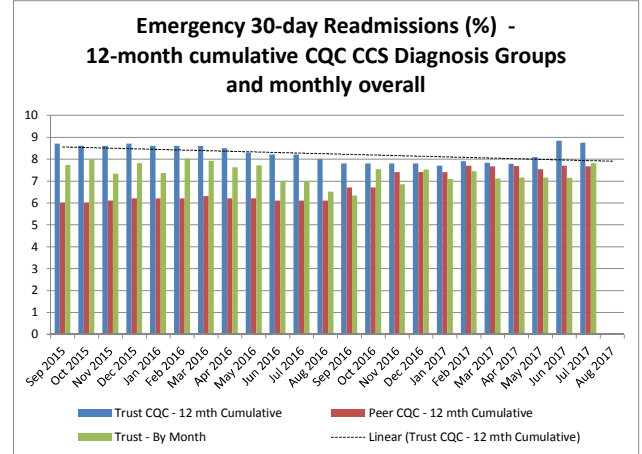
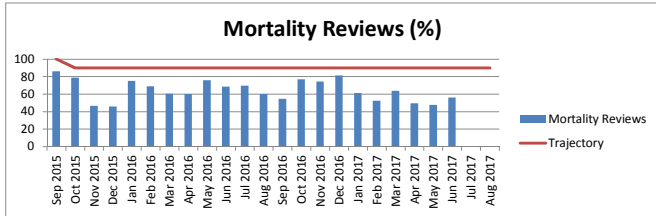
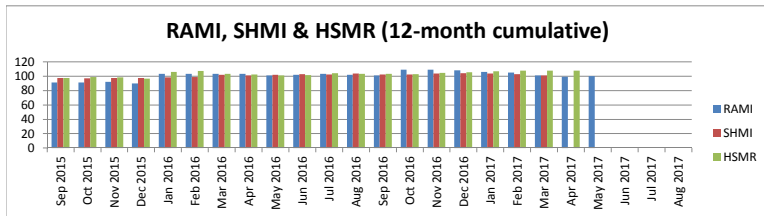


Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR		
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	=> %	90	90
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%		
	NEW		Deaths in the Trust	No		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%		

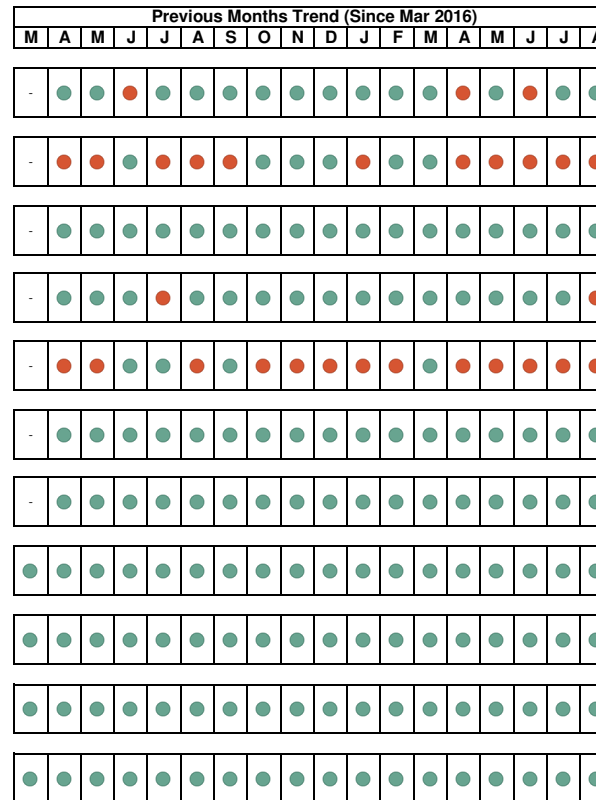
Previous Months Trend (since Mar 2016)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
103	103	101	102	103	102	101	109	109	108	106	105	101	99	100	-	-	-
104	104	102	103	103	101	100	109	112	89	104	102	98	96	97	-	-	-
99	99	99	100	104	103	104	111	112	119	112	113	109	109	109	-	-	-
102	101	102	103	102	104	102	102	104	104	104	103	101	-	-	-	-	-
103	102	101	101	104	103	103	103	105	106	107	108	108	107	-	-	-	-
82	103	50	3	103	43	56	94	139	84	105	72	88	62	61	-	-	-
1.6	1.5	1.3	1.3	1.2	1.1	0.9	1.2	1.3	1.5	1.8	1.6	1.0	1.2	1.1	1.3	1.5	-
1.4	1.3	1.3	1.4	1.4	1.4	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.3	-
158	142	121	123	119	102	87	108	129	143	172	139	100	105	113	129	142	-
7.9	7.6	7.7	7.0	7.0	6.5	6.3	7.5	6.8	7.5	7.1	7.4	7.1	7.2	7.2	7.1	7.8	-
8.1	8.0	7.9	7.8	7.6	7.5	7.4	8.0	7.3	7.1	7.2	7.2	7.1	7.1	7.0	7.1	7.1	-
8.6	8.5	8.3	8.2	8.2	8.0	7.8	7.8	7.8	7.8	7.7	7.9	7.8	7.8	8.1	8.8	8.7	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
May 2017									199	
May 2017									193	
May 2017									217	
Mar 2017									1231	
Apr 2017									107.5	
May 2017								61		
Jun 2017	57	50	0					56	51	
Jul 2017								1.51		
Jul 2017								1.28		
Jul 2017								142	489	
Jul 2017								7.81		
Jul 2017								7.12		
Jul 2017								8.74		

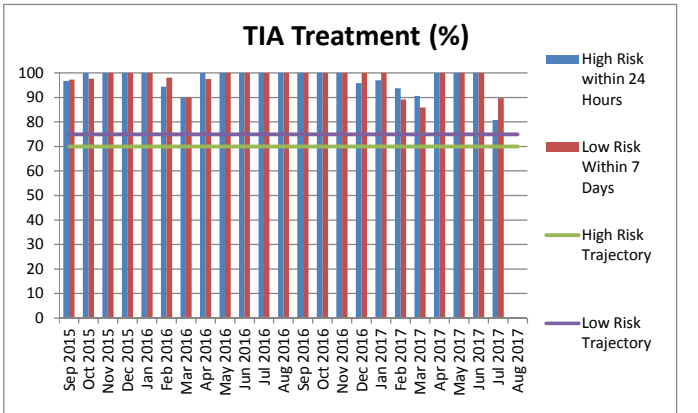
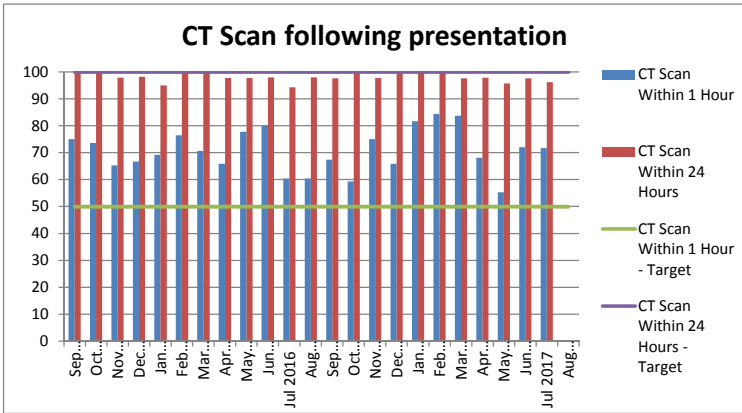
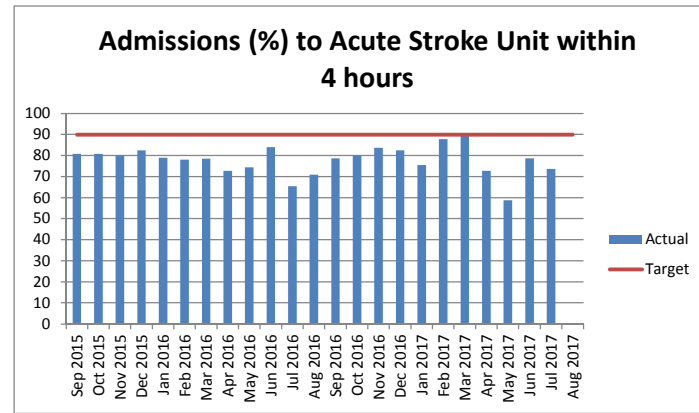


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0



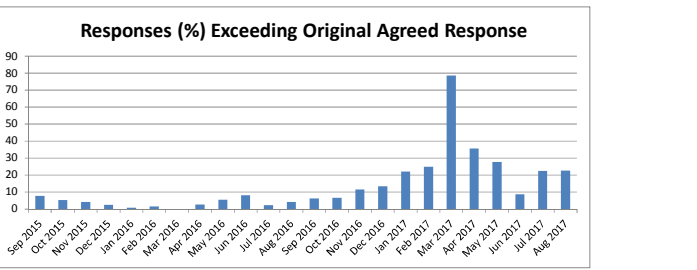
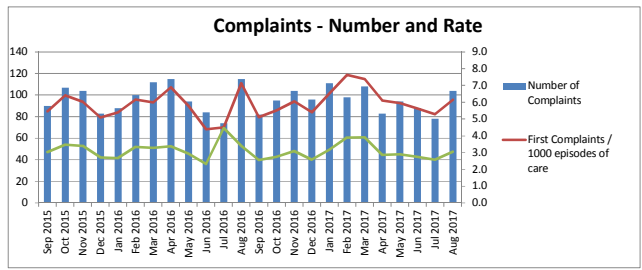
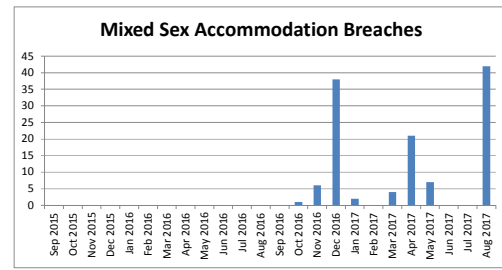
Data Period	Month	Year To Date	Trend
Aug 2017	98.2	91.8	
Aug 2017	69.0	70.7	
Aug 2017	69.4	67.5	
Aug 2017	93.5	96.1	
Aug 2017	50.0	57.1	
Aug 2017	97.0	95.9	
Aug 2017	90.7	95.7	
Aug 2017	100.0	101.1	
Aug 2017	100.0	95.7	
Aug 2017	100.0	95.4	
Aug 2017	100.0	100.0	



The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting. Both are valid but designed for slightly different purposes, however they will align overall, especially over a longer period of time (eg annually)

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2016)														Data Period	Group							Month	Year To Date	Trend							
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	M	SS	W				P	I	C	CO			
8			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	14	17	16	17	17	13	20	22	17	10	15	9.7	7.9	9.3	11	11	12	13	Aug 2017											13	11	
8			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	95	96	90	83	86	83	86	88	94	97	97	95	96	95	92	92	83	83	Aug 2017											83		
8			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	5.3	5.1	8.3	10	7.8	7.5	7.1	5.6	4.8	5.9	5.4	4.3	4.2	5.5	3.8	2.4	4	2.8	Aug 2017	2.8										2.8	3.5	
8			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	74	78	85	87	86	83	78	73	75	73	77	76	73	75	71	73	72	75	Aug 2017	75										75		
8			FFT Response Rate: Type 3 WIU Emergency Department	=> %	50.0	50.0	0	0.3	2.5	0.1	1.3	0.6	0.5	0.3	0.5	1.2	0.6	0	0	0.1	0	0	0	0	Aug 2017	-										-	0.0	
8			FFT Score - Adult and Children Emergency Department (type 3 WIU)	=> No	95.0	95.0	0	100	96	50	95	100	86	64	100	100	65	0	0	0	0	0	0	0	Aug 2017	-										0		
8			FFT Score - Outpatients	=> No	95.0	95.0	87	87	88	88	86	89	88	88	89	89	88	88	90	90	89	88	91	89	Aug 2017											89		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	95	100	91	100	94	86	79	86	90	86	97	11	95	88	90	75	90	50	Aug 2017											50		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	91	97	100	100	100	100	74	81	93	90	91	29	83	91	86	73	73	81	Aug 2017											81		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	99	99	99	100	98	96	91	100	100	50	0	0	80	100	100	0	0	50	Aug 2017											50		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	93	92	90	0	0	100	87	71	88	90	88	23	92	82	83	69	76	58	Aug 2017											58		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	10	12	9	0	0	1.4	1.5	5.9	17	13	8.2	5.4	21	8.9	11	7	7	5.2	Aug 2017											5	8	
13			Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	1	6	38	2	0	4	21	7	0	0	42	Aug 2017	3	39	0								42	70	
9			No. of Complaints Received (formal and link)	No			112	115	94	84	74	115	82	95	104	96	111	98	108	83	94	88	78	104	Aug 2017	49	29	12	1	1	10	2	104	447				
9			No. of Active Complaints in the System (formal and link)	No			147	154	144	147	127	143	144	152	148	157	176	177	194	205	184	185	##	167	Aug 2017	82	50	14	3	2	11	5	167					
9			No. of First Formal Complaints received / 1000 bed days	Rate1			3.3	3.4	2.9	2.3	4.5	3.4	2.6	2.8	3.1	2.6	3.2	3.9	3.9	2.9	2.9	2.8	2.6	3.1	Aug 2017	2.6	5.1	2.5								3.06	2.83	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			6.0	6.9	5.8	4.4	4.5	7.1	5.1	5.5	6.1	5.4	6.5	7.6	7.4	6.1	6.0	5.6	5.3	6.2	Aug 2017	6.3	7.3	4.2								6.16	5.83	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	96	100	100	99	100	100	99	98	94	100	100	100	##	100	Aug 2017	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	0	2.6	5.6	8.2	2.4	4.2	6.3	6.6	11	13	22	25	79	36	28	8.6	23	23	Aug 2017	25	31	0	0	0	16	0	23	24				
9			No. of responses sent out	No			84	98	81	103	103	80	110	87	79	79	76	95	84	67	106	87	83	67	Aug 2017	23	22	6	1	3	4	8	67	410				
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes		-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	N	N	N	N	N	N	N	No					

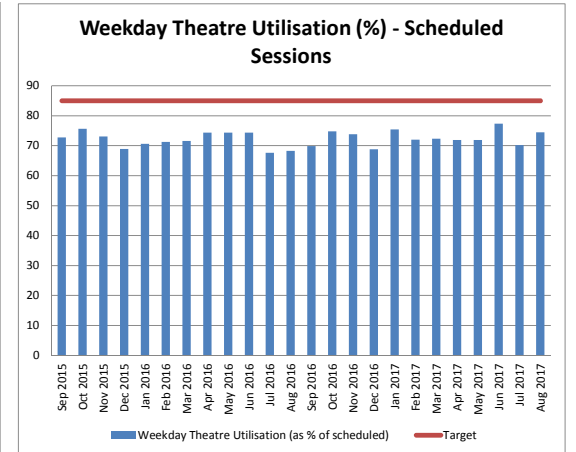
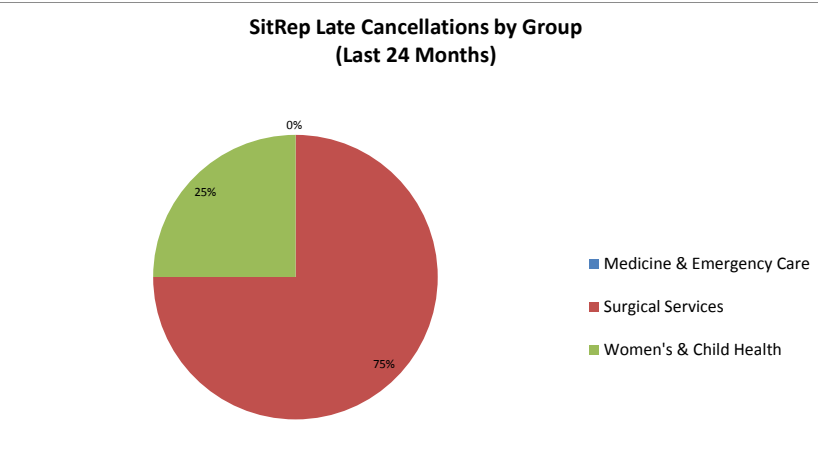
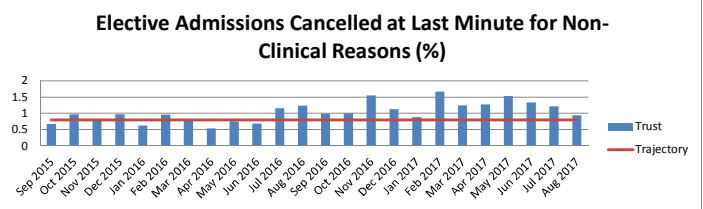
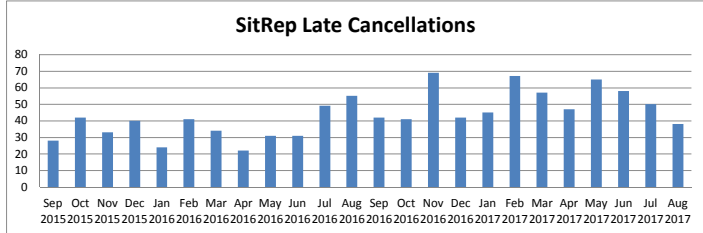


Patient Experience - Cancelled Operations

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

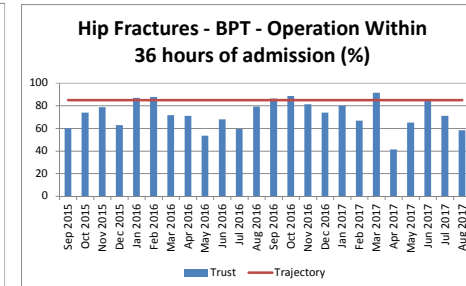
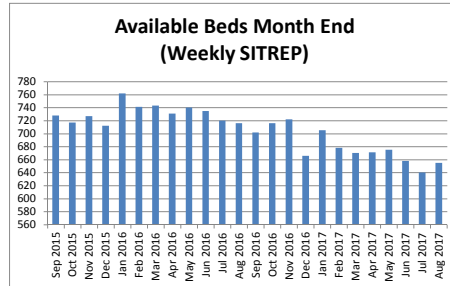
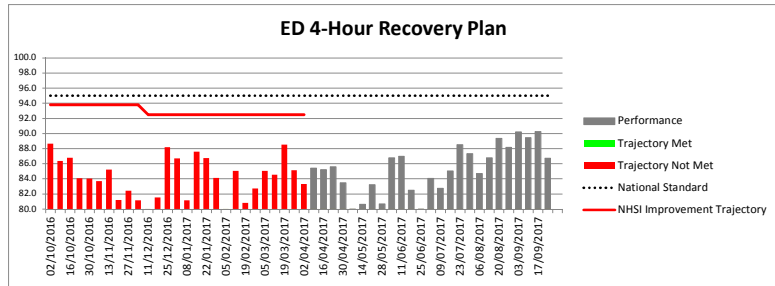
Previous Months Trend (since Mar 2016)																		
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
34	22	31	31	49	55	42	41	69	43	45	67	57	47	65	58	50	38	
-	6	9	11	9	9	15	17	28	19	13	19	17	24	27	20	21	12	
-	16	22	19	40	43	27	22	41	18	29	48	37	23	37	37	29	26	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
0	0	0	0	0	0	0	0	1	0	3	6	0	0	1	0	0	2	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	1	2	0	0	1	3	4	0	3	0	3	1	3	1	1	1
57	79	63	43	56	51	60	49	50	63	61	62	67	51	45	72	55	53	
223	229	257	229	241	223	258	234	273	272	269	284	257	219	230	250	245	213	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Aug 2017	2	28	8					38	258	
Aug 2017	2	10	0					12	104	
Aug 2017	0	18	8					26	152	
Aug 2017	0.11	1.39	2.81					0.9	1.3	
Aug 2017	2	0	0					2	5	
Aug 2017	0	0	0					0	0	
Aug 2017	0.0	0.0	0.0					0	0	
Aug 2017	0	1	0					1	9	
Aug 2017	4	35	14					53	276	
Aug 2017	22	149	42					213	1157	
Aug 2017	61.9	74.7	78.7					74.4	73.2	



Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (From)												Data Period	Unit			Month	Year To Date	Trend						
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F		M	A	M				J	J	A	S	C	B
2			Emergency Care 4-hour waits	=> %	95.00	95.00		Aug 2017	36.0	87.5	97.5	87.49	84.65																		
2			Emergency Care 4-hour breach (numbers)	No			2342	1608	1451	1625	2168	1884	2051	3337	3324	2821	3046	2875	2814	3014	2686	2177	Aug 2017	1073	1075	29	2177	14240			
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00		Aug 2017	0	0		0	0																		
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00		Aug 2017	13	14	17	14	14																		
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60		Aug 2017	43	52	113	51	63																		
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0		Aug 2017	8.38	8.65	4.27	8.20	8.16																		
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0		Aug 2017	3.49	6.80	2.27	4.98	5.68																		
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	117	81	65	70	122	112	135	162	193	162	129	107	110	159	242	111	127	Aug 2017	45	82		127	749		
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	2	0	1	8	6	9	16	21	19	13	5	0	12	6	1	0	Aug 2017	0	0		0	19		
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02		Aug 2017	0.00	0.00		0.00	0.09																		
11			WMAS - Emergency Conveyances (total)	No			4513	4115	4604	4099	4863	4204	4138	4233	4261	4420	4612	4034	4206	4376	4029	4278	Aug 2017	2080	2198		4278	21474			
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5		Aug 2017	1.7	4.5		2.8	2																		
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site		Aug 2017	5.5	9.5		15																			
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	397	454	494	588	617	530	483	509	593	629	512	583	546	501	483	539	Aug 2017				539	2704			
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	232	234	228	251	245	287	215	483	272	435	309	375	324	258	312	370	256	Aug 2017				256	1520		
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			546	563	498	451	578	533	525	546	679	666	682	653	586	584	651	574	Aug 2017				574	2925			
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			232	255	222	204	268	246	248	219	273	251	249	228	221	229	234	205	245	216	Aug 2017				216	1129	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0		Aug 2017				58	63.6																		
			Non-Elective Follow-Up Surgical Procedures > 48 hours (unless clinically appropriate)	No																				Jan-00				-			

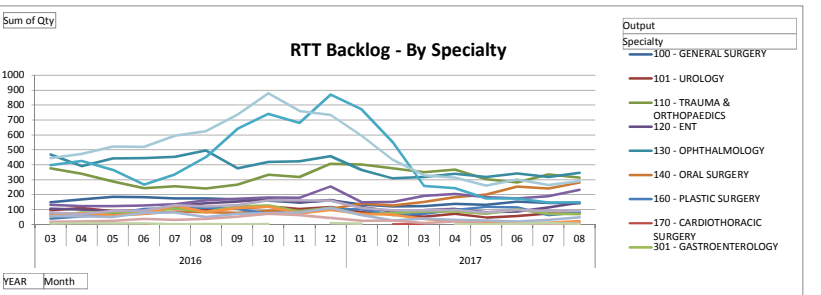
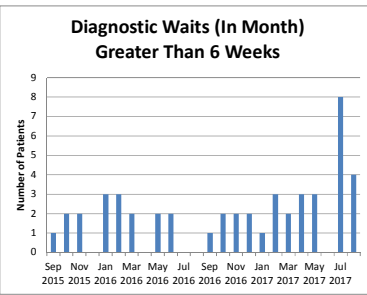
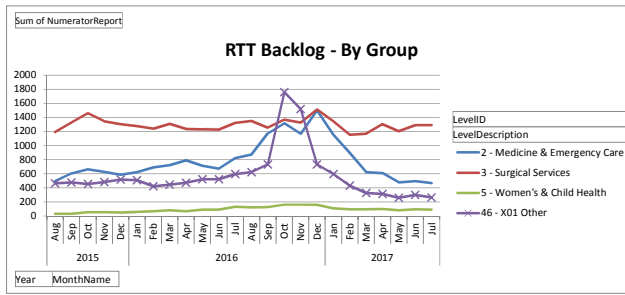
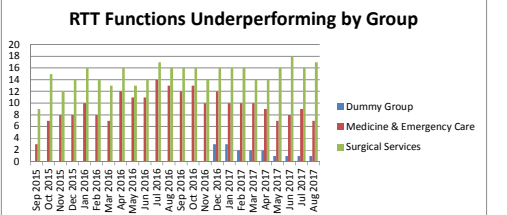
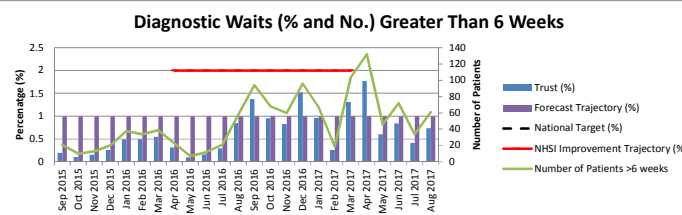
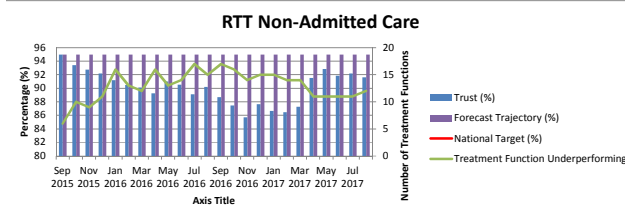
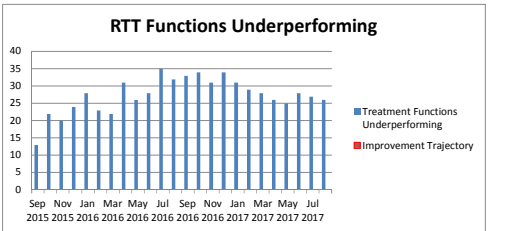
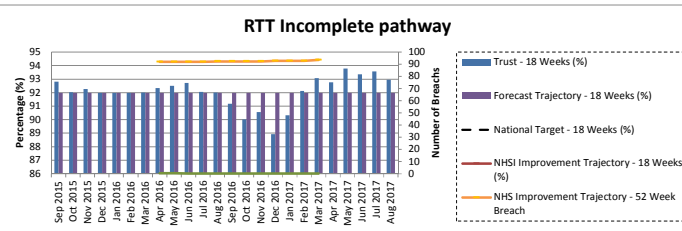
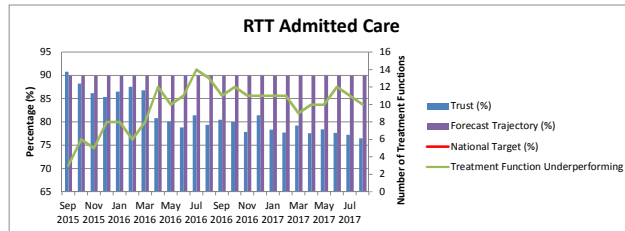


Referral To Treatment

Data Source	Data Quality	PAF	Indicator	Measure	Year	Month
2			RTT - Admitted Care (18-weeks)	=> %	90.0	90.0
2			RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0
	NEW		RTT - Backlog	No		
2			Patients Waiting >52 weeks	<= No	0	0
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No		

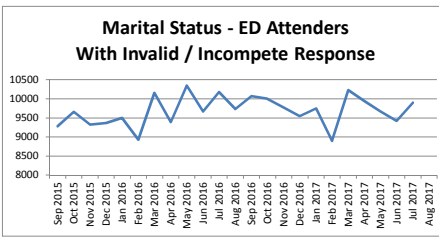
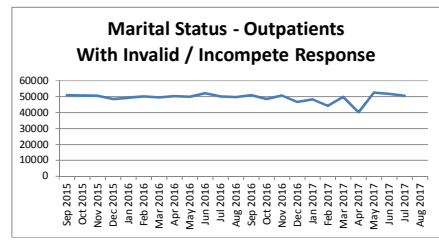
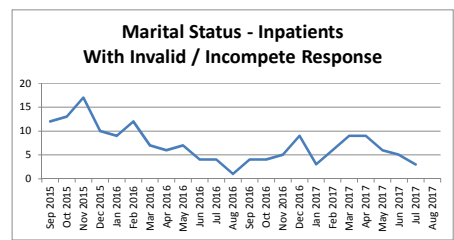
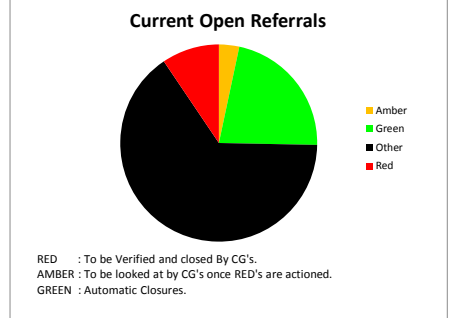
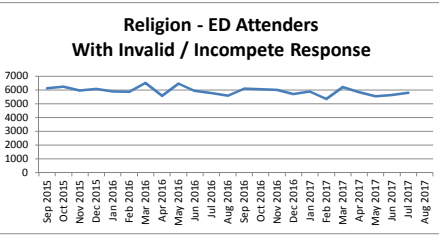
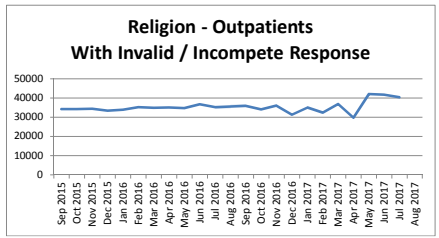
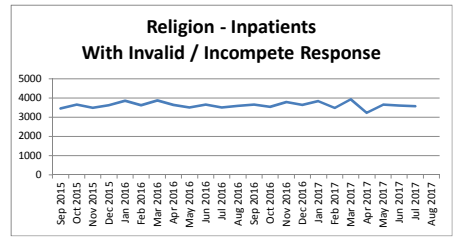
Previous Months Trend (since Mar 2016)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
2557	2566	2561	2515	2870	2968	3289	3728	3417	3908	3204	2578	2214	2327	2024	2188	2115	2304
8	3	2	4	4	0	1	4	3	2	0	3	6	5	3	2	10	10
2	0	2	2	0	0	1	2	2	2	1	3	2	3	3	0	8	4
22	31	26	28	35	32	33	34	31	34	31	29	28	26	25	28	27	26
2	3	3	3	4	4	5	6	6	8	5	4	5	5	4	5	5	-
281	542	480	419	502	470	500	711	817	498	902	387	577	942	931	650	833	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Aug 2017	88.7	72.7	72.7					76.53		
Aug 2017	85.3	90.2	95.4					91.65		
Aug 2017	93.0	91.6	93.9					92.96		
Aug 2017	538	1385	91					2304		
Aug 2017	4	5	0					10	30	
Aug 2017	1	2	0					4	18	
Aug 2017	7	17	1.0					26		
Jul 2017	2	3	0					5		
Aug 2017	2.4	0.5	0.0		0.2			0.74		
Jul 2017	198	199	-		436			833		



Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2016)												Data Period	Group							Month	Year To Date	Trend						
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F		M	A	M	J	J	A										
14			Data Completeness Community Services	=> %	50.0	50.0																		Aug 2017							61.2	61.2			
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		Jul 2017								99.6	99.6		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		Jul 2017								99.0	99.0		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		Jul 2017								99.3	99.3		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	98.1	96.7	96.7	96.9	96.3	97.9	96.5	97.3	97.5	98.3	97.7	98.3	97.7	98.2	98.3	97.4	98.4	-	Jul 2017								98.4	98.1	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.5	99.5	99.5	99.4	99.5	99.5	99.5	99.5	99.6	99.6	99.5	99.5	99.4	99.5	99.4	99.5	-	Jul 2017								99.5	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.1	96.7	96.8	97.2	97.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	97.3	97.3	97.4	96.3	97.2	-	Jul 2017								97.2	97.0	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		Jul 2017								90.9	90.6		
NEW			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		Jul 2017								90.0	89.8		
NEW			Protected Characteristic - Religion - INPATIENTS with recorded response	%			68.6	69.6	69.9	69.5	69.8	69.2	68.9	69.6	69.2	69.1	68.7	69.2	68.8	70.3	70.6	69.6	70.1	-	Jul 2017								70.1	70.2	
NEW			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			58.1	58.1	58.2	57.8	58.0	57.8	57.9	58.1	57.5	56.9	57.0	57.2	56.9	56.7	52.9	53.2	53.1	-	Jul 2017								53.1	53.8	
NEW			Protected Characteristic - Religion - ED patients with recorded response	%			62.3	64.8	63.3	64.3	66.5	65.3	64.0	64.3	64.1	64.7	64.1	64.2	64.7	67.2	65.3	66.2	-	Jul 2017								66.2	65.9		
NEW			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.9	99.9	99.9	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	99.9	99.9	100.0	100.0	100.0	-	Jul 2017								100.0	100.0		
NEW			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			40.5	39.8	39.8	39.9	40.1	40.8	40.3	40.4	39.9	35.8	40.8	41.3	41.5	41.3	41.1	41.9	41.4	-	Jul 2017								41.4	41.5	
NEW			Protected Characteristic - Marital Status - ED patients with recorded response	%			41.2	40.9	41.3	41.9	40.9	39.5	40.6	40.9	41.5	40.8	40.5	41.3	41.1	39.8	42.7	42.0	42.2	-	Jul 2017								42.2	41.7	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																	Jul 2017								6.9	6.5			
2			Open Referrals	No			190,386	194,788	199,207	204,824	206,563	210,740	215,396	219,866	222,444	225,175	226,846	230,675	235,998	239,934	245,160	250,072	254,751	258,800	Aug 2017	84,417	133,412	33,158	7,180	577	56	258,800			
NEW			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	Aug 2017	#####	#####	#####	#####	#####	#####	#####	126271		

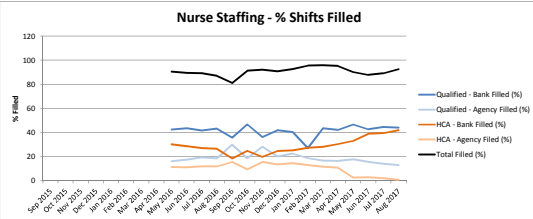
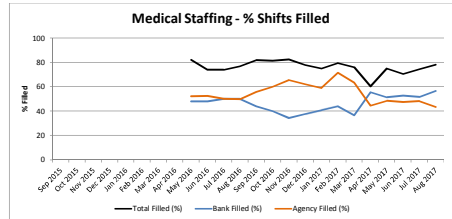
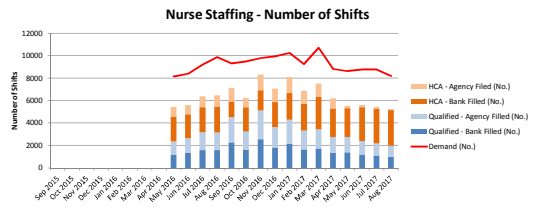
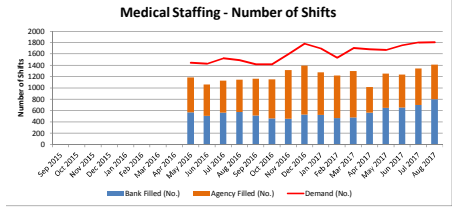


Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Medical Staffing - Number of instances when junior roles not fully filled	<= %	0	0
			Medical Staffing - Demand	No		
			Medical Staffing - Total Filled	%		
			Medical Staffing - Bank Filled	%		
			Medical Staffing - Agency Filled	%		
			Medical Staffing - Filled Shifts - Sr Consultant	No		
			Medical Staffing - Filled Shifts - Jnr Doctor	No		
			Nursing - Demand	No		
			Nursing - Total Filled	%		
			Nursing - Qualified - Bank Filled	%		
			Nursing - Qualified - Agency Filled	%		
			Nursing - HCA - Bank Filled	%		
			Nursing - HCA - Agency Filled	%		
			AHPs - Radiography - Demand (Shifts)	No		
			AHPs - Radiography - Filled (Shifts)	No		
			AHPs - Physiotherapy - Demand (Shifts)	No		
			AHPs - Physiotherapy - Filled (Shifts)	No		
			AHPs - Other - Demand (Shifts)	No		
			AHPs - Other - Filled (Shifts)	No		
			Admin - Demand (Shifts)	No		
			Admin - Filled (Shifts)	No		
			Facilities - Demand (Shifts)	No		
			Facilities - Filled (Shifts)	No		
			Interpreters - Demand (Shifts)	No		
			Interpreters - Total Filled	%		
			Interpreters - Bank Filled	%		
			Interpreters - Agency Filled	%		
			Interpreters - Unfilled	%		

Previous Months Trend (since Mar 2016)											
M	A	M	J	J	A	S	O	N	D	J	F
-	-	-	-	-	-	-	-	-	-	-	-
-	-	1443	1429	1523	1491	1419	1419	1596	1786	1699	1534
-	-	83.96	74.04	74.06	76.93	83.89	81.25	82.46	77.94	74.93	79.4
-	-	47.84	47.92	50	50.13	44.06	40.87	34.42	37.79	40.93	44.12
-	-	52.16	52.36	50	49.87	55.94	59.93	65.58	62.21	59.07	71.44
-	-	114	110	107	137	177	243	237	187	152	217
-	-	1069	951	1021	1010	998	951	1108	1196	1144	1001
-	-	8158	8413	9220	9897	9312	9476	9802	9935	10261	9268
-	-	90.44	89.33	89.21	86.98	83.13	91.14	92.03	90.68	92.75	95.55
-	-	42.3	43.41	41.68	43.12	36.83	46.77	36.3	41.77	40.3	27.07
-	-	16.01	17.56	19.34	18.43	20.95	28.76	28.38	20.17	22.55	18.71
-	-	30.18	28.57	26.95	26.56	18.6	25.02	19.83	24.59	25.29	27.18
-	-	11.39	11.07	12.03	13.92	15.62	9.444	15.49	13.48	14.48	12.91
-	-	138	97	79	55	269	332	321	290	526	332
-	-	138	97	73	55	249	324	299	256	496	302
-	-	191	156	192	55	63	38	190	186	276	478
-	-	191	156	192	55	63	38	190	186	274	478
-	-	301	336	289	66	96	139	96	567	413	530
-	-	301	336	288	55	95	96	200	567	412	527
-	-	1994	1954	1902	2147	2765	2839	2478	2442	2381	4128
-	-	1988	1937	1855	2061	2450	2589	2452	2405	2348	4029
-	-	1903	1947	1442	1451	2180	2185	1997	2172	2086	1971
-	-	1896	1503	1405	1397	1942	2135	1969	2107	1992	1926
-	-	4925	5358	5110	5034	5321	5026	5508	4803	5159	4983
-	-	99.61	99.72	99.75	99.62	99.44	99.58	99.46	99.46	99.8	99.64
-	-	78.96	77.99	76.61	76.35	76.88	76.62	77.56	76.93	78.38	79.52
-	-	21.0	22.0	23.4	23.6	23.3	21.4	22.4	23.1	21.6	22.0
-	-	0.4	0.3	0.3	0.4	0.6	0.4	0.5	0.5	0.4	0.4

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	F	I	C	CO			
Jan-00	-	-	-	-	-	-	-	-	-	
Aug 2017	1267	316	204	0	27	0	0	1804	6713.0	
Aug 2017	78.04	75.95	82.84	0	81.48	0	0	78	71.9	
Aug 2017	50.56	88.38	49.11	0	31.82	0	0	57	53.5	
Aug 2017	49.44	11.67	50.89	0	68.18	0	0	43	46.5	
Aug 2017	237	53	8	0	22	0	0	320	1131.0	
Aug 2017	744	187	161	0	0	0	0	1092	4488.0	
Aug 2017	3705	2031	979	0	30	1223	229	8197	43182	
Aug 2017	90.88	95.6	85.7	0	100	95.09	100	93	91.0	
Aug 2017	44.52	26.5	67.82	0	73.33	56.32	36.68	44	44.0	
Aug 2017	15.47	17.74	1.79	0	13.33	7.31	6.99	13	15.3	
Aug 2017	38.76	55.5	30.15	0	13.33	34.65	56.33	42	36.7	
Aug 2017	1.25	0.25	0.24	0	0	1.72	0	1	3.9	
Aug 2017	0	0	0	0	355	0	0	335	1688	
Aug 2017	0	0	0	0	323	0	0	323	1616	
Aug 2017	0	0	0	0	0	99	0	99	882	
Aug 2017	192	64	18	12	84	103	63	536	2504	
Aug 2017	192	63	17	12	84	103	63	534	2497	
Aug 2017	1101	696	199	227	52	148	2006	4429	21332	
Aug 2017	1085	695	199	227	52	148	2006	4412	21212	
Aug 2017	27	100	1	0	20	14	2020	2182	10105	
Aug 2017	27	100	0	0	20	14	2004	2165	9968	
Aug 2017	-	-	-	-	-	-	-	4905	24947.0	
Aug 2017	-	-	-	-	-	-	-	100	99.8	
Aug 2017	-	-	-	-	-	-	-	77	77.5	
Aug 2017	-	-	-	-	-	-	-	23	22.5	
Aug 2017	-	-	-	-	-	-	-	0	0.2	



CQUINs 2017/18 Schemes (page 1 of 2)

Ref	CQUIN	Annual Plan Values (£)	Full Year Delivery	Funding missed (£)	Indicator	Provider Setting	Description of Indicator	2017-18				Monthly Trend												Comments	Date Period	FULL YEAR	Trend	Next Month	3 Months	
								Q1	Q2	Q3	Q4	A	M	J	J	A	S	O	N	D	J	F	M							
1a	National				Improving Staff Health & Wellbeing : Improvement of health & wellbeing of NHS staff	Acute & Community	Annual Staff Survey results to improve by 5% in two of the three NHS annual staff survey: on health & well-being, MSK and stress	Baseline 2015/16: Q1a, 9b and 9c	2016/17 Results to DfG to improve by 9% for full payment	Yes	Report													MSK remains the single biggest issue in respect of delivery; 15/16 survey indicated that the trust has worsened year on year in respect of the MSK survey	Jun-17					
1b	National	£1,357,782			Staff Health & Wellbeing : Healthy food for NHS staff, visitors and patients	Acute & Community	Firstly, maintain the four outcomes that were implemented in 2016/17. Secondly, introducing three new chances to food and during provision in year 1, 17/18: 70% of drinks sold must be sugar free, 50% of confectionery and sweets do not exceed 250 kcal (c) 60% of pre-packed sandwiches and other savory pre-packed meals available contain 400kcal or less and do not exceed 5.0g saturated fat	No admissions, ensure deliverables are in place	All four outcomes delivered	Yes	Report													Steve Clarke is the lead and confirms general compliance with this scheme, more to be done on the confectionary and sandwiches front.	Jun-17					
1c	National				Staff Health & Wellbeing : Improving uptake of flu vaccination for front line staff within Providers	Acute & Community	Year 1 - achieving update of flu vaccination for frontline clinical staff of 70%	No returns	Report flags achieved	Report flags achieved	Yes	Report	Report											Campaign planned and the Trust is confident that this target will be delivered again this year.	Jun-17					
2a	National			£21,215k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Timely identification of sepsis in emergency departments and acute inpatient settings	Acute	The percentage of patients who met the criteria for sepsis screening (needed 6) and were screened for sepsis (applies to all adult and child patients arriving in ED & IP wards)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Timely Yes	Report	Report	Report									Only 74% of sample patients that NEEDED sepsis screening were screened. This needs Exec support and intervention required.	Jun-17					
2b	National			£21,215k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Timely treatment for sepsis in emergency departments and acute inpatient settings	Acute	The percentage of patients who were found to have sepsis in 2a and received IV antibiotics within 1 hour (applies to all adult and child patients arriving in ED & IP wards).	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Timely Yes	Report	Report	Report									Of the above screened patients, only 57% of septic patients receive their antibiotics within one hour. Outliers need to be understood and improvements to be led by the ward teams Requires Exec team attention and focus on improvement. MQAC in August tables an agenda item on why the mortality rate due to sepsis is going up; potentially the lack of screening and timely treatment may be a factor.	Jun-17					
2c	National	£678,891			Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antibiotic review	Acute	Assessment of clinical antibiotic review between 24-72 hrs of patients with sepsis who are still inpatients at 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Yes	Report	Report	Report									Met for Q1, but more focus required to meet with less effort	Jun-17					
2d	National				Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Reduction in antibiotic consumption per 1,000 admissions	Acute	There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions 2. Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions 3. Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions There are three parts to this indicator.	No returns	Reduction of 1% or 2%	Yes	Report															Jun-17				
4	National	£678,891			Improving services for people with mental health needs who present to A&E	Acute		Outline Plan & Baseline data 16/17	DfG data, confirm partnership in place	Report Progress	20% reduction in A&E attendances of those within the selected cohort	Yes	Report	Report	Report									The Trust submitted a robust and well progressed plan which was highlighted as excellent by the CCG	Jun-17					
6	National	£678,891			Offering Advice & Guidance	Acute	Providers to set up and operate A&G services for non-urgent GP referrals; A&G support should be provided either through the ERS platform or local solutions where systems agree this offers a better alternative.	Timetable & Introduction				Yes	Report	Report	Report									The Trust offers A&G for all services. The GP referrals to this facility need encouraging.	Jun-17					
7	National	£678,891			NHS e-Referrals CQUIN	Acute	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. It is not looking at percentage utilisation of the system.	Supply plan to deliver Q2, Q3 and Q4 targets to include	80% of Referrals to 1st GP Services able to be received through e-RS.	80% of Referrals to 1st GP Services able to be received through e-RS.	100% of Referrals to 1st GP Services able to be received through e-RS.	Yes	Report	Report	Report									A plan has supplied confirming the delivery of 80% of its 1st GP appointments via eRS by end of September. A roll out programme as per this plan is being managed with the eRS lead in patient access team. Discussions with CCG are required to negotiate expectations of 4% ASIs only by year end which is totally unrealistic in terms of demand patterns and hence not possible to always match with capacity in a given horizon.	Jun-17					
8	National	£1,357,782			Supporting proactive and safe discharge (Acute & Community Trusts)	Acute & Community	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from baseline (Q3 and Q4 2016/17).	Type 1 or 2 A&E provider has demonstrable and credible planning in place to make the required preparations so that the Emergency Care Data Set (ECDS) can be collected and returned from 1st October 2017	Map and streamline existing discharge pathways across acute and community, and roll out protocols in partnership across local whole systems.	Providers returning ECDS with at least 95% of completed valid diagnosis codes	By the end of Q4 2.5% point increase from baseline in no. patients discharged to usual place of residence.	Yes	Report	Report	Report									The Trust submitted a robust and well progressed plan.	Jun-17					
9	National				Preventing ill health by risky behaviours - alcohol & tobacco 9a: Tobacco Screening	Acute & Community																								
					Preventing ill health by risky behaviours - alcohol & tobacco 9b: Tobacco brief advice	Acute & Community																								
					Preventing ill health by risky behaviours - alcohol & tobacco 9c: Tobacco referral & medication offer	Acute & Community																								
					Preventing ill health by risky behaviours - alcohol & tobacco 9d: Alcohol Screening	Acute & Community																								
		£1,357,782																							SCHEME REMOVED: Clarification received from NHSE that this scheme will now not apply until 2018/19. The impact of this will be that the CCG will have to spread the 1.35m across the other schemes which means there is more funding at stake if other schemes do not deliver. From a Q1 payment perspective, the funding of £448k will be payable to the Trust.					

CQUINs 2017/18 Schemes (page 1 of 2)

Ref	CQUIN	Annual Plan Value (000s)	Full Year Delivery	Funding missed (£)	Indicator	Provider Setting	Description of Indicator	2017-18				Monthly Trend												Comments	Data Period	FULL YEAR	Trend	Next Month	3 Months
								Q1	Q2	Q3	Q4	A	M	J	J	A	S	O	N	D	J	F	M						
10	National	£578,891			Improving the assessment of wounds	Community	The indicator aims to increase the number of wounds which have healed to heal after 4 weeks that receive a full wound assessment.	Establish Clinical Audit plan	Clinical Audit of wound assessments	Improvement Plan	Repeat Clinical Audit	NA	Report	Report	Report					Work has commenced in preparation for Q2 reporting	Jun-17								
11	National	£378,891			Personalised Care / support planning	Community	This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers.	Submission of a plan to ensure care & support planning is recorded by providers will be a priority requirement. Likewise local commissioners will need to confirm whether the plan has been received and accepted (yes/no).	Provider to identify the number of patients as having multiple LTCs and who will be prioritised for personalised care and support planning (establishment of cohort - compared to the total number of patients served)	Provider to confirm what proportion of relevant staff have undertaken training in personalised care and support planning	NA	Report	Report	Report					Work has commenced in preparation for Q2 reporting	Jun-17									
	Specialised	£150,000			Haemoglobinopathy improving pathways			Baseline Report, annual Q1	Evidence of governance arrangements (quarterly reports)	% of total registered patients in ODN attending for annual review at the Laser Specialist Centre and plan to demonstrate performance to target of 85% by end of Y: 3 (quarterly reports)	Improvement in agreed patient satisfaction and outcome measured (quarterly against baseline)	NA	Report	Report	Report				This is a well-established scheme which has been in place over the last couple of years.	Jun-17									
	Specialised	£130,000			Paediatric Networked Care to Reduce Recourse to Critical Care Distant from Home			Trigger 1 - Part 1: Ensure full and ongoing completion of PCCMDS as per Information Standards Notice PCCMDS and IIS2015 - Paediatric Critical Care Minimum Data Set, Version 3.0. The full compliance date as per the ISN is 1st December 2016.	Trigger 2 - To provide support to the lead PICU centre in conducting a review of the Provider against the Paediatric Intensive Care (PICU) standards prior to July 2017.	Trigger 3 - Ongoing participation with West Midlands Paediatric Critical Care Network implementation of clinical protocols as agreed by the Network. This may include (but is not limited to): - Condition specific treatment and referral protocols - Incident Reporting System (Paednet)	NA	Report	Report	Report					The data set provision is outstanding as Corner development is awaited (for October 2017) hence partial met	Jun-17									
	Specialised	£141,197			Activation systems for patients with long term conditions		HIV					NA	Report	Report	Report					Work yet to be progressed.	Jun-17								
	Public Health	£55,978			Secondary Care Dental : Audit of Day Case Activity		A prospective audit and re-audit of day case activity carried out in the department in accordance with the Terms of Reference issued by the service commissioner.	Initial audit report by 21 July 2017. Plan to address any identified issues by 20 October 2017. Report of Follow up Audit by 20 April 2018.		Follow up Audit to be carried out by 20 March 2018 and reported by 20 April 2018.		NA	Report	Report	Report					Work yet to be progressed.	Jun-17								
	Public Health	£31,228			Bowel Screening			Report	Report	Report	Report	NA	Report	Report	Report					Scheme reports to the national screening programme and has been ongoing for the last 2 years	Jun-17								
	Public Health	£38,417			Bowel Scoping			Report	Report	Report	Report	NA	Report	Report	Report					Scheme reports to the national screening programme and has been ongoing for the last 2 years	Jun-17								
	Public Health	£32,044			Breast Screening			Report	Report	Report	Report	NA	Report	Report	Report					Scheme reports to the national screening programme and has been ongoing for the last 2 years	Jun-17								

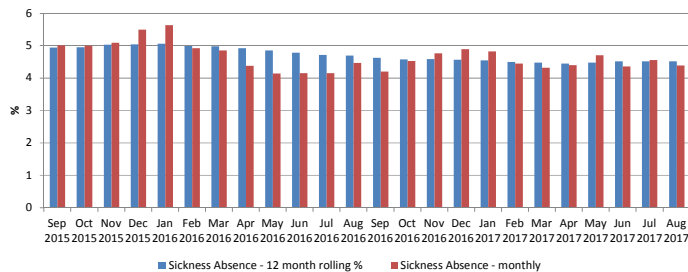
Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3		•b	PDRs - 12 month rolling	=> %	95.0	95.0
7		•b	Medical Appraisal	=> %	95.0	95.0
3		•b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15
3	NEW		Sickness Absence - Long Term (Monthly)	No		
3	NEW		Sickness Absence - Short Term (Monthly)	No		
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0
3			Mandatory Training	=> %	95.0	95.0
3			Mandatory Training - Staff Becoming Out Of Date	%		
3		•	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0
7		•b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0
	NEW		Nursing Turnover	%		
7			New Investigations in Month	No		
7			Vacancy Time to Fill	Weeks		
7		•	Professional Registration Lapses	<= No	0	0
7			Qualified Nursing Variance (FIMS) (FTE)	No		
15			Your Voice - Response Rate	No		
15			Your Voice - Overall Score	No		

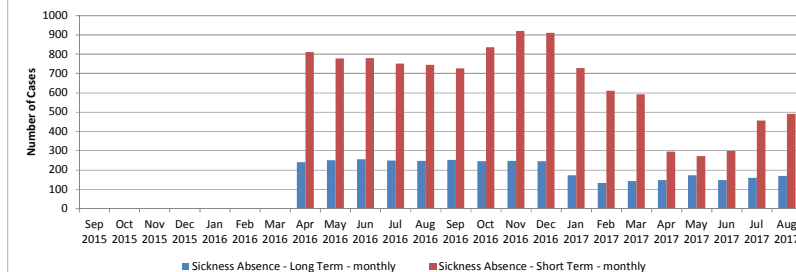
Previous Months Trend (since Mar 2016)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	240	250	256	249	247	253	245	247	246	253	205	213	214	241	218	225	232
-	812	779	780	752	745	727	837	922	911	956	808	785	414	445	444	612	664
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
13.8	13.6	12.6	11.8	11.3	11.2	11.9	12.4	11.7	11.4	11.6	11.2	11.7	11.7	11.7	12	12.6	12.7
9	6	4	3	8	4	4	3	0	3	4	3	9	14	1	3	4	4
23	26	25	23	24	24	21	25	21	21	21	22	21	20	21	23	25	20
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
293	292	315	317	339	343	341	313	293	305	268	246	257	256	276	281	289	287
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	16.0	-->	-->	-->	-->	-->	18.8	-->
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.70	-->	-->	-->	-->	-->	-->	-->

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Aug 2017	75.9	85.3	85.7	89.7	84.5	90.4	88.2		87.5	
Aug 2017	71.0	80.0	92.5	75.0	89.7	116.7	66.7	82.4	84.8	
Aug 2017	4.7	4.8	4.5	3.6	4.3	4.0	4.8	4.53	4.5	
Aug 2017	5.2	4.7	4.2	3.1	2.9	4.3	4.3	4.39	4.5	
Aug 2017	54	50	30	5	4	24	2	232	1130	
Aug 2017	145	96	89	51	22	84	4	664	2579	
Aug 2017	68.5	84.7	84.1	86.3	71.4	78.4	79.5	78.4	78.8	
Aug 2017	81.3	86.4	88.1	91.4	86.8	90.9	90.2		87.2	
Jan-00	-	-	-	-	-	-	-	-	-	
Aug 2017	91.7	0.0	94.6	95.6	93.7	0.0	97.0		95.2	
Aug 2017								13.1	11.9	
Aug 2017								13	12	
Aug 2017	1	2	0	0	0	0	1	4		
Aug 2017								20		
Aug 2017	0	0	0	0	0	0	0	0	0	
Aug 2017								287		
Jul 2017	11.8	15.3	15.9	23.7	23.8	29	21.2	18.8		
Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		

Sickness Absence (Trust %)



Long / Short Term - Sickness Absence - Trust



Local Quality Indicators - 2017/2018

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Notes	Previous Months Trend (From Mar 2016)												Data Period	Group							Month	Year To Date	Trend													
					Year	Month		M	A	M	J	J	A	S	O	N	D	J	F		M	A	M	J	J	A																	
			Safeguarding Adults Advanced Training	=> %	85	85	1	-	-	-	-	-	-	80	80	81	81	80	79	81	81	81	79	83	86	Aug 2017								86.064	82.02								
			Safeguarding Children Level 2 Training	=> %	85	85	2	-	74	73	73	72	73	73	71	71	73	75	76	77	77	78	79	78	78	83	Aug 2017								83.0	79.2							
			Safeguarding Children Level 3 Training	=> %	85	85	3	-	71	72	72	75	74	73	73	75	78	78	81	84	85	88	89	88	87	Aug 2017								86.5	87.2								
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	4	-	99	99	99	100	99	100	98	97	95	97	99	99	98	98	98	99	99	Aug 2017	98.2	100	100					99.2	98.5								
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	5	-	16	15	17	17	13	16	16	17	17	20	17	16	16	15	17	17	15	Aug 2017	13.9	8.29	37.1					15.5	16.0								
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	6	-	88	88	87	87	87	87	85	86	86	86	86	87	86	86	85	84	84	Aug 2017								83.8	84.9								
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90	7	-	91	89	73	80	83	76	83	92	80	78	93	87	80	86	76	82	82	Aug 2017								81.8	81.3								
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	8	-	83	81	79	79	78	87	86	82	81	84	81	77	78	80	79	88	92	Aug 2017								92.3	83.6								
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	9	-	79	80	81	82	82	75	76	76	75	73	78	79	76	75	75	74	71	Aug 2017								71.2	73.9								
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90	10	-	18	29	24	17	19	29	25	8	11	33	66	83	93	95	92	-	-	Jun 2017								91.7	93.3								
			Community - Screening For Dementia - SQPR	=> %	100	100	11	-	40	37	53	30	37	DATA QUALITY REVIEW ONGOING										Aug 2016																37.2	38.4		
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	12	-	61	67	56	61	55	DATA QUALITY REVIEW ONGOING										Aug 2016																	54.8	60.0	

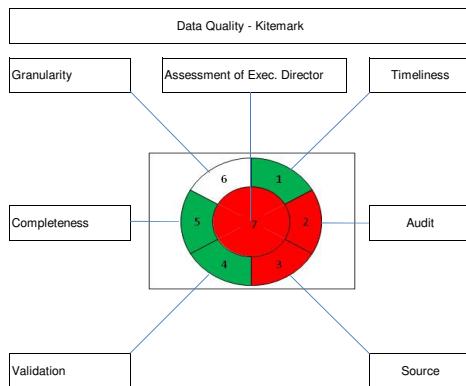
- Notes:**
- 1 Target achieved
 - 2 Improvement trajectory achieved - in line with RAP to achieve for September reporting to the 85% standard required
 - 3 Target achieved

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



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

- Red Insufficient
- Green Sufficient
- White Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend						
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	EC				AC	SC				
Patient Safety - Inf Control	C. Difficile	<= No	30	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	1	0	0	1	5	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	83	75	36	73.7			
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	92	89	88	91.3			
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	19	20	14	14	16	9	7	5	12	13	Aug 2017	3	10	0	13	46			
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	19	20	12	14	16	9	7	5	12	13	Aug 2017	3	10	0	13	46			
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	4	0	0	0	0	0	0	0	0	1	0	Aug 2017	0	0	0	0	1		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	3	14	12	8	8	11	6	6	4	8	Aug 2017	3	5	0	8	35			
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	5	6	2	11	5	1	6	3	1	3	Aug 2017	1	2	0	3	14			
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	1	0	1	1	0	0	0	0	2	1	2	Aug 2017	0	2	0	2	5		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	-	-	5	2	1	0	0	1	1	1	5	0	Aug 2017	0	0	0	0	-			
Patient Safety - Harm Free Care	Falls	<= No	0	0	32	44	37	47	39	47	44	34	41	47	50	38	34	36	39	34	34	28	Aug 2017	7	21	0	28	171					
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	0	2	1	2	2	0	2	3	3	1	2	1	1	0	0	1	Aug 2017	0	1	0	1	3					
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	4	4	3	3	5	5	4	5	7	9	5	5	4	5	4	2	4	7	Aug 2017	1	6	0	7	22					
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	91.9	87.9	99.2	94.4				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	100.0	100.0	100.0	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	100	100	0	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	98	100	0	98.2				
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	1	0	1			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	1	1	2	7			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2017	71	53	50	57				

Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
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9.6	9.7	10.0	9.2	9.0	8.6	8.3	10.0	9.7	9.9	9.5	9.4	9.4	9.5	9.2	9.2	10.2	-
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Jul 2017



10.2



Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
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10.0	9.8	9.8	9.7	9.5	9.3	9.2	10.0	9.3	9.4	9.4	9.4	9.4	9.4	9.3	9.3	9.4	-
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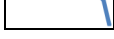
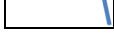

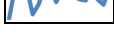
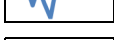
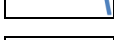


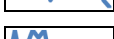






Jul 2017



9.3



Medicine Group

Section	Indicator		Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date										
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	EC	AC	SC					
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		92.6		92.6	90.1	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		73.6		73.6	70.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		71.7		71.7	66.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		96.2		96.2	96.8	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		75.0		75.0	60.0	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017		100.0		100.0	101.1	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		80.8		80.8	95.5	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017		89.7		89.7	97.2	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017		100.0		100.0	95.7	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017		100.0		100.0	95.4	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017			93.5	93.5		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2017			94.6	94.6		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	3.5	1.5	3.5	3	4	3.5	1	2.5	2	1.5	3	2.5	2	2	4.5	1	-					Jul 2017	-	-	1.00	1.00	10		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	2	0	1	2	1.5	2	0	0	1	1	1	1	1	0	1	0	-					Jul 2017	-	-	0.00	0.00	2		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			98	175	95	130	113	107	140	75	71	107	111	135	105	140	91	106	97	-				Jul 2017	-	-	97	97				
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	-	10	8	12	13	5	15	12	12	19	17	8	6	0	6	4	10	3				Aug 2017	-	-	3	3	23			
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	6	30	2	0	4	21	7	0	0	3				Aug 2017	3	0	0	3	31			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			39	49	36	28	25	40	23	27	40	35	40	45	42	34	42	40	27	49				Aug 2017	25	24	0	49	192			
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			63	72	57	62	46	47	55	56	63	62	66	61	75	79	79	91	83	82				Aug 2017	46	32	4	82				

Medicine Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8
Pt. Experience - Cancellations	28 day breaches	<= No	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No		
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0
RTT	RTT - Backlog	<= No	0	0
RTT	Patients Waiting >52 weeks	<= No	0	0
RTT	Treatment Functions Underperforming	<= No	0	0
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	2
1	0	3	0	0	6	1	0	6	2	4	6	2	3	11	3	5	2
31	58	56	54	28	32	28	57	44	29	51	37	41	28	35	63	31	62
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1908	1246	1046	1187	1333	1227	1280	1579	1750	1866	1776	1769	1721	1662	1742	1580	1463	1280
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9	2	0	1	8	6	9	16	21	19	11	13	5	0	12	6	1	0
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
4513	4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
725	789	716	674	821	873	1172	1319	1168	1500	1154	897	622	610	479	497	467	538
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
4	0	0	0	1	0	0	1	2	1	0	0	1	1	2	1	7	4
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
7	12	11	11	14	13	12	13	10	12	10	10	10	9	7	8	9	7
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Aug 2017	-	-	0.13	0.11		
Aug 2017	0.0	0.0	2.0	2	5	
Aug 2017	0.0	0.0	2.0	2	24	
Aug 2017	0.0	0.0	61.9	61.9		
Aug 2017	0.00	0.00	0.00	0.00	0	
Aug 2017	86.0	87.5	Site S/C	86.8	83.6	
Aug 2017	1106	1	173	1280	7747	
Aug 2017	0.0	0.0	Site S/C	0	0	
Aug 2017	13.0	14.0	Site S/C	14	14	
Aug 2017	43.0	52.0	Site S/C	48	60	
Aug 2017	8.4	8.7	Site S/C	8.5	8.6	
Aug 2017	3.5	6.8	Site S/C	5.2	6.0	
Aug 2017	45	82		127	749	
Aug 2017	0	0		0	19	
Aug 2017	0.00	0.00		0.00	0.09	
Aug 2017	2080	2198		4278	21474	
Aug 2017	0.0	87.0	89.4	88.7		
Aug 2017	0.0	71.7	92.7	85.3		
Aug 2017	0.0	91.0	94.4	93.0		
Aug 2017	0	285	253	538		
Aug 2017	0	0	4	4		
Aug 2017	0	5	2	7		
Aug 2017	0	3.11	0.62	2.44		

Medicine Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Re	No		
Workforce	WTE - Actual versus Plan	No		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15
Workforce	Sickness Absence - In month	<= No	3.15	3.15
Workforce	Sickness Absence - Long Term - In month	No		
Workforce	Sickness Absence - Short Term - In month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100
Workforce	Mandatory Training (%)	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Nurse Bank Fill Rate %	=> %	100	100
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0
Workforce	Your Voice - Response Rate (%)	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
65,979	67,205	66,646	70,876	69,993	70,424	72,581	74,142	75,046	75,926	75,925	76,880	78,278	78,984	79,971	81,548	83,160	84,417
.	.	26,178	27,360	25,493	26,511	28,710	27,787	30,150	31,585	32,319	33,572	35,739	36,247	36,822	37,760	39,488	40,216
219	220	207	213	220	229	231	229	231	244	202	194	208	205	199	227	236	223
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
.	57	62	60	49	47	43	45	40	39	39	33	40	53	59	48	45	54
.	212	186	195	180	179	162	194	206	243	223	207	182	66	68	80	131	145
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1	0	0	1	1	0	0	0	0	0	1	2	3	0	0	1	1
4159	3992	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
748	710	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
.
->	->	->	->	->	->	->	->	->	->	->	8	->	->	->	->	11.8	->
->	->	->	->	->	->	->	->	->	->	3.68	->	->	->	->	->	->	->

Data Period	Directorate			Month	Year To Date	Figure
	EC	AC	SC			
Aug 2017	14,984	24,664	44,769	84417		
Aug 2017	11,201	13,453	15,562	40216		
Aug 2017	114.3	105	0	223		
Aug 2017	80.16	73.02	0		80.4	
Aug 2017	56.52	78.26	0		79.1	
Aug 2017	4.71	4.66	0.00	4.67	4.66	
Aug 2017	6.38	4.45	0.00	5.20	4.95	
Aug 2017	29	17	8	54	259	
Aug 2017	53	70	22	145	490	
Aug 2017	63.3	72.7	0.0		70.33	
Aug 2017	81.38	81.27	0		81.7	
Jan-00	-	-	-		-	
Aug 2017	1	0	0	1		
Apr 2016				85		
Apr 2016				710		
Jan-00				-	-	
Jul 2017	10.9	9.6	20.5	11.8		
Jan 2017	3.51	3.90	3.58	3.68		

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate					Month	Year To Date	Trend				
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	GS				SS	TH	An	O
Patient Safety - Inf Control	C. Difficile	<= No	7	1															Aug 2017	0	0	0	0	0	0	3					
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0															Aug 2017	0	0	0	0	0	0	0					
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80															Aug 2017	94.71	95.31	0	0	46.15	91.6						
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80															Aug 2017	94.08	97.18	0	100	78.72	93.7						
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	4	0	0	0	2	1	3	0	12	7	Aug 2017	7	0	0	0	0	7	23	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	4	0	0	0	2	1	3	0	12	7	Aug 2017	7	0	0	0	0	7	23	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	0	0	0	0	0	1	4	0	3	1	Aug 2017	1	0	0	0	0	1	9	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	0	0	0	0	1	0	3	0	6	5	Aug 2017	5	0	0	0	0	5	14	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			-	-	-	-	-	-	-	-	0	0	0	0	0	1	0	0	0	0	Aug 2017	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	12	8	9	4	12	12	9	10	12	13	8	6	6	10	7	11	11	4	Aug 2017	4	0	0	0	0	4	43	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	Aug 2017	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	1	2	2	0	2	2	0	4	0	1	1	2	1	1	3	0	2	0	Aug 2017	0	0	0	0	0	0	6	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0															Aug 2017	97.33	96.83	0	98.84	96.41	97.2						
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0															Aug 2017	99.86	100	0	100	100	100.0						
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0															Aug 2017	100	0	100	0	100	100.0						
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0															Aug 2017	100	0	100	0	100	100.0						
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	0	0	Aug 2017	0	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	0	Aug 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0															Aug 2017	0	1	0	0	0	1	6					
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0															Jun 2017	57	33	0	0	0	50.0						
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.1	6.4	6.2	5.5	6.6	5.4	5.9	6.0	5.1	5.9	6.0	6.3	5.7	6.2	6.5	6.3	7.3	-	Jul 2017						7.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			7.05	6.98	6.88	6.76	6.73	6.61	6.5	6.99	6.3	6.11	6	5.95	5.84	5.83	5.86	5.92	5.98	-	Jul 2017						5.9		

Surgical Services Group

Section	Indicator	Measure	Trajectory	
			Year	Month
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0
RTT	RTT - Backlog	<= No	0	0
RTT	Patients Waiting >52 weeks	<= No	0	0
RTT	Treatment Functions Underperforming	<= No	0	0
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No		
Workforce	WTE - Actual versus Plan	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15
Workforce	Sickness Absence - In Month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1308	1236	1231	1227	1324	1350	1254	1369	1328	1514	1344	1153	1167	1304	1204	1293	1293	1355
3	3	1	2	3	0	1	2	0	1	0	2	2	4	1	1	1	5
13	16	13	14	17	16	16	16	14	16	16	16	14	14	16	18	16	17
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
97,723	100,371	102,540	104,891	107,435	109,035	110,630	112,597	113,840	115,090	116,146	118,262	121,184	123,687	126,992	129,204	131,460	133,412
.	.	36,039	35,257	36,835	36,967	40,451	42,937	44,084	45,279	47,179	48,985	51,471	53,057	55,792	57,290	59,198	60,680
149	144	143	151	158	155	152	146	140	151	185	157	166	168	172	176	196	181
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	46	52	62	56	46	53	52	50	53	52	33	32	30	41	38	51	50
-	164	169	161	162	168	169	181	173	181	166	149	138	61	50	55	96	96
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	0	0	0	2	0	1	3	0	0	2	1	2	2	0	0	2	2
86.3	88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
232	832	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Aug 2017	71.2	58.0	0.0	0.0	80.5	72.7		
Aug 2017	85.7	90.3	0.0	0.0	93.3	90.2		
Aug 2017	91.6	86.1	0.0	0.0	94.2	91.6		
Aug 2017	643	395	0	0	347	1385		
Aug 2017	1	0	0	0	4	5		
Aug 2017	9	6	0	0	2	17		
Aug 2017	0.5	0.0	0.0	0.0	0.0	0.51		
Aug 2017	47,025	15,220	0	4,659	66,308	133412		
Aug 2017	23,577	7,077	0	3,106	27,120	60880		
Aug 2017	61.68	29.59	33.2	19.36	35.02	181.18		
Aug 2017	83.9	85.3	86.1	82.3	90.0	85.8		
Aug 2017	82.76	94.12	0	72.09	80.77	81.0		
Aug 2017	4.6	5.8	6.9	4.3	2.2	4.8	4.7	
Aug 2017	5.0	6.8	4.9	4.6	2.0	4.7	4.8	
Aug 2017	13.0	14.0	12.0	10.0	0.0	50.0	210.0	
Aug 2017	36.0	17.0	22.0	18.0	0.0	96.0	358.0	
Aug 2017	86.1	79.6	89.1	82.3	85.3	84.7	83.8	
Aug 2017	87.6	85.3	92.1	86.9	79.4	86.5		
Jan-00	-	-	-	-	-	-	-	
Aug 2017	0	0	2	0	0	2		
Apr 2016						88.03	88	
Apr 2016						238	238	
Jan-00						-	-	

Surgical Services Group

Workforce	Your Voice - Response Rate	No		
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-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	30	-->	-->	-->	-->	15.3	-->
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Jul 2017

20.5	13.2	5.2	18.4	14.3
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15.3



Workforce	Your Voice - Response Score	%		
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-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.79	-->	-->	-->	-->	-->	-->
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Jan 2017

3.53	3.29	3.85	3.6	3.69
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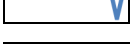











3.79



Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Trend					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	G	M	P	
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	91.2			89.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	97.6		97.6		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Jan-00	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	0	1	2	1	1	2	3	1	1	2	1	1	0	3	1	0	0	0	Aug 2017	0	0	0	0	4	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Aug 2017	1	0	0	1	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	98.8	95.5		96.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	99.5	100		99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	100	0		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	100	0		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	1	0	1	2	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date			
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	G				M	P
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																	Aug 2017		22.4		22.4	24.6			
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			8	10	7	9	8	9	10	8	11	8	7	9	8	9	8	9	7	8	Aug 2017		7.76		7.8	8.2	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			18	17	15	15	19	19	19	23	17	20	15	17	17	17	15	17	18	15	Aug 2017		14.6		14.6	16.4	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																		Aug 2017		1		1	1		
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																		Aug 2017		3		3	13		
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																		Aug 2017		1.28		1.3	1.4		
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Aug 2017		7.39		7.4			
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																		Aug 2017		76.5		76.5			
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																		Aug 2017		107		107.0			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0					N/A		N/A						N/A	N/A	N/A		-	-	Jun 2017	0	0	0	0.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.5	4.9	5.0	4.7	4.4	4.2	3.9	5.4	5.9	5.0	4.0	5.4	4.7	4.6	4.5	4.8	4.3	-	Jul 2017				4.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.9	5.8	5.6	5.4	5.2	5.2	5.1	5.4	5.0	5.0	5.0	4.9	4.8	4.8	4.7	4.7	4.7	-	Jul 2017					4.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0								#DIV/0!									-	Jul 2017	93.1		0	93.1			
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Jul 2017	85.7			85.7		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Jul 2017	73.3			73.3		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0	3	1	2	0	0.5	0.5	1.5	4	3	2	4.5	3.5	4.5	3	2	2	-	Jul 2017	2	-	0	2	11.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	1	0	1	0	0	0	0	0	0	0.5	1.5	3.5	3	1	0	0	-	Jul 2017	0	-	0	0	4	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			62	149	86	176	62	70	97	76	98	98	120	150	162	126	139	95	102	-	Jul 2017	102	-	0	102		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	-	0	0	0	



Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	G	M	P
Data Completeness	Open Referrals	No			22,929	23,294	24,026	24,973	24,866	25,230	25,885	26,671	27,018	27,523	27,970	28,605	29,483	30,091	30,838	31,759	32,486	33,158	Aug 2017	8,653	16,423	8,082	33158		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	-	10,041	10,069	10,168	10,770	11,488	11,421	12,342	12,816	13,222	13,822	14,698	15,253	15,849	16,571	17,454	17,950	Aug 2017	4,943	10,611	2,396	17950		
Workforce	WTE - Actual versus Plan	No			91.8	87.3	101	99.2	97.1	118	116	107	109	126	119	111	116	119	124	116	117	108	Aug 2017	6.84	68.2	33.1	108.3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	87.6	83.7	90.1	89.3		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	91.7	88.2	100	90.7		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	3.87	5.24	2.9	4.5	4.5	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	2.41	5.1	2.94	4.2	4.4	
Workforce	Sickness Absence - Long Term - in month	No			-	40	36	34	39	43	44	43	43	30	30	23	29	27	36	28	31	30	Aug 2017	4	20	6	30.0	152.0	
Workforce	Sickness Absence - Short Term - in month	No			-	99	105	94	111	96	106	113	125	114	142	83	105	50	41	40	88	89	Aug 2017	6	64	19	89.0	308.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	87.9	83.5	84.2	84.07	84.57	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	80.2	89.3	88.9	88.4		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		
Workforce	New Investigations in Month	No			0	1	0	0	1	1	0	0	0	0	0	0	1	3	1	0	0	0	Aug 2017	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	●	●	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	●	●	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	13	-->	-->	-->	-->	-->	16	-->	Jul 2017	14.1	12.6	24.8	16		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.66	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.72	3.6	3.7		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date						
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	G	M	P	
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			159	207	198	244	253	219	255	119	131	109	126	-	-	-	-	-	-	-	-	Jan 2017		126		126	1861	
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	89	86.9	88.6	86.7	92.4	86.1	87.6	85.3	84.6	95.7	90.5	88.3	-	-	-	-	-	90.5	Jul 2017		90.5		90.49	90.49		
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			9.33	12.8	11.4	11.8	8.76	12.3	10.5	7.71	1117	3.23	7.22	9.56	4.81	-	-	-	-	5.12	Jul 2017		5.12		5.12	5.12		
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	94.4	98.2	97.7	94.8	98.6	96.6	95.8	90.1	93.9	94.6	95.6	97.2	96.2	-	-	-	-	87.7	Jul 2017		87.7		87.7	87.7		
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			96.2	99.7	99.5	97.1	100	100	99.5	98.8	98.4	98.5	99.3	1.29	95.8	-	-	-	-	94	Jul 2017		94		93.98	93.98		
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	95.6	99	97.5	96.6	96	96	94.3	91.5	95.4	94.1	93	92.1	90.1	-	-	-	-	87.4	Jul 2017		87.4		87.38	87.38		
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			81.6	89.2	81.9	86	88.7	88.3	91.5	92.8	89.4	89.2	89.7	82.5	84.2	-	-	-	-	79.3	Jul 2017		79.3		79.29	79.29		
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards with HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	-	-	-	Mar 2017		1		1	12		
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	96	97.9	92.8	94.9	97.8	99.2	97	95	95.9	93.9	96.9	-	95.5	-	-	-	-	93.5	Jul 2017		93.6		93.55	93.55		
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	99.4	99.8	99.4	99.7	99.8	99.5	99.3	94	93.6	87.9	98.6	-	86.1	-	-	-	-	95.8	Jul 2017		95.8		95.76	95.76		
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			43.9	42.8	39.4	41.7	49.3	40.6	39.6	40.7	37.6	43.5	43.5	-	42.2	-	-	-	-	40.3	Jul 2017		40.3		40.32	40.32		
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	100	100	100	100	100	100	100	100	100	100	100	100	-	-	-	-	-	Feb 2017		100		100	100		
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			341	382	400	391	391	365	413	313	132	306	377	-	357	-	-	-	-	382	Jul 2017		382		382	382		
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	100	100	98.8	98.7	101	97.3	96.3	92.4	91.3	93.5	97.2	-	91.3	-	-	-	-	97.4	Jul 2017		97.5		97.45	97.45		
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			358	411	322	369	393	376	409	347	330	310	342	-	322	-	-	-	-	371	Jul 2017		371		371	371		
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	100	99.8	99.4	99.7	95.4	96.7	94.9	89.4	86.6	86.5	88.6	-	97.9	-	-	-	-	98.4	Jul 2017		98.4		98.41	98.41		
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			339	290	341	355	393	375	346	347	339	323	343	-	-	-	-	-	-	351	Jul 2017		351		351	351		
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	91.6	91.2	90.9	92	91.4	85.6	86.3	83.6	86.7	82.4	89.8	-	-	-	-	-	-	97.8	Jul 2017		97.8		97.77	97.77		

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			39	51	60	42	42	38	45	41	34	31	63	-	-	-	-	-	193	-	Jul 2017	193	193	193	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				

Pathology Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate					Month	Year To Date	Trend					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	HA				HI	B	M	I	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																				Aug 2017	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2017	-	-	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	3	4	2	1	2	1	2	3	2	4	1	2	1	1	1	0	1	Aug 2017	0	1	0	0	0	1	4		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	3	5	4	2	2	2	3	3	1	3	4	4	3	2	2	3	3	Aug 2017	0	1	0	1	1	3	-		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-	-		
Data Completeness	Open Referrals	No			3,420	3,572	3,639	3,701	3,888	5,631	5,764	5,995	6,051	6,140	6,284	6,387	6,485	6,601	6,770	6,960	7,039	7,180	Aug 2017	2,118	0	2,442	0	2,620	7,180			
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	-	1,502	1,437	1,510	2,208	2,275	2,407	2,444	2,478	2,613	2,685	2,791	2,845	2,956	3,034	3,321	3,246	Aug 2017	1,080	0	1,135	0	1,031	3,246			
Workforce	WTE - Actual versus Plan	No			30.3	25.7	31.6	35.2	39	39.8	38.4	40	37	31	34.7	30.3	23.7	18.7	28.1	27.9	30.2	30.1	Aug 2017	9.4	4.27	8.83	4.96	-2.2	30	-		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2017	92.9	83.3	90.2	94.7	96.3	93.64	-		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Aug 2017	0	62.5	100	100	66.7	78.75	-		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2017	3.34	2.6	4.01	3.2	2.91	3.57	3.62		
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Aug 2017	3.5	1.6	4.6	0.8	0.6	3.09	3.15		
Workforce	Sickness Absence - Long Term - In Month	No			-	10	12	14	14	15	13	12	14	6	5	6	8	6	6	6	8	5	Aug 2017	1.0	0.0	2.0	0.0	0.0	5	31		
Workforce	Sickness Absence - Short Term - In Month	No			-	47	45	38	35	36	30	43	49	41	36	35	45	30	30	39	40	51	Aug 2017	7.0	5.0	21.0	8.0	3.0	51	190		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Aug 2017	91.7	93.6	77.4	97.7	94.3	86.3	85.7		
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2017	90.8	91.7	89.6	93.4	96.6	91.2	-		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		
Workforce	New Investigations in Month	No			0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0	0	-		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	-	-	265	265		
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	-	-	0	0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	22	-->	-->	-->	-->	-->	-->	23.7	-->	Jul 2017	14.8	31.4	20.2	35.7	33.3	24	-	
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.82	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82	-		

Imaging Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate				Month	Year To Date	Trend	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	DR	IR	NM				BS
Patient Safety - Harm Free Care	Never Events	<= No	0	0																		Aug 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																		Aug 2017	0	0	0	0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	-	2.0	1.0	2.0	1.0	3.0	1.0	-	2.0	2.0	1.0	-	1.0	1.0	2.0	2.0	2.0	-	Jul 2017					7.1		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	12.0	14.0	13.0	13.0	12.0	14.0	14.0	13.0	15.0	17.0	17.0	15.0	16.0	15.0	16.0	16.0	17.0	-	Jul 2017						4.54	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		Jul 2017				71.7	71.7	65.84		
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																		Jul 2017				96.23	96.23	96.84		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 62 days for treatment	No																				Jul 2017	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No																				Jul 2017	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No																				Jul 2017	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0																		Aug 2017	0	0	0	0	0	0		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	2	0	1	1	2	1	1	4	5	4	1	1	4	2	2	3	1	Aug 2017	1	0	0	0	1	12	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	2	1	2	2	2	0	1	4	9	3	2	2	1	3	4	5	2	Aug 2017	2	0	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No																				Aug 2017	-	-	-	-	-	-		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			62	36	67	69	86	66	54	55	60	55	66	54	100	102	128	94	106	100	Aug 2017	100	0	0	0	100	530	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																		Aug 2017	0.2				0.2			
Data Completeness	Open Referrals	No			298	288	288	328	342	364	389	428	438	461	481	498	512	522	545	560	577	Aug 2017	577	0	0	0	577			
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	-	287	287	299	315	331	346	373	386	403	421	438	454	482	506	531	Aug 2017	531	0	0	0	531			
Workforce	WTE - Actual versus Plan	No			46.3	48.5	51	44.2	44.5	47	45.4	40.8	40.2	38.5	32.4	31.4	32	35	38.9	35.7	34.7	30.3	Aug 2017	17.3	3.95	2.01	1.99	30.3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																		Aug 2017	84.3	90.0	85.0	85.2	87.1			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		Aug 2017	95.7	0	50	75	89.7			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																		Aug 2017	3.3	3.2	2.5	3.7	4.32	4.20		
Workforce	Sickness Absence - in month	<= %	3.15	3.15																		Aug 2017	2.6	0.0	1.7	0.8	3.85	3.76		
Workforce	Sickness Absence - Long Term - in month	No			-	10	10	8	8	7	6	7	13	10	15	13	9	6	10	7	7	4	Aug 2017	3.0	0.0	0.0	0.0	4.00	34.00	
Workforce	Sickness Absence - Short Term - in month	No			-	33	39	38	31	23	26	29	41	40	53	36	32	29	22	24	22	22	Aug 2017	11.0	0.0	2.0	4.0	22.00	119.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																		Aug 2017	78.7	0	78.9	68.3	71.4	71.4		
Workforce	Mandatory Training	=> %	95.0	95.0																		Aug 2017	81.7	93.5	91.6	93.7	87.5			
Workforce	Mandatory Training - Staff Becoming Out Of Date	%																				Jan-00	-	-	-	-	-	-		
Workforce	New Investigations in Month	No			1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2017					0		
Workforce	Your Voice - Response Rate	No																				Jul 2017	20.2	10	51.9	22.8	23.8			
Workforce	Your Voice - Overall Score	No																				Jan 2017	3.43	0	4.07	4.17	3.58			
Imaging Group Only	Unreported Tests / Scans	No																												
Imaging Group Only	Outsourced Reporting	No																												
Imaging Group Only	IRMA Instances	No																												

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Trend					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A				
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	2	2	1	0	5	4	4	1	3	2	Aug 2017	0	2	0	2	14		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	2	2	2	0	5	4	4	1	3	2	Aug 2017	0	2	0	2	14		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	2	0	0	0	0	0	0	0	2	0	Aug 2017	0	0	0	0	2		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	1	1	2	0	0	3	2	3	0	3	Aug 2017	0	3	0	3	11		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	1	0	0	0	0	2	2	4	0	1	Aug 2017	0	1	0	1	9		
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	Aug 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	0	0	0	0	0	2	0	0	0	0	Aug 2017	0	0	0	0	2		
Patient Safety - Harm Free Care	Falls	<= No	0	0	20	22	38	31	29	31	29	33	30	27	20	19	31	23	21	36	36	38	Aug 2017	1	37	0	38	154		
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	2	Aug 2017	1	1	0	2	3		
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	4	2	4	2	3	1	1	0	1	3	2	2	1	5	1	1	1	0	Aug 2017	-	0	-	0	8		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	2	1	0	3	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	Aug 2017	0	0	0	0	0		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			7	3	5	5	4	5	4	3	8	4	6	1	1	4	3	8	4	10	Aug 2017	4	6	0	10	29		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	11	7	9	8	9	7	5	5	6	6	6	6	9	10	12	9	11	Aug 2017	3	7	1	11			

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Figure			
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	AT				IB	IC	
Workforce	WTE - Actual versus Plan	No			106	102	123	128	154	152	135	104	109	122	115	112	118	128	130	131	132	136	Aug 2017	39	56	41.1	136.18			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	90	92.1	89.1		91.9	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	3.17	5.03	3.7	4.03	4.02	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	2.9	5.96	3.56	4.27	3.95	
Workforce	Sickness Absence - Long Term - in month	No			-	26	25	26	24	27	29	22	23	29	32	24	24	24	19	19	15	24	Aug 2017	3	-	-	24	101		
Workforce	Sickness Absence - Short Term - in month	No			-	65	59	81	80	83	53	74	104	101	102	93	82	57	60	57	78	84	Aug 2017	10	38	34	84	336		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	71.1	80	80.9	78.39	78.26	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	90.9	0		90.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	2	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0	Aug 2017				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	89.3	87.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	86	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	-->	29	-->	Jul 2017	31.1	24.1	31.1	29		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.83	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.72	3.72	3.96	3.83		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Figure							
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	AT	IB				IC						
Community & Therapies Group Only	DVT numbers	=> No	730	61	51	53	55	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	8.06	9.9	8.82	9.6	8.85	9.01	9.22	7.88	7.37	12.2	12.2	8.97	8.04	8.47	8.18	8.5	7.79	8.04						Aug 2017				8.0	8.2		
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	1.58	1.58	1.58	1.58	1.29	0	1.42	0.87	3.94	1.15	-	-	-	-	-	-						Feb 2017				1.2	1.4		
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						Jan-00				-	-		
Community & Therapies Group Only	STEIS	<= No	0	0	1	0	0	2	0	0	2	1	1	0	0	0	0	0	0	0	-	1	2					Aug 2017				2	3		
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	24	23	17	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-						Jun 2016				17	57		
Community & Therapies Group Only	DNA/No Access Visits	%			0	1	1	2	3	2	2	2	2	2	1	2	-	-	-	-	1	1	-					Jul 2017				0.69			
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	-	38.5	42.4	41.5	60.1	36.8	53	57.3	55.8	59.2	56.3	66.8	58.2	51.8	56.3	56.1						Aug 2017				56.11	57.68		
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			54	61	161	70	61	55	65	42	77	69	60	62	58	69	63	57	58	57						Aug 2017				57.45			
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			58	64	67	75	65	63	71	47	80	71	63	65	63	77	68	63	65	66						Aug 2017				65.91			
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			32	37	35	40	36	32	37	26	52	46	48	36	46	58	52	46	49	49						Aug 2017				48.99			
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			21	40	37	11	30	37	45	14	53	53	52	62	44	55	-	-	60	38						Aug 2017				38.39			
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94	93	91	90	90	92	86	94	93	93	69	93	94	92	-	93	92	-						Jul 2017				91.9			
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			7	-	-	200	222	222	270	177	251	369	308	382	460	488	467	453	428	420						Aug 2017				56.38	58.96		
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			3	3	2	1	4	3	2	0	2	5	6	8	6	5	8	4	8	4						Aug 2017				4	29		
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			3	3	2	1	3	1	1	0	2	2	4	6	3	5	8	4	5	2						Aug 2017				2	24		
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	1	1	1	0	0	3	2	2	2	0	0	0	3	2						Aug 2017				2	5		
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0						Aug 2017				0	0		

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate							Month	Year To Date	Trend					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	SG	F	W				M	E	N	O	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	8	10	12	4	13	8	13	11	12	11	11	14	3	9	5	10	2	Aug 2017	0	0	0	0	0	2	0	2	29		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			7	8	9	12	9	17	10	13	18	13	12	17	19	16	17	10	13	5	Aug 2017	0	0	0	0	0	5	0	5			
Workforce	WTE - Actual versus Plan	No			96.4	102	128	101	106	130	146	123	118	133	98.6	94.5	105	99.5	103	102	102	107	Aug 2017	8.48	2.36	2.88	5.16	-2.87	-42.3	48.7	107.02			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	63	80	84	89	92	89	93	89.8			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017			95					66.7	55		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	2.20	2.97	4.17	3.04	4.05	5.73	4.95	4.75	4.60		
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	4.01	1.65	3.78	3.55	6.06	4.86	3.74	4.25	4.59		
Workforce	Sickness Absence - Long Term - in month	No			-	51	53	52	59	62	65	64	64	79	0	1	0	2	1	2	2	2	Aug 2017	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	9.00		
Workforce	Sickness Absence - Short Term - in month	No			-	192	176	173	153	160	181	203	224	191	7	8	8	3	2	3	1	4	Aug 2017	4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	13.00		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	90.4	79.0	71.5	74.1	75.2	81.8	79.4	79.5	80.2		
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2017	0	95	97	84	100	89	90	90.2	90		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-		
Workforce	New Investigations in Month	No			2	4	4	1	4	1	1	0	0	2	1	1	4	6	0	2	1	1	Aug 2017	0	0	0	0	0	1	0	1			
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	18	-->	-->	-->	-->	-->	21	-->	Jul 2017	67.7	41.5	42.9	30.4	30.3	6.6	21.9	21.2		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.64	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

TRUST BOARD

DOCUMENT TITLE:	IPR Persistent Reds
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance & Performance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	5 th October 2017

EXECUTIVE SUMMARY:**IPR - Indicators where Performance during the Last Year was Consistently below Targets**

The Board has previously challenged and confirmed the relative priority and timescale for remediation of performance in respect of these KPIs.

The Board has previously been appraised of the revised trajectory for Early Booking Assessment. Similarly the success in delivery of ED time to initial assessment being delivered ahead of schedule in Q1 and that performance has been sustained across Q2.

With regard to KPIs due for remediation by end Q2 [P06 September] there is a stubborn marginal underperformance on Patient Safety Thermometer and which is now expected to be remedied in Q3. Other KPIs due in Q2 require discipline in day to day deliver to close out a residual small number of instances of breach. This is the subject of routine management attention and does not require a RAP.

KPIs due for remediation by end Q3 [P09 December] are shown below and which the RTT local standards delivery has been assessed as deferred to Q4. RAPs to underpin that delivery are in progress.

KPI	Due	Achieved Now?	Revised target date	RAP
Early Booking Assessment [90% within 12 weeks]	Q1	NO <ul style="list-style-type: none"> 78% Q1 76% P05 	Q3 patient level review underway to identify performance issues; improving GP liaison	YES
Patient Safety Thermometer – Overall Harm Free Care [95%]	Q2	NO <ul style="list-style-type: none"> 93.9% P05 94.6% YTD 	Q3 Stubborn marginal under-performance	Reqd & TBC
WHO safer surgery checklist – brief & debrief [100%]	Q2	NO <ul style="list-style-type: none"> 98% Q1 99.2% P05 [x4 specific breaches] 	Small residual # being monitored & followed up at specific clinician / operating list level.	N/A
Neutropenic sepsis – treatment within 1 hour	Q2	NO <ul style="list-style-type: none"> 21 breaches Q1; 10 breaches P04 3 breaches in P05 	Small residual # being monitored & followed up at specific patient / clinician level.	N/A
ED timeliness to initial assessment – 95 th %ile within 15 minutes	Q2	YES <ul style="list-style-type: none"> Delivered P01-P05 	N/A	N/A

Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)(tolerance 0.8%)	Q3	NO <ul style="list-style-type: none"> 1.3% mean YTD 0.9% mnth P05 	No change - December	N/A
Patient Bed Moves (10pm - 6am) (No.) - ALL	Q3	NO <ul style="list-style-type: none"> c600 p.m. mean YTD 	No change - December	N/A
Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	Q3	NO <ul style="list-style-type: none"> c200 p.m. mean YTD 	No change - December	N/A
Medical Appraisal (target 95%)	Q3	NO <ul style="list-style-type: none"> consistent 82%-88% p.m. YTD 	No change - November	N/A
Return to Work Interviews following Sickness Absence (target 100%)	Q3	NO <ul style="list-style-type: none"> consistent 79% p.m. mean YTD 	No change - November	N/A
RTT - Admitted Care (18-weeks) (standard 90%)	Q3	NO <ul style="list-style-type: none"> consistent 77% p.m. mean YTD 	Q4 – March	Reqd & TBC
RTT – Non - Admitted Care (18-weeks) (standard 95%)	Q3	NO <ul style="list-style-type: none"> consistent 92% p.m. YTD 	Q4 – March	Reqd & TBC
Treatment Functions Underperforming (Incomplete) (tolerance None)	Q3	NO <ul style="list-style-type: none"> consistent 25-28 p.m. YTD 	Q4 – March - Oral and T&O No change – December – all other	Reqd & TBC

Improvement in Friends & Family Test (both response rates & approval rating scores) is scheduled for Q4. There has been notable progress in Q2 in the development of an effective remedy of this indicator.

Oversight and assurance shall continue to be provided through routine consideration at the executive PMC and non-executive Q&S Committee.

REPORT RECOMMENDATION:

The Board is recommended to:

- challenge and confirm the revised remediation date and require an action plan for the Patient Safety Thermometer standard.
- review at its next meeting performance in respect of those indicators due in Q2
- require at its next meeting a prospective assessment of those indicators falling due in Q3

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE, Q&S Committee

Persistent Red Recovery Plan

	Indicator	Measure	Directors' Priority Assessment			Lead	Plan In Place Yes / No	Delivery Trajectory			
			NOW	SOON	LATER			Q1	Q2	Q3	Q4
Obstetric	Caesarean Section Rate - Total	<= %			✓	Amanda Geary	Yes				x
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	✓			Amanda Geary	Yes	→		x	
Harm Free Care	Patient Safety Thermometer - Overall Harm Free Care	=> %	✓			Paul Hooton	Yes		→	x	
	Falls	<= No			✓	Paul Hooton	Yes				Align to Quality Plan
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	✓			Ajai Tyagi	Yes		x		
	Mortality Reviews within 42 working days	=> %		✓		Roger Stedman	Yes			x	
	Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	✓			Michelle Harris	Yes		x		
Cancelled Operations	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	✓			Tina Robinson	Yes			x	
	No. of Sitrep Declared Late Cancellations - Total	<= No	✓			Tina Robinson	Yes			x	
	Weekday Theatre Utilisation (as % of scheduled)	=> %	✓			Liam Kennedy	Yes				x
Access To Emergency Care & Patient Flow	Emergency Care 4-hour waits	=> %	✓			Phil Holland	Yes				x
	Emergency Care 4-hour breach (numbers)	No	✓			Phil Holland	Yes				x
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	✓			Michelle Harris	Yes	x			
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	✓			Michelle Harris	Yes			x	
	Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No		✓		Phil Holland	No				x
	Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No		✓		Phil Holland	No				x
	Patient Bed Moves (10pm - 6am) (No.) -ALL	No		✓		Phil Holland	Yes			x	
	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No		✓		Phil Holland	Yes			x	
	Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	✓			Tina Robinson	Yes			x	
Workforce	PDRs - 12 month rolling	=> %	✓			Raffaella Goodby	Yes	Implementation of new PDR programme			Q4 for 2018/19
	Medical Appraisal	=> %	✓			Roger Stedman	Yes			x	
	Sickness Absence (Rolling 12 Months)	<= %	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Sickness Absence (Monthly)	<= %	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Sickness Absence - Long Term (Monthly)	No	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Sickness Absence - Short Term (Monthly)	No	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Return to Work Interviews following Sickness Absence	=> %	✓			Raffaella Goodby	Yes	On-going programme of actions		x	
	Mandatory Training	=> %	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Mandatory Training - Health & Safety (% staff)	=> %	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Employee Turnover (rolling 12 months)	<= %	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Nursing Turnover	%	✓			Raffaella Goodby	Yes	On-going programme of actions			x
	Referral to Treatment (RTT)	RTT - Admitted Care (18-weeks)	=> %		✓		Liam Kennedy	No			→	x
RTT - Non Admitted Care (18-weeks)		=> %		✓		Liam Kennedy	No			→	x
Patients Waiting >52 weeks		<= No	✓			Liam Kennedy	No				x
Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)		<= No	✓			Liam Kennedy	Yes			→	x
Open Referrals	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	✓			Liam Kennedy	Yes	Resume project plan; progressed as part of planned care initiatives			x
Friends and Family	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %			✓	Elaine Newell	No	Good progress already made towards a credible plan and ward roll out			
	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No			✓		No				
	FFT Response Rate: Type 1 and 2 Emergency Department	=> %			✓		No				
	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No			✓		No				
	FFT Response Rate: Type 3 WiU Emergency Department	=> %			✓		No				
	FFT Score - Outpatients	=> No			✓		No				
	FFT Score - Maternity Birth	=> No			✓		No				
	FFT Response Rate - Maternity Birth	=> %			✓		No				
LD	Access to healthcare for people with Learning Disability (full compliance)	Yes / No		✓		Elaine Newell	No				Q4 for 2018/19

TRUST BOARD

DOCUMENT TITLE:	Financial performance – P05 August 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite – Finance Director
AUTHOR:	Tim Reardon – Associate Director of Finance
DATE OF MEETING:	5 October 2017

EXECUTIVE SUMMARY:**Headlines**

This report deals with the financial performance for P05 August 2017/18 and indications for the performance in relation to statutory duties for the full year.

Year to date the trust is £3.6m behind plan (before STF & exceptional items). This adverse position is driven by £3.0m under-recovery of planned care income consequent on under-delivery of the production plan. CIP delivery is reported as in line with NHSI plan but is £1.2m below the trust's internal plan. The trust's monthly pay bill is flat at £26m and needs to be reduced at short order. Agency costs at £1.4m are flat compared to prior month although down from £2.4m spent in December 2016.

Headline performance to date is reported as a surplus and being materially ahead of plan. This reflects the recognition in month of a £16.3m profit on disposal of surplus assets. The impact of that accelerated delivery of the transaction is also reflected in the reported cash position being ahead of plan and which defers the timing of any borrowing to likely Q4.

It is foreseeable that at end Q2 the trust shall be over £4m behind plan. This assumes step improvement in production plan delivery but with delivery risk against CIP plans which further step up in P06. The headline results at Q2 will similarly show this shortfall on plan being covered by the one-off profit on disposal.

The specific risk relating to income recovery on SLAs with CCG commissioners has been the subject of informal mediation. The consequent moderated risk is assessed at £3.1m. The matter is subject to ongoing dialogue with CCG colleagues and with meaningful prospect of being remedied. This reflects a common recognition and intent to move to a different contracting arrangement from 2018.19 forwards and requirement for stability & certainty this year to enable the necessary work to be done.

Our plan for this year was for the delivery of (pre-STF) financial balance. There is significant risk to that plan. Importantly without urgent remediation the exit run rate of costs for March 2018 will be significantly higher than plan. This would perpetuate issues into the 2018.19 financial year and compound the scale of financial challenge for that year. The financial outlook for the year and actions to secure delivery of best result possible is the subject of specific & separate consideration by the Board

Key actions:

- Remedy production plan to meet target including income CIPs & stretch.
- Remedy ED 4hr performance to 90% from P07 forwards to secure Q3/Q4 STF.
- Resolution of 2017.18 contract disputed items with SWBCCG.
- Accelerate CIP identification and delivery.
- Secure Taper Relief funding from NHSE & CRL from NHSi.

Key numbers:

- Headline year to date surplus £7.9m being £14.2m ahead of plan due to profit on disposal.
- Underlying YTD deficit £(14.2)m being £3.6m adverse to plan.
- STF of £2.5m assumed earned for year to date (of which £220k now at risk due to change in criteria for STF recovery).
- Pay bill £26.2m (vs. £26.2m previous month); Agency spend £1.4m (vs. £1.4m in P4).
- Capital spend at £9.1m is £5.3m behind plan to date.
- Cash at 31st August £27.3m being above plan by £26.8m.

REPORT RECOMMENDATION:

The Board is recommended to

- NOTE the report and specifically the requirement for remedial actions to address significant risks to forecast out-turn and exit run rate.
- REQUIRE those actions necessary to secure the required plan out-turn for FY 2017/18.

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	x

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

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

Comments:

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

Finance Report

Period 05 2017/18
August 2017

Trust Board
5 October 2017

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Finance Report

Summary & Recommendations

Period 05 2017/18

Statutory Financial Duties	Value	Outlook	Note
I&E control total surplus	£9.79m	X	1
Live within Capital Resource Limit	£46.6m	✓	2
Live within External Finance Limit	£92.3m	✓	3

1. Forecast surplus £9.7m formally reported. Downside risk.
 2. CRL as plan submission and remains to be confirmed by NHSi.
 3. EFL based on £9.9m surplus and opening cash of £14.4m. Compliance risk from P&L downside. Accelerated surplus asset disposal provides mitigation.

Outlook

- NHSI P05 return forecast surplus £9.4m, £549k below control total due to H1 A&E STF failure.
- Plausible route to pre-STF control total delivery identified but with risk. Over delivery on asset disposal profit but income stretch and CIP / expenditure avoidance need to make enhanced contribution.
- Capacity & capability build on-going through implementation of Board agreed FIP2 action plan.

P05 key issues & remedial actions

- P05 YTD headline performance reported as £14.2m ahead of plan due to profit on land sale.
- Position is reliant on significant technical support and requires remediation through delivery of cornerstone P&L improvement.
- Planned care income significantly off target in P05 and requires remediation & stretch in remaining months.
- Plausible route to pre-STF control total to be validated.
- Forecast exit run rate inconsistent with financial plan for recurrent balance going into 2018/19. Remediation plan requires accelerated [pay] cost reduction. TBC.
- Capex programme being pursued as plan. CRL remains to be confirmed by NHSi. Dialogue on-going.
- Near term revenue cash requirement covered by revised capex timing and asset disposal receipt. Consequent revenue borrowing requirement pushed back to January 2018 subject to I&E variables.
- Stable agency spend P05 on P04; mobilisation of plan to secure first £10m reduction on-going.

Recommendation

- Challenge and confirm:
 - reported P05 position & specifically the assumptions underpinning the deployment of technical support.
 - plausible route to control total and require mitigating actions to reduce costs to be expedited.

Financial Performance to Date

For the period to the end of August 2017 the Trust is reporting:

- P05 year to date reported ahead of plan excluding STF
- Headline I&E surplus of £7,868k, exceeds NHSI plan by £14.2m as a result of £16.3m land sale profit offsetting STF A&E failure and operational performance.
- Underlying I&E deficit £14,181k being £3.6m adverse to plan
- Capital spend of £9,064k being £5,332k behind plan;
- Cash at 31 August £27,285k being £26,796k more than plan.
- Use of resources rating at 3 year to date.

I&E

P05 year to date reported as ahead of plan due to profit on sale of land. A&E waiting time performance failure reported at £446k.

The reported delivery is dependent on the benefits from £19.5m of contingencies and flexibility. This includes land sale which, was intended to provide the £13m mitigation included in P12. At current run rates this is likely to be utilised by P09. This is dealt with in a separate briefing note.

Patient related income and pay are the main drivers of I&E underperformance. Planned Care is significantly behind internal plan to date and faces a step up which remains to be fully secured.

Savings

Savings required in 2017/18 are £33m. Of this total £13.1m remain unidentified covered N/R by profit on disposal of surplus assets. CIP delivery to date is reported as £4.8m being in line with NHSI plan but £1.2m adverse to TPRS plans.

Capital

Capital expenditure to date stands at £9.1m against a full year plan of £46.7m. Key variance to date in is respect of timing of milestone payments re EPR. The full year programme is subject to review having regard to MMH delay.

Cash

The cash position is £26.8m above plan at 31st August. This is due to the I&E position being offset, and funded, by capital cash.

The key issue for the Trust is the impact of prior year underlying deficits on the cash position. Year to date financials indicate that current year I&E performance is not making good these shortfalls. Achievement of EFL is based on I&E recovery and securing STF in full.

Any immediate requirement for revenue cash support is being covered by timing of capital cash outgoings. The revenue borrowing requirement anticipated for July in the plan will now be required in January 2018. This is as a result of the asset disposal proceeds received in August 2017.

Better Payments Practice Code

Performance in July deteriorated when measured by value and volume and continues to be below the target of 95%. It is expected that this target will not be achieved in FY 2017/18 given the cash position and the resulting extension of creditor terms that will be maintained.

Finance Report

Use of Resources Rating

Period 05 2017/18

Finance and use of resources rating	Expected Sign	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY	03VARCY	Maincode
		Plan 31/08/2017 YTD £'000	Actual 31/08/2017 YTD £'000	Variance 31/08/2017 YTD £'000	Plan 31/03/2018 Year ending £'000	Forecast 31/03/2018 Year ending £'000	Variance 31/03/2018 Year ending £'000	Subcode
Capital service cover rating	+	4	4		1	2		PRR0160
Liquidity rating	+	4	2		4	4		PRR0170
I&E margin rating	+	4	1		1	1		PRR0180
I&E margin: distance from financial plan	+		1			2		PRR0190
Agency rating	+	3	4		2	2		PRR0200

Overall finance and use of resources risk rating	Expected Sign	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY	03VARCY	Maincode
		Plan 31/08/2017 YTD £'000	Actual 31/08/2017 YTD £'000	Variance 31/08/2017 YTD £'000	Plan 31/03/2018 Year ending £'000	Forecast 31/03/2018 Year ending £'000	Variance 31/03/2018 Year ending £'000	Subcode
Overall rating unrounded	+		2.40			2.20		PRR0202
If unrounded score ends in 0.5	+		0.00			0.00		PRR0204
Plan risk ratings before overrides	+		2			2		PRR0206
Plan risk ratings overrides:								
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text		Trigger			Trigger		PRR0208
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+		3			3		PRR0210
Control total override - Control total accepted	+		YES			YES		PRR0212
Control total override - Planned or Forecast deficit	Text		No			No		PRR0214
Control total override - Maximum score (0 = N/A)	+		0			0		PRR0216
Is Trust under financial special measures	Text		No			No		PRR0218
Risk ratings after overrides	+		3			3		PRR0220

The Trust use of resources rating year to date is 3 (amber) with a number of metrics showing 1 or 2 rather than the 4 previously reported. This is related to the profit generated on land which has been reported in August and so will be temporary. However, not all metrics are affected:

- Capital service cover is calculated using margin before profit on sale and so is unaffected and consequently remains red;
- Agency spend remains more than plan resulting in a score of 4.

Finance Report

I&E Performance – Full Year

Period 05 2017/18

Period 5	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	35,436	34,557	(879)	176,854	171,219	(5,635)	424,405	424,405	0
Other Income	4,057	4,124	67	19,777	23,599	3,822	59,706	59,157	(549)
Income total	39,493	38,680	(813)	196,631	194,818	(1,813)	484,111	483,562	(549)
Pay	(25,560)	(26,218)	(658)	(129,332)	(131,665)	(2,333)	(300,666)	(300,666)	0
Non-Pay	(12,567)	(12,849)	(282)	(63,287)	(61,176)	2,112	(155,280)	(155,280)	0
Expenditure total	(38,127)	(39,067)	(941)	(192,619)	(192,841)	(222)	(455,946)	(455,946)	0
EBITDA	1,366	(387)	(1,753)	4,012	1,977	(2,035)	28,165	27,616	(549)
Non-Operating Expenditure	(2,099)	14,216	16,315	(10,451)	5,863	16,314	(9,271)	(9,271)	0
Technical Adjustments	18	19	1	86	29	(57)	(8,961)	(8,961)	0
DH Surplus/(Deficit)	(715)	13,848	14,563	(6,353)	7,868	14,222	9,933	9,384	(549)
<i>Add back STF</i>	<i>(699)</i>	<i>(595)</i>	<i>105</i>	<i>(2,970)</i>	<i>(2,525)</i>	<i>446</i>	<i>(10,483)</i>	<i>(9,934)</i>	<i>549</i>
Adjusted position	(1,414)	13,254	14,667	(9,324)	5,344	14,667	(550)	(550)	0
<i>Technical Support (inc. Taper Relief)</i>	<i>(250)</i>	<i>(16,383)</i>	<i>(16,133)</i>	<i>(1,250)</i>	<i>(19,525)</i>	<i>(18,275)</i>	<i>(3,000)</i>	<i>(3,000)</i>	<i>0</i>
Underlying position	(1,664)	(3,129)	(1,466)	(10,574)	(14,181)	(3,607)	(3,550)	(3,550)	0

The trust reported a headline surplus for P05 YTD of £7.9m being £14.2m ahead of plan having taken account of the STF failure related to A&E 4hr waiting times performance.

This surplus was driven by the sale of land on which the Trust reported a £16.3m surplus in August. In addition the position has also utilised the benefit of £5.7m of contingency and support of which £1.5m was unplanned.

This includes the use of taper relief funding which remains to be secured and against which there may be calls in future months.

The land sale is necessary in order to achieve plan surplus. It may not be sufficient.

The table shows performance against the NHSI planned levels of income, pay and non-pay spend. Internal plans have flexed budgets between these headings (e.g. to reflect NHSE commissioning oncology rather than it being provided by UHB) but maintain the year to date phasing of the bottom line surplus / deficit.

The underlying deficit for P05 YTD is therefore recorded as £14.2m. This is £3.6m adverse compared with the plan underlying deficit of £10.6m.

Finance Report

Income Analysis

Period 05 2017/18

Performance Against SLA by Patient Type								
	Activity				Finance			
	Annual Plan	Planned	Actual	Variance	Annual Plan £000	Planned £000	Actual £000	Variance £000
A&E	227,129	94,762	92,754	-2,008	£24,194	£10,094	£10,360	£266
Emergencies	45,400	18,673	18,769	96	£85,899	£35,448	£37,743	£2,295
Emergency Short Stay	10,217	4,617	3,063	-1,554	£7,536	£3,408	£2,325	-£1,084
Excess bed days	10,495	4,194	6,106	1,912	£2,906	£1,171	£1,610	£439
Urgent Care					£120,535	£50,121	£52,037	£1,916
OP New	169,764	73,428	77,538	4,110	£25,548	£11,056	£11,349	£293
OP Procedures	61,597	26,649	29,674	3,025	£10,487	£4,537	£4,782	£246
OP Review	387,088	167,405	139,983	-27,422	£27,008	£11,676	£10,191	-£1,486
OP Telephone	12,965	5,598	6,000	403	£298	£129	£133	£4
DC	39,887	16,425	14,363	-2,062	£32,844	£13,527	£11,564	-£1,963
EL	6,408	2,639	2,701	62	£16,430	£6,769	£6,637	-£132
Planned Care - production plan					£112,615	£47,694	£44,655	-£3,039
Planned care outside production plan	24,234	13,713	15,054	1,341	£4,114	2,153	£2,138	-£15
Maternity	20,284	8,382	8,301	-81	£19,193	£7,931	£7,951	£20
Renal dialysis	565	234	239	5	£68	£28	£29	£1
Community	619,003	267,041	264,939	-2,102	£36,658	£15,676	£15,643	-£33
Cot days	12,932	5,571	5,456	-115	£6,782	£2,922	£2,766	-£155
Other contract lines	3,623,854	1,513,089	1,648,705	135,615	£94,419	£40,513	£40,407	-£106
Unbundled activity	68,721	32,362	30,137	-2,226	£7,629	£3,899	£3,682	-£217
Other					£168,863	£73,122	£72,616	-£506
Sub-Total: Main SLA income (excl fines)					£402,013	£170,937	£169,308	-£1,629
Year to date refresh of prior months' data					£1	-£2	£0	£2
Income adjustment - pass through drugs					£746	£304	-£336	-£640
Fines and penalties					-£600	-£250	-£1,333	-£1,083
Cancer Drugs Fund					£2,636	£1,098	£264	-£835
NHSE Oncology top up					£992	£0	£0	£0
UHB Oncology					£3,970	£0	£0	£0
National Poisons					£734	£306	£302	-£4
SLA income -interpreting					£255	£106	£110	£4
SLA income -Neurophys / Maternity etc					£1,735	£723	£632	-£91
Mental Health Trust SLA					£29	£12	£7	-£5
Individual funding requests					£0	£0	£23	£23
Private patients					£236	£100	£32	-£68
Overseas patients					£768	£320	£607	£287
Prescription Charges Income					£39	£16	£16	-£1
Injury cost recovery					£1,249	£520	£368	-£152
NHSI Plan phasing adjustment					-£4	-£1,188	£0	£1,188
Other adjustments					£3	£48	£1,220	£1,172
GRAND TOTAL patient related income					£414,803	£173,051	£171,219	-£1,831

This table shows the Trust's year to date patient related income including SLA income performance by point of delivery as measured against the draft contract price & activity schedule.

Planned care within the production plan is behind by £3.0m for the year to date as measured against the [CCG] contract plan profile. This contract plan is different from the internal production plan. This is subject to regular review and re-phased based on YTD performance.

SWBCCG has disputed charges invoiced by the trust. These have now been subject to informal mediation. The moderated value of income at risk is £3.1m for the year. This is subject to ongoing dialogue with the CCG and with meaningful prospect of mitigation. This is with regard to a common recognition and intent for a different and more appropriate contracting arrangements going forwards from 2018.19.

Finance Report

CIP achievement

Period 05 2017/18

Year to Date up to Period 5	17/18	In Year Actual and Forecast Delivery													In Year
	In Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	17/18	
	Target	Actual	Actual	Actual	Actual	Actual	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	YTD	
	£'000s	1	2	3	4	5	6	7	8	9	10	11	12	£'000s	
Medicine and Emergency Care	5,925	237	274	154	447	483	677	840	708	708	589	579	579	6,275	
Surgical Services	8,327	130	92	128	115	183	218	250	301	303	306	308	307	2,641	
Women and Child Health	2,519	33	50	19	34	92	56	61	438	125	129	129	229	1,393	
Primary Care, Community and Therapeutics	2,456	78	87	109	169	207	175	176	247	280	295	295	295	2,413	
Pathology	640	49	78	177	80	97	128	99	99	152	114	114	128	1,315	
Imaging	1,035	35	32	96	85	94	131	134	179	202	194	194	202	1,577	
Sub-Total Clinical Groups	20,902	562	613	683	930	1,155	1,384	1,560	1,972	1,771	1,626	1,618	1,739	15,613	
Strategy and Governance	344	14	14	14	14	14	14	14	14	14	14	14	14	170	
Finance	392	24	24	25	24	24	24	24	24	24	24	24	24	289	
Medical Director	418	34	34	34	34	34	34	34	34	34	34	34	34	403	
Operations	524	0	0	0	0	77	77	84	84	89	89	89	89	677	
Organisation Development	166	0	0	0	0	0	22	22	22	22	22	22	22	155	
Estates and NHP	723	48	48	37	(50)	137	43	43	43	43	43	43	43	522	
Corporate Nursing and Facilities	1,435	47	47	1	38	43	43	60	61	61	63	63	64	587	
Sub-Total Corporate	4,003	166	166	111	59	328	256	281	282	287	289	289	290	2,803	
Central	8,095	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	33,000	728	779	794	990	1,483	1,641	1,841	2,254	2,058	1,915	1,907	2,029	18,416	
NHSI Plan - March 2017 submission		666	667	667	1,330	1,330	1,330	2,007	2,007	2,007	2,661	2,663	15,666	33,001	
TPRS Plan		795	992	1,280	1,316	1,594	1,818	1,983	2,112	2,000	1,962	1,954	2,062	19,870	
Planning gap		129	325	613	-14	264	488	-24	105	-7	-699	-709	-13,604	-13,131	
Delivery gap		-68	-213	-486	-327	-111								-1,205	
% Delivery Failure		-9%	-22%	-38%	-25%	-7%									

CIP delivery to date is reported as being in line with NHSI plan but importantly £1.2m adverse to the internal plan on TPRS. The £13m unidentified CIP risk shown in P12 plan will be covered by a £16.3m profit on disposal of surplus assets.

Finance Report

Pay bill & Workforce

Period 05 2017/18

Pay and Workforce	Current Period	Previous Period	Change between periods		Plan YTD	Actual YTD	Variance YTD
				%			
Pay - total spend	£26,218k	£26,188k	£30k	0%	£103,772k	£131,665k	£27,893k
Pay - substantive	£21,895k	£21,781k	£114k	1%	£89,961k	£109,995k	£20,034k
Pay - agency spend	£1,415k	£1,453k	-£38k	-3%	£4,917k	£7,467k	£2,550k
Pay - bank (inc. locum) spend	£2,908k	£2,954k	-£47k	-2%	£8,894k	£14,203k	£5,309k
WTE - total	6,920	6,857	63	1%	6,783	6,920	137
WTE - substantive	5,987	5,979	8	0%	5,971	5,987	16
WTE - agency	173	180	-7	-4%	221	173	-48
WTE - bank (inc. locum)	761	698	62	9%	591	761	170

Memo: locum spend	£900k	£765k	£135k	18%	£231k	£3,755k	£3,524k
Memo: locum WTE	67	67	0	0%	4	67	63

NHSI locum spend target	£6,307k
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Paybill & Workforce

- Total workforce at the end of August of 6,920 WTE [being 137 higher than plan] and including 173 WTE of agency staff.
- Total pay costs (including agency workers) were £26.2m in August, maintaining the improvement from June but remaining £0.6m over NHSI plan.
- Significant reduction in temporary pay costs required to be consistent with FY 2017/18 plan assumptions. Focus on reduction in capacity and improved roster management.
- The Trust did not comply with national agency framework guidance for agency suppliers in August. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust continues to exceed the national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.
- Target have been set for locum spend reduction in FY 2017/18. For SWBH the target is a spend reduction of £545k compared to FY 2016/17.

Finance Report

Group I&E Performance

Period 05 2017/18

Period 5	Current Period			Run rate change since P4 £'000s	Year to Date			Full Year Plan £'000s
	Plan	Actual	Variance		Plan	Actual	Variance	
	£'000s	£'000s	£'000s		£'000s	£'000s	£'000s	
Medicine & Emergency Care	1,433	1,122	(311)	57	8,192	5,609	(2,583)	20,427
Surgical Services	1,608	750	(858)	(128)	7,153	3,593	(3,560)	18,154
Women's & Child Health	1,925	1,236	(689)	(528)	9,773	7,606	(2,168)	23,455
Primary Care, Community and Therapies	983	577	(407)	(301)	4,445	2,558	(1,887)	10,895
Pathology	340	397	57	49	1,566	1,585	19	3,973
Imaging	288	150	(138)	99	1,354	761	(593)	3,593
Clinical Groups	6,579	4,232	(2,346)	(754)	32,484	21,712	(10,772)	80,497
Strategy and Governance	(1,301)	(1,215)	86	(11)	(6,498)	(6,238)	259	(15,440)
Finance	(340)	(335)	4	(11)	(1,772)	(1,743)	29	(4,124)
Medical Director	(736)	(593)	143	442	(3,728)	(3,593)	135	(8,739)
Operations	(1,169)	(1,194)	(25)	93	(6,242)	(6,359)	(117)	(14,712)
Workforce & Organisation Development	(590)	(451)	139	(16)	(2,485)	(2,355)	130	(5,776)
Estates & New Hospital Project	(1,304)	(1,023)	281	65	(5,361)	(5,023)	339	(12,496)
Corporate Nursing & Facilities	(1,431)	(1,678)	(246)	(223)	(7,293)	(7,824)	(531)	(16,920)
Corporate Directorates	(6,870)	(6,489)	381	339	(33,379)	(33,134)	245	(78,207)
Central	(107)	15,474	15,581	14,447	(1,126)	14,788	15,914	1,090
Income	1,309	815	(494)	(212)	5,488	5,793	306	16,001
Reserves	(1,643)	(202)	1,441	(178)	(9,906)	(1,319)	8,586	(9,658)
Technical Adjustments	17	19	2	0	87	29	(58)	208
DH Surplus/(Deficit)	(715)	13,849	14,564	13,641	(6,353)	7,868	14,221	9,932

While the bottom line Trust variance year to date is £14.2k favourable related to land sale, the underlying Group variance of £10.8m adverse is highlighted as being offset by central items and release of reserves. Forecast scenarios based on this YTD performance have been prepared.

Finance Report

Group I&E Variances

Period 05 2017/18

Period 5	Year to Date Variances													TOTAL £'000s
	Main SLA excl P/T £'000s	Pass Thru SLA Inc £'000s	CDF and FP10s £'000s	Other PRI £'000s	STF £'000s	Other Income £'000s	Pay Substantive £'000s	Pay Bank £'000s	Pay Agency £'000s	Pay Other £'000s	Non Pay Pass Thru £'000s	Non Pay Other £'000s	Non Opex £'000s	
Medicine & Emergency Care	1,767	984	0	(330)		(90)	3,721	(3,929)	(4,111)	734	(984)	(345)	0	(2,583)
Surgical Services	(3,767)	(44)	(84)	1,067		31	2,772	(1,927)	(1,149)	2	127	(590)	0	(3,560)
Women's & Child Health	(766)	64	0	(382)		(201)	2,054	(981)	(453)	(1,064)	(64)	(374)	0	(2,168)
Primary Care, Community and Therapies	224	22	(835)	171		1	1,849	(1,303)	(628)	(1,039)	813	(1,162)	0	(1,887)
Pathology	152	0	0	(43)		186	596	(149)	0	(506)	(0)	(218)	0	19
Imaging	(139)	0	0	12		(111)	389	(420)	(181)	124	0	(266)	0	(593)
Clinical Groups	(2,528)	1,026	(918)	495	0	(184)	11,380	(8,708)	(6,522)	(1,748)	(108)	(2,956)	0	(10,772)
Strategy and Governance	0	0	0	454		262	(11)	(59)	(45)	(18)	0	(323)	0	259
Finance	0	0	0	0		0	167	(70)	(99)	33	0	(3)	0	29
Medical Director	0	0	0	0		(288)	480	(104)	(1)	(27)	0	74	0	135
Operations	0	(4)	(158)	157		255	969	(312)	(306)	(111)	162	(790)	0	(138)
Workforce & Organisation Development	0	0	0	0		62	(88)	(69)	(2)	111	0	117	0	130
Estates & New Hospital Project	0	0	0	0		(30)	33	(9)	12	(145)	0	478	0	339
Corporate Nursing & Facilities	2	0	0	2		(115)	781	(825)	(57)	(141)	0	(179)	0	(531)
Corporate Directorates	2	(4)	(158)	613	0	148	2,331	(1,448)	(498)	(299)	162	(624)	0	224
Central	(162)	0	0	(286)	(446)	(336)	(21)	(21)	(0)	0	0	857	16,330	15,914
Income	1,439	0	0	(1,350)		192	39	0	0	0	0	0	(15)	306
Reserves	0	0	0	0		1	0	0	0	3,091	0	5,495	0	8,586
Technical Adjustments	0	0	0	0		0	0	0	0	0	0	0	(58)	(58)
DH Surplus/(Deficit)	(1,250)	1,022	(1,076)	(528)	(446)	(180)	13,730	(10,178)	(7,021)	1,045	54	2,771	16,257	14,200

This shows the Group variances from their internal control totals in more detail. The adverse income variance due to the NHSI plan phasing adjustment is shown in central – income. The net impact of STF failure and profit on sale driving the bottom line variance is seen in Central. The significant reliance on bank and agency staff is shown. Other pay relates to unidentified CIPs in Groups and the benefit of the reserve held for incremental drift. The pass through variance including cancer drugs fund and FP10 prescribing is net nil with Group overspends on other non-pay and the release of non-pay reserves benefiting the position.

Finance Report

Capital Period 05 2017/18

Programme	Year to Date			Orders Placed £'000s	NHSI Plan £'000s	Full Year		
	Flex Plan £'000s	Actual £'000s	Gap £'000s			Flex Plan £'000s	Outlook £'000s	Variance £'000s
Estates	8,979	7,340	(1,639)	6,217	20,624	20,624	20,624	0
Information	4,667	1,071	(3,596)	1,917	10,572	10,572	10,572	0
Medical equipment / Imaging	400	86	(314)	389	5,006	5,006	5,006	0
Contingency	0	0	0	0	0	0	0	0
Sub-Total	14,046	8,496	(5,550)	8,523	36,202	36,202	36,202	0
Technical schemes	315	502	187	0	10,386	10,386	10,386	0
Donated assets	35	66	31	0	84	84	84	0
Total Programme	14,396	9,064	(5,332)	8,523	46,672	46,672	46,672	0

The table shows the status of the capital programme, analysed by category, at the end of period 5.

Spending is £5.3m behind plan year to date associated with delays to payments for the EPR (within Information) and estates schemes related to MMH, the Sandwell Treatment Centre and the Medical Education Centre.

In line with good practice a stock take of the forward capital programme is on-going. This will consider any prospective timing changes as well as emergent cost pressures. There is little meaningful prospect of significant additional capital resources and as such mitigation of those pressures within the extant capital programme resources shall be necessary. This will include review of specification, scope and re-prioritisation as necessary.

The £46.7m CRL includes £33.9m of anticipated adjustments NHSI have yet to confirm.

A reduced in year capital programme may be required if full NHSI approval is not forthcoming and if the outlook on I&E surpluses deteriorates or medium term cash remediation is compromised.

Finance Report

SOFP

Period 05 2017/18

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2017/18

	Balance as at 31st March 2017 £000	Balance as at 31st August 2017 £000	NHSI Planned Balance as at 31st August 2017 £000	Variance to plan as at 31st August 2017 £000	NHSI Plan as at 31st March 2018 £000	Forecast 31st March 2018 £000
Non Current Assets						
Property, Plant and Equipment	207,434	207,607	215,280	(7,673)	242,166	242,166
Intangible Assets	166	137	239	(102)	239	239
Trade and Other Receivables	43,017	54,558	64,527	(9,969)	92,045	92,045
Current Assets						
Inventories	5,268	5,511	4,179	1,332	4,177	4,177
Trade and Other Receivables	25,151	36,502	20,946	15,556	20,946	20,946
Cash and Cash Equivalents	23,902	27,285	489	26,796	309	309
Current Liabilities						
Trade and Other Payables	(68,516)	(68,651)	(55,740)	(12,911)	(38,646)	(38,646)
Provisions	(1,138)	(1,016)	(1,196)	180	(1,196)	(1,196)
Borrowings	(903)	(1,306)	(1,903)	597	(3,353)	(3,353)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,404)	(3,335)	(2,955)	(380)	(3,012)	(3,012)
Borrowings	(33,954)	(36,529)	(31,155)	(5,374)	(50,077)	(50,077)
DH Capital Loan	0	0	0	0	0	0
	197,023	220,763	212,711	8,052	263,598	263,598
Financed By						
Taxpayers Equity						
Public Dividend Capital	205,362	221,050	227,107	(6,057)	252,540	252,540
Retained Earnings reserve	(24,972)	(17,130)	(31,155)	14,025	(5,822)	(5,822)
Revaluation Reserve	7,575	7,785	7,701	84	7,822	7,822
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	197,023	220,763	212,711	8,052	263,598	263,598

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

Capital Receipts, slippage on capital expenditure and working capital management, including long-term debtors, account for the variance from plan for cash. Continued use of capital cash to support I&E failure will continue through to January 2018.

The Receivables variance from plan relates to the prepayment associated with the MES contract. Analysis and commentary in relation to working capital is available on the next slide.

A task & finish group initiated a cash remediation plan in 2017/18. The actions of this are reflected in the favourable variance on cash.

Finance Report

SOCF

Period 05 2017/18

Sandwell & West Birmingham Hospitals NHS Trust												
CASH FLOW 2017/18												
PLAN, ACTUAL AND YEAR END FORECAST 2017-18												
ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Forecast £000s	October Forecast £000s	November Forecast £000s	December Forecast £000s	January Forecast £000s	February Forecast £000s	March Forecast £000s
Receipts												
SLAs: SWB CCG	22,627	22,930	22,303	22,269	22,216	22,603	22,603	22,603	22,603	22,603	22,603	22,603
Associates	6,278	6,675	6,356	6,393	6,500	6,466	6,466	6,466	6,466	6,466	6,466	6,466
Other NHS	1,980	750	646	1,151	1,204	1,912	1,131	866	795	1,161	1,428	1,806
Specialised Services	3,583	3,374	3,838	6,668	4,327	4,490	4,058	7,279	4,094	3,858	4,520	5,420
STF Funding and Taper Relief	0	0	0	0	0	0	5,599	0	2,349	0	0	0
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	353	0	4,353	0	4,352	0	0	0	4,405	0	0	4,405
Public Dividend Capital	5,050	5,138	0	5,500	0	3,684	3,618	8,411	3,951	3,836	3,297	3,039
Loans	0	0	0	0	0	0	0	0	0	0	0	0
Other Receipts	1,769	4,237	2,759	2,770	3,138	1,375	1,375	1,375	1,375	1,375	1,375	1,375
Land Sale Receipt						18,800						
Total Receipts	41,641	43,105	40,255	44,751	60,538	40,530	44,850	47,000	46,039	39,299	39,690	45,114
Payments												
Payroll	13,431	13,789	14,017	13,567	14,042	13,504	13,504	13,504	13,253	13,504	13,504	13,504
Tax, NI and Pensions	9,910	10,133	10,202	10,047	10,062	9,930	9,930	9,930	9,930	9,930	9,930	9,930
Non Pay - NHS	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550
Non Pay - Trade	3,892	14,248	13,785	10,991	15,072	13,515	14,110	14,810	13,515	13,515	13,515	13,515
Non Pay - Capital	11,368	4,422	1,720	1,645	1,179	2,403	6,148	1,863	2,487	1,925	2,068	1,544
MMH PFI	3,397	2,055	2,552	2,022	1,905	3,656	3,618	8,411	3,951	7,621	3,297	3,039
PDC Dividend	0	2	0	0	3	3,637	0	0	0	0	0	3,637
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	514	710	186	133	464	140	140	140	105	140	140	140
Total Payments	45,595	48,442	45,544	41,487	45,809	49,867	50,532	51,740	46,323	49,717	44,444	47,299
Cash Brought Forward	23,873	19,919	14,582	9,292	12,556	27,285	17,948	12,266	7,526	7,242	(3,176)	(7,930)
Net Receipts/(Payments)	(3,954)	(5,337)	(5,290)	3,264	14,729	(9,337)	(5,682)	(4,740)	(284)	(10,418)	(4,754)	(2,185)
Cash Carried Forward	19,919	14,582	9,292	12,556	27,285	17,948	12,266	7,526	7,242	(3,176)	(7,930)	(10,115)

This cash flow is based on actual cash flows for April to August. The future months forecast incorporates intelligence from the following teams:

- Capital planning
- Income and contracting
- Exchequer services
- Estates

Consequently this cash flow statement reflects the latest collective view of cash flows and incorporates the land sale. It can be seen that the Trust is expecting a cash shortage by January 2018.

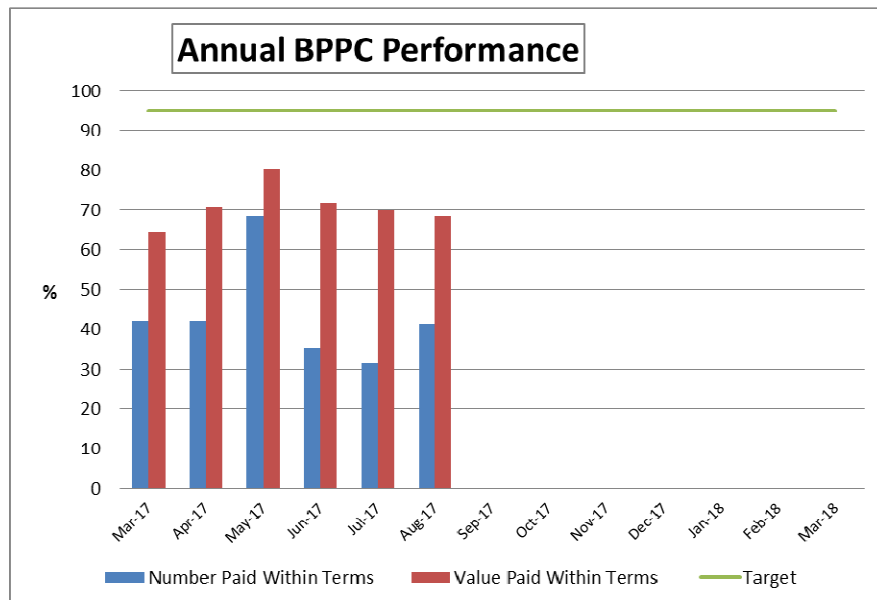
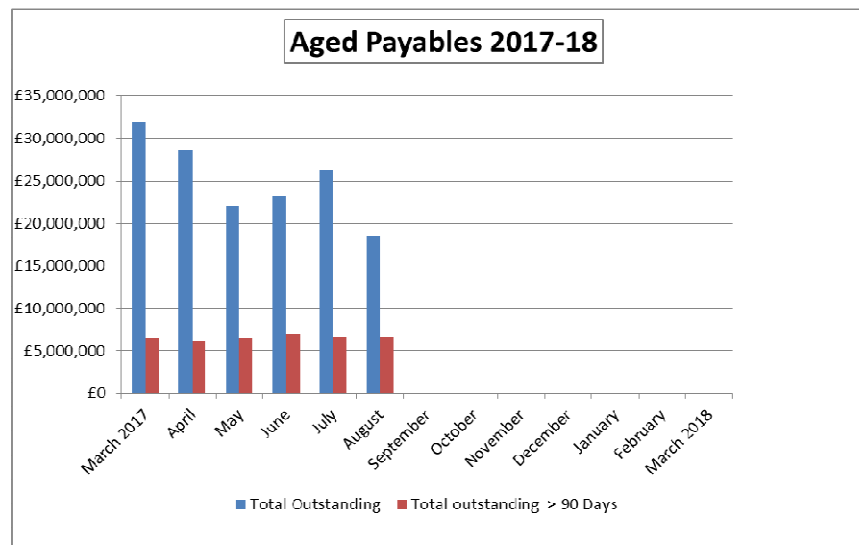
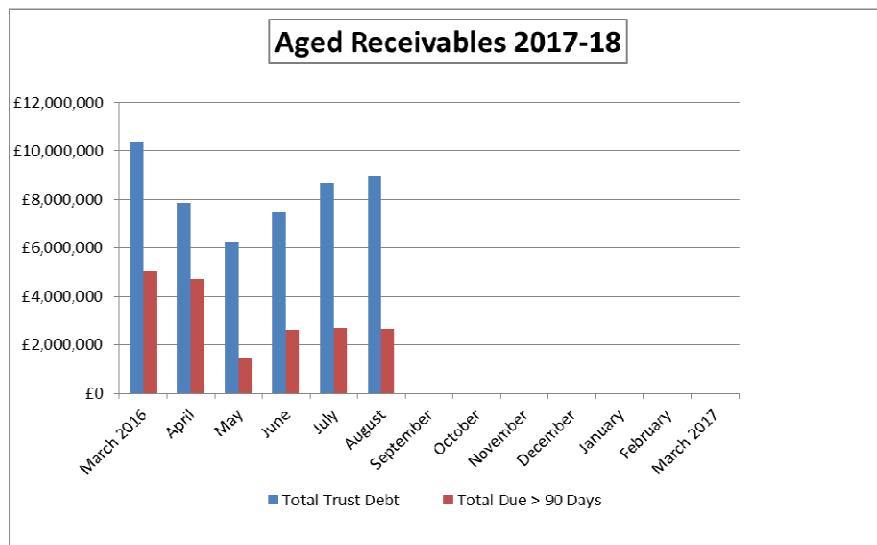
STF and taper reflect are forecast for receipt in October. Deviations from this and other assumptions would accelerate the cash shortage and so a DH loan could be required in Q3.

These variables are being monitored by finance.

Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 05 2017/18



Note

- The August debt position increased as additional invoices were raised in month for Commissioners and Overseas visitors. Non NHS debt increased as local government debt and Overseas Patient income aged further, however the >90 day debt, remained constant.
- The Payables position has reduced in August as the Trust continued to utilise cash generated from the Land Sale to reduce the AP liability. The overall level of over 90 days liability has remained constant through the year. The Trust anticipates an improvement in this position as the cash plan is revised to reflect a requirement to improve performance against the BPPC target of paying 95% of invoices within 30 days.
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Underlying performance remains the subject of improvement work with finance and procurement teams.

Finance Report

Appendix 1 - Technical support

Period 05 2017/18

Contingency & flexibility utilised in delivering actual performance to date

	P05 Month	P05 YTD
	£k	£k
Unplanned contingency & flexibility		
GRNI accrual released from balance sheet	0	808
Taper relief - timing - income excess over costs accrued	(166)	1,167
Other contingency & flexibilities utilised	0	0
Profit on sale	1,633	1,633
	1,467	3,607
Planned contingency & flexibility		
Taper relief - income used to fund planned capex	250	1,250
Other contingency & flexibilities utilised	0	0
	250	1,250
Contingency & flexibility required to delivered YTD plan	1,717	4,857
Residual profit on sale currently available for £13m risk mitigation in March	14,667	14,667
Total contingency & flexibility utilised	16,384	19,525

It is considered that, taking the high risk and lower risk technical support in the round that the assumptions made are reasonable.

Crucially management contend that the treatment does not miss-inform decisions and triggers in relation to STF monies.

This details the non-operational support that has been utilised to achieved the reported month & YTD I&E positions*1. Also shown is the support required to maintain alignment with pre-STF plan *2 and is subject to the following risks:

- Taper relief income is being fully accrued but, to date, no costs have been incurred and none are included in the I&E position. Plan anticipates £1.7m of costs would have incurred by the end of P05. Costs will be incurred but this treatment is consistent with prior year practice which was subject to the year end audit.
- GRNI of £808k has been assumed. The Trust is working through £1.2m of GRNI realisation of which requires the Trust to clear down GRNI prior to September 2016. This is considered a balanced and prudent approach.
- Fines and penalties in relation to main commissioner contract performance have now been anticipated in the position. There is significant risk from the CCG disputing invoiced activity which is reported in the main body of this report.

TRUST BOARD

DOCUMENT TITLE:	Black Country Local Maternity System	
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell – Chief Nurse	
AUTHOR:	Rachel Carter – Director of Midwifery	
DATE OF MEETING:	5th October 2017	
EXECUTIVE SUMMARY:		
<p>Purpose: To provide the Trust with an update on the content of the Black Country Local Maternity System draft plan, pending comment from NHSE (final submission 30th October 2017).</p> <p>Background: An introduction to Local Maternity Systems was shared at September Trust Board with overview of ambitions, commitments and progress.</p> <p>The Black Country maternity services have agreed our vision to be: <i>Through collaboration, we will deliver a high quality maternity service across the Black Country that is shaped by the voice of our women. Our maternity services will be safe, personalised and responsive to ensure every woman and baby receives the best possible care.</i></p> <p>The submission of the first draft of the plans by the LMS's nationally is 28th September 2017, after which feedback will be provided to inform the submission of the final plan by 30th October 2017.</p> <p>The commitment to deliver against the two key objectives of the LMS are outlined in the plan against the context of the challenges and future scoping:</p> <ol style="list-style-type: none"> a. The development and implement of a local plan to transform services as part of the local STP. b. The establishment and operational working of shared clinical and operational governance, to enable cross-organisational working and ensure that women and their babies can access seamlessly the right care, in the right place, at the right time. <p>Key messages:</p> <ol style="list-style-type: none"> 1) The draft plan has been produced by a designated project manager from Walsall CCG and submitted to NHSE for review and comment and reflects the questions raised at the SWBH September Trust Board. 2) The draft plan reflects contributions from Key Stakeholders across Walsall, Dudley, Wolverhampton, Sandwell and West Birmingham and outlines the ambitions and commitments to deliver against the objectives. <p>Key Actions:</p> <ol style="list-style-type: none"> 1) The Final Black Country Maternity Transformation Plan 2017 will be shared publicly once completed. 		
REPORT RECOMMENDATION:		
The Board are requested to note the information contained within the report.		
ACTION REQUIRED (Indicate with 'x' the purpose that applies):		
The receiving body is asked to receive, consider and:		
Accept	Approve the recommendation	Discuss
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		Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
PREVIOUS CONSIDERATION:					
Paper submitted to Trust Board as overview to LMS, September 2017					

Black Country Local Maternity Transformation Plan 2017-2020

NHS England outlined Key Lines of Enquiry to frame the plans nationally. This has formed the basis for the information contained within the Black Country plan, informed by scoping work (past, current and future trajectories) and demonstrated through a series of ambitions and commitments. The KLOE's are summarised below, reflecting content of the plan:

Clear and credible plans to:

- *improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the "halve it" ambition of halving rates of still birth and neonatal death, maternal death and brain injuries during birth by 50% by 2030*
- *ensure that serious incidents in maternity services result in good quality investigations and that those investigations result in effective and sustainable action plans, with relative wider learning shared through the Local Maternity System and with others*
- *take account of participation in the NHS Improvement Maternity and Neonatal Health Safety Collaborative*
- *improve pathways in the following areas:*
 - *Prevention and population health*
 - *Perinatal Mental Health*
 - *Postnatal care*
 - *Neonatal care, including recommendations of the Neonatal Critical Care review*

Ambition and clear and credible plans, as envisaged in Better Births to:

- *roll out personalised care planning*
Improve the choices available so that all women are able to make choices about all elements of their maternity care, even if this means crossing traditional boundaries.
- *afford and implement continuity of the person caring for them during pregnancy, birth and postnatally*
- *enable more women to give birth in midwifery settings (at home and in midwifery units)*
- *reflect an understanding of the needs of local women and their families and that this is aligned to the local STP (i.e. co-production with service users and staff with sign off by the strategic partnership board of the STP).*

Modelling to provide information to determine future service provision to include:

- *capacity and capability modelling of the LMS to implement the plan with actions and milestones regarding implementation and delivery of the plan (i.e. inclusion of workforce, digital, Wider STP interdependencies).*
- *Financial assessment including case for change or identification of additional financial investment and associated credible business case (i.e. consideration of enablers for delivery as outlined in Better Births).*

Progress

Workstreams have completed the scoping work to inform the plan, which has included the contributions of multi-disciplinary teams across the provider units, CCG and local authority. These

On acceptance and approval of the final plan, priorities need to be agreed to progress and deliver the ambitions and commitments to improve consistency and safety of maternity services for all women across the LMS.

Questions Posed to the LMS by SWBH Trust Board, September 2017

1. How will the delivery of midwifery care in Hubs be assured and supported by the CCG?

The CCG's across the LMS have committed to the delivery of care in line with the national delivery of Better Births. This requires care to be delivered to local women in local settings and includes care that has historically been delivered in acute settings transferring into the community. To facilitate and accommodate this, a 'hub' model is evidenced to be optimal and, dependant on appropriate estate, is a commitment of all partners within the Black Country LMS.

Pioneer sites are commencing pilots of such models with evidence expected to demonstrate improved quality and outcomes with improved access to all services in one setting (i.e. ultrasound scan, midwife, obstetrician, specialist teams, debt management, support services). This evidence will shape the progress across the Black Country LMS, with the commitment of all CCG's to support delivery.

2. How will a reduction in clinical variance improve outcomes?

The recommendations outlined in Better Births identify the benefits of standardised clinical guidelines in line with national standards for best practice across the LMS. This ensures that best practice is followed for all women with consistent care planning irrespective of where the woman chooses to access care. Currently, women book to give birth in a named unit however access community midwifery care from another. This presents a risk when different care plans are implemented and contradictory information shared with the woman. Community midwives are required to provide care in accordance with a guideline they are unfamiliar with, resulting in conflict between the guidelines and care pathways outlined by their local unit and the unit the woman has chosen for the birth.

Scoping work has demonstrated inconsistencies across the LMS in relation to interventions. Examples of excellence are now recognised and, the sharing of initiatives is informing improvements at Trusts who are facing challenges. For example, CS rates at SWBH have been identified as the lowest across the LMS – local initiatives and practices are informing improvements in surrounding units, including standardising clinical practice, effecting a reduction in clinical variance, ultimately improving outcomes for all women.

Additionally, current practice for referral and booking of women in pregnancy differs across each of the four LMS Trusts. This impacts on the timeliness of care for women in early pregnancy, or when they present into the locality late in pregnancy. A single point of access with a single process for referral is outlined as an ambition of Better Births implementation. At SWBH, improving this critical element of care is a key objective, having recognised the importance to pregnancy and wider health outcomes associated with early interventions. A standardised approach reduces variance across all

partners with a reduction in 'late' or delayed booking for care, as is currently an issue caused by multiple systems for access.

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Anne Gibson Board Room, City Hospital **Date:** 7th September 2017, 0930 – 1300h

Members Present:

Mr R Samuda, Chair (RS)
 Ms. O. Dutton, Vice Director (OD)
 Mr H Kang, Non-Executive Director (HK)
 Cllr W Zaffar, Non-Executive Director (WZ)
 Mr M Hoare, Non-Executive Director (MH)
 Ms. M Perry, Non-Executive Director (MP)
 Mr T Lewis, Chief Executive (TL)
 Dr R Stedman, Medical Director (RSt)
 Mr T Waite, Finance Director (TW)
 Mrs E Newell, Chief Nurse (EN)
 Mrs R Goodby, Director of OD (RG)
 Ms R Barlow, Chief Operating Officer (RB)
 Miss K Dhami, Director of Governance (KD)

In Attendance:

Mrs C Rickards, Unison (CR)
 Mrs. F. Shorney Clinical Group Director – PCCT, Item No. 17 (FS)
 Dr. N. Makwana, Consultant Paediatrician, Item No. 2 (NW)

Board Support

Miss R Fuller, Executive Assistant (RF)

Minutes	Reference
1. Welcome, apologies and declaration of interests	Verbal
<p>Apologies were received from Prof K Thomas.</p> <p>Dr Nik Makwana, Consultant Paediatrician was welcomed to the meeting.</p>	
2. Patient Story	Presentation
<p>Dr. Makwana presented a patient video of a young patient who suffered from an extreme allergy to grass. The patient's mother praised Dr. Makwana on his attentiveness and empathy to the family's problems and how by process of elimination he was able to ascertain which grasses the child was allergic to and allow suitable treatment. The patient is now captain of the cricket team including playing for County and enjoys football in the Summer. The patient called Mr. Makwana 'a magician' as he magic away his problems so he could do normal things.</p> <p>Following the video Dr. Makwana noted the high cost of treatment being offered to patients in treating extreme allergies. These costs have been noted to finance, Heads of Service and the Group Management teams who authorised the treatments on the basis of the benefits on the health system. This preventative measure in the long term saves money due to, visits to the GP, additional medication, missed school days for parents and children and parents missing work. The costs of appointments are covered by the CCG as patients need to attend regular appointments once on the treatment path.</p> <p>The Trust Board discussed the link to the Public Health plan as patients of this type are usually unable to undertake exercise and school days are lost through non-attendance due to ill health. Mr. Kang recorded his declaration of interest in Astra Zeneca and asked if drug companies were interested in a collaborative arrangement. Dr. Makwana replied that due to the initial costs and cross cutting budgets in the NHS, this area of treatment is only available to a small number of patients, but his team would like the opportunity to explore the areas of research more thoroughly. There are an increasing numbers of children suffering with asthma, anaphylaxis and other allergies and as a result the focus is currently on educating GPs and raising national awareness for better management and recognition of the symptoms. Dr. Makwana provided an example of a trust in the South east of the country who has initiated a waiting list of patients</p>	

who pay approximately £22k for the treatment, so there could be an income generation opportunity for private patients who require allergy testing; for example peanuts.

Mrs Newell congratulated Dr. Mawank on the service developed and asked about succession planning to protect the service going forward. It was conveyed the Trust are recruiting 2 allergy nurse consultants who will lead with the treatment following training and a clinical nurse specialist would be employed to undertake immunotherapy follow ups, so future patients would be seen by Dr. Makwana and followed up in clinical by a specialist nurse.

Following a query about the transition of patients to the adult service, Dr. Makwana informed the Trust Board that 2 management sessions are held per year, but the majority of 15 year olds are referred back to the GP for monitoring. It was noted that many children grow out of allergies such as milk and eggs but there has been an increase in adults becoming tolerant to fruits and other food items.

Mr. Samuda thanked Dr. Makwana for providing the Trust Board with an uplifting story.

3. Questions from the public

Verbal

There were 2 questions from the public.

A member of the public enquired about the staff shortages at Rowley Regis Hospital in the café as it was closing somethings at short notice which has inconvenienced staff, patients and visitors. Mrs Newell apologised for the disruption experienced by users and confirmed she would follow up and report back directly to the member of the public.

Bill Hodgetts from Healthwatch Sandwell expressed concern that Healthwatch Sandwell has written a letter of support for the Trust regarding the Oncology service to St. Chads, but as of today 20 days later, they have not received a reply. Mr. Hodgetts informed the Trust Board that the next step for Healthwatch was to escalate the matter to the Member of Parliament. Mr Lewis and Ms Barlow were aware of the letter from Healthwatch. Ms Barlow noted that the oncology position has been a cause for public concern and confirmed that the Trust was working constructively with others to try and resolve matters for the short and long term.

4. Chair's opening comments

Verbal

Mr. Samuda reported:

- The System Sustainability (GE) report looking at the finances of the health system has been issued and outlines material challenges for both the provider and commissioner side of the local NHS. By the middle of November we would expect a shared response plan to have been constructed. The report includes new issues around Specialised Commissioning changes.
- Sandwell Children Services. Mr. Samuda has met with Ms. Jacqui Smith, the incoming leader of Children's Services at Sandwell. Following their meeting, it was agreed Ms. Smith would meet some of the Trust's specialists.
- Mr. Samuda finally informed the Trust Board that Mr. Tom Storrow the Chair of the Birmingham Community and Mental Health Services for Dudley, Walsall and the Black Country would meet with the acute Chairs to discuss service interdependences between them.

5a. Major Projects Authority

SWBTB (09/17) 002
SWBTB (09/17) 003

Mr. Samuda reported on the following:

After the resultant land sale at City there is a need to understand the services that are to remain on the City, Sheldon and BTC patches. The Trust Board will be visiting areas of the Trust in its walkabout to see which services will be affected and visualise how the site will look following the sale.

There are concerns on the risks from the digital scorecard namely; the infrastructure and EPR. Issues over case note scanning will be discussed as part of the Private Trust Board agenda today.

Taper Relief. Under the business case, approved relief has been secured for a number of years and NHSE annually approve the relief provided. The process this year is being revised due to the delay in the opening of Midland Met, but Mr. Waite assured the Trust Board that there was no cause for concern and he was working with NHSE to conclude this year's relief.

The Board received and noted the minutes of the Major Projects Authority meeting held on the 23rd June 2017.

5b. Quality & Safety Committee

**TABLED
SWBTB (09 /17) 002**

Ms Dutton reported on the following:

Learning from deaths: 19 audits have been completed and they have highlighted poor compliance in recording, but work is being done to address this and to link in with the Safety Plan which will see an increased improvement.

Mortality: Dr. Stedman advised the Trust Board that his review of the slight weekday/weekend mortality disparity which has recently emerged gave no cause for action, beyond our extant work to tackle amenable mortality.

Mrs Newell confirmed the perinatal mortality review was due August but it has been extended to the end September and the headlines would be available for the October Trust Board but not the Quality & Safety Committee due to the timing of that meeting.

The Board received and noted the minutes of the Quality and Safety Committee meeting held on 28th July 2017.

ACTION:

- Board to receive report on Perinatal Mortality Review

5c. Finance and Investment Committee

**SWBTB (09/17) 005
SWBTB (09/17) 006**

Mr Hoare reported on the following:

£2.1m of contingences had to be used in period 04 along with £1.9m last month, due to concerns on the production plan not hitting its projected targets. This failure was due to a combination of timing of the forecasting, equipment failure in oral surgery leading to cancelled operations and not booking the full quota of patients. It was confirmed Mrs. Barlow will be leading a review focusing on recovery to year end as if the run rate was not addressed the Trust would end the year in an adverse position which will have a detrimental impact on the financial position in 2018/19.

It was reported that agency spend is reducing and the focus is now on temporary medical staff charging over £100 per hour, but it was reported nationally there are shortages in certain specialities.

Mr. Waite and his team are still working on the pay and non pay issues and progressing improvements which will be reported to the Finance Committee on a regular basis.

The Board received and noted the minutes of the Finance and Investment Committee meeting held on 28th July 2017.

6. Black Country Local Maternity System

SWBTB (09/17) 007

Ms. Rachel Carter, Director of Midwifery presented this item and provided the Trust Board with an update on the development of the Black Country Maternity System and progress in the delivery of the Black Country Transformation Plan 2017-2020. The 4 key stakeholders, Walsall, Dudley, Wolverhampton and SWBH Trusts have formed a strategic board along with public health and NHSE to drive this initiative and the Black Country Maternity Transformation Plan will be available for the October Trust Board for discussion and approval.

Mr. Lewis and Dr Stedman noted that improvements in service variation alone would not tackle the underlying issues which reflect patients who have not yet presented. Ms Carter was asked to ensure that the LMS plan is brave with regard to out of service care models and public health programmes to tackle late booking. Ms Carter asserted that

most late booking reflected population transfer, a view which Mr Lewis invited her to quantify against our 23% late presentation data from the IPR.

The Trust Board noted the report but asked for written confirmation that GPs are committed to the plan and it was agreed that Prof Kate Thomas would provide assistance on the Black Country Maternity System.

It was noted the Black Country Maternity Transformation Plan would be reviewed at the October Trust Board.

AGREEMENT:

The Trust Board agreed for Prof K Thomas to provide NED assistance on the Black Country Maternity System

7. Integrated Performance Report

SWBTB (09/17) 008

Mr. Waite commented on the meeting with the Regulator, NHSI who were complimentary of the continued good performance of 4 hr waits in ED, RTT, Cancer waits and the low infection rates especially c-diff.

The Trust Board was informed of the current persistent reds and how they would be brought back on track by the end of Q2 and Q3. The Trust Board agreed that there was a need to confirm whether Ms Goodby felt our current sickness strategy would deliver or whether a new plan was needed. This should be considered at the November meeting.

7.1 Persistent reds

SWBTB (09/17) 009

Item No. 7.1 was discussed under Item No. 7.

7.2 Cancelled operations in Ophthalmology

SWBTB (09/17) 010

Mrs Barlow was asked to review cancelled operations in Ophthalmology as over the last 12 months the Group has failed to achieve the national standard of less than 0.8% of elective operations being cancelled at the last minute for non-clinical reasons and this item has become a persistent red. Mrs. Barlow informed the Trust Board that 37 cancellations happened in August but since April, there has been improvement.

Mrs. Dutton queried if the cancellations were due to the patient notes not being available. Mrs. Barlow confirmed that the errors were an administration error and not due to case note scanning, but an action from the review is for all notes to be available 3 days before an operation so an improvement is expected next month. The Group have also mooted having flexible finishing so patients can be booked to the end of the day to utilise theatre time more efficiently.

The Trust Board noted its concern that it was abnormal for an ophthalmic group to have a high number of cancellations and the reputation of the service was at risk. Mrs. Barlow confirmed as part of her intervention she would attend the Groups next QHID to test the staff commitment and behaviours and update the Board on progress.

The Board did not agree to the trajectory proposed, and asked that no more than 20 cancellations were achieved from March 2018 and thereafter – a level below 0.5%.

8. Financial performance: Period 04 July 2017

SWBTB (09/17) 011

Mr. Waite reported the performance on period 4 and the financial outlook for the remainder of the year, noting key matters to exit this financial year on target by delivering the best results.

It was noted the production plan at July was under by £1.4m and August is estimated to be £700k under delivery, this is mainly due to lost bookings and planned care work, however, no patients have been affected. Mrs. Barlow reported that all outpatient bookings will be completed by Tuesday next week to ensure maximum capacity and there will be a step up in October to provide assurance that all specialties besides ophthalmology can demonstrate they can achieve delivery by the end of the financial year. The Trust Board discussed the September results needed to be on track for delivery.

Mr. Waite confirmed there is informal mediation on challenges with the CCG of £½m of undelivered contract in Q1, the numbers are aligned with the financial plan and a resolution is being reached.

<p>The Trust Board discussed the income position and concern was noted over the yield of schemes to deliver and asked for a forward look on the totality of income expected.</p>	
<p>ACTION:</p> <ul style="list-style-type: none"> • Mr. Waite to provide the Trust Board the totality of income and judgement if schemes will delivery at year end 	
<p>9. Chief Executive's Report</p>	<p>SWBTB (09/17) 012</p>
<p>Mr. Lewis drew the Trust Board's attention to the following out with his written report:</p> <p>T&O Safety Summit: An update report will be provided to the Trust Board in November on implementation of the actions and to monitor progress.</p> <p>Speak Up Day: The 27th September will be a dedicated day for an event for staff to sign a pledge to speak up on any safety concerns they have. Executives and senior leaders will be speaking to all staff on all sites and the non executives were invited to take part and to contact Ms. Dhami to become involved.</p>	
<p>ACTION:</p> <ul style="list-style-type: none"> • Safety Summit outcomes – report to November Trust Board 	
<p>10. 2017/18 Board Assurance Framework</p>	<p>SWBTB (09/17) 013</p>
<p>Ms. Dhami reported following previous Trust Board Development sessions changes have been made to the Board Assurance Framework (BAF) and this new version reflects a more active role for directors and ensures any gaps are being addressed. Mrs Marie Perry, Non Executive Director and Ms. Dhami, are the accountable officers, and will lead the BAF.</p> <p>The Sub Board Committees will all be required to review actions under their remit and address any breaches.</p> <p>Mr. Lewis stated the Sub Board Committees will be asked to focus on the risk and actions so the risk score is lowered. Mrs. Perry reminded the Board there were required to</p> <ul style="list-style-type: none"> • oversee how actions are delivered, • are actions being delivered • and is it reducing the risk of failure. <p>It was stated the BAF would become a regular Trust Board agenda item.</p>	
<p>ACTION:</p> <ul style="list-style-type: none"> • BAF to be added bi- monthly to Trust Board agenda 	
<p>11. Trust Risk Register</p>	<p>SWBTB (09/17) 014</p>
<p>The Trust Board noted the report but it was highlighted that a reading list to be compiled for Trust Board members following the many publications received from various NHS institutions to be circulated.</p> <p>Ms. Dhami noted that the new Head of Corporate Governance would commence with the Trust on the 2nd October 2017.</p>	
<p>ACTION:</p> <ul style="list-style-type: none"> • A reading list to be compiled for Trust Board members so a common body of knowledge is accumulated from materials received from outside organisations. 	
<p>12. Safety Plan outcomes data</p>	<p>SWBTB (09/17) 015</p>
<p>Mrs. Newell reported 310 safety checks have taken place since February 2017 and since April, a sustained improvement has been achieved of between 98.5% - 99% following the launch of the 3 safety plan projects, namely:</p>	

- 100% improved workforce safety compliance
- Reduction in avoidable harms
- Improved clinical assessment plans

It was noted that length of stay is not reducing, but a reduction in pressure ulcers, falls and falls with harm will have an impact on this measure, in addition to EPR implementation on electronic prescribing will eliminate medication errors.

Mr Lewis stated there is commitment of staff through the safety plan and consistency of care work, which has helped teams become more multi professional and led to changes in culture. This can be demonstrated by the VTE assessments still being over 95% following the new intake of junior doctors in August.

13. NHSE Emergency Preparedness Response and Recovery (EPRR)

SWBTB (09/17) 016

Ms. Barlow confirmed the Trust would be fully compliant with the annual self-assessment process of NHSE EPRR Core Standards following investments made to improve the internal governance and training plans. Ms. Barlow also stated there would be spot checks on staff awareness with unannounced visits, which would be reported through the EPRR Committee.

Cllr. Zaffar reported Birmingham has been voted the UK candidate for the 2022 Commonwealth Games and preparedness on our emergency systems would need to be tested thoroughly for any event.

14. Learning from deaths

SWBTB (09/17) 017

Dr. Stedman outlined the key points from the Mortality Review Process and the learning lessons for the Trust. The actions from the review will be overseen by the newly formed Executive Quality Committee and they will be disseminating the learning lessons.

It was stated work is progressing on the communication flow for patients and families in the community as the current communication system has changed. The Medical Examiner would be authorised to sign death certificates within 24 hours and would liaise with families and the coroner's office. This process has been shared with the CCG who has a representative on the Learning from Deaths Committee where it has been agreed.

Dr. Stedman confirmed cremation fees were currently paid to the doctor who completed the form, however this element will now become part of their duties and the Trust will recover the fee.

15. Public Health Plan

SWBTB (09/17) 018

Mr. Lewis commented to the Trust Board the following items that would be discussed at the next Public Health, Community Development and Equality Board Committee.

- Patient priority and the work on the isolation metric
- Vaccine Rates. Vaccine rates for staff at the Trust were very good but discussion would need to take place with the CCG to emphasise vaccination for children.
- Energy Cost Targets. The position would need to be rebased when the estates moves to the new site
- Partnerships with the local Authority. There is collaborative work with the Sandwell authority on alcohol admissions as they have agreed to look at licencing and tackle the cheap alcohol sales.

Mr. Lewis informed the Trust Board flu vaccines would be available at the next Trust Board meeting.

16. Reference Costs 2016/17

SWBTB (09/17) 020

It was noted the item has been challenged and confirmed by the Audit Committee who will oversee the next steps including work on data quality. The contents of the report were noted.

17. Never Event: Dermatology	SWBTB (09/17) 021
<p>Ms. Shorney attended to address the Trust Board following the investigation into a recent Never Event that took place in Dermatology.</p> <p>Ms Dhami provided an update to the Trust Board of the Never Event that took place in August 2017. The investigation was carried out in line with the recent changes that have been made to strengthen the Serious Incident process, which includes Never Events, ensuring that investigations are timely, ensuring more patient/relative involvement and developing one or two SMART actions to get to the root cause.</p> <p>Ms Dhami summarised the positive patient identification method to check that the right patient was present and the WHO checklist was not followed and appropriate action will be taken once signed off by Mr. Lewis and Mrs. Dutton. Mrs. Shorney explained to the Trust Board that there was a lack of learning by the medical team who were not aware of the previous patient mis-identification. A change has now resulted in a wristband being placed on the patient by a qualified nurse who asks a set of identification questions to the patient prior to tying the wristband.</p> <p>Following a discussion by the Trust Board, Ms Dhami informed the Trust Board that unannounced observation audits have been carried out. 2 out of 3 speciality leads were not aware of the previous Never Event even through the positive patient identification process has been featured in the staff QHID meetings. Ms Dhami also stated she would be contacting large organisations to ascertain how they communicate to their staff messages of organisational change and she would provide the Trust Board with an update at a future meeting.</p>	
18. Minutes of the previous meeting and action log – 3RD August 2017	SWBTB (08/17) 022 SWBTB (08/17) 023
<p>The Minutes of the meeting on the 6th July was agreed with the following amendment to Item 5a Audit & Risk Management Committee. The reference regarding the improvement in collection of fees are for patients not entitled to free NHS elective care only and not emergency care.</p> <p>Action Log - The actions were noted and the log would be updated for the next meeting.</p>	
19. Any other business	Verbal
<p>There were no other items of business.</p> <p>Mr. Lewis made a point of reference in using the term ‘learning disabilities’ which is generally accepted instead of using learning difficulties. The Trust Board were content with the recommendation.</p>	
20. Date and time of next meeting	Verbal
<p>The next public Trust Board will be held on 5th October 2017 starting at 09:30am in an off-site venue tbc.</p>	

Signed

Print

Date

Public Trust Board

SWBTB (09/17) 022

Action Log following meeting held on 7th September 2017

Action	Assigned to	Due Date	Status	
From Meeting held on 7th September 2017				
1)	Q&S update: Receive perinatal review report	Elaine Newell	October 2017	Closed on agenda
2)	Financial Position – P04: Totality of income – need explanation and provide additional information on any outlining any key variances	Tony Waite	October 2017	Closed on agenda
3)	Chief Executive Report: Safety Summit outcomes – report to November Trust Board	Toby Lewis	November 2017	Open
4)	2017/18 – BAF. BAF to be itemised regularly on Trust Board agenda to understand timetable	Kam Dhami	On going	Closed
From Meeting held on 3rd August 2017:				
1)	Patient Story: End of Life Care. Social Services and Caroline Rennalls to discuss cross-boundary working.	Rachel Barlow	September 2017	Open
2)	Staff Inclusion and Diversity pledges. A disability pledge to be included. Following Disability Network meeting 22.9.17 a draft will be submitted to the October Trust board.	Kam Dhami	September 2017 October 2017	Closed on agenda
3)	CIP Delivery: Q1 – circulate note to the Board in relation to CIP under-delivery for owed hours	Raffaella Goodby	September 2017	Open
From Meeting held on 6th July 2017:				

Action		Assigned to	Due Date	Status
1)	Patient Story: Interpreting – follow up on actions and the service as noted in the Trust Board including the use of translation ear pieces, a cohort of staff who can be called upon to assist in translating and obtaining intel on the model used by Birmingham Community Trusts.	Elaine Newell	September 2017	Open
2)	An assurance report on Perinatal Mortality to be provided to the September Trust Board following its presentation to the Quality & Safety Committee	Elaine Newell	September 2017 October 2017	Open
3)	Learning Disabilities – update the September meeting on the advisory service with the Black Country Partnership	Toby Lewis	September 2017	Open
4)	Smoking cessation: matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Draft Patient and Staff Disability Pledges

Patient pledge:

To get serious about the quality and equality of care we provide to people with learning disabilities by:

1) Implementing the Board's six learning disability priorities

2) Educating employees, specifically clinical staff, about disabilities through:

- a) Being aware of missing serious illness. Important medical symptoms can be ignored because they are seen as part of someone's disability.
- b) Being more suspicious that the patient may have a serious illness and take action quickly.
- c) Finding out the best way to communicate. Asking family, friends or support workers for help. Remembering that some people use signs and symbols as well as speech.
- d) Listening to parents and carers, especially when someone has difficulty communicating. They can tell which signs and behaviours indicate distress.
- e) Not making assumptions about a person's quality of life. They are likely to be enjoying a fulfilling life.
- f) Being clear on the law about capacity to consent. When people lack capacity you are required to act in their best interests.
- g) Asking for help. Staff from the community learning disability and corporate LD teams can help.
- h) Remembering the Disability Discrimination Act. It requires us to make 'reasonable adjustments' so staff may have to do some things differently to achieve the same health outcomes.

3) Deploying the Purple Star accreditation standards to at least five Trust services in 2018/19

Progress on delivering the above commitments will be overseen by the Executive Quality and Safety Committee.

Staff pledge:

To transform the opinion of our disabled employees about management's commitment to disability in the workplace.

Our promises

- 1) To be positive about disability in our Trust
- 2) To create environments that work for disabled staff
- 3) To actively promote staff with disabilities into senior roles
- 4) To make reasonable adjustments for employees who acquire a disability
- 5) To train and develop staff with a disability

The Trust will adopt the following principles:

- **Equal Employment Opportunity Policy and Procedures:** Employment of people with disability will form an integral part of all Equal Employment Opportunity policies and practices.
- **Staff Training and Disability Awareness:** Specific steps will be taken to raise awareness of disability throughout the organisation.
- **The Working Environment:** Specific steps will be taken to ensure that the working environment does not prevent people with disability from taking up positions for which they are suitably qualified.
- **Recruitment Commitment:** Recruitment procedures will be reviewed and developed to encourage applications from, and the employment of, people with disability.
- **Career Development:** Specific steps will be taken to ensure that employees with disability have the same opportunity as others to develop their full potential within the organisation.
- **Retention, Retraining and Redeployment:** Full support will be given to any employees who acquire disability, enabling them to maintain or return to a role appropriate to their experience and abilities within the organisation.
- **Training and Work Experience:** People with disability will be involved in work experience, training and education.
- **People with disability in the wider community:** The organisation will recognise and respond to people with disability as clients, suppliers, and members of the community at large.
- **Involvement of People with Disability:** Employees will be involved in implementing this agenda to ensure that wherever possible, employment practices recognise and meet their needs.
- **Monitoring Performance:** The organisation will monitor its progress in implementing the key points. There will be an annual audit of performance reviewed at Board level. Achievements and objectives will be published to employees and in the annual report.

Progress on delivering the above commitments will be overseen by the Executive Workforce Delivery Committee