

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: Anne Gibson Board Room, City Hospital

Date: 1st June 2017, 09:30h – 13:00h

Members:

Mr R Samuda (RSM) Chairman
 Ms O Dutton (OD) Vice Chair
 Mr M Hoare (MH) Non-Executive Director
 Mr H Kang (HK) Non-Executive Director
 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 A Geary (AG) Group Director, W&CH

Meeting support: (RF)

Ms R Fuller

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: Marie Perry, Rachel Barlow, Ruth Wilkin	Verbal	Chair
0930h	2.	Patient Story	Presentation	EN
0940h	3.	Questions from members of the public	Verbal	Chair
0945h	4.	Chair's opening comments	Verbal	Chair
UPDATES FROM THE BOARD COMMITTEES				
0950h	5.	To: (a) receive the update of the Charitable Funds meeting held on the 18 th May 2017 (b) receive the minutes of the Charitable Funds Committee meeting held on 13 th April 2017	SWBTB (06/17) 02 SWBTB (06/17) 03	WZ
	6.	To: (a) receive the update of the Public Health, Community Development and Equality Committee meeting held on 18 th May 2017 (b) receive the minutes of the Public Health, Community Development and Equality Committee meeting held on 9 th February 2017	SWBTB (06/17) 04 SWBTB (06/17) 05	RSm

Time	Item	Title	Reference Number	Lead
	7.	To: (a) receive the update of the Audit and Risk Management Committee meeting held on 24 th May 2017 (b) receive the minutes of the Audit and Risk Management Committee meeting held on 26 th April 2017	SWBTB (06/17) 06 To be tabled SWBTB (06/17) 07	MP
	8.	To: (a) receive the update of the Quality and Safety Committee meeting held on 26 th May 2017 (b) receive the minutes of the Quality and Safety Committee meeting held on 28 th April 2017	SWBTB (06/17) 08 To be tabled SWBTB (06/17) 09	OD
	9.	To: (a) receive the update of the Finance and Investment Committee meeting held on 31 st May 2017	SWBTB (06/17) 10 To be tabled	RSm
MATTERS FOR APPROVAL OR DISCUSSION				
1005h	10.	Chief Executive's Report	SWBTB (06/17) 11	TL
1015h	11.	Trust Risk Register	SWBTB (06/17) 12	KD
1025h	12.	Board Governance review: update on actions	Verbal	KD
1035h	13.	Integrated Performance Report	SWBTB (06/17) 13	TW
1045h	14.	Finance Report: Period 01	SWBTB (06/17) 14	TW
1055h	15.	Production Plan months 1 and 2	SWBTB (06/17) 15	TW
1105h	16.	2016/17 Never Events: action plan review	SWBTB (06/17) 16	KD
1115h	17.	A&E performance delivery in June	SWBTB (06/17) 17	AG
1125h	18.	2016/17 Annual Complaints and PALS report	SWBTB (06/17) 18	KD
1135h	19.	Research and Development Plan	SWBTB (06/17) 19	RST
1140h	20.	Diversity pledges	SWBTB (06/17) 20	RG
1205h	21.	Reduction in use of agency staff	SWBTB (06/17) 21	RG
1220h	22.	Never Event notification	Verbal	RST
1230h	23.	Midland Metropolitan Hospital: delay update	Verbal	TL
1240h	24.	Financial Statements for the Year Ended 31st March 2017- to adopt	SWBTB (06/17) 22	TW
1250h	25.	Application of the Trust Seal	SWBTB (06/17) 23	AK
UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS				
1255h	26.	Minutes of the previous meeting and action log (a) To approve the minutes of the meeting held on 4 th May 2017 as a true and accurate records of discussions (b) Update on actions from previous meetings (action log)	SWBTB (06/17) 24 To be tabled SWBTB (06/17) 25 To be tabled	Chair
1300h	27.	Any other business	Verbal	All
	28.	Details of next meeting		

Time	Item	Title	Reference Number	Lead
		The next public Trust Board meeting will be held on 6th July 2017 starting at 09:30am in venue tbc		

CHARITABLE FUNDS COMMITTEE UPDATE	
Date of meeting	18 th May 2017
Attendees	Cllr Waseem Zaffar (Chair), Mrs Ruth Wilkin, Mr Johnny Shah, Mrs E Newell, Mr Tony Waite, Mr Richard Samuda and Miss Yulander Charles.
Apologies	Apologies were received from Mr Toby Lewis and Mr Chris Higgins
Key points of discussion relevant to the Board	<p>The key areas of focus were:</p> <ul style="list-style-type: none"> • Barclay Investment report • Annual report and Accounts
Positive highlights of note	<p>Barclay Investment report – Mr T Waite along with several members of the committee met with Barclays to discuss the Charity's investment strategy. Several investment portfolio options were put forward i) Alcohol, tobacco & arms; however the committee agreed that this was not in line with the Trusts Public Health Plan, an appropriate investment fund will be sourced. ii) Risk profile and return; whereas our mandate stands at 5 year time horizon Barclays has a 10 year time horizon. As a result it was noted that we could crystallise some of our cash as the market is in a good position at present. Amount discussed was around £2million.</p> <p>Annual report and Accounts -</p> <p>The auditors expressed confidence in the accounts presented. There were not concerns with the information presented.</p>
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> • None
Matters presented for information or noting	<ul style="list-style-type: none"> • None
Decisions made	Barclay Investment: the committee decided that the charity would not accept the invest portfolio put forward which incorporated Alcohol, tobacco and arms and this is in contradiction to the Trusts' Public Health Plan. It was agreed to look at other alternatives.
Actions agreed	<p>No specific additional actions beyond those being progressed by management.</p> <p>Next meeting: 14th September 2017.</p>

Cllr Waseem Zaffar

Chair of Charitable Funds Committee

For the meeting of the Trust Board scheduled for 1st June 2017

CHARITABLE FUNDS COMMITTEE - MINUTES

Venue: D29 meeting room, City Hospital

Date: 13th April 2017, 11:30am

Members present:

CIlr W Zaffar – Chair (WZ)
Mr T Waite, Finance Director (TW)
Mr T Lewis, Chief Executive (TL)
Ms E Newell, Chief Nurse (EN)

In attendance:

Mrs R Wilkin, Director of Communications (RW)
Mr J Shah, Head of the Trust Charity (JS)
Ms Y Charles, Executive Assistant (YC)

Minutes	Paper Reference
1. Welcome, apologies and declarations of interest	Verbal
Apologies were received from Mr Richard Samuda	
2. Minutes of the previous meeting held on 9th February 2017	SWBCF (04/17) 001
The minutes of the meeting held on 9 th February were agreed as a true record.	
3. Matters arising from the previous meeting	SWBCF (04/17) 002
<p>(a) 50/50 fundraising rules: Mrs Wilkin provided clarity on the 50:50 fundraising rules. There are three groups of charities involved in the Trust.</p> <p><i>Resident charities</i> – almost exclusively provide support to SWBH departments. If they continue to operate and do not require 50:50 split of proceeds with Your Trust Charity and will be encouraged to collaborate in fundraising events with Your Trust Charity.</p> <p><i>Support/partner Charities</i> – these are involved in partnership work with the Trust which include joint service delivery or partnership through funding. If they wish to fundraise on trust premises they will need to partner with Your Trust Charity and split funds 50:50.</p> <p><i>External charities</i> – local, regional or national charities. Local and regional charities wishing to fundraise on Trust premises or promote fundraising activity they will be advised either partner with Your Trust Charity and split funds 50:50. National initiatives will not be promoted unless here is a split of proceeds with Your Trust Charity.</p> <p>(b) Bike ride: Mrs Wilkin summarized the background of this annual event which was initially started 15 years ago as a health and wellbeing initiative for staff. Since then the group has actively fundraised for several charities. It has been recommended that there is scope for continued support of this initiative albeit with a 50:50 split between Your Trust Charity and a local charity of their choice.</p>	

<p>Historically staff was able to take an extra days’ annual leave to their overall entitlement. However the committee is asked to agree that annual leave required to take part in the bike ride is on approval from the specific line manager i.e. either take time off in lieu or work flexibly to recover their hours. Also any other leave request for other Trust fundraising activities should be approved through the usual process. The Committee agreed with both proposals.</p> <p>(c) Hospital radio business plan: Mrs Wilkin reported that the current site for the Hospital radio is no longer fit for purpose. The Hospital radio has recently been awarded a small grant of £5000 to support the purchase of equipment to enable the station to broadcast on-line. Currently it is only accessible by inpatients; an online service would increase accessibility across the wider trust. The committee was asked to note the planned activities and timescales for achieving this.</p> <p>Other alternative sites are being considered for future physical location. The Chair suggested contacting New Style Radio – a local community radio station based between City and MMH sites. This would not only help in raising the profile of the Trust radio but also provide some capital saving as there are three studios on site all fully equipped –plus there is a shared expertise in offering professional support to the volunteers running the service.</p> <p>(d) Pathology fund closure: Mr Waite updated the committee that the BioChemistry fund tracked at £9300 has been transferred to the Charity finances.</p> <p>(e) Income generating funds: This will be discussed further under the agenda item:</p>	
<p>Action:</p> <ul style="list-style-type: none"> - New Style Radio to be contacted to arrange an introductory meeting (WZ) 	
<p>4. Head of Trust Charity’s programme report</p>	<p>SWBCF (04/17) 003</p>
<p>Mr Shah provided an overview of the six program areas currently being undertaken. Particular attention was given to the strategy on the development of Legacies. The Charity has an exception report on legacy income, although the majority is classified as restricted this is the highest amount received to date.</p> <p>This is mainly due to the reactive approach taken by the team; planting the seed in a sensitive manner via legacy packs.</p> <p>The committee discussed at length how best to maximize on this measure. The route taken has been to create strong links with specialist</p>	

<p>services such as palliative care, cancer services plus making it visible i.e. leaflets on shown in outpatient waiting areas.</p> <p>There has also been 13 new grants awarded adding to the existing 13. There are not major concerns each project are encouraged to provide feedback as to the impact of the grant on their services; how they are doing against KPIs.</p> <p>The Chair suggested providing a report also of any who are underperforming. The committee also suggested providing Board visits to the areas receiving grants as a means of assessing progress.</p> <p>The Chair asked if anyone had visited the Domestic Violence project to date. Mrs Newell offered to visit the team and to provide feedback to the committee. Mr Shah also added that the ambulatory services were currently being monitored to ensure that they do not overspend.</p>	
<p>Action:</p> <ul style="list-style-type: none"> - Future report to incorporate information on any struggling areas along with improvement/supportive measures - Mrs Newell to visit the Domestic Violence Project team and feedback to the committee - Mr Shah to continue to monitor the Ambulatory services spending 	
<p>5. Your Trust Charity five year fundraising strategy</p>	<p>SWBCF (04/17) 004</p>
<p>Mrs Wilkin presented the five year strategy to the committee for approval. The aim of the strategy is to position Your Trust Charity as one of the leading healthcare charities in the region. It plans to diversify income streams, focusing on six key areas which involves: individual (one –off, regular and lottery), corporate, legacy and trust/foundations. It also looks to increase total income year-on-year.</p> <p>The committee was asked to pay particular attention to pages 22- 23 of the report, which shows a breakdown of costs to run the charity over the next five years. The cost would purport to a yearly cost of between 186 – 384k.</p> <p>Mr Lewis challenged the projected figures and suggested reworking the 2020/21 plan to show a high individual and high net worth as the current projections are too low. Mr Lewis also suggested the provision of a 2nd phase plan.</p> <p>The committee asked to see a re-draft of the strategy including the points raised and it is to be re-presented at the next meeting</p>	
<p>Action:</p> <ul style="list-style-type: none"> - To provide a re-draft of the strategy at the next meeting with alteration to the projected yearly costs (RW & JS) 	
<p>6. Charitable Funds Policy – for approval</p>	<p>SWBCF (04/17) 005</p>
<p>Following the audit recommendations a revised Charitable Funds Policy has been developed by the Charity team to enable a more effective and efficient operation of charitable funds. Workshops are currently being</p>	

<p>rolled out to support the fund managers. Mr Shah stressed that no retrospective grant requests were authorised.</p> <p>The committee was asked to approve the policy.</p> <p>Mr Lewis highlighted section 7.5.6 and noted the need for the policy to clarify around the Trust Study Leave policy so that the two documents reflect each other.</p> <p>Further clarity was requested by the Chair around sections 7.5.10 – Research funded by external parties – understanding was needed as to the arrangements around the funding of research. Mr Waite suggested that prior to the final approval by the committee this policy is reviewed by KPMG and RSM. This was agreed.</p> <p>It was also noted that the policy also needed to make it clear that all international travel costs should be authorized by Mr T Lewis.</p> <p>The committee asked that the relevant changes be made to the policy and that it is to be re- presented at the next meeting</p>	
<p>Action:</p> <ul style="list-style-type: none"> - To contact Jocelyn Bell to clarify what the policy is around Research funding (RW and JS) - Policy to be reviewed by KPMG and RSM (RW and JS) - the policy also needs to make clear that all international travel costs should be authorized by Mr T Lewis (RW) 	
<p>7. Conversion to single trust deed</p>	<p>SWBCF (04/17) 006</p>
<p>Following the consolidation of funds and the establishment of new appeals and themes, the charity has undertaken due diligence on two options regarding single charity status conversion Mr Shah presented this paper.</p> <p>The main areas of discussion were around the dissolution of the eight linked charities by merging them into the main umbrella charity and the possibility of initiating a subsidiary for the charity in 2017/18 that can account for trading income i.e. merchandise sales and corporate partnership income.</p> <p>The Committee gave its approval to these recommendations.</p>	
<p>8. Midland met Hospital fundraising appeal</p>	<p>SWBCF (04/17) 007</p>
<p>Mr Shah presented this paper to the committee for approval. An update was given pertaining to the consultancy work on the £2m fundraising campaign which has since been concluded. In addition an in-depth research has been undertaken on “prospect” charitable trusts and foundations as well as individuals with a net worth of £2m.</p> <p>As a result the committee was asked for its approval of the estimated resource of 247k which is needed to deliver the campaign. This sum would cover the costs related to the recruitment of a fix-term FTE Campaign Manager and the allocation of 2 days per week of the membership Academy manger role to the campaign in 2017/18 increasing</p>	

<p>to 4 days per week in 2018/19. As well as provisions for the Campaign Counsel/Director.</p> <p>Mr Shah also asked the committee to consider the allocation of the estimated resource of 247k to either i) secure MMH funds present and future; the revaluation reserves and/or a combination of the two.</p> <p>Both the Chair and Mr Lewis noted the need to be clear as to what the working targets will be i.e. the need to gauge the milestones. It was suggested that a target of 2.25m be set to cover tax costs. The committee discussed and agreed that the governance of these proposals needed to be confirmed with a clear and defined set of milestones e.g. 2019/20/21 targets needed to be clearer (also set too low needs to be higher) including expenditure breakdown was needed.</p> <p>The Chair suggested that these issues be addressed and then to bring this proposal back to the committee at the next meeting for consideration. However the committee approved that the recruitment of the Campaign Manager should go ahead as soon as possible.</p>	
<p>Action</p> <ul style="list-style-type: none"> - To re-address the financial breakdown for the 2019/20/21 periods (JS/RW/TW) - Bring back to the next meeting (JS/RW) 	
<p>9. Statement of financial activities</p>	<p>SWBCF (04/17) 008</p>
<p>Mr Waite presented the financial update to the committee. The Portfolio is performing well and there are no real causes for concern.</p> <p>The net movement in funds currently stands at £200k. Mr Waite asked the committee to note that income for certain funds have been deemed as Trading in nature and so have been removed front the Charitable Funds transactions for the reported period. This income will transfer to the Trust's exchequer funds and will be reported in the Trusts accounts as revenue trading income. This activity had been scrutinized by KPMG as part an interim audit and it is understood that they would support this measure.</p> <p>The committee noted the report along with the impact of removing the Trading income</p>	
<p>10. Matters to raise to Trust Board</p>	<p>Verbal</p>
<p><u>Midland Met Hospital fundraising appeal</u> – to update the Board on the consultancy work on the £2m fundraising campaign which has since been concluded. Also on the MMH income generating scheme.</p>	
<p>11. Meeting effectiveness</p>	<p>Verbal</p>
<p>Mr Lewis commented on the lack of Non-Exec representation. Mrs Wilkin highlighted she will be running a workshop around Board members relationship re MMH appeal.</p> <p>Mr Lewis also noted that we ought to invite members of staff particularly those who have benefited from the grants scheme to the committee this</p>	

would add value to the committee.	
Mr Lewis also gave his apologies for the next meeting in May 2017.	
Action <ul style="list-style-type: none">- To discuss staff-side representation at future committees (TL/RW)- To discuss further at the next committee meeting as part of the agenda – Committee structure (WZ/YC)	

PUBLIC HEALTH, COMMUNITY DEVELOPMENT AND EQUALITY COMMITTEE UPDATE	
Date of meeting	18 th May 2017
Attendees	Mr. Richard Samuda, Cllr Waseem Zaffar, Mrs. Raffaella Goodby, Mrs. Elaine Newell, Dr. Roger Stedman, Mrs. Ruth Wilkin & Mrs. Chris Rickards
Apologies	Mr. Toby Lewis
Key points of discussion relevant to the Board	<ul style="list-style-type: none"> • Volunteering • Community Development • Alcohol Services • Public Health Plan 2017-2020 (follow up discussion from Trust Board) • Diversity Pledges (on Public Board Agenda)
Positive highlights of note	<p>Volunteering – plans are being put in place that the committee felt will have impact on patient experience and the Trusts profile in the Community i.e. transport scheme for “in need” patients, refer a friend, offers to students who want to volunteer. Substantive ‘Volunteer Manager’ in process to be recruited</p> <p>Community Development – work ongoing with partner organisations to ensure the patient population is represented in workstreams. Agreed to work with local government community engagement partners where possible. The Topping Out Ceremony would be a good opportunity to invite different community groups this event.</p> <p>Alcohol Services – recruitment of an alcohol nurse and working on reducing admissions and improvement of referrals to third party which has already started to have an impact – the funding of the post was secured from Your Trust Charity for 2 years. Focusing with partner organisations on referrals and also looking at how intervention with first time visitors (especially the young) to hospital can be targeted to stop them becoming frequent visitors.</p> <p>Public Health Plan – looking at objectives and how best services will be supported with the Trust and the Council</p> <p>Diversity Pledges – focus on staff and patient pledges and will update the Trust Board on patient pledges at its July meeting.</p>
Matters to escalate to the Board	<ul style="list-style-type: none"> • Alcohol Services • Diversity Pledges
Matters presented for information or noting	none
Decisions made	
Actions agreed	<ul style="list-style-type: none"> ➤ Community Development – Cllr Zaffar and Mrs Wilkin to discuss how to reach communities via social media (twitter, Facebook etc.) ➤ Public Health Plan – Staff wellbeing, issues on stress. Mr. Samuda to contact colleagues at Deutsche Bank who have a good approach in helping staffs wellbeing. ➤ Diversity Pledges – guide and therapy dogs. Mr. Samuda to contact a colleague at Guide Dogs UK for a chat

Mr. Richard Samuda

CHAIR OF THE PUBLIC HEALTH, COMMUNITY DEVELOPMENT AND EQUALITY COMMITTEE MEETING

For the meeting of the Trust Board scheduled for 1st June 2017

Public Health, Community Development and Equality Committee

Venue: D29 Meeting Room, Corporate Suite, City Hospital

Date: 2pm, 9th February 2017

Members present:

Mr R Samuda (Chair) (RS)
 Cllr W Zaffar, Non-Executive Director (WZ)
 Mr T Lewis, Chief Executive (TL)
 Ms E Newell, Chief Nurse (EN)
 Dr R Stedman, Medical Director (RSt)

In attendance:

Mrs R Goodby, Director of Workforce & OD (RG)
 Ms R Wilkin, Director of Communications (RW)
 Mrs C Rickards, Trust Convenor (CR)
 Ms G Towns, Head of Corporate Governance (GT)

Minutes	Paper Reference
1 Welcome, apologies and declaration of interests	Verbal
<p>The Chair welcomed all to the meeting.</p> <p>The members present did not have any interest to declare.</p>	
2 Minutes of the meeting 1st December 2016	SWBPH (02/17) 001
<p>The Committee approved the minutes of the meeting held on 1st December 2016 subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 2, Halal food: Cllr Zaffar advised the minute should read “City Serve” rather than City Service; • Page 3, Equality and Inclusion Plan: The minute should read “Stephen Gabrielle, <i>Equality</i> Lead at Sandwell Council....” 	
3 Minutes of the meeting 20th January 2017	SWBPH (02/17) 002
<p>The minutes of the meeting held on 20th January 2017 were agreed as a true record.</p>	
4 Matters arising	SWBPH (02/17) 003
<p>The Committee received the action log and discussed the following items:</p> <ul style="list-style-type: none"> • <u>Early release of bodies</u>: Mr Lewis was keen for this matter to remain on the Committee’s agenda to ensure it remained a priority for the Trust. He suggested the Committee were presented with a proposal outlining what ‘good’ performance looked like. Mr Lewis suggested metrics to measure good would be helpful to the Committee. The Committee discussed the need to develop a strong working relationship with the Coroner’s Office. Mr Lewis asked for this matter to be tracked on the action log and stated it was important a solution was identified prior to the opening of the Midland Met Hospital. • <u>Outpatient’s ethnicity coding</u>: This matter was being progressed and would be closed by the end of the 	

month.

- Equality Plan: This matter was on the agenda for the Public Trust Board meeting on 2nd March 2017 meeting. This matter was marked as closed on the action log.
- Making Every Contact Count: Mr Lewis confirmed he would include this item in the Initial Public Health Plan v2 item. This matter was marked as closed on the action log.

Action:

- **Early release of bodies to remain on the agenda. A proposal outlining what 'good' performance looks like to be returned to the Committee for discussion**

5 Community Development Activities

Verbal

Mrs Wilkin advised that the Trust continued to support a number of local organisations at Sandwell and City Hospital. The Trust had continued its outreach work by engaging with local community groups. Mrs Wilkin confirmed that volunteering remained a priority for the Trust. Mrs Wilkin advised the Committee that the Trust had undertaken work with local schools, mostly primary schools, in the local area. Pupils had been invited to Sandwell General Hospital to help assist carers with refreshments in the day room. Cllr Zaffar suggested the Association of Handsworth Schools may be able to assist with identifying schools in the West Birmingham catchment.

Mrs Wilkin advised that the *Kissing It Better* programme had been launched the previous week with college beauty students visiting wards to offer treatments to patients.

Mrs Wilkin informed the Committee that the Trust had recently attended an event hosted by Birmingham City Council targeting the Eastern European community. Mrs Wilkin confirmed this had been a good opportunity to learn from different groups and identify better ways to engage with the community. Cllr Zaffar stated there was an opportunity to educate the community so they were aware of their rights to access healthcare. Mr Lewis suggested there was an opportunity to engage with the community regarding HIV and caesarean section rates to particular issues which were more prevalent within the community.

Mrs Wilkin advised that community engagement activities continued. Five local groups were actively engaged with the Trust and involved in a number of schemes. Mrs Wilkin advised it was the Trust's intention to identify ambassadors who could act as a link between the community groups and the Midland Met Hospital, once open.

Mrs Wilkin confirmed that the Trust continued to engage with valuable third sector partners. She confirmed the matter had been reported to the December 2016 Trust Board meeting and a workshop had been held on the matter. A number of actions to take forward had been identified to ensure staff recognised the value of working with the third sector. Mrs Wilkin advised a number of senior leaders would be visiting community groups as part of the First Friday scheme.

Mr Lewis wished to ensure that the Trust's community engagement work engaged with all members of the community. Mrs Wilkin confirmed she was considering how best to present this and the Committee discussed how this could be visualised. Mrs Wilkin agreed to provide an initial outline for discussion at the next meeting.

Action:

- **An outline of community engagement work to be provided for discussion at the next meeting (RW)**

6 Diversity Pledges

**SWBPH (02/17)
004**

Mrs Goodby advised the nine diversity pledges would be refreshed with the new Public Health Plan. Mrs Goodby stated that February was LGBT history month and the daily staff email had featured LGBT history stories to highlight the month. Mrs Goodby advised that social media interest had been good and highlighted the work of Stuart Young, the LGBT Staff Network Chair who had played an active role in promoting the LGBT history month. Mrs Goodby

advised the Trust planned to have a stall at Birmingham Pride which could jointly promote the Trust's LGBT network and recruitment for the Trust. Mrs Goodby advised that there was further work to be done to educate staff about the LGBT community and referred to a recent incident where her car had been vandalised on the staff car park with LGBT associated wording. Mrs Rickards was supportive of the proposals to develop the LGBT group and confirmed the need to educate staff members of the LGBT community.

Mrs Goodby informed the committee that March would focus on disability. Kam Dhami, Director of Governance, would be the Executive Sponsor for the Disability Staff Network. Mrs Goodby advised that the last Disability Staff Network meeting had not been well attended and therefore a strengthened communications plan would be implemented to raise the network's profile.

The Committee discussed each of the diversity pledges in turn:

- Pledge 1, analysis of training requests and training funds: Mr Lewis was of the view that whilst the pledge had been achieved, the general staff view was that the training had not been undertaken. He suggested a communications strategy was implemented to address this. Mrs Goodby advised that the analysis presently included Doctors and she planned to remove this group from the next data return to view the characteristics of the Agenda for Change group of staff. Mrs Goodby advised that the Trust would also be looking at the data for complaints which were resolved as informal grievances and was working with Mrs Rickards on this matter. The data would particularly consider BME staff members. The Committee discussed that the majority of staff did not declare their sexuality in any data return; it was hoped that the work with the LGBT staff network would encourage staff members to provide this information. This pledge had been met.
- Pledge 2, Trust Board training: this pledge had been achieved. This pledge had been met.
- Pledge 3, EDS2 self-assessment: Mrs Goodby advised that rather than ask each directorate to complete a return, a corporate EDS2 return would be completed. Mrs Goodby advised that much of the EDS2 requirements were replaced with the Race Equality Standard. Mr Lewis disagreed and asked that the EDS2 be considered by the Executive Group and presented to the next Committee meeting.
- Pledge 4, protected characteristic data: Mr Lewis advised that the Trust was not an outlier regarding the representation of different staffing groups. Mrs Goodby advised that there were two sets of data available, ESR and the information gained through the 2016 declaration of interests return. Mr Lewis suggested this pledge remained open and that the Executive Group looked at this matter. This pledge remained open.
- Pledge 5, raising awareness of protected characteristics: Mrs Goodby confirmed events were held every month celebrating protected characteristics. A plan for events over the next twelve months had also been established. This pledge had been met. The Committee discussed the importance of mutual respect throughout the Trust. Mrs Rickards stated that UNISON had noted there were higher instances relating to issues of mutual respect than at other neighbouring Trusts. Mr Lewis agreed this matter remained a concern and stated this could be captured in the consequences work which would be implemented shortly. Mrs Rickards suggested that speedier resolution of issues could assist as it presently took some months to achieve a resolution. Mr Lewis suggested this linked to pledge 7.
- Pledge 6, structured programme: This pledge had been partly met.
- Pledge 7, review of workforce policies and procedures to see if they match our ambitions and commitments: Mrs Goodby confirmed the Trust's policies and procedures had been reviewed. Whilst the policies were in place, the culture and issues of mutual respect needed to be tackled. Mr Lewis asked if the practicalities of BME staff forming membership of every interview panel had been worked through. Mrs Goodby advised that in some areas of the Trust this would be of greater benefit as there had been a perception identified through grievances that many staff members did not believe BME staff members were being progressed. Mr Lewis suggested the Trust's focus moved to tackling the issues raised and was keen to resolve this issue. This pledge

had been met.

- Pledge 8, establish groups in each protected characteristic: Mrs Goodby confirmed this pledge had been met.
- Pledge 9, work with senior leaders with protected characteristics for them to provide visible support: Mrs Goodby advised that this work was still in action and would be completed by May. This pledge remained open.

Action:

- **Pledge 3, EDS2 to be considered by the Executive Group and presented to the next Committee meeting (RG)**
- **Pledge 4, protected characteristics data to be considered by the Executive Group and presented to the next Committee meeting (RG)**

7 Initial Public Health Plan v2 2017-2020

**SWBPH (02/17)
005**

Mr Lewis tabled a paper for this item and advised of his intention to present the Public Health Plan to the April/May 2017 Trust Board meeting.

Mr Lewis confirmed the current Public Health Plan was nearing its conclusion. The Trust had successfully achieved its goals for maternity, asthma and green food waste. Mr Lewis stated that staff mental health had also been successfully impacted upon although data was not fully available to support this.

Mr Lewis advised that the Trust had not achieved its aspirations for Making Every Contact Count and the alcohol plan. The Trust had also failed to deliver its plans regarding infant mortality and advised there was discord between the CCG, Sandwell Council and the Trust on what should be achieved around this issue. He noted Sandwell Council were focused on childhood matters but not on mortality. Mr Lewis identified a need to avoid duplication between the Quality Plans and the Public Health Plan. He advised there had been considerable delay from Sandwell Council and this had impacted upon the achievement of the Trust's public health plan goals. He suggested it may be useful for the Trust to wait for Sandwell Council to identify their key areas of action before developing the Public Health Plan 2017-2020 and was of the view that childhood obesity may be one such issue the Council focused upon. The Committee discussed that the Trust did not provide school nursing and discussed where the boundaries of support lay. Mr Lewis suggested that the Committee may in future wish to identify any new areas to focus upon and schools may feature in this.

Mr Lewis suggested the CCG may focus their plans on communicable diseases. He noted vaccination rates in the local communities could be higher; the Committee discussed the transient nature of some of the local population. The Committee discussed that vaccination could feature in any future plan. The Committee discussed the blend of staff and patient focus within any future Public Health Plan and were of the view a 50/50 split should be maintained.

The Committee discussed the areas Mr Lewis had suggested could feature in the Public Health Plan 2017-2020. For patients the Committee noted the following key issues could feature in the plan:

- Isolation in older age: The Committee noted that presently this did not feature explicitly in the Public Health Plan. The Committee noted isolation was not only a matter for the elderly. Cllr Zaffar suggested the Trust may be able to engage with London Cares, a third sector agency.
- Making Every Contact Count: Mr Lewis was of the view this had not been fully embedded into the Trust's culture. Mr Lewis suggested EPR would enable the Trust to track the success of Making Every Contact Count by identifying meaningful patient outcomes.
- Primary School age obesity: This had been discussed by the Committee.
- Reducing premature infant mortality: Mrs Newell suggested this was revised to reduce perinatal mortality instead.
- Addressing vaccination rates among local population: The Committee discussed the Trust's successful winter

flu vaccination scheme but suggested there may be other vaccinations which the Trust could offer. The Committee returned to the suggestion of developing a relationship with schools.

The Committee noted the following key issues for staff members which could feature in the plan:

- Improving staff mental wellbeing: Mr Lewis suggested that the plan should identify its interpretation of stress, bullying etc.
- Addressing specific issues in our staff health profile: Mr Lewis reflected on learning outcomes from the first Public Health Plan and suggested that identification of a single issue within the plan may result in more meaningful engagement from staff. Dr Stedman suggested muscular skeletal issues may be a suitable area to focus on as it was likely to affect a sizable proportion of staff members and was amenable to intervention.

Mr Lewis thanked the Committee for their comments. He was of the view the Public Health Plan 2017-2020 should have prominence within the Trust, particularly as EPR and the Midland Met Hospital would feature in the coming months and years. Mr Lewis was hopeful to secure a resource from Sandwell Council to support the Public Health Plan 2017-2020. He advised that further consideration would be given to how equality and community development featured in the plan.

Action:

- **Public Health Plan 2017-2020 to be presented to the April/May 2017 Trust Board meeting (TL)**

8 Matters to raise to the Trust Board	Verbal
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The Committee wished to highlight the following matters to the Trust Board:

- Diversity pledges: the Committee noted that five of the pledges had been met and one partly met;
- Public Health Plan v2 2017-2020: The Committee provided feedback on suggested areas for the Public Health Plan v2 2017-2020. This will be presented to the Trust Board by May 2017.

9 Any other business	Verbal
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There were no items of any other business.

Next meeting	
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The next meeting will be held on 18th May 2017 at 2pm in the meeting room, D29, Corporate Suite, City Hospital.

Signed

Print

Date

Audit and Risk Committee

Venue Anne Gibson Board Room ,City Hospital

Date 26th April 2017; 1400h – 1600h

Present

Members Present

Ms M Perry

Chair

CLlr W Zaffar

Non-Executive Director

In Attendance

Miss K Dhami

Mr T Waite

Mrs E Newell

Mr R Chidlow

Mr M Gennard

Mr A Hussain

Ms E Simms

Mrs E Quinn

Minutes	Paper Reference
1 Welcome, apologies and declarations of interest	Verbal
<p>Ms Perry welcomed all present to the meeting. Apologies had been received from Ms Olwen Dutton, Mr Harjinder Kang, Mr Andrew Bostock and Mr Tim Reardon.</p> <p>The members present did not have any interests to declare.</p>	
2 Minutes of the previous meeting held on 26th January 2017	SWBAR (04/17) 002
<p>The minutes of the previous meeting held on 26th January 2017 were agreed as a true record, subject to an amendment to item 4.1 (a). This should reflect that the Committee noted that a forward plan to address aged debt was in place. Mr Waite to provide updated on an on-going basis.</p>	
3 Matters and actions arising from previous meetings	SWBAR (04/17) 003
<p>4.1 Governance Pack: The Committee noted that due to the amount of business on the agenda for this month, it had been agreed that the Governance pack would be deferred to the May 2017 meeting. It was reported that the Legal Services update, to incorporate negligence claims, will be included in the Governance pack at the July meeting. An update in relation to the overseas visitors/debt collection partner will be included as part of the Governance pack at the May meeting.</p> <p>4.6 Data Quality: Mr Waite reported that he had not yet been able to progress this item. He confirmed that he would progress this via the Executive Group and bring an update to the next meeting in May.</p>	

5 External Audit: Mr Chidlow confirmed that in relation to Payroll overpayments, KPMG provided a note to Mr Waite and Mr Reardon on 31 January to highlight that according to benchmarking data, SWBH had a payroll overpayment rate at approximately 0.08% of payroll expenditure, against a best in class of 0.03-0.04%. Reporting examples from other Trusts were provided. SWBH data highlights the risk of late notification to HR as a key risk, as only a minority of leavers were recorded as having notified HR before the leaving date. In terms of Tender Waivers, on 31 January, KPMG provided Mr Waite and Mr Reardon a best practice proforma of how other Audit Committees present single tender waivers at a granular level; specifically capturing the £5m gap that the Audit Committee doesn't currently see. The Committee confirmed that this action could now be closed.

6.1 Internal Audit overdue actions: It was reported that since the papers for meeting had been produced, a large number of overdue actions had now been closed. Ms Perry felt it would have been helpful if the actions had been closed prior to the papers being issued.

6.2 It was noted that the counter fraud actions had been included on the internal audit tracker for management. This action has now been closed.

5 Safe Staffing

SWBAR (04/17) 005

Mrs Newell gave an overview of the April summary level data. She highlighted that the majority of wards achieved over 95% fill rates for both trained (RN) and untrained (HCA) staff. Paediatrics, D27 and Priory 4 wards all triggered red due to fill rates lower than the established norms. This was noted to be entirely appropriate and in response to reduced clinical activity/dependency.

The Committee noted the plans in place to support Thornbury switch off from 1st June and subsequent reduction in agency use. The plans are to be developed into full PMO/GPO plans and were noted to include:

- Efficient Rostering, measured and monitored against agreed KPI's - including time owing to Trust;
- Recruit substantively to nursing vacancies;
- Substantively staff Lyndon 5;
- Halve sickness in Ophthalmology Theatres;
- Tighter escalation for approvals via prompt cards ;
- Bed reduction programme delivered by 31st May;
- Staffing review commencing 1st May;
- Review heat maps for agency spend / sickness with a view to focussed support;
- Focussed care reduction across the Trust;
- Ban on all agency HCA's effective 1st April 2017;
- Substantive recruitment to HCA 100 WTE vacancies through recruitment drive (84 are in recruitment process);
- Growth of HCA numbers on Trust Bank Focussed care reduction across the Trust;
- Ban on all agency HCA's effective 1st April 2017;
- Substantive recruitment to HCA 100 WTE vacancies through recruitment drive (84 are in recruitment process);
- Growth of HCA numbers on Trust Bank.

Ms Perry raised the question in terms of meeting the internal audit requirements in this respect. Mr Hussain reported no concerns in terms of wards not being staffed, but rather of the process of data collection. Mrs Newell informed the Committee that since the audit had been undertaken, the 'Barnacle' tool/system had been implemented which removed the need for manual reporting processes. The system would be rolled out to all areas and e-rostering by July and would be capable of providing management information.

6 Clinical Audit Progress Report

SWBAR (04/17) 006

Miss Dhimi presented the report and updated the Committee on the progress of the 20 clinical audits that were included in the Clinical Audit plan for 2016/17. Of the 20 audits, 14 had been completed. The details of the findings were included

within the report, however, the main findings were noted to be in relation to the audits that had been carried out to:

- Determine whether there is full compliance with all the WHO Safer Surgery requirements;
- Confirm whether patients who present at the Trust with a retinal detachment are being managed according to best practice;
- Determine whether patients at the end of life are dying in a place of their choosing;
- Confirm whether DNACPR decisions are being made according to Trust standards.

Miss Dhimi reassured the Committee that the actions resulting from the audits would be followed up.

Cllr. Zaffar highlighted the audit in relation to the preferred place of death and felt that the results were positive. He asked if the Trust was able to share data in relation to the patients' faith or ethnicity in this respect. Mrs Newell felt that it was possible to obtain/share the ethnicity data, but was unsure if the data in relation to faith was recorded at this stage. She agreed to further explore this and share any relevant data with Cllr. Zaffar.

7 Going Concern Review

SWBAR (04/17) 007

Mr Waite reported that in line with financial forecasts, the Trust was expected to report a deficit position for FY 2016/17 which, following the underlying deficit generated in FY 2015/16, is expected to result in a shortage of internally generated cash in FY 2017/18. The underlying deficit for FY 2016/17 was noted to be expected to be in the region of £24m which is carried forward into FY 2017/18. The reported and underlying deficits, taken in conjunction with a requirement for external cash support in the new financial year, had warranted review of the assumption that SWBH Trust is a going concern.

The review considered the following components:

- An assessment of the financial plans
- Assessment of assumptions underpinning those plans and sensitivities
- Other environmental events or conditions
- GAM interpretations for the purpose of NHS organisations

The conclusion following management assessment is that SWBH Trust is a going concern and it is appropriate to prepare the 2017/18 annual accounts on that basis. It was noted that the Board was satisfied that there was a plausible route back to a balanced plan. Mr Chidlow confirmed his satisfaction that the report met the requirements of external audit.

8 Review of unaudited draft annual accounts

SWBAR (04/17) 008

Mr Waite presented the report in relation to the Trust's draft financial statements for the year ended 31 March 2017. He highlighted that the statements demonstrate the Trust's performance against key financial duties, as follows:

- Duty to achieve income and expenditure breakeven – not achieved. £11.9m deficit recorded versus a plan target of £6.6m surplus;
- Duty to maintain capital expenditure within CRL – achieved. £19m capital expenditure against a £19.1m CRL;
- Duty to maintain cash usage within EFL – achieved. £46.9m relevant net cash outflow against a £56.4m EFL.

In preparing the statements, management had made a number of judgements. These had been discussed in depth at the January committee, summarised as follows:

- The trust values on an alternative MEA basis and so does not account for individual assets. Surplus assets held by the trust therefore have no separate value. Consequently as individual assets are disposed of they will be valued with reference to contemporary guidance.
- The application of IFRS 9 is expected to result in the release of a credit note provision held at March 2016. It is also expected to impact on the level of bad debt provision, specifically that held for invoices in respect of DTOCs to Birmingham City Council.

- The trust's managed equipment service scheme falls within the scope of IFRIC 12. The contract will be treated "on balance sheet" and the accounting treatment will be consistent with that of the Birmingham treatment centre PFI scheme.

It was noted that the financial statements had been prepared on a going concern basis.

9 Reference costs 2016/17

SWBAR (04/17) 009

Mr Waite presented the report that updated the Committee in respect of the following:

- Published reference cost information for 2015/16
- Published education and training cost information for 2015/16
- Update on audit findings in relation to the 2014/15 submission
- Proposed approach for 2016/17 reference cost submission

In order to improve the quality of reference cost returns nationally the guidance now requires board approval of the return. The board or a relevant sub-committee is required to take steps to satisfy themselves that:

- the cost return has been prepared in accordance with the Approved costing guidance, which includes the combined costs collection guidance
- the information, data and system underpinning the return are reliable and accurate
- there are proper internal controls over the collection and reporting of the information included in the combined costs collection, and these controls are subject to review to confirm that they are working effectively in practice
- costing and E&T teams are appropriately resourced to complete the return, including the self-assessment quality checklist and validations, accurately within the timescales set out in the reference costs guidance
- the content of the return is not inconsistent with internal and external sources of information.

The board or sub-committee should also ensure that the finance director and education lead have or will, on behalf of the board, approve the final combined costs collection return before submission.

In addition, a statement of directors' responsibilities will be completed and signed by both the finance director and education lead. In the 2016/17 process this must be kept on site available for audit review. This is in contrast to the 2015/16 process when it was returned to the DH with the reference cost return.

The Committee noted and approved that the 2016/17 reference cost submission would be aligned for consideration and sign-off at the September Trust Board meeting. Mr Waite proposed to circulate the timetable (to be agreed with NHSI) electronically to the Committee for virtual sign-off.

10 External Audit Progress Report

SWBAR (0/17) 010

Mr Chidlow highlighted the work undertaken by External Audit since the last meeting, together with a summary of the upcoming work ahead of the next Committee meeting on 24th May.

The Committee received the report.

11 Interim Report, including actions arising from previous year reviews

SWBAR (0/17) 011

Mr Chidlow presented the interim report and highlighted the progress made in terms of completing the first two stages (planning and control evaluation) of the four key aspects of the accounts audit. The work to date in relation to the

significant audit opinion risks was summarised, as follows:

- Valuation of property, plant and equipment (to include land and buildings, managed equipment service and capitalisation of staff costs);
- Recognition of NHS and non-NHS income
- Key areas of judgement, including accruals, provisions (including bad debt provision) and deferred income.

Mr Chidlow further summarised the risks for use of resources that had been highlighted in the 2016/17 External Audit Plan:

- Delivery of the 2016/17 financial plan in the context of the Trust's Long Term Financial Model;
- The Trust's work with its local health economy partners in its Sustainability and Transformation Plan;
- Working with regulators;
- Governance arrangements for significant projects.

The Committee received and noted the report.

12 Approval of Internal Audit Plan

SWBAR (0/17) 012

Mr Gennard presented the plan for approval and made the assumption that it had been read in advance of the meeting. He confirmed that it had been approved by the Executive. He highlighted that the plan sets out the review, lead sponsor and proposed timing. Any changes to the scheduling will be brought to the Committee throughout the year.

Ms Perry confirmed that the Committee was content with the areas of audit and it was therefore approved for the forthcoming twelve months.

NB: Subsequent communication established this process had not been completed and Executive 'sign-off' was pending. The plan will be presented to the Committee at its May meeting.

13 Review of Internal Audit Progress

SWBAR (01/17) 013

Mr Hussain presented the reports and highlighted that ten reports had been finalised since the last meeting of the Committee in January. The Committee noted that there were a further three reports that had been issued in draft and were awaiting management responses. Mr Hussain assured the Committee that since the report had been issued, a number of outstanding actions had been closed off. Ms Perry was of the opinion that good progress had been made and noted that there was just one action outstanding.

14 Receipt of annual Internal Audit report and associated opinions

SWBAR (01/17) 014

Mr Gennard presented the report that provides the Committee with an overview of the work completed by Internal Audit in 2016/17 and advises the Head of Internal Audit opinion, based on the work undertaken. He highlighted the importance of the report as this will be used by the Chief Executive when preparing the Trust's Annual Governance Statement.

Mr Gennard reported that the overall audit opinion was positive, although he stressed the importance of improving response times in future in relation to closing off outstanding actions.

The Committee received and noted the report.

15 Agreement of Counter Fraud work plan

SWBAR (01/17) 015

Ms Simms presented the report and made the assumption that it had been read in advance of the meeting. She

highlighted that the report includes a fraud risk assessment in order to quantify the inherent and residual fraud risks to the Trust and dictate the focus of the work plan. The Committee noted that the report had been discussed and agreed with the Finance Director.

Ms Simms reported that the Local Counter Fraud Service had good visibility with Trust staff and planned to target specific areas of staff in order to promote visibility.

Mr Waite commended the plan to the Committee. The Committee challenged and confirmed the plan.

16 Receipt of Counter Fraud annual report

SWBAR (01/17) 016

Ms Simms presented the annual report, which was noted to be in draft. She reported there were no significant issues that would raise concern. She highlighted that the 2016/17 work plan outlined the core Local Counter Fraud Service (LCFS) activities undertaken during the financial year, in line with the NHS Protect Standards.

The Committee noted the positive feedback from the (LCFS) in terms of reactive reporting, together with overall 'green' rating for the self-review tool.

17 Update on Counter Fraud progress from 1st April to date

Verbal

Ms Sims confirmed a consistent number of referrals had been received by the LCFS. The Committee noted it was positive that staff were reporting their concerns. Since 1st April, three investigations were noted to be underway in relation to parking permits, driver's licence and an overpayment for staff verifying their own shifts.

8 Matters to raise to the Trust Board

Verbal

The Committee agreed the following matters should be raised to Trust Board:

- (a) No major concerns from External Audit in relation to the annual draft annual accounts. Work to be concluded in May;
- (b) Positive annual internal audit opinion received;
- (c) Positive feedback from the Local Counter Fraud Specialist (LCFS) in terms of reactive reporting, together with overall 'green' rating for the self-review tool.

10 Any other business

Verbal

None.

Details of the next meeting

The next meeting will be held on 24th May 2017 at 1400 – 1600h in Meeting Room 1, Old Management Block, City Hospital.

Signed

Print

Date

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 28th April 2017, 1030h – 1200h

Members attending:

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

In attendance:

Mrs. S. Cattermole Executive Assistant

Minutes	Paper Reference
1. Welcome, apologies for absence and declarations of interest	Verbal
Apologies were received from Mr. Samuda and Mr. Waite. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	SWBQS (04/17) 002
The minutes of the meeting held on 24 th February 2017 were agreed as a true record.	
3. Matters and actions arising from previous meetings	SWBQS (04/17) 003
<ul style="list-style-type: none"> a) Minute 7 : IPR Neutropenic Sepsis improvements : update given later in the meeting. b) Minute 9 : Clinical Audit, Retinal Detachment : information circulated to committee members. c) Minute 7 : IPR Puerperal sepsis data clarification : item not discussed d) Minute 7 : IPR Reasons for clinical cancellations : item not discussed e) Minute 7 : IPR Confirmation of SOPs for new indicators : item not discussed 	
4. Patient story for the May Trust Board	Verbal
Ms Newell advised that the patient story for the May Trust Board meeting would be delivered by Dr. Chizo Agwu and would focus on the experiences of a patient that has been through the transition from Paediatrics to Adult services. Work needs to be done on how to reflect on spreading good practice to the wider organisation. The Transition Paper came to Q&S two months prior showing compliance with better practice. Diabetes are proving successful in this area as they have a high volume of patients (100+). The patient story illustrates what good should look like. Ms. Dutton queried if departments liaise with other areas such as social services and this was confirmed to be correct.	
5. Safety Plan Update	SWBQS (04/17) 004
Ms. Newell advised that 21 wards have engaged in the roll out of the safety plan. Maternity and neonatal wards have adopted a modified checklist which has been successfully implemented into neonates and is currently being piloted in	

Maternity. A period of analysis and review is currently in progress in order to study outcomes, lessons learned and to plan the next roll out phase. Work has already begun to address some of these issues. Reports are being generated at 6am daily indicating compliance around input of data and adherence to standards. This allows very prompt action to address non-compliance. Medicine is being worked on under the Consistency of Care programme. Work continues on 'output data' which will be reported once several months in to the roll out phase.

The Safety Plan Statistics Numbers graph and Safety Plan Statistics Compliance/Non Compliance graph were briefly discussed. Ms. Newell confirmed that most wards are now reporting daily. However, at Sandwell SAU there is an issue, as the process and tool are not set up well for rapid response areas. The tool is being amended to work with 24 hour stats. Improvement plan in place for end of April (input data). Issues with accessing the portal are also being looked at. Dr. Stedman raised the query regarding VTE compliance and was informed that a new tool and process is being looked at to include this.

Ms. Dutton pointed out that some of the figures seemed incorrect. Ms. Newell explained that some of the areas needed more training on inputting the data. Once reviewed, the plan is to start the relaunch again so that data can be recorded and collected more accurately.

There is a lot of work being done on the Buddy Network Plan Roles which will be supported through Action Learning Sets that is being implemented. Buddies will be performance managed through PDR, improvement training, development of the role and given accreditation via work on a quality improvement plan. Buddies will also be trained on how to escalate problems. Skills will be developed through to 6/7's who will work in other areas and share knowledge where appropriate. Miss Dhama confirmed that Consistency of Care buddies have a different kind of role. Skilled buddies to deploy different skills for the wards in need of intensive support and suggested that we place people in their own specialties. However, it was agreed that the role of the buddies may change when things change in the organisation ie consistency of care moves to digital roll out. That is when we will have to build on role and they will be asked to work for other areas providing support.

Committee members agreed that the Safety Plan would stay on the agenda and output data and impact would be discussed at a future meeting. The Committee received the report.

6. 2016/17 Quality Accounts

SWBQS (04/17) 005

Dr. Stedman outlined the Quality Accounts information that was circulated. The team are finalising the data and gaps will be filled by next week ready for information to be released to stakeholders. The committee members were asked to look at overall content of the document so that it could then go to key stakeholders for their opinions to be incorporated into the final version.

Ms. Dutton suggested that the Quality Plan be more reader friendly. Dr. Stedman advised that it has been aggregated from many services and it needs someone to read/check it and sign it off for the organisation. Miss Dhama suggested that we should add in our priorities such as work on the Digital programme, safety and quality plan. Ms. Barlow asked if some of the photographs could be changed to include patients from all areas of the organisation. Ms. Newell asked if the Quality Accounts would be available in other languages, Miss Dhama will check with Ms. Wilkin.

The Committee received the report.

ACTION : Quality Account to include work on Digital Programme, Safety and Quality Plan. Photographs to be changed. Miss Dhama to speak to Ms. Wilkin about Quality Account being printed in other languages.

7. Ionising Radiation (Medical Exposure) Regulations Annual Report

SWBQS (04/17) 006

Dr. Stedman gave an update on the verbal feedback on the Imaging Service following the CQC Inspection last month which was positive. Evidence was available in the action plan and numbers of reportable incidents that improvements have been made. Ms. Dutton asked if we were confident that all incidents are reported and Dr.

Stedman confirmed that we report at 100% and compared to other reporting rates we either maintain or are better than other organisations. Ms. Parker confirmed that there are a low number of reportable near misses. Assurance is in the culture of team working and feedback from the inspection report. Ms. Barlow advised that activity needs to be looked at and discussed at Group Reviews.	
8. Integrated Performance Report	SWBQS (04/17) 007
<p>In the absence of Mr Waite, Dr. Stedman highlighted the quality indicators that have consistently failed to meet the set performance targets. Discussions took place regarding the underperformance in these areas. Queries were raised as to whether we are measuring the data wrong or could anything be done to improve the figures. Miss Dhimi confirmed that a conversation is taking place next week to look at thresholds. It was suggested that if areas are always reporting 99% compliance, should reasons on the other 1% non-compliance be broken down.</p> <p>Hip fractures – Ms. Barlow confirmed that work has been done and improvements have been made to the pathway following scrutiny of the data. Katie Gray is currently working with theatre teams to work on improvements and work is being done on process mapping the patient journey from day of admission. End to end development session being worked on.</p> <p>Mortality review rates – Dr. Stedman and Ms. Dutton have recently attended a “Death Matters” seminar and changes need to be made. More learning needs to take place when reviews are done by using a standardised checklist. It was also suggested that we need to create a medical examination function so that deaths can be reviewed and detailed with the aid of a filter mechanism. Dr. Stedman suggested that we work on what Leicester have done with cremation fees – fund daily session for medical examinations.</p> <p>A&E performance paper – Ms. Barlow called out the A&E performance paper that is being presented at the Board meeting. The trajectory to reach that includes a marked step up in performance in July 2017 to 90% as measured against the 4 hour standard which is equivalent to 50 fewer breaches a day. There are two improvement weeks planned, May 29th and June 19th. A Project Board chaired by the COO will ensure design, sign off of standards and an engagement plan to oversee the project. Work will include increasing capacity in ED through different use of space in May 2017.</p> <p><i>The Committee received the report.</i></p>	
8.1 Neutropenic Sepsis – process improvements	Verbal
Ms. Barlow updated the committee members on the process improvements for Neutropenic Sepsis. Unfortunately the triple bleep system doesn't seem to be working and the breach analysis is not being followed. It has now been agreed that a three point escalation needs to be followed. Ms. Barlow has asked for a weekly progress report to be sent to her from now on as we need compliance.	
9. 2016/17 clinical audit plan Q4 progress report	SWBQS (04/17) 008
<p>Dr. Stedman gave an update on the progress of the 20 clinical audits that were included in the Clinical Audit Plan for 2016/17. The report also contained reports on the following audits that were carried out :</p> <ul style="list-style-type: none"> – Determine whether there is full compliance with all the WHO Safer Surgery requirements. The audit highlighted that although the steps of the WHO checklist are followed and that no surgical procedure commenced without the WHO Checklist being completed, the full team was not always in attendance for all of the steps included on the checklist. The audit also showed that further work is required to embed the additional processes of initial image check, positive image ID and image final check, an action that was in response to a Never Event. – Confirm whether patients who present at the Trust with a retinal detachment are being managed. The data shows that the target window for urgent surgery (within 24hrs) is being met and that the primary success rate of 80.9% is comparable to published rates which range from 75-90%. Whilst the 	

clinical aspects of the service appear to be performing well, there are areas for improvement, particularly with regard to the quality and consistency of record keeping and in the improving the capture of follow up data on patients repatriated to neighbouring Trusts post-surgery. Once changes have been implemented, a re-audit will take place in 12 months time.

- **Determine whether patients at the end of life are dying in a place of their choosing.** The audit found that 74% of patients registered on the SWBH palliative care register died in their preferred place during the 6 month monitoring period. This figure improved each month with 84% of people dying in their preferred place during the final month of the audit.
- **Confirm whether DNACPR decisions are being made according to Trust standards.** The audit found that although in the sample of 126 cases reviewed the DNACPR decision was considered to be appropriate, Trust standards were not met in all cases. The main areas were not documenting in all cases the involvement of family or carers in decisions where a patient’s capacity is lacking. Concerns were raised about the inadequate documentation and it was agreed that Miss Dhami would send audit data to Ms. Dutton for information. Members agreed that this should be a topic on the May agenda and the full audit should be circulated with the papers.

ACTION: DNACPR - Members agreed that the response to the audit findings should be a topic on the May agenda and the full audit should be circulated with the papers.

10. Monthly Serious Incident report

SWBQS (03/17) 009

Miss Dhami updated the committee members on a recent SI that took place in Cardiology when a patient died unexpectedly during an elective percutaneous coronary intervention. The incident was reported 27 February 2017. The Lead Investigator and Clinical Director for the specialty discussed the timeline of events and important aspects for the investigation were identified on the 28 February 2017. The operating surgeon, scrub nurse, theatre runner and ward nurse who removed the dressing were individually interviewed between the 1 and 3 March 2017 by the Lead Investigator and Patient Safety Manager. The “Safe Surgery Policy” and proposed addition were reviewed. Unfortunately the investigation demonstrates an inconsistent practice in the CAT Lab.

Queries were raised from Miss Dutton about the robustness of the policy and SOP and whether it could have been identified as a risk. She was advised that changes have been made to elements of practice to improve on this. A copy of the full investigation report will be sent to her for information.

Also in response, the Royal College of Physicians or other similar body will test the robustness of our in-Laboratory checks and controls in interventional cardiology.

The Committee received the report.

11. PALS and Complaints Report

SWBQS (03/17) 010

Miss Dhami updated the committee members on the Complaints and PALS report that outlined the enquiries received between January and March 2017(Quarter 4).

The report provides high level data on PALS and Complaints, the reasons those complaints were made and work underway to improve complaints management.

In this quarter, it is reported that the complaints activity has decreased, from 235 to 253, and also shows that 87% (81% year to date) of complaints have been managed within their target date. Themes and outcomes remain consistent with previous quarters and show a continued focus on lessons learned, and quality responses that are caring, transparent, timely and responsive to the needs of complainants. There have been no breaches this month and information on categories has been broken down further. Following a query from Ms. Parker, Miss Dhami confirmed that patients receive telephone calls and emails to try and sort before they are escalated

to a formal complaint.	
12. Meeting effectiveness	Verbal
The Committee was of the view the meeting had been effective and useful.	
13. Matters to raise to the Trust Board	Verbal
The Committee wished to bring the following matters to Trust Board's attention:	
<ul style="list-style-type: none"> ● 2016/17 Clinical Audit Plan: The findings of two recent local clinical audits raised concerns. <ul style="list-style-type: none"> – In the sample of cases reviewed the DNACPR decision was considered to be appropriate, but the Trust standards were not met in all cases. The main areas were in not documenting the involvement of the family or carers in decisions where a patient's capacity was lacking. – 100% compliance was found with the WHO checklist completion, but in some instances not all members of the team, as specified, were present for all steps. Also there were some inconsistencies in the requirements for positive image ID and the final image check, a change in practice introduced following a Never Event. Work is taking place to address the areas of concern identified. ● Consistent reds on IPR data A response for dealing with the quality indicators that have consistently failed to meet the set performance targets is required speedily. ● NG Tube PSA action plan The Board is recommended to note the Trust's compliance with the PSA relating to NG Tube misplacement. Action Plan delivery will be monitored by the Q&S Committee. ● In response to the recent Serious Incident in Cardiology the Royal College of Physicians or other similar body will test the robustness of our in-Laboratory checks and controls in interventional cardiology. 	
14. Any other business	Verbal
<p><u>Nasogastric Tube Misplacement PSA</u> – Dr. Stedman updated the group on the work that has taken place on the recent PSA alert: Nasogastric tube misplacement: continuing risk of death and severe harm was published on 22 July 2016. It applies to all organisations where nasogastric or orogastric tubes are used for patients receiving NHS-funded; and the actions are to be completed by 21 April 2017.</p> <p>The action plan that was circulated showed progress to date and outlined the future actions and training plans that are currently being implemented. Compliance with the requirements of the alert are to be reported to the public May Trust Board.</p> <p>Next meeting: 26th May 2017 at 10.30h in the Anne Gibson Committee Room at City Hospital.</p>	

Signed

Print

Date

Trust Board Public
1st June 2017

Report of the Chief Executive

The last month has seen the Trust maintain our recent improvement in respect of planned care volumes. This is a very encouraging step to reduce waiting list scale and also to move towards the income targets agreed by the Board. These move the Trust towards the funding model assumed in the Midland Metropolitan Business Case.

At the same time the organisation has satisfactorily managed the cyber-attack seen across Western Europe. There remains work to be done to improve security and this is described further in our private board papers. The IT team are to be congratulated on both the work done in 2016 which addressed our historic use of XP and the patching and other work done during the period of the attack. Other IT resilience issues continue to apply and these can be explored within the Board, notably in preparation for case-note scanning commencing from June 20th 2017.

1. Patient care

The first week of June sees the Trust implement the latest phase of our improvement plan to reduce waits in emergency care. The Board has approved previously the recovery plan which has also been reviewed by the A&E delivery board for SWB. Key to that, in phase one, was changing professional standards within each ED. From Tuesday May 30th extended day support is in place in each ED to embed new ways of working. These approaches are, among other benefits, aiming to bring forward the decision to admit (DTA) to earlier in the patients' pathway. Team working and great clinical engagement will be critical to success. Meanwhile preparations are in hand for phase two which focuses on both changes in ambulatory care and altering the relationship between base wards and the AMU.

The Board will examine both our historic improvement actions around Never Events and the latest report from the Never Event reported earlier this week. Ajai Tyagi, as the accountable group director, will attend the Board to discuss in particular actions to ensure that 'stop before you block' protocols are adhered to within our theatres. The implementation of the action plan from this Never Event will be specifically overseen via the Theatres Management Board chaired by the Chief Operating Officer.

Improving patient care within the Trust is clearly the sum of a great number of actions and initiatives. The Board may wish to discuss progress with our safety plan, and at its next meeting to consider the out brief from the first months of our consistency of care project within medicine. This month we have seen changes in our bed base at Sandwell with the expansion of the older people's assessment unit, and co-location of the two AMUs. During June we see beds close at both City and

Sandwell to try and live within our funded bed base. At the same time the annex to my report shows progress on staffing recruitment to tackle our vacancies and use of temporary staffing.

In line with prior reports to the Board, June 1st marks our switch off date for Thornbury as a particular high cost agency. This date is chosen because it is also the moment when our rosters uploaded onto e-roster are due to comply with our quality standards. An oral summary of progress to that end will be provided to the Board. Approval for any further use of Thornbury will be on the Chief Executive only basis. We understand that Walsall Healthcare are implementing a similar change at the same time. Part of the purpose of the change is to alter enrolment behaviour among staff wishing to work for agencies to improve fill rates among our bank and lower rate agency suppliers. The changes made have the strong support of NHS Improvement.

In the upcoming few weeks we are making a series of further changes to strengthen the safety of our most acutely unwell patients. These changes flow from analysis of how we manage the care of deteriorating patients. Information reviewed by both the CLE safety committee and the Critical Care Board seems to suggest that the Trust has both comparatively good escalation practice within our base wards and good outcomes after arrest. However, we know from prior incidents that, for example, our care of patients requiring non-invasive ventilation could be improved. At the end of July a new unit will be opened on Priory 5 at Sandwell cohorting the care of ceiling patients for NIV. This was a key recommendation from prior safety incidents. Similarly over Q2, and reflecting audit data on our performance of abdomen surgery, we will open a surgical HDU within Priory 2. Both investments are reflected in our planned budget for the year. They reflect a continuation of our so-called 'big cuts, big investments' strategy designed to ensure funds are committed where they are most needed.

During June across our hospital wards we again plan to implement the changes to our focused care arrangements which we have already operated in our community wards. We expect these changes to form part of our expenditure reduction plans, but more pertinently to improve the quality of our patient's experience of care.

2. Our workforce

We ended 2016-17 with some work to do to complete appraisals for all employees, even as we launch the Board and Trust's new appraisal and PDR system. Engagement with both processes has been good. The recent Leadership Conference was used to showcase the People Plan as a whole, and to highlight work on objective setting which underpins our new potential/performance PDR model – Aspiring to Excellence.

The Board at today's meeting considers the next phase of diversity pledges proposed for both staff and patients. This discussion takes place in the context of the Trust being shortlisted for an award for inclusion, and our first ever official 'entry' within LGBT Pride in Birmingham. Equally recruitment has now begun to support our commitment to have consistently ethnically diverse interview panels. The intent is that the staff related diversity commitments are tracked within the People Plan workstream, and therefore considered by the Board's Workforce and OD committee.

Sickness rates remain stubbornly above plan. A review of Q1 actions will take place within the executive with a view to further initiatives which might make a contribution. Of course this focus

starts from our duty of care to our employees. In so far as sickness reduction underpins our plans for finance this will be tracked via our work on agency reduction which is described in a specific board paper at the meeting.

We will consider orally the latest position in respect of redeployment for those affected by last year's statutory consultation and the imminent closure of health records. At the same time, the Trust will move to implement with more rigour our agreed policies on access to retiring and returning, and on pay protection after redeployment. The Board's attention is drawn within the rostering paper to actions taken to address hours owed.

For the first time, the Board is being advised of material and important progress in the recruitment landscape for senior leaders and managers. In practice this means that within our Clinical Groups we have all roles either filled or at final advert stage. This is in addition to the two Deputy COOs who have now started in post. Only the group director of nursing for medicine role is behind pace, with Allison Binns having completed her secondment from her substantive governance role. She will return to post to lead work on incident management and patient experience around complaints. Chetan Varma has been recruited to the role of Group Director for Medicine, and the restructure of medicine to move some ambulatory focused disciplines into the community group has been completed. Sexual health will make that move from WCH in due course, with the changes in directorate structure in that area associated with the notice we served to cease the provision of centre level gynae-oncology from Q3. Taken together with the merger last year of surgery A and B, the Trust is moving to a leaner, more clinically led structure – but crucially with key posts substantively filled. I am asking the Workforce and OD committee to take oversight of the sufficiency and delivery of the agreed interventions to create a peer group at tier 2 level. We have agreed previously that management capacity, and capability, is the underlying delivery risk to the organisation, and I am encouraged by progress in the last three months, on which we must build.

From August the new junior doctor's contract begins to apply to the greater majority of our rotas. A report will go from our Guardian, Zoe Huish, to the upcoming and relevant Board committee. I am assured that we have in place the required arrangements for reporting and funding, and that the rotas proposed are compliant. At the same time work continues on the models for trainee rotas which we would expect to apply in Midland Met. Some elements of those changes, including rotation into acute medicine, are being piloted in coming months.

3. Our partners

On May 23/24th we confirmed in public, and with our employees, the delay to the opening date of Midland Met. A revised start date of spring 2019 will apply. The engineering specific issue was clearly articulated, as was our commitment to ensuring that the taxpayer does not suffer adversely from this delay. We will explore with NHS Improvement the impact of this delay on our 2018-19 savings profile, which was obviously weighted to take account of the single site opportunity.

We are considering whether we are yet ready to pass through the latest Cerner Gateway en-route to EPR. As discussed with the Board last month a successful future state event has taken place. This has surfaced remaining process issues with the product vs. our current and future workflow. There is encouraging joint work to resolve these issues and to spread knowledge within the Trust of the

work needed to address this. The MPA remains the principle location by which the Board tracks our delivery plans for this major work-stream.

The Connected Palliative Care partnership has celebrated its first anniversary. And contract compliance is strong, with all sub-contractors also meeting aims. Volumes have risen and we will work with commissioners to examine the long term trajectory for service that this implies.

We have completed contract signature on our innovative Cooperative Working agreement with Sandwell MBC. This covers a range of children's and sexual health services, as well as some infection related teams. The joint board for this work is now established and we might expect the scope of service to grow in the months ahead. Like the CPC arrangement this is a multi-year endeavour designed to produce stability and reform. The uncertain nature of public health funding does, on the other hand, require that the scale of investment being made is annually reviewed.

4. Our commissioners and regulators

We believe we remain on track to receive a CQC draft report during the early part of Q2. No notifications of any escalated action since the visit almost three months ago have been issued, which suggests that the initial oral feedback of positive improvement remains the emerging consensus.

Chairs and Chief Executives continue to work to resolve the funding issues which lie at the heart of our 2017-2019 contract dispute. Brokered work to review the finances of the health economy, including the bed base for Midland Met, starts in June and is expected to report in the latter part of July. Among other issues, this latter timeline is consistent with the delay to Midland Met, addressed above, under which some greater latitude will exist to look again at the use of the 9th floor space.

5. Sustainability and Transformation Planning

The Black Country STP has had its first quarterly evaluation by NHSI and NHSE. Dale Bywater is the single named individual taking accountability for that oversight. The process has confirmed the leadership arrangements and has put forward proposed governance. These are discussed further in the private board's papers. More importantly, work continues to develop our shared pathology model, and the four Chief Executives have agreed an accelerated timetable for that project to reach OBC stage. After the completion of purdah, the role of STPs will undoubtedly continue to evolve. As previously outlined to the Board, there is some evidence in guidance of these structures taking on a more traditional 'SHA' type role in the management of basic national standards. Within our STP it is clear we need to manage intelligently which things are best done in aggregate at scale and which things merit the local place based approach operating differently four times within the wider system. In that context we continue to discuss with Local Authorities and the CCG the locus for SWB-wide discussions, with the abolition last year of the RCRH Board.

6. Clinical Leadership Executive – May

In line with our governance review, I am specifically annotating the work of this committee in my report. The last meeting focused on digital readiness once again, as well as CIP delivery. A new sub committee to ensure good visibility of estate developments and changes has started work. I am reviewing with colleagues the work of the historic three committees which cover safety, quality and experience with the intent to streamline a single structure across the relevant areas of work and

directors. For a time limited period this is overseen via a QUOD meeting which I chair designed on a monthly basis to make sure that risk and safety issues are synthesised for priority actions at executive level. I will work further with the corporate office to create a standard reporting format for the CLE infrastructure to make its deliberations and decisions more readily accessible to board level colleagues. Our aim remains that most decisions are taken at group and directorate level, and aggregated via CLE – with the Board taking strategic oversight for the work done, through delivery of our 2020 vision and relevant pillar plans.

Toby Lewis – Chief Executive

May 25th 2017

TRUST BOARD				
DOCUMENT TITLE:	Safe staffing			
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell –Chief Nurse			
AUTHOR:	Elaine Newell			
DATE OF MEETING:	1 st June 2017			
EXECUTIVE SUMMARY:				
<p>April Summary</p> <p>The summary level data does not demonstrate any major variance month on month across this period. The average CHPPD for registered nurses across the trust is 4.8 hours which is consistent with the rolling 3 month average</p> <p>The average fill rates across the trust for registered nurses, which includes permanent, bank and Agency staff for both day and night shifts has remained stable at 97.1% and 95.1% respectively. This slight underfill is offset by daytime fill rates for support staff at 102.4% and 103.7%. This is again consistent with previous month's figures.</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:				
May 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	1457.5	1407	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%
			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%
	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	198	573	564	148	148	100.0%	85.3%	98.4%	100.0%

Jan-16	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	25483	23052	12166	12244	21532	19958	9856	9788	90.5%	100.6%	92.7%	99.3%				
		56856	52743	27289	27167	50359	47949	21284	21446	92.8%	99.6%	95.2%	100.8%					
Mar-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	555	465	277	221	462	573	157	194	83.8%	79.8%	124.0%	123.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24357	27553	10043	11106	22770	26280	7890	8653	113.1%	110.6%	115.4%	109.7%				
	RXK10	ROWLEY REGIS HOSPITAL	3936	3194	4367	4836	2625	2530	3224	3693	81.1%	110.7%	96.4%	114.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	28158	25581	13813	13543	23643	21025	10958	10617	90.8%	98.0%	88.9%	96.9%				
		57006	56793	28500	29706	49500	50408	22229	23157	99.6%	104.2%	101.8%	104.2%					
Apr-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	457	225	206	555	555	148	175	101.6%	91.6%	100.0%	118.2%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28863	27928	11830	10759	27267	25879	9244	8557	96.8%	90.9%	94.9%	92.6%				
	RXK10	ROWLEY REGIS HOSPITAL	4185	3631	4702	5260	2790	2754	3417	3881	86.8%	111.9%	98.7%	113.6%				
	RXK01	SANDWELL GENERAL HOSPITAL	27066	24907	13360	13080	21663	20686	10532	10611	92.0%	97.9%	95.5%	100.8%				
		60564	56923	30117	29305	52275	49874	23341	23224	94.0%	97.3%	95.4%	99.5%					
May-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	195	536	536	166	185	100.0%	89.9%	100.0%	111.4%	192	5.1	2.0	7.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29134	29287	11975	11748	27549	27239	9115	8696	100.5%	98.1%	98.9%	95.4%	8856	6.4	2.3	8.7
	RXK10	ROWLEY REGIS HOSPITAL	4323	3879	4858	5417	2883	2871	3605	4005	89.7%	111.5%	99.6%	111.1%	2624	2.6	3.6	6.2
	RXK01	SANDWELL GENERAL HOSPITAL	28077	26369	14260	13294	22336	21643	10737	10506	93.9%	93.2%	96.9%	97.8%	9535	5.0	2.5	7.5
		61969	59970	31310	30654	53304	52289	23623	23392	96.8%	97.9%	98.1%	99.0%	21207.00	5.3	2.5	7.8	
Jun-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%	135	7.5	2.5	10.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%	8704	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%	2222	3.0	3.9	6.9
	RXK01	SANDWELL GENERAL HOSPITAL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%	9235	5.0	2.6	7.6
		60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%	20296				
Jul-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	RXK01	SANDWELL GENERAL HOSPITAL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
		61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%	21433	19	11	29	
Aug-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	221	573	573	175	175	100.0%	95.3%	100.0%	100.0%	228	4.6	1.7	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29313	27693	12062	12037	27582	25849	8198	8735	94.5%	99.8%	93.7%	106.6%	9155	5.8	2.3	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3967	3395	4972	4965	3439	3310	3067	3079	85.6%	99.9%	96.2%	100.4%	2178	3.1	3.7	6.8
	RXK01	SANDWELL GENERAL HOSPITAL	25853	25600	20636	14598	21640	20464	11640	12846	99.0%	70.7%	94.6%	110.4%	9872	4.7	2.8	7.4
		59598	57153	37902	31821	53234	50196	23080	24835	95.9%	84.0%	94.3%	107.6%	21433	18	10	29	
Sep-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	476	225	195	555	555	157	222	105.8%	86.7%	100.0%	141.4%	174	5.9	2.4	8.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29457	28063	12304	12574	27112	25549	8197	8677	95.3%	102.2%	94.2%	105.9%	9026	5.9	2.4	8.3
	RXK10	ROWLEY REGIS HOSPITAL	3028	2638	3851	3963	2773	2726	2426	2426	87.1%	102.9%	98.3%	100.0%	1852	2.9	3.4	6.3
	RXK01	SANDWELL GENERAL HOSPITAL	26309	25107	13815	14727	20919	19649	11129	12282	95.4%	106.6%	93.9%	110.4%	9236	4.8	2.9	7.8
		59244	56284	30195	31459	51359	48479	21909	23607	95.0%	104.2%	94.4%	107.8%	20288	20	11	31	
Oct-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	446	232	217	573	573	157	120	95.9%	93.5%	100.0%	76.4%	144	7.1	2.3	9.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	32594	31145	15120	15025	28558	26663	9885	10501	95.6%	99.4%	93.4%	106.2%	9327	6.2	2.7	8.9
	RXK10	ROWLEY REGIS HOSPITAL	2219	2103	2656	2717	2744	1844	2560	2536	94.8%	102.3%	67.2%	99.1%	2262	1.7	2.3	4.1
	RXK01	SANDWELL GENERAL HOSPITAL	28494	27372	14486	16860	22514	21304	12135	13988	96.1%	116.4%	94.6%	115.3%	10266	4.7	3.0	7.7
		63772	61066	32494	34819	54389	50384	24737	27145	95.8%	107.2%	92.6%	109.7%	21999	20	10	30	
Nov-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	442	225	210	555	545	166	148	98.2%	93.3%	98.2%	89.2%	557	1.8	0.6	2.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31002	30282	13483	13765	27240	25886	8953	9971	97.7%	102.1%	95.0%	111.4%	8630	6.5	2.8	9.3

	RXK10	ROWLEY REGIS HOSPITAL	3382	3220	4072	4197	3874	3257	2981	2957	95.2%	103.1%	84.1%	99.2%	808	8.0	8.9	16.9
	RXK01	SANDWELL GENERAL HOSPITAL	27689	27013	14098	15959	21701	21057	11727	13140	97.6%	113.2%	97.0%	112.0%	7341	6.5	4.0	10.5
			62523	60957	31878	34131	53370	50745	23827	26216	97.5%	107.1%	95.1%	110.0%	17336	23	16	39
Dec-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	202	573	573	157	138	100.0%	87.1%	100.0%	87.9%	188	5.5	1.8	7.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31106	30016	13528	12482	27055	26094	8854	8909	96.5%	92.3%	96.4%	100.6%	8615	6.5	2.5	9.0
	RXK10	ROWLEY REGIS HOSPITAL	3242	3102	3941	4041	3456	2845	2830	2890	95.7%	102.5%	82.3%	102.1%	2679	2.2	2.6	4.8
	RXK01	SANDWELL GENERAL HOSPITAL	28559	27573	14815	15907	22509	21876	12260	13625	96.5%	107.4%	97.2%	111.1%	10387	4.8	2.8	7.6
			63372	61156	32516	32632	53593	51388	24101	25562	96.5%	100.4%	95.9%	106.1%	21869	19	10	29
Jan-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	322	356	217	210	536	536	37	37	110.6%	96.8%	100.0%	100.0%	180	5.0	1.4	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31579	31200	13938	13564	27429	26766	8904	9225	98.2%	97.3%	97.6%	103.6%	9215	6.3	2.5	8.7
	RXK10	ROWLEY REGIS HOSPITAL	2924	3101	3578	4062	3168	2880	2614	2998	106.1%	113.5%	90.9%	114.7%	2607	2.3	2.7	5.0
	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
3-month Avges	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	651	731	457	339	899	816	131	203	112.2%	74.1%	90.8%	154.7%	187	8.3	2.9	11.1
	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	28886	28301	13683	13252	25555	24716	9261	9336	98.0%	96.9%	96.7%	100.8%	9023	5.9	2.5	8.4
	RXK10	ROWLEY REGIS HOSPITAL	3005	2985	3645	3954	3289	2891	2822	2994	99.3%	108.5%	87.9%	106.1%	2423	2.4	2.9	5.3
	RXK01	SANDWELL GENERAL HOSPITAL	26319	25585	14167	15955	20155	19695	12372	13890	97.2%	112.6%	97.7%	112.3%	9763	4.6	3.1	7.7
	Total	Latest 3 month average====>	56345	54722	31817	32596	48281	45893	25450	26398	97.1%	102.4%	95.1%	103.7%	21088	4.8	2.8	7.6

Recruitment Activity Report

Report Date: 19/05/2017														
Criteria		Measure/Month	Actual		Confirmed start dates		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	969.47	972.39	1010.34	1033.64	1033.64	1033.64	1033.64	1033.64	1033.64	1033.64	1033.64	1033.64
		FTE FTE in Post	830.10	820.97	815.65	818.58	813.76	811.63	852.28	849.55	846.82	844.09	887.74	900.01
		FTE New Starters	5.83	1.97	4.93	5.53	8.22	51.00	7.62	7.62	7.62	54.00	22.62	7.62
		FTE Leavers	15.43	7.29	2.00	10.35	10.35	10.35	10.35	10.35	10.35	10.35	10.35	10.35
		FTE Vacancies in month	139.37	151.42	194.69	215.06	219.88	222.01	181.36	184.09	186.82	189.55	145.90	133.63
	Offers External Applicants	FTE Conditional offers (in month)	5.60	8.04										
	FTE Offers Confirmed (in month)	3.00	6.93											
Band 6 Nurses	SIP	FTE Establishment	572.09	576.36	576.36	576.36	576.36	576.36	576.36	576.36	576.36	576.36	576.36	576.36
		FTE FTE in Post	527.99	530.10	530.63	534.43	531.18	531.65	532.13	532.60	533.08	533.56	534.03	534.51
		FTE New Starters	2.93	2.45	3.80	0.00	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73
		FTE Leavers	1.00	1.92	0.00	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25
		FTE Vacancies in month	44.10	46.26	45.73	41.93	45.18	44.71	44.23	43.76	43.28	42.80	42.33	41.85
	Offers External/Internal Applicants	FTE Conditional offers (in month)	9.80	2.60										
	FTE Offers Confirmed (in month)	2.00	1.72											
Band 5 Midwives	SIP	FTE Establishment	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	28.08	28.08	28.88	25.16	22.88	22.10	21.51	22.92	23.54	21.12	21.54	21.94
		FTE New Starters	0.00	0.80	1.00	0.00	2.10	2.10	2.10	2.10	2.10	2.10	2.10	
		FTE Leavers	0.00	0.00	4.72	2.48	2.68	2.68	0.69	1.48	4.52	1.68	1.69	
		FTE Vacancies in month	-18.83	-18.83	-20.63	-16.91	-14.43	-13.85	-13.28	-14.67	-15.29	-12.87	-13.23	-13.69
	Offers External Applicants	FTE Conditional offers (in month)	0.00	0.00										
	FTE Offers Confirmed (in month)	0.00	1.80											
Band 6 Midwives	SIP	FTE Establishment	183.80	184.30	183.80	183.80	183.80	183.80	183.80	183.80	183.80	183.80	183.80	
		FTE FTE in Post	130.67	129.58	124.06	122.80	122.80	122.80	122.80	122.80	122.80	122.80	122.80	
		FTE New Starters	0.00	0.00	0.00	0.00	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
		FTE Leavers	0.00	0.81	4.72	1.26	1.26	1.26	1.26	1.26	1.26	1.26	1.26	
		FTE Vacancies in month	53.13	54.71	59.02	59.74	61.00	61.21	61.42	61.63	61.84	62.04	62.25	62.46
	Offers External/Internal Applicants	FTE Conditional offers (in month)	1.00	1.00										
	FTE Offers Confirmed (in month)	0.00	0.80											
Band 2 HCAs	SIP	FTE Establishment	485.02	482.30	511.56	523.37	523.37	523.37	523.37	523.37	523.37	523.37	523.37	
		FTE FTE in Post	411.72	417.04	423.44	423.44	419.26	419.99	420.12	420.56	420.99	421.42	421.86	422.29
		FTE New Starters	0.00	0.00	0.00	0.00	4.61	4.61	4.61	4.61	4.61	4.61	4.61	
		FTE Leavers	3.52	0.40	0.00	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	
		FTE Vacancies in month	73.30	65.26	88.12	99.93	104.11	103.68	103.25	102.81	102.38	101.95	101.51	101.08
	Offers External Applicants	FTE Conditional offers (in month)	7.61	6.56										
	FTE Offers Confirmed (in month)	5.25	1.61											
Band 3 HCAs	SIP	FTE Establishment	95.44	93.14	93.14	93.14	93.14	93.14	93.14	93.14	93.14	93.14	93.14	
		FTE FTE in Post	93.21	91.63	89.83	89.71	89.71	89.11	88.52	87.92	87.32	86.73	86.13	85.53
		FTE New Starters	0.00	0.00	0.80	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		FTE Leavers	1.00	1.80	0.92	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	
		FTE Vacancies in month	2.23	1.51	3.31	3.43	3.43	4.03	4.62	5.22	5.82	6.41	7.01	7.61
	Offers External/Internal Applicants	FTE Conditional offers (in month)	0.00	3.16										
	FTE Offers Confirmed (in month)	0.00	4.20											

Notes:
Establishment: WTE contracted. Figures still to be adjusted in light of March vacancy reconciliation exercise.
May wte establishment: For nurses and HCA's includes a wte increase due to the opening of Lyndon 5 as a substantive ward from May 17 and OPAU and
New starters - May, June: Figures based on agreed dates with new hires
New starters forecast: Based on new starters in previous year and estimated starters as a result of recruitment campaigns held in and response rate of FYS to conditional offers.
Leavers - May, June: 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 (based on 2016 student recruitment)
Band 5 Midwives: Decision taken to overestablish 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

The board has previously received updates on the number of offers made to band 5 and band 6 nurses each month, totalling 180 since February 2017. This includes 100 offers made to our final year nursing students, 33 offers at the RCn Birmingham Recruitment Fayre, and clinical group recruitment offers each month. The information reported included internal offers made (e.g. where an acute SWBH nurse is offered a community nurse role) therefore creating another vacancy in the Trust.

There is a 50-60% 'take up' of the offers made, this means the number of people who actually start with the Trust.

Band 5 Nurses	Definition includes all band 5 nurses employed in the Trust with the exception of midwives Assuming appointing 3 wte per month based on general recruitment Have identified the number leaving band 5 positions for internal promotion - had to inflate the leavers figure by 0.60 wte (normally just includes people exiting the organisation) to take into account the impact of internal promotion.
Forecast for Student Nurses	Assume 50% acceptance of offers and commencement Sent letters to 58 students due to qualify in September 2 students offered posts due to qualify in Jan '18 another 34 students were offered jobs via the recruitment fair. Total students = 92 - assuming 50% will commence in September i.e. 46 January '18 - Assume that we will be able to offer a further 66 final placement students a job with the Trust. Assume that 50% will accept = 33 wte
Band 6 Nurses	Band 6's - counting all band 6 nurses with the exception of midwives Band 6 nurses - new starters of 2.85 based on average number of new starters (internal and external) to the band
Band 5 Midwives	Band 5 Midwives - New starters - median number of new starters based on last 12 months - 1.97
Band 6 Midwives	New starters - median based on recruitment activity over the last 12 months + number of band 5's due to commence in band 6 roles following successful completion of training.
Band 3 HCA's	New starters - median based on recruitment activity over the last 12 months.
Band 2 HCAS	Excludes care support workers (Occ code - all H1's)

TRUST BOARD

DOCUMENT TITLE:	Risk Registers
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Dalvinder Masaun, Head of Health and Safety
DATE OF MEETING:	1 June 2017

EXECUTIVE SUMMARY:

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

The Trust Risk Register was last reported to the Board at its May meeting and Executive Director updates are highlighted where these were provided. No additional risks have been escalated to the Board from the Risk Management or Clinical Leadership committees.

REPORT RECOMMENDATION:

The Board is recommended to:

- **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk Register.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Trust Risk Register

Report to the Trust Board on 1 June 2017

1. EXECUTIVE SUMMARY

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

2. TRUST RISK REGISTER (TRR)

- 2.1 Clinical Group and Corporate Directorate risks were reviewed at Risk Management and Clinical Leadership Committees. There are no additional risks escalated to the Board from the Risk Management or Clinical Leadership committees. The Trust Risk Register is at **Appendix A**.
- 2.2 As a reminder, the options available for handling risks are:

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

3. ELECTRONIC RISK SYSTEM

- 3.1 Implementation of the electronic risk system is ongoing. Implementation of the electronic risk system is ongoing.
- 3.2 Risk register reports at various levels, including the Trust Risk Register, are available for all staff to access on the Connect Intranet System. Additional risk reports include archive summaries at ward/department level and a detailed risk report, which includes status of individual actions and a summary of risk review history. Risk review and action notification emails are now in place.
- 3.3 Further development of risk report library is planned.

4. RECOMMENDATION(S)

4.1 The Board is recommended to:

- **RECEIVE** monthly updates from Executive Directors for high (red) risks on the Trust Risk

Dalvinder Masaun
Head of Health and Safety

Appendix A: Trust Risk Register

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
2272	Live (With Actions)	Emergency And		Quality Of Care	<p>The Trust has un-substantiated beds open due to: _admissions above plan _extended Length of Stay (LOS) above bed plan assumptions _too many Delayed Transfers of Care bed days (DTC) - our plan accommodated 35 actual or pending DTC patients; those numbers have increased to 89-109 over November/December period</p> <p>We are unable to consistently staff the additional beds safely. The Trust will consider the closure of the un-substantively staffed beds in the new year. The impact of this would potentially result in overcrowding in ED and a deterioration in time to assessment, diagnosis and treatment, which would result in decreased patient and staff experience, longer ambulance waiting times and will undoubtedly adversely impact</p>	5x5=25	<p>Activate business continuity for 10 additional patients in ED: For up to 10 patients additional to ED cubicle capacity - likelihood this occurs 12 hours of the day -Receive patients and starting assessment in the circulating corridor areas of ED -Staffing of the above areas to be put in place utilising block booking of bank / agency. -Equipping area with privacy screens , dynamap and patient trollies to be available -A computer on wheels to be allocated to this team so they can process and document assessment and care. A CAD screen should be installed in the main desk to anticipate incoming ambulances outside of RAM. -2 RAM cubicles to be kept for rotation of WMAS presenting patients through this area for detailed examination etc; 2 majors cubicles would rotate patients from the waiting room dependent on triage scores</p>	5x4=20	<p>Seek social care business continuity response to eradicate all acute delayed transfer of care patients. Plans not available</p> <p>Raise at A&E Delivery Group. Command and control structure with documented continuity plan to manage this scenario. Complete written guidance for both scenarios (a) and (c)</p> <p>Command and control structure to be put in place if plan activated to support ED and live assessment of risk</p> <p>Work with WMAS on risk assessment to understand their response to these scenarios</p>	Rachel Barlow	31/03/2017	07/02/2017	Monthly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential	
					on patient outcomes.		<p>Queue ambulances on ambulance arrival point x 10 : Ambulances would be held for up to 60 minutes on the ambulance arrival area and remain under the care of the WMAS staff until the patients could be handed over on the ED environment safely.</p> <p>Activate business continuity for 20 additional patients in ED and or patients waiting for 60 minutes on the ambulance arrival area: For up to 20 patients additional to ED cubicle capacity - likelihood estimated to be up to 6 hours a day The approach to mitigate, the ED capacity would need to be expanded. This would be through 2 options: 1)A temporary tent on the ambulance arrival area 2)Expand ED in line with the major incident plan. This would displace adjacent out patients, which would need to be relocated. -Staffing and equipment would need to be in place -Access to patient first IT system to be in place</p>								

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential	
							Further to the above measures, if ambulance waits persisted and delays to patient assessment exceeded an hour, the Trust would seek to close to further arrivals of urgent care patients: Attendance avoidance would be sought by: Triage all non-majors activity to urgent care centres Divert WMAS to other EDs								
666	Live (With Actions)	Paediatrics	Lyndon Ground	Incident	Lack of Tier 4 bed facilities for Children-Young people with mental health conditions means that they are admitted to the paediatric ward. There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support. Whilst safety for the children can be maintained, therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in appropriate risk free environments	4x4=16	The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally.	Rachel Barlow	31/03/2017	03/04/2017	Quarterly	Tolerate	

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
215	Live (With Actions)	Waiting List	Waiting List Management	Performance	Due to lack of EAB bed, nursing home capacity and waits for domiciliary care there is a deteriorating level of Delayed Transfers of Care (DIOC) bed days which results in an increased demand on acute beds.	4x5=20	ADAPT joint health and social care team in place. Progress made on new pathway. Joint health and social care ward established in October at Rowley.	4x4=16	EAB and nursing home capacity remain unmitigated risks. System Resilience partners review of demand and capacity still outstanding. Nursing home and domiciliary care provision is potentially vulnerable across the market place. The system resilience partners considering risk and mitigation as part of A&E delivery group.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	Treat
1603	Live (With Actions)	Finance	Costs Not Planned		As a result of significant reliance on non-recurrent measures and balance sheet flexibility to support the Trust's financial performance cash balances have been eroded and there is a risk that this may compromise future investment plans.	4x5=20	Management controls - Routine cash flow forecasting including rolling 15 month outlook - Routine five year capital programme review & forecast - Routine medium term financial plan update - Routine monitoring of supplier status avoiding any 'on	3x5=15	- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion - Establish and conclude task & finish programme to resolve significant outstanding debtor and creditor issues - Excellence in working capital management including	Tony Waite	31/03/2018	22/11/2016	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
							stop' issues Independent controls / assurance - Internal audit review of core financial controls - External audit review of trust Use of Resources including financial sustainability - Regulator scrutiny of financial plans		appropriate creditor stretch, timely debtor recovery and pharmacy stock reduction - Establish and progress cash generation programme including accelerated programme of surplus asset realisation					
566	Live (With Actions)	Emergency And	Accident & Emergency (S)	Staffing	STAFFING - SENIOR MEDICAL STAFF There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x5=20	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Leadership development and mentorship. Programme to support staff development. Robust forward look on rotas through leadership team reliance on locums (37% shifts filled with locums). Registrar vacancy rate 59%. Consultant vacancy rate 35%.	3x5=15	Recruitment ongoing with marketing of new hospital. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy. Development of recruitment strategy	Rachel Barlow	31/03/2017	22/05/2017	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential	
114	Live (With Actions)	Human Resources	Human Resources	Cost Improvement	Not Met	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment establishment reduction of 1400 WTEs, leading to excess pay costs	4x5=20	The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme. Learning from previous phases, changes in legislation and broad stakeholder engagement are factored into the delivery plan.	3x4=12	Phase 2 Transformation implementation in progress. Consultation sign-off October 2016. Phased implementation of individual plans over a two year period, started Q1 2016-17.	Raffaella Goodby	31/03/2018	20/09/2016	Quarterly	Treat
1643	Live (With Actions)	Operations	Incident			Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, raises experience, safety and financial risks.	5x4=20	Overseas recruitment drive (pending) Use of bank staff including block bookings Close working with partners in relation to DTOCs	3x4=12	Contingency bed plan to be agreed in October for winter 2016/17. Current unfunded beds have temporary staffing. Bed programme to ensure robust implementation of EDD planning on admission and implementation of red/green working on wards.	Rachel Barlow	31/03/2017	26/10/2016	Monthly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
1738	Live (With Actions)	Ophthalmology	BMEC Outpatients - Eye	Quality Of Care	There is a risk that children, particularly under 3 years of age, who attend the ED at BMEC with an emergency eye condition, 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.	4x4=16	<p>Close monitoring and response as required.</p> <p>Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.</p> <p>Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases.</p> <p>Agreement with BCH to access paediatric specialists advice and where specialist care is required patients can be transferred to BCH.</p> <p>There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up services when required.</p> <p>Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area.</p>	3x4=12	<p>Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed:</p> <p>Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service.</p> <p>SWBH MD to engage with BCH MD re. joint working (completed).</p> <p>Liaise with commissioners over the funding model for the Paediatric OOH service.</p> <p>Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting).</p> <p>Clarify with Surgery Group leads what the paediatric anaesthetic</p>	Roger Stedman	30/11/2018	22/05/2017	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
									<p>resourcing capacity is.</p> <p>A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region.</p> <p>Midland Met will treat paediatric emergencies and will have access to paediatric anaesthetists within 24 hours.</p>					
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the	5x4=20	<p>Reviewing plans in line with STC retained estate</p> <p>Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors</p>	3x4=12	<p>To continue to work with STC design team and Ophthalmology team to ensure design and build of OPD2 is fit for purpose to ensure patient privacy, dignity and associated infection control issues are prioritised in the new build. April 2017 - informed by Jayne Dunn that OPD2 was no longer going to be for ophthalmology and would remain in current area. Raised at RMC May 2017.</p>	Rachel Barlow	31/03/2017	22/05/2017	Quarterly	Treat

Trust Risk Register

Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
				area.									
121	Maternity_ Health	Maternity 1	Costs Not Planned	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 ,as a result is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	3x4=12	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	29/12/2017	17/05/2017	Monthly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
325	Live (With Actions)	Informatics	Medical Director's Office	IT Software - Clinical System Failure / Issue	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. This recognises advice from NHS CareCERT and Government about an ongoing threat to UK infrastructure from cyber attack.	4x4=16	<p>Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case</p> <p>Information security assessment completed and actions underway.</p>	3x4=12	<p>MDM</p> <p>Tighten up use of MDM controls. Remove out of date accounts and update old OS versions. This has been neglected and therefore is a security risk.</p> <p>Complete rollout of Windows 7.</p> <p>Upgrade servers from version 2003. 287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Christmas.</p> <p>Review Network Firewall Rules</p> <p>Review network firewalls rules.</p> <p>Remove inessential services.</p> <p>Achieve Cyber Security Essentials</p> <p>The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections.</p> <p>Restricted Devices Security Controls</p> <p>Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this</p>	Mark Reynolds	30/06/2017	20/01/2017	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
328	Live (With Actions)	Operations	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team Deputy COO for Planned Care appointed.	3x3=9	should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate. Recruitment to Medicine Director Operations continues to be of focus. Deputy COO for Urgent Care vacant and also subject to recruitment.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
228	Live (With Actions)	Informatix	Informatix(C)	IT Hardware - Clinical System Failure / Issue	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide EPR.	3x4=12	<p>Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015)</p> <p>Specialist technical resources engaged (both direct and via supplier model) to deliver key activities</p> <p>Informatix has undergone organisational review and restructure to support delivery of key transformational activities</p> <p>Informatix governance structures and delivery mechanisms have been initiated to support of transformational activities</p> <p>Infrastructure work to refresh networks and desktops is underway.</p>	3x3=9	<p>Complete network and desktops refresh.</p> <p>Stabilisation of all aspects of the local IT infrastructure will be completed end March 2017. The replacement of PCs, printers, monitors, etc., and upgrade of the network is conducted in parallel. 80% of the work was completed by December 2016</p>	Mark Reynolds	31/03/2017	16/01/2017	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
533	Live (With Actions)	Scheduled Care	Oncology Medical	Service Level Agreement - Operational	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	3x5=15	Being tackled through use of locums and waiting times monitored through cancer wait team.	3x3=9	Recruitment being managed by UHB. Good progress reported for the GI position.	Roger Stedman	31/01/2017	28/10/2016	Quarterly	Treat
768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that data quality errors arise due to an inadequate referral management system which could lead to delays for patients.	5x3=15	Historical backlog of open referrals closed in Q3 2015. SOP and training in place as part of actions at time. Audit of current open referrals open pathways completed and shows some remaining inconsistencies in referral management practice.	3x3=9	Closed referral validation to be completed. The programme is near completion with a delivery plan for the end of October. CSC to fix bug on PAS system. The initial technical development has not fully fixed the bug. the further development would require a full PAS upgrade and CSC / HIS have advised this is not likely to be	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
214	Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process impact on 18 week data quality which results in underperformance of access target.	4x3=12	<p>SOP in place</p> <p>Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place.</p> <p>Improvement plan in place for elective access with training being progressed.</p> <p>52 week breaches continue to be an issue for the Trust. The RCA identified historical incorrect pathway administration and clock stops. There has been no clinical harm caused to patients.</p> <p>The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway,</p>	3x3=9	<p>until later than 2017-18.</p> <p>Data quality programme to be completed.</p> <p>Implement full action plan. Planned care PMO is being established to oversee programme delivery as scheduled.</p> <p>Source e-learning module for RTT with a competency sign off for all staff in delivery chain. Decision to be made on the support training product in November.</p> <p>Data quality process to be audited</p>	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
534	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels.	3x4=12	competency and training. Oncology recruitment ongoing and longer term resolution is planned as part of the Cancer Services project.	3x3=9	Contingent on start date for GI appointments	Roger Stedman	31/03/2017	28/10/2016	Monthly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
221	Live (With Actions)	Informatrics	Informatrics(C)	IT Software - Clinical System Failure / Issue	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources within the Trust given the fixed time and budgetary constraints. This now focuses on resources to deliver the implementation including business change, training and champions.	4x4=16	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation Funding allocated to LTFM Delivery risk shared with supplier through contract Project prioritised by Board and management.	3x3=9	Embed Informatrics implementation and change activities in Group PMOs and production planning Develop and publish implementation checklists and timescales for eDocs and EPR. Report progress at Digital PMO and Ctte Agree and implement super user and business change approaches.	Mark Reynolds	30/06/2017	22/03/2017	Monthly	Treat
327	Live (With Actions)	Interventional	Imaging Management (C)	Recruitment	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4x3=12	Interventional radiology service is available Mon - Fri 9-5pm across both sites. The OE provides an out of hours service for urgent requests.	2x3=6	BCA plans to be delivered to commence in April 2016. PPAC & staff currently being consulted and volunteers for rotas sought. Working on Rota to cover our first commitment Saturday 30th April. The BCA service started in April as planned, with 1st SWBH weekend end April. So far, all weekends have been covered but there are	Rachel Barlow	31/12/2016	12/04/2017	Quarterly	Treat

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
							Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.		<p>some concerns around potential shortages of radiographers, with no radiographer currently available for a weekend in November and at the New Year - the qualified ones are committed in CT. The CD for IR is arranging radiologist locum cover for some of the weekends, and Walsall is providing some additional cover.</p> <p>Pilot to cover Saturday and Sunday 9-5pm at SWBH, Wolverhampton and Dudley with BCA commenced April 16; SWBH has received it's first OOH patient. To be done on a rotational basis. Over reliance on one consultant, but 2 more are starting in the New Year. Recruitment is progressing but availability of vascular IR sessions is proving an potential barrier, as our sessions at UHB have been taken. Some sessions have been arranged at Dudley, and talks are taking place with UHB.</p>					

Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
									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.					
538	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	2x4=8	<p>Review / amend pathway</p> <p>Staff vacancies recruited to. Latest audit (Nov 15) provides assurance that wait times have significantly improved; 9 days on each site.</p> <p>Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change.</p> <p>New 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board.</p>	1x4=4	Further Executive review at performance management review in November to confirm if the solution has succeeded in full.	Rachel Barlow	31/12/2016	28/10/2016	Quarterly	Treat

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P01 April 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	1 June 2017

EXECUTIVE SUMMARY:**IPR – Summary Scorecard for April 2017 (In-Month)**

Summary Scorecard	Section	Red Rated	Green Rated	None	Total
	Infection Control	1	5	0	6
	Harm Free Care	9	4	9	22
	Obstetrics	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	2	5	21
	Cancellations	6	2	0	8
	Emergency Care & Patient	7	7	4	18
	RTT	7	1	6	14
	Data Completeness	2	8	9	19
	Workforce	5	1	13	19
	Temporary Workforce	1	0	27	28
SQPR	10	0	0	10	
Total	67	55	95	217	

- **Formal performance notices received from CC March**
- Cancelled Operations:
- Community Gynae referral to 1st OP within 4 weeks – also not performed all year.
- Safeguarding training – Children level 3 below agreed trajectory as is adult advanced - RAP agreed but will show as not achieving
- Dementia and Falls Assessments (Community)
- RAP for A&E, RTT and Diagnostics to be discussed during April contract review meeting
- On-going action to secure effective resolution and to mitigate risk of financial penalty
- Red rated performance concentrating in certain areas – persistent 'reds' are being reviewed and prioritised for remediation by the Exec Group through PMC.

Key targets – April Delivery

- ✗ **ED 4 hour** performance for April was 84.95%, non-compliant with 95% national target;
- ✗ **Acute Diagnostic waiting times** within 6 weeks as at April 98.23% non-compliant with the national standard of 99%; mainly due to echograms breaches. 132 breaches were declared for the month of which echos at 65, which was due to cardiology capacity issues. Plan for remediation in place for May.
- ✗ **Neutropenic sepsis** improvement on prior months, but remains below 100% standard [11/44 (25%) patients did not receive treatment within the required 1hr timeframe]. 11 patients missed the standard.
- ✗ **Elective Operations Cancellations** at 1.3% against 0.8% target; cancellations remain high at 47 on day cancellations of which 24 were validated as avoidable; 28 Day Guarantee non-compliance x1 case for April in Dermatology – being validated.
- ✗ **Hip fractures** best practice tariff performance in month worsened to 41% from last month at 91.3% caused by 13x NOFs in one day plus elevated trauma lists.
- ✗ **Mortality reviews** completed to time continue to improve; mortality indicators remain within confidence limits.
- ✓ **62 day cancer** compliant at 91.6% at March vs. target of 85%; Q4 delivery at 85.7%. This means that the Trust has delivered every quarter in 16/17. April projection of delivery for this indicator as well as May, but the 2WW indicator is at risk (93% target) due to lost bank holiday capacity not being replaced as yet, but actively pursued.

- ✓ **RTT** April delivery at 92.76% against the national standard of 92%. Waiting list at 32,000, patient backlog of patients at 2,350 up by 250 from March. There were 2x 52 week incomplete breaches in month in Urology and Dermatology. May tracking projections to deliver standard.
- ✓ **VTE** delivers full year to national standard at 96.4% in April.
- ✓ **MRSA** – no cases in April
- ✓ **CDiff** - x1 case in April; a full year target of 30 was agreed in contract.
- ✓ **Readmissions** at 7.1% in April (7.4%) showing an improvement to last month with more work anticipated which will further improve this. The Trust now tracks better than peer group.

Positive delivery

- **62 day cancer** projected to deliver for April and May having achieved every quarter in 2016/17, which is a significant achievement.
- **RTT** successful continuation of delivery to forecast
- **Infection control** indicators are in line with targets across the board.

Requiring attention – action for improvement :

IPR Indicators where Performance during the Last Year was Consistently below Targets

- A PMC review is under-going to establish the priority in which to address
- Robust plans are expected to then flow through based on this

Neutropenic Sepsis

- Shows improvement but stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement. 137 patients have missed the 1 hour treatment threshold in the last year 16/17. 11 patients missed it in April

Cancelled operations

- We continue to see an unchanged position
- End to end process review to ensure that admin processes are as best practice and appropriately recorded
- High levels of breaches against the 28 day guarantee is likely to cause attention with regulators
- High levels of 'on day' cancellations, coupled with late starts and low theatre utilisation
- High levels of late starts are experienced
- Remedial action plan agreed with CCG to be overseen through Theatres Management Board

Complaints

- Rate of complaints and timeliness of response in Q4 contrary to recent track record of excellent performance; Governance team to review for hotspots and to remedy. 79% of complaints have not met to agreed deadlines. Improved in April to 36% (from 79% in March) of responses have been reported beyond agreed target time, showing improvement to last month but still on the high side.

Recovery Action Plans (RAPs)

- Require oversight at PMC / OMC to ensure ongoing engagement across the services and EG
- The Trust now has a higher number of RAPs ongoing (outlined in the IPR 'at a glance' section)

CQUIN 2016/17 Full Year Performance

The trust has under-recovered against the £8.6m total CQUIN income available for 2016.17.

The final sum secured remains to be confirmed in closing out negotiations for that year.

The key areas of variance are mainly due to under-delivery on requirements:

- to improve on staff survey results year on year on 2x questions, failing one question and delivering one with a partial delivery on the 3rd.
- Sepsis fails to deliver on required level of samples for sepsis due to the manual/labour intensive approach on the wards.
- Mortality reviews missed 2 quarters due to low level of reviews.
- Specialised commissioning neonates scheme which was not taken up by the Trust but signed off in the contract and the long term conditions scheme has not been taken up fully in year (continuous into 17/18)

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

Comments:

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

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

PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE

Sandwell and West Birmingham Hospitals



NHS Trust

Integrated Quality & Performance Report

SWBTB (06/17) 13

Month Reported: **April 2017**

Reported as at: 25/05/2017

TRUST BOARD

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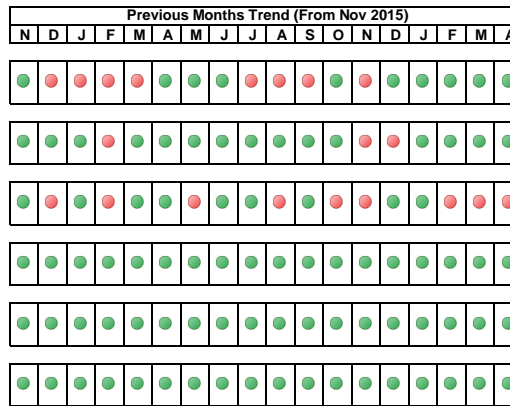
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April 2017

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology																																																																																																
<p>1x C. Diff case reported during the month of April ; An annual trajectory of 30 has been agreed with the CCG for 17/18</p>	<p>93.7% reported for April against NHS Safety Thermometer against the target 95%; Consistent marginal under-performance..</p>	<p>The overall Caesarean Section rate for April is 26.2% and fails to achieve the standard of 25%. Elective and non-elective rates are 8.9% and 17.3% respectively. 9/12 months elevated levels. Matter considered at Q&S & Board and to be kept in view.</p>	<p>The Trust overall RAMI for most recent 12-mth cumulative period is 106 (latest available data is as at January) RAMI for weekday and weekend each at 104 and 112 respectively. Reassurance is required from MD on the levels reported.</p>	<p>Stroke data for April indicates that 87.3% of patients are spending >90% of their time on a stroke ward which is not compliant with the 90% operational threshold. First failure following 10 months consistent achievement.</p>																																																																																																
	<p>x69 [x74] falls reported in April with x0 [x2] falls resulting in serious injury. 23 falls within community and 46 in acute setting. Falls remain subject to ongoing CNO scrutiny.</p>		<p>SHM measure which includes deaths 30-days after hospital discharge is at 104 for the month of December (latest available data).</p>	<p>April admittance to an acute stroke unit within 4 hours is at 97.1% [90.5%] and for the second month meeting the ambitious 90% internal target (National is consistently met at 80%).</p>																																																																																																
<p>Nii cases of MRSA Bacteremia were reported in April; Annual target set at zero .</p>	<p>x13 [x6] avoidable, hospital acquired pressure sores reported in April of which 6x grade 3; 7x grade 2; x5 [x6] separate cases reported within the DN caseload. Year on year comparison indicates elevated level, which merits CNO scrutiny.</p>	<p>Adjusted perinatal mortality rate (per 1000 births) for April is 4.1. (12.66 Mar). The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations. The year to date position is within the tolerance at 7.56 and just meeting the target of 8. Nationally, this indicator is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.</p>	<p>- Deaths in Low Risk Diagnosis Groups (RAMI) - month of January is 105. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations. - Crude in-month mortality rate for March is 1.0 [1.6] reduced to last month; - The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period at this stage. - There were x100 [x139] deaths in our hospitals in the month of March; lower than last year same period.</p>	<p>Pts receiving CT Scan within 1 hour of presentation is at 87.2% (83.7% in April March being compliant with 50% standard consistently;</p>																																																																																																
<p>MRSA Screening - April month: - Non-elective patients screening 94.0% - Elective patients screening 87.0% both indicators are compliant with 80% target in-month</p>	<p>-No never events were reported in April; - WHO Safer Surgery performance consistently below 100% standard for a prolonged period of time, this is subject to MD review and re-positioning of target with CCG.</p>	<p>Puerperal Sepsis indicators showing increased levels from last month; referred to Group Director and Medical Director for review & assurance. A report was presented to the Q&S Cttee in May17 explaining the increases.</p>	<p>Mortality review rate in February at 52% worsening to previous monthly trends, drawn to MDO attention for remedy.</p>	<p>April performance for thrombolysis is 75% [100%] vs the 85% target;</p>																																																																																																
<p>Whilst elective screening is compliant with standard at a whole trust level, Medicine Group is at 68.3% (with Scheduled Care @ 35% only) - escalation to CNO to ensure effective remedial action within the group.</p>	<p>There were no medication error causing serious harm in April continuing a trend of no occurrences.</p>	<p>- Early Booking Assessment (<12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for April the delivery is 80.8%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such. - Deliveries, reducing to last month and still continue to be below registrations.</p>	<p>Readmissions (in-hospital) reported at 7.1% in March (7.4% Feb, 7.1% Jan, 7.5% Dec, 6.8% Nov, 7.5% Oct, Sep 6.3%, 6.5% in August) showing an improvement again in the performance to last month</p>	<p>For April, Primary Angioplasty Door to balloon time (<90 minutes) was at 94.1% and Call to balloon time (<150 minutes) at 93.3% hence both indicators delivering consistently against 80% targets</p>																																																																																																
<p>MSSA Bacteremia (expressed per 100,000 bed days) for the month of April at 21.1 against a tolerance rate of 9.42. 7/12 months elevated levels. Escalated to CNO for review & assurance</p>	<p>x15 (x23) DOLS have been raised in April of which 15 were 7-day urgents;</p>	<p>- Breastfeeding initiation performance as at March quarter is at 73.7% just below the target of 74.0%.</p>	<p>7.1% rolling 12 mths. The equivalent peer group rate is at 7.7% increasing significantly in the last months.</p>	<p>RACP performance for April is at 100% [100%] exceeding the 98% target for over 14 consecutive mths</p>																																																																																																
	<p>Venous Thromboembolism (VTE) Assessments in April at 96.4% compliant with 95% standard across all Groups except Medicine & EC.</p>			<p>TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at April is at 95.8% against the target of 70%. TIA (Low Risk) Treatment <7 days from receipt of referral delivery at April is 100% against a target of 75%.</p>																																																																																																
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment																																																																																																
<p>- March performance delivery across all cancer targets including 62 Days . - 62 day performance in March at 91.6% - March Q4 delivery at 85.7% of the 62 days target - Full year the 62 Day indicator reflects 86.2% delivery to the 85% national target. - This completes the 16/17 year with delivery of the 62 Day target for each quarter.</p>	<p>There were 21 MSA breaches in April.</p>	<p>- 47 [57] sitrep declared late (on day) cancellations were reported in April of which avoidable were at the highest level for a number of months. - From the 47 patients who were cancelled, 24 were validated as avoidable in April month. - Cancellations remained high for the Trust in April. - The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.3% for April (rising since Jun16 when at 0.7%) failing the tolerance of 0.8% consistently. 10/12 months failure to achieve standard</p>	<p>- The Trust's performance against the 4-hour ED wait target in April was 84.95% [85.22%] against the 95% national target - 2,814 breaches were incurred in April: (2,875 Mar, 3,046 Feb, 2,821 Jan, 3,324 Dec, 3,237 Nov, 2,676 Oct, 2,051 Sept, 1,884 Aug). - ED quarterly performance trend for 16/17 : Q1 at 91.9%, Q2 at 89.2%, Q3 at 83.64% and Q4 at 84.0% ; - Full Year 16/17 performance at 87.22%.</p>	<p>- RTT incomplete pathway for April is at 92.76% [93.08%]; continuing to perform closely to trajectory - April forecast was for the Trust to deliver 93.08% again as per previous month but this was not achieved mainly across surgical specialities - The backlog for April is at 2,350 patients (April forecast was set at 2,237) - The backlog for April is now largely inpatient driven (55% of backlog); 23% is follow ups and the remaining element is OP indicating a significant IP pressure - The total waiting list has remained fairly static for the last three months stabilising at 32,000-33,000 patients (Sept16 high at 37,380) - This is a significant and credible achievement for the Trust which needs to now be sustainably managed across all services</p>																																																																																																
<p>March validated position is that x8 [x15] patients waited longer than the 62 days. x 5 patients waited more than 104 days at the end of March -The longest waiting patient as at the end of March was at 162 days</p>	<p>Friends & Family reporting requires a review to understand the consistent under-delivery across several areas.</p>	<p>- There was 1x 28 days guarantee breach in April in Dermatology; - No urgent cancellations took place during the month</p>	<p>- WMAS fineable 30 - 60 minutes delayed handovers at 110 in April (107). - x0 [x5] cases were > 60 minutes delayed handovers in April - Handovers >60mins (against all conveyances) 0.00% in April exceeding the target of 0.02%.</p>	<p>2x 52 week breach has been identified against incomplete pathways in the month</p>																																																																																																
<p>-25% (11/44 patients) neutropenic sepsis April cases failed to receive treatment within prescribed period (less than 1hr). Delivery therefore at 75% [84%] still below the 100% target. -50% of Tertiary referrals were met within 38 days by the Trust for the month of March -the consistent failure to meet this target requires attention and escalated to GDO for review & assurance.</p>	<p>The number of complaints received for the month of April is 83 with 2.9 formal complaints per 1000 bed days. 100% have been acknowledged within target timeframes (3 days). 36% of responses have been reported beyond agreed target time, showing improvement to last month but still on the high side.</p>	<p>Theatre utilisation is consistently below the target of 85% at a Trust average of 71.8% in April impacted by a large number of cancellations in the month: The theatre capacity and performance is subject to remedial action through Theatres Board and part of the productivity management focus as part of the 'production plan'.</p>	<p>Fractured Neck of Femur Best Practice Tariff delivery for April is 41.4% [91.3%] showing a significant worsening to previous months and against the national target of 85%. 9/12 months below standard.</p>	<p>- Diagnostics performance under-performing again in April and delivers 98.23% (132 breaches at month end); mainly due to locum issues in cardiology (66) which will have a knock-on effect still for May; - From May performance is projected to pick up to national standard of 99%.</p>																																																																																																
			<p>DOTCs accounted for 546 [583] bed days in April; of which 324 [375] beds were fineable to BCC. Notable increase on prior year with prospect of further deterioration as social care budgets further constrained.</p>																																																																																																	
Data Completeness	Staff	CQUINs, Local Quality Requirements 2016/17	STF Criteria & NHSI Single Oversight Framework	Summary Scorecard - April (In-Month)																																																																																																
<p>- The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold (Mar 97.7%). Expected to recover to target when the annual update is run later in the month. -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.</p>	<p>PDR overall compliance as at the end of April is at 87.9% against the 95% target. Medical Appraisal at 81.8% worsening this month to previous periods (performance indicates appraisals 'validated' not 'carried out').</p>	<p>Quarter 4 CQUIN performance has been finalised, although not confirmed as yet through the year end settlement process. Expected issues with CCG Schemes have materialised and Sepsis, Staff Survey and mortality reviews have failed to deliver the full values. Specialised CQUINs delivered 1 out of 3 schemes. All Public Health schemes are expected to deliver. The total financial impact of non-delivery is in the region of £0.6m-£1m.</p>	<p>30% [£3.1m] performance related STF to be assessed against achievement of ED 4hr improvement trajectory. That trajectory remains to be confirmed by NHSI.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Summary Scorecard</th> <th></th> <th>Green Rated</th> <th>Amber Rated</th> <th>None</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>Infection Control</td> <td>1</td> <td>5</td> <td>0</td> <td>6</td> </tr> <tr> <td></td> <td>Harm Free Care</td> <td>9</td> <td>4</td> <td>9</td> <td>22</td> </tr> <tr> <td></td> <td>Obstetrics</td> <td>2</td> <td>5</td> <td>6</td> <td>13</td> </tr> <tr> <td></td> <td>Mortality and Readmissions</td> <td>1</td> <td>1</td> <td>11</td> <td>13</td> </tr> <tr> <td></td> <td>Stroke and Cardiology</td> <td>2</td> <td>9</td> <td>0</td> <td>11</td> </tr> <tr> <td></td> <td>Cancer</td> <td>0</td> <td>10</td> <td>5</td> <td>15</td> </tr> <tr> <td></td> <td>FFT, MSA, Complaints</td> <td>14</td> <td>2</td> <td>5</td> <td>21</td> </tr> <tr> <td></td> <td>Cancellations</td> <td>6</td> <td>2</td> <td>0</td> <td>8</td> </tr> <tr> <td></td> <td>Emergency Care & Patient</td> <td>7</td> <td>7</td> <td>4</td> <td>18</td> </tr> <tr> <td></td> <td>RTT</td> <td>7</td> <td>1</td> <td>6</td> <td>14</td> </tr> <tr> <td></td> <td>Data Completeness</td> <td>2</td> <td>8</td> <td>9</td> <td>19</td> </tr> <tr> <td></td> <td>Workforce</td> <td>5</td> <td>1</td> <td>13</td> <td>19</td> </tr> <tr> <td></td> <td>Temporary Workforce</td> <td>1</td> <td>0</td> <td>27</td> <td>28</td> </tr> <tr> <td></td> <td>SCIPR</td> <td>10</td> <td>0</td> <td>0</td> <td>10</td> </tr> <tr> <td></td> <td>Total</td> <td>67</td> <td>55</td> <td>95</td> <td>217</td> </tr> </tbody> </table>	Summary Scorecard		Green Rated	Amber Rated	None	Total		Infection Control	1	5	0	6		Harm Free Care	9	4	9	22		Obstetrics	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	2	5	21		Cancellations	6	2	0	8		Emergency Care & Patient	7	7	4	18		RTT	7	1	6	14		Data Completeness	2	8	9	19		Workforce	5	1	13	19		Temporary Workforce	1	0	27	28		SCIPR	10	0	0	10		Total	67	55	95	217
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<p>Open Referrals, without future activity, stand at 111,000 as at April showing an increasing trend again as administration/IT processes persistently do not close down as appropriate. We will be investigating the impact of recently identified Partial Booking issues on open referrals. (Note: these open referral numbers exclude patients on the RTT pathway and waiting list). 50% of open referrals are generated in outpatients cohort and we are now pursuing a specific line of enquiry in respect of PB. Low patient risk rated (green risk) amount to c15,000 which are part of the 111,000, are subject to auto-closures since Jan2016.</p>	<p>The Trust annualised turnover rate is at 11.5% in April [11.3%]. Specifically, nursing turnover in April is 11.7% . Both are still well above trust aspirations in respect of turnover rate, and remain fairly static now for the last year.</p>	<p>Local Quality Requirements 2017/18 are monitored by CCG and there is no confirmation at this stage how Key Access Targets (A&E, RTT, Diagnostics and Cancer) will be treated this year in relation to STF criteria. Last year these were excluded directly from CCG times. Last year the Trust failed to deliver across a number of indicators and these have been subject to formal RAPs (recovery action plans) which continue into 17/18: <ul style="list-style-type: none"> • Safeguarding training for which the performance notice action plan has been accepted, but failing to deliver trajectory (the trust may be liable to repay the full fine c£200k) • Community falls & dementia • On the Day Cancellations • Gynae 4 week community clinics • A&E including morning discharges. • A new IPR page has been added to highlight and monitor areas of non-compliance (Local Quality Requirements page). • The Trust received confirmation that RAPs (recovery plans) provided in April for the above have been accepted. It is now down to the groups to monitor and deliver the required improvements. </p>	<p>Balance of STF [£7.4m] related to achievement of financial plan. P01 financial performance reported as being on plan but supported by c£0.6m of non-recurrent measures.</p>	<p>Tracking CCG Performance Notices : <ul style="list-style-type: none"> • Cancelled Operations: on-day cancelled operations • Community Gynae referral to List OP within 4 weeks – also not performed all year. • RAP for Dementia & Falls Assessment not delivering and exception report was submitted • Safeguarding training RAP – Children level 3 below agreed trajectory as is adult advanced training - exception report required • RAP for A&E, RTT and Diagnostics to be specifically discussed during April </p>																																																																																																

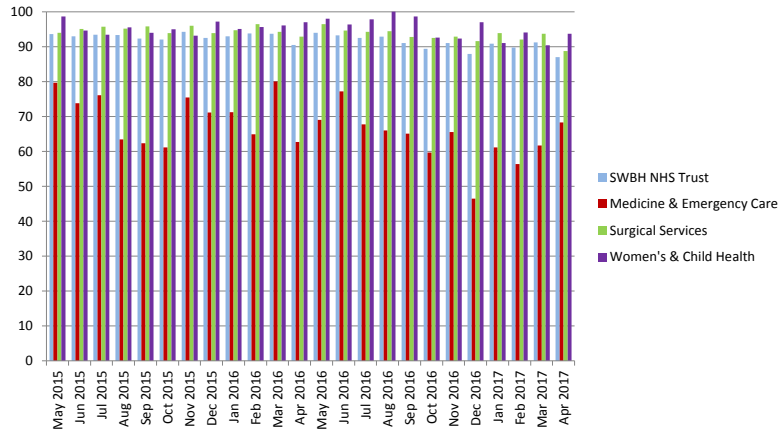
Patient Safety - Infection Control

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

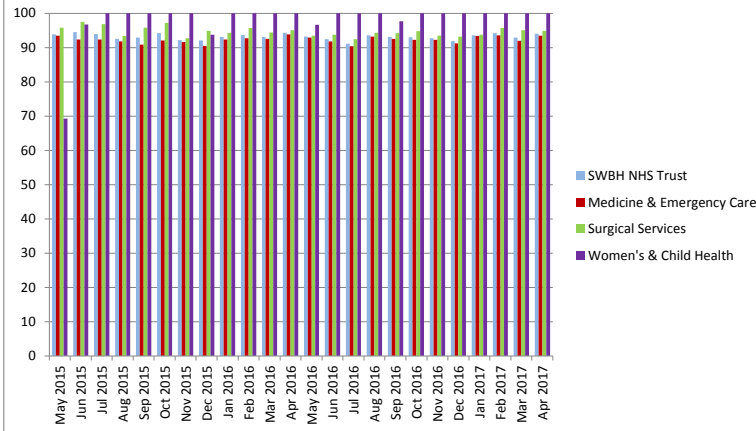


Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017	0	1	0					1	1	
Apr 2017	0	0	0					0	0	
Apr 2017								21.1	21.1	
Apr 2017								0.0	0.0	
Apr 2017	68	89	94					87.0	87.0	
Apr 2017	93	95	100					94.0	94.0	

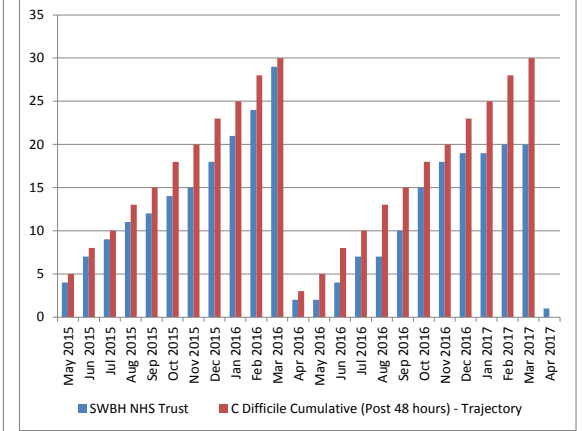
MRSA Screening - Elective



MRSA Screening - Non Elective



C Diff Infection

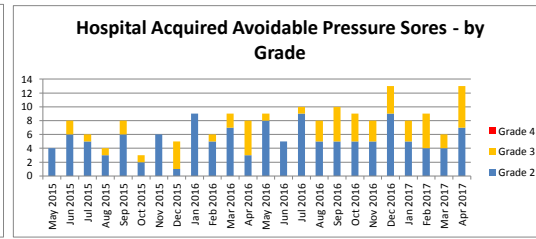
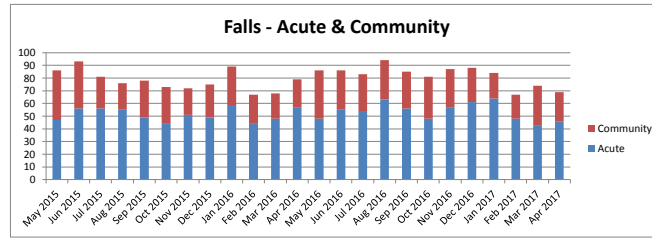
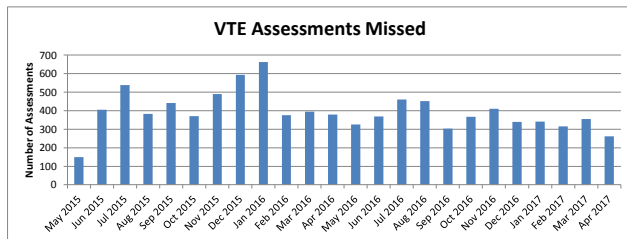


Patient Safety - Harm Free Care

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 Nov 2015)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	3.00	1.00	6.00	2.00	2.00	0.00	0.00	3.00	3.00
-	-	-	-	-	-	-	-	-	-	-	-	25	15	14	23	15	
-	-	-	-	-	-	-	-	-	-	-	-	25	22	14	14	23	15
-	-	-	-	-	-	-	-	-	-	-	-	6	0	0	0	0	0
-	-	-	-	-	-	-	-	-	-	-	-	4	15	14	8	8	15
-	-	-	-	-	-	-	-	-	-	-	-	6	6	2	11	6	3
-	-	-	-	-	-	-	-	-	-	-	-	1	0	1	1	0	1
-	-	-	-	-	-	-	-	-	-	-	-	5	2	1	0	0	3
72	75	89	67	68	79	86	86	83	94	85	81	87	88	84	67	74	69
3	1	2	2	2	1	0	4	1	3	3	1	2	3	3	1	2	1
6	5	9	6	9	8	9	5	10	8	5	9	8	13	8	9	6	13
-	-	-	-	3	3	2	1	4	3	2	0	2	5	6	8	6	6
0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	2	12	8	5	2	1	10	5	6	4	6	5	10	5	6	5	4
4	9	7	6	5	1	13	3	11	12	12	14	10	8	6	5	4	8
0	0	2	1	2	0	0	0	0	1	1	2	1	2	0	1	0	0

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017								93.7	93.7	
Apr 2017								0.27	0.27	
Apr 2017	9	1	1	-	-	4		15	15	
Apr 2017	9	1	1	-	-	4		15	15	
Apr 2017	0	0	0	-	-	0		0	0	
Apr 2017	11	1	0	-	-	3		15	15	
Apr 2017	1	0	0	-	-	2		3	3	
Apr 2017	0	1	0	-	-	0		1	1	
Apr 2017	1	0	0	-	-	2		3	3	
Apr 2017	36	10	0	0	0	23		69	69	
Apr 2017	1	0	0		0	0		1	1	
Apr 2017	6	1	0		6			13	13	
Apr 2017					6			6	6	
Apr 2017	95.1	98.5	95.4					96.4	96.4	
Mar 2017	100.0	100.0	99.7		0.0			100.0	99.9	
Mar 2017	100	98	100		0			99.4	98.9	
Mar 2017	99	98	100		0			98.7	98.3	
Apr 2017	0	0	0	0	0	0		0	0	
Apr 2017	0	0	0	-	0	0		0	0	
Apr 2017	3	0	1	0	0	0		4	4	
Apr 2017								8	8	
Apr 2017								0	0	



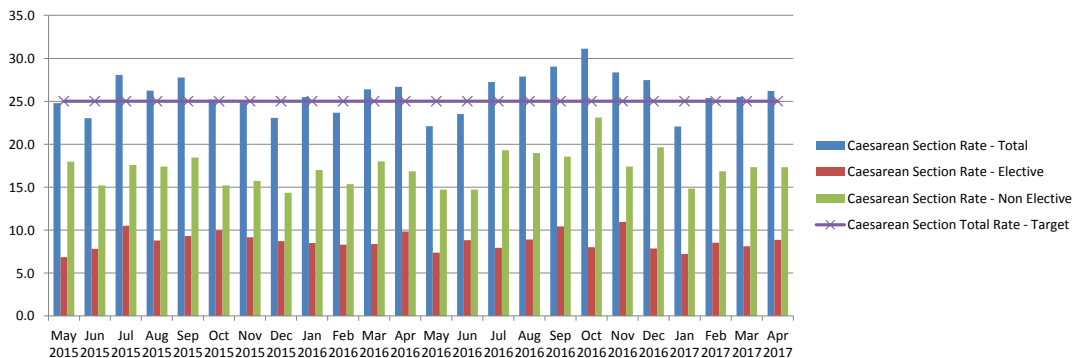
Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					2016-2017 Year	2016-2017 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) (%)	<= %		

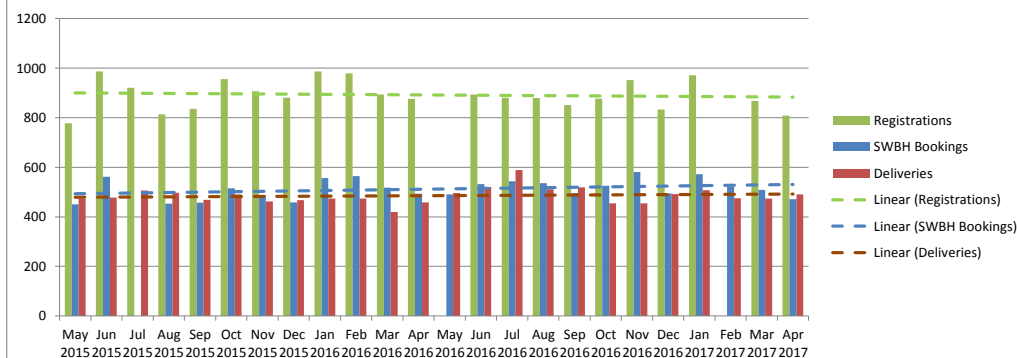
Previous Months Trend (since Nov 2015)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	8	9
16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	17	17
->		->	->		->		->	->		->	->		->	->		->	->
1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	1.8	3.2	2.9	2.8	3.5	2.9	1.9	2.6	4.4
1.3	0.3	-	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
1.0	0.0	-	0.8	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

Data Period	Month	Year To Date	Trend
Apr 2017	26.2	26.2	
Apr 2017	8.9	8.9	
Apr 2017	17.3	17.3	
Apr 2017	0	0	
Apr 2017	1	1	
Apr 2017	1.83	1.83	
Apr 2017	4.07	4.07	
Apr 2017	80.8	80.8	
Apr 2017	134.1	134.1	
Apr 2017	-	-	
Apr 2017	4.39	4.39	
Apr 2017	3.00	3.00	
Apr 2017	2.31	2.31	

Caesarean Section Rate (%)



Registrations & Deliveries

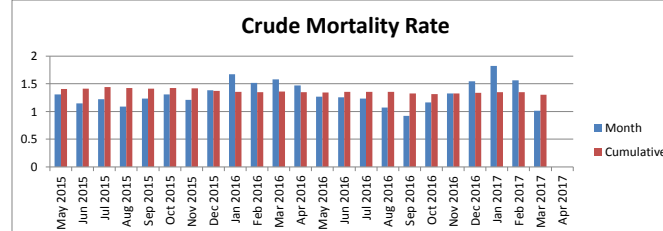
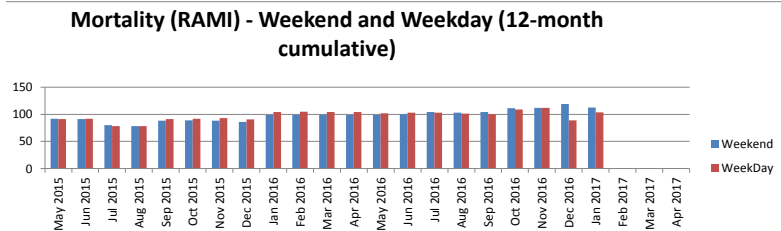
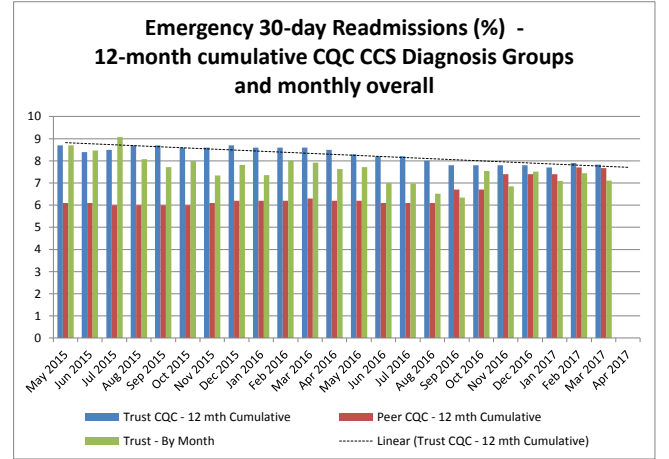
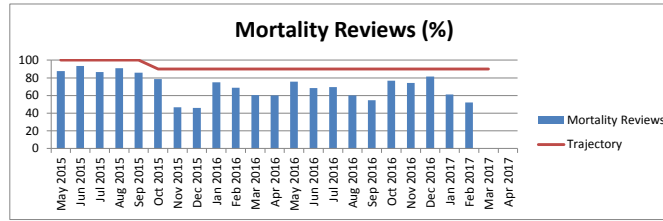
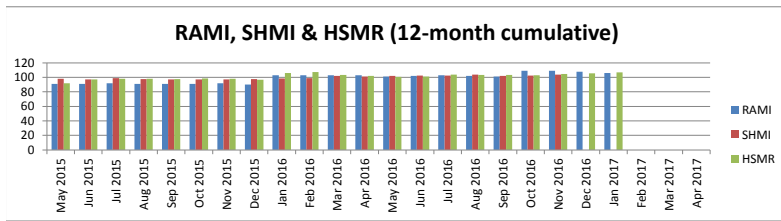


Clinical Effectiveness - Mortality & Readmissions

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)	%		

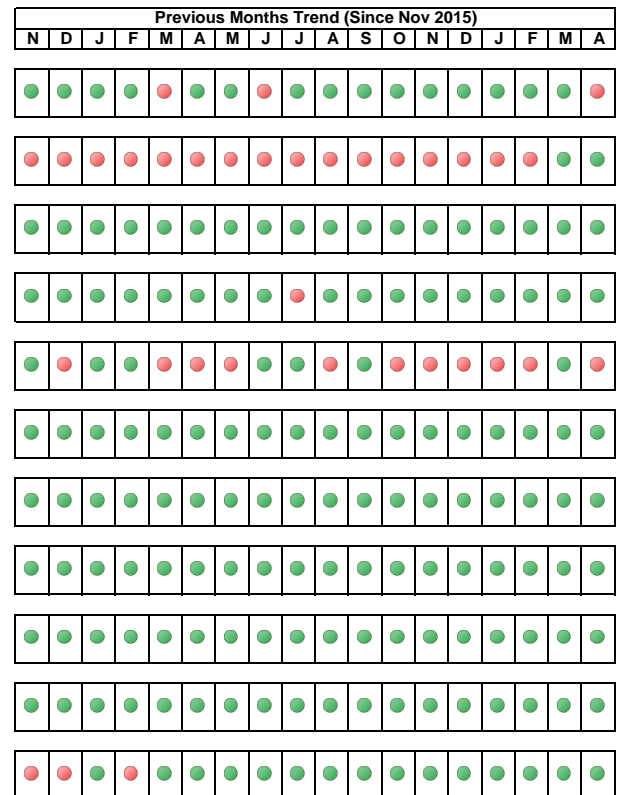
Previous Months Trend (since Nov 2015)												
N	D	J	F	M	A	M	J	J	A	S	O	N
92	90	103	103	103	103	101	102	103	102	101	109	109
93	91	104	105	104	104	102	103	103	101	100	109	112
88	86	99	99	99	99	99	100	104	103	104	111	112
97	98	98	99	102	101	102	103	102	104	102	102	104
98	97	106	107	103	102	101	101	104	103	103	103	105
148	40	68	113	82	103	50	3	103	43	56	94	139
1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	1.2	1.1	0.9	1.2	1.3
1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.4	1.4	1.4	1.3	1.3	1.3
116	135	163	146	158	142	121	123	119	102	87	108	129
7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	7.0	6.5	6.3	7.5	6.8
8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	7.6	7.5	7.4	8.0	7.3
8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	8.2	8.0	7.8	7.8	7.8

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Jan 2017								1044		
Jan 2017								1027		
Jan 2017								1063		
Nov 2016								820		
Jan 2017								1034.5		
Jan 2017								105		
Feb 2017	51	60	100					52	67	
Mar 2017								1.01		
Mar 2017								1.34		
Mar 2017								100	1485	
Mar 2017								7.11		
Mar 2017								7.13		
Mar 2017	-	-	-					7.83		

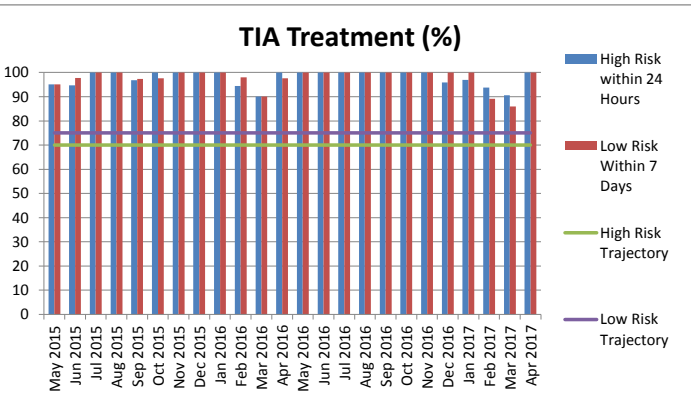
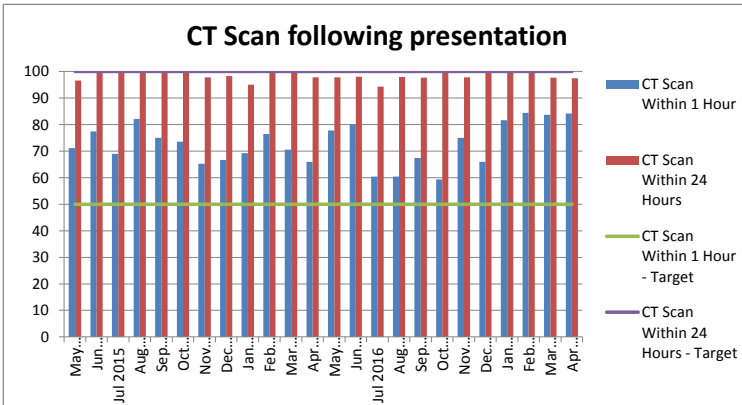
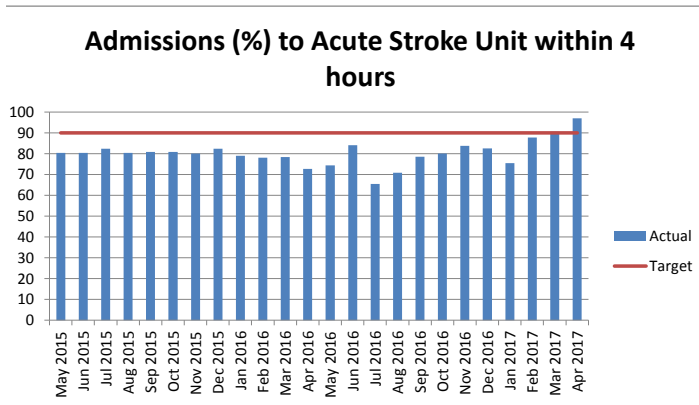


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3			Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0
3			Pts admitted to Acute Stroke Unit within 4 hrs	=> %	90.0	90.0
3			Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0
3			Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0
3			Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0
3			TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0
3			TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0
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
Apr 2017	87.3	87.3	
Apr 2017	97.1	97.1	
Apr 2017	84.2	84.2	
Apr 2017	97.4	97.4	
Apr 2017	75.0	75.0	
Apr 2017	100.0	100.0	
Apr 2017	100.0	100.0	
Apr 2017	100.0	100.0	
Apr 2017	94.1	94.1	
Apr 2017	93.3	93.3	
Apr 2017	100.0	100.0	

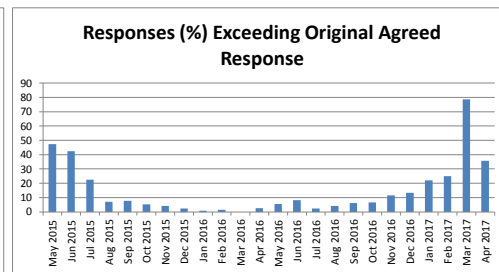
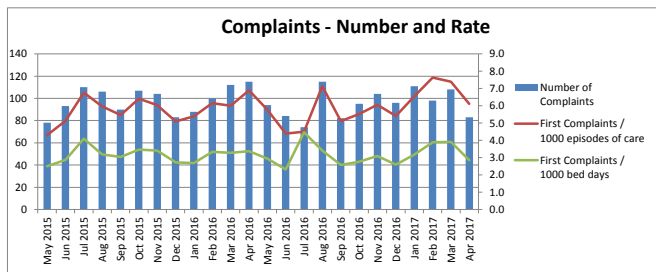
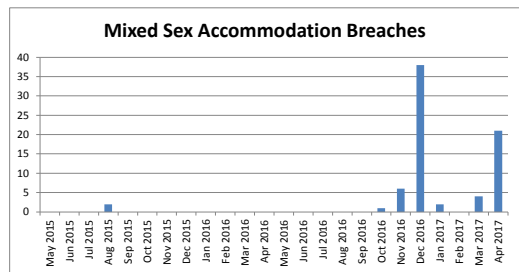


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0
8			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0
8			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0
8			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0
8			FFT Response Rate: Type 3 WIU Emergency Department	=> %	50.0	50.0
8			FFT Score - Adult and Children Emergency Department (type 3 WIU)	=> No	95.0	95.0
8			FFT Score - Outpatients	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0
8			FFT Score - Maternity Birth	=> No	95.0	95.0
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0
13			Mixed Sex Accommodation Breaches	<= No	0.0	0.0
9			No. of Complaints Received (formal and link)	No		
9			No. of Active Complaints in the System (formal and link)	No		
9			No. of First Formal Complaints received / 1000 bed days	Rate1		
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1		
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0
9			No. of responses sent out	No		
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes

Previous Months Trend (since Nov 2015)												
N	D	J	F	M	A	M	J	J	A	S	O	N
16	15	15	15	14	17	16	17	17	13	20	22	17
93	96	96	95	95	96	90	83	86	83	86	88	94
5.9	5.7	6.3	6	5.3	5.1	8.3	10	7.8	7.5	7.1	5.6	4.8
82	81	79	74	74	78	85	87	86	83	78	73	75
0	0.1	1.5	0.1	0	0.3	2.5	0.1	1.3	0.6	0.5	0.5	0.3
0	50	85	0	0	100	96	50	95	100	86	64	100
87	86	90	88	87	87	88	88	86	89	88	88	89
100	100	96	100	95	100	91	100	94	86	79	86	90
97	97	95	91	91	97	100	100	100	100	74	81	93
95	98	96	99	99	99	99	100	98	96	91	100	100
86	82	90	94	93	92	90	0	0	100	87	71	88
28	14	23	15	10	12	9	0	0	1.4	15	5.9	17
0	0	0	0	0	0	0	0	0	0	1	6	38
104	83	88	100	112	115	94	84	74	115	82	95	104
145	121	113	128	147	154	144	147	127	143	144	152	148
3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	3.4	2.6	2.8	3.1
6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	7.1	5.1	5.5	6.1
100	100	100	100	100	100	100	100	96	100	100	99	100
4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	2.4	4.2	6.3	6.6	11
94	98	69	81	84	98	81	103	103	80	110	87	79

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017								9	9	
Apr 2017								95		
Apr 2017	5.5							5.5	5.5	
Apr 2017	75							75		
Apr 2017	-							0.1	0.1	
Apr 2017	-							0		
Apr 2017								90		
Apr 2017								88		
Apr 2017								91		
Apr 2017								100		
Apr 2017								82		
Apr 2017								9	9	
Apr 2017	21	0	0		0	0		21	21	
Apr 2017	34	24	13	1	4	4	3	83	83	
Apr 2017	79	78	19	3	1	9	16	205		
Apr 2017	2.3	4.5	3					2.86	2.86	
Apr 2017	5.7	7.2	5.8			0		6.11	6.11	
Apr 2017	100	100	100	100	100	100	100	100	100	
Apr 2017	35	38	26	0	0	33	44	36	36	
Apr 2017	19	21	12	1	2	1	11	67	67	
Apr 2017	N	N	N	N	N	N	N	No		

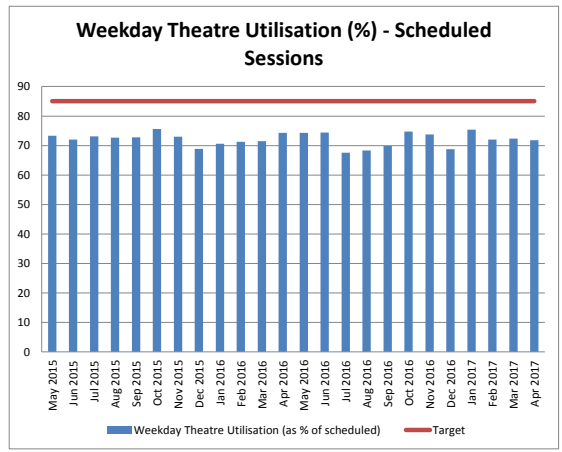
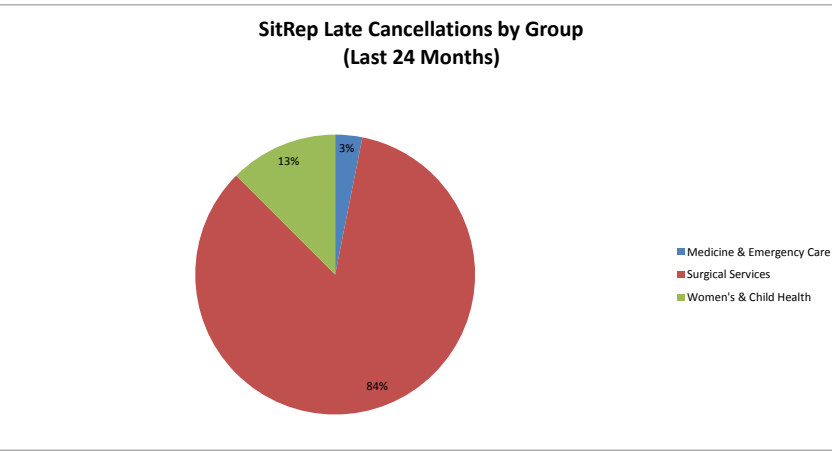
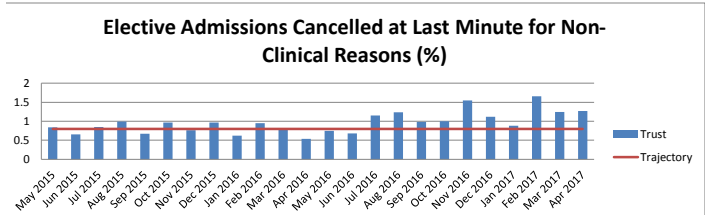
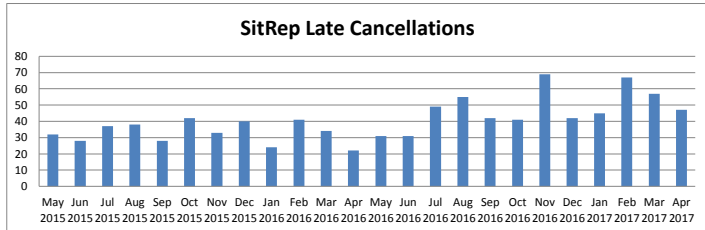


Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27
2	NEW		No. of Sitrep Declared Late Cancellations - Avoidable	No		
2	NEW		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 Nov 2015)																		
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	
33	40	24	41	34	22	31	31	49	55	42	41	69	43	45	67	57	47	
-	-	-	-	-	6	9	11	9	9	15	17	28	19	13	19	17	24	
-	-	-	-	-	16	22	19	40	43	27	22	41	18	29	48	37	23	
0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	6	0	0	1
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	0	0	0	0	0	1	2	0	0	1	3	4	0	3	0	3
57	39	63	56	57	79	63	43	56	51	60	49	50	63	61	62	67	51	
238	194	210	228	223	229	257	229	241	223	258	234	273	272	269	284	257	219	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017	3	32	12					47	47	
Apr 2017	2	17	5					24	24	
Apr 2017	1	15	7					23	23	
Apr 2017	0.19	1.76	4.53					1.3	1.3	
Apr 2017	1	0	0					1	1	
Apr 2017	0	0	0					0	0	
Apr 2017	0.0	0.0	0.0					0	0	
Apr 2017	0	3	0					3	3	
Apr 2017	1	44	6					51	51	
Apr 2017	31	161	27					219	219	
Apr 2017	28.3	76.5	83.1					71.8	71.9	

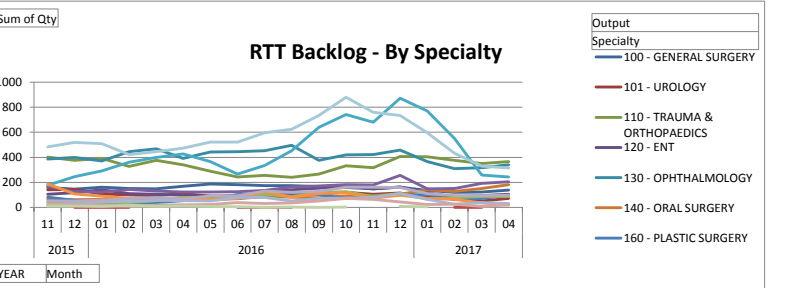
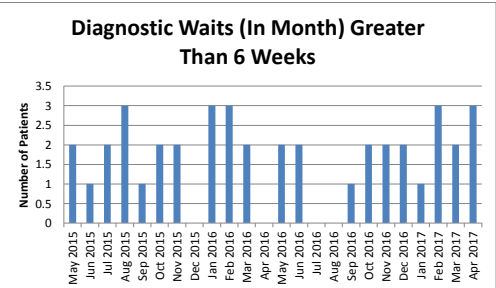
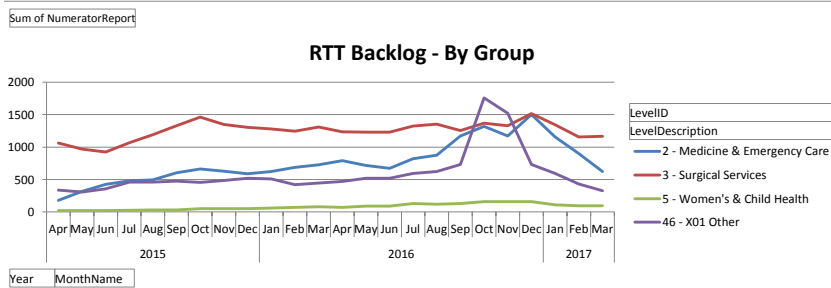
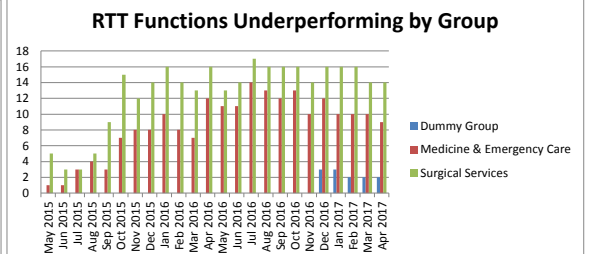
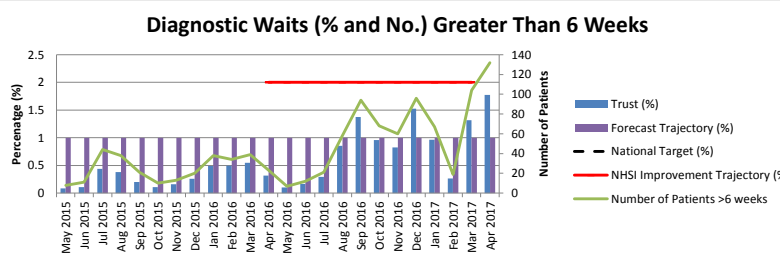
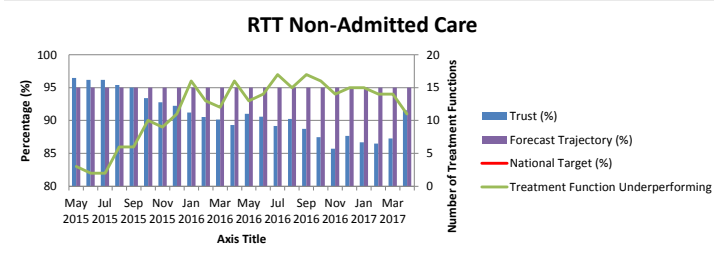
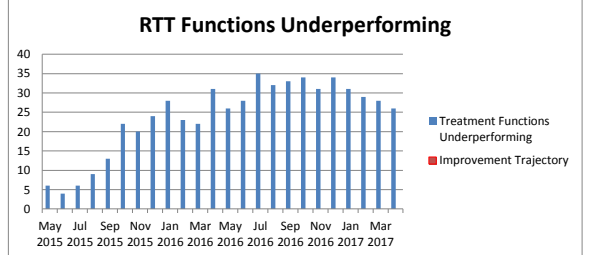
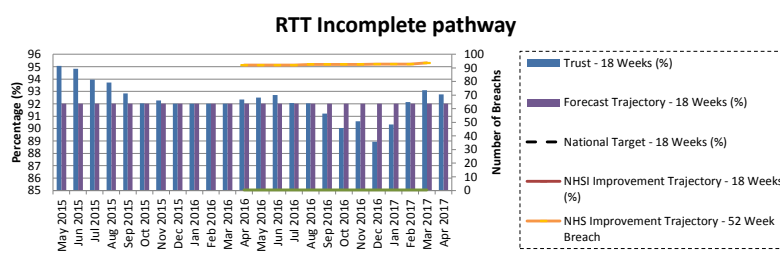
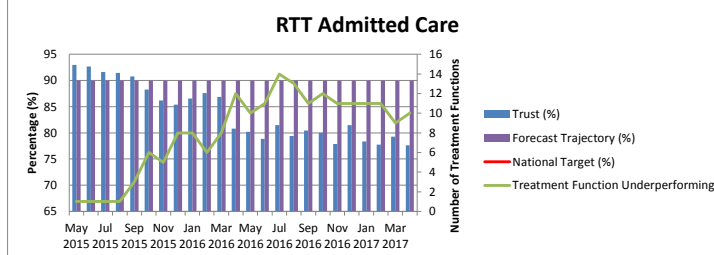


Referral To Treatment

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					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
	NEW		Treatment Functions Underperforming (Incomplete)	<= No	0	0
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0
	NEW		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No		

Previous Months Trend (since Nov 2015)												
N	D	J	F	M	A	M	J	J	A	S	O	N
2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	3289	3728	3417
4	2	4	5	8	3	2	4	4	0	1	4	3
2	0	3	3	2	0	2	2	0	0	1	2	2
20	24	28	23	22	31	26	28	35	32	33	34	31
6	5	4	4	2	3	3	3	4	4	5	6	6
2258	1593	1250	273	281	542	480	419	502	470	500	711	817

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017	85.5	72.4	78.7					77.60		
Apr 2017	81.3	94.8	95.8					91.55		
Apr 2017	91.7	92.2	93.4					92.77		
Apr 2017	610	1304	98					2327		
Apr 2017	1	4	0					5	5	
Apr 2017	1	2	0					3	3	
Apr 2017	9	14	1.0					26		
Apr 2017	2	3	0					5		
Apr 2017	3.6	1.9	0.0	0.9				1.77		
Apr 2017	354	149	-	439				942		

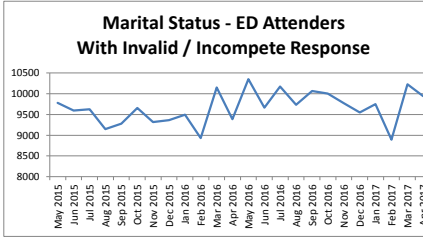
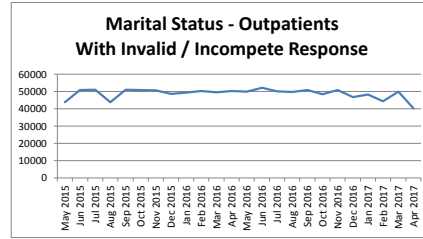
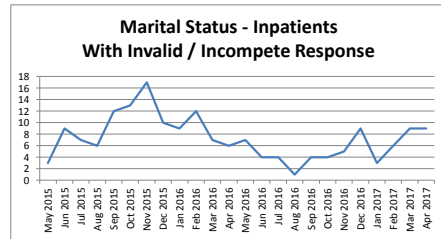
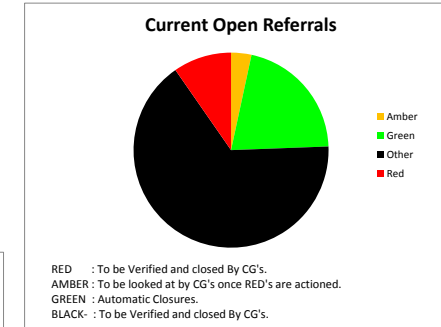
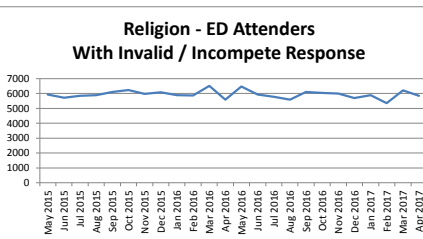
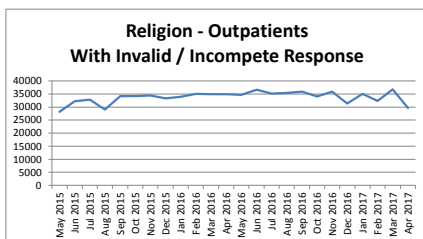
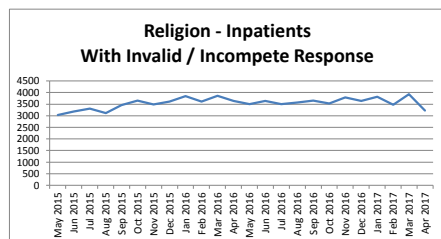


Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
14		●	Data Completeness Community Services	=> %	50.0	50.0
2		●	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2		●	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2		●	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0
NEW			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0
NEW			Protected Characteristic - Religion - INPATIENTS with recorded response	%		
NEW			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%		
NEW			Protected Characteristic - Religion - ED patients with recorded response	%		
NEW			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%		
NEW			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%		
NEW			Protected Characteristic - Marital Status - ED patients with recorded response	%		
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0
2			Open Referrals	No		
NEW			Open Referrals - Awaiting Management	No		

Previous Months Trend (since Nov 2015)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D				
●	●	●	●	●	●	●	●	●	●	●	●	●	●				
●	●	●	●	●	●	●	●	●	●	●	●	●	●				
●	●	●	●	●	●	●	●	●	●	●	●	●	●				
●	●	●	●	●	●	●	●	●	●	●	●	●	●				
97.4	97.0	97.5	96.5	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
99.5	99.5	99.5	99.5	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
97.1	96.8	97.3	97.0	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
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
71.2	70.8	68.9	70.3	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
59.9	59.3	59.3	58.4	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
62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	65.3	64.0	64.3	64.1	64.7	64.1	64.7	64.2	64.7
99.9	99.9	99.9	99.9	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	99.9
41.1	40.7	40.8	40.5	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
42.0	41.5	41.7	42.5	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
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
77,139																	
77,410																	
77,383																	
81,209																	
88,309																	
87,537																	
92,980																	
93,712																	
99,043																	
#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
78,984	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
96,247	53,057	15,253	2,845	454	2,782												

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017							61.2	61.2		
Mar 2017							99.5	99.5		
Mar 2017							99.2	99.2		
Mar 2017							99.3	99.3		
Apr 2017							98.2	98.2		
Apr 2017							99.4	99.5		
Apr 2017							97.3	97.3		
Apr 2017							90.5	90.5		
Apr 2017							89.4	89.4		
Apr 2017							70.3	70.3		
Apr 2017							56.7	56.7		
Apr 2017							64.7	64.7		
Apr 2017							99.9	99.9		
Apr 2017							41.3	41.3		
Apr 2017							39.8	39.8		
Apr 2017							6.2	6.2		
Apr 2017	78,984	#####	30,091	6,601	512	59	239,934			
Apr 2017	96,247	53,057	15,253	2,845	454	2,782	111,242			



CQUINs - Q4 Reporting (page 1 of 2)

CQUIN	Annual Plan Values (000s)	Full Year Delivery	Value at Risk (000s)	Indicator	Trajectory Notes	2016-17				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						
1a	National	£792k	£400k	£392k	Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	Annual Staff Survey results to improve by 5% for full payment	Baseline 2015/16: Q9a, 9b and 9c				2016 Results to Q4 to improve by 5% for full payment												Mar-17	●			
1b	National	£792k	£792k	£0k	Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	CQUIN funds will be paid on delivering the four outcomes opposite.	Only Return submission	Renegotiate contracts	Renegotiate contracts	All four outcomes delivered	a) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b) The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c) The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d) Ensuring that healthy options are available at any point including for those staff working night shifts. Awaiting confirmation from CO and Steve Clarke that this CQUIN is fully completed for the Trust or what work is ongoing to complete												Mar-17	●			
1c	National	£792k	£792k	£0k	Staff Health & Wellbeing - Improving uptake of flu vaccination	Annual submission; flu vaccination at 75%+	No returns		Report %age achieved	Report %age achieved	Completes at 81% for front line staff on which the CQUIN is based (60% across all staff)												Mar-17	●			
2a	National	£396k	£296k	£100k	Sepsis - A&E Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Partially delivered, failing to deliver the required sample levels.												Mar-17	●			
2b	National	£396k	£296k	£100k	Sepsis - Inpatient Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Partial delivery.												Mar-17	●			
4a	National	£633k	£633k	£0k	Antimicrobial Resistance and Antimicrobial Stewardship - Reduction of antibiotic consumption		2015/16 data for AB consumption	Reporting	Reporting	2016/17 data for AB consumption	Achieved												Mar-17	●			
4b	National	£158k	£158k	£0k	Antimicrobial Resistance and Antimicrobial Stewardship - Review of antibiotic prescribing		Q1 Reviews up to 25% of sample	Q2 Reviews up to 50% of sample	Q3 Reviews up to 75% of sample	Q4 Reviews up to 90% of Sample	Achieved												Mar-17	●			
5a	Local	£633k	£633k	£0k	Cancer - Audit of 2ww cancellations		N/A	Reporting	Reporting	Reporting	CCG are very pleased with the audit that has been conducted and would like to thank the Trust for their work on this.												Mar-17	●			
5b	Local	£633k	£633k	£0k	Cancer - Cancer Treatment Summary Record in Discharge Care Plans		N/A	Reporting	Reporting	Reporting	Achieved												Mar-17	●			
5c	Local	£475k	£475k	£0k	Cancer - Cancer VTE Advice		N/A	N/A			Achieved												Mar-17	●			
6	Local	£317k	£317k	£0k	Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions		Script	Shooting	Share in training	Share in training	Milestone passed successfully. CCG would acknowledges early completion of this CQUIN by the Trust.												Mar-17	●			
7	Local	£950k	£712k	£237k	Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days		Improvement on 15/16 Q4 Avg 68%	Improvement on last quarter avg	Improvement on last quarter avg	Improvement on last quarter avg	Has met Q3 submission (submitted in Q4 as in arrears); unlikely to achieve full value												Mar-17	●			
8a	Local	£475k	£475k	£0k	Discharges - Implementation of transfer of care plans		Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Milestone in Q4 passed successfully, but findings from audits require robust action plans which are being put in place by lead over the next year to continue on this work.												Mar-17	●			
8b	Local	£475k	£475k	£0k	Discharges - Reduction in Readmission Rate (Adults)		Q1 Position compared to 15/16 Baseline	Improvement on last quarter	Improvement on last quarter	Improvement on last quarter	Achieved												Mar-17	●			

	Target	Achieved
SWBCCG	£7,915	£7,087
SCG & PH	£675	£317
Total	£8,590	£7,404

CQUINs - Q4 Reporting (page 2 of 2)

CQUIN	Annual Plan Values (000s)	Full Year Delivery	Value at Risk (000s)	Indicator	Note	Trajectory		Previous Months Trend				Data Period	Comments	Year To Date	Trend	Next Month	3 Months			
						Year	Month	A	M	J	J							A	S	O
9	Specialised Services	£211k	£0k	£211k	Preventing term admissions to NIC			Carried forward to Q3	Carried forward to Q3	Reporting to Commence	Reporting	C/F	C/F	Not progressed	Mar-17	Due to resource implications the full CQUIN is not deliverable by the Trust. A partial delivery has been proposed to the commissioner which was accepted originally, but the patient numbers fall below expectations. An additional cohort was proposed for inclusions which has not been accepted	●			
10	Specialised Services	£75k	£75k	£0k	Haemoglobinopathy improving pathways			Evidence meetings, action log and minutes	Progress reporting, protocols			Met	Met	Met	Met	Mar-17	Achieved - carries forward into 17/18	●		
11	Specialised Services	£211k	£106k	£106k	Activation systems for patients with long term conditions							C/F	C/F	Partially Met	Partially Met	Mar-17	Initially, the Trust has not yet identified appropriate long term conditions of the relevant sample size. The reduced sample size now accepted by SCG and plans need to be put in place by the HIV service lead. Implementation plan outstanding.	●		
12	Public Health	£55k	£55k	£0k	Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population							Met	Met	Met	Met	Mar-17	being assessed	●		
13	Public Health	£36k	£36k	£0k	Breast Screening - improvement in uptake - Promotion of screening programme							Met	Met	Met	Met	Mar-17	being assessed	●		
14	Public Health	£19k	£19k	£0k	Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population							Met	Met	Met	Met	Mar-17	being assessed	●		
15	Public Health	£12k	£12k	£0k	Bowel Screening - improvement in uptake - Promotion of screening programme							Met	Met	Met	Met	Mar-17	being assessed	●		
16	Secondary Care Dental	£54k	£54k	£0k	Sugar Free Medicines Audit										Q4 Reporting	Mar-17	being assessed			

Full Year Delivery Overview ..

- The Trust was contracted to deliver a total of 16 CQUIN schemes during 2016 / 2017 across CCG, Specialised Commissioning and Public Health schemes
- The collective financial value of the schemes was **c.£8.6m**; Local & National schemes at £7.9m and Specialised & PH at £0.7m.
- **The Trust is likely to deliver around £7.5m which is £1.1m short of full value schemes.** To be confirmed as yet as part of the year end settlement process.

CCG Schemes (c£800k loss)..

- × Staff & Wellbeing scheme has failed to deliver improvement against last year's staff survey on two out of three specific questions (£397k loss);
- × Sepsis screening & review performance is below expected levels (£200k loss); manual audits have been cumbersome for many wards hence have not resulted in required samples and documentation reviews to satisfy the requirement of the CQUIN (EPR delivers easier processes for this)
- × Mortality Reviews - (£200k loss) due to reviews being below the improvement required for 2 quarters in the year

Specialised Services Schemes (c£300k loss)..

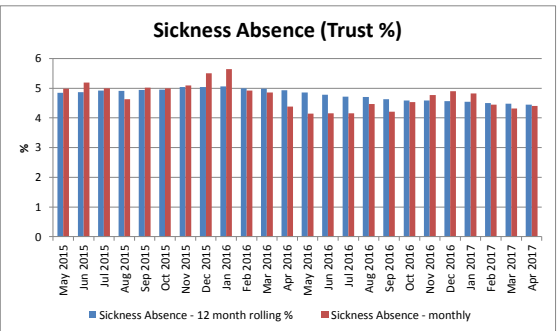
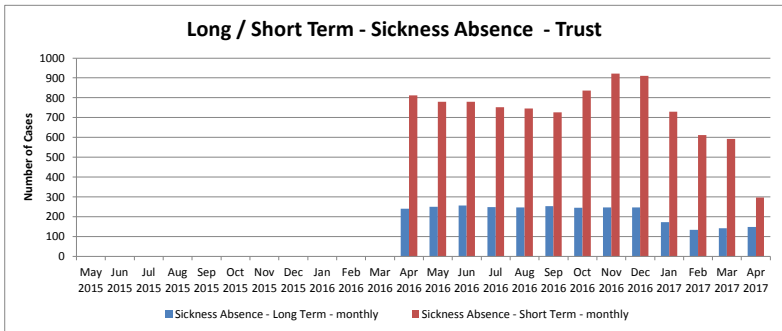
- × NICU - the trust did not progress the scheme (£200k)
- × Long term conditions - HIV service commenced the initiative but did not manage to catch up with all expected activity and hence a financial loss will be incurred (£100k)

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 Nov 2015)												
N	D	J	F	M	A	M	J	J	A	S	O	N
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	240	250	256	249	247	253	245	247
-	-	-	-	-	812	779	780	752	745	727	837	922
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	11.9	12.4	11.7
6	2	5	12	9	6	4	3	8	4	4	3	0
23	23	24	26	23	26	25	23	24	24	21	25	21
0	0	0	0	0	0	0	0	0	0	0	0	0
267	293	272	274	293	292	315	317	339	343	341	313	293
-->	12.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	16.0
-->	3.57	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.70

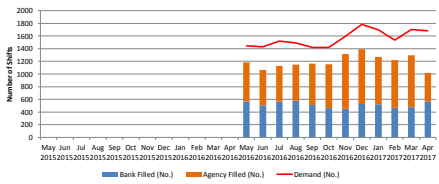
Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017	82.2	81.7	89.8	95.7	82.0	96.8	91.8		87.9	
Apr 2017	87.0	76.1	77.3	87.5	86.2	0.0	50.0	81.8	81.8	
Apr 2017	4.7	4.7	4.5	4.1	4.2	4.0	4.4	4.45	4.45	
Apr 2017	5.3	4.5	4.5	2.8	3.5	3.9	4.3	4.40	4.40	
Apr 2017	53	30	27	6	6	24	2	214	214	
Apr 2017	66	61	50	30	29	57	3	414	414	
Apr 2017	71.8	84.3	84.3	83.9	70.8	78.6	81.1	79.4	79.4	
Apr 2017	82.7	86.5	88.9	92.8	87.8	92.1	89.8		87.6	
Jan-00	-	-	-	-	-	-	-	-	-	
Apr 2017	94.0	0.0	95.7	98.2	95.2	97.7	98.7		96.4	
Apr 2017								11.5	11.5	
Apr 2017								11.7	11.7	
Mar 2017	2	2	1	0	0	0	4	9		
Apr 2017								20		
Apr 2017	0	0	0	0	0	0	0	0	0	
Apr 2017								256		
Jan 2017	8	30	13	22	20	29	18	16		
Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		



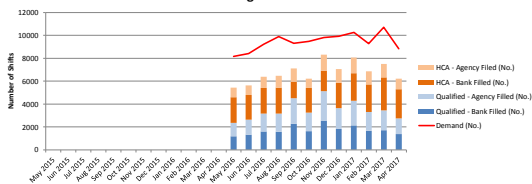
Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Nov 2015)														Data Period	Group							Month	Year To Date	Trend								
					Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M	A	M	SS	W				P	I	C	CO				
			Medical Staffing - Number of instances when junior roles not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	-	-	4908	5343	5097	5015	5291	5005	5478	4777	5133	4985	5610	4508	Apr 2017	-	-	-	-	-	-	100	100		
			Medical Staffing - Demand	No			-	-	-	-	-	-	-	-	-	-	1443	1429	1523	1491	1419	1419	1598	1786	1699	1534	1703	1682	Apr 2017	1130	343	200	0	9	0	0	1682	1682.0	
			Medical Staffing - Total Filled	%			-	-	-	-	-	-	-	-	-	-	81.98	74.04	74.06	76.93	81.89	81.25	82.46	77.94	74.93	79.4	76.1	60.4	Apr 2017	57.1	76.4	50	0	100	0	0	60	60.4	
			Medical Staffing - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	47.84	47.92	50	50.13	44.06	40.07	54.42	37.79	40.93	44.12	36.65	55.31	Apr 2017	41.1	77.1	88	0	100	0	0	56	55.5	
			Medical Staffing - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	52.16	52.36	50	49.87	55.94	59.93	65.58	62.21	59.07	73.44	63.35	44.49	Apr 2017	58.9	22.9	12	0	0	0	0	44	44.5	
			Medical Staffing - Filled Shifts - Snn Consultant	No			-	-	-	-	-	-	-	-	-	-	114	110	107	137	177	243	237	187	152	217	270	120	Apr 2017	101	11	0	0	8	0	0	120	120.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			-	-	-	-	-	-	-	-	-	-	1069	951	1021	1010	998	951	1108	1196	1144	1001	1026	896	Apr 2017	544	251	100	0	1	0	0	896	896.0	
			Nursing - Demand	No			-	-	-	-	-	-	-	-	-	-	8158	8413	9220	9887	8312	9476	9802	9935	###	9268	###	8825	Apr 2017	4721	1692	928	0	76	1256	150	8825	8825	
			Nursing - Total Filled	%			-	-	-	-	-	-	-	-	-	-	90.44	89.33	89.21	86.98	81.13	91.18	92.03	90.68	92.75	95.55	95.8	95.3	Apr 2017	95.6	96.2	91.3	0	85.5	96	98.7	95	95.3	
			Nursing - Qualified - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	42.3	43.41	41.68	43.12	35.83	46.77	36.3	41.77	40.3	27.07	43.52	42.1	Apr 2017	34.9	38.5	71.2	0	29.2	53.4	46	42	42.1	
			Nursing - Qualified - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	16.02	17.56	19.34	18.42	39.95	18.76	28.38	30.17	22.55	18.71	16.76	16.3	Apr 2017	19	21.5	2.24	0	70.8	8.37	0	16	16.3	
			Nursing - HCA - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	30.18	28.57	26.95	26.56	18.6	25.02	19.83	24.59	25.29	27.18	28.13	30.4	Apr 2017	33.2	26.5	25.7	0	0	27.6	54.1	30	30.4	
			Nursing - HCA - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	11.39	11.07	12.01	11.92	15.62	9.444	15.49	13.48	14.48	12.91	11.39	10.7	Apr 2017	12.1	13.5	0.83	0	0	10.6	0	11	10.7	
			AHPs - Radiography - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	138	97	79	55	269	332	321	290	526	332	525	332	Apr 2017	0	0	0	0	332	0	0	332	332	
			AHPs - Radiography - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	138	97	73	55	249	324	299	256	496	302	502	329	Apr 2017	0	0	0	0	329	0	0	329	329	
			AHPs - Physiotherapy - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	276	478	356	180	Apr 2017	0	0	0	0	0	180	0	180	180	
			AHPs - Physiotherapy - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	274	478	346	180	Apr 2017	0	0	0	0	0	180	0	180	180	
			AHPs - Other - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	301	336	289	66	96	139	96	567	413	530	1009	459	Apr 2017	180	27	20	35	9	168	20	459	459	
			AHPs - Other - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	301	336	288	55	95	95	200	567	412	527	885	457	Apr 2017	180	27	18	35	9	168	20	457	457	
			Admin - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	1994	1954	1902	2147	2765	2639	2478	2442	2381	4128	5135	4198	Apr 2017	1112	768	238	271	80	83	1648	4198	4198	
			Admin - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	1988	1937	1855	2061	2450	2589	2452	2405	2348	4026	5079	4162	Apr 2017	1097	764	235	271	80	83	1632	4162	4162	
			Facilities - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	1903	1947	1442	1451	2160	2185	1997	2172	2066	1971	2485	1795	Apr 2017	23	32	1	0	9	20	1710	1795	1795	
			Facilities - Filled (Shifts)	No			-	-	-	-	-	-	-	-	-	-	1898	1933	1405	1397	1942	2135	1969	2107	1982	1926	2425	1737	Apr 2017	23	32	0	0	9	20	1653	1737	1737	
			Interpreters - Demand (Shifts)	No			-	-	-	-	-	-	-	-	-	-	4925	5358	5110	5034	5321	5026	5508	4803	5159	4983	5634	4511	Apr 2017	-	-	-	-	-	-	-	4511	4511.0	
			Interpreters - Total Filled	%			-	-	-	-	-	-	-	-	-	-	99.6	99.7	99.7	99.6	99.4	99.6	99.5	99.5	99.5	99.6	99.6	99.9	Apr 2017	-	-	-	-	-	-	-	100	99.9	
			Interpreters - Bank Filled	%			-	-	-	-	-	-	-	-	-	-	79	78	76.6	76.4	76.7	78.6	77.6	76.9	78.4	79.5	78	77.3	Apr 2017	-	-	-	-	-	-	-	77	77.3	
			Interpreters - Agency Filled	%			-	-	-	-	-	-	-	-	-	-	21.0	22.0	23.4	23.6	23.3	21.4	22.4	23.1	21.8	20.5	22.0	22.7	Apr 2017	-	-	-	-	-	-	-	23	22.7	
			Interpreters - Unfilled	%			-	-	-	-	-	-	-	-	-	-	0.4	0.3	0.3	0.4	0.6	0.4	0.5	0.5	0.5	0.4	0.4	0.1	Apr 2017	-	-	-	-	-	-	-	0	0.1	

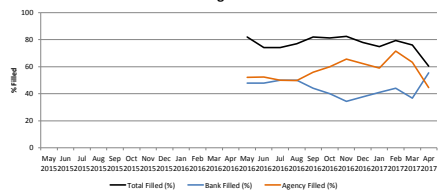
Medical Staffing - Number of Shifts



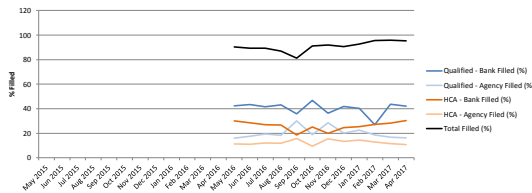
Nurse Staffing - Number of Shifts



Medical Staffing - % Shifts Filled



Nurse Staffing - % Shifts Filled



SQPR

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Safeguarding Adults Advanced Training	=> %	85	85
			Safeguarding Children Level 2 Training	=> %	85	85
			Safeguarding Children Level 3 Training	=> %	85	85
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			Community - Screening For Dementia - SQPR	=> %	100	100
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100

Previous Months Trend (From Nov 2015)												
N	D	J	F	M	A	M	J	J	A	S	O	N
-	-	-	-	-	-	-	-	-	-	80	80	81
-	-	-	-	-	74	73	73	72	73	71	71	73
-	-	-	-	-	71	72	72	75	74	73	73	75
-	-	-	-	-	99	99	99	100	99	100	98	97
-	-	-	-	-	16	15	17	17	13	16	16	17
-	-	-	-	-	88	88	87	87	87	85	86	86
-	-	-	-	-	83	81	79	79	78	87	86	82
-	-	-	-	-	79	80	81	82	82	75	76	75
-	-	-	-	-	40	37	53	30	37	Data Quality Issues		
-	-	-	-	-	61	67	56	61	55	Data Quality Issues		

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Apr 2017								80.98	80.98	
Apr 2017								77.7	77.7	
Apr 2017								84.9	84.9	
Mar 2017	99.2	98	100					98.7	98.3	
Apr 2017	15.2	9.98	29.9					15.7	15.7	
Apr 2017								85.5	85.5	
Apr 2017								77.8	77.8	
Apr 2017								75.5	75.5	
Aug 2016								37.2	38.4	
Aug 2016								54.8	60.0	

Notes:

- All of the above indicators are subject to formal RAPs (recovery plans) with the CCG and as such groups have to keep focus on improvement.
- Failure to deliver the improvement trajectories will result in another exception report and will be potentially fine-able.

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

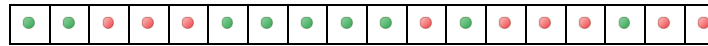
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Figure																	
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	EC	AC	SC													
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	-	-	0.21	0.19													
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Apr 2017	0.0	0.0	1.0	1	1	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	1	0	2	1	1	0	3	0	0	6	1	0	6	2	4	6	2	3	Apr 2017	0.0	0.0	3.0	3	3														
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	35	32	34	32	31	58	56	54	28	32	28	57	44	29	51	37	41	28	Apr 2017	0.0	0.0	28.3	28.3															
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Apr 2017	0.00	0.00	0.00	0.00	0			
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	80.3	86.1	Site S/C	83.4	83.4					
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			.	.	.	1560	1908	1246	1046	1187	1333	1227	1280	1579	1750	1866	1776	1769	1721	1662	Apr 2017	1536	0	126	1662	1662														
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.0	0.0	Site S/C	0	0					
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0	.	.	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	15.0	15.0	Site S/C	15	15					
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0	.	.	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	68.0	53.0	Site S/C	60	60					
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	8.1	8.4	Site S/C	8.3	8.3					
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	4.5	6.1	Site S/C	5.3	5.3														
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	67	121	116	97	117	81	65	70	122	112	135	112	162	193	162	129	107	110	Apr 2017	59	51		110	110														
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	3	8	10	6	9	2	0	1	8	6	9	16	21	19	11	13	5	0	Apr 2017	0	0		0	0														
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.00	0.00		0.00	0.00						
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	4261	4622	4440	4034	4206	4137	Apr 2017	2049	2088		4137	4137														
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.0	92.9	83.0	85.5						
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.0	73.0	86.0	81.3						
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.0	92.4	91.1	91.7						
RTT	RTT - Backlog	<= No	0	0	629	587	623	689	725	789	716	674	821	873	1172	1319	1168	1500	1154	897	622	610	Apr 2017	0	236	374	610															
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	1	3	4	0	0	0	1	0	0	1	2	1	0	0	1	1	Apr 2017	0	0	1	1															
RTT	Treatment Functions Underperforming	<= No	0	0	8	8	10	8	7	12	11	11	14	13	12	13	10	12	10	10	10	9	Apr 2017	0	3	6	9															

Medicine Group

RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
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Apr 2017

0	4.05	1.69
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3.57



Section	Indicator	Measure	Trajectory	
			Year	Month
Data Completeness	Open Referrals	No		

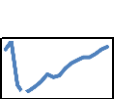
Previous Months Trend																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,983	70,424	72,581	74,142	75,046	75,926	75,925	76,880	78,278	78,984

Apr 2017

Directorate		
EC	AC	SC
14,341	22,916	41,727

Month
78984

Year To Date



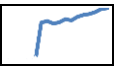
Data Completeness	Open Referrals - Awaiting Management	No		
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.	26,178	27,360	25,493	26,511	28,710	27,787	30,150	31,585	32,319	33,572	35,739	36,247
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Apr 2017

10,669	11,587	13,991
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Month
36247



Workforce	WTE - Actual versus Plan	No		
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214	208	204	201	219	220	207	213	220	229	231	229	231	244	202	194	208	205
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

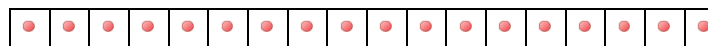
Apr 2017

109.4	59	30.67
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Month
205



Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0
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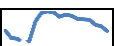


Apr 2017

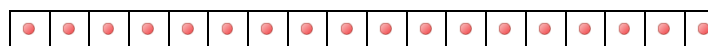
80.75	84.52	79.94
-------	-------	-------

Month

Year To Date
82.2



Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
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Apr 2017

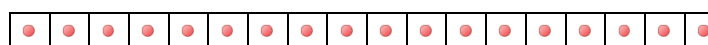
73.91	88.89	92.86
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Month

Year To Date
87.0



Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15
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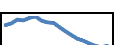


Apr 2017

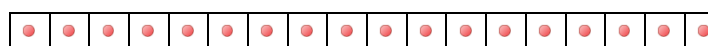
4.62	4.98	3.84
------	------	------

Month
4.66

Year To Date
4.66



Workforce	Sickness Absence - In month	<= No	3.15	3.15
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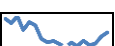


Apr 2017

6.21	4.24	6.52
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Month
5.34

Year To Date
5.34



Workforce	Sickness Absence - Long Term - In month	No		
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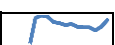
.	57	62	60	49	47	43	45	40	39	39	33	40	53
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Apr 2017

23	17	13
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Month
53

Year To Date
53



Workforce	Sickness Absence - Short Term - In month	No		
-----------	--	----	--	--

.	212	186	195	180	179	162	194	206	243	223	207	182	66
---	---	---	---	---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

Apr 2017

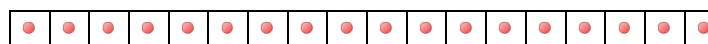
17	28	21
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Month
66

Year To Date
66



Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100
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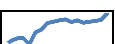


Apr 2017

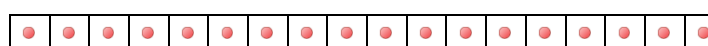
65.5	78.6	68.5
------	------	------

Month

Year To Date
71.80



Workforce	Mandatory Training (%)	=> %	95.0	95.0
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Apr 2017

63.31	82.28	82.32
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Month

Year To Date
82.7



Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
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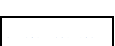
.
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Jan-00

.	.	.
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Month

Year To Date



Workforce	New Investigations in Month	No		
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0	1	1	6	4	1	0	0	1	1	0	0	0	0	0	1	2	0
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Apr 2017

0	0	0
---	---	---

Month
0

Year To Date



Workforce	Nurse Bank Fill Rate %	=> %	100	100
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1185	3654	3001	3002	4159	3992
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Apr 2016

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Month
85

Year To Date



Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0
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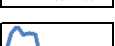
217	749	925	700	748	710
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Apr 2016

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Month
710

Year To Date



Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0
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Jan-00

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Month

Year To Date



Workforce	Your Voice - Response Rate (%)	No		
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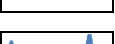
->	6	->	->	->	->	->	->	->	->	->	->	->	->	8	->	->	->
----	---	----	----	----	----	----	----	----	----	----	----	----	----	---	----	----	----

Jan 2017

6.0	7.0	16.0
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Month
8.0

Year To Date



Workforce	Your Voice - Overall Score	No		
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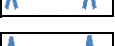
->	3.37	->	->	->	->	->	->	->	->	->	->	->	->	3.68	->	->	->
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Jan 2017

3.51	3.90	3.58
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Month
3.68

Year To Date



Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate					Month	Year To Date	Chart							
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M	A	GS				SS	TH	An	O			
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	75.6	55.7	0.0	0.0	75.8	72.4	-	
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	93.1	94.2	0.0	0.0	96.1	94.8	-		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	93.5	84.4	0.0	0.0	94.4	92.2	-		
RTT	RTT - Backlog	<= No	0	0	1346	1304	1276	1243	1308	1236	1231	1227	1324	1350	1254	1369	1328	1514	1344	1153	1167	1304	Apr 2017	499	464	0	0	341	1304	-				
RTT	Patients Waiting >52 weeks	<= No	0	0	3	1	3	2	3	3	1	2	3	0	1	2	0	1	0	2	2	4	Apr 2017	4	0	0	0	0	4	-				
RTT	Treatment Functions Underperforming	<= No	0	0	12	14	16	14	13	16	13	14	17	16	16	16	14	16	16	16	14	14	Apr 2017	8	5	0	0	1	14	-				
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.6	0.0	7.1	0.0	0.0	1.88	-			
Data Completeness	Open Referrals	No			111,719	113,733	96,377	96,175	97,723	100,371	102,540	104,891	107,435	109,035	110,630	112,597	113,840	115,090	116,146	118,282	121,164	123,687	Apr 2017	43,132	14,838	0	4,537	61,180	123687	-				
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	36,039	35,257	36,835	38,367	40,451	42,937	44,084	45,279	47,179	48,985	51,471	53,057	Apr 2017	20,679	6,339	0	2,694	23,345	53057	-					
Workforce	WTE - Actual versus Plan	No			166	173	178	153	149	144	143	151	158	155	152	146	140	151	185	157	166	168	Apr 2017	49.63	34.97	27.09	20.83	30.21	167.87	-				
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	80.7	86.1	90.3	83.0	77.5	81.7	-			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	74.19	94.12	0	71.79	73.08	76.1	-			
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	4.8	5.5	6.9	4.1	2.3	4.7	4.7			
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	4.7	3.0	6.5	5.9	2.8	4.5	4.5			
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	46	52	62	56	46	53	52	50	53	52	33	32	30	Apr 2017	9.0	3.0	8.0	10.0	0.0	30.0	30.0				
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	164	169	161	162	168	169	181	173	181	166	149	138	61	Apr 2017	21.0	10.0	23.0	7.0	0.0	61.0	61.0				
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	87.6	75.7	88.8	81.3	86.3	84.3	84.3			
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	84.9	86.9	89.6	87.3	84.4	86.5	-			
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-				
Workforce	New Investigations in Month	No			0	0	1	1	2	0	0	0	2	0	1	3	0	0	2	1	2	0	Apr 2017	0	0	0	0	0	0	-				
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	89.5	84.5	83	64.9	86.3	88	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	-	-	88.03	88				
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	441	552	682	912	332	382	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	-	-	238	238				

Surgical Services Group

Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0
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Jan-00

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Workforce	Your Voice - Response Rate	No		
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-->	22	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	30	-->	-->	-->
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Jan 2017

12	7	7	11	13
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30

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Workforce	Your Voice - Response Score	%		
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-->	6.94	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.79	-->	-->	-->
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Jan 2017

3.53	3.29	3.85	3.6	3.69
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3.79

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Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend					
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		A	G	M				P				
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	94.7			93.7				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	100	100		100.0				
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	Apr 2017	0	1	0	1	1	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	Apr 2017	0	1	0	1	1	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	Apr 2017	0	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	Apr 2017	0	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	Apr 2017	0	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	Apr 2017	0	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	Jan-00	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	0	2	0	1	0	1	2	1	1	2	3	1	1	2	1	1	0	0	0	Apr 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	Apr 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Apr 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	98.9	93.8		95.4				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	99.4		99.7				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	0		100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	0		100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	1	0	1	1	1		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date						
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	G	M	P	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																	Apr 2017	26.2	26.2	26.2						
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	8	9	Apr 2017	8.87	8.9	8.9				
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	17	17	Apr 2017	17.3	17.3	17.3				
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Apr 2017	0	0	0				
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Apr 2017	1	1	1				
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Apr 2017	1.83	1.8	1.8				
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Apr 2017	4.07	4.1	4.1				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																			Apr 2017	80.8	80.8	80.8				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Apr 2017	134	134.1	134.1				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0		N/A		N/A					N/A		N/A						-	-	Feb 2017	100	0	0	100.0			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.9	4.8	4.7	6.7	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	-	Mar 2017		4.7	4.7				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.5	6.3	6.1	6.1	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	-	Mar 2017			5.2	5.2			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0												#DIV/0!						-	Mar 2017	90.3	0	90.3				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Mar 2017	90.9	90.9	90.9				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Mar 2017	80.6	80.6	80.6				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	1.5	3	2	0	3	1	2	0	0.5	0.5	1.5	4	3	2	4.5	3.5	-	Mar 2017	3.5	-	0	3.5	25.5		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0.5	1.5	3.5	-	Mar 2017	3.5	-	0	3.5	7.5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			89	71	104	97	62	149	86	176	62	70	97	76	98	98	120	150	162	-	Mar 2017	162	-	0	162			
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	Apr 2017	0	-	0	0	0		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Chart									
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	G	M	P					
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Apr 2017	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			10	15	17	4	13	5	10	9	15	15	15	12	9	12	14	14	12	13					Apr 2017	5	6	2	13	13		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	14	20	6	17	9	13	10	19	21	23	23	16	21	24	24	22	19					Apr 2017	0	0	0	19			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	6.49		-	4.5			
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0					Apr 2017	0			0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	9	13	6	7	13	4	10	9	4	6	9	12	6	10	6	12	10	12					Apr 2017	12			12	12		
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	72	74	71	78	76	73	74	76	76	76	79	79	71	80	83	81	83					Apr 2017	83.1	-		83.1			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					Apr 2017	0	-	0	0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	15	6	16	5	5	10	7	43	18	38	38	20	23	15	9					Apr 2017	3	0	6	9	9		
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	78.7			78.7			
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	95.8			95.8			
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	93.4			93.4			
RTT	RTT - Backlog	<= No	0	0	53	52	60	70	80	69	92	93	130	121	129	161	161	160	111	96	96	98					Apr 2017	98			98			
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0				Apr 2017	0			0			
RTT	Treatment Functions Underperforming	<= No	0	0	0	1	1	0	1	1	0	1	2	2	2	2	3	3	2	1	2	1					Apr 2017	1			1			
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0			0.0			

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Figure				
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	G	M	P
Data Completeness	Open Referrals	No			29,296	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	25,985	26,671	27,018	27,523	27,970	28,605	29,483	30,091	Apr 2017	8,046	14,842	7,201	30091		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	10,041	10,089	10,168	10,770	11,488	11,421	12,342	12,816	13,222	13,822	14,698	15,253	Apr 2017	4,433	8,913	1,907	15253		
Workforce	WTE - Actual versus Plan	No			82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	118	116	107	109	126	119	111	116	119	Apr 2017	6.16	81.6	31.1	118.9		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	● ●														Apr 2017	93.8	87.8	91.7	89.8						
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	● ●														Apr 2017	94.1	66.7	66.7	77.3						
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	● ●														Apr 2017	4.67	5.05	3.02	4.5	4.5					
Workforce	Sickness Absence - in month	<= %	3.15	3.15	● ●														Apr 2017	3.72	5.23	3.12	4.5	4.5					
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	40	36	34	39	43	44	43	43	30	30	23	29	27	Apr 2017	5	18	4	27.0	27.0	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	99	105	94	111	96	106	113	125	114	142	83	105	50	Apr 2017	8	26	16	50.0	50.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	● ●														Apr 2017	90.1	84.4	81.6	84.25	84.25					
Workforce	Mandatory Training	=> %	95.0	95.0	● ●														Apr 2017	87	89.3	89.2	88.9						
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			- -														Jan-00	-	-	-	-						
Workforce	New Investigations in Month	No			1	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	Apr 2017	0	1	0	1		
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			-->	11	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	13	-->	-->	-->	Jan 2017	17	10	20	13		
Workforce	Your Voice - Overall Score	No			-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	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	N	D	J	F	M	A	M	J	J	A	S	O	N		D	J	F				M	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	167	207	193	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	88.9	88.2	87.6	91.9	89	86.9	88.6	86.7	92.4	86.1	87.6	85.3	84.6	95.7	90.5	88.3	-	-	Feb 2017		88.3		88.25	88.5	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			9.19	8.82	7.69	6.68	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	-	Mar 2017		4.81		4.81	18.29	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	93.3	91.9	97.5	90.3	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	-	Mar 2017		96.2		96.23	95.74	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			94.5	96.2	99.8	97.9	96.2	99.7	99.5	97.1	100	100	99.5	98.8	98.4	98.5	99.3	1.29	95.8	-	Mar 2017		95.8		95.82	90.93	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	93	94.5	95.8	88.9	95.6	99	97.5	96.6	96	96	94.3	91.5	95.4	94.1	93	92.1	90.1	-	Mar 2017		90.1		90.07	94.55	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			84.4	80.5	90.2	84.2	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	-	Mar 2017		84.2		84.16	87.69	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards with a HV presence	=> No	100	100	1	1	1	1	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	97.1	93.9	97.9	93.6	96	97.9	92.8	94.9	97.8	99.2	97	95	95.9	93.9	96.9	-	95.5	-	Mar 2017		95.6		95.55	96.16	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	84.7	91.9	98.6	99.3	99.4	99.8	99.4	99.7	99.8	99.5	99.3	94	93.6	87.9	98.6	-	86.1	-	Mar 2017		86.1		86.13	96.22	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			30.7	36.8	37.9	35.6	43.9	42.8	39.4	41.7	49.3	40.6	39.6	40.7	37.6	43.5	43.5	-	42.2	-	Mar 2017		42.3		42.25	41.99	
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	-	-	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			358	353	335	391	341	382	400	391	391	365	413	313	132	306	377	-	357	-	Mar 2017		357		357	3827	
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	98.6	97.2	96.3	100	100	100	98.8	98.7	101	97.3	96.3	92.4	91.3	93.5	97.2	-	91.3	-	Mar 2017		91.3		91.3	96.27	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			337	376	366	322	358	411	322	369	393	376	409	347	330	310	342	-	322	-	Mar 2017		322		322	3931	
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	91.8	98.2	99.7	98.8	100	99.8	99.4	99.7	95.4	96.7	94.9	89.4	86.6	86.5	88.6	-	97.9	-	Mar 2017		97.9		97.87	94.05	
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			257	316	352	294	339	290	341	355	393	375	346	347	339	323	343	-	-	-	Jan 2017		343		343	3452	
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	83.4	92.4	89.6	92.2	91.6	91.2	90.9	92	91.4	85.6	86.3	83.6	86.7	82.4	89.8	-	-	-	Jan 2017		89.8		89.79	87.88	

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

56	51	42	39	39	51	60	42	42	38	45	41	34	31	63	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Jan 2017

Jan-00

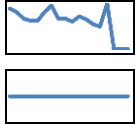
63
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63

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447

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Pathology Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals - Awaiting Management	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	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																		
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2	0	2	4	2	3	4	2	1	2	1	2	3	2	4	1	2	1	
2	1	1	4	3	3	5	4	2	2	2	3	3	1	3	4	4	3	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3,318	3,414	3,312	3,294	3,420	3,572	3,639	3,701	3,868	5,631	5,764	5,995	6,051	6,140	6,284	6,387	6,495	6,601	
-	-	-	-	-	-	1,502	1,437	1,510	2,208	2,275	2,407	2,444	2,478	2,613	2,685	2,791	2,845	
39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	39.8	38.4	40	37	31	34.7	30.3	23.7	18.7	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
-	-	-	-	-	-	10	12	14	14	15	13	12	14	6	5	6	8	6
-	-	-	-	-	-	47	45	38	35	36	30	43	49	41	36	35	45	30
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	0	1	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	
●	●	●	●	●	●	●	-	-	-	-	-	-	-	-	-	-	-	
●	●	●	●	●	●	●	-	-	-	-	-	-	-	-	-	-	-	
-->	19	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	22	-->	-->	-->	
-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.82	-->	-->	-->	

Data Period	Directorate					Month	Year To Date	Trend
	HA	HI	B	M	I			
Apr 2017	0	0	0	0	0	0	0	
Mar 2017	-	-	-	-	-	-	-	
Mar 2017	-	-	-	-	-	-	-	
Mar 2017	-	-	-	-	-	-	-	
Apr 2017	1	0	0	0	0	1	1	
Apr 2017	3	0	0	0	0	3		
Apr 2017	-	-	-	-	-	-	-	
Apr 2017	1,931	0	2,190	0	2,480	6,601		
Apr 2017	909	0	1,024	0	912	2,845		
Apr 2017	9.9	4.8	0.8	2.6	-2.8	19		
Apr 2017	100	94	95	98	92		95.65	
Apr 2017	0	75	100	100	100		87.5	
Apr 2017	3.2	3.6	5.5	2.9	2.7	4.05	4.05	
Apr 2017	0.9	0.9	3.1	3.7	4.6	2.8	2.8	
Apr 2017	0.0	0.0	3.0	1.0	1.0	6	6	
Apr 2017	1.0	1.0	15.0	8.0	2.0	30	30	
Apr 2017	90	94	71	98	96	83.9	83.9	
Apr 2017	92	91	93	91	99		92.8	
Jan-00	-	-	-	-	-	-	-	
Apr 2017	0	0	0	0	0	0		
Apr 2016						265	265	
Apr 2016						0	0	
Jan 2017	24	21	17	27	55	22		
Jan 2017	3.5	3.3	3.9	4	3.9	3.82		

Imaging Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate				Month	Year To Date	Trend					
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M	A				DR	IR	NM	BS	
Patient Safety - Harm Free Care	Never Events	<= No	0	0															Apr 2017	0	0	0	0	0	0						
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0															Apr 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	-	-	1.0	2.0	-	2.0	1.0	2.0	1.0	3.0	1.0	-	2.0	2.0	1.0	-	1.0	-	Mar 2017					4.4			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	12.0	14.0	14.0	13.0	15.0	17.0	15.0	16.0	-	Mar 2017						4.67			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0															Apr 2017			84.2		84.21	84.21						
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00															Apr 2017			97.4		97.37	97.37						
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No																	Mar 2017	-	-	-	-	-	-						
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No																	Mar 2017	-	-	-	-	-	-						
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No																	Mar 2017	-	-	-	-	-	-						
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0															Apr 2017	0	0	0	0	0	0						
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	1	3	6	5	2	0	1	1	2	1	1	4	5	4	1	1	4	Apr 2017	3	1	0	0	4	4		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	0	3	6	5	2	1	2	2	2	0	1	4	9	3	2	2	1	Apr 2017	1	0	0	0	1			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No																	Apr 2017	-	-	-	-	-	-						
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	49	62	36	67	69	86	66	54	55	60	55	66	54	100	102	Apr 2017	102	0	0	0	102	102		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0															Apr 2017	0.87				0.87							
Data Completeness	Open Referrals	No			221	248	259	271	288	288	298	325	342	361	376	399	428	438	461	481	488	512	Apr 2017	512	0	0	0	512			
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	287	287	299	315	315	346	373	386	403	421	421	438	454	Apr 2017	454	0	0	0	454			
Workforce	WTE - Actual versus Plan	No			45	40	44	44	46	49	51	44	45	47	45	41	40	38	32	31	32	35	Apr 2017	23	3	2	3	35.0			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0															Apr 2017	80.2	90	77.8	91.2		82.0						
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0															Apr 2017	87	0	100	75		86.2						
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15															Apr 2017	3.2	2.8	2.6	4.7	4.15	4.15						
Workforce	Sickness Absence - in month	<= %	3.15	3.15															Apr 2017	4.3	12.1	1.5	0.8	3.51	3.51						
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	10	10	8	8	7	6	7	13	10	15	13	9	6	Apr 2017	4.0	1.0	0.0	0.0	6.00	6.00		
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	33	39	38	31	23	26	29	41	40	53	36	32	29	Apr 2017	11.0	0.0	5.0	7.0	29.00	29.00		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0															Apr 2017	69.5	63.6	94.8	62.4	70.8	70.8						
Workforce	Mandatory Training	=> %	95.0	95.0															Apr 2017	82.2	93.5	92.5	97.2		87.8						
Workforce	Mandatory Training - Staff Becoming Out Of Date	%																	Jan-00	-	-	-	-	-	-						
Workforce	New Investigations in Month	No			0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Apr 2017					0			
Workforce	Your Voice - Response Rate	No			-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	20	-->	-->	Jan 2017	18	10	46	16	20		
Workforce	Your Voice - Overall Score	No			-->	3.40	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.58	-->	-->	Jan 2017	3.4	0	4.1	4.2	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	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		A	AT	IB				IC					
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	2	2	1	0	5	4						Apr 2017	0	4	0	4	4		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	2	2	2	0	5	4						Apr 2017	0	4	0	4	4		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	2	0	0	0	0	0						Apr 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	1	1	2	0	0	3						Apr 2017	0	3	0	3	3		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	1	0	0	0	0	2						Apr 2017	0	2	0	2	2		
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0						Apr 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						Apr 2017	0	2	0	2	2		
Patient Safety - Harm Free Care	Falls	<= No	0	0	21	26	31	23	20	22	38	31	29	31	29	33	30	27	20	19	31	23					Apr 2017	1	21	1	23	23		
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	2	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Apr 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	2	0	3	0	4	2	4	2	3	1	1	0	1	3	2	2	1	6					Apr 2017	-	6	-	6	6		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	0	0	0	0		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Apr 2017	0	0	0	0	0			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	2	3	6	7	3	5	5	4	5	4	3	8	4	6	1	1	4					Apr 2017	1	3	0	4	4		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	5	3	6	7	11	7	9	8	9	7	5	5	6	6	6	6	9					Apr 2017	2	6	1	9			

Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Workforce	WTE - Actual versus Plan	No		
Workforce	PDRs - 12 month rolling	=> %	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	=> %	100.0	100.0
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	<= No	0	0
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
103	105	94.7	100	106	102	123	128	154	152	135	104	109	122	115	112	118	128
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	26	25	26	24	27	29	22	23	29	32	24	24	24
-	-	-	-	-	65	59	81	80	83	53	74	104	101	102	93	82	57
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	0	0	2	0	0	0	2	0	1	0	0	0	1	0	0	0	0
95.6	88	88.4	78.3	89.3	87.9	-	-	-	-	-	-	-	-	-	-	-	-
19	78	90	78	86	87	-	-	-	-	-	-	-	-	-	-	-	-
-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	29	-->	-->	-->
-->	3.72	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.83	-->	-->	-->

Data Period	Directorate			Month	Year To Date	Figure
	AT	IB	IC			
Apr 2017	22.9	68.8	35.9	127.5		
Apr 2017	98	95.7	97.3		96.8	
Apr 2017	3.25	4.6	4.1	4.02	4.02	
Apr 2017	2.33	5.28	3.73	3.87	3.87	
Apr 2017	2	-	-	24	24	
Apr 2017	4	22	31	57	57	
Apr 2017	69.9	80.8	82.1	78.64	78.64	
Apr 2017	95.2	89.5	93.3		92.1	
Jan-00	-	-	-		-	
Apr 2017				0		
Apr 2016	-	-	-	87.87	87.87	
Apr 2016	-	-	-	87	87	
Jan 2017	29	31	28	29		
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	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		A	AT	IB				IC						
Community & Therapies Group Only	DVT numbers	=> No	730	61	0	24	47	65	51	53	55	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	11	10.5	11.3	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						Apr 2017				8.5	8.5		
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	0	1	2	1	1	0	0	2	0	0	2	1	1	0	0	0	0	0					Apr 2017				0	0			
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	17	17	16	24	24	23	17	17	-	-	-	-	-	-	-	-	-	-					Jun 2016				17	57			
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	0	1	1	2	3	2	2	2	2	2	1	2	-	-					Feb 2017				2.1				
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					Apr 2017				66.8	66.8			
Community & Therapies Group Only	Falls Assessments - DN Initial Assessments only	%			41	46	52	55	54	61	161	70	61	55	65	42	77	69	60	62	58	69					Apr 2017				68.84				
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Initial Assessments only	%			33	48	54	56	58	64	67	75	65	63	71	47	80	71	63	65	63	77					Apr 2017				76.73				
Community & Therapies Group Only	MUST Assessments - DN Initial Assessments only	%			23	26	28	32	32	37	35	40	36	32	37	26	52	46	48	36	46	58					Apr 2017				57.69				
Community & Therapies Group Only	Dementia Assessments - DN Initial Assessments only	%			50	29	28	31	21	40	37	11	30	37	45	14	53	53	52	62	44	55					Apr 2017				55				
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94	94	93	94	94	93	91	90	90	92	86	94	93	93	69	93	94	92					Apr 2017				91.84				
Community & Therapies Group Only	Making Every Contact (MECC) - DN Initial Assessments only	%			-	-	-	-	7	-	-	200	222	222	270	177	251	369	308	382	460	488					Apr 2017				66.39	66.39			
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	6					Apr 2017				6	6			
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					Apr 2017				5	5			
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	1					Apr 2017				1	1			
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					Apr 2017				0	0			

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate							Month	Year To Date	Trend				
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M	A	SG	F	W				M	E	N	O
Pl. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	5	4	5	8	8	10	12	4	13	8	13	11	12	11	11	14	3	Apr 2017	0	0	0	0	0	0	3	3	3	
Pl. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			9	8	4	4	7	8	9	12	9	17	10	13	18	13	12	17	19	16	Apr 2017	1	0	0	0	2	5	8	16		
Workforce	WTE - Actual versus Plan	No			89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	146	123	118	133	98.6	94.5	105	99.5	Apr 2017	13.7	1.14	-15.9	16.9	-4.24	24.6	63.2	99.48		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	91	80	91	89	91	95	90		91.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017			95					50.0	50	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	2.13	2.92	3.50	2.78	3.83	5.14	4.85	4.37	4.37	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0.52	1.17	3.25	2.32	3.53	5.63	4.76	4.30	4.30	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	51	53	52	59	62	65	64	64	79	0	1	0	2	Apr 2017	1.00	0.00	0.00	0.00	0.00	1.00	0.00	2.00	2.00	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	192	176	173	153	160	181	203	224	191	7	8	8	3	Apr 2017	3.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	89.0	78.7	71.4	79.9	76.1	83.7	79.9	81.1	81.1	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2017	0	96	96	91	98	86	91	89.8	90	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			0	1	2	2	2	4	4	1	4	1	1	0	0	2	1	1	4	0	Apr 2017	0	0	0	0	0	0	0	0		
Workforce	Your Voice - Response Rate	No			-->	15	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	18	-->	-->	Jan 2017	51	45	39	30	19	6	17	18		
Workforce	Your Voice - Overall Score	No			-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.64	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

TRUST BOARD

DOCUMENT TITLE:	Financial performance – P01 April 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite – Finance Director
AUTHOR:	Tim Reardon – Associate Director of Finance
DATE OF MEETING:	1 June 2017

EXECUTIVE SUMMARY:**Headlines**

This report deals with the financial performance for P01 April 2017/18 and indications for the performance in relation to statutory duties for the full year.

Key messages:

- P01 headline performance reported as plan but reliant on significant unplanned technical support. Requires remediation through delivery of cornerstone P&L improvement.
- Significant unidentified savings requirement requiring remediation through FIP2 process.
- STF income assumed earned for P01. Requires consistent P&L delivery to plan and ED 4hr remediation to 90% by June for performance component.
- Capex programme being pursued as plan. CRL remains to be confirmed by NHSi. Dialogue on-going.
- Cash borrowing requirements subject to routine assessment. Loan review & application meeting scheduled with NHSI 7th June 2017.
- Planned care activity exceeds plan with consequent income over-recovery on SLA income. Theatre efficiency remains biggest opportunity for improvement.
- Reduced agency spend in P01 but remains above plan trajectory. Requires mobilisation & delivery of plan to secure first £10m of spend reduction.

Key actions:

- Confirmation and execution of step reduction in costs through focus on bed reduction, pay & workforce change & procurement cost savings. Delivery of demand & capacity plan to secure income
- Delivery of capital programme to time & revised plan consistent with enabling programme for MMH
- Monitoring and delivery of liquidity / cash improvement plan.
- Resolution of 2017.18 contract discussion with SWBCCG.
- Manage application process for DH loan/s.
- Secure land sale to maximise H1 cash in-flow.

Key numbers:

- Month deficit £(1.6)m being £7k favourable compared to plan
- Underlying deficit £(3.5)m being £(1)m adverse to plan.
- STF of £0.5m assumed earned for the month
- Pay bill £26.4m (vs. £26.5m last month); Agency spend £1.6m (vs. £1.9m).
- Capital spend at £0.4m is £2.7m behind plan to date.
- Cash at 30th April £19.9m being above plan by £6.2m.

REPORT RECOMMENDATION:

The Board is recommended to note the report and to 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:

Excellence in the use of resources
 Excellence in governance including effective grip & control

PREVIOUS CONSIDERATION:

FIC 31.05.17

Finance Report

Period 01 2017/18

April 2017

Trust Board

1 June 2017

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8. Capital
9. SOFP
10. Working capital metrics

Finance Report

Summary & Recommendations

Period 01 2017/18

Statutory Financial Duties	Value	Outlook	Note
I&E control total deficit	£9.9m	TBC	1
Live within Capital Resource Limit	£46.6m	√	2
Live within External Finance Limit	£93.0m	√	3

1. Forecast surplus £9.9m 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 P01 return reports forecast surplus £9.9m. This reflects control total value agreed in 30th March NHSI plan submission.
- Achievement requires development of production planning and roster management as core competences.
- Required opex run rate change also depends on CIP delivery and additional efficiency delivery.
- Key risks to plan known and confirmed by external review. FIP2 process to support accelerated financial improvement.

P01 key issues & remedial actions

- P01 headline performance reported as plan but reliant on significant unplanned technical support. Requires remediation through delivery of cornerstone P&L improvement.
- Significant unidentified savings requirement requiring remediation through FIP2 process.
- STF income assumed earned for P01. Requires consistent P&L delivery to plan and ED 4hr remediation to 90% by June for performance component.
- Capex programme being pursued as plan. CRL remains to be confirmed by NHSi. Dialogue on-going.
- Cash borrowing requirements subject to routine assessment. Loan review & application meeting scheduled with NHSI 7th June 2017.
- Planned care activity exceeds plan with consequent income over-recovery on SLA income. Theatre efficiency remains biggest opportunity for improvement.
- Reduced agency spend in P01 but remains above plan trajectory. Requires mobilisation of plan to secure first £10m of spend reduction.

Recommendation

- Challenge and confirm:
 - reported P01 position
 - 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 April 2017 the Trust is reporting:

- Headline I&E deficit of £1,638k being £7k favourable to plan;
- Underlying I&E deficit £3.5m being £1.0m adverse to plan
- Capital spend of £387k being £2,693k below plan;
- Cash at the end of February is £19,919k being £6,168k more than plan.

I&E

P01 reported as delivering to plan but dependent on the benefits from £1.0m of unplanned contingencies and flexibility.

There are significant reported variances on Patient Related Income and non-pay and which reflect in large part matters of phasing in the original financial plan. The impact of a more refined and robust phasing shall be recognised from P02.

P01 includes £0.5m STF and £0.25m of taper relief income on a presumption that these will be secured. STF requires consistent delivery to headline financial plan and improvement in ED performance to key milestones.

Savings

Progress reported through the Trust's savings management system TPRS indicates c£19m of identified schemes of which £3.59m of schemes have been signed off. The initial focus of attention is on the confirmation and delivery of £20m of schemes. The residual savings requirement of £13m is the subject of opportunity identification through the FIP2 work.

Use of Resources Rating

Consistent with the downside scenario analysis the plan use of resources (UoR) rating for the Trust is 3 for the month and year.

Cash

The cash position is £6.2m above plan at 30th April. This is due to the I&E position being more than offset by capital underspending in April.

The key issue for the Trust is the impact of both prior year underlying deficits on the cash position. P01 financials and P02 lead measures 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.

Bed closures and income were both below the plan level required in April. Cash support will be required from the NHSI the exact timing of this shortage will depend on the net impact of any delay in I&E recovery and slower rate of capital spend than plan.

Better Payments Practice Code

Performance in April improved when measured by value and was maintained when measured by volume. However, this was 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.

An ongoing issue with BPPC remains the lack of timely receipting of orders by Groups.

Capital

Capital expenditure to date stands at £0.4m against a full year plan of £46.6m. A rate of monthly spend in excess of £3m is expected per the plan..

Finance Report

I&E Performance – Full Year

Period 01 2017/18

Period 01	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	35,310	31,894	(3,416)	424,405	424,405	0
Other Income	3,899	4,969	1,070	59,706	59,706	0
Income total	39,209	36,863	(2,346)	484,111	484,111	0
Pay	(26,068)	(26,426)	(358)	(300,666)	(300,666)	0
Non-Pay	(12,713)	(10,011)	2,702	(148,580)	(148,580)	0
Expenditure total	(38,781)	(36,437)	2,344	(449,246)	(449,246)	0
EBITDA	428	426	(2)	34,865	34,865	0
Non-Operating Expenditure	(2,087)	(2,083)	4	(25,144)	(25,144)	0
Technical Adjustments	14	19	5	212	212	0
DH Surplus/(Deficit)	(1,645)	(1,638)	7	9,933	9,933	0
<i>Add back STF</i>	<i>(524)</i>	<i>(524)</i>	<i>0</i>	<i>(10,483)</i>	<i>(10,483)</i>	<i>0</i>
Adjusted position	(2,169)	(2,162)	7	(550)	(550)	0
<i>Technical Support (inc. Taper Relief)</i>	<i>(250)</i>	<i>(1,283)</i>	<i>(1,033)</i>	<i>(3,000)</i>	<i>(3,000)</i>	<i>0</i>
Underlying position	(2,419)	(3,445)	(1,026)	(3,550)	(3,550)	0

The trust reported a headline deficit of £1.6m for P01 being in line with plan.

This was reliant on the benefit of £1m of unplanned contingency and support.

The level of technical support utilised is £1.8m including STF received. This included £0.6m of taper relief funding against which there may be calls in future months.

The underlying deficit in P01 is therefore recorded as £3.4m. This is £1m adverse compared with the plan underlying deficit of £2.4m.

Finance Report

Income Analysis

Period 01 2017/18

Year to Date Performance Against SLA by Patient Type								
	Activity			Finance			Straight Forecast £000	
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000		
A&E	18,311	18,823	512	£1,950	£2,024	£73	£24,284	
Emergencies	3,802	3,512	-290	£7,270	£7,203	-£67	£86,442	
Emergency Short Stay	1,081	689	-392	£841	£534	-£307	£6,409	
Excess bed days	1,177	1,262	85	£324	£349	£26	£4,192	
Urgent Care				£10,386	£10,111	-£275	£121,327	
OP New	10,916	13,286	2,370	£1,659	£1,954	£295	£23,451	
OP Procedures	4,167	5,543	1,376	£693	£878	£185	£10,535	
OP Review	25,953	26,145	192	£1,805	£1,813	£8	£21,761	
OP Telephone	945	1,308	363	£22	£25	£3	£302	
DC	2,688	2,884	195	£2,109	£2,141	£32	£25,689	
EL	444	482	38	£1,053	£1,153	£100	£13,841	
Planned Care				£7,341	£7,965	£624	£95,579	
Maternity	1,678	1,633	-45	£1,588	£1,602	£14	£19,222	
Renal dialysis	37	64	27	£4	£8	£3	£92	
Community	40,620	51,329	10,709	£2,572	£2,680	£108	£32,161	
Cot days	964	1,047	83	£506	£540	£35	£6,485	
Other contract lines	301,538	317,379	15,841	£7,697	£7,798	£101	£93,579	
Unbundled activity	4,127	5,725	1,599	£420	£691	£271	£8,296	
Other				£12,787	£13,319	£533	£159,834	
Grand Total				£30,514	£31,395	£881	£376,740	

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

Work on the production plan appears to have impacted on elective work with the favourable variance for planned care this must now be maintained throughout the financial year. Outpatient activity was the main driver of this performance. With the RTT backlog being mainly elective (>60%) theatre performance is critical to both the income and RTT targets that underpin the Trust's recovery trajectory.

The variance on total Patient Related Income to date is £3,416k adverse. The difference compared to SLA income shown above is primarily related to phasing differences between NHSI plan and now determined operational plans. This will be reflected in P02 reporting.

Finance Report

Pay bill & Workforce

Period 01 2017/18

Paybill & Workforce

- Total workforce of 6,952 WTE [being 176 above plan] including 243 WTE of agency staff.
- Total pay costs (including agency workers) were £26.4m in April being £0.4m over 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 April. 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 £544,770 compared to FY 2016/17.

Pay and Workforce	Current Period	Previous Period	Change in period	
			Value	%
Pay - total spend	26,426	26,495	(69)	0%
Pay - substantive	22,102	21,662	440	2%
Pay - agency spend	1,605	1,908	(303)	-16%
Pay - bank (inc. locum) spend	2,719	2,924	(205)	-7%
WTE - total	6,952	7,120	(168)	-2%
WTE - substantive	6,058	6,090	(32)	-1%
WTE - agency	243	269	(26)	-10%
WTE - bank (inc. locum)	651	760	(109)	-14%

Locum Target	£'000s
Spend 2016/17	6,852
Savings Target	545
Target 2017/18	6,307

Throughout 2016/17 NHSI monitored agency expenditure. Caps were introduced and they have reported savings. For 2017/18 a similar approach has been announced for Locum spend.

The Trust has been notified that a savings target has been set of £545k in relation to Locum expenditure.

Finance Report

Prospective View – P01+11

Period 01 2017/18

Reported Position	Apr-16 Act £'000s	May-16 Plan £'000s	Jun-16 Plan £'000s	Jul-16 Plan £'000s	Aug-16 Plan £'000s	Sep-16 Plan £'000s	Oct-16 Plan £'000s	Nov-16 Plan £'000s	Dec-16 Plan £'000s	Jan-17 Plan £'000s	Feb-17 Plan £'000s	Mar-17 Plan £'000s	2017/18 FY 1+11 £'000s
Patient Related Income	31,894	35,336	35,336	35,436	35,436	35,436	35,336	35,336	35,336	35,369	35,369	35,369	420,989
Other Income	4,969	3,882	3,882	4,057	4,057	4,057	4,406	4,406	4,406	4,581	4,581	13,492	60,776
Income total	36,863	39,218	39,218	39,493	39,493	39,493	39,742	39,742	39,742	39,950	39,950	48,861	481,765
Pay	(26,426)	(26,072)	(26,072)	(25,560)	(25,560)	(25,560)	(25,048)	(25,048)	(25,048)	(24,567)	(24,567)	(21,496)	(301,024)
Non-Pay	(10,011)	(12,721)	(12,721)	(12,566)	(12,567)	(12,567)	(12,398)	(12,398)	(12,398)	(12,184)	(12,184)	(11,164)	(145,878)
Expenditure total	(36,437)	(38,793)	(38,793)	(38,126)	(38,127)	(38,127)	(37,446)	(37,446)	(37,446)	(36,751)	(36,751)	(32,660)	(446,902)
EBITDA	426	425	425	1,367	1,366	1,366	2,296	2,296	2,296	3,199	3,199	16,201	34,863
Non-Operating Expenditure	(2,083) ✓	(2,083) ✓	(2,083) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099) ✓	(2,099)	(25,140)
Technical Adjustments	19	18	18	18	18	18	18	18	18	18	18	18	217
Reported DH Surplus/(Deficit)	(1,638)	(1,640)	(1,640)	(714)	(715)	(715)	215	215	215	1,118	1,118	14,120	9,940

The current I&E forecast for FY 2017/18 at £9,932k is consistent with plan.

This table combines the actual I&E position for April and the plan I&E position for the coming months. This reflects the impact of the technical support utilised in April. It can be seen that there are key numbers within the plan the I&E that need to change to deliver this plan.

Income level are where the biggest increase is required based on April. However, working days were low due to the number of bank holidays and so, subject to theatre efficiency, increased working days in May should lead to increased income levels.

Pay numbers need to reduce by £0.3m in May and a further £0.5m in July followed by a further £0.5m in October and a further £0.5m in January. Based on the bed numbers reported in May previously referred to this outcome has some risk attached to it.

Non-pay incorporates the technical support utilised by the Trust.

Finance Report

Capital

Period 01 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	1,181	240	(941)	8,347	20,624	20,624	20,624	0
Information	1,826	41	(1,785)	1,885	10,572	10,572	10,572	0
Medical equipment / Imaging	0	43	43	0	5,006	5,006	5,006	0
Contingency	0	0	0	0	0	0	0	0
Sub-Total	3,007	324	(2,683)	10,232	36,202	36,202	36,202	0
Technical schemes	63	63	(0)	0	10,386	10,386	10,386	0
Donated assets	7	0	(7)	0	84	84	84	0
Total Programme	3,077	387	(2,690)	10,232	46,672	46,672	46,672	0

The above table shows the status of the capital programme, analysed by category, at the end of Period 01.

The technical schemes include MES and BTC against which £0.06m and nil items have been capitalised respectively.

In addition to the YTD spend £10.2m of commitments have been made. The £46.7m outlook reflects the capital element of the plan submitted to NHSI on 30th March 2017. Forecast capital spend is consistent with this plan.

The £46,672k CRL includes £34,720k of anticipated adjustments NHSI have yet to confirm the full CRL.

This reflects the re-phasing of the capital programme that was undertaken in 2016/17 and which moved £9m capex into 2017.18. This was managed without compromise to the critical path strategic investment plan and supports near term cash remediation. A reduced capital programme may be required if the outlook on I&E surpluses deteriorates or medium term cash remediation is compromised.

Finance Report

SOFP

Period 01 2017/18

	Balance as at 31st March 2017	Balance as at 30th April 2017	TDA Planned Balance as at 30th April 2017	Variance to plan as at 30th April 2017	TDA Plan as at 31st March 2018	Forecast 31st March 2018
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	207,434	206,504	209,253	(2,749)	242,166	242,166
Intangible Assets	166	160	239	(79)	239	239
Trade and Other Receivables	43,017	46,453	48,799	(2,346)	92,045	92,045
Current Assets						
Inventories	5,268	5,268	4,179	1,089	4,177	4,177
Trade and Other Receivables	25,151	24,832	20,946	3,886	20,946	20,946
Cash and Cash Equivalents	23,902	19,919	13,751	6,168	309	309
Current Liabilities						
Trade and Other Payables	(68,516)	(63,452)	(65,144)	1,692	(38,646)	(38,646)
Provisions	(1,138)	(1,114)	(1,196)	82	(1,196)	(1,196)
Borrowings	(903)	(903)	(903)	0	(3,353)	(3,353)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,404)	(3,370)	(2,960)	(410)	(3,012)	(3,012)
Borrowings	(33,954)	(33,880)	(26,586)	(7,294)	(50,077)	(50,077)
DH Capital Loan	0	0	0	0	0	0
	197,023	200,417	200,378	39	263,598	263,598
Financed By						
Taxpayers Equity						
Public Dividend Capital	205,362	210,412	210,412	0	252,540	252,540
Retained Earnings reserve	(24,972)	(26,628)	(26,375)	(253)	(5,822)	(5,822)
Revaluation Reserve	7,575	7,575	7,606	(31)	7,822	7,822
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	197,023	200,417	200,701	(284)	263,598	263,598

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

Variance from plan for cash is due to the reduced cash out flows arising from lower levels of capital expenditure. The impact of the underlying has been mitigated by this.

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.

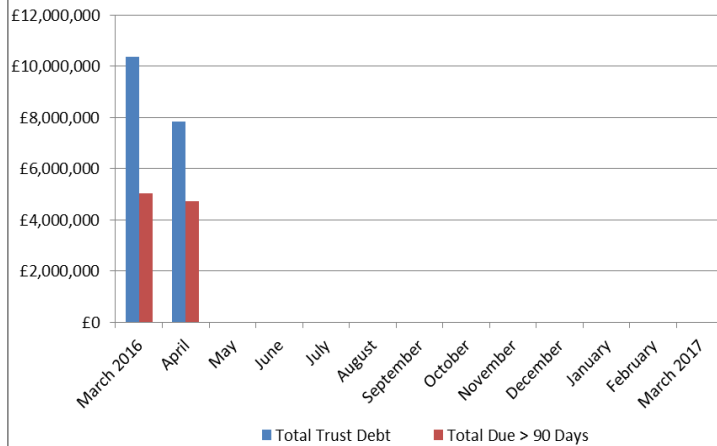
A task & finish group initiated a cash remediation plan in 2016/17. The actions of this are reflected in the favourable variance on cash. This plan is the subject of a separate paper.

Finance Report

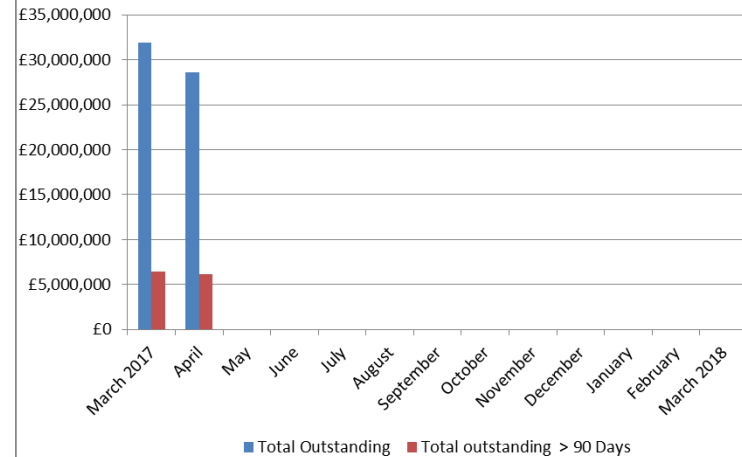
Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 01 2017/18

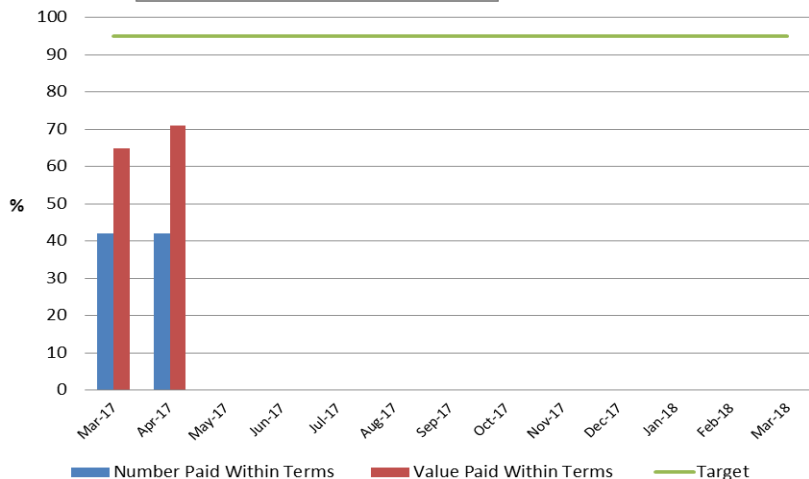
Aged Receivables 2017-18



Aged Payables 2017-18



Annual BPPC Performance



Note

- The April debt position reduced as aged NHS debt was recovered following the end of the year. However, the Non NHS debt and the over 90 Day element, increased as local government debt and Overseas Patient income aged further.
- The overall Payables position has decreased during April as the Trust utilised the cash balances from 31st March 2017 to settle debt. The overall levels remain high as the Trust continues to manage cash pressures. The overall level of over 90 days liability reduced as NHS debts were settled.
- 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.

TRUST BOARD

DOCUMENT TITLE:	Planned Care Production Plan 2017.18 – P01 update & outlook
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance Director
AUTHOR:	Yasmina Gainer, Head of Performance Management
DATE OF MEETING:	1 June 2017

EXECUTIVE SUMMARY:**Purpose**

Delivery of planned care to time and budget is a cornerstone of the trust's financial plan for 2017.18. A detailed production plan has been established to deliver that and this is overseen by the Planned Care PMO which meets on a weekly basis and which is underpinned by respective GPOs.

Governance – Board 'tests'

An updated position against the four tests set by the Board is set out in the table below:

Board 'test'	Position statement
The Production Plan to be returned to the April Trust Board meeting with all specialities and confirmation of the outpatients position	There are no specialties with production plans outstanding. There is a residual £700k to be resolved such that the aggregate value of production plans aligns to the contract and financial plan target value. This is being resolved through the weekly PMO led by the COO and is mitigated through current over performance which will be forecast where anticipated to continue over the year. This will fully close the planned gap.
Consultants to agree and sign up to the production plan. Those who do not sign the plan are to meet with Mr Lewis and Dr Stedman to discuss their position.	Specialty production plans agreed with respective clinical directors and consultants for all specialties with the exception of orthopaedics. <u>Orthopaedics</u> The orthopaedic CD has confidence in a majority of the plan but the team are unable to provide numerical assurance in the productivity step up and alignment to scheduling in theatres. There are workforce challenges in registrar cover with 40% vacancies of which the mitigation plan is not finalised. The team are representing the numerical analysis and recruitment plans wc 29.5.17
Confirmation to be provided that general surgery and ophthalmology are able to meet their activity projections.	Both specialties have production plans which align with their annual targets. There is on-going work to finalise the granular level phasing and

	which is not expected to compromise the full year plan.
Confirmation to be provided that the elective access arrangements are fit for purpose.	Further improvement noted and necessary but not sufficient. A proposal for a revised and fit for purpose booking structure and procedures has been developed and is with the new DCOO for planned care for finalisation and delivery.

Results

This report provides three things:

1. Final results for P01 April 2017 activity & expected SLA income
2. May forecast for P02 May 2017 activity & anticipated SLA income
3. June early predictions P03

April results Planned Care:

- Delivered activity ahead of plan [46,428 delivered units vs 44,927 planned – 1,501 ahead]
- Delivered income ahead of plan [£7.604m vs £7.481m - £123k ahead]
- Daycase and IP activity is below plan, propped up by OP news, follow ups in line with plan (see appendix for performance by speciality and trust level graphical presentation by POD vs plan)

May flash results Planned Care:

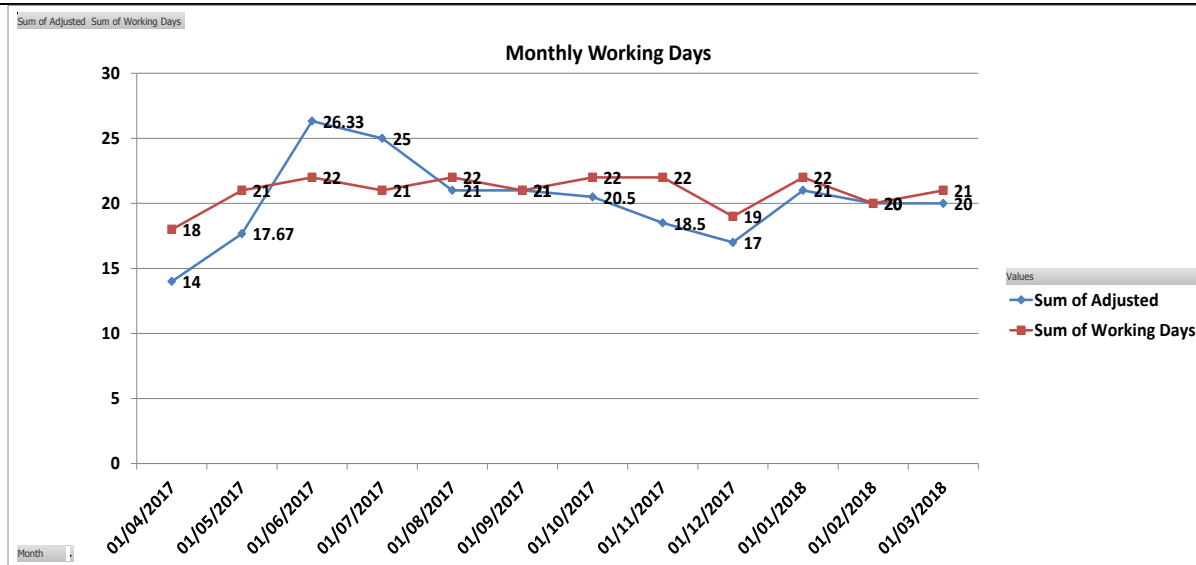
- Anticipated activity ahead of plan [56,130 anticipated delivery vs 50,427 planned] calculating presently a forecast £0.6m positive variance to plan.
- We are still in May so this projection may change if slots are cancelled, assumed walk-ins do not happen.

June early projections :

- c25,000 units of activity with value c£4.7m remain to be booked.
- This reinforces that further improvement is required in booking on a timely and complete basis including better compliance with the 8/6/4/2/0 discipline for theatre activity

Supporting information

Working Day Profiles 2017/18



Note: that June has a significant increase in working days countering the EPR downtime in Oct& Nov (June standard working days available 22, adjusted to 26.3). The working days activity profile below has been used in the production plan.

Governance – end to end production plan data assurance

Work has progressed and prima facie confirmed the coherence of end to end governance of the production plan process – from contract through production planning to booking to delivery to the reporting of actual results achieved. Further work is being undertaken on the back of P01 actual results to re-confirm that coherence and to close out any residual issues including specifically the £700k [0.5%] gap between production plan and contract value.

Specific work has been on-going to validate:

- the activity & income plans used in the production plan match and are comparable to the CCG activity & income plan on an annual level. The validation has identified a small gap of £0.7m between the two plans, which can be mitigated as we go through the year and fine-tune the differences. This reassures that we are tracking the right targets. There are small, monthly phasing differences and this will be worked through to ensure that it matches fully the service delivery phasing.
- The production plan is appropriately uplifted by a service specific DNA rate to stimulate over-booking therefore and as a minimum the plans are delivered.
- The production plan counts 'activity' retrospectively and prospectively. For weeks which have completed, attended patients are counted, for weeks ahead booked patients + walk-ins + cancer 2WW assumed are counted.
- Ongoing meetings with the service to support their contractual management are in place supported by the Deputy COO, Planned Care.

Attachments:

1. April final results Planned Care - summary

REPORT RECOMMENDATION:

The Board is recommended to note the report and to require that results are reported routinely to the Finance & Investment Committee until such time as it is assured as to the robustness of production plan

& delivery.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

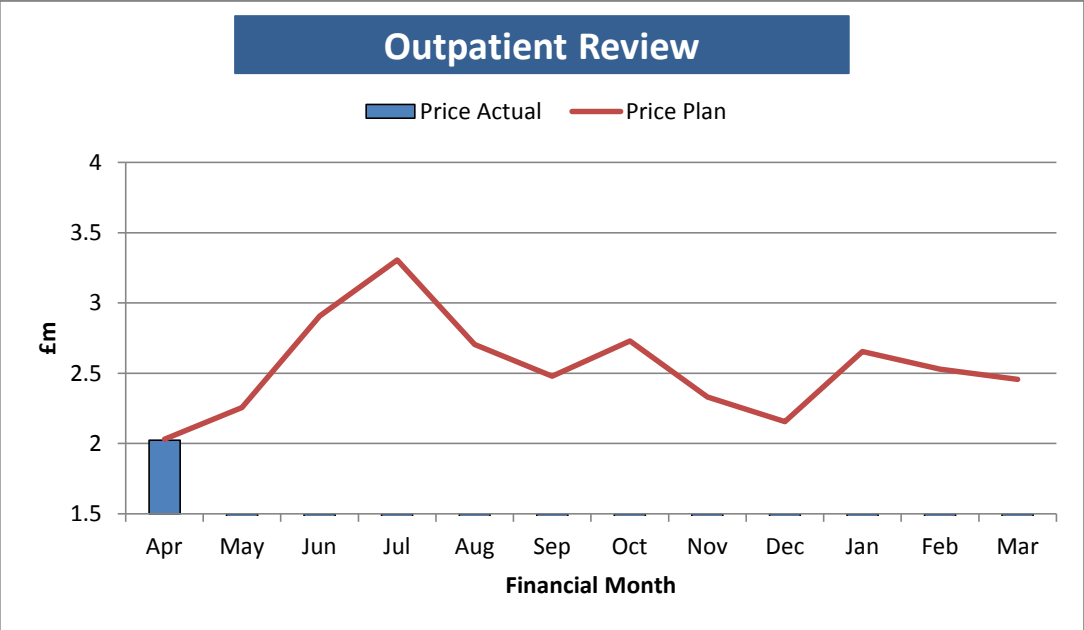
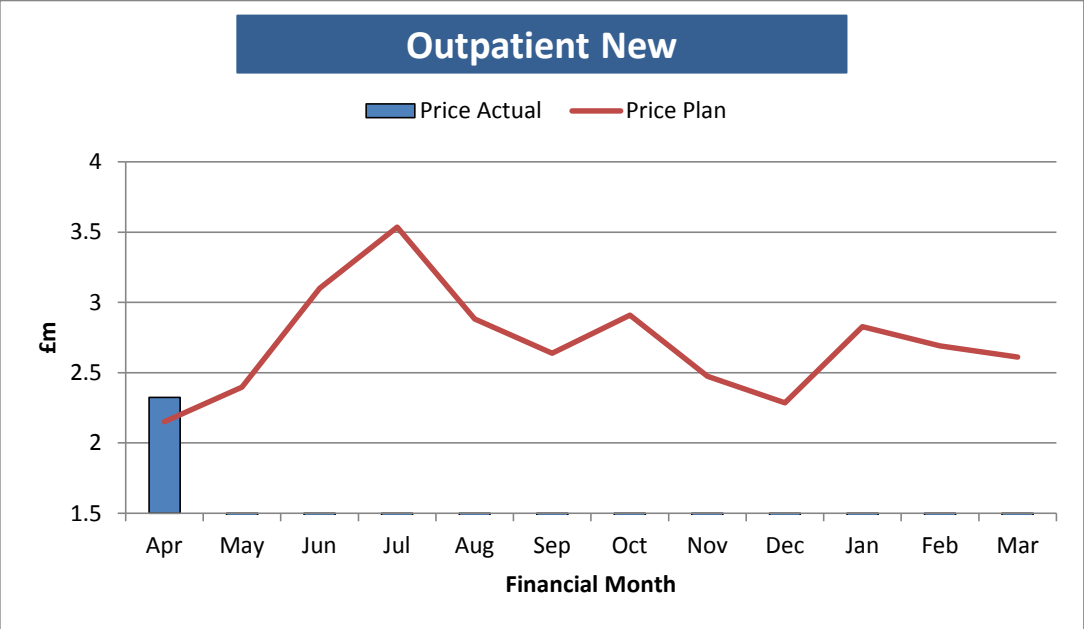
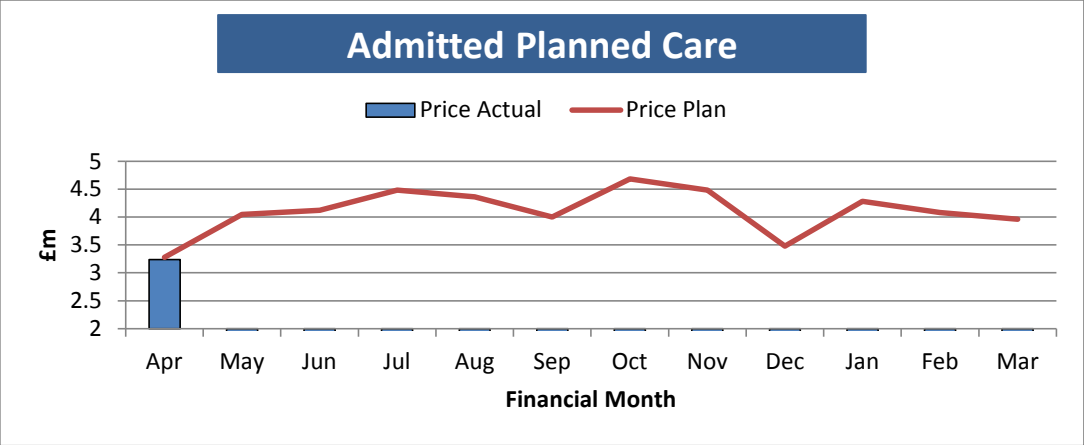
Comments:

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

Excellence in the use of resources.
Sustainable finances

PREVIOUS CONSIDERATION:

Production plan development & plan considered at FIC, Board



Group Name	Spec Group Description	POD Group Code 12	Activity Plan	Activity Actual	Activity Diff	Price Plan Inc MFF	Price Actual Inc MFF	Price Diff Inc MFF	
Imaging	Interventional Radiology	DC	21	29	8	£17,265	£20,529	£3,264	
		EL	1	0	-1	£1,120	£0	£-1,120	
		OP New	5	2	-3	£376	£282	£-94	
		OP Review	1	0	-1	£45	£27	£-18	
Imaging Total		28	31	3	£18,807	£20,838	£2,031		
Medicine & Emergency Care	Cardiac Rehabilitation	OP New	130	115	-15	£9,394	£8,462	£-932	
		OP Review	1,537	1,638	101	£77,583	£76,091	£-1,492	
		OP Telephone	21	0	-21	£486	£289	£-197	
	Cardiology	DC	127	104	-23	£217,673	£161,317	£-56,356	
		EL	14	15	1	£32,628	£38,397	£5,769	
		OP New	401	453	52	£60,609	£69,357	£8,748	
		OP Review	1,015	1,124	109	£83,218	£90,971	£7,753	
		OP Telephone	16	51	35	£367	£703	£336	
	Cardiothoracic Surgery	DC	-0	0	0	£-28	£0	£28	
		OP New	6	6	0	£2,181	£2,316	£135	
		OP Review	11	16	5	£1,718	£2,416	£698	
	Clinical Haematology	DC	293	315	22	£137,183	£150,381	£13,197	
		EL	17	19	2	£26,527	£30,266	£3,739	
		OP New	127	121	-6	£33,506	£32,172	£-1,333	
		OP Review	672	752	80	£82,037	£91,124	£9,087	
		OP Telephone	57	46	-11	£1,322	£1,215	£-106	
	Clinical Neuro-Physiology	OP New	164	278	114	£44,469	£56,881	£12,412	
		OP Review	9	6	-3	£970	£846	£-124	
	Clinical Pharmacology	EL	3	6	3	£5,943	£8,842	£2,899	
		OP New	0	0	-0	£23	£14	£-9	
		OP Review	10	16	6	£761	£961	£200	
	Gastroenterology	DC	75	98	23	£36,642	£42,188	£5,545	
		EL	7	9	2	£10,790	£8,783	£-2,006	
		OP New	760	849	89	£262,063	£283,250	£21,186	
		OP Review	401	373	-28	£27,776	£27,358	£-417	
		OP Telephone	86	96	10	£1,989	£2,069	£80	
	Geriatric Medicine	DC	0	2	2	£10	£679	£669	
		EL	-0	0	0	£-18	£-1	£17	
		OP New	36	32	-4	£8,819	£8,087	£-732	
		OP Review	60	45	-15	£8,086	£6,075	£-2,010	
		OP Telephone	5	3	-2	£3,409	£1,143	£-2,266	
	Nephrology	DC	5	3	-2	£3,409	£1,143	£-2,266	
		EL	0	0	-0	£0	£0	£-0	
		OP New	27	36	9	£7,080	£9,579	£2,499	
		OP Review	75	75	0	£8,992	£9,054	£61	
	Neurology	DC	7	0	-7	£3,410	£11	£-3,399	
		EL	0	1	1	£534	£734	£200	
		OP New	252	288	36	£56,634	£58,285	£1,651	
		OP Review	321	301	-20	£30,874	£28,408	£-2,466	
		OP Telephone	86	96	10	£1,989	£2,069	£80	
	Respiratory Medicine	DC	28	4	-24	£15,363	£3,411	£-11,952	
		EL	2	3	1	£3,489	£8,769	£5,280	
		OP New	241	368	127	£54,197	£91,399	£37,202	
		OP Review	440	420	-20	£67,029	£51,364	£-15,665	
		OP Telephone	86	96	10	£1,989	£2,069	£80	
	Medicine & Emergency Care Total		7,455	8,084	629	£1,425,736	£1,463,665	£37,929	
	Pathology	Allergy	OP New	16	21	5	£8,854	£9,867	£1,013
			OP Review	10	6	-4	£3,550	£2,999	£-551
		Anticoagulant Service	DC	3	0	-3	£1,414	£0	£-1,414
			OP New	25	28	3	£3,299	£3,166	£-133
		Chemical Pathology	OP Review	3,573	3,398	-175	£121,962	£108,611	£-13,352
			DC	11	9	-2	£8,206	£5,930	£-2,276
EL			1	2	1	£1,071	£1,044	£-27	
OP New			69	73	4	£15,066	£15,341	£275	
Clinical Immunology		OP Review	108	216	108	£16,313	£22,559	£6,246	
		DC	91	103	12	£33,622	£39,622	£6,000	
		EL	0	0	-0	£76	£0	£-76	
		OP New	85	108	23	£39,699	£44,325	£4,627	
		OP Review	63	66	3	£23,149	£23,850	£701	
OP Telephone		0	10	10	£0	£92	£92		
Pathology Total			4,054	4,040	-14	£276,280	£277,406	£1,126	
Surgical Services		Anaesthetics	OP New	44	55	11	£7,204	£8,911	£1,707
	OP Review		0	0	-0	£7	£0	£-7	
	Audiology	OP New	1,948	2,133	185	£118,790	£124,464	£5,674	
		OP Review	562	624	62	£93,367	£99,220	£5,853	
	Breast Surgery	DC	69	41	-28	£119,207	£83,829	£-35,378	
		EL	7	5	-2	£23,184	£10,465	£-12,719	
		OP New	335	470	135	£65,942	£94,851	£28,908	
		OP Review	370	388	18	£30,235	£35,300	£5,065	
	Clinical Psychology	OP New	4	9	5	£271	£416	£145	
		OP Review	1	3	2	£45	£86	£41	
	Critical Care Medicine	OP New	4	2	-2	£264	£208	£-56	
		OP Review	0	1	1	£0	£20	£20	
	ENT	DC	86	53	-33	£85,692	£49,851	£-35,841	
		EL	33	37	4	£61,192	£71,383	£10,191	
		OP New	750	653	-97	£85,571	£75,513	£-10,058	
		OP Review	624	516	-108	£43,159	£34,094	£-9,065	
	General Surgery	DC	143	160	17	£189,472	£199,751	£10,279	
		EL	66	73	7	£189,698	£197,164	£7,466	
		OP New	689	806	117	£120,543	£149,951	£29,407	
		OP Review	728	774	46	£46,017	£45,140	£-877	
		OP Telephone	6	1	-5	£147	£96	£-50	
	Medical Ophthalmology	OP New	15	7	-8	£1,450	£800	£-649	
		OP Review	47	70	23	£4,374	£5,467	£1,094	
		OP Telephone	17	5	-12	£380	£274	£-106	
	Ophthalmology	DC	571	579	8	£462,758	£472,233	£9,475	
		EL	30	53	23	£45,882	£65,241	£19,359	
		OP New	2,769	2,799	30	£418,549	£422,532	£3,983	
		OP Review	7,786	8,226	440	£497,853	£546,190	£48,337	
		OP Telephone	5	51	46	£104	£621	£517	

Group Name	Spec Group Description	POD Group Code 12	Activity Plan	Activity Actual	Activity Diff	Price Plan Inc MFF	Price Actual Inc MFF	Price Diff Inc MFF	
Surgical Services	Optometry	OP New	57	39	-18	£4,025	£3,540	-£485	
		OP Review	390	428	38	£19,274	£19,838	£564	
	Oral Surgery	DC	229	196	-33	£121,790	£105,065	-£16,725	
		EL	-0	0	0	-£10	-£0	£10	
		OP New	247	244	-3	£33,121	£32,685	-£436	
	Orthoptics	OP Review	106	83	-23	£6,749	£5,207	-£1,542	
		OP New	69	30	-39	£4,881	£3,809	-£1,072	
		OP Review	108	77	-31	£5,271	£4,668	-£602	
	Orthotics	OP New	189	192	3	£26,551	£26,643	£92	
		OP Review	218	121	-97	£21,398	£17,542	-£3,856	
	Pain Management	DC	177	210	33	£95,387	£113,174	£17,786	
		OP New	214	215	1	£41,861	£40,791	-£1,070	
		OP Review	143	219	76	£11,202	£15,773	£4,571	
	Plastic Surgery	DC	0	39	39	£1	£43,033	£43,032	
		EL	-0	9	9	-£0	£18,477	£18,477	
		OP New	138	32	-106	£18,456	£4,257	-£14,199	
	Trauma & Orthopaedics	OP Review	300	181	-119	£17,682	£14,597	-£3,085	
		DC	199	132	-67	£324,141	£225,935	-£98,206	
		EL	71	57	-14	£310,747	£292,532	-£18,215	
		OP New	958	1,038	80	£149,101	£161,938	£12,836	
		OP Review	1,210	1,068	-142	£81,828	£73,826	-£8,002	
	Urology	DC	93	91	-2	£58,222	£54,755	-£3,467	
		EL	82	71	-11	£134,888	£128,973	-£5,915	
		OP New	422	391	-31	£76,240	£71,654	-£4,587	
	Vascular Surgery	OP Review	903	864	-39	£84,069	£85,280	£1,211	
		DC	21	18	-3	£21,560	£22,000	£440	
		EL	0	0	-0	£8	£0	-£8	
		OP New	132	85	-47	£24,955	£15,404	-£9,551	
		OP Review	159	159	0	£14,264	£13,432	-£832	
	Surgical Services Total			24,542	24,883	341	£4,419,018	£4,408,897	-£10,122
Women's & Child Health	Community Paediatrics	OP New	5	21	16	£1,128	£2,630	£1,502	
		OP Review	0	0	0	£0	£0	-£0	
	Genito-Urinary Medicine	OP New	344	425	81	£48,897	£56,278	£7,381	
		OP Review	157	212	55	£12,435	£14,882	£2,447	
	Gynaecological Oncology	DC	7	10	3	£5,388	£5,741	£354	
		EL	33	52	19	£123,188	£211,846	£88,658	
		OP New	43	50	7	£5,875	£6,764	£889	
	Gynaecology	OP Review	117	143	26	£11,900	£15,135	£3,235	
		OP Telephone	15	0	-15	£343	£202	-£141	
		DC	91	92	1	£58,433	£54,945	-£3,487	
		EL	32	40	8	£64,427	£85,693	£21,265	
		OP New	625	744	119	£89,614	£106,206	£16,592	
	HIV	OP Review	450	468	18	£46,614	£46,035	-£579	
		OP Telephone	1	0	-1	£28	£17	-£11	
		OP New	2	0	-2	£745	£447	-£298	
	Neonatology	OP Review	54	32	-22	£16,469	£13,768	-£2,702	
		DC	-0	0	0	-£0	-£0	£0	
	Paediatric Diabetic Medicine	EL	0	0	-0	£161	£0	-£161	
		OP New	39	34	-5	£8,450	£7,949	-£501	
		OP Review	27	17	-10	£3,062	£2,613	-£449	
		OP New	1	2	1	£216	£559	£343	
	Paediatric Neuro-Disability	OP Review	1	5	4	£158	£917	£759	
		OP New	31	39	8	£6,647	£7,320	£673	
	Paediatrics	OP Review	97	103	6	£12,716	£12,851	£135	
		DC	54	57	3	£30,737	£32,331	£1,593	
		EL	22	25	3	£12,715	£17,651	£4,936	
		OP New	284	259	-25	£59,576	£55,069	-£4,507	
		OP Review	566	486	-80	£73,272	£67,131	-£6,141	
		OP Telephone	1	17	16	£32	£175	£143	
	Women's & Child Health Total			3,099	3,333	234	£693,224	£825,153	£131,929
Primary Care, Community and Therapies	Dermatology	DC	138	165	27	£81,880	£97,563	£15,683	
		EL	0	0	-0	£4,396	£33	-£4,363	
		OP New	535	504	-31	£71,318	£64,598	-£6,720	
	Diabetic Medicine	OP Review	1,340	1,400	60	£89,764	£106,657	£16,894	
		OP New	76	72	-4	£15,877	£13,014	-£2,863	
		OP Review	346	344	-2	£28,398	£24,709	-£3,689	
	Dietetics	OP Telephone	5	7	2	£114	£125	£11	
		OP New	10	27	17	£680	£1,158	£479	
	Endocrinology	OP Review	22	17	-5	£1,067	£969	-£98	
		OP New	61	64	3	£13,311	£14,875	£1,563	
	Physiotherapy	OP Review	213	197	-16	£20,049	£18,120	-£1,929	
		OP New	17	269	252	£1,212	£8,355	£7,143	
	Physiotherapy - FES	OP Review	934	946	12	£45,734	£45,870	£137	
		OP New	4	0	-4	£252	£148	-£103	
	Podiatry	OP Review	16	0	-16	£802	£477	-£325	
		OP New	4	1	-3	£281	£188	-£94	
		OP Review	88	41	-47	£4,324	£3,395	-£929	
	Rheumatology	OP Telephone	4	0	-4	£87	£52	-£35	
		DC	106	110	4	£42,867	£48,621	£5,755	
		EL	1	1	0	£493	£4,262	£3,769	
		OP New	155	181	26	£39,497	£45,677	£6,179	
	Speech And Language Therapy	OP Review	991	934	-57	£104,722	£88,769	-£15,953	
		OP Telephone	626	702	76	£14,392	£15,079	£687	
		OP New	1	16	15	£52	£481	£429	
	Clinical Genetics	OP Review	48	59	11	£2,350	£2,565	£215	
		OP New	7	0	-7	£4,169	£2,501	-£1,667	
	Primary Care, Community and Therapies Total			5,748	6,057	309	£588,085	£608,264	£20,179
	Grand Total			44,927	46,428	1,501	£7,481,072	£7,604,224	£123,152

Performance Against Production Plan Target Value for Apr-17 £7,352,270 £7,604,224 £251,953

Plan Variance (Contracts Database v Production Plan) £128,801

TRUST BOARD					
DOCUMENT TITLE:		2016/17 Never Events: action plan review			
SPONSOR (EXECUTIVE DIRECTOR):		Kam Dhami, Director of Governance			
AUTHOR:		Allison Binns, Assistant Director of Governance			
DATE OF MEETING:		1st June 2017			
EXECUTIVE SUMMARY:					
<p>This report provides the Board with a reminder of the Trust’s response to the four Never Events which occurred between April 2016 and March 2017, in Maternity, Trauma & Orthopaedics, Ophthalmology and Gynaecology. In all four incidents no harm resulted for the patients and full disclosure was made to them immediately in line with ‘duty of candour’ obligations. Where relevant additional information has been included in relation to the delivery of the agreed actions.</p> <p>On-going monitoring will continue through various ways, including clinical audit reviews, in-house inspections, KPIs, observations, patient feedback, to ensure sustained delivery.</p>					
REPORT RECOMMENDATION:					
<p>RECEIVE and NOTE updates from Executive Directors for Never Events which occurred between 2016 and 2017.</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:					
Safe High Quality care					
PREVIOUS CONSIDERATION:					
Never Event investigation reports, including actions plans, have previously been received by the Board.					

Trust Response to Never Events occurring in 2016/17

1. Retained item at surgery

Incident date	Department/Ward	Lead Investigator
08.06.16	Maternity Labour Ward	Dr J Bleasdale, Anaesthetist

Incident synopsis:

A retained vaginal pack was discovered on delivery suite at City hospital on the 08.06.16 when the patient self-referred 3 days post emergency lower segment caesarean section.

Incident investigation synopsis:

There were a number of opportunities to avert this incident. Problems with the supply of large packs meant these were not available necessitating the use of an alternative. It is also unusual practice but not uncommon to use more than one vaginal pack following obstetric operations. Despite correctly documenting that there were two retained vaginal packs in situ on both the white board in theatre and in the theatre care plan, this did not translate onto the operation notes, the electronic patient record or verbally during handovers.

What have we done to prevent the incident from occurring again?

1. All throat packs from Maternity theatres were removed immediately. The requirement for large pack availability was escalated to the Specialty Theatre Manager & Stores immediately and actioned.
2. Reflections and learning from the incident was discussed at the Obstetric QIHD, attended by a multi-disciplinary group of 62 staff. Additionally, an instruction was issued by the Clinical Director at the Consultants' Forum that midwives and medical staff MUST access documentation at the time of pack removal.
3. Following a successful trial of the use of fluorescent wristbands in gynaecology and maternity (1 wristband per vaginal pack) as a visual alert to ensure all packs are removed when relevant, these have been introduced and are being used in all theatre specialties.
4. A process for completion of the operation sign-out was developed and introduced, so staff document when packs, balloons etc are to be removed, in conjunction with use of wristbands. As part of the new guidance, if more than 1 pack is used it MUST be tied together.
5. The incident was discussed and highlighted at various meetings and forums over a month to highlight documentation and handover issues and a standardised process for handover (i.e. use of SBAR) was discussed with all staff

Further local actions re contributory factors:

6. A system for notifying theatre leads when there is a supply issue and approved alternatives was agreed with the Specialty Theatre lead. All bar codes for maternity theatre stock have been provided and 'packs' are bar-coded. They now also state what the packs are so it is clearly visible. This system is working well and there is an earlier point in the stocking process which flags when supplies are running short, together with an effective communication book.
7. Further training has been provided to both doctors and midwives within Obstetrics and standard operating procedures (SOP) developed for correct completion of Badgernet (maternity electronic patient record) for intra-partum and triage stages.

2. Retained item at surgery

Incident date 01.09.16	Department/Ward Trauma & Orthopaedic Theatres	Lead Investigator Mr A Tyagi, Ophthalmologist
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Incident synopsis:

A retained drill guide used as part of an open reduction internal fixation (ORIF) of the left humerus operation in Theatre 4, Sandwell General Hospital on 29.6.16 was left in situ.

Incident investigation synopsis:

Although the operation was straight forward it was recognised that the fracture was large and that the drill guide became obscured by the muscle. The instrument count did not identify that there was an item missing which led to it being left in the patient when it should have been removed. As the drill guide is made from the same material as the 'plate', there should not be any adverse complication from leaving it place until the fracture has healed.

What have we done to prevent the incident from occurring again?

1. A surgical pause introduced for the operating team to thoroughly review x-ray images and positively identify that the images are for the correct patient is now part of the WHO checklist during 'time-out'. It has been cascaded to all Directorates, all surgeons and all theatre staff directly. This is audited on a monthly basis as part of the WHO surgical checklist audit. Data for April 2017 shows 100% compliance with the snapshot done.
2. The scrub nurses that complete the instrument count visually confirm each item during the count.
3. All basic trays have been standardised. Some of the more complex trays have not been standardised due to costs and remain on the risk register.
4. The next patient on the operating list will not be sent for until the final count is completed. Process clarified to ALL the surgeons, anaesthetists and theatre staff directly.
5. The case was discussed at the September 2016 Theatre QIHD for shared learning where 43 members of theatre staff attended.

3. Wrong site surgery

Incident date
03/11/16

Department/Ward
Ophthalmology

Lead Investigator
Dr J Bleasdale, Anaesthetist

Incident synopsis:

On 3 November 2016 during an afternoon session, two patients with similar names and dates of birth attended the Birmingham and Midlands Eye Hospital (BMEC) Outpatients.

Patient 1 was attending an outpatient's review clinic and patient 2 required Lucentis injections in each eye.

When Patient 2 was called for their injection Patient 1 stood up and went into the room. The operator in the room had a temporary copy of the notes for Patient 2. Patient 1 was consented for the procedure, using the details of Patient 2, and bilateral injections were performed in accordance with normal procedure – including WHO checklist and pause for procedure confirmation and SOP stamp. Following the injections Patient 1 was sent home.

At about the same time Patient 1 was called for visual acuity tests and Patient 2 stood up and went into the room. Patient 2 then had a visual acuity test and eye drops and was sent for, and had, an OCT scan, none of which were necessary.

At approx. 5.30pm, Patient 2 notified the nurse in charge that they had been waiting for their injections. The nurse explained that the injection list had finished, apologised and said they would be contacted with another date for their injection.

Incident investigation synopsis:

This incident occurred following an accumulation of environmental (timing, co-location and busy clinic) and human (distraction and pressure error) factors. However, the fundamental error was a failure to positively identify Patients 1 and 2 at any stage during their visit to BMEC Outpatients.

What have we done to prevent the incident from occurring again?

1. The process for correct positive patient identification has been reinforced to all staff.
2. A process whereby staff retrieving patients from a waiting area positively identify patients has been implemented and is monitored through observational audits on a monthly basis. Results show 100% compliance to date.
3. Develop a process whereby patients undergoing an invasive procedure (injections or laser treatment) in outpatients are issued with a patient identification wristband at clinic registration.
4. The Injection Clinic Waiting Room has been isolated from the other waiting areas and patients for injections are directed straight to that area.
5. The consent process has been strengthened so that:
 - No consent is taken on the day for patients having their first injection
 - For patients having subsequent injections consent can be on the day only after confirmation with a Consultant.
6. The Injection Clinic SOP has been updated and the checking process shared with learning from main BMEC theatres serious incidents.

NB: The feasibility of the electronic self-check-in system recognising two patients with the same surname attending outpatients for the same session has been assessed and is not possible.

4. Retained item at surgery

Incident date
11.01.2017

Department/Ward
Gynaecology

Lead Investigator
Dr J Bleasdale, Anaesthetist

Incident synopsis:

A patient returned to the Gynaecology clinic following emergency surgery five weeks previously at which point a retained ribbon gauze pack was identified that should have been removed prior to discharge from hospital following surgery.

Incident investigation synopsis:

Actions were taken following the last retained swab Never event (July 2016) including a change in policy and procedures to include the use of coloured wrist bands to indicate deliberately retained swabs following surgery. In this instance that policy change was fully followed by the surgical team – the nature and position of the retained swab was documented in the notes and the wrist band was in place. The staff member that prepared the patient for discharge removed the wrist band when she believed the pack to have either already fallen out or been removed.

The investigation identified a number of factors that contributed to this human error:

- Practice regarding the use of retained packs in this particular procedure varies between practitioners and also depending on clinical circumstances – therefore the use of ribbon gauze in this procedure is not consistent
- The member of staff that made the error was aware of the policy change – however was not fully briefed regarding the detail, due to being a regular night shift worker. This led to overlooking policy detail – including the requirement for 2 staff members to be involved in removing packs.
- The changes to the ‘Safer Surgery Policy’ had been ratified by the Theatres Board however the new policy had not been uploaded onto the intranet.

What have we done to prevent the incident from occurring again?

1. Introduced a policy that clearly demonstrates the number of packs intentionally left in the patient at the end of a surgical procedure that will need to be removed at a later time. The key stages of the revised process are:
 - During the procedure: the surgeon and the scrub nurse or midwife discuss and confirm that pack/packs will be left in situ at the end of the procedure and the number of packs involved.
 - At “Sign Out”: the team agree the number of packs left in situ and then a member of staff attaches a luminous wrist band to the patient’s arm for EACH and EVERY pack left in situ and that number of band (s) is confirmed with the scrub nurse/midwife once attached. The number must then be recorded in both the theatre care plan and the operation note. Each and every pack is recorded even if tied together. The date of removal of the packs must be recorded by the operative surgeon on the operation note and post-op plan. Their sole purpose is to have an external record of the number of packs in situ.
 - At removal of the pack(s): as each pack is removed they must be counted as “1” – then one band cut and kept with the pack. “2” and the second band cut and kept with the pack etc. until all the packs have been removed and checked with the number of wrist bands. The number removed and checked should be recorded on the operation note and scrub count record. The packs must always be removed with two people present – one person to remove the pack and one person to remove the band and put with the pack. The number removed and by whom must be recorded in the notes and countersigned.
 - If the band(s) are removed for venous access they must be immediately replaced on the other arm and the numbers re-confirmed.

- No patient is allowed to leave the hospital with the luminous wrist bands still in place.
- 2. Permitted the use of ribbon gauze as clinically indicated but stopped use of Jelonet and blue gauze.

TRUST BOARD

DOCUMENT TITLE:	Improving A&E performance
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow Chief Operating Officer
AUTHOR:	Rachel Barlow Chief Operating Officer
DATE OF MEETING:	24 th May 2017

EXECUTIVE SUMMARY:

In April 2017 the Trust ED performance as measured against the 4 hour standard was 84.95%. May to date performance has deteriorated to 81.21%; the scale of improvement challenge has increased. The trajectory to reach that includes a marked step up in performance in July 2017 to 90% as measured against the 4 hour standard which is equivalent to 60 fewer breaches a day compared to the first 3 weeks of May.

The scale of challenge is related in the main to the patient discharge outflow and internal professional standards. The improvement design is complete for our first of 2 urgent care challenge weeks which will specifically focus internal ED and speciality professional standards practiced consistently.

The paper provides an update on progress and preparedness for improvement and show how the team will measure success. A supportive coaching rota of senior clinical and non-clinical leaders will support the behavioural and cultural changes over implementation.

REPORT RECOMMENDATION:

The Trust Board are asked to note and discuss

- progress
- risks and mitigation
- the role of trust board members in the improvement approach

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		x

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

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

Comments:

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

Accessible and responsive care objective,

PREVIOUS CONSIDERATION:

Previous Trust Boards

Improving A&E performance

1.0 Introduction

In April 2017 the Trust ED performance as measured against the 4 hour standard was 84.95%. May to date performance has deteriorated to 81.21%, the scale of improvement challenge has increased. By March 2018 the Trust ED performance is required to be at 95% measured against the 4 hour target, which is equivalent to 90 fewer breaches a day per Trust compared to the first 3 weeks of May. The trajectory to reach that includes a marked step up in performance in July 2017 to 90% as measured against the 4 hour standard which is equivalent to 60 fewer breaches a day compared to the first 3 weeks of May.

The scale of challenge is related in the main to the patient discharge outflow and internal professional standards; whilst attendances and admissions over the course of a week and month are stable, discharges from our wards have decreased by 6 a day across our medical bed base compared to March. Specialties report high acuity and the number of frail patients requiring in-patient therapy treatment prior to a transfer to intermediate care has increased by circa 30%. In week ambulance and overall attendance activity variances remains a challenge with up to 30% above prediction on occasions being challenging. However, we must remain focussed on the internal opportunity of improvement in our ED's, speciality responsiveness and address the shortfall in discharge flow.

This paper updates the board on progress in our improvement activities;

2.0 The new ophthalmology urgent care pathway has been put in place which diverts appropriate patients to booked urgent care clinics, facilitating patient pathways to the right clinical teams. The decrease in reportable ED patient activity has had an impact of 2% on Trust level 4 hour ED performance and is the second contributory factor to the decrease in performance since April. The ophthalmology urgent care pathway is now in its 3rd week of implementation; clinics have >95% utilisation, no patients are transferred from ED to the ward out of hours for continued assessment and treatment which is a significant improvement in patient experience. Initial teething problems identified during implementation include a mismatch in pre-triage capacity and triage staff, causing a delay in this first stage of the pathway at peak times. There have been some 4 hour breaches in the ED pathway that resulted from a misalignment in demand, acuity and failure to reallocate staff to ED stream. The multi professional leadership team have a daily PMO (in a patient facing environment) where they analyse key measurable standards of success. Where these have fallen short, there has been a PDSA (plan, do, study, act) approach to refining how the team work and initiating incremental improvements. We will formally evaluate this implementation in July.

3.0 July 2017: Achieving 90% 4 hour performance – 60 fewer patients waiting over 4 hours from arrival in ED

There are 8 main improvement areas to be delivered in advance on July 2017:

An Urgent Care Challenge week led by Deputy COO Phil Holland starts week commencing 29th May which will oversee implementation.

Improvement area	Progress
1.Increasing the substantive workforce by June 2017	On track with 2 of the 3 consultants already in post.
2.Increase capacity in ED through different use of space in May 2017 – 20% increase in capacity at Sandwell from mid-May through using space differently	Delay in full scheme implementation due to availability of contractors for the final part of this work. New expanded ambulance assessment area open. Anticipated to fully complete works by 4.6.17
<i>The combination of 1 and 2 will contribute to a reduction of 10 breaches a day.</i>	
3.Enact consistent professional standards in ED in June	<ul style="list-style-type: none"> Under the leadership of Phil Holland Deputy COO

<p>2017– this requires the role of consultant and shift leader to be practiced with consistency. <i>This improvement focus will contribute to a reduction of 10 breaches a day.</i></p>	<p>for Urgent Care, implementation of these standards will be during urgent care challenge week commencing 29/5/17. Situational coaching will be in place with a regular PMO measuring how we are performing for each standard from 10am-10pm daily to oversee implementation and improvement. There will also be a daily learning event with staff.</p> <p>In preparedness the following is completed:</p> <ul style="list-style-type: none"> • Rapid assessment and treatment model agreed. • Evidence of staffing rotas to support 10am-10pm service. • KPIs agreed for all professional standards – see appendix 1. • Comms’ and engagement sessions in place with individual members of staff in ED and the Out of Hours site team. • Visual management boards in place in all EDs.
<p>4.Enact consistent professional standards within specialities in June 2017 – speciality doctors should always respond to referral request within 30 minutes and accept the ED decision to admit to specialty. The patient should be admitted within 20 minutes of that decision. <i>This improvement focus will contribute to a reduction of 10 breaches a day.</i></p>	<p>Implementation will be led through the same urgent care challenge week.</p> <ul style="list-style-type: none"> • All surgical pathways reviewed and reaffirmed with clinical and operational teams. • These pathways are published and key ones visible within the ED. • KPIs agreed for all pathways – see appendix 1 – which will be measured through a regular PMO activity.
<p>5.Strengthening ambulatory care in June 2017 to avoid admission and reduce demand in ED <i>This improvement focus will contribute to a reduction of 10 breaches a day.</i></p>	<p>Project team in place with defined improvement scope using the Trust improvement approach. Engagement with Primary Care in redesign. <i>Project on track to try out improvement end of June in a second improvement week.</i></p>
<p>6. Implement a ‘pull admitting model in June 2017 ‘from the assessment units to the wards. <i>This improvement focus will contribute to a reduction of 10 breaches a day.</i></p>	<p>Modelling complete and project group forming. Engagement with clinical leads ongoing and theme at leadership conference.</p> <p><i>Next step – complete design process to pilot end of June in a second improvement week.</i></p>
<p>7.Focus on discharge planning and length of stay reduction <i>This improvement will contribute to a reduction of 11 breaches a day.</i></p>	<p>Call to arms for clinical ward teams to meet discharge goals across the week and focus on red to green improvement activities to reduce LOS. Support through buddy system to be commissioned to support local ward level improvement with concentration on older people’s wards. 7 day and 14 day LOS reviews and pilot new approach to weekend discharges with TTO doctor. Consistency of care programme underpins team development to lead improvement.</p> <p><i>Next steps – review 7 day ADAPT joint health and social care pathway. Seek assurance on transport availability which contribute to failed discharges</i></p>
<p>8.Incoming key leadership appointments will increase</p>	<p>New starters in post:</p>

<p>the capacity to implement and sustain improvement.</p>	<p>Michelle Harris - Director of Operations for Medicine and Emergency Care Phil Holland - Deputy COO for Urgent Care Liz Miller - Directorate General Manager Emergency Care</p>
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4.0 March 2018: Achieving 95% 4 hour performance –92 fewer patients waiting over 4 hours from arrival in ED

There are 7 further improvement themes over Quarter 2 and Quarter 3:

1. **Workforce - create a high performing team** – by March we aim to fully recruit to a substantive workforce and ensure clinical leadership is right for the future. This is about ensuring the right clinicians are in the right jobs and situational leaders have the competence to step up to the scale of MMH ED which will be one of the largest EDs in the country.
2. **Rightsizing community and social care bed base – this accounts for 28% of the improvement required to meet the 95% standard.** It involves successful commissioning of community beds to meet demand including non-weight bearing and neuro rehabilitation beds and social care beds including nursing homes and enhanced assessment beds.
3. **Continued improvement focus on internal patient pathways through going from red to green** - reducing length of stay; this will include expansion of the hot clinic model to support discharge ahead of winter
4. **Additional primary care appointments across a 7 day profile with direct booking for 111 and the Trust.**
5. **A reduction in ambulance conveyances (5 a day on each site) through additional no conveyance pathways.**
6. **Mental health diversion from ED through crisis care planning - improvement to be fully scoped.**
7. **Reduction in FTB long waits – escalation required and improvement approach to be fully scoped.**

Progress will be tracked through the external A&E delivery group as 5/7 improvement areas rely on partners to deliver.

5.0 Risks are known and mitigated where possible

- Failure to recruit clinical staff remains an ongoing risk given the national market, but recent recruitment and the midland metropolitan hospital will input into the future recruitment and marketing strategy.
- Impact on ED performance during EPR goes live – it is inevitable that ED performance will be temporarily impacted during EPR go live. Training and workforce plans will be in place to mitigate this impact as much as possible.
- Lack of community and social care beds to meet demand- this is in scope of the improvement approach though system wide A&E delivery group.
- Lack of engagement of key partners to deliver – to be managed through A&E delivery group, Commissioners and other external assurance meetings with regulators.

Rachel Barlow – Chief Operating Officer

24.5.17

Category	Core Indicators	Current Baseline	Metric	Target	29-May	30-May	31-May	01-Jun	02-Jun	Cumulative for Week
Initial Assessment within 15 minutes	% Within 15 minutes	TBC	%	100%						
	Number of patients with an initial assessment within 15 minutes		Number							
	Number of patients with an initial assessment over 15 minutes		Number							
	Number of patients streamed to appropriate ED Dept		Number							
	Number of patients referred directly to specialty assessment area (SAU, AMAA, PAU, EGAU, Urology or ENT)		Number							
	Number of patients deflected to another healthcare provider (Malling Health, GP, Pharmacy etc)		Number							
GP Referrals	Number of GP Referrals to ED		Number							
	Number of GP Referrals to ED transferred out or seen in ED within 30 minutes		Number							
	Number of GP Referrals to ED transferred out or seen in ED over 30 minutes		Number							
RAT Pathway followed for all Major patients 10am to 10pm	% of patients having RAT within 30 minutes	TBC	%	100%						
	Number of patients having RAT within 30 minutes		Number							
	Number of patients having RAT over 30 minutes		Number							
	Number of patients with no RAT completed		Number							
Patients seen by a senior clinician within 60 minutes of arrival	% of patients seen within 60 minutes	45%	%	80%						
	Number of patients seen within 60 minutes		Number							
	Number of patients seen over 60 minutes		Number							
Clinical Plan and Decision to admit within 2 hours	% of patients admitted with red dot within 2 hours		%	100%						
	Number of patients admitted		Number							
	Number of DTAs within 2 hours arrival		Number							
	Number of DTAs after 2 hours from arrival		Number							
Minors patients treated and discharged within 2 hours	% of patients treated and discharged within 2 hours		%	95%						
	Number of patients treated and discharged over 2 hours		Number							
	Number of minor patients that breached		Number							
	% of minor breaches		%	0%						
4 hour standard	Compliance against the 4 hour standard, and trajectory to 95%	83%	%	95%						
Specialty review within 30 minutes of referral	% of patients referred to specialty seen within 30 minutes		%	100%						
	Number of patients seen by specialty within 30 minutes of referral		Number							
	Number of patient seen between 30 and 60 minutes after referral		Number							
	Number of patients seen more than 60 minutes after referral		Number							
Urology Pathway - diagnostics within 1 hour	% of patients CTKUB within 1 hour of request		%							
Head Injury Pathway	% of CT positive patients admitted to T&O ward		%	100%						
	% of CT negative patients admitted to AMU		%	100%						
Gynaecology Pathway	Number of Gynae patients attending ED		Number	0						
Critical Care/Multi Specialty pathway	TBC									
Mental Health Pathway	% of mental health patients seen by Psychiatric team within 60 minutes		%	100%						
	Number of mental health patients seen by Psychiatric team in 60 minutes		Number							
	Number of mental health patients seen by Psychiatric team in over 60 minutes		Number							
Adherence to SOP	Regular departmental reviews held between Lead Consultant and Shift Coordinator		Y/N							
	Escalation triggers used as appropriate in alignment with SOP		Y/N							

TRUST BOARD

DOCUMENT TITLE:	Complaints & PALS report: 2016/17 Annual
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Karen Wood, Head of PALS & Complaints
DATE OF MEETING:	1 st June 2017

EXECUTIVE SUMMARY:

This report sets out details of Complaints and PALS enquiries received between 1 April 2016 and 31 March 2017.

The report provides high level data on PALS and Complaints, the reasons those complaints were made and work underway to improve complaints management.

In this year, it is reported that the complaints activity has increased, from 935 to 1026, and also shows that 81% (at the time of reporting) of complaints have been managed within their target date. Themes and outcomes remain consistent with previous quarters and show a continued focus on lessons learned, and quality responses that are caring, transparent, timely and responsive to the needs of complainants.

REPORT RECOMMENDATION:

The Trust Board is recommended to **DISCUSS** and **NOTE** the review of complaints handling in 2016/17.

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:

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

PREVIOUS CONSIDERATION:

None

Complaints and PALS

2016/17 Annual Report

WITH THANKS

Q1 2016/7

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

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

Q2 2016/17

Dear Kane Dhami,

I would like to thank you for your feedback on my complaint of 14th June concerning the behaviour of the phlebotomist at Rowley Regis Hospital.

Your letter showed me that you have dealt with our complaint in a sympathetic, positive and considerate manner. Although my wife's blood test was a routine one, it could have been in connection with a serious illness and the phlebotomist's attitude could have had more serious consequences. This consideration was the overriding reason for bringing the complaint for both my wife and myself.

Could you also pass on our thanks to Sukhvinder for her efforts and Anita Trustlove for her input.

Yours sincerely

Q3 2016/17



Thanks very much Helena, I'm emailing because as I said on the phone I really don't want to waste any more NHS time and money but just felt that it was important to give feedback on this occasion. Ironically, I was very impressed with how easy it was to provide the feedback – I had been delaying getting in touch as I was expecting to get drawn into an onerous bureaucratic system, but it was very ease to deal with you, and I thought you received my comments in a helpful and professional way

Q4 2016/17



I have received the most exceptional advice and assistance from your staff; Norma Bayliss and Trina Massi . They have been able to contact both the Ward Managers and Matrons for D26 and D16 as it is imperative that they are aware of the horrendous circumstances. Without Trina and Norma it would have been so difficult especially as I really thought I'd lost my Mom to incompetence. They are a real credit to your department and deserve the utmost praise. They made direct contact with the senior staff involved in order that I could speak with them and arrange meetings which has now been done.

I forward this for your attention and in this day and age when it is so easy to complain I know as a Police Officer how hard it is and we rarely get praise. I thank both Norma and Trina from the bottom of my heart for their care, compassion and complete professionalism which together have made a very difficult situation more bearable.

COMPLAINTS AND PALS: 2016/17

Annual data highlights

- 1. The total number of PALS concerns registered was 2592** compared to 2136 from the previous year, up by 456 from the previous year. Whilst many Groups saw a slight decrease, the most notable increase was in Medicine, with a 12% (83) increase in PALS concerns.
- 2. The total number of Complaints logged was 1176 compared to 1062**, an increase of 114 complaints across the year compared to 2015/16. 149 of these were withdrawn by the complainant at some point during the year leaving 1027 to manage, compared to 158 withdrawn in 2015/16 leaving 904 to manage.
- 3. The average number of days taken to resolve complaints was 31.05 days, compared to 38.12 in the previous year.** Q1 and Q2 of this year saw this average drop to 26 and 28 respectively with Q3 and Q4 performance no as strong.
- 4. Complaints per 1000 bed days to 3.0.** The highest rate was in Surgery at 5.6 and the lowest was 2.3 for Women and Child Health.
- 5. The complaints rate per 1000 FCE was 7.0.** Surgery were the Group with the highest rate at 17.2 and Women and Child Health are the lowest at 4.0.
- 6. The average number of days to respond to a complaint was 31.05 in 2016/17 compared to 38.12 in 2015/16.** This is against a Trust performance measure of 30 days and although the year average was over this, quarters 1 and 2 results were both below 30 at 28.73 and 28.66 respectively.
- 7. The three themes** that emerged out of complaints this quarter remain as in previous years and are **Clinical Care Outpatient appointments and Attitude of Staff**. Traditionally in that order, in Q4 2016/17 the Trust received more complaints about the attitude of staff, than they did about outpatient appointments.
- 8. 'Not Upheld' complaints made up 32% of closed complaints with 68% either upheld, or partially upheld.** This compares to 28% not upheld and 72% either upheld, or partially upheld in 205/16
- 9. Reopened cases totalled 168 in 2016/17, compared to 191 in 2015/16.** 7 of the cases that were reopened were because the Trust had failed to answer all of the issues covered in the complaint. The main reason why complaints were reopened in 2016/17 was that the response was disputed at 75% of cases.
- 10. There were 34 new PHSO enquiries** of the Trust in this quarter, and 22 were closed. Of those 22, 77% (17 were not upheld).
- 11. The fluctuation in the proportionality of how complaints split across the ethnicity of patients** has continued this year. 3% of complaints came from the Pakistani community against 11% demographic population and 9% patient population. A higher rate of complaints for the Black Caribbean community is again seen at 13% complaints, against a demographic population of 4% and a patient population of 6%.

COMPLAINTS AND PALS: 2016/17 ANNUAL REPORT

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INTRODUCTION

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

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

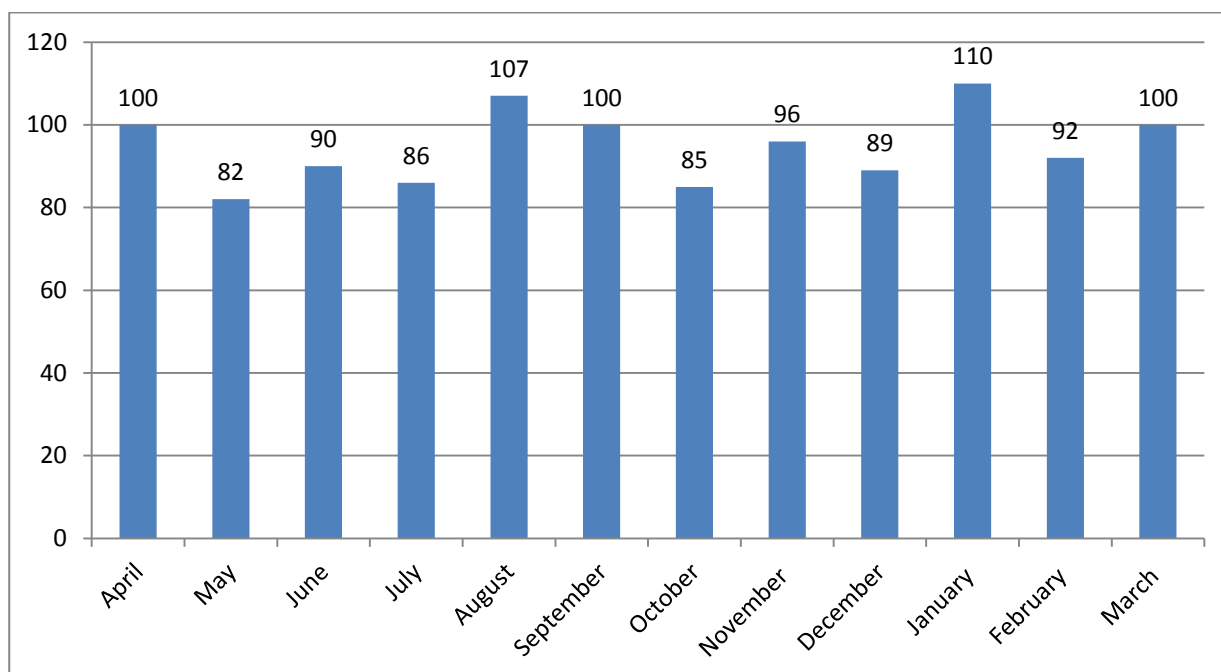
COMPLAINTS

1. Complaints Management

1.1 Total received

The total number of complaints received by the Trust for this year is 1137, compared to 1052 in 2015/16. This includes 111 complaints that were withdrawn, leaving 1026 to manage in 2016/17 compared to 925 in 2015/16.

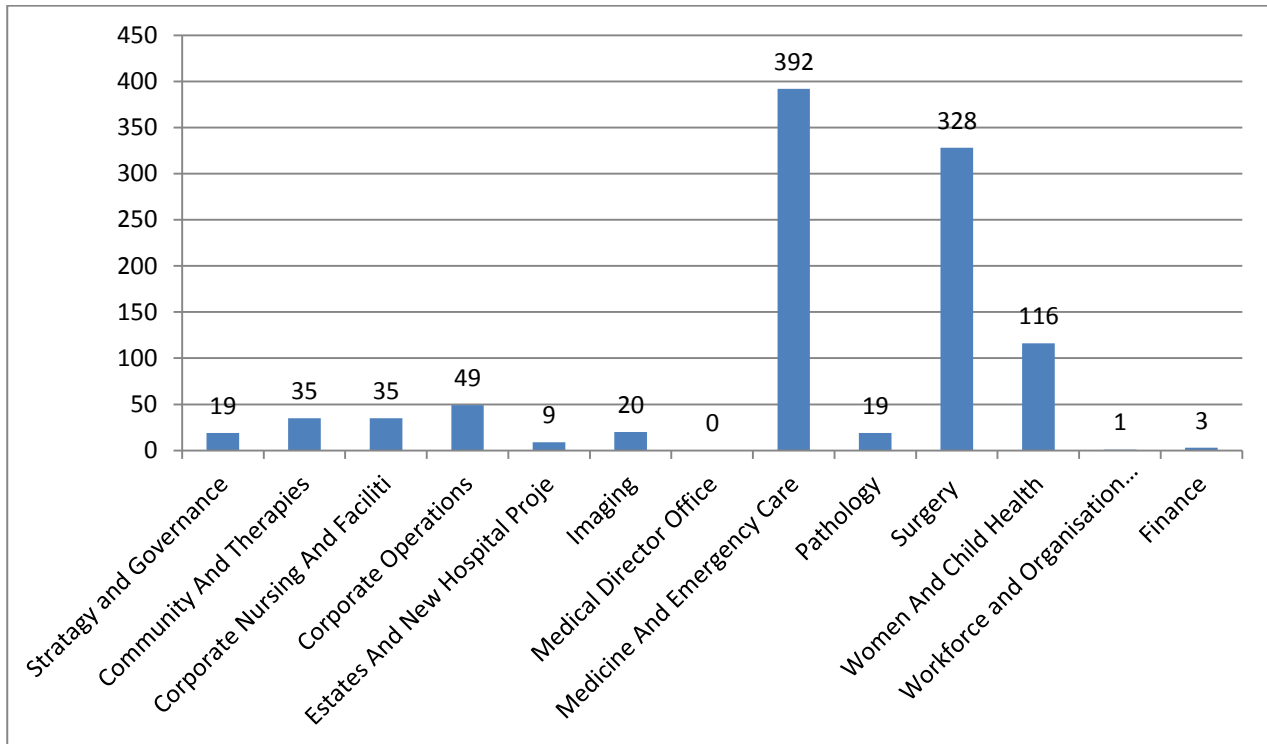
2016/17 complaints received by month



1.2 Complaints by Clinical Group

When analysing the complaints received in 2016/17, by Clinical Group and Corporate Directorate, Medicine continue to receive the most complaints. **Appendix 1a** shows how these figures compare over the last 4 quarters. **Appendix 1b** shows how this is broken down by ward (where applicable).

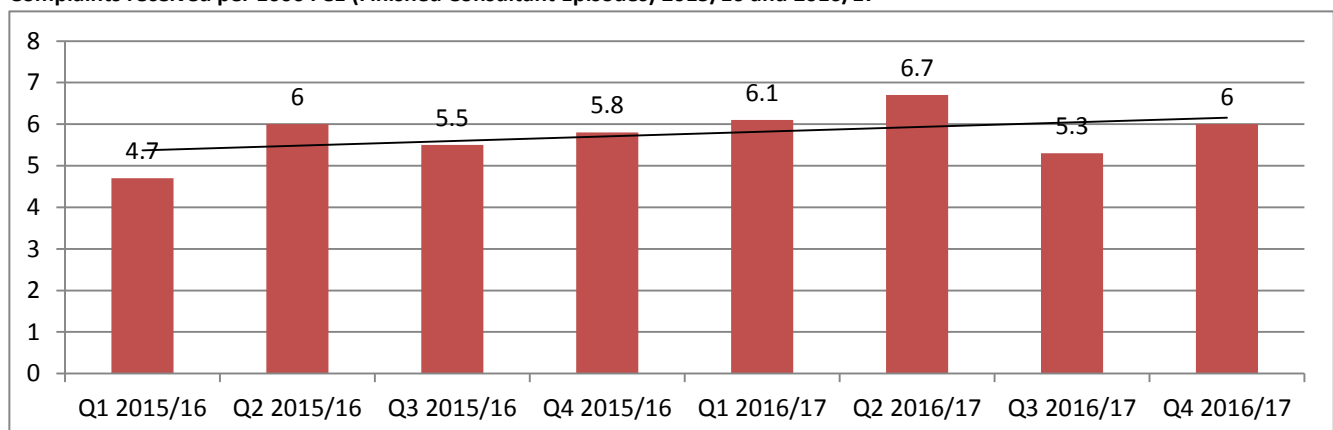
2016/17 complaints received by Clinical Group/ Corporate Directorate



1.3 Complaints received per 1000 FCE (Finished Consultant Episodes)

To more accurately compare which Clinical Group is receiving the most complaints, it is important to represent these not just as numbers of complaints and 1000 bed days, but also as a proportion of the patients that have received care in these areas. This then puts these numbers into context. By comparing the numbers of complaints against FCE we can gauge better whether one service or another is attracting more dissatisfaction and once understood, drill down further into what aspect of that service needs to improve. This analysis was only applied to the largest of the Clinical Groups, as they contributed to 81% of the complaints for the year.

Complaints received per 1000 FCE (Finished Consultant Episodes) 2015/16 and 2016/17

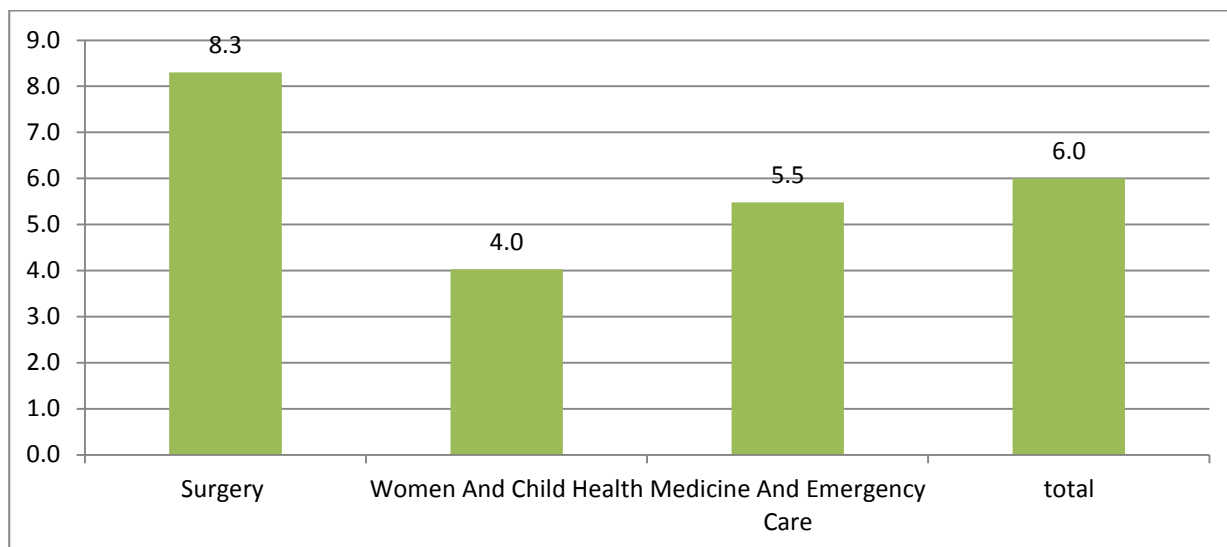


Although the majority of complaints received are still made about Medicine, it is again Surgery that has the highest number of complaints per 1000 FCE. Surgery (and in particular Birmingham and Midland Eye Centre- BMEC) has been working closely with the Elective Access Team to improve the way that

appointments are managed and utilised across the Group. This work has been the focus of the elective access team all year, and in Q4 there was a noticeable decrease in complaints about appointments.

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

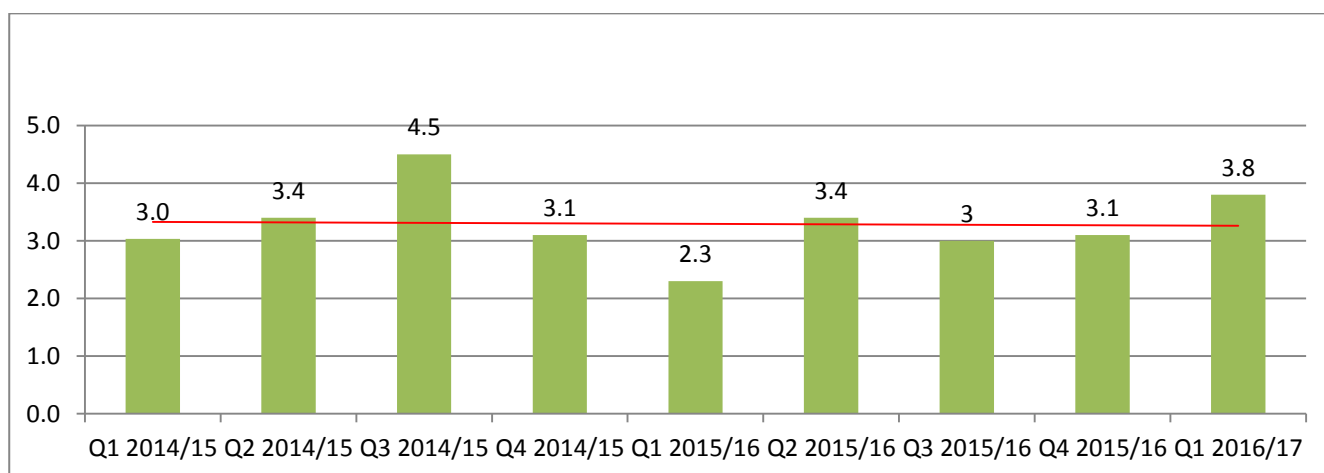
Complaint rate per 1000 FCE for 2016/17 by Clinical Group



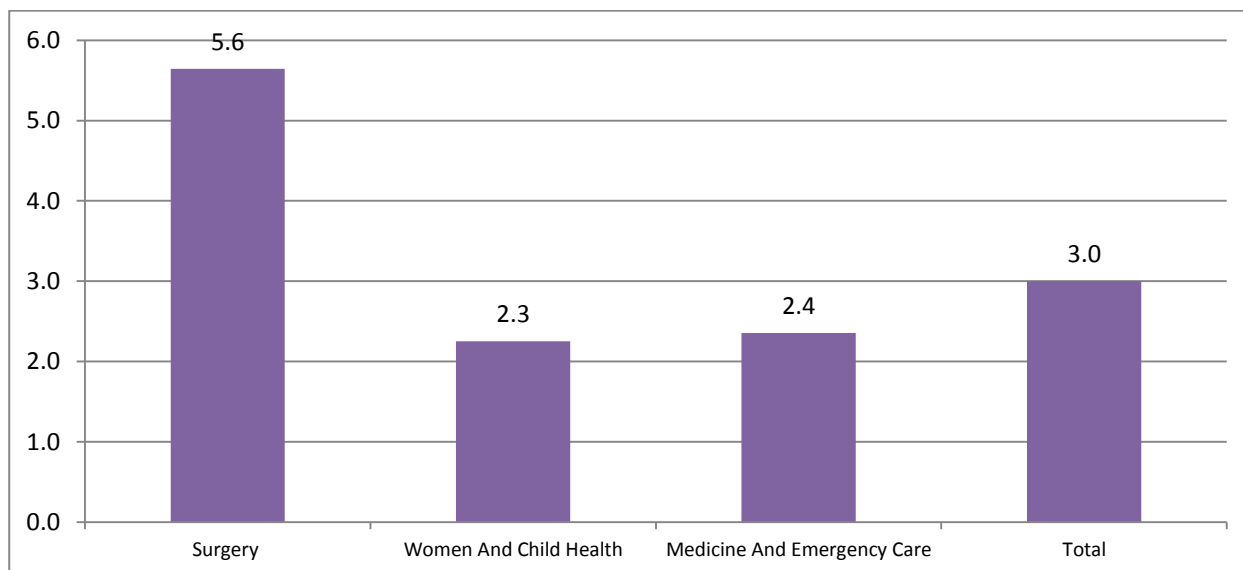
1.4 Complaints by 1000 bed days

The complaints rate, calculated as complaints per 1000 bed days for 2016/17 is 3.0 with Surgery again showing a higher rate than Medicine and Emergency Care and Women and Child Health.

Complaint rate over last 6 quarters showing trend and average



Complaint rate per 1000 bed days for 2016/17 by Clinical Group



It is worth noting that many patients in this group do not occupy a bed therefore the more accurate measure for this Group is the FCE rate.

1.5 Timeliness of Responses

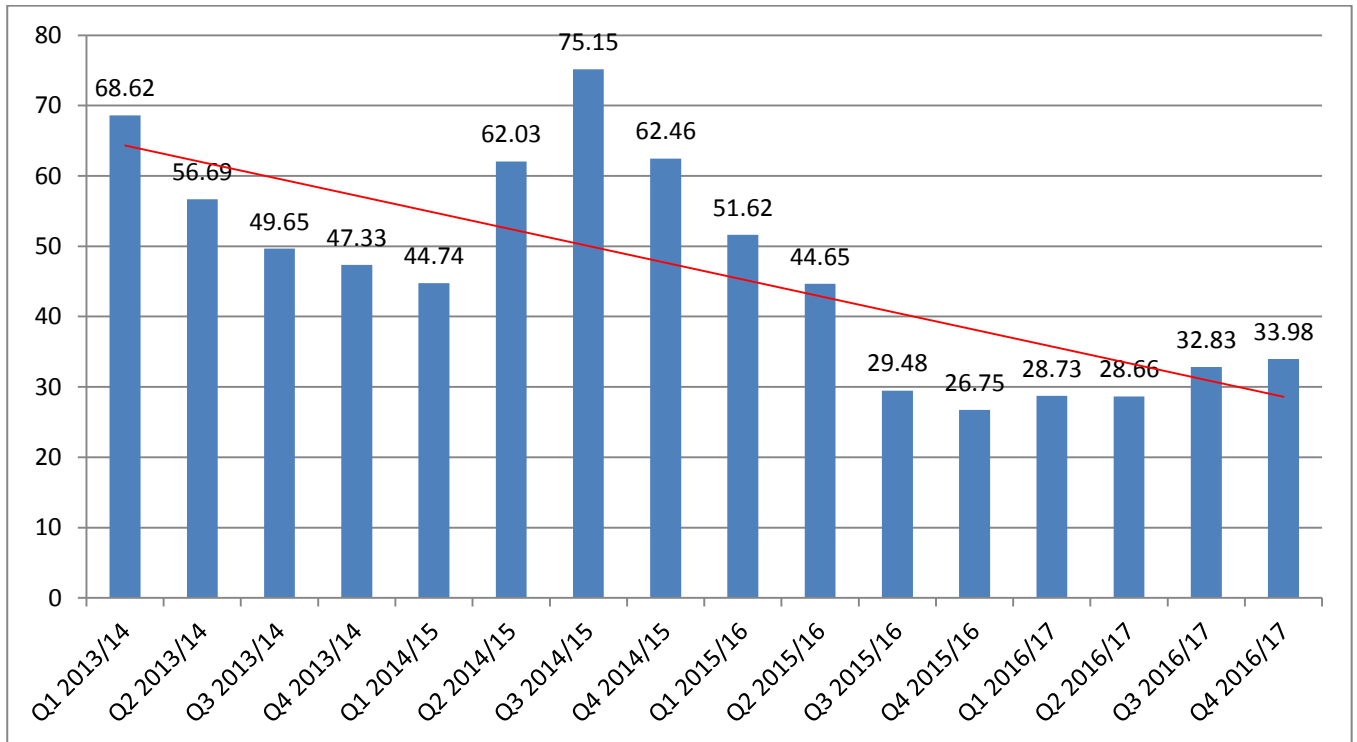
Since Q1 2015/16 there has been a steady decrease in the number of days taken to resolve a complaint, and as cases were managed within their target date, and renewed focus being given to accurate target dates, as opposed to a default 30 day turnaround. This resulted in the rate reducing to 29.48 in Q3 2015/16 and further to 26.75 in Q4 2015/16. At the start of the financial year, some cases had started to take longer to complete, some because of their complexity, and some because of notable issues with resourcing (complaints team, and investigation leads). There has been an increase in the number of cases that were not managed with their target date, and this has also had an impact on the average days to complete cases. This rose to 28.73 in Q1 2016/17, and then steadily (see graph below) finishing on 33.98 in Q4 2016/17. This took the result overall for the year to 31.05.

In 2015/16 the Trust kept 93% of cases in their target date, this year this reduced to 81% (as at the time of reporting, with some 2016/17 complaints still to finalise). The complaints team have revisited the principles and practices that led to the improvement of case management in 2015/16 (daily reporting, stringent escalation) to ensure that this standard is improved upon for 2017/18.

Of the 905 complaints resolved (new and reopened as at the time of reporting), 212 breached their target date. This equates to 81% of the cases that were resolved in this period being managed within their target date.

The cases that breached have done so largely in relation to a failure to keep up to date with the responses due, as opposed to a system or process failure. An evaluation has taken place as to how to ensure that complaints that are still yet to be resolved from 2016/17 will be quickly but thoroughly completed early into 2017/18. Escalation processes, and database reporting have been revisited in order to get cases back on track. The complaints team are meeting regularly with Investigation Leads (for devolved complaints) and complaints managers are working to new case deadlines in order to ensure that older cases are completed without defaulting on new 2017/18 cases.

Average days to respond by quarter in Q1 2016/17

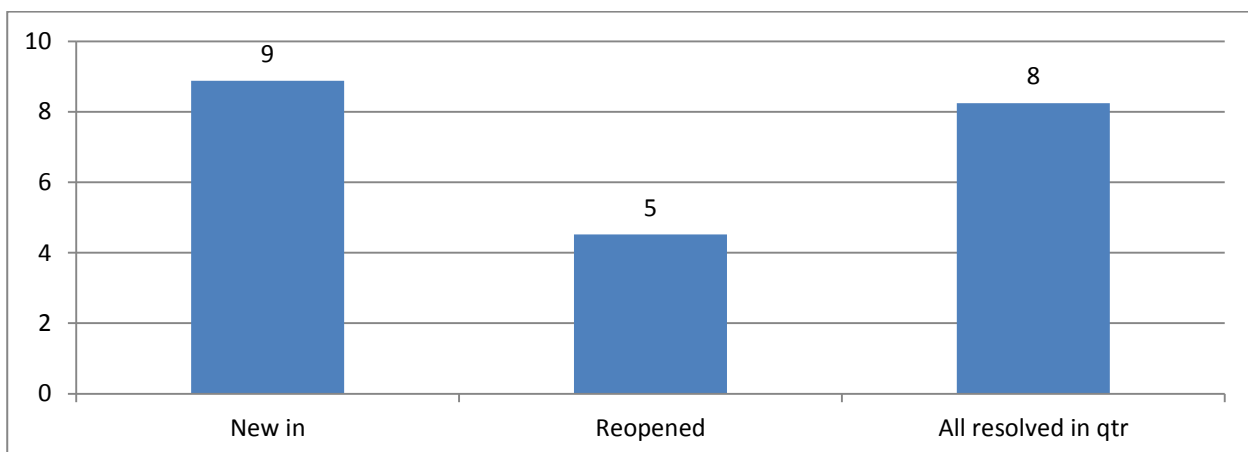


Appendix 3 shows a further breakdown of this data by Clinical Group. It should be noted that this is the total time that the complaint took to resolve and includes all stages of the process.

1.6 Complaints managed by resolution meeting

It is recognised that for some complaints, a resolution meeting, as opposed to a written response can be more effective in addressing concerns. Complainants whose concerns relate to a patient who has died are always offered a meeting. It has become apparent that many complainants will express a wish to receive a written response first, before agreeing to meet with the Trust whilst others prefer a meeting. The take up rate of complaints resolution meetings is monitored. In 2016/17 the rate at which complaints were resolved as a meeting was 8%, compared to 8.75% in 2015/16.

% of complaints that were managed by a resolution meeting as opposed to a written response. Q2016/17



1.7 Complaint satisfaction survey

Complaints survey response rates have traditionally been low and in 2015/16 the timing of the sending of the surveys was changed, to encourage greater take up of the survey. This led to a further decline, and reducing the data to levels that was meaningless in terms of its use to help improve the complaints service. Whilst surveys are now sent out with complaint responses again (timing from previous years) the response rate has not improved and results have not been monitored consistently. In 2017/18 there are plans for the Head of Complaints to work with the Head of Patient Experience, running focus groups and joint initiatives relating to service user feedback.

KEY POINTS

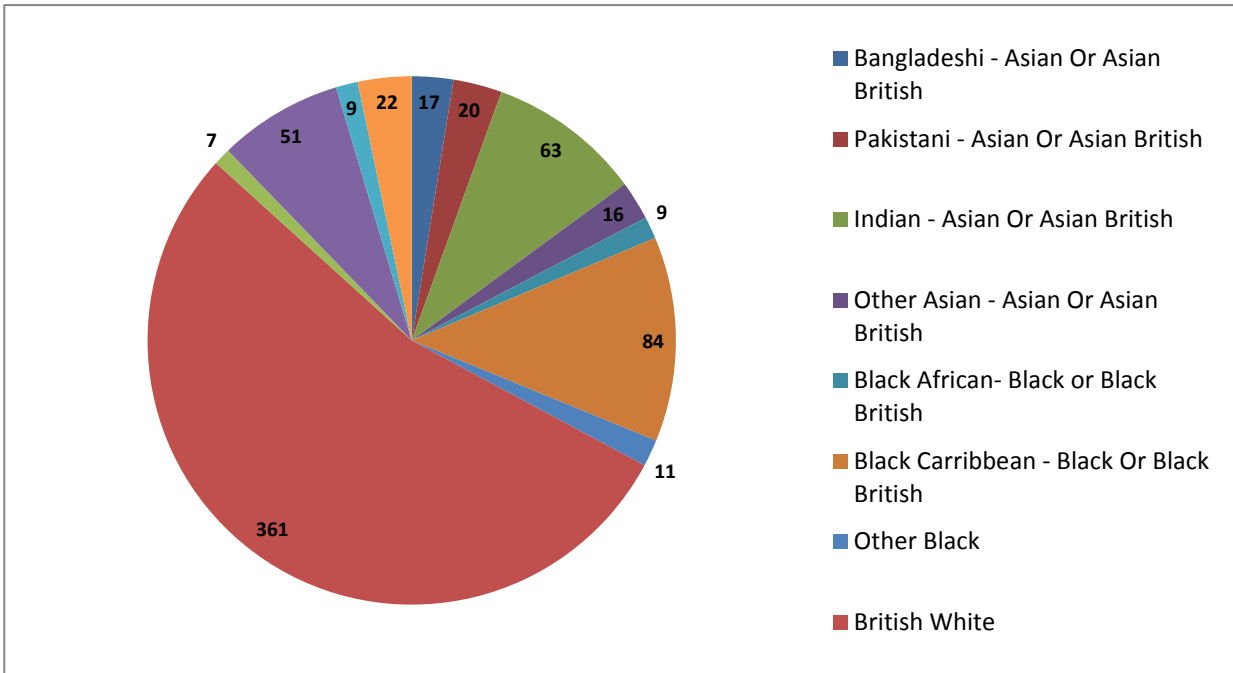
- BMEC had the highest complaint rate, with a large number relating to appointment management, but in Q4 2016/17 this started to show signs that this was decreasing.
- In Q4, there was a shift in the number of complaints received in the three most popular categories, Clinical Treatment, Outpatient Appointments and Attitude of Staff.
- 81% (693) of complaints resolved in this quarter were sent within their target date. This is a decreased number of cases compared to previous and whilst this is still improved when compared to the previous year, work is now underway to ensure that the total result for 2016/17 is improved on 2015/16, not worse.
- The average turn around has also increased, largely due to the number of cases that have breached, and a smaller number of cases that were 'fast tracked'. The result achieved this year was 31.05 compared to 38.12 in 2015/16.

2. Complaints in detail

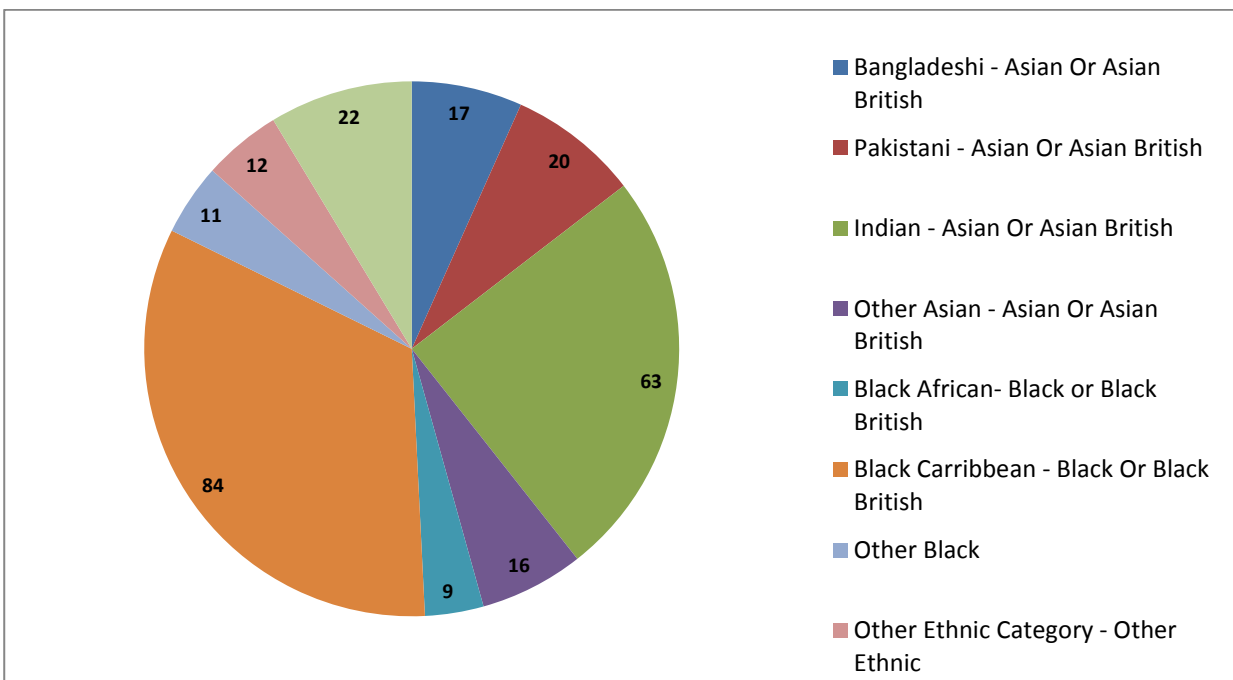
2.1 Profile of the subject of complaints

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

Subject of complaint by % Ethnicity 2016/17 (of 670 of complaints where ethnicity stated)



Subject of complaint by total number- Ethnicity 2016/17 (of 254 of complaints where ethnicity stated, minus British White)

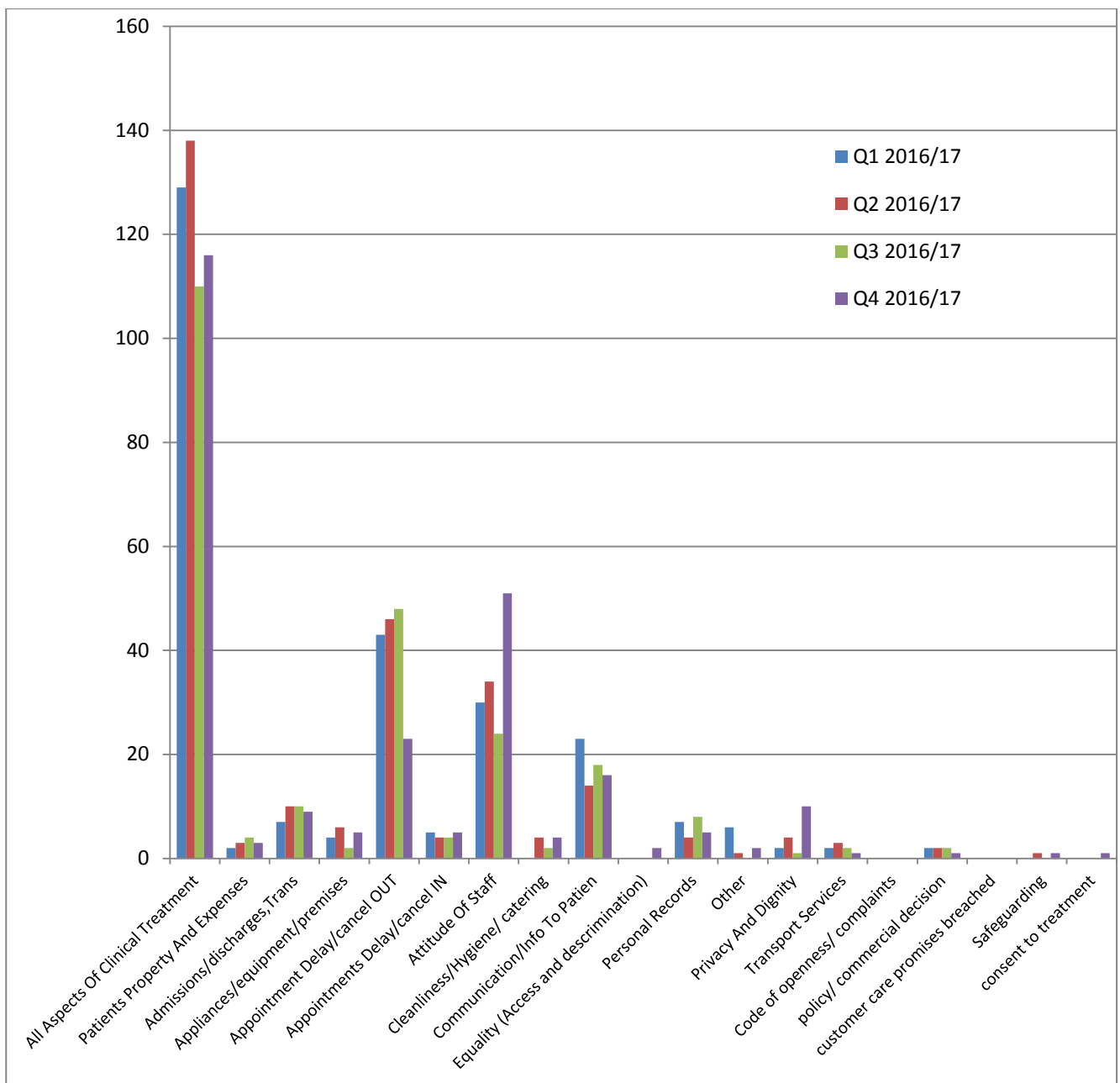


The disproportionality around complaint rates for the Pakistani and Black Caribbean communities has continued this year, as in previous years.

Despite a meeting with Black Community Leaders, no real conclusive explanation was reached. This year, Complaints and Patient Experience will be working much closer together to look at improving our understanding of how to improve the experience of all patients and visitors to the Trust. This will include what complainants experience when they make a complaint, and how effective the service is, and how satisfied they were with the response.

2.2 Formal complaints by theme

Broad themes that complaints fell into in 2016/17

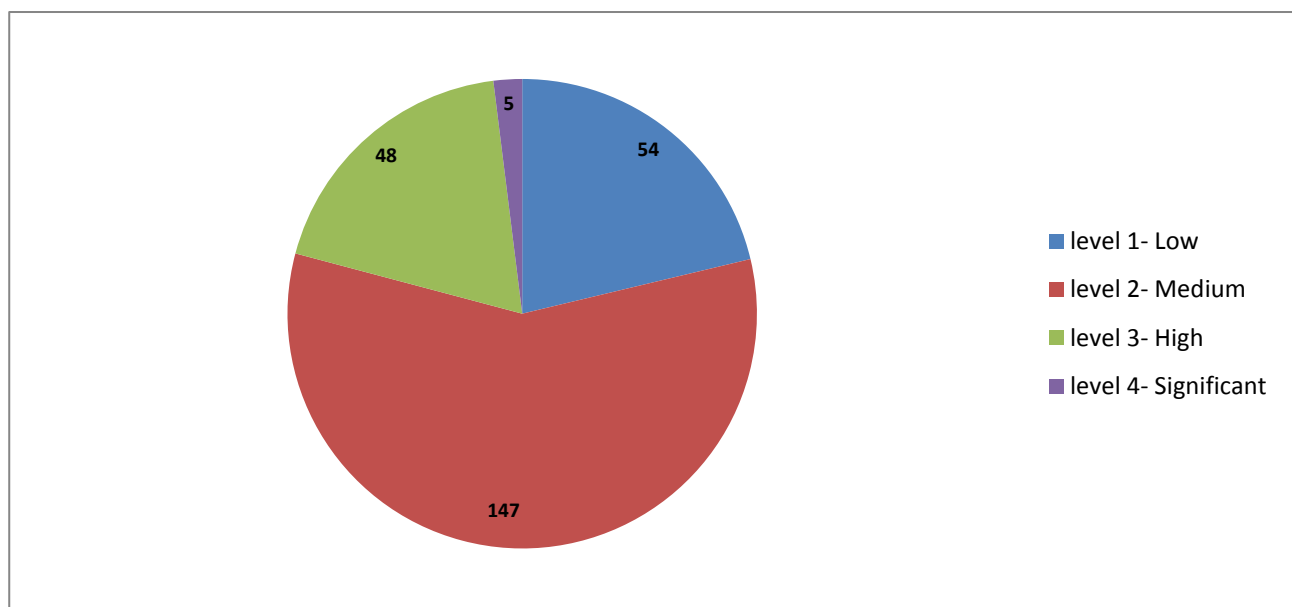


When analysing the top three themes complained about, these remain 'all aspects of clinical treatment', 'appointment delays', and 'staff attitude'. In Q4 2016/17, there was a shift in the number of complaints about staff attitude and outpatient appointments. **Appendix 6a** compares these topics for complaint over the previous 2 years by Group. **Appendix 6b and 6c** the breakdown of complaints logged about of staff (where small increases are highlighted in the staff groups of admin staff, nursing, ambulance workers, it is the decrease in complaints about outpatient appointments in Q4 2016/17 that has seen these two topics swap ranking in order of most complained about.

2.3 Formal complaints by severity

The following is a breakdown of the 1026 actively managed complaints by severity and shows that once again complaints considered high or significant (Levels 3 and 4) remain in the minority. Appendix 7 splits this data by quarters where a relatively steady pattern of distribution across each severity category can be seen.

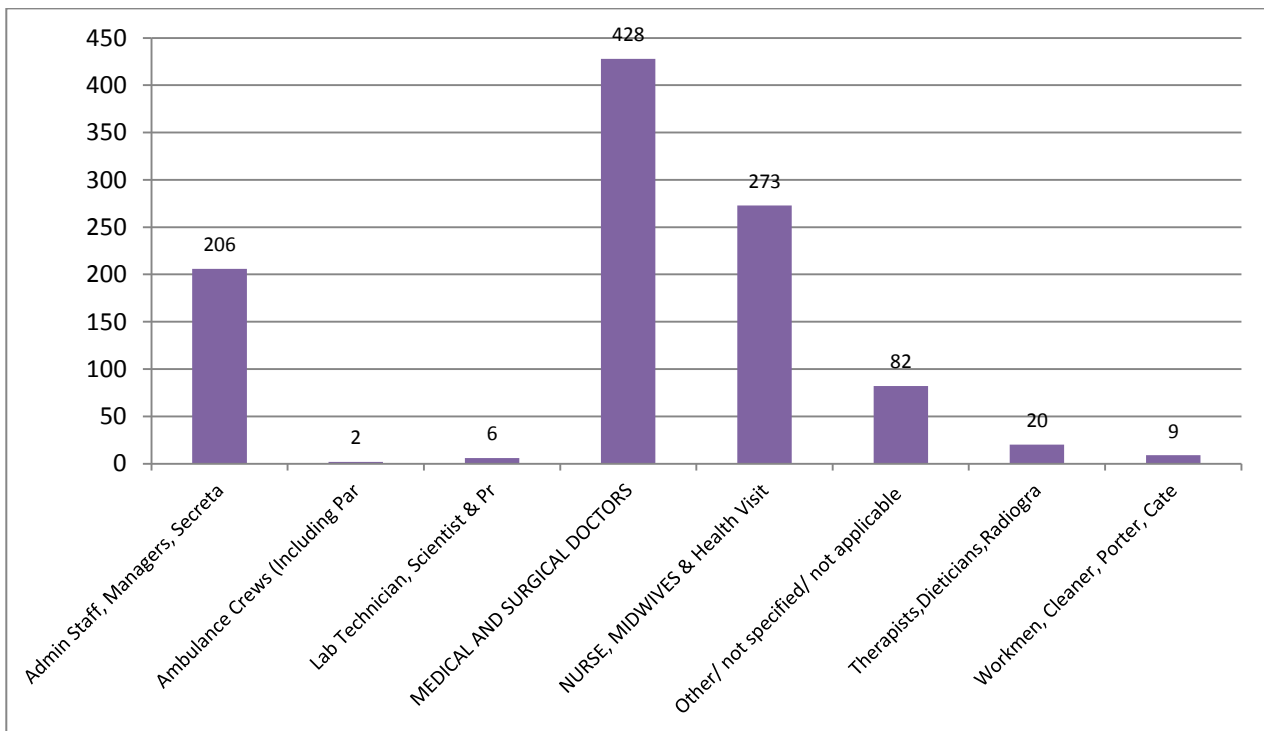
A breakdown the severity grade of complaint for 2016/17



2.4 Formal complaints by profession

It has been previously reported that there were no significant changes in the number of complaints received across the seven professional groups. Toward the end of 2015/16 there was a notable increase in the number of complaints about administrative and managerial staff. Whilst this came down slightly throughout 2016/17, this increased again in quarter 4 of 2016/17.

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



KEY POINTS

- There has been a drop in the number of complaints about the management of outpatient appointments, resulting in this moving from the second most complained about topic, to the third.
- Level 4 complaints (rated the most serious) have returned to the expected low number following a spike in the year.
- The increase in complaints about admin and management staff toward the end of last quarter has not continued throughout the year, there being an even split across professions when compared to the previous year. see **Appendix 8**

3. Formal complaints outcomes

3.1 Resolved complaints

905 complaints were resolved from 2016/17 (at the time of producing the report) 693 (81%) were responded to on or prior to their target date. This compares to 881 complaints resolved in 2015/16 and 818 (93%) were responded to on or prior to their target date in 2015/16.

3.2 Formal complaints upheld.

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

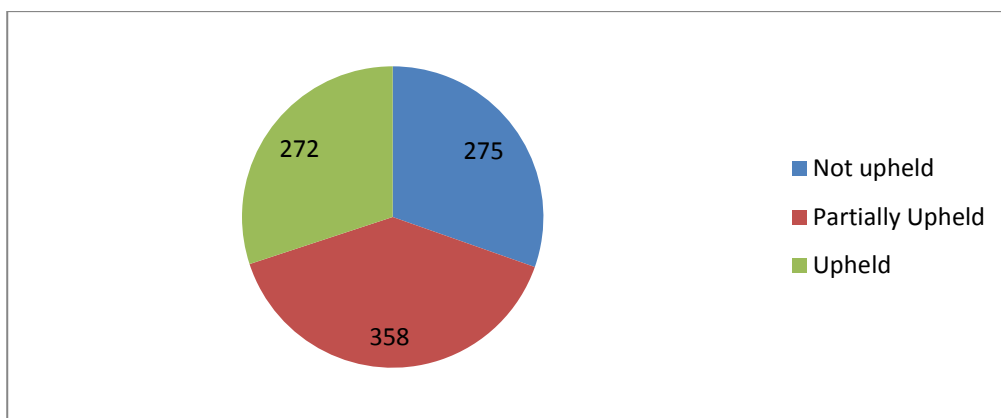
Upheld – we agreed that the complainant was found to have experienced poor care/ treatment/ customer service.

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

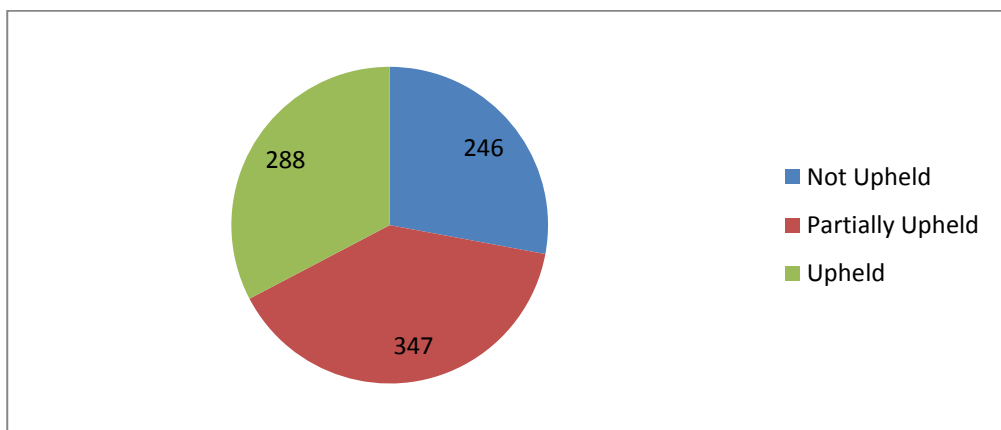
Not upheld- The investigation did not uncover any failings on behalf of the Trust.

The outcome of complaint responses remain mostly either upheld or partially upheld, at 70% (630) of complaint responses sent (totalling 905) in 2016/17. This is consistent with the outcomes on average over all 4 quarters of this year, and the result for 2015/16 which at 72% (635) of complaints responded to (totalling 881).

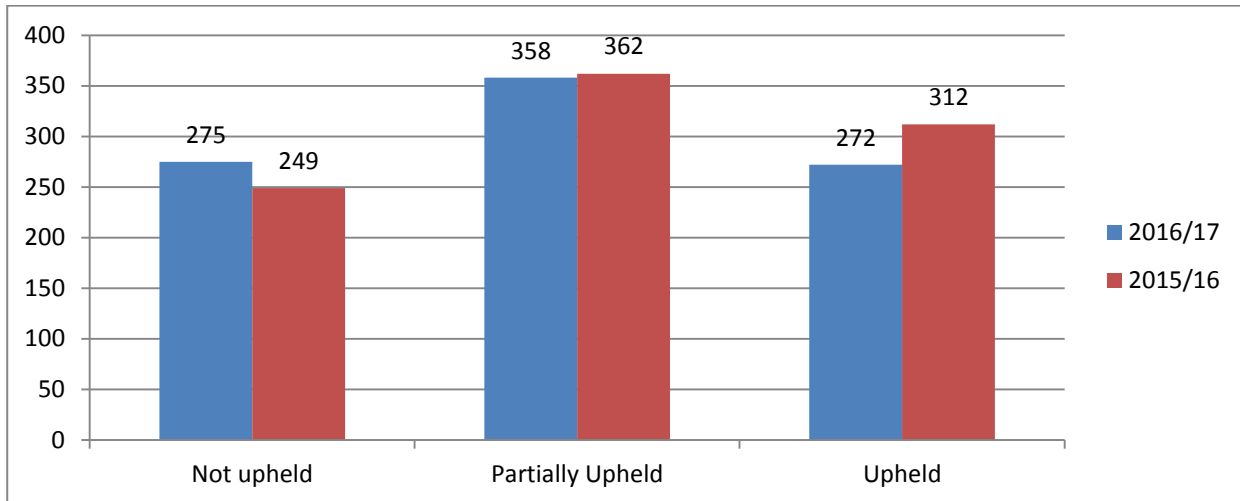
Q1 2016/17 no. of complaint by outcomes



Q1 2015/16 no. of complaint by outcomes



Complaints outcome 2016/17 compared to 2015/16 Q3 2015/16



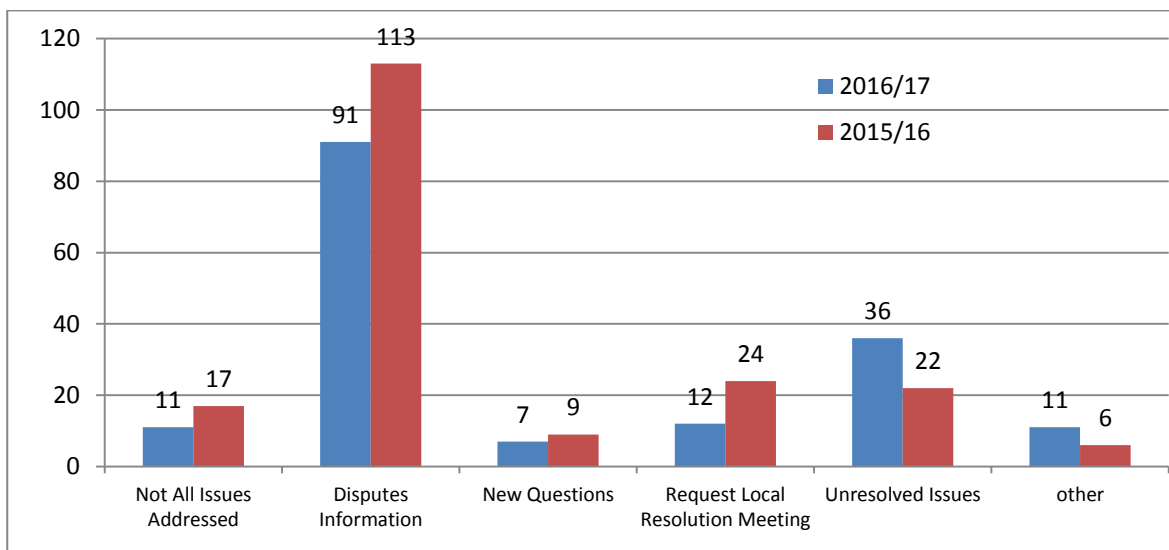
Learning from complaints

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

Of the 905 complaints closed in 2016/17 145 (16%) recommended an action or learning as a result of the complaint. Most of the actions or learning came from those complaints that were either partially or wholly upheld. Reported is a breakdown of all complaints by outcome, where recommendations for action were made. **Appendix 9a** shows how these complaints split across the three resolution outcomes (upheld, partially upheld or not upheld.) **Appendix 9b** gives examples of learning from complaints across the year.

Reopened cases

Reopened cases in 2016/17 totalled 168, with 11 (7%) case reopened because not all questions were answered. This compares to 191 in 2015/16 with 17 (9%) case reopened because not all questions were answered.

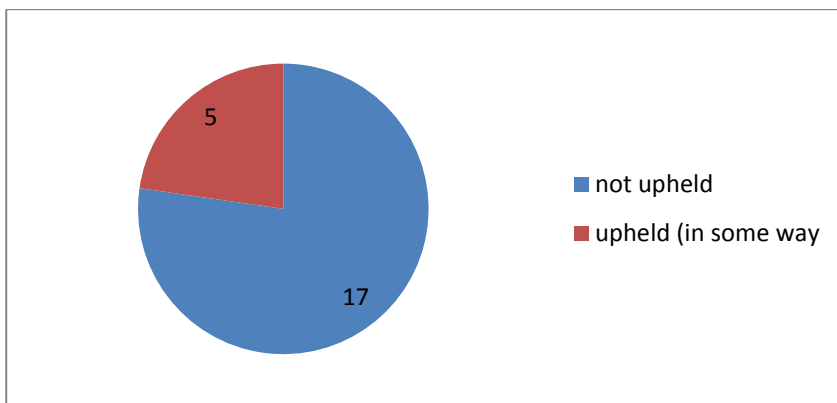


Appendix 10 shows all reopened complaints by Group and Grade, and continues to show that it is the medium grade (Level 2) complaints that are most likely to be reopened.

3.4 Parliamentary and Health Services Ombudsman enquiries.

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

20 new PHSO complaints were logged in 2016/17, and 17 enquiries were concluded. Of those closed, 17 cases were not upheld (77%).



The trend in receiving a high number of new complaints from the PHSO has slowed down this year, with 25 complaints being referred to the PHSO in 2015/16. The percentage of cases not upheld in 2015/16 was 66%.

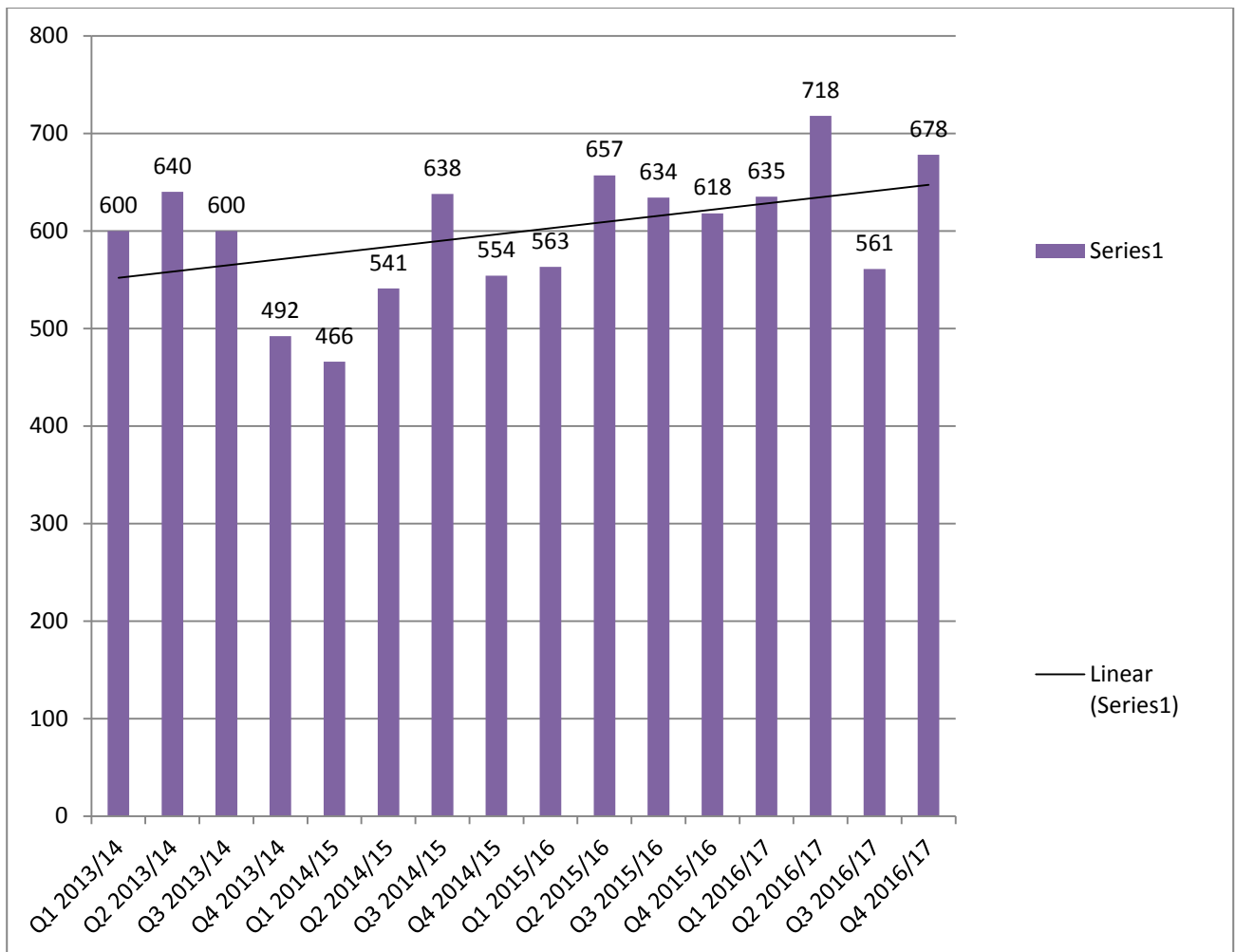
4. PALS

The Patient Advice and Liaison Service (PALS) continue to play a vital role in providing patients with a local advocate who can investigate concerns. During 2016/17, work began to integrate the work that the PALS team do, with the complaints team. The aim of this more streamlined approach to enquiries is set to see complainants to the Trust managed in a more streamlined way, 'fast tracked' enquiries are encouraged where a complaint might not be complex in nature, and double handling of PALS enquiries that turn into complaints will be eradicated as they will all be handled in just one team.

This new structure was implemented from 1 April 2017/18 and the success, achievements and improved service to users is being closely monitored and will be reported over 2017/18.

The total number of PALS enquiries received in 2016/17 was 2592, compared to 2136 in 2015/16.

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



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

Compliments

There is still no consistent method across the Trust for collecting all compliments. PALS implemented a collection method but this was not taken up consistently across all wards. Those that have been counted this year total 2445. Already highlighted are plans to work with the Head of Patient Experience and the challenge of collection of compliments will be discussed in this forum in 2017/18.

5. Key areas for focus in 2017/18

- 5.1 19% of the cases logged this year (at the time of reporting) breached their target dates. In order to ensure that increase of breached cases does not continue into 2017/18, work is underway throughout the complaints team and the key complaints leads within the clinical groups, to refocus on timely responses, senior managers have been sited on deadlines and the methods of daily reporting have been re-implemented to ensure that 2017/18 sees a return to the results of 2015/16, and indeed exceeds them, aiming for a 97% compliant to target date.
- 5.2 It became apparent that in order to improve the experience of those using the services of both PALS and Complaints, there is a need to develop a more streamlined service. 2017/18 sees the launch of the creation of a service that does not differentiate between the two types of enquiry (for the complainant; the two types of enquiry will still be reported separately) will improve user experience, reduce double handling, and use the resources of the team much more efficiently. This work has started, with a redesign of the department, to be fully implemented from April 2017 in line with the Workforce review currently underway. Bespoke solutions, local resolution and proactive, preventative actions will be encouraged within the newly formed complaints team.
- 5.3 Working in conjunction with the newly restructured team, and in recognition for the need to improve access to support services for those with concerns, an exciting inpatient hospital based telephone system will be implemented which will provide patients and relatives with a fast face to face response. Whilst primarily managed by the complaints team, this line will be available 24 hours a day, 7 days per week. Most of the enquiries will be managed through the channels being established through the complaints team, but it is recognised that there will be some enquiries that will need immediate attention, and senior executive action. This will be referred to as the 'Purple Phone' initiative.
- 5.4 It is recognised that the previous survey method used for complaint service feedback is not effective, and does not provide data that identifies service improvement opportunities. There is a need to engage with Healthwatch further to work with them on ways of involving their service users, and our complainants in providing feedback. This could include the use of focus groups, and user feedback meetings held in partnership with Healthwatch. There are also plans of the Complaints team to work closely with the new Head of Patient Experience. Discussions are underway to explore if intel that is gleaned from patient groups working with Patient Experience, and patient focus groups can be shared with the Complaints team.

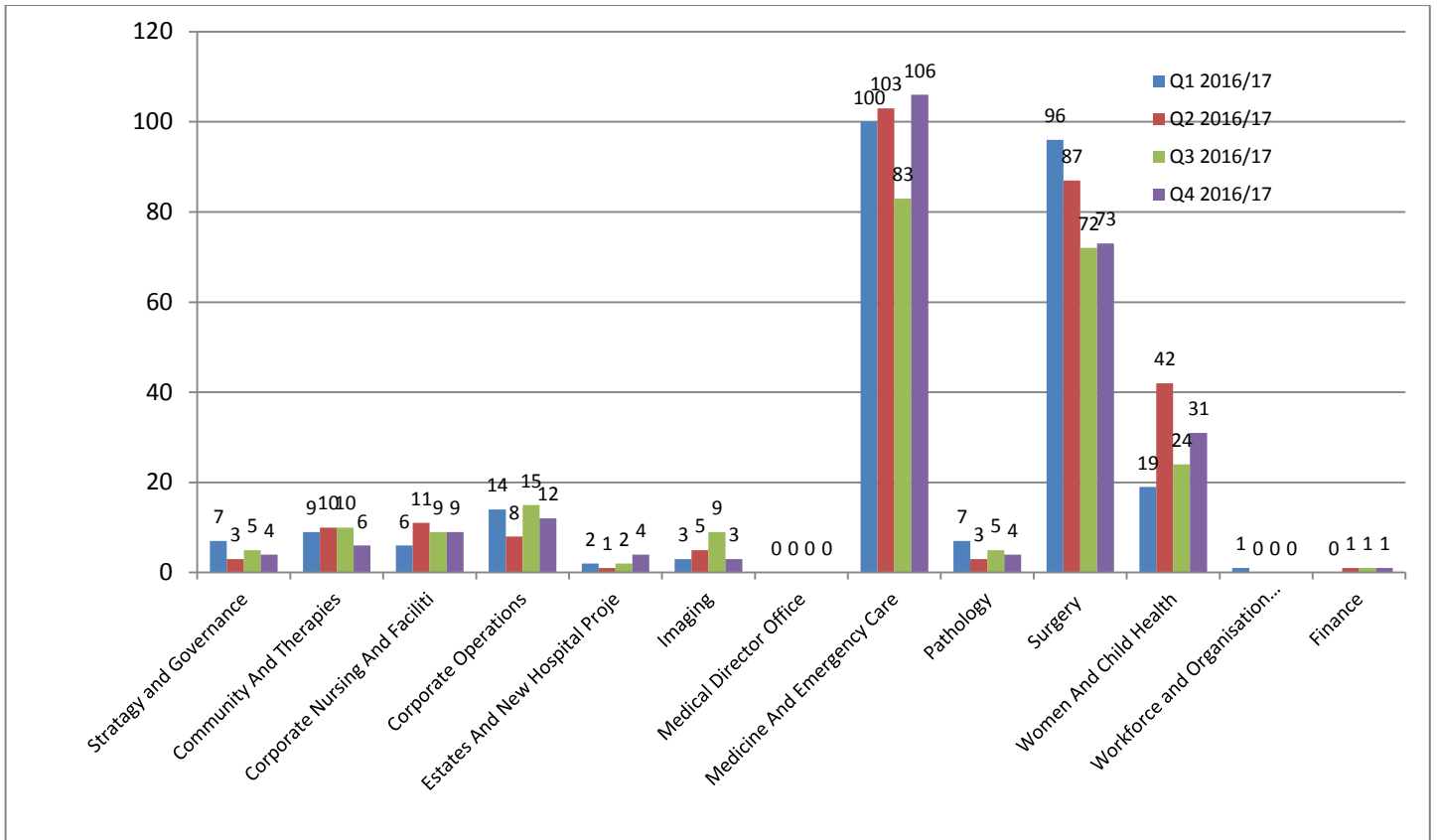
6. Conclusion

Complaints management and the handling of PALS enquires in 2016/17 has remained effective and patient focused, albeit with a slippage in the number of queries that were managed within their target date. The number of complaints and concerns have again risen, although there are no significant spikes or trends in one clinical Group of complaint theme. Enquiries and complaints about appointment management have started to show signs of decreasing albeit only in the last quarter of the year. The team have completed the initial stages of a restructure to ensure that concerns and complaints are managed together in one team, offering efficiencies, and more bespoke outcomes for enquirers and complainants.

2017/18 is set to improve on previous years' results, aiming for a 97% compliance to target dates. This will be achieved by building on the new structure, using new standard operating procedures to glean efficient and LEAN ways of managing complaints, and by launching the new initiative, the purple phone, aimed at achieving local resolution, and timely and immediate solutions before they become complaints.

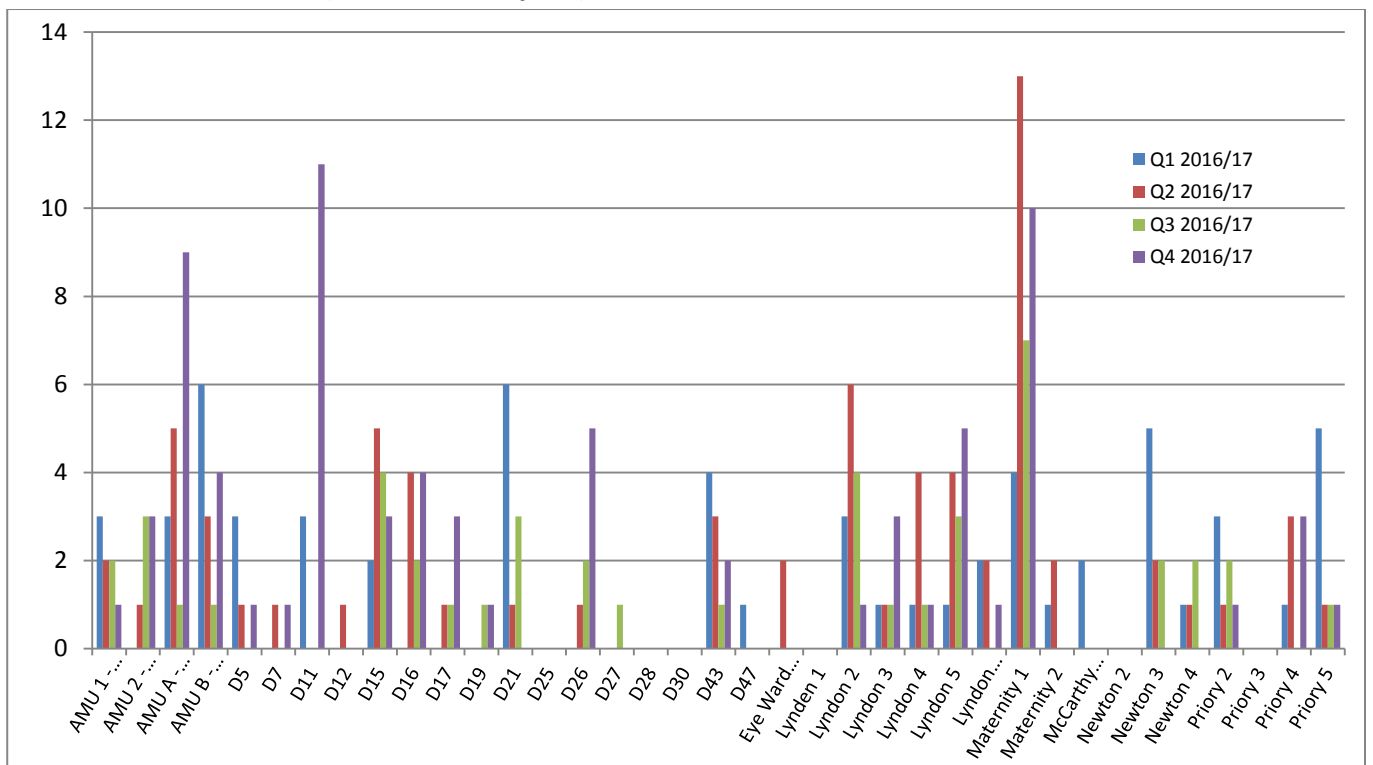
Appendix 1a

Complaints received by Clinical Group and Corporate Directorate for 2016/17 broken down by quarters.



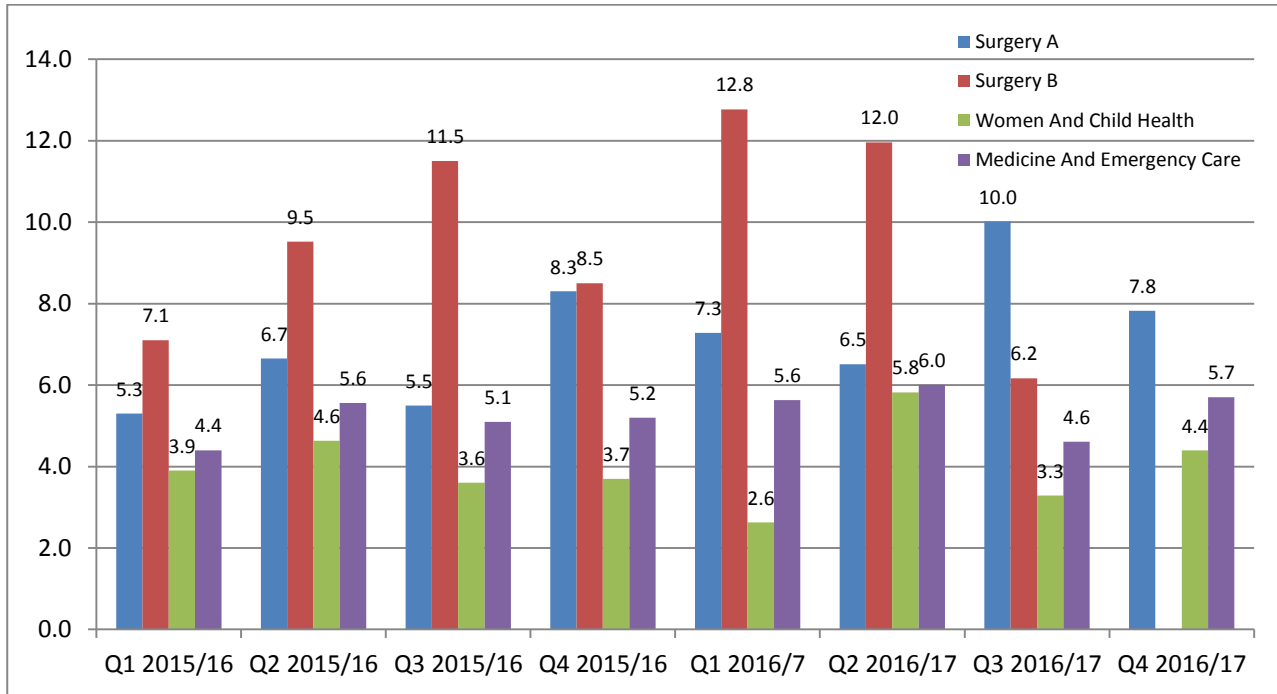
Appendix 1b

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



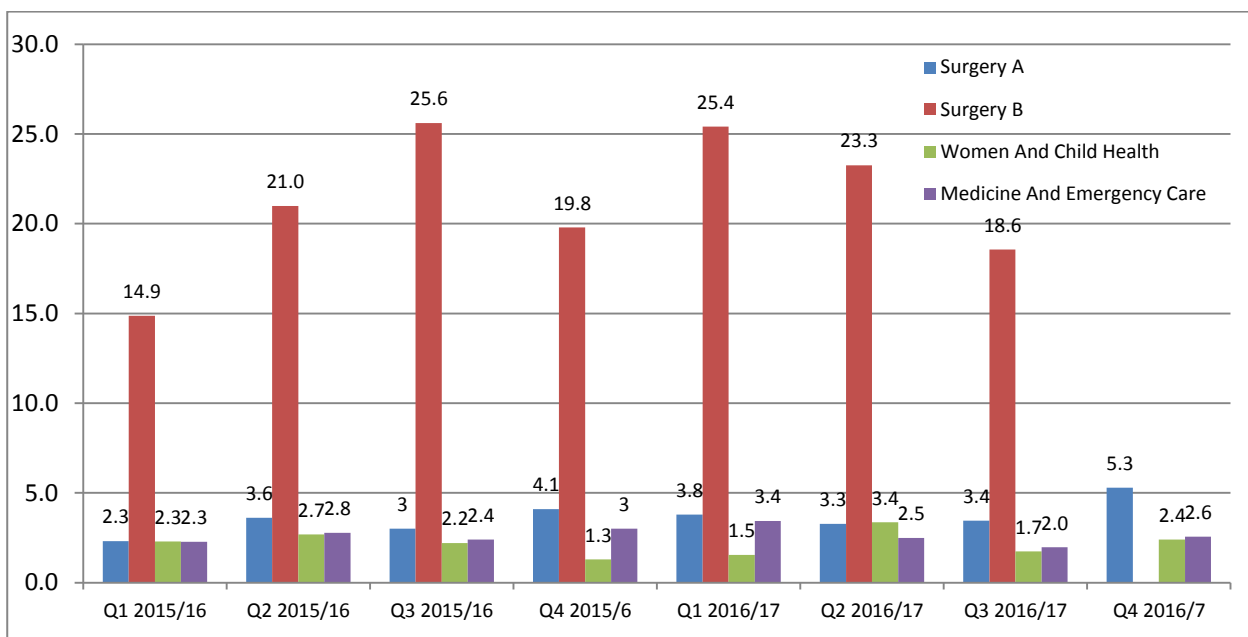
Appendix 2a

Complaints rates by 1000 FCE for 2016/17 and 2015/16 (by the top four Clinical Groups, that became three Groups when Surgery A and B merged.)



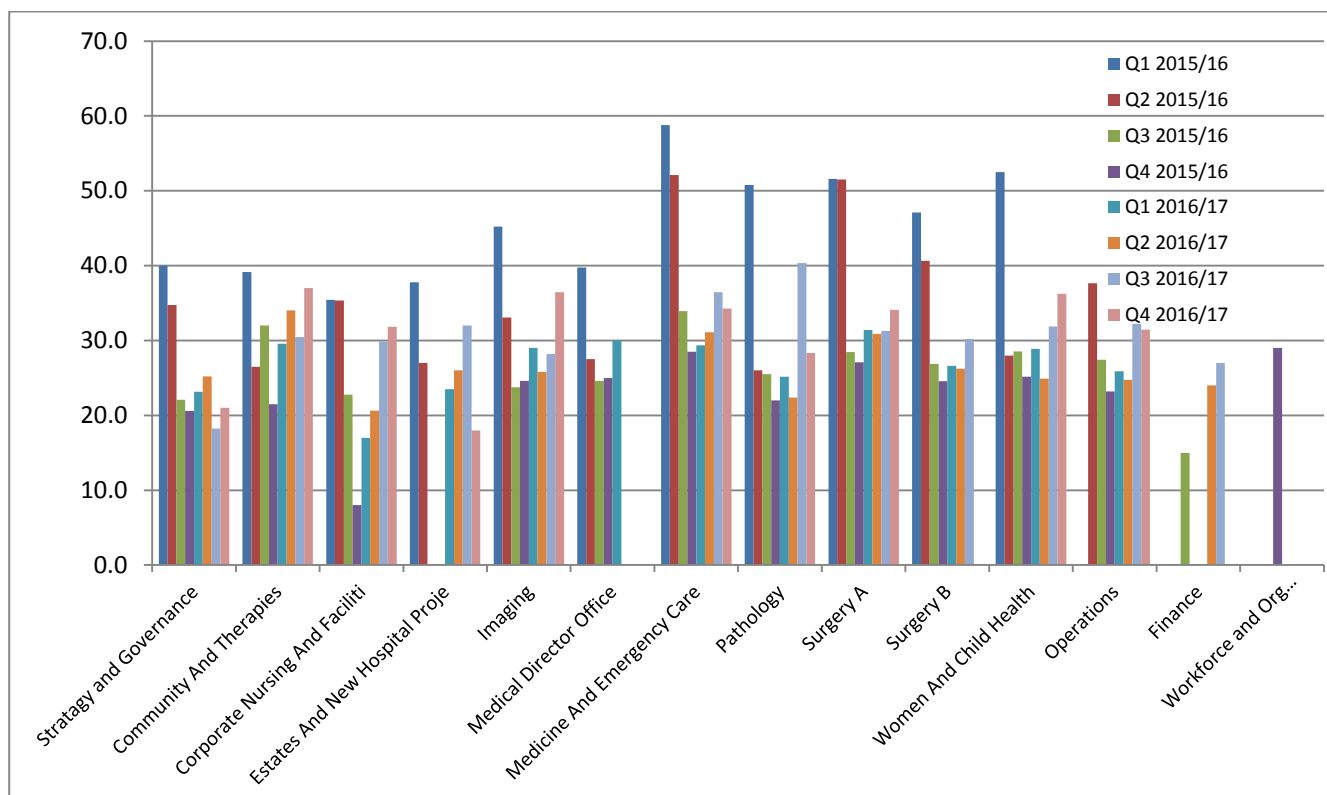
Appendix 2b

Complaints rates by 1000 Bed days for 2016/17 and 2015/16 (by the top four Clinical Groups, that became three Groups when Surgery A and B merged.)



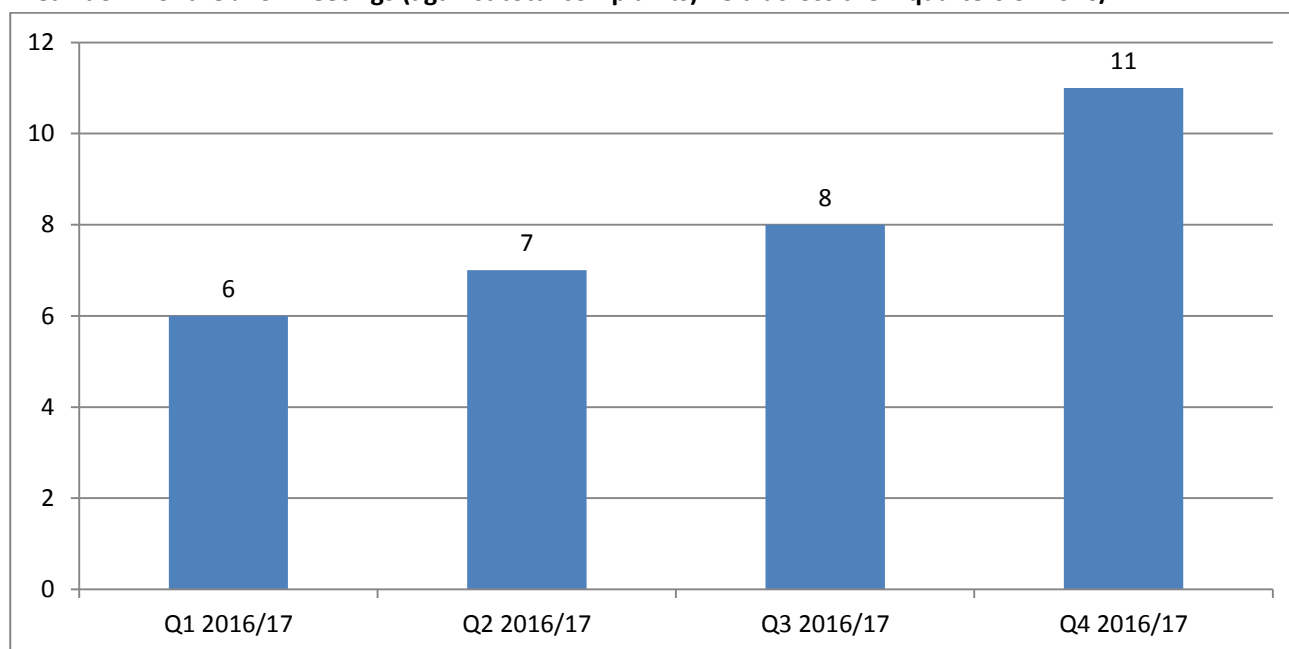
Appendix 3

Complaints turn around by Clinical Group for 2016/17 compared to 2015/16.

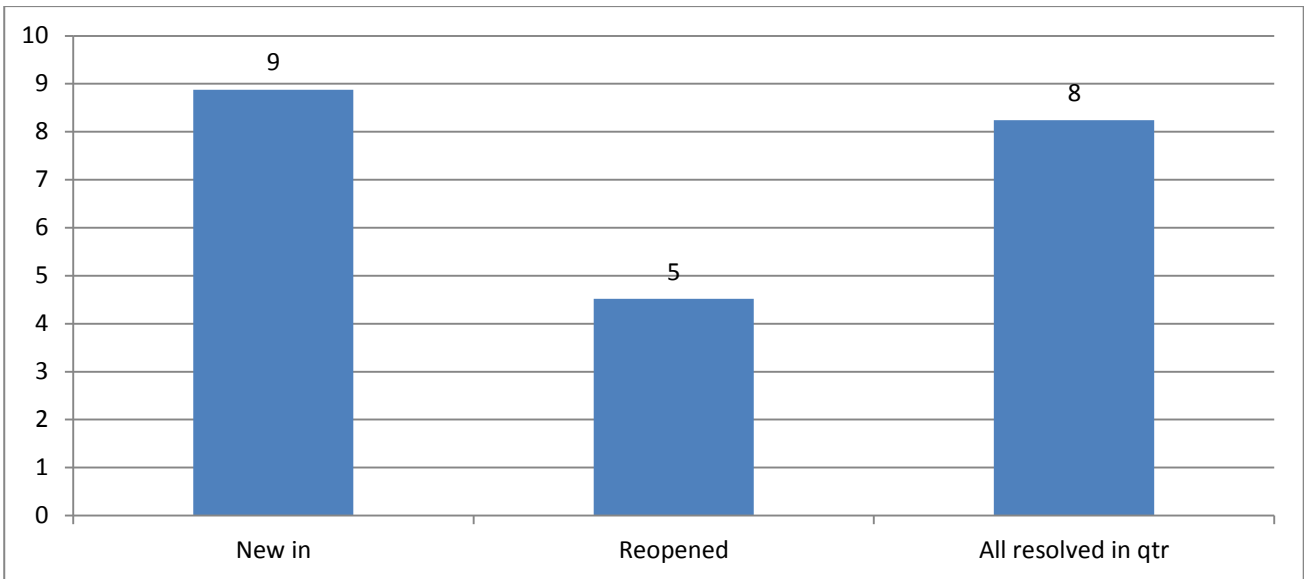


Appendix 4a

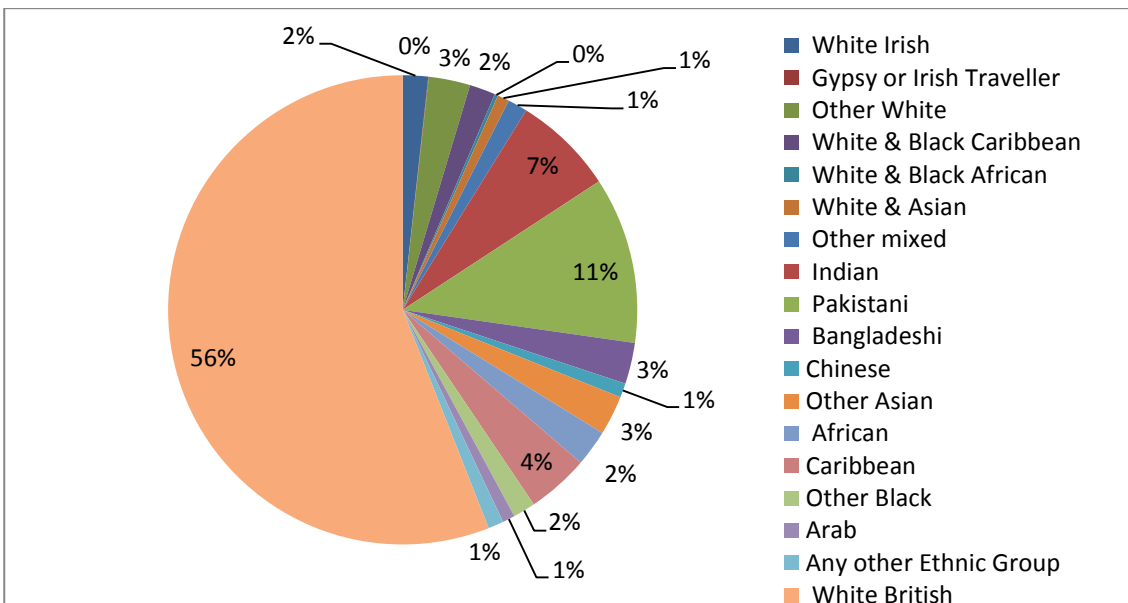
Break down of the % of meetings (against total complaints) held across the 4 quarters of 2016/17



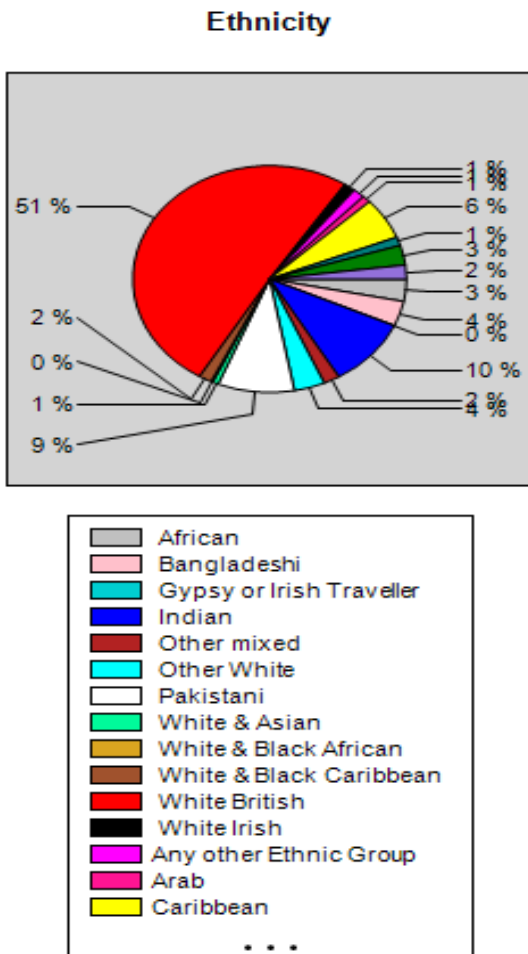
Total % of meetings for 2016/17 split by type of complaint (new or reopened).



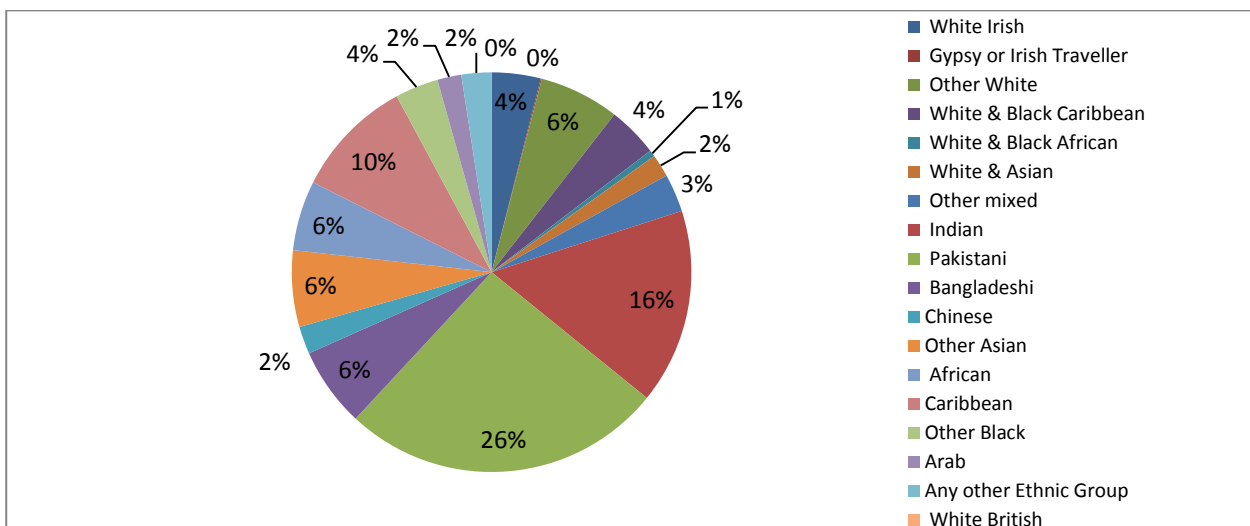
Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by the Trusts Equality and Diversity team in 2013.



Ethnicity split of patient population

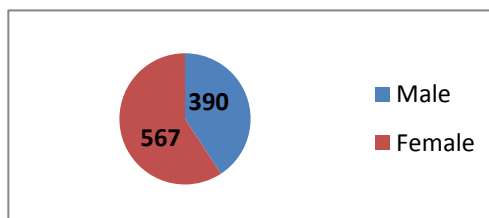
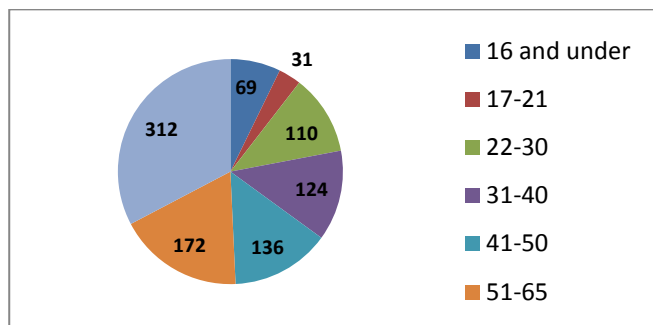


Ethnicity split by Sandwell and West Birmingham Population as taken from the 2011 census and quoted out to the Local Demography report prepared by Equality and Diversity in 2013, without White British.

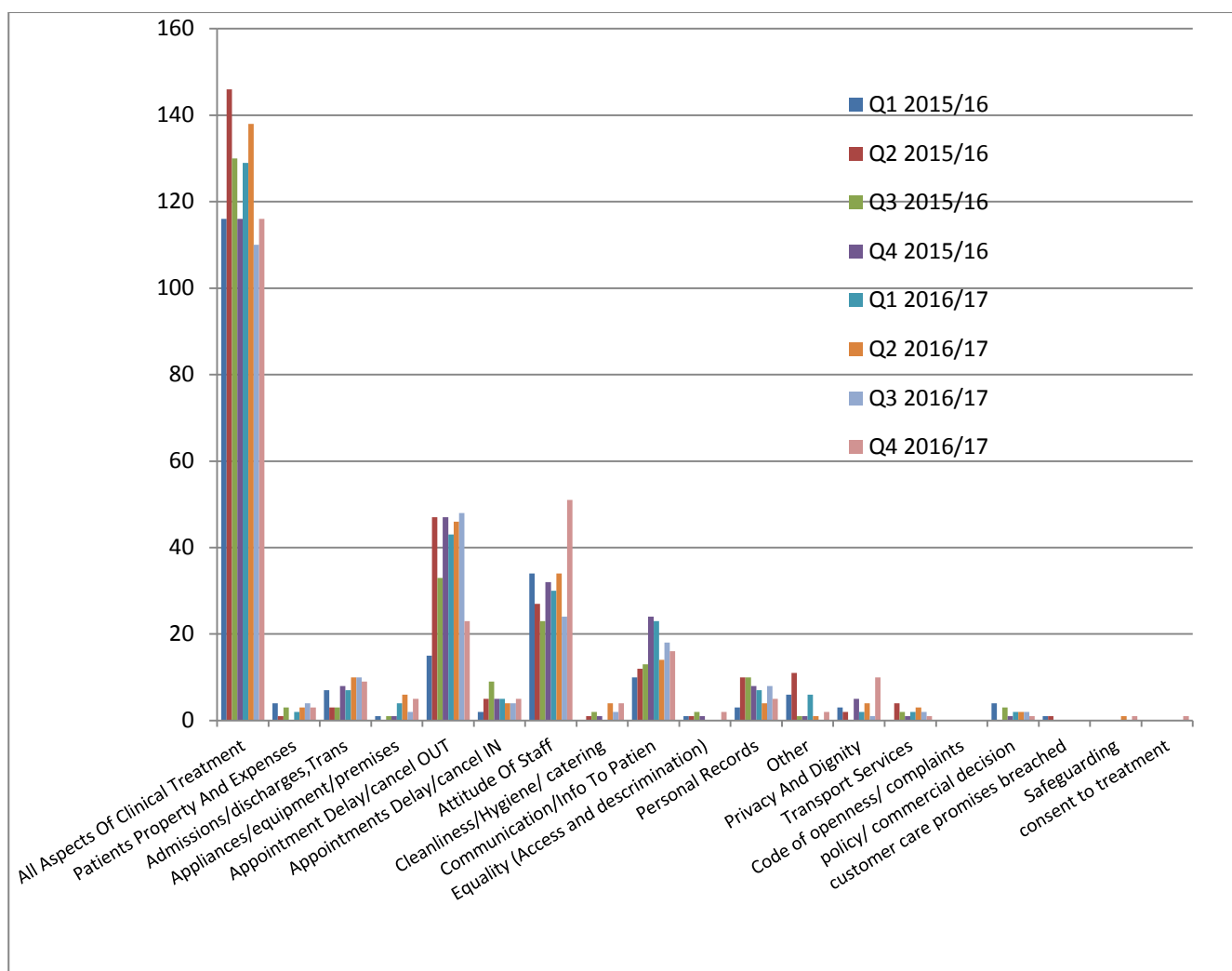


Breakdown of respondents by age (where specified)

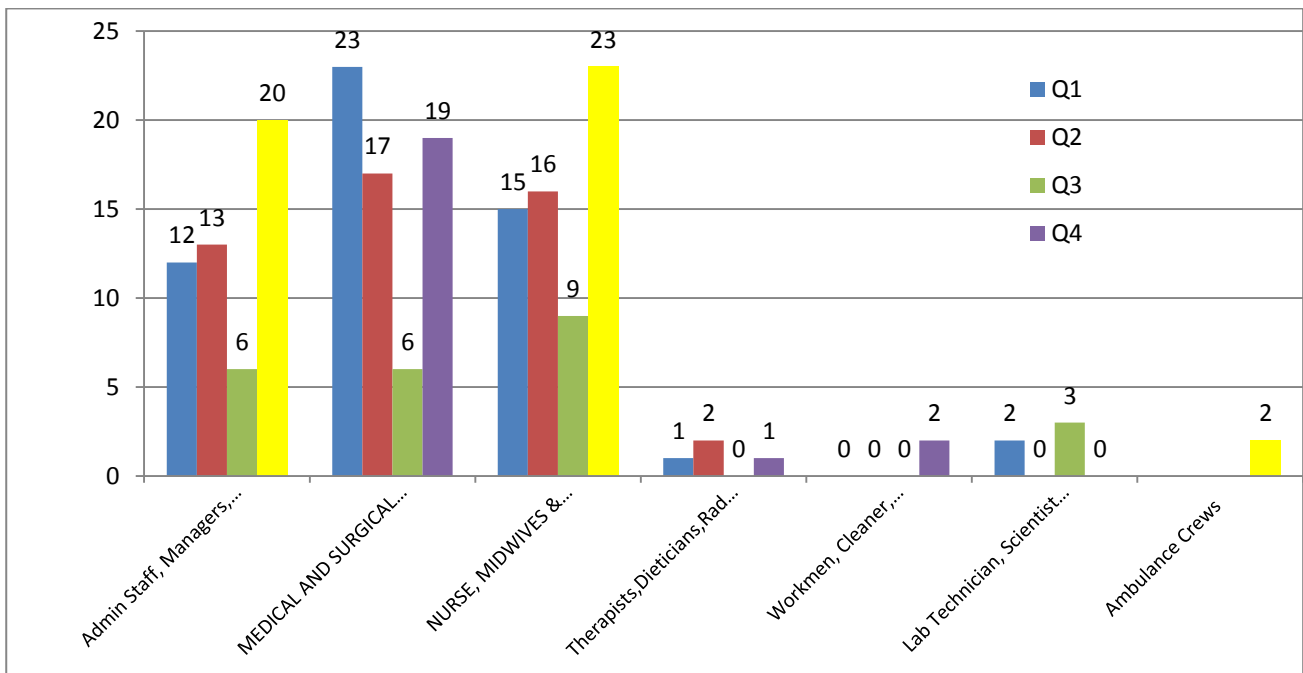
Breakdown of respondents by gender (where specified)



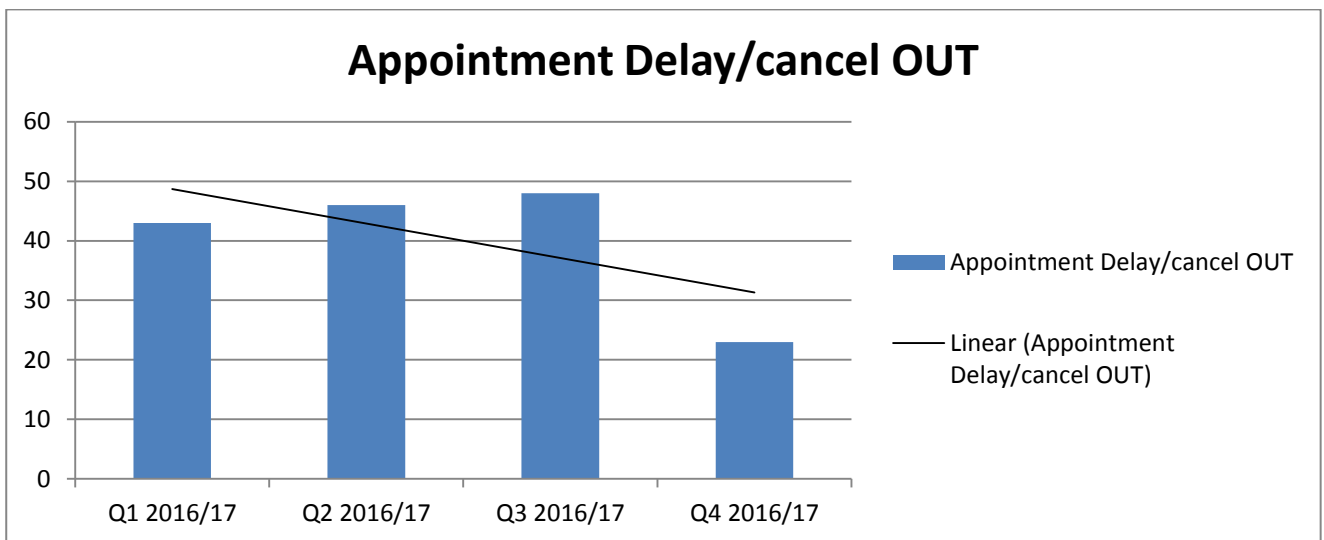
A breakdown of the top three themes complained about, broken down by Clinical Group or Corporate Directorate for 2016/17 compared to 2015/16. Where there were no complaints for this theme for a Clinical Group or Corporate Directorate, then they are not featured in this breakdown.



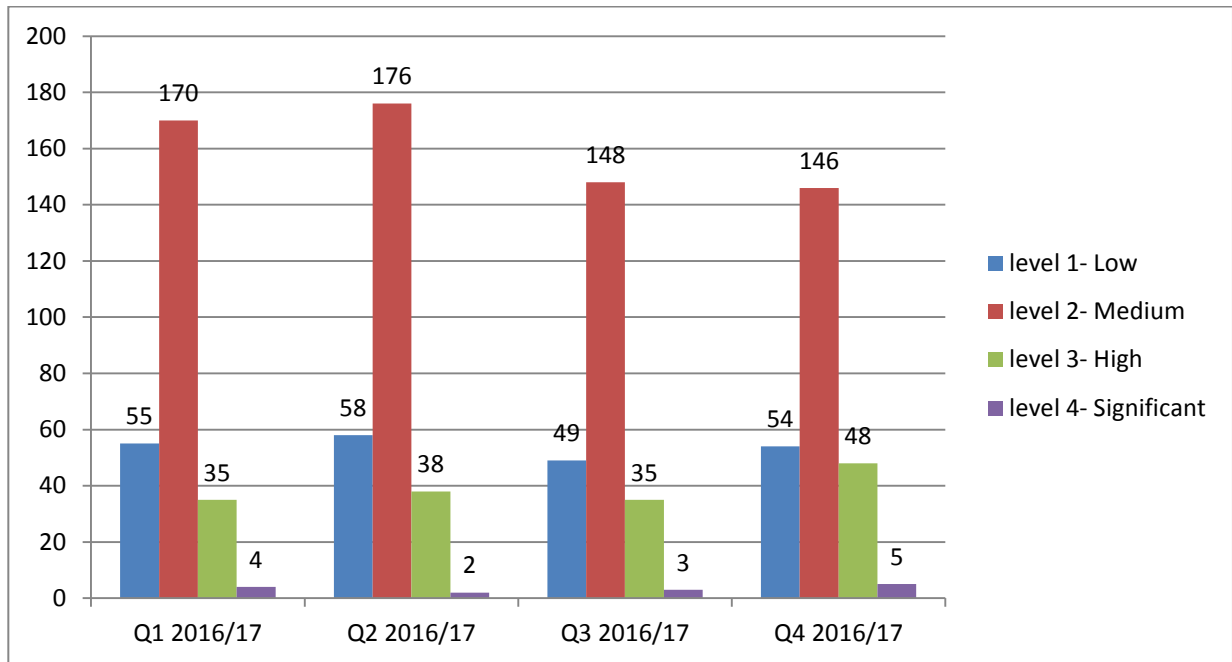
The number of complaints received about attitude of staff over the 4 quarters of 2016/17 highlighting those staff groups that increased in Q4



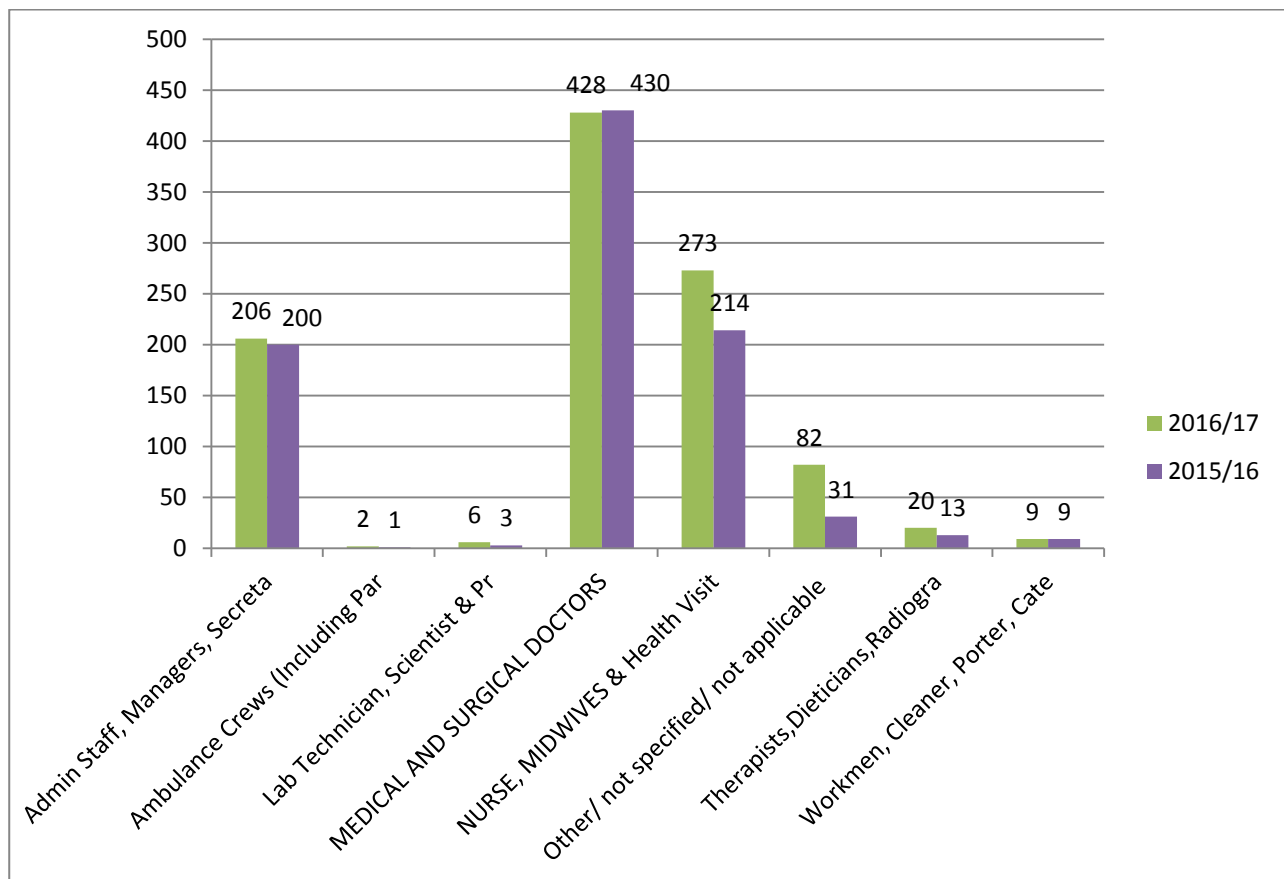
The number of complaints received about outpatient appointment over the 4 quarters of 2016/17 highlighting the decrease in Q4



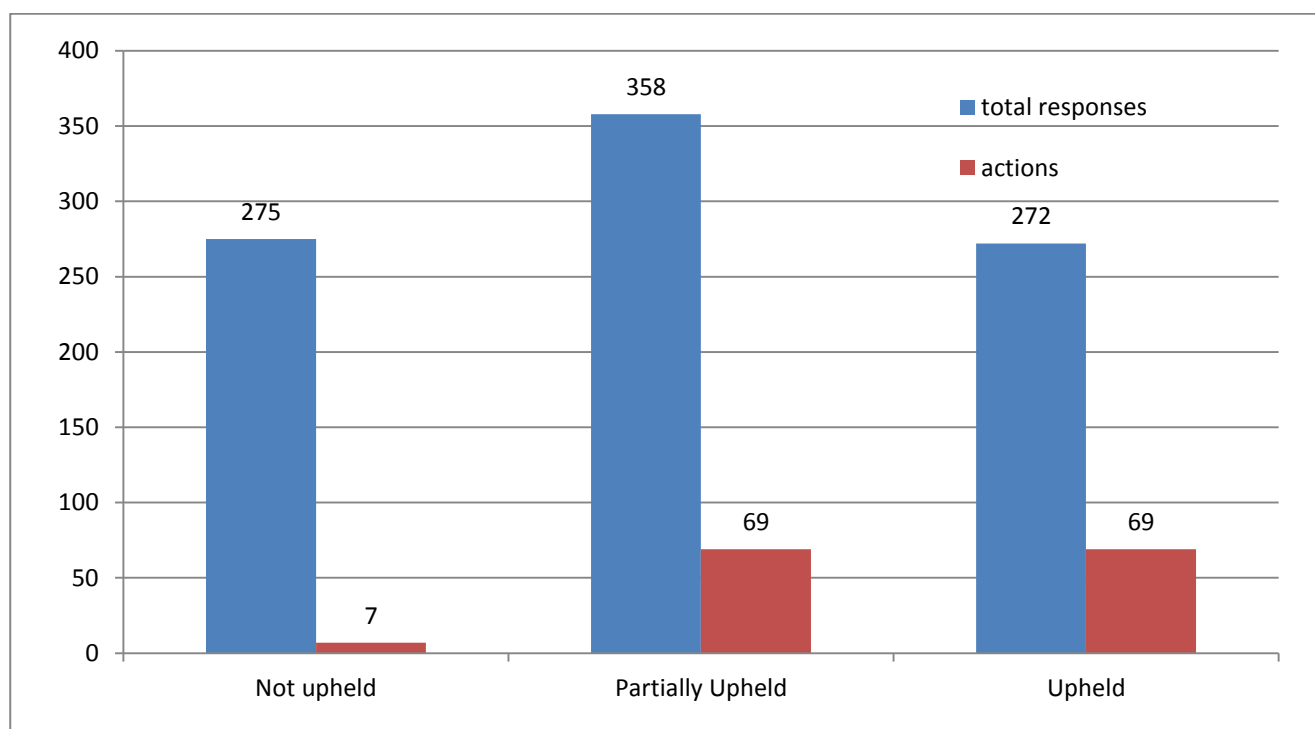
The distribution of complaint severity categories in 2016/17



The split of complaints across professions from 2016/17 compared to 2015/16



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



Examples of learning from complaints in 2016/17

- The management of the patient's pressure sores, by district nurses were questioned, by the family. They felt that they had not been fully aware of the care that was being provided by the nurses in their absence. As a result, a communication sheet has been developed by the team. This sheet is left with the patient after a visit, with updates on care, or concerns, allowing the family to be more involved in the visits when they are not present.
- An urgent outpatient appointment was misinterpreted by the booking team, and managed as a non-urgent booking. This resulted in a potential 9 week wait for this appointment so the patient paid privately. At this private appointment, she was diagnosed with cancer of the optic nerve. As a result of this complaint, and the underlying theme of concerns around appointment bookings, the contact centre responsible for these bookings are all undergoing a competency based training programme to ensure that all staff have the appropriate knowledge and skills to manage this important aspect of their roles.
- Communication between the District Nursing team, and a patient's family was criticised and as a result, a "Communication Sheet" is being trialled, where detail is left by the DN on a record that is left for family to read (with patients permission), so that they can be more involved in their family members care.
- The unit of weight was not specified on a paediatric prescription (Kgs vs pounds) and as a result the dosage dispensed was incorrect. Whilst the dosage that was subsequently given to the patient was incorrect, there were no adverse effects and no harm was done as a result. New guidance has been issued that specifies that all weight on prescriptions must be written in Kgs. Pharmacists

should check baby weights with the child's red health booklet or by contacting the clinic to obtain confirmation from the medical notes. The source of the weight must be clearly documented on the prescription and signed and dated by the person confirming the weight.

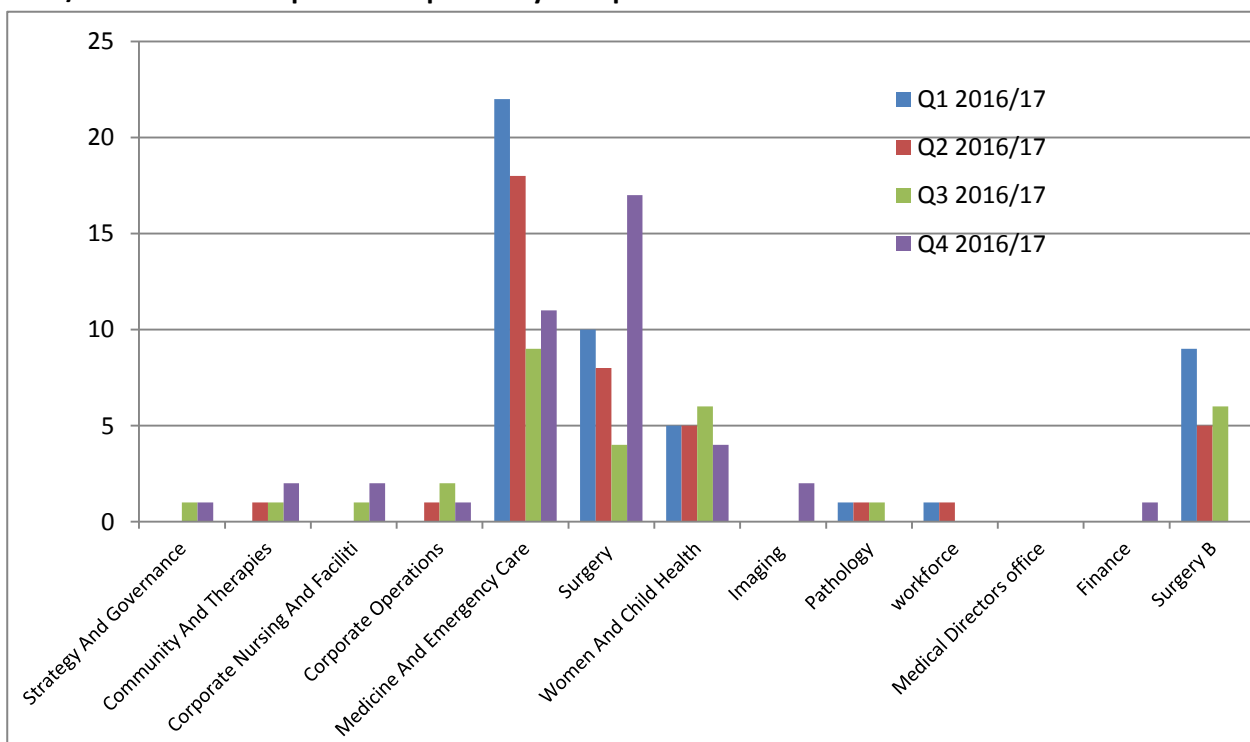
If there are any queries on prescriptions concerning weight, dosages, formulation or administration the prescriber must be contacted to clarify the prescription before it is issued to the patient and the outcome clearly documented on the prescription and signed and dated.

The patient (when appropriate as this may be a child) and their family or representative must be kept fully informed at all times of any possible delays due to the need to clarification of any details on the prescription which may need to be discussed with the prescriber.

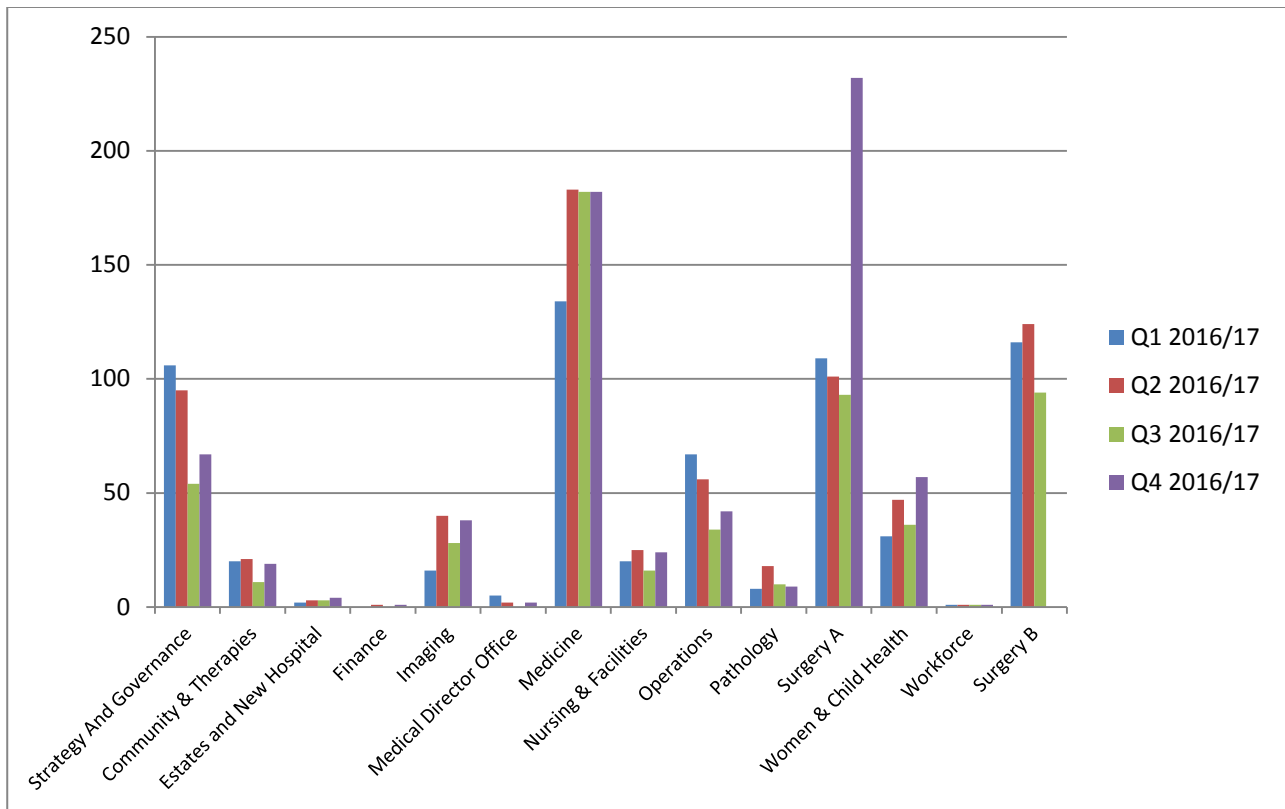
- When discharged from a long stay in hospital, the patient was taken home in a hospital arranged taxi. The patient had four carry bags and a suitcase with him, but received no support getting into his home from the taxi driver. In future, when booking a hospital arranged taxi in future, we will alert the taxi company to the fact that a patient may have several items with them or if for any other reason they may need assistance. This information will either be provided by the ward when they book a taxi directly or to Patient Transport if they are requested to book a taxi on the wards' behalf.
- When the patient got undressed to be x-rayed, they were distressed that there were students in attendance and they were not made aware of this. As well as acknowledging that they should have been introduced, there are now several posters that clearly state that there are students within the areas that patients may be examined and x-rayed and that if this does cause concern then this should be raised with staff at the time.

Appendix 10

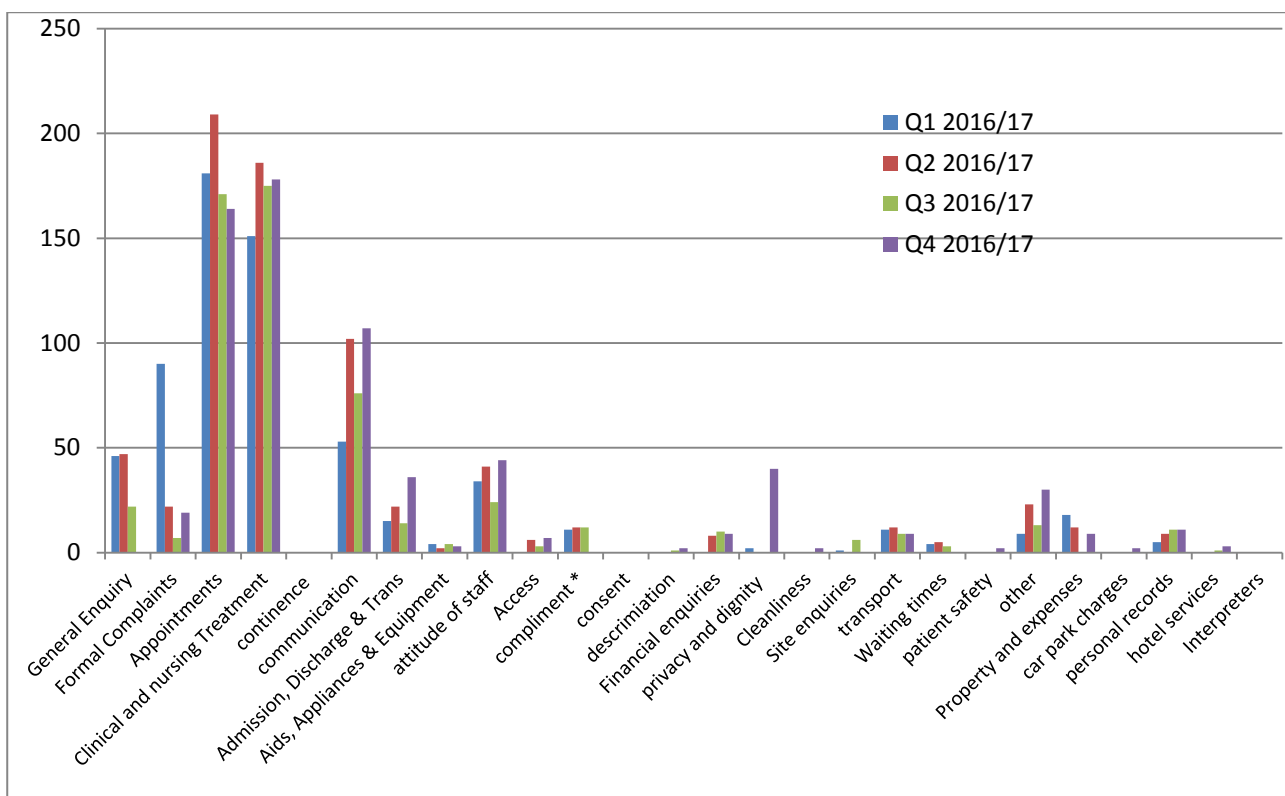
2016/17 number of reopened complaints by Group



PALS enquiries for 2016/17 by group split by quarter



PALS enquiries for 2016/17 by group split by quarter



TRUST BOARD

DOCUMENT TITLE:	Research and Development Plan 2017 - 2020
SPONSOR (EXECUTIVE DIRECTOR):	Dr Roger Stedman
AUTHOR:	Professor Karim Raza, Dr Jocelyn Bell
DATE OF MEETING:	Thursday 1 st June 2017

EXECUTIVE SUMMARY:

This paper lays out our objectives and approach to delivering a key pillar of our 2020 vision – The R&D Plan. The Board will be aware that we have been working to the 2014 – 2017 R&D Plan and that it was time to take that plan to the next level. The first R&D plan has delivered an R&D function operating on a stable financial platform and a growth of activity that has seen us deliver more research than has ever taken place at this Trust before. The plan did not however deliver the stretching ambition it set out from the outset to treble trial recruitment.

This plan outlines both the actions we will take to address this over the next 3 years as well as modelling a number of growth scenarios and the impact this will have on resources in the context of the capped income model that is currently operated by the local CRN.

The R&D team have further elaborated two preferred models of activity growth and carried out analysis of both the required input (staff) costs and the resultant opportunity (unfunded activity) costs in both scenarios. One scenario delivers the ambition over five years and covers its costs within the current funding model, the other scenario delivers the ambition over three years – but generates a funding gap that cannot be closed by current means in the order of £900k over three years.

REPORT RECOMMENDATION:

The board are asked to consider the following questions:

- Are the actions proposed in the plan considered sufficient and appropriate to deliver the ambition?
- Of the two modelled growth propositions – to debate the merits and risks of each.
- In particular – is the plan sufficiently aligned to other strategic objectives of the organisation?
- What more can we do as a board to engage patients and stakeholders in the R&D mission of the organisation?

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

R&D Plan
Quality & Safety Plans
People Plan
Digital Plan

PREVIOUS CONSIDERATION:

R&D Committee

Template for Pillar Plans

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Version Control

Date	Ver	Changes	Released to	Authorised

Purpose

The Trust vision is that we are recognised as a centre of national and international research excellence, delivering high-quality research across all service lines, affording staff and patients ready access to research opportunities. The R&D strategy is closely aligned with the Trust 2020 vision, focusing on embedding innovation and research for improved safety and quality of care. This reinforces research as core Trust business and will raise awareness of the value of research that underpins practice.

Aim

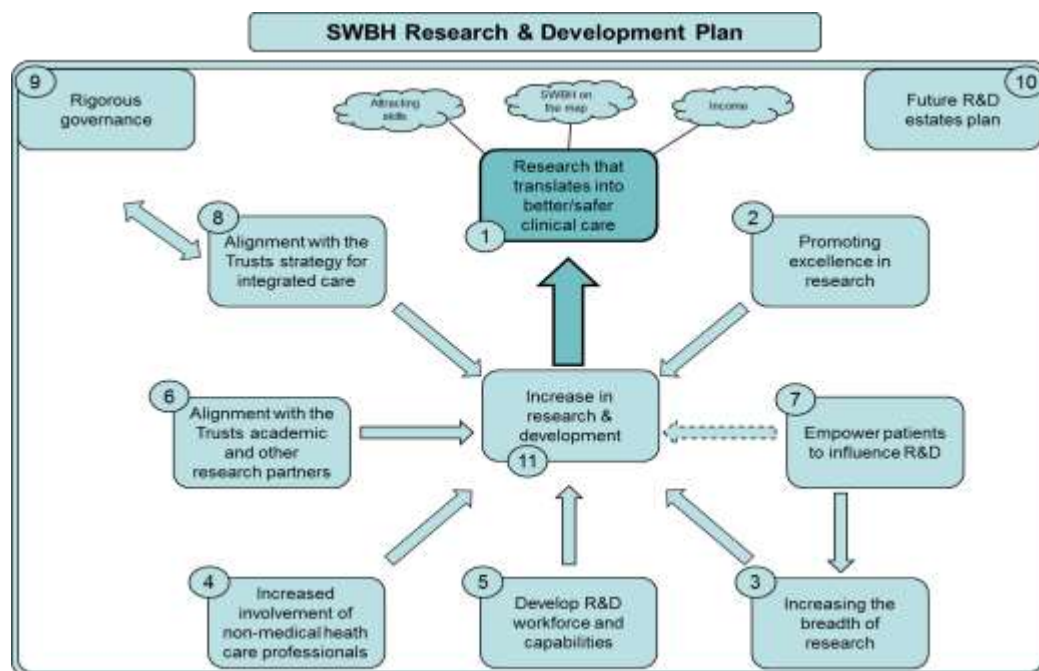
The 2017–2020 SWBH Research & Development (R&D) Plan provides a framework through which R&D will become integral to the culture of clinical practice at SWBH. The aim is to deliver an enhanced quality and quantity of research and development that translates into safer clinical care and better patient outcomes. This will in turn promote the profile of SWBH as a centre of outstanding R&D, attract clinical and non-clinical talent to SWBH, and improve staff motivation, workplace satisfaction and retention rates.

Objectives

The 2017 – 2020 R&D Plan will be achieved through the following objectives:

R&D Plan Objectives	
1	Translating research and development into better/safer clinical care
2	Promoting national and international excellence and leadership in research and development
3	Increasing the breadth of research and development
4	Increasing involvement of non-medical healthcare professionals in research and development
5	Developing the research and development workforce and capabilities through redesign and new ways of working
6	Empowering patients to influence research and development
7	Enhancing alignment with the Trust's academic and other research partners
8	Enhancing alignment with the Trust's strategy for integrated care
9	Ensuring rigorous research and development governance processes
10	Ensuring that the future estate for research and development supports the planned growth in activity
11	Increasing Research & Development activity (number of recruits)

R&D Activity



Scope

Assignment of the objectives is set through the R&D Committee and whilst some objectives are speciality specific others are cross cutting over several specialties.

Current State

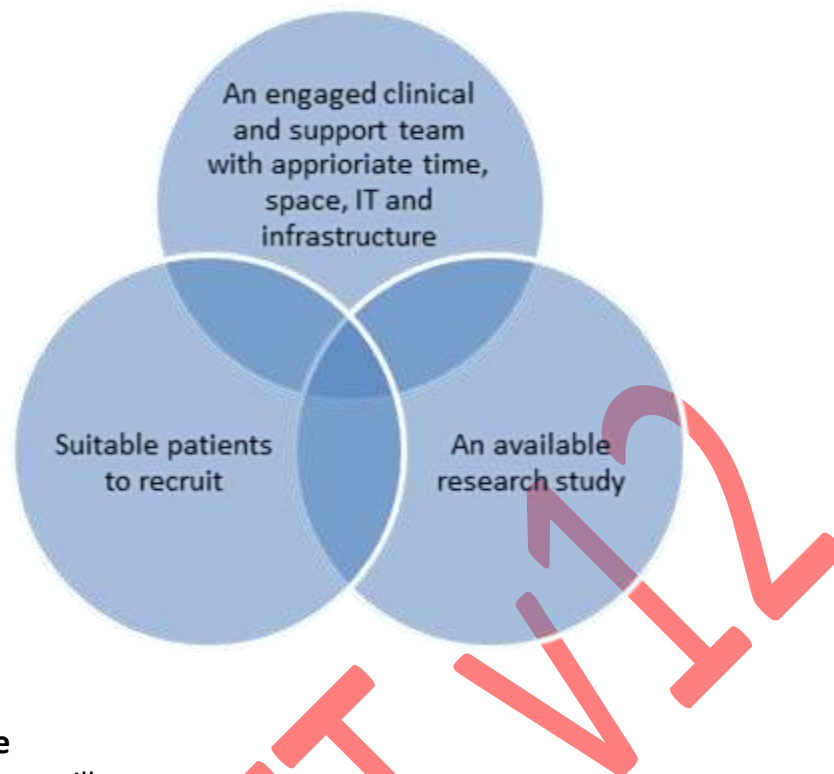
The outcomes of SWBH based research has been used to inform national and international guidelines to improve the management and care of patients with diseases such as Atrial fibrillation, Early arthritis, Pregnancy and rheumatic diseases, Parkinson's disease, Gyane-oncology. Our researchers have successfully secured national and international grant funding for research across a range of disease areas including Inflammatory arthritis, Corneal scarring, Atrial fibrillation, Behçet's disease and Faecal incontinence.

Since 2014 we have expanded the breath of our clinical portfolio with research activity taking place in a number of new specialties including Respiratory Medicine, Orthopaedics and Clinical Immunology. We have also seen an increase in the number of Allied Health Professionals involved in and leading research studies most notably our Physiotherapists. Growth to date is shown below.

Year	Research recruits	% growth
2013-2014	2015	
2014-2015	2092	4% (+77)
2015-2016	2629	26% (+537)
2016-2017	3200	22% (+571)

(2014 – 2017 = growth of 53% over the 3 years)

To continue growth in numbers three things need to be aligned.



Future State

In the future we will see:

- growth in research and development activity in areas where little or no research has been undertaken previously
- growth in research & development activity in two disease areas that are already active in delivery
- promotion of research in clinical nursing and midwifery with nurses/midwives in two areas being actively involved in research & development delivery
- expansion of the portfolio of research & development supported by physiotherapists
- expansion of research & development activity into new AHP areas e.g. optometrists, orthoptists, podiatrists, pharmacists, biomedical scientists, Medical Laboratory Scientific Officers
- delivery of research & development supported by high specification digital technologies
- our patients become more aware of and involved in research & development
- the development of new joint academic posts with local Universities
- the development of an integrated care model across the primary / secondary care interface supporting the delivery of research & development
- the development of a programme to support staff to obtain grant funding for research & development ideas
- SWBH working with CLAHRC-WM to institute changes in clinical practice resulting from research & development delivery

- health care professionals being encouraged to work with Specialty Advisory Groups and National (NICE) and international bodies to facilitate SWBH research & development being integrated into clinical guidelines
- our research & development workforce will be supported by a fully developed career structure with clear role definitions, career progression opportunities and training programmes and secondment opportunities for other Trust staff to experience research & development
- research & development being promoted across the Trust including dedicated R&D exhibition in the foyer of MMH, promotional materials available on other areas, a fully developed R&D section on the Trust website and a Trust R&D Twitter account

Scenario modelling

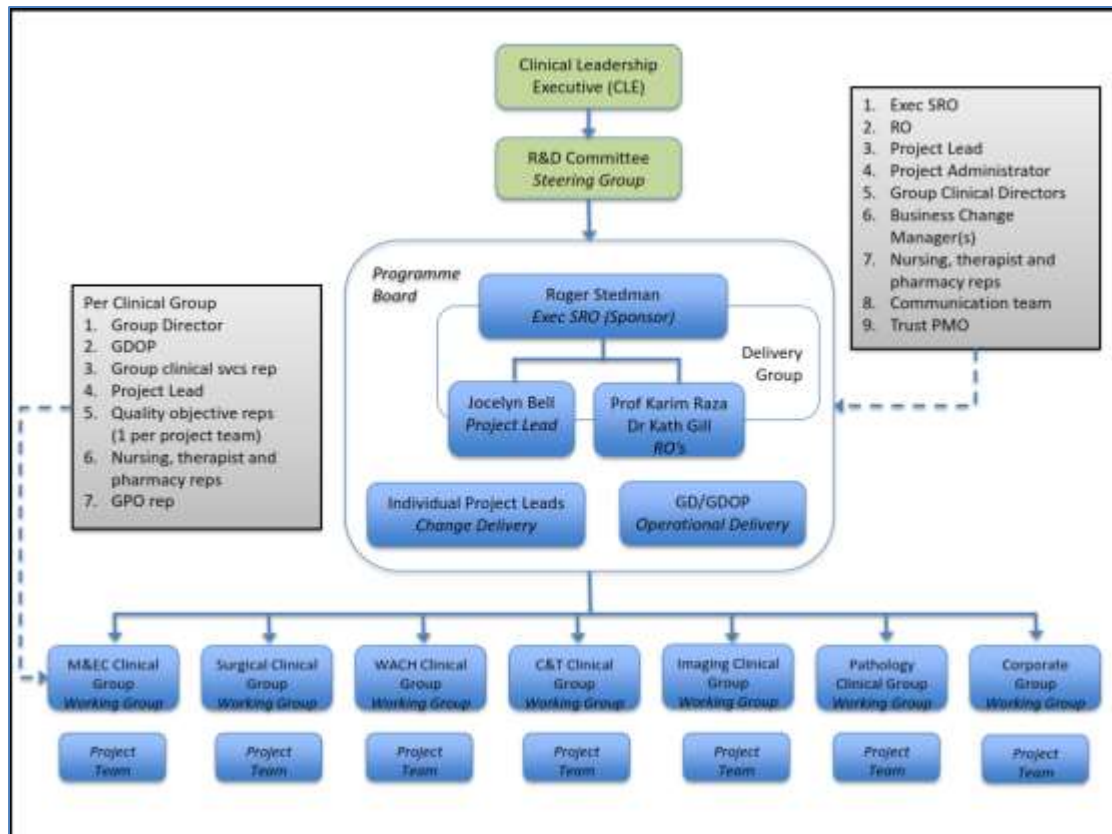
To understand the relationship between recruitment growth and income growth several scenarios have been developed (see appendix 1). A summary of these is detailed in Appendix 2.

Scenario 7 is considered to be the most suitable model taking into account delivery of growth, capacity and sustainability. Other alternative options with a steeper trajectory to achieve growth in numbers over a shorter period of time would result in a shortfall in income due to the capping of income growth by the West Midlands Clinical Research Network (WMCRN). The table below shows the growth that would be achieved if this model was adopted.

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

Organisation and governance

The R&D plan governance structure will use a programme board to define the R&D Plan improvements and working groups in each group will deliver the R&D objectives, supported by the Project Lead, Responsible Officers and Project Management Office (PMO).



Steering Group

The Research & Development Committee, chaired by the Medical Director, will act as the Steering Group to oversee the delivery of the Plan and hold the project SRO, Project Lead and Responsible Officers to account to deliver on time and to budget. This will be the forum for involving all parties impacted by the project. It will authorise the Plan, provide corporate direction as required, receive periodic updates on and advise on issues with progress.

Programme Board

The Programme Board is responsible for defining, planning and ensuring the delivery of the R&D Plan through:

- Sponsor (Exec SRO) – senior executive who champions the plan, and is the initial source for determining the plan’s scope and objectives. The sponsor keeps the executive team informed of overall progress and upward escalation of issues for executive decision
- Responsible Officers (RO) – Director and Deputy Director of R&D who champion the plan, and are co-responsible for determining the plan’s scope and objectives with SRO and fostering an environment within the groups for plan delivery
- Project Lead – Author and owner of the master R&D Plan on behalf of the Exec SRO. Works closely with ROs and working groups to:
 - Facilitate planning within working groups to enable groups to deliver objective projects

- Collate corporate oversight of rollout, project progress and exceptions to enable periodic reporting to the Steering Group
- Operational Delivery – Responsibility for delivery of the R&D Plan lies with the groups. This will be enabled by oversight through group directors of operations and directorate governance.
- Change Delivery – Individual Project Leads will provide the oversight to projects ensuring they add value to research & development

Delivery Group

The Delivery Group is a subset of the Programme Board with corporate responsibility for assuring the delivery of the plan through regular liaisons with the groups and directorates to ensure they:

- Understand process
- Develop credible delivery plans
- Regularly monitors feedback on progress of plans
- Provides feedback to exec PMO, R&D Committee and any other relevant committees

Group Engagement

The responsibility for delivering the R&D Plan objectives lies with the individual groups. This will require:

- A focus at group level to assure delivery of quality research & development – to be undertaken through group performance meetings. This can be an existing group meeting.
- A focus at directorate level to ensure engagement in the project. This will be led by the individual Project Leads who will be required to report progress to group performance meetings and to R&D Plan SRO, ROs and R&D Project Lead.
- Project Teams will be formed at group level and will be accountable for the implementation of the change and completion of the project. The team should be led by the individual Project Lead.

RACI

- Responsible – Groups are responsible for the implementation and management of projects to realise the Trust R&D Plan.
- Accountable – The Medical Director as SRO is accountable to the CEO for successfully designing, communicating, monitoring and controlling the overall Trust R&D Plan benefits, trajectories, targets and engagement with groups.
- Consulted – Initially discussed at R&D Committee meetings and with stakeholders at R&D QIHD in February 2017.
- Informed – A standard Trust wide communications mechanism will be used to keep all staff / groups in the Trust aware of the outline benefits, outcomes and activities associated with the R&D Plan.

Schedule

The objectives will be developed into projects in conjunction with the ROs, R&D Project Lead and individual Project Leads who will be supported by the PMO. Key areas of activity will be:

- Stakeholder identification – who is required to deliver objective/project
- Subject development – how can objective be delivered
- Development of project plan – detail of plan including timescales, KPIs, governance
- Signoff and implementation – SRO/R&D Committee

Communications plan

Stakeholder Analysis

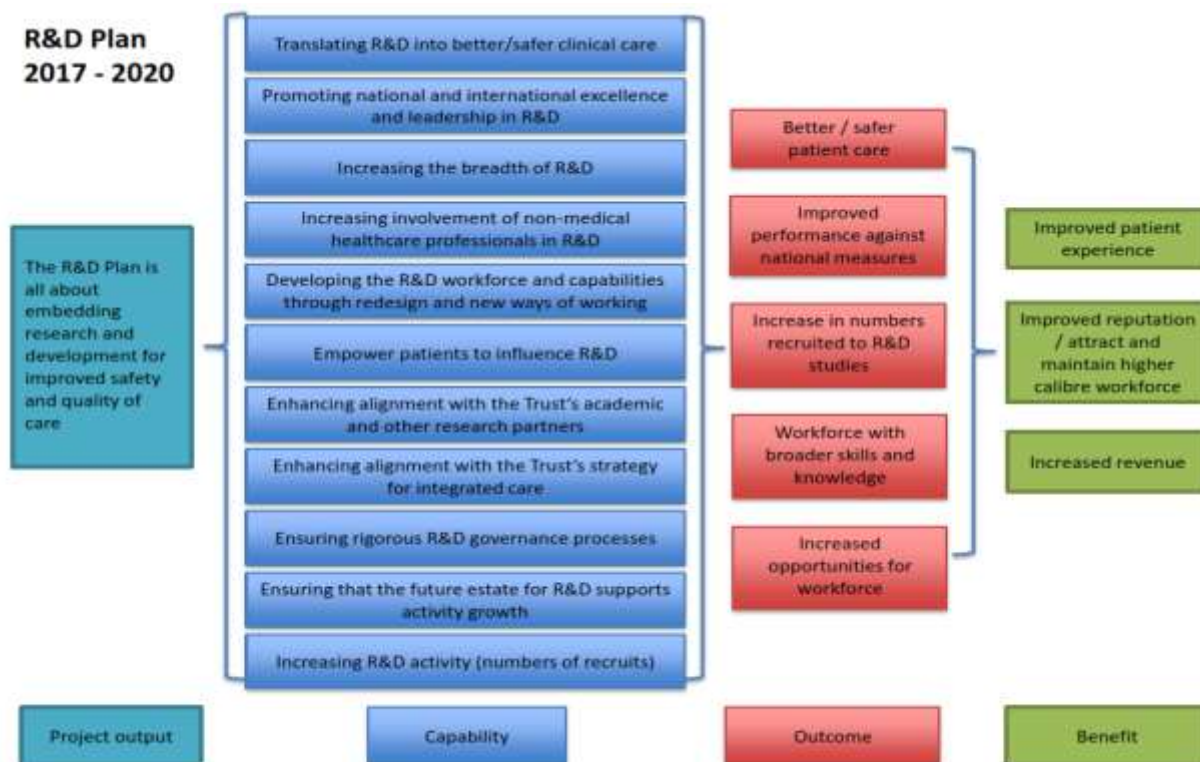
To ensure all appropriate parties are informed of the R&D activity and are able to contribute towards the 2017–2020 R&D plan, the following stakeholders will be part of the communications plan.

DRAFT V1.2

Stakeholder	Messages	Delivery Methods
Clinicians	<p>Every clinician, whatever their job role or grade, can play a role in the Trust's research activities</p> <p>There are an enormous range of different research activities to get involved with – research is not just about drug trials</p> <p>Involvement in research is an excellent way to broaden experience – and to build a portfolio</p> <p>Patients involved in clinical trials are still patients – and clinicians are still clinicians. Those involved in research will find that their clinical skills are highly valued.</p>	<p>R&D pages on Connect</p> <p>R&D agenda item on QIHDS</p> <p>Grand Rounds</p> <p>Departmental Away days</p> <p>R&D Investigator meetings</p> <p>MDT meetings</p> <p>R&D page in Heartbeat magazine</p> <p>MMH foyer R&D exhibition</p> <p>R&D promotional information around the Trust</p> <p>Social media – SWBH R&D Twitter account</p> <p>R&D training courses</p>
Nursing / Midwifery / AHP's	<p>All patient facing staff, whatever their job role or grade, can play a role in the Trust's research activities</p> <p>There are an enormous range of different research activities to get involved with – research is not just about drug trials</p> <p>Involvement in research projects is a route to career development and greater job satisfaction</p> <p>Ward and clinics staff have unrivalled patient knowledge and are in the front line when it comes to identifying potential recruits for research studies</p>	<p>R&D pages on Connect</p> <p>R&D agenda item on QIHDS</p> <p>Grand Rounds</p> <p>Departmental Away days</p> <p>R&D Investigator meetings</p> <p>MDT meetings</p> <p>R&D page in Heartbeat magazine</p> <p>MMH foyer R&D exhibition</p> <p>R&D promotional information around the Trust</p> <p>Social media – SWBH R&D Twitter account</p> <p>R&D training courses</p>
Patients	<p>Patient care is at the heart of everything we do – including our research, which is expected to deliver real patient benefits, every time</p> <p>The key to providing better patient care now and in the future depends</p>	<p>Trust website</p> <p>MMH foyer R&D exhibition</p> <p>R&D promotional information around the Trust</p>

	<p>on the Trust's involvement in clinical research.</p> <p>The Trust is already a world leader in many areas of clinical research – and patients directly benefit</p> <p>There are an enormous range of different research activities to get involved with – research is not just about drug trials</p> <p>Patients are always welcome to volunteer to join research studies – and they can be proud that they're making a real contribution to the progress of medicine</p> <p>Patients are never 'guinea pigs' – they are partners, whose health and wellbeing always come first</p> <p>Patients can join groups to champion research activity within Trust</p>	<p>Social media – SWBH R&D Twitter account</p> <p>External communications e.g. Newspaper articles, radio and TV interviews</p> <p>International Clinical Trials Day</p> <p>Hospital radio</p> <p>Patient and Public Involvement</p>
General Public	<p>The public we serve can take pride in the fact that their hospitals are world leaders in medical research.</p> <p>The Trust's research makes a real difference to people's lives.</p> <p>Every Trust research project is carried out for the benefit of patients, now and in the future. It is about real people in the real world, not 'science for its own sake'.</p> <p>Clinical research is an integral part of the Trust's role</p>	<p>Trust website</p> <p>MMH foyer R&D exhibition</p> <p>R&D promotional information around the Trust</p> <p>Social media – SWBH R&D Twitter account</p> <p>External communications e.g. Newspaper articles, radio and TV interviews</p> <p>International Clinical Trials Day</p> <p>Patient and Public Involvement</p>

Benefit analysis



Risks, Assumptions, Issues and Dependencies

Risks

- Studies to recruit to not available
- Investigators not having sufficient time in job plans to carry out research
- R&D dedicated estate not well structured to enable the efficiencies required to facilitate the growth plan within the planned cost model
- Staff retention in light of neighbouring organisations competing for skilled R&D resources
- Transition to new estates locations, during MMH transition, will impact delivery against the plan
- Non engagement of stakeholders to deliver the plan

Assumptions

- NIHR funding model for research activity remains consistent with the existing model
- R&D has sufficient estate on all Trust sites to facilitate the growth and delivery of the R&D plan

Issues

Dependencies

- EPR system will provide efficiencies in patient identification and tracking
- Imaging, pharmacy and Labs will have sufficient capacity and technology to support growth in research
- Growth is reliant on required increase in staff

Schedule

	R&D Plan Objectives	Schedule
1	Translating research and development into better/safer clinical care	Work with CLAHRC-WM to institute changes in maternity and educating mothers in choice of birth place. Work with Speciality Advisory Groups and National (NICE) and international bodies to facilitate SWBH research being integrated into clinical guidelines. E.g. in Atrial Fibrillation, Rheumatoid Arthritis, Lupus, Sjogens Syndrome , Parkinson's and Diabetes
2	Promoting national and international excellence and leadership in research and development	Expand the portfolio of research by further developing research within the Endobarrier programme e.g.-into Sleep Apnoea Expand the portfolio of research by further developing research within Bechet's e.g. microbial makeup of faeces linked to inflammatory disease Expand the portfolio of research by further developing research within Sjogren's syndrome and myositis
3	Increasing the breadth of research and development	Develop new research activity in three new disease areas and recruit the numbers stipulated within the study Expand the research activity in at least two areas already research active and recruit the numbers stipulated within the study Using the implementation of the new EPR to identify potential recruits for existing research programmes and identifying new research opportunities.
4	Increasing involvement of non-medical healthcare professionals	Promote active research within nursing with the support of the Chief Nurse

	in research and development	<p>New CNS actively involved in research delivery with delegated activities in two research areas</p> <p>Expand research activity in to other AHP areas</p> <p>Maintain profile of R&D in physiotherapy with a target of a minimum of 1 new study by April 2018</p> <p>Expand research activity in two new AHP areas e.g. Optometry / Orthoptics / Podiatry / Biomedical Scientists / Clinical Pharmacists/Medical Laboratory Scientific Officers with a target of a minimum of 2 new studies</p>
5	Developing the research and development workforce and capabilities through redesign and new ways of working	<p>Development of a career structure that provides role definition, career progression, retains experienced staff and offers secondment opportunities for Trust staff to experience R&D</p> <p>Development of training packages to support new and existing roles</p> <p>Identify and develop research mentors to support trainees in their new roles</p> <p>Maintain full complement of staff to manage the planned increase in recruits</p> <p>Review best practice working to develop and implement new ways of working throughout R&D</p>
6	Empowering patients to influence research and development	<p>Working with MMH commissioning team to develop R&D advertising space in the MMH Foyer</p> <p>Develop a new R&D Patient and Public Involvement group in one disease area</p> <p>Developing the R&D website</p> <p>Working with EPR team to develop a flag system that identifies patients who have indicated an interest in research electronically</p>
7	Enhancing alignment with the Trust's academic and other research partners	<p>Development and recruitment to a post in integrated care with a partner the University of Birmingham</p> <p>Establish links with Aston University to develop and recruit to a joint post in e.g. Obstetrics, Cardiology, Ophthalmology</p> <p>Ensuring SWBH is integrated into the arthritis accelerated trials programme between Birmingham and Oxford</p>

		Enhance collaborative working within the BCA e.g. FINCH
8	Enhancing alignment with the Trust's strategy for integrated care	<p>Develop a new forum, with representation from Primary and Secondary care, to support R&D activities at the interfaces of care. In addition, the R&D group will develop a strategy for the forum</p> <p>Develop a structured working method with local GP's and other health professionals, to support studies and patient recruitment, for new research activity focussed on integrated care</p> <p>Using population health informatics and the Health information exchange to identify potential areas of research and collaboration across the health economy.</p>
9	Ensuring rigorous research and development governance processes	<p>Develop a formal feasibility assessment process for new research studies to ensure deliverability prior to confirmation of capacity and capability by the SWBH R&D Office</p> <p>Develop research governance and management Standard Operating Procedures (SOP's) approved and released in the Trust</p> <p>Integrate the new UK Policy Framework for Health and Social Care Research</p> <p>Monitor and implement any changes linked to the EU Regulations, planned for October 2018, and Brexit</p>
10	Ensuring that the future estate for research and development supports the planned growth in activity	<p>Work with MMH, Estates and Capital Projects teams to understand future configuration of R&D services</p> <p>Future OPD accommodation & R&D's access particularly at STC</p> <p>Available space and accommodation for R&D across all sites</p>
11	Increasing Research & Development activity (number of recruits)	<p>Increase to xxxx participants recruited to research studies – Year 1</p> <p>Increase to xxxx participants recruited to research studies – Year 2</p> <p>Increase to xxxx participants recruited to research studies – Year 3</p>

APPENDIX 1 – Scenario Modelling

IMPROVEMENT Team | Analysis



R&D | Income and Recruits | SCENARIO 1: INCOME + 10% and Band 1 +10%, Band 2 +10%, Band 3 +10%, Non-Portfolio + 10% each Year

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra Information
<p>RECRUITS BY YEAR</p> <p>— Studies ••••• TARGET</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 9 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 10% EACH YEAR BAND 1 STUDIES INCREASE BY 10% EACH YEAR BAND 2 STUDIES INCREASE BY 10% EACH YEAR BAND 3 STUDIES INCREASE BY 10% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 10% EACH YEAR. WE DO NOT EXCEED OUR AGREED INCOME % INCREASE EACH YEAR.
	<p>Results</p> <p>It takes 7 years to reach 5862 study recruits. This target will be reached in Financial Year 2023-2024.</p>	<p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>CAVEAT</p> <p>1. We have the capacity to process the recruited studies outlined on this page each year. 2. The type and amount of study recruits are available nationally. 3. Our income can increase by the amount specified each year. 4. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.</p>
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra Information
<p>INCOME BY YEAR</p> <p>Income £ ••••• FUNDED INCOME</p>	<p>GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE.
	<p>Results</p> <p>It takes 7 years to reach 5862 study recruits at which point we will hit 1.4 million income for portfolio studies.</p>	<p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>CAVEAT</p> <p>1. The income tariff for each band does not change each year. 2. Non-Portfolio income is unknown/variable at this stage and does not affect keeping within funded income target.</p>

Author: Martin Chadderton | Produced: 5th January 2017, Document: R&D-INCOME-RECRUITS-SCENARIO1.doc

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = (\ln(x) - \ln(y)) / \ln(1 + (z/100))$$

whats:
 x = target
 y = current recruits
 z = % increase

RESULTS

7 Years to hit Study recruit target of 5862 with an income increase of 10% year on year without doing any unfunded studies.

CONCLUSION



R&D | Income and Recruits | SCENARIO 2 (PESSIMISTIC) - INCOME + 5% and Band 1,2,3 +5%, NON-PORTFOLIO+10%

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra Information
<p>RECRUITS BY YEAR</p> <p>Legend: — Studies, - - - - TARGET</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 12 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p> <p>Results</p> <p>It takes 12 years to reach 5987 study recruits. This target will be reached in Financial Year 2028-2029.</p>	<p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 5% EACH YEAR BAND 1 STUDIES INCREASE BY 5% EACH YEAR BAND 2 STUDIES INCREASE BY 5% EACH YEAR BAND 3 STUDIES INCREASE BY 5% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 10% EACH YEAR. WE DO NOT EXCEED OUR AGREED INCOME % INCREASE EACH YEAR. <p>Results</p> <p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> We have the capacity to process the recruited studies outlined on this page each year. The type and amount of study recruits are available nationally. Our income can increase by the amount specified each year. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra Information
<p>INCOME BY YEAR</p> <p>Legend: — Income £, - - - - FUNDED INCOME</p>	<p>GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.</p> <p>Results</p> <p>It takes 12 years to reach 5987 study recruits at which point we will hit 1.32 million income for portfolio studies. After 5 years we obtain 4.27 Million Income.</p>	<p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE. <p>Results</p> <p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> The Income tariff for each band does not change each year. Non-Portfolio income is unknown/variable at this stage and does not effect keeping within funded income target.

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = \frac{\ln(x) - \ln(y)}{\ln(1 + (z/100))}$$

where:

- x = target
- y = current recruits
- z = % increase

RESULTS

12 Years to hit Study recruit total of 5987 with an income increase of 5% year on year without doing any unfunded studies.

CONCLUSION



R&D | Income and Recruits | SCENARIO 2a (LOW INCOME % ALLOWANCE) - INCOME + 2% and Band 1,2,3 +5%, NON-PORTFOLIO+30%

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra information	
<p>RECRUITS BY YEAR</p> <p>— Studies TARGET</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 5 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p> <p>Results</p> <p>It takes 5 years to reach 4901 study recruits. This target of 6000 will be reached 3 years afterwards.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 2% EACH YEAR BAND 1 STUDIES INCREASE BY 5% EACH YEAR BAND 2 STUDIES INCREASE BY 5% EACH YEAR BAND 3 STUDIES INCREASE BY 5% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 30% EACH YEAR. WE DO EXCEED OUR AGREED INCOME % INCREASE EACH YEAR. <p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> We have the capacity to process the recruited studies outlined on this page each year. The type and amount of study recruits are available nationally. Our income can increase by the amount specified each year. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on. 	
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra information	
<p>INCOME BY YEAR</p> <p>Income E GAP FUNDED INCOME</p>	<p>GRAPH 2 shows the Income each year against funded income obtained when the study recruits change in GRAPH 1.</p> <p>Results</p> <p>It takes 5 years to reach 4901 study recruits at which point we will hit 939k in that year but this and previous years will have included 363k unfunded activity.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE. <p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> The Income tariff for each band does not change each year. Non-Portfolio income is unknown/variable at this stage and does not affect keeping within funded income target. 	

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and Income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = \frac{\ln(x) - \ln(y)}{\ln(1 + (z/100))}$$

where:

- x = target
- y = current recruits
- z = % increase

RESULTS

5 Years to hit Study recruit total of 4901 with an Income increase of 2% year on year with doing unfunded studies.

CONCLUSION



R&D | Income and Recruits | SCENARIO 3 (OPTIMISTIC) - INCOME + 10% and Band1 + 20%, Band 2 + 10%, Band 3 + 9%, NON-PORTFOLIO + 33%.

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra Information
<p>RECRUITS BY YEAR</p> <p>— Studies TARGET</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 12 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 10% EACH YEAR. BAND 1 STUDIES INCREASE BY 20% EACH YEAR BAND 2 STUDIES INCREASE BY 10% EACH YEAR BAND 3 STUDIES INCREASE BY 9% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 33% EACH YEAR. WE DO NOT EXCEED OUR AGREED INCOME % INCREASE EACH YEAR.
	<p>Results</p> <p>It takes 5 years to reach 5946 study recruits. This target will be reached in Financial Year 2021-2022.</p>	<p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>RECRUITS</p> <ul style="list-style-type: none"> Non Portfolio: 17% BAND 1: 1% BAND 2: 68% BAND 3: 14%
		<p>Caveat</p> <p>1. We have the capacity to process the recruited studies outlined on this page each year. 2. The type and amount of study recruits are available nationally. 3. Our income can increase by the amount specified each year. 4. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.</p>
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra Information
<p>INCOME BY YEAR</p> <p>— Income £ FUNDED INCOME</p>	<p>GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.</p>	<p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE.
	<p>Results</p> <p>It takes 5 years to reach 5946 study recruits at which point we will hit 1.18 million income for portfolio studies. After 5 years we have 4.9Million income.</p>	<p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>INCOME</p> <ul style="list-style-type: none"> BAND 1: 2% BAND 2: 48% BAND 3: 48% Non Portfolio: 2% <p>AFTER 1 YEAR</p> <ul style="list-style-type: none"> BAND 1: £1,728 BAND 2: £486.2 BAND 3: £518.6
		<p>Caveat</p> <p>1. The Income tariff for each band does not change each year. 2. Non-Portfolio income is unknown/variable at this stage and does not effect keeping within funded income target.</p>

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = \frac{\ln(x) - \ln(y)}{\ln(1 + (z/100))}$$

where:

- x = target
- y = current recruits
- z = % increase

RESULTS

5 Years to hit Study recruit total of 5946 with an income increase of 10% year on year without doing any unfunded studies.

CONCLUSION



R&D | Income and Recruits | SCENARIO 4 (RACE TO 6000) - FUNDED INCOME + 10% and Band1 + 100%, Band 2 + 15%, Band 3 + 15%, NON-PORTFOLIO + 50%.

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra Information
<p>RECRUITS BY YEAR</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 12 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p>	<p>GRAPH 1 Extra Information</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 10% EACH YEAR BAND 1 STUDIES INCREASE BY 100% EACH YEAR BAND 2 STUDIES INCREASE BY 15% EACH YEAR BAND 3 STUDIES INCREASE BY 15% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 50% EACH YEAR. WE EXCEED OUR AGREED INCOME % INCREASE EACH YEAR.
	<p>Results</p> <p>It takes 3 years to reach 5995 study recruits. This target will be reached in Financial Year 2019-2020.</p>	<p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>Caveat</p> <p>1. We have the capacity to process the recruited studies outlined on this page each year. 2. The type and amount of study recruits are available nationally. 3. Our income can increase by the amount specified each year. 4. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.</p>
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra Information
<p>INCOME BY YEAR</p>	<p>GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.</p>	<p>GRAPH 2 Extra Information</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE.
	<p>Results</p> <p>It takes 3 years to reach 5995 study recruits at which point we will hit 1.11 million (income for portfolio studies but have done 139k worth of unfunded studies. After 5 years we have 301k of unfunded work.</p>	<p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>Caveat</p> <p>1. The Income tariff for each band does not change each year. 2. Non-Portfolio income is unknown/variable at this stage and does not effect keeping within funded income target.</p>

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = \frac{(\ln(x) - \ln(y))}{\ln(1 + (z/100))}$$

WHERE:

- x = target
- y = current recruits
- z = % increase

RESULTS

3 Years to hit Study recruit total of 5995 FUNDED income increase of 10% year on year with doing some unfunded studies for first 3 years.

CONCLUSION



R&D | Income and Recruits | SCENARIO 5 (RACE TO 6000) - FUNDED INCOME + 5% and Band1 + 100%, Band 2 + 15%, Band 3 + 15%, NON-PORTFOLIO + 50%.

GRAPH 1: RECRUITS BY YEAR	Description	GRAPH 1 Extra Information
<p>RECRUITS BY YEAR</p> <p>— Studies ——— TARGET</p>	<p>GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 12 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.</p> <p>Results</p> <p>It takes 3 years to reach 5995 study recruits. This target will be reached in Financial Year 2019-2020.</p>	<p>GRAPH 1 Extra Information</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> FUNDED INCOME INCREASES BY 5% EACH YEAR BAND 1 STUDIES INCREASE BY 100% EACH YEAR BAND 2 STUDIES INCREASE BY 15% EACH YEAR BAND 3 STUDIES INCREASE BY 15% EACH YEAR NON-PORTFOLIO STUDIES INCREASE BY 50% EACH YEAR WE EXCEED OUR AGREED INCOME % INCREASE EACH YEAR. <p>GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> We have the capacity to process the recruited studies outlined on this page each year. The type and amount of study recruits are available nationally. Our income can increase by the amount specified each year. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.
GRAPH 2: INCOME BY YEAR	Description	GRAPH 2 Extra Information
<p>INCOME BY YEAR</p> <p>Income E GAP FUNDED INCOME</p>	<p>GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.</p> <p>Results</p> <p>It takes 3 years to reach 5995 study recruits at which point we will hit 1.11 million income for portfolio studies but have done 500k worth of unfunded studies.</p>	<p>GRAPH 2 Extra Information</p> <p>SCENARIO CONDITIONS:</p> <ul style="list-style-type: none"> BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT. BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT. BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT. NON-PORTFOLIO STUDY INCOME IS VARIABLE. <p>GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND</p> <p>Caveat</p> <ol style="list-style-type: none"> The income tariff for each band does not change each year. Non-Portfolio income is unknown/variable at this stage and does not affect keeping within funded income target.

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

CALCULATE Time(t) to achieve target using formula:

$$t = \frac{(\ln(x) - \ln(y))}{\ln(1 + (z/100))}$$

where:

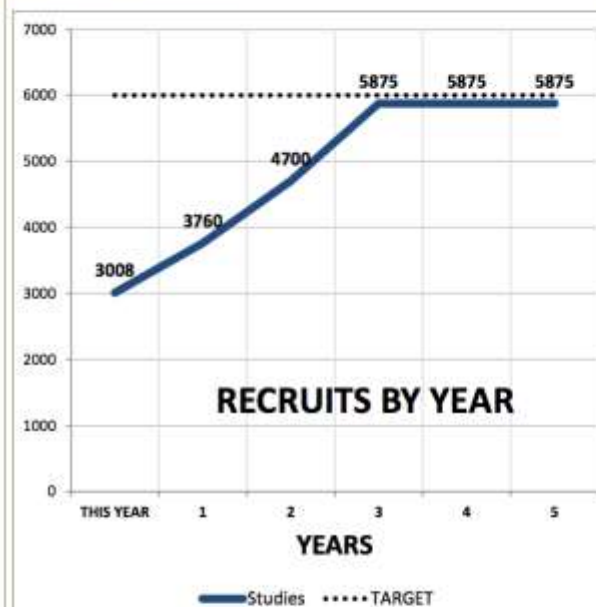
- x = target
- y = current recruits
- z = % Increase

RESULTS

3 Years to hit Study recruit total of 5995 FUNDED Income increase of 5% year on year with doing some unfunded studies for first 3 years and this unfunded work carries on until funded allowance catches up with work undertaken.

R&D | Income and Recruits | SCENARIO 7 (25% recruits EXTRA Each Year) – FUNDED INCOME + 10%

GRAPH 1: RECRUITS BY YEAR

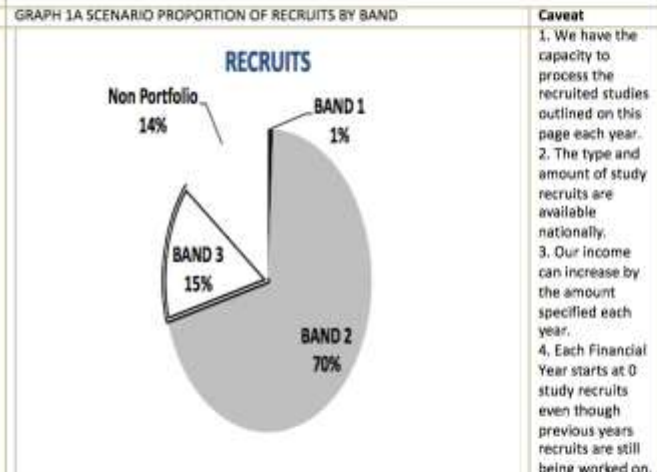


Description
 GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 5 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.

GRAPH 1 Extra Information
 SCENARIO CONDITIONS:

- FUNDED INCOME INCREASES BY 10% EACH YEAR
- BAND 1 STUDIES INCREASE BY 25% EACH YEAR
- BAND 2 STUDIES INCREASE BY 25% EACH YEAR
- BAND 3 STUDIES INCREASE BY 25% EACH YEAR
- NON-PORTFOLIO STUDIES INCREASE BY 25% EACH YEAR.
- WE EXCEED OUR AGREED INCOME % INCREASE EACH YEAR.

Results
 It takes 3 years to reach 5875 study recruits. This target will be reached in Financial Year 2019-2020



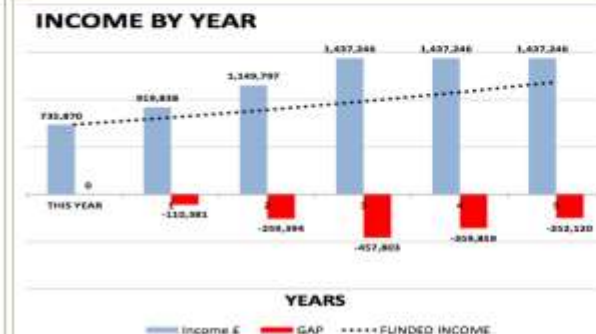
Caveat
 1. We have the capacity to process the recruited studies outlined on this page each year. 2. The type and amount of study recruits are available nationally. 3. Our income can increase by the amount specified each year. 4. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.

PURPOSE
 To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD
 Use current year April to Sept totals and forecasted actuals.
 APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.
 CALCULATE Time(t) to achieve target using formula:

$$t = \frac{\ln(x) - \ln(y)}{\ln(1 + (z/100))}$$
 WHERE:
 x = target
 y = current recruits
 z = % increase

GRAPH 2: INCOME BY YEAR

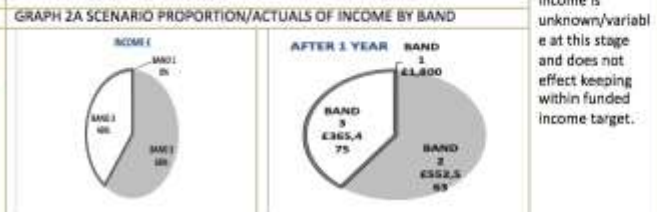


Description
 GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.

GRAPH 2 Extra Information
 SCENARIO CONDITIONS:

- BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT.
- BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT.
- BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT.
- NON-PORTFOLIO STUDY INCOME IS VARIABLE.

Results
 It takes 3 years to reach 5875 study recruits at which point we will have done 1.4 Million worth of unfunded studies.



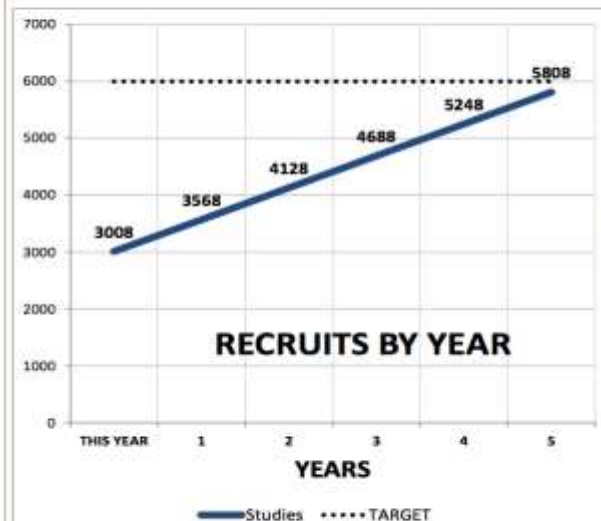
Caveat
 1. The Income tariff for each band does not change each year. 2. Non-Portfolio income is unknown/variable at this stage and does not effect keeping within funded income target.

RESULTS



R&D | Income and Recruits | SCENARIO 7 (560 recruits EXTRA Each Year) - FUNDED INCOME + 10%

GRAPH 1: RECRUITS BY YEAR



Description

GRAPH 1 shows study recruits by year from Financial Year 2016-2017 (this year) to 12 years in the future and the increase in recruits that can be obtained using the scenario outlined in GRAPH 1 Extra Information.

Results

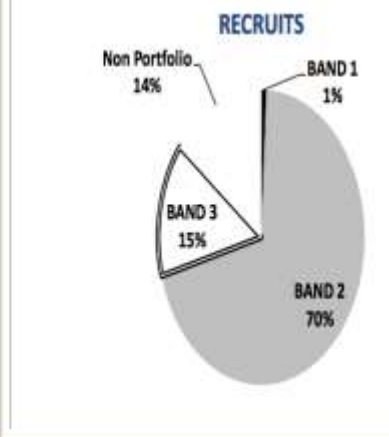
It takes 5 years to reach 5808 study recruits. This target will be reached in Financial Year 2021-2022.

GRAPH 1 Extra Information

SCENARIO CONDITIONS:

- FUNDED INCOME INCREASES BY 10% EACH YEAR
- BAND 1 STUDIES INCREASE BY CURRENT RATIO APPLIED TO 560 EACH YEAR
- BAND 2 STUDIES INCREASE BY CURRENT RATIO APPLIED TO 560 EACH YEAR
- BAND 3 STUDIES INCREASE BY CURRENT RATIO APPLIED TO 560 EACH YEAR
- NON-PORTFOLIO STUDIES INCREASE BY CURRENT RATIO APPLIED TO 560 EACH YEAR.
- WE EXCEED OUR AGREED INCOME % INCREASE EACH YEAR.

GRAPH 1A SCENARIO PROPORTION OF RECRUITS BY BAND



Caveat

1. We have the capacity to process the recruited studies outlined on this page each year.
2. The type and amount of study recruits are available nationally.
3. Our income can increase by the amount specified each year.
4. Each Financial Year starts at 0 study recruits even though previous years recruits are still being worked on.

PURPOSE

To illustrate the effect of different scenarios on the R&D study recruit and income totals each year with the aim to hit a target of 6000 study recruits within a financial year whilst staying within income constraints.

METHOD

Use current year April to Sept totals and forecasted actuals.

APPLY an increase to the income and also increase study recruits across bands 1,2,3 and Non-Portfolio.

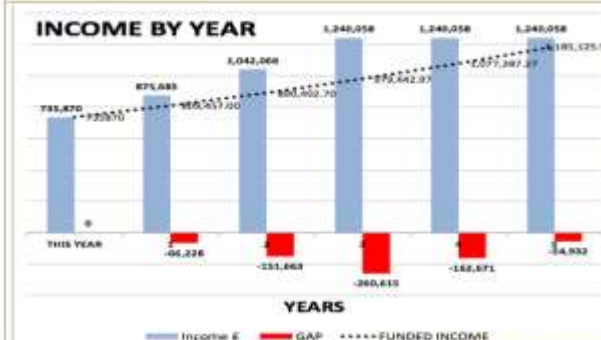
CALCULATE Time(t) to achieve target using formula:

$$t = \frac{\ln(x) - \ln(y)}{\ln(1+z/100)}$$

where:

- x = target
- y = current recruits
- z = % increase

GRAPH 2: INCOME BY YEAR



Description

GRAPH 2 shows the income each year against funded income obtained when the study recruits change in GRAPH 1.

Results

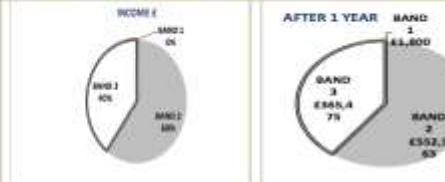
It takes 5 years to reach 5808 study recruits at which point we will have done 696k worth of unfunded studies.

GRAPH 2 Extra Information

SCENARIO CONDITIONS:

- BAND 1 STUDIES ARE 1 UNIT AT £60 PER RECRUIT.
- BAND 2 STUDIES ARE 3.5 UNITS AT £210 PER RECRUIT.
- BAND 3 STUDIES ARE 11 UNITS AT £660 PER RECRUIT.
- NON-PORTFOLIO STUDY INCOME IS VARIABLE.

GRAPH 2A SCENARIO PROPORTION/ACTUALS OF INCOME BY BAND



Caveat

1. The income tariff for each band does not change each year.
2. Non-Portfolio income is unknown/variable at this stage and does not effect keeping within funded income target.

RESULTS

APPENDIX 2 – Scenario Modelling Summary

	Allowed Income Increase %	Band 1 increase%	Band 2 increase%	Band 3 increase%	Non-Portfolio	Years to reach target	Chargeable Income after 5 years £M	Unfunded Activity 1 st Year £	Unfunded Activity after 5 years £M	CHARGEABLE MINUS UNFUNDED £M AFTER 5 YEARS
1	10%	10%	10%	10%	10%	7	4.94	0	0	4.94
2	5%	5%	5%	5%	10%	12	4.27	0	0	4.27
2a	2%	5%	5%	5%	30%	9	3.9	22,076	0.36	3.54
3	10%	20%	10%	9%	33%	5	4.94	0	0	4.94
4	10%	100%	15%	15%	50%	3	4.94	36,793	0.3	4.64
5	5%	100%	15%	15%	50%	3	4.27	73,587	0.98	3.29
6	10%	25%	25%	25%	25%	3	4.94	110,381	1.44	2.83
7	10%	560 extra recruits each year split using current ratio of bands and non-portfolio				5	4.94	66,228	0.70	4.24

Scenario		16-17	17-18	18-19	19-20	20-21	21-22	
560 extra recruits per year	Income by year	£735,870	£809,457	£890,403	£979,443	£1,077,387	£1,185,126	
	Unfunded Activity (l)	£0	£66,228	£151,663	£260,615	£162,671	£54,932	
		£735,870	£875,685	£1,042,066	£1,240,058	£1,240,058	£1,240,058	
	Staff Costs	£1,526,556	£1,544,658	£1,803,299	£1,949,255	£2,116,129	£2,346,821	
25% extra recruits per year	Income by year	£735,870	£809,457	£890,403	£979,443	£1,077,387	£1,185,126	
	Unfunded Activity (l)	£0	£110,381	£259,394	£457,803	£359,859	£252,120	
		£735,870	£919,838	£1,149,797	£1,437,246	£1,437,246	£1,437,246	
	Staff Costs	£1,526,556	£1,544,658	£2,040,673	£2,366,821	£2,346,826	£2,346,821	
Difference	Income	£0	£0	£0	£0	£0	£0	
	Unfunded Activity (l)	£0	-£44,153	-£107,731	-£197,188	-£197,188	-£197,188	-£743,448
	Staff Costs	£0	£0	-£237,374	-£417,566	-£230,697	£0	-£885,637

WTE growth	2017-2018		2018-2019		2019-2020		2020-2021		Adjustment factor	2021-2022				
	Recruit growth		2017-2018		2018-2019		2019-2020			2020-2021		2021-2022		
Total WTE cost	1 WTE cost	RECRUITS	+/-	RECRUITS	+/-	RECRUITS	+/-	RECRUITS	+/-	RECRUITS	+/-			
PAY COSTS 2016-2017			3760	560	4320	560	4880	560	5440	560	6000	560		
Cost Centre : RDV	WTE (Actual)		WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £		
Senior Manager - Band 8a	1	60372	60372.00	1.0	60,372	1.0	60,372	1.0	60,372	1.0	60,372	1.0	60,372	
Admin and Clerical - Band 7	1	40393.8	40393.80	1.0	40,394	1.0	40,394	1.0	40,394	1.0	40,394	1.0	40,394	
Admin and Clerical - Band 6	1	37728	37728.00	1.0	37,728	2.0	75,456	2.0	75,456	2.0	75,456	2.0	75,456	
Admin and Clerical - Band 5	2	61100.4	30550.20	3.0	91,651	3.0	91,651	3.0	91,651	3.0	91,651	4.0	122,201	
Admin and Clerical - Band 4	1	26716.75	26716.75	1.0	26,717	2.0	53,434	2.0	53,434	2.0	53,434	2.0	53,434	
Admin and Clerical - Band 3	0	0	23636.10	0.0	0	0.0	0	0.0	0	0.0	0	1.00	0	
Admin and Clerical - Band 2	1	21242.4	21242.40	1.0	21,242	0.0	0	0.0	0	0.0	0	1.00	0	
	7	247,553.35		8.0	278,104	9.0	321,306	9.0	321,306	9.0	321,306	10.0	351,856	
Cost Centre : RSN														
Nursing & Midwifery Qual - Band 8a	1	60386.28	60372.00											
RN/CTP - Band 7	3	143815.92	47938.64	4.00	191,755	4.00	191,755	4.00	191,755	5.00	239,693	1.00	5.0	239,693
RN/CTP - Band 6	17.87	674199.36	37728.00	17.87	674,199	22.00	830,016	23.00	867,744	24.00	905,472	1.00	25.0	943,200
RN/CTP - Band 5	4.27	130449.35	30550.20	4.27	130,449	6.00	183,301	7.00	213,851	8.00	244,402	1.00	10.0	305,502
Admin and Clerical - Band 4	3	81062.64	27020.88	3.00	81,063	5.00	135,104	7.00	189,146	8.00	216,167	1.00	10.0	270,209
Admin and Clerical - Band 3	8	189088.8	23636.10	8.00	189,089	6.00	141,817	7.00	165,453	8.00	189,089	1.00	10.0	236,361
	37.14	1,279,002.35		37.1	1,266,555	43.0	1,481,993	48.0	1,627,949	53.0	1,794,823		60.0	1,994,965

BASELINE (2016-2017)

3008 RECRUITS

2017-2018		2018-2019		2019-2020		2020-2021		2021-2022	
RECRUITS	3760	RECRUITS	4320	RECRUITS	4880	RECRUITS	5440	RECRUITS	6000
WTE	COST £	WTE	COST £	WTE	COST £	WTE	COST £	WTE	COST £
45.1	1,544,658	52.0	1,803,299	57.0	1,949,255	62.0	2,116,129	70.0	2,346,821

SCENARIO	INCREASE IN RECRUITS FROM	3200	TO	AFTER 5 YEARS	6000	
7	WTE COMPLIMENT INCREASE FROM	45.1	TO	70.0		24.9
	PAY COST FROM	£1,544,658.26	TO	£2,346,821		802162.8

WTE growth Recruit growth	2017-2018		2018-2019		2019-2020		2020-2021		Adjustment factor	2021-2022				
	1 WTE cost	RECRUITS +/-	RECRUITS +/-	RECRUITS +/-	RECRUITS +/-	RECRUITS +/-	RECRUITS +/-	RECRUITS +/-		RECRUITS +/-	RECRUITS +/-			
PAY COSTS 2016-2017	3765	25%	4700	25%	5875	5875	5875	5875		5875	0			
Cost Centre : RDV	WTE (Actual)	YTD Actual	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £		
Senior Manager - Band 8a	1	60372	60372.00	1.0	60,372	1.0	60,372	1.0	60,372	1.0	60,372	1.00	1.0	60,372
Admin and Clerical - Band 7	1	40393.8	40393.80	1.0	40,394	1.0	40,394	1.0	40,394	1.0	40,394	1.00	1.0	40,394
Admin and Clerical - Band 6	1	37728	37728.00	1.0	37,728	2.0	75,456	2.0	75,456	2.0	75,456	1.00	2.0	75,456
Admin and Clerical - Band 5	2	61100.4	30550.20	3.0	91,651	3.0	91,651	4.0	122,201	4.0	122,201	1.00	4.0	122,201
Admin and Clerical - Band 4	1	26716.75	26716.75	1.0	26,717	2.0	53,434	2.0	53,434	2.0	53,434	1.00	2.0	53,434
Admin and Clerical - Band 3	0	0	23636.10	0.0	0	0.0	0	0.0	0	0.0	0	1.00	0.0	0
Admin and Clerical - Band 2	1	21242.4	21242.40	1.0	21,242	0.0	0	0.0	0	0.0	0	1.00	0.0	0
	7	247,553.35		8.0	278,104	9.0	321,306	10.0	351,856	10.0	351,856		10.0	351,856
Cost Centre : RSN	WTE (Actual)	YTD Actual	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £	WTE	Cost £		
Nursing & Midwifery Qual - Band 8a	1	60386.28	60372.00	4.00	191,755	5.00	239,693	5.00	239,693	5.00	239,693	1.00	5.0	239,693
RN/CTP - Band 7	3	143815.92	47938.64	17.87	674,199	22.00	830,016	25.00	943,200	25.00	943,200	1.00	25.0	943,200
RN/CTP - Band 6	4.27	130449.35	30550.20	4.27	130,449	8.00	244,402	10.00	305,502	10.00	305,502	1.00	10.0	305,502
RN/CTP - Band 5	3	81062.64	27020.88	3.00	81,063	8.00	216,167	10.00	270,209	10.00	270,209	1.00	10.0	270,209
Admin and Clerical - Band 4	8	189088.8	23636.10	8.00	189,089	8.00	189,089	10.00	236,361	10.00	236,361	1.00	10.0	236,361
Admin and Clerical - Band 3														
	37.14	1,279,002.35		37.1	1,266,555	51.0	1,719,367	60.0	1,994,965	60.0	1,994,965		60.0	1,994,965

BASELINE (2016-2017)

3008 RECRUITS

2017-2018		2018-2019		2019-2020		2020-2021		2021-2022	
RECRUITS	3765	RECRUITS	4700	RECRUITS	5875	RECRUITS	5875	RECRUITS	5875
WTE	COST £	WTE	COST £	WTE	COST £	WTE	COST £	WTE	COST £
45.1	1,544,658	60.0	2,040,673	70.0	2,346,821	70.0	2,346,821	70.0	2,346,821

SCENARIO	INCREASE IN RECRUITS FROM	3200	TO	AFTER 5 YEARS	5875	
7	WTE COMPLIMENT INCREASE FROM	45.1	TO	70.0		24.9
	PAY COST FROM	£1,544,658.26	TO	£2,346,821		802162.8

TRUST BOARD			
DOCUMENT TITLE:	Diversity Pledges 2017		
SPONSOR (EXECUTIVE DIRECTOR):	Raffaella Goodby Director of Organisation Development		
AUTHOR:	Raffaella Goodby Director of Organisation Development		
DATE OF MEETING:	1 st June 2017		
EXECUTIVE SUMMARY:			
<p>The Trust is fully committed to being an inclusive organisation for our staff and our patients. The 2014-2017 Public Health plan includes a clear and consistent commitment to equality and diversity, with 9 pledges that are monitored each month at the Public Trust Board.</p> <p>This report sets out the staff and patient pledges for the coming 2 years, and the early draft that will denote success. The Staff pledges form projects and actions of Theme 2 of The People Plan, sponsored by the Director of OD. The patient pledges need further expansion and will be sponsored by clinical executives and monitored through the Public Health Committee and the Public Trust Board.</p>			
REPORT RECOMMENDATION:			
Recommend that the Trust Board discuss the attached pledges, in particular the patient pledges and make suggestions for improvements or additions.			
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	
Business and market share	Legal & Policy	Patient Experience	X
Clinical	Equality and Diversity	Workforce	X
Comments:			
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
PREVIOUS CONSIDERATION:			
Public Health, Community Development and Equality Committee			

Inclusion and Diversity. Proposed Pledges for 2017/18

1	<p>Increase recognition and knowledge of the value of inclusion within the leader and manager population</p> <ul style="list-style-type: none"> • Develop training module, using an interactive story telling approach, through e-learning platform. • Deliver one QIHD corporate learning module on Inclusion and diversity • Develop module of 'SWBH Chartered Line Manager' on inclusion and diversity • Design and deliver a managers development workshop on inclusive leadership, as part of the 2017/19 leadership development offer. • Executive team and board development on inclusion to be delivered • Develop a photo exhibition / poster campaign to celebrate and acknowledge the diversity of staff and role model diverse leadership at different levels
2	<p>Review and redesign recruitment and selection processes</p> <ul style="list-style-type: none"> • Inclusion and diversity to be included as a key aspect of all recruitment and selection training • Deliver unconscious bias training for recruiting managers • Run CV and interview skills workshops for staff groups with protected characteristics • Implement diverse recruitment panels (gender and ethnicity) • Work closely with external recruitment partners stating Trust values on inclusion and diversity • Monitor data of applicants through the WRES • Intensive training for Organisation Development team • Monitor protected characteristics data of PDR completion and scoring
3	<p>Develop and support Staff Network Groups</p> <ul style="list-style-type: none"> • Support newly established staff networks, including executive sponsorship • Support network chairs and vice chairs and others involved with time, efforts, events and communicating outcomes • Executive sponsor meet with network at least 4 times a year • Support each network in terms of personal development, mentorship • Support networks for campaigning, networking, education, advocacy or social purposes
4	<p>Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient</p> <ul style="list-style-type: none"> • Raise awareness and support LGBT network

Inclusion and Diversity. Proposed Pledges for 2017/18

	<ul style="list-style-type: none"> • Attend Birmingham Pride 2017 for recruitment and awareness raising • Join Stonewall and take part in regional conferences and workshops • Train staff in supporting LGBT patients sensitively and appropriately • Create a 'Safe Space' for LGBT colleagues • Work with Birmingham LGBT and other external partners to ensure best practice is being implemented • Work with Staffside, and RCN to support LGBT staff at work • Celebrate LGBT History Month with events and support in Feb 2018 • Implement 'Allies' programme for non LGBT staff communicated and visible • Increase sexual orientation declaration to at least 20% in two years • Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2018
5	<p>To ensure a safe and inclusive environment for transgender people.</p> <ul style="list-style-type: none"> • Support clinical groups with clear guidance on the implementation of the public sector Equality Duty, which includes gender reassignment as one of the pc's. • Work with members of SWBH staff to develop a programme to raise awareness of the challenges transgender people may face. • Develop and re-launch trans policy • Develop and launch supportive guidance for staff on welcoming trans patients • Celebrate national Trans Day of remembrance in November 2017
6	<p>Review the use of EDS 2 and develop and implement a 'Trust EDS' EDS measures 1) Better Health Outcomes 2) Improved Patient Access and Experience 3) A representative & inclusive workforce 4) Inclusive Leadership</p> <ul style="list-style-type: none"> • Senior support of EDS action plans in hot spot areas • Deliver 2 work programmes (TBC) to improve patient access and experience and better health outcomes • Communication and engagement with EDS both internally and externally • Inclusion of revised EDS in annual equality report • Work with Local Interest Group to change focus of EDS to Trust Wide

Inclusion and Diversity. Proposed Pledges for 2017/18

	<ul style="list-style-type: none"> Expand membership of Local Interest Group to be more diverse
7	<p>To ensure a safe and inclusive working environment for BME Staff</p> <ul style="list-style-type: none"> Annual review of access to training for BME Staff Develop clear action plan to respond to the 2016 WRES using best practise from the WRES report released on 18th April Analyse via group and take any appropriate remedial action Support BME Staff network group to have a visible presence in organisation Release staff to the 'Stepping Up' BME Leadership Programme - Bands 5/6 and Bands 7 Monitor 'First Line Leadership Attendance' of BME Staff to ensure it does not drop below 30% Direct contact with BME staff to advertise leadership programmes and management development Direct contact with BME staff to advertise and encourage 'Middle Manager' Leadership Programme Inclusive communications across organisation in branding, photographs, videos and other media
9	<p>In addition we will further add to our portfolio of leadership development activities a series of structured development and mentorship programmes for people with PC</p> <ul style="list-style-type: none"> Annual review of data and analysis, will be brought to the board Continue LGBT Leadership Programme in partnership with Birmingham LGBT Access and support for 'Stonewall UK' mentoring scheme Case studies, posters, videos and marketing that is inclusive and accesses staff with PC.
10.	<p>Run communications campaigns each month with emphasis on protected characteristics (PC) based on CIPD Diversity Calendar and with visible support from employee network groups</p> <p>e.g</p> <ul style="list-style-type: none"> February LGBT History Month October Black History Month Religious Celebrations International Women's Day Mental Health Awareness

Inclusion and Diversity. Proposed Pledges for 2017/18

Inclusion and Diversity. Proposed Patient Pledges for 2017/18

1	<p>Widening access to services for our transgender or transitioning patients.</p> <ul style="list-style-type: none"> • Identifying and improving 2 patient pathways for transitioned patients • Develop and relaunch transgender policy for patients • Develop a partnership with community to explore issues facing trans patients and their carers or families
2	<p>Increase offer to deaf or partially deaf patients in our hospital</p> <ul style="list-style-type: none"> • Train staff in sign language • Deaf Awareness Campaign with front line staff
3	<p>Widening offer for parents who are looking after their children in hospital</p> <ul style="list-style-type: none"> • Expand on work of 'John's Campaign' for parents • Offer food options and expand offer to parents who are looking after their child • Develop support for parents and overnight / morning support
4	<p>Review friends and family comments and complaints / compliments to identify trends or issues</p> <ul style="list-style-type: none"> • Explore issues raised by patients with protected characteristics • Review measures for improvements
5	<p>Enhance our offering to older people's patient experience in our hospital</p> <ul style="list-style-type: none"> • Launch 'end PJ Paralysis' campaign • Work with partners to offer support for stay in hospital e.g. Sandwell College on massage and therapies •

TRUST BOARD			
DOCUMENT TITLE:	Reducing Agency Spend		
SPONSOR (EXECUTIVE DIRECTOR):	Raffaella Goodby – Director of OD Elaine Newell – Chief Nurse		
AUTHOR:	Raffaella Goodby – Director of OD Kirsten Moon – Improvement Team		
DATE OF MEETING:	1 st June 2017		
EXECUTIVE SUMMARY:			
<p>The Trust People Plan – theme one – outlines the target to reduce temporary spend by £10m during 2016/17. This is an agreed NHSI target.</p> <p>The following report outlines four main areas of focus to achieve this target, and the governance and KPI's being used to tightly monitor the delivery through the clinical group programme management offices (PMO) on a regular basis..</p> <ul style="list-style-type: none"> • Productive Rostering • Reduce Open 'Hard to Fill' Vacancies • Manage and Reduce Owed Hours • Improve Attendance <p>The delivery chain is through a combination of finance, OD & operational support (through the improvement team) to support the clinical group boards. The executive PMO will monitor the delivery overall on a monthly basis.</p>			
REPORT RECOMMENDATION:			
The Trust board are asked to note the plan and the governance, and receive regular updates			
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
Business and market share		Legal & Policy	Patient Experience
Clinical		Equality and Diversity	Workforce
Comments:			
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
PREVIOUS CONSIDERATION:			

Aim: Reduce agency spend by £10m by 31st March 2018

Purpose of Report

The purpose of this report is to provide an update to the Trust Board on progress of planned measures to reduce agency spend by £10m during 2017/18, the plans for monitoring and the tracking of performance and the proposed governance and reporting framework. This falls in to theme one of the People Plan.

Objective: Reduce Temporary Pay Spend by £10M

The Trust has adopted a four-pronged approach to achieve the key objective, which is to 'Reduce Temporary Pay Spend by £10M by 31 March 2018'. These objectives will be broken down in to group level targets, and managed weekly, at a group level, in their PMO.

- **Productive Rostering** - Improved rostering practices, in particular compliance to completion 6 weeks in advance, to ensure that bank/agency use is significantly reduced. This is a nurse led objective sponsored by the Chief Nurse.
- **Reduce Open 'Hard to Fill' Vacancies** - Reduce open nursing vacancies within a Group to reduce bank/agency usage to cover the vacant posts.
- **Manage and Reduce Owed Hours** - Reduce the level of owed hours in a Group at Ward level to reduce bank/agency use and review flexible working arrangements.
- **Improve Attendance** - Halve short term sickness rates in hotspot areas to reduce reliance and usage of bank/agency to cover gaps in shifts

To support the above, the Trust has implemented a total ban on the use of the Thornbury agency as follows:

- **Ban on the use of Thornbury (and other agencies) from 1st June 2017**

A ban on the use of Thornbury (and other agencies) for HCA's has been already been implemented. This ban will extend to nursing staff as of 1st June.

Application of a wholesale agency ban has been slow to embed, however no Thornbury agency has been used for HCAs since the beginning of April 2017. Overall agency usage has reduced significantly in May 2017.

Focussed Delivery

The following actions are being implemented across all Groups to achieve reduced temporary pay spend and to support the ban of Thornbury and significantly reduce agency use.

Productive Rostering

The aim is to achieve more productive rostering to resolve poor practice, in particular, late requisition of shifts. The objective is to ensure rostering gaps are requisitioned with a minimum of six weeks' notice to allow sufficient time for fill with bank staff prior to submission to tier one / two agencies. This programme is being jointly led by Nursing and OD (Bank Office and Deputy HR Director)

A series of KPI's have been developed to track compliance with good rostering practice:

KPI	Measures
<ul style="list-style-type: none"> • Are Rosters Safe? 	<ul style="list-style-type: none"> • % of shifts staffed to agreed safe staffing parameters i.e. numbers and mix of qualified and unqualified. • % of shifts with more than 30% temporary staff.
<ul style="list-style-type: none"> • Are Rosters Within Budget? 	<ul style="list-style-type: none"> • Variance to budget
<ul style="list-style-type: none"> • Roster Effectiveness: 	<ul style="list-style-type: none"> • Roster sign off six weeks (42 days) prior to the commencement of the shift. • Requisition of temporary cover – cover notice period to be six weeks for 80% of predicted demand. • Bank and agency use above vacancy levels. • Use of contractual (owed) hours. • Annual leave management – within agreed tolerance for the ward calculated target.

To monitor and track rostering performance and compliance, Group Directors of Nursing (GDoNs) meet weekly with matrons and ward managers to ensure there is proactive oversight of the planning and production of rotas and to provide coaching as required. The purpose is to ensure that staff have the necessary rostering skills, training, mentoring and coaching required.

Those areas who fail to produce rosters which are complaint with the agreed KPI's will require weekly meetings with the GDoN who will facilitate an agreed 4 week improvement plan. Persistent non-compliance will result in a more formal improvement conversation in line with established Trust disciplinary policies.

Ensure wards are staffed appropriately.

In addition to all actions detailed in this report, it is critical to ensure all wards are staffed appropriately. A month long staffing review is in progress, led by the Chief Nurse, to assess staffing requirements using recognised acuity based scoring tools.

Results will be analysed and published in early July. It is not anticipated that a significant uplift of staff will be required – rather that staff will be realigned and the skill mix adjusted.

Manage and Reduce Owed Hours

The objective is to ensure the use of owed hours as an alternative to Thornbury and agency use. Barnacles reports indicate that there are a significant amount of 'owed hours' which have accrued since March 2016. Staff are currently agreeing personal contracts with their ward managers to pay back this time over a reasonable period of 3 months. Going forward, managers will be required to ensure that no more than 10 hours per employee per month is carried forward or owed to employees.

In addition the Group monitors the payback of owed hours on a monthly basis via the Group Programme Office (GPO).

Reduce Open Vacancies

Substantive recruitment of both nursing and HCA staff continues to progress, although there has been an anticipated seasonal lull in nurse staffing recruitment. Targeted work is being undertaken to support the ongoing substantive recruitment process:

- A nursing and HCA celebration event on the 12th May generated significant interest from HCA's currently working within the private sector all of whom are being actively followed up. 2 offers were made on the day
- Local and regional recruitment events are planned over the next 6 months in London, Liverpool and Nottingham.
- Trust Bank increased have increased the number of its HCA's by proactively promoting and recruiting to the internal staffing bank. To date, 28 staff have been appointed scheduled to start in June 2017. A further 26 are scheduled for interviews in late May. The Staffside have requested a specific recruitment event for facilities staff who want to become HCA's – this is currently being organised.

Improving attendance

The aim is to reduce sickness in hotspot areas will support the reliance on bank/agency. Groups will plan and deliver the following:

- Series of actions to identify and resolve reasons for high sickness within hotspot areas
- Identify opportunities to plan in advance to manage short term sickness operational gaps, e.g. implement a HIT team (floating bank support – pre-booked and planned.)
- Monitor the hot spot areas at the Group PMO

NHS Improvement (NHSI) – Bank/Agency Reduction Plan

The Trust has agreed a profile of reduced bank/agency spend for the coming year with NHSI.

Finance have translated the NHSI targets and plan into hours; broken down by Group and staffing type. The aim has been to provide a realistic measure for Groups to understand to ensure targeted approach to monitoring and driving down their bank and agency use. The annual profile aims for a 43% reduction across all Groups and staffing type by 31 March 2018. The allocation per Group has been pro-rated based on their 2016/17 use.

Group performance of actual bank/agency hours to the maximum target NHSI hours will be monitored weekly as part of the GPO process, starting June 2017.

This will be closely monitored each week in the group PMO, with the Group Management Board being accountable for delivery.

Monitoring Performance and Activity

The importance of regular and timely monitoring is recognised by the Executive team to ensure compliance to the Agency and Thornbury ban, and progression towards reduced £10M Temporary Pay Spend by 31 March 2018.

The following performance and finance monitoring is undertaken on a weekly and fortnightly basis:

A. Productive Rostering /Compliance to the Thornbury and Agency HCA ban:

- The Rostering system, Barnacles, now produces a weekly report that details compliance against Productive Rostering KPI's.
- Daily breach reports and weekly bank and agency usage reports will be generated by the Trust Bank and monitored by the Chief Nurse and GDoNs.
- Agency requests are now agreed by the Group Director of Nursing and any Thornbury requests will require authorisation by the CEO.
- Heat maps demonstrating high use areas are being produced and will enable focused support and where necessary performance management measures.

B. NHSI Targets/Reduced Temporary Pay Spend/Management and Reduction of Owed Hours/reduce Open Vacancies

The Group Programme Offices (GPO) will play a critical role in weekly monitoring and tracking of the following:

- Weekly monitoring of performance of agency/bank to NHSI maximum target hours
- Ward by ward performance to hours and also compliance to key rostering KPIs
- Monthly management and reduction of owed hours above agreed level
- Monitoring of planned and agreed actions to address issues
- Number of band 5 nursing vacancies
- Number of HCA vacancies
- Substantive recruitment to ED, Ophthalmology & Lyndon 5.

Governance

To oversee and monitor performance, a Project Board will be established in June 2017. Membership will include the Chief Nurse, OD Lead, Trust Bank Lead, Finance Lead, and a GDoN and GDoP representative.

The Board will report to the Executive Programme Office (PMO) on the following:

- Progress against reduced hours – NHSI agreed targets
- Reduction in spend aligned to reduced bank/agency hours
- Revised forecast profile of reduced hours per month and spend per month as required.

In addition to the Project Board, oversight will be provided by the Group Management Boards and Executive Group reviews.

The GPO forum will be used to support GDoNs and GDoPs to monitor performance, plan corrective actions and further the embedding of new practices at Group level. Successful delivery will require weekly executive oversight, and corporate and clinical teams working together closely to ensure that temporary pay spend is reduced by a minimum of £10M and in line with the NHSI plan.

Raffaella Goodby - Director of Organisation Development
Kirsten Moon – Improvement Team

23rd May 2017

Appendix A – Progress on Specific Directives to Reduce Spend

Nursing Agency Spend – Chief Nurse

Directives to reduce spend	
<ul style="list-style-type: none"> • Efficient Rostering, measured and monitored against agreed KPI's - including time owing to Trust • Recruit substantively to nursing vacancies • Ban of Thornbury from 1st June 2017 • Substantively staff Lyndon 5 • Halve sickness in Ophthalmology Theatres • Tighter escalation for approvals via prompt cards • Bed reduction programme delivered by 31st May • Staffing review commencing 1st May • Review heat maps for agency spend / sickness with a view to focussed support 	<p>Underway</p> <p>Underway – monitored in GPO On Track for 1st June 2017 Recruitment underway ?</p> <p>Implemented ?</p> <p>? Available and hotspots being monitored in GPOs.</p>

HCA Agency Spend – Chief Nurse

<p>Directives to Reduce Spend</p> <ul style="list-style-type: none"> • Focussed care reduction across the Trust • Ban on all agency HCA's effective 1st April 2017 • Substantive recruitment to HCA 100 WTE vacancies through recruitment drive (84 are in recruitment process) • Growth of HCA numbers on Trust Bank 	<p>Being implemented</p> <p>Implemented and actively monitored weekly</p> <p>Underway</p> <p>Underway -</p>
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(Medical Agency, AHP & Corporate) – Chief Executive & Chief Operating Officer

Directives to Reduce (draft)	Assumed Impact	
	Q1	Up to Mar 18
<ul style="list-style-type: none"> - Fill medical vacancies substantively - Medical Break glass process to be agreed by CEX - A&E medical plan to be implemented - Direct engagement of medical locums 	<p>£0</p>	

<ul style="list-style-type: none"> - Eradicate booking above funded establishment (ED and Ophthalmology) - Minimise junior doctor gaps (known in May 2017) - Implementation of Winscribe - Radiographer agency reduction usage - Radiographer bank rate reduction 			<p>£400k per month</p> <p>(£4.5m 1st July 17 – 31st March 18)</p>
Totals		£0.5m	£9.5m

TRUST BOARD

DOCUMENT TITLE:	Financial Statements for the Year Ended 31 st March 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite (Director of Finance and Performance Management)
AUTHOR:	Tim Reardon (Associate Director of Finance – Compliance)
DATE OF MEETING:	1 June 2017

EXECUTIVE SUMMARY:

This report presents the Trust's financial statements for the year ended 31st March 2017. Those financial statements demonstrate the following performance in respect of key financial duties for the financial year 2016/17:

Financial duty	Delivery	Comment
Compliance with annual control total	X	£11.9m deficit recorded versus a plan target of £6.6m surplus
Compliance with External Finance Limit	√	£46.9m relevant net cash outflow against a £56.4m EFL.
Compliance with Capital Resource Limit	√	£19.0m capital expenditure against a £19.0m CRL
Statutory break-even taking one year with another	√	£25.8m cumulative break-even for the purposes of statutory duty measurement

The financial statements and related documents have been subject to review by the Trust's external auditors. KPMG have indicated their intention to issue the following opinions:

Financial statements	Unqualified opinion
Use of resources	'Except for' qualified opinion
Quality account (content)	Clean opinion
Quality account (indicators)	Clean opinion

The auditors have confirmed that there are no matters of concern that they are required to report in respect of the trust's probity and stewardship of public funds or matters of significant public interest.

The ISA260 report issued by the auditors to those charged with governance draws attention to three specific matters:

1. An unadjusted audit difference of £0.4m in respect of a provision for credit notes on SLA income. This is not material to the audit opinion.
2. The application of a general hospital approach to the MEA valuation of current land and buildings and appropriate recognition of surplus assets. This is consistent with that approach taken in 2015.16.
3. The completeness of provisions in respect of obligations arising from workforce changes. Due consideration has been given to the trust's record of success in redeployment.

The Audit Committee has challenged and confirmed its contentment with the trust's accounting judgements in respect of items 2. and 3. above.

The auditors are seeking appropriate management representations in this regard.

The ISA260 report has been considered by the Audit Committee. The report has been made available to all members of the Board in support of its consideration of the financial statements.

The Trust is requested to provide a Letter of Representation in support of the financial statements and which is attached for the Board's consideration.

The Audit Committee has challenged and confirmed its contentment with those proposed representations.

REPORT RECOMMENDATION:

The Board is recommended to

1. accept the Audit Committee's recommendation to adopt the financial statements
2. authorise the CEO & FD to sign relevant certificates in regard to those financial statements
3. review the draft Letter of Representation and to challenge and confirm that
 - a) The proposed representations are fair & complete
 - b) There are no significant events occurring between 31.03.16 and 01.06.17 which are material to the financial statements as presented
 - c) All relevant related parties are disclosed in the financial statements

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	

Comments:

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

Good governance and transparency in financial reporting

PREVIOUS CONSIDERATION:

Audit & Risk Management Committee on 24 May 2017

Sandwell and West Birmingham Hospitals NHS Trust - Annual Accounts 2016-17

**Statement of Comprehensive Income for year ended
31 March 2017**

	NOTE	2016-17 £000s	2015-16 £000s
Gross employee benefits	8.1	(311,043)	(295,516)
Other operating costs	6	(148,908)	(145,715)
Revenue from patient care activities	3	411,619	405,531
Other operating revenue	4	48,578	38,167
Operating surplus/(deficit)		246	2,467
Investment revenue	10	66	136
Other gains and (losses)	11	0	50
Finance costs	12	(2,191)	(2,057)
Surplus/(deficit) for the financial year		(1,879)	596
Public dividend capital dividends payable		(5,117)	(4,850)
Transfers by absorption - gains		0	0
Transfers by absorption - (losses)		0	0
Net Gain/(loss) on transfers by absorption		0	0
Retained surplus/(deficit) for the year		(6,996)	(4,254)

	2016-17 £000s	2015-16 £000s
Other Comprehensive Income		
Impairments and reversals taken to the revaluation reserve	654	(36,230)
Net gain/(loss) on revaluation of property, plant & equipment	0	0
Net gain/(loss) on revaluation of intangibles	0	0
Net gain/(loss) on revaluation of financial assets	0	0
Other gain/(loss) (explain in footnote below)	0	0
Net gain/(loss) on revaluation of available for sale financial assets	0	0
Net actuarial gain/(loss) on pension schemes	0	0
Other pension remeasurements	0	0
Reclassification adjustments		
On disposal of available for sale financial assets	0	0
Total comprehensive income for the year	(6,342)	(40,484)

	2016-17 £000s	2015-16 £000s
Financial performance for the year		
Retained surplus/(deficit) for the year	(6,996)	(4,254)
Prior period adjustment to correct errors and other performance adjustments	0	0
IFRIC 12 adjustment (including IFRIC 12 impairments)	0	1,368
Impairments (excluding IFRIC 12 impairments)	(5,161)	7,022
Adjustments in respect of donated gov't grant asset reserve elimination	224	(279)
Adjustment re absorption accounting	0	0
Adjusted retained surplus/(deficit)	(11,933)	3,857

A Trust Reported NHS financial performance position is derived from its Retained Surplus/ (Deficit), but adjusted for the following:-

a) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. Where there is a positive financial consequence, the performance figures are not adjusted.

b) The Trust is required to revalue its Land and Buildings on a regular basis as a result of the IFRS implementation and in 2016-17 this has resulted in an increase to Asset Values. The increase is represented in the accounts as a reversal of previous impairments of Buildings of £5.9m, £0.6m of which was carried through the Revaluation Reserve which reverses impairments charged from prior years. The remaining reversal of impairment of £5.2m has been recognised as a credit to the SOCI. In addition the Trust impaired intangible assets of £0.05m. Impairments and Reversals are specifically excluded from measurement of the Trust's financial performance.

c) Due to change in accounting requirement, elimination of donated and government grant reserve has resulted in the Trust recording income of £0.62m. Income resulting from the application of this change which has no cash impact and is not chargeable for overall budgeting purposes is removed as a technical adjustment. In addition the revenue impact of depreciation, £0.286m, relating to Donated assets was previously offset by a release from the Donated Asset Reserve. Following revision to the reporting manuals this cost is charged to the Trusts expenditure without any offset. This is therefore not considered part of the Trusts operating position and is adjusted. The net impact of these two adjustments is reported above as a technical adjustment to the Financial Performance of the Trust of (£0.224m)

The notes on pages 6 to 41 form part of this account.

**Statement of Financial Position as at
31 March 2017**

		31 March 2017	31 March 2016
	NOTE	£000s	£000s
Non-current assets:			
Property, plant and equipment	14	207,430	196,381
Intangible assets	15	166	386
Investment property		0	0
Other financial assets		0	0
Trade and other receivables	19.1	43,017	846
Total non-current assets		250,613	197,613
Current assets:			
Inventories	18	5,268	4,096
Trade and other receivables	19.1	17,100	16,308
Other financial assets		0	0
Other current assets		8,043	0
Cash and cash equivalents	20	23,902	27,296
Sub-total current assets		54,313	47,700
Non-current assets held for sale		0	0
Total current assets		54,313	47,700
Total assets		304,926	245,313
Current liabilities			
Trade and other payables	21	(68,512)	(54,144)
Other liabilities		0	0
Provisions	24	(1,147)	(1,472)
Borrowings	22	(903)	(1,306)
Other financial liabilities		0	0
DH revenue support loan	22	0	0
DH capital loan	22	0	0
Total current liabilities		(70,562)	(56,922)
Net current assets/(liabilities)		(16,249)	(9,222)
Total assets less current liabilities		234,364	188,391
Non-current liabilities			
Trade and other payables	21	0	0
Other liabilities		0	0
Provisions	24	(3,396)	(3,095)
Borrowings	22	(33,953)	(25,591)
Other financial liabilities		0	0
DH revenue support loan	22	0	0
DH capital loan	22	0	0
Total non-current liabilities		(37,349)	(28,686)
Total assets employed:		197,015	159,705
FINANCED BY:			
Public Dividend Capital		205,362	161,710
Retained earnings		(24,979)	(17,993)
Revaluation reserve		7,574	6,930
Other reserves		9,058	9,058
Total Taxpayers' Equity:		197,015	159,705

The notes on pages 6 to 41 form part of this account.

The financial statements on pages 1 to 5 were approved by the Board on 1st June 2017 and signed on its behalf by

Chief Executive:

Date:

Statement of Changes in Taxpayers' Equity
For the year ending 31 March 2017

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2016	161,710	(17,993)	6,930	9,058	159,705
Changes in taxpayers' equity for 2016-17					
Retained surplus/(deficit) for the year		(6,996)			(6,996)
Net gain / (loss) on revaluation of property, plant, equipment			0		0
Net gain / (loss) on revaluation of intangible assets			0		0
Net gain / (loss) on revaluation of financial assets			0		0
Net gain / (loss) on revaluation of available for sale			0		0
Impairments and reversals			654		654
Other gains/(loss) (provide details below)				0	0
Transfers between reserves		10	(10)	0	0
Reclassification Adjustments					
Transfers between Reserves in respect of assets transferred under absorption	0	0	0	0	0
On disposal of available for sale financial assets			0		0
Reserves eliminated on dissolution		0	0	0	0
Originating capital for Trust established in year	0				0
Temporary and permanent PDC received - cash	43,652				43,652
Temporary and permanent PDC repaid in year	0				0
PDC written off	0	0			0
Transfer due to change of status from Trust to Foundation	0	0	0	0	0
Other movements	0	0	0	0	0
Net actuarial gain/(loss) on pension		0		0	0
Other pensions remeasurement		0		0	0
Net recognised revenue/(expense) for the year	43,652	(6,986)	644	0	37,310
Balance at 31 March 2017	205,362	(24,979)	7,574	9,058	197,015
Balance at 1 April 2015	162,210	(13,758)	43,179	9,058	200,689
Changes in taxpayers' equity for the year ended 31 March 2016					
Retained surplus/(deficit) for the year		(4,254)			(4,254)
Net gain / (loss) on revaluation of property, plant, equipment			0		0
Net gain / (loss) on revaluation of intangible assets			0		0
Net gain / (loss) on revaluation of financial assets			0		0
Net gain / (loss) on revaluation of assets held for sale			0		0
Impairments and reversals			(36,230)		(36,230)
Other gains / (loss)				0	0
Transfers between reserves		19	(19)	0	0
Reclassification Adjustments					
Transfers between revaluation reserve & retained earnings reserve in respect of assets transferred under		0	0		0
On disposal of available for sale financial assets			0		0
Originating capital for Trust established in year	0				0
New PDC received - cash	0				0
PDC repaid in year	(500)				(500)
Other movements	0	0	0	0	0
Net actuarial gain/(loss) on pension				0	0
Other pension remeasurement				0	0
Net recognised revenue/(expense) for the year	(500)	(4,235)	(36,249)	0	(40,984)
Balance at 31 March 2016	161,710	(17,993)	6,930	9,058	159,705

Information on reserves

1 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities. Additional PDC may also be issued to NHS trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

2 Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS trust.

3 Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

4 Other reserves

The Other Reserve reflects the differences between the value of the fixed assets taken over by the Trust at inception and the corresponding figure in its originating debt

Statement of Cash Flows for the Year ended 31 March 2017

	NOTE	2016-17 £000s	2015-16 £000s
Cash Flows from Operating Activities			
Operating surplus/(deficit)		246	2,467
Depreciation and amortisation	6	14,015	12,946
Impairments and reversals	16	(5,161)	8,390
Other gains/(losses) on foreign exchange	11	0	0
Donated Assets received credited to revenue but non-cash	4	(62)	(527)
Government Granted Assets received credited to revenue but non-cash		0	0
Release of PFI/deferred credit		0	0
(Increase)/Decrease in Inventories		(1,172)	(629)
(Increase)/Decrease in Trade and Other Receivables		(42,773)	864
(Increase)/Decrease in Other Current Assets		0	0
Increase/(Decrease) in Trade and Other Payables		12,463	10,270
(Increase)/Decrease in Other Current Liabilities		0	0
Provisions utilised		(910)	(3,139)
Increase/(Decrease) in movement in non cash provisions		844	199
Net Cash Inflow/(Outflow) from Operating Activities		(22,510)	30,841
Cash Flows from Investing Activities			
Interest Received		66	136
(Payments) for Property, Plant and Equipment		(16,718)	(22,925)
(Payments) for Intangible Assets		0	(53)
(Payments) for Investments with DH		0	0
(Payments) for Other Financial Assets		0	0
(Payments) for Financial Assets (LIFT)		0	0
Proceeds of disposal of assets held for sale (PPE)		0	50
Proceeds of disposal of assets held for sale (Intangible)		0	0
Proceeds from Disposal of Investment with DH		0	0
Proceeds from Disposal of Other Financial Assets		0	0
Proceeds from the disposal of Financial Assets (LIFT)		0	0
Loans Made in Respect of LIFT		0	0
Loans Repaid in Respect of LIFT		0	0
Rental Revenue		0	0
Net Cash Inflow/(Outflow) from Investing Activities		(16,652)	(22,792)
Net Cash Inform / (outflow) before Financing		(39,162)	8,049
Cash Flows from Financing Activities			
Gross Temporary and Permanent PDC Received		43,652	0
Gross Temporary and Permanent PDC Repaid		0	(500)
Loans received from DH - New Capital Investment Loans		0	0
Loans received from DH - New Revenue Support Loans		0	0
Other Loans Received		0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal		0	(1,000)
Loans repaid to DH - Working Capital Loans/Revenue Support Loans		0	0
Other Loans Repaid		0	0
Cash transferred to NHS Foundation Trusts or on dissolution		0	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT		(84)	(1,017)
Interest paid		(2,145)	(2,011)
PDC Dividend (paid)/refunded		(5,655)	(4,607)
Capital grants and other capital receipts (excluding donated / government granted cash receipts)		0	0
Net Cash Inflow/(Outflow) from Financing Activities		35,768	(9,135)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		(3,394)	(1,086)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period		27,296	28,382
Effect of exchange rate changes in the balance of cash held in foreign currencies		0	0
Cash and Cash Equivalents (and Bank Overdraft) at year end	20	23,902	27,296

NOTES TO THE ACCOUNTS

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Manual for Accounts 2016-17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going Concern

These accounts have been prepared on a going concern basis

NHS organisations are required to produce financial statements in line with International Accounting & Financial Reporting Standards. The NHS also has the benefit of additional guidance in the group accounting manual (GAM). The impact of this is that Trusts should prepare financial statements on a going concern basis unless management concludes that the entity is not a going concern. IAS 1 requires this conclusion to be based on a management assessment of an entity's ability to continue as a going concern.

Management Assessment of Going Concern

In line with financial forecasts SWBH Trust has reported a deficit position for 2016/17 which, following the underlying deficit generated in 2015/16, is expected to result in a shortage of internally generated cash in 2017/18. The underlying deficit for 2016/17 is £25.8m which is carried forward into 2017/18

SWBH Trust has developed two year financial plans that address the current underlying deficit and secure underlying break even over that period. These recognise a delay in recovery and consequent short-term cash requirements and, through DH loan, secure liquidity in the short and medium term. This financing facility also implicitly recognises and addresses the risk of further delay to financial recovery and the sensitivity of the liquidity position to the assumptions about financial recovery.

The Black Country Sustainability and Transformation Plan involves SWBH Trust as a partner. The Trust's existing contribution to the health economy is recognised and appears to remain an integral component over the course of the planning cycle.

The Trust's Commissioners' intentions indicate that SWBH Trust services are required to deliver the CCG's plans for serving the needs of the local population.

Based on this evidence it is clear that SWBH Trust has financial plans which address the liquidity risks and secure the Trust's ability to make good liabilities as they fall due. In addition published documents indicate a requirement for the services currently provided by the Trust. SWBH Trust meets the criteria to be considered a going concern and the financial statements for the period 2016/17 have been prepared on that basis.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Movement of assets within the DH Group

"Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Treasury FReM. The FReM does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the SOCI, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries."

1.4 Charitable Funds

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Board of Sandwell and West Birmingham Hospitals NHS Trust acts as a corporate Trustee for the Charitable Funds, however it has confirmed that the Charitable Funds are not material to the Trust accounts and has therefore not consolidated.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the NHS trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the NHS trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Charitable Funds

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Sandwell and West Birmingham Hospitals NHS Trust Charities, charity number 1056127, it effectively has the power to exercise control so as to obtain economic benefits.

Total donations received during 2016 / 2017 were £1.2m and total resources expended were £2.1m which represent 0.27% of the Trust's Exchequer Funds.

IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material and this guidance is reiterated in the Department of Health Group Accounting Manual for 2016-17.

Thus, in line with IAS 1, charitable funds are not consolidated into Sandwell and West Birmingham Hospitals NHS Trust's accounts on grounds of materiality.

PFI Asset Valuation

From 1st April 2015, the Trust has accounted for the Valuation of its PFI Hospital (BTC) on the basis of Depreciated Replacement Cost excluding VAT.

Managed Equipment Scheme

On 1/05/16 the trust entered into a Managed Service Contract for the provision and maintenance of imaging equipment. The contract is for a period of 10 years with an option to extend for a further 2 years. The estimated value of the contract is £30m and anticipated capital value of equipment to be provided under the contract is £18m. The accounting treatment for the scheme was determined to be considered as an IFRIC12 Service concession and included within 'on SOFP' PFI schemes included in Note 27.

1.5.2 Key sources of estimation uncertainty

Property Valuation

Assets relating to land and buildings were subject to a formal valuation at 1st April 2015, completed on an 'alternate MEA' basis. An Existing Use Value alternative MEA approach was used which assumes the asset would be replaced with a modern equivalent, i.e. not a building of identical design - but with the same service potential as the existing assets. The alternative modern equivalent asset may well be smaller (reduced Gross Internal Area) than the existing asset which reflects the challenges Healthcare Providers face when utilising historical NHS Estate. A subsequent annual valuation is performed at 31st March to ensure a true and fair view was reflected.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.6 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services. Revenue relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of costs incurred to date compared to total expected costs.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The NHS trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

1.7 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees*. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the NHS body of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS trust commits itself to the retirement, regardless of the method of payment.

1.8 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to the NHS trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and either
- the item cost at least £5,000; or
- Collectively, a number of items have a total cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust; where the cost of the asset can be measured reliably, and where the cost is at least £5000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operation of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.11 Depreciation, amortisation and impairments

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the NHS trust expects to obtain economic benefits or service potential from the asset. This is specific to the NHS trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful lives.

At each financial year-end, the NHS trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.13 Government grants

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.14 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

The NHS trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the NHS trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS trust's Statement of Financial Position.

Other assets contributed by the NHS trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.17 Inventories

Inventories are valued at the lower of cost and net realisable value using the *[first-in first-out/weighted average]* cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.18 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the NHS trust's cash management.

1.19 Provisions

Provisions are recognised when the NHS trust has a present legal or constructive obligation as a result of a past event, it is probable that the NHS trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.24% (2015-16: positive 1.37%) in real terms. All other provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term rate of negative 2.70% (2015-16: negative 1.55%) for expected cash flows up to and including 5 years
- A medium term rate of negative 1.95% (2015-16: negative 1.00%) for expected cash flows over 5 years up to and including 10 years
- A long term rate of negative 0.80% (2015-16: negative 0.80%) for expected cash flows over 10 years.

All percentages are in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the NHS trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.20 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the trust pays an annual contribution to the NHSLA, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the NHS trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the trust is disclosed at Note 24.

1.21 Non-clinical risk pooling

The NHS trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.22 Carbon Reduction Commitment Scheme (CRC)

CRC and similar allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS trust makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income amounts are valued at fair value at the end of the reporting period.

1.23 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.24 Financial assets

Financial assets are recognised when the NHS trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the NHS trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Financial assets are initially recognised at fair value. Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the NHS trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset and that have an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.25 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are derecognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The amount of the obligation under the contract, as determined in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*; and
- The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the NHS trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.26 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.27 Foreign currencies

The NHS trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

1.28 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. Details of third party assets are given in Note 34 to the accounts.

1.29 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the NHS trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.30 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the NHS trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.31 Subsidiaries

Material entities over which the NHS trust has the power to exercise control are classified as subsidiaries and are consolidated. The NHS trust has control when it is exposed to or has rights to variable returns through its power over another entity. The income and expenses; gains and losses; assets, liabilities and reserves; and cash flows of the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS trust or where the subsidiary's accounting date is not co-terminus.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.32 Associates

Material entities over which the NHS trust has the power to exercise significant influence so as to obtain economic or other benefits are classified as associates and are recognised in the NHS trust's accounts using the equity method. The investment is recognised initially at cost and is adjusted subsequently to reflect the NHS trust share of the entity's profit/loss and other gains/losses. It is also reduced when any distribution is received by the NHS trust from the entity.

Associates that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.33 Joint arrangements

Material entities over which the NHS trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the NHS trust is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

NOTES TO THE ACCOUNTS

Notes to the Accounts - 1. Accounting Policies (Continued)

1.34 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.35 Accounting Standards that have been issued but have not yet been adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2016-17. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.36 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

2. Operating segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

3. Revenue from patient care activities

	2016-17 £000s	2015-16 £000s
NHS Trusts	284	629
NHS England	51,239	53,199
Clinical Commissioning Groups	343,930	338,649
Foundation Trusts	3,276	3,449
Department of Health	0	196
NHS Other (including Public Health England and Prop Co)	1,070	1,303
Additional income for delivery of healthcare services	0	500
Non-NHS:		
Local Authorities	9,008	5,640
Private patients	172	159
Overseas patients (non-reciprocal)	1,100	192
Injury costs recovery	1,283	1,283
Other Non-NHS patient care income	257	332
Total Revenue from patient care activities	411,619	405,531

4. Other operating revenue

	2016-17 £000s	2015-16 £000s
Recoveries in respect of employee benefits	0	0
Patient transport services	135	166
Education, training and research	20,351	20,028
Charitable and other contributions to revenue expenditure - NHS	0	0
Charitable and other contributions to revenue expenditure -non- NHS	0	0
Receipt of charitable donations for capital acquisitions	62	527
Support from DH for mergers	0	0
Receipt of Government grants for capital acquisitions	0	0
Non-patient care services to other bodies	5,190	6,595
Sustainability & Transformation Fund Income	5,297	0
Income generation (Other fees and charges)	9,893	6,544
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue *	7,650	4,307
Total Other Operating Revenue	48,578	38,167
Total operating revenue	460,197	443,698

* Other Revenue includes £3m that the Trust received for non recurrent funding in support of the development and transition to the Midland Metropolitan Hospital (MMH). That funding is part of a total of £22.3m which the trust expects to receive over the period 2016-2020. Such funding is in line with national arrangements for supporting large scale infrastructure projects such as MMH

5. Overseas Visitors Disclosure

	2016-17 £000s	2015-16 £000s
Income recognised during 2016-17 (invoiced amounts and accruals)	1,100	192
Cash payments received in-year (re receivables at 31 March 2016)	143	98
Cash payments received in-year (iro invoices issued 2016-17)	166	33
Amounts added to provision for impairment of receivables (re receivables at 31 March 2016)	0	0
Amounts added to provision for impairment of receivables (iro invoices issued 2016-17)	735	162
Amounts written off in-year (irrespective of year of recognition)	123	86

6. Operating expenses

	2016-17 £000s	2015-16 £000s
Services from other NHS Trusts	1,782	1,020
Services from CCGs/NHS England	0	0
Services from other NHS bodies	507	2,146
Services from NHS Foundation Trusts	6,947	7,434
Total Services from NHS bodies*	9,236	10,600
Purchase of healthcare from non-NHS bodies	3,397	1,596
Purchase of Social Care	0	0
Trust Chair and Non-executive Directors	64	66
Supplies and services - clinical	79,133	71,033
Supplies and services - general	6,950	6,485
Consultancy services	930	852
Establishment	4,518	3,884
Transport	1,839	1,527
Service charges - ON-SOFP PFIs and other service concession arrangements	2,166	863
Service charges - On-SOFP LIFT contracts	0	0
Total charges - Off-SOFP PFIs and other service concession arrangements	0	0
Total charges - Off-SOFP LIFT contracts	0	0
Business rates paid to local authorities	1,597	1,299
Premises	17,429	16,207
Hospitality	0	0
Insurance	90	110
Legal Fees	97	49
Impairments and Reversals of Receivables	1,382	515
Inventories write down	8	57
Depreciation	13,853	12,714
Amortisation	162	232
Impairments and reversals of property, plant and equipment	(5,219)	8,278
Impairments and reversals of intangible assets	58	112
Impairments and reversals of financial assets [by class]	0	0
Impairments and reversals of non current assets held for sale	0	0
Internal Audit Fees	220	197
Audit fees **	91	91
Other auditor's remuneration	14	27
Clinical negligence	7,577	6,476
Research and development (excluding staff costs)	242	242
Education and Training	1,111	1,206
Change in Discount Rate	388	(23)
Capital Grants in Kind	0	0
Other	1,575	1,020
Total Operating expenses (excluding employee benefits)	148,908	145,715
Employee Benefits		
Employee benefits excluding Board members	309,639	294,183
Board members	1,404	1,333
Total Employee Benefits	311,043	295,516
Total Operating Expenses	459,951	441,231

* Services from NHS bodies does not include expenditure which falls into a category below

** Audit Fees - External Audit fees are disclosed inclusive of VAT. (The contract for 2016/17 was £75,380 plus VAT)

7. Operating Leases

7.1. Sandwell and West Birmingham Hospitals NHS Trust as lessee

	Land £000s	Buildings £000s	Other £000s	2016-17 Total £000s	2015-16 £000s
Payments recognised as an expense					
Minimum lease payments				44	138
Contingent rents				0	0
Sub-lease payments				0	0
Total				44	138
Payable:					
No later than one year	18	0	25	43	131
Between one and five years	73	0	47	120	216
After five years	127	0	24	151	146
Total	218	0	96	314	493
Total future sublease payments expected to be received:				0	0

8. Employee benefits

8.1. Employee benefits

	2016-17 Total £000s	2015-16 Total £000s
Employee Benefits - Gross Expenditure		
Salaries and wages	262,812	253,134
Social security costs	23,743	18,800
Employer Contributions to NHS BSA - Pensions Division	27,185	26,766
Other pension costs	0	0
Termination benefits	0	0
Total employee benefits	313,740	298,700
Employee costs capitalised	2,697	3,184
Gross Employee Benefits excluding capitalised costs	311,043	295,516

8.2. Retirements due to ill-health

	2016-17 Number	2015-16 Number
Number of persons retired early on ill health grounds	9	4
	£000s	£000s
Total additional pensions liabilities accrued in the year	323	201

8.3. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FRM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FRM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

9. Better Payment Practice Code

9.1. Measure of compliance

	2016-17 Number	2016-17 £000s	2015-16 Number	2015-16 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	107,147	255,483	112,909	157,420
Total Non-NHS Trade Invoices Paid Within Target	<u>56,239</u>	<u>204,246</u>	<u>99,996</u>	<u>138,820</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>52.49%</u>	<u>79.95%</u>	<u>88.56%</u>	<u>88.18%</u>
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,141	31,490	2,022	28,228
Total NHS Trade Invoices Paid Within Target	<u>1,011</u>	<u>16,038</u>	<u>1,449</u>	<u>18,762</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>47.22%</u>	<u>50.93%</u>	<u>71.66%</u>	<u>66.47%</u>

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

9.2. The Late Payment of Commercial Debts (Interest) Act 1998

	2016-17 £000s	2015-16 £000s
Amounts included in finance costs from claims made under this legislation	1	2
Compensation paid to cover debt recovery costs under this legislation	<u>0</u>	<u>0</u>
Total	<u>1</u>	<u>2</u>

10. Investment Revenue

	2016-17 £000s	2015-16 £000s
Interest revenue		
Bank interest	66	136
Total investment revenue	<u>66</u>	<u>136</u>

11. Other Gains and Losses

	2016-17 £000s	2015-16 £000s
Gain/(Loss) on disposal of assets other than by sale (PPE)	0	50
Gain/(Loss) on disposal of assets other than by sale (intangibles)	<u>0</u>	<u>0</u>
Total	<u>0</u>	<u>50</u>

12. Finance Costs

	2016-17 £000s	2015-16 £000s
Interest		
Interest on loans and overdrafts	0	4
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts:		
- main finance cost	1,332	1,391
- contingent finance cost	813	618
Interest on late payment of commercial debt	1	2
Total interest expense	<u>2,146</u>	<u>2,015</u>
Other finance costs	0	0
Provisions - unwinding of discount	45	42
Total	<u>2,191</u>	<u>2,057</u>

13. Auditor Remuneration

13.1. Other auditor remuneration

	2016-17 £000s	2015-16 £000s
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	0	0
2. Audit-related assurance services	10	19
3. Taxation compliance services	0	0
4. All taxation advisory services not falling within item 3 above	4	8
5. Internal audit services	0	0
6. All assurance services not falling within items 1 to 5	0	0
7. Corporate finance transaction services not falling within items 1 to 6 above	0	0
8. Other non-audit services not falling within items 2 to 7 above	0	0
Total	<u>14</u>	<u>27</u>

14.1. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
2016-17									
Cost or valuation:									
At 1 April 2016	16,640	140,725	0	10,283	101,531	3,833	31,689	1,997	306,698
Additions of Assets Under Construction				3,540					3,540
Additions Purchased	0	4,732	0		1,805	0	6,193	0	12,730
Additions - Non Cash Donations (i.e. physical assets)	0	0	0	0	49	0	13	0	62
Additions - Purchases from Cash Donations & Government Grants	0	0	0	0	0	0	0	0	0
Additions Leased (including PFI/LIFT)	0	105	0		2,592	0	0	0	2,697
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as Held for Sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	0	0	0	(694)	0	(35)	0	(729)
Revaluation	0	(1,149)	0	0	0	0	0	0	(1,149)
Impairments/reversals charged to operating expenses	0	0	0	0	0	0	0	0	0
Impairments/reversals charged to reserves	0	654	0	0	0	0	0	0	654
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
At 31 March 2017	16,640	145,067	0	13,823	105,283	3,833	37,860	1,997	324,503
Depreciation									
At 1 April 2016	0	0	0		82,000	3,295	23,461	1,561	110,317
Reclassifications	0	0	0		0	0	0	0	0
Reclassifications as Held for Sale and reversals	0	0	0		0	0	0	0	0
Disposals other than for sale	0	0	0		(694)	0	(35)	0	(729)
Revaluation	0	(1,149)	0		0	0	0	0	(1,149)
Impairment/reversals charged to reserves	0	0	0		0	0	0	0	0
Impairments/reversals charged to operating expenses	0	(5,219)	0		0	0	0	0	(5,219)
Charged During the Year	0	6,369	0		4,533	170	2,710	71	13,853
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0		0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0		0	0	0	0	0
At 31 March 2017	0	1	0	0	85,839	3,465	26,136	1,632	117,073
Net Book Value at 31 March 2017	16,640	145,066	0	13,823	19,444	368	11,724	365	207,430
Asset financing:									
Owned - Purchased	16,640	124,681	0	13,823	10,826	368	11,712	364	178,414
Owned - Donated	0	329	0	0	769	0	12	0	1,110
Owned - Government Granted	0	861	0	0	0	0	0	0	861
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP PFI contracts	0	19,195	0	0	7,849	0	0	1	27,045
PFI residual interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2017	16,640	145,066	0	13,823	19,444	368	11,724	365	207,430

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2016	4,684	2,239	0	0	7	0	0	0	6,930
Movements (specify)	0	644	0	0	0	0	0	0	644
At 31 March 2017	4,684	2,883	0	0	7	0	0	0	7,574

Additions to Assets Under Construction in 2016-17

Land	0
Buildings excl Dwellings	3,540
Dwellings	0
Plant & Machinery	0
Balance as at YTD	3,540

14.2. Property, plant and equipment prior-year

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
2015-16									
Cost or valuation:									
At 1 April 2015	37,740	160,654	922	6,303	101,421	3,833	27,362	1,997	340,232
Additions of Assets Under Construction				5,855					5,855
Additions Purchased	0	5,958	0		3,155	0	4,327	0	13,440
Additions - Non Cash Donations (i.e. Physical Assets)	0	0	0	0	527	0	0	0	527
Additions - Purchases from Cash Donations & Government Grants	0	0	0	0	0	0	0	0	0
Additions Leased (including PFI/LIFT)	0	472	0		0	0	0	0	472
Reclassifications	0	2,797	(922)	(1,875)	0	0	0	0	0
Reclassifications as Held for Sale and Reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	0	0	0	(3,572)	0	0	0	(3,572)
Revaluation	(7,446)	(6,580)	0	0	0	0	0	0	(14,026)
Impairment/reversals charged to reserves	0	0	0	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	(13,654)	(22,576)	0	0	0	0	0	0	(36,230)
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
At 31 March 2016	16,640	140,725	0	10,283	101,531	3,833	31,689	1,997	306,696
Depreciation									
At 1 April 2015	0	0	0		80,792	3,119	21,552	1,460	106,923
Reclassifications	0	0	0		0	0	0	0	0
Reclassifications as Held for Sale and Reversals	0	0	0		0	0	0	0	0
Disposals other than for sale	0	0	0		(3,572)	0	0	0	(3,572)
Revaluation	(7,446)	(6,580)	0		0	0	0	0	(14,026)
Impairment/reversals charged to reserves	0	0	0		0	0	0	0	0
Impairments/reversals charged to operating expenses	7,446	832	0		0	0	0	0	8,278
Charged During the Year	0	5,748	0		4,780	176	1,909	101	12,714
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0		0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0		0	0	0	0	0
At 31 March 2016	0	0	0	0	82,000	3,295	23,461	1,561	110,317
Net Book Value at 31 March 2016	16,640	140,725	0	10,283	19,531	538	8,228	436	196,381
Asset financing:									
Owned - Purchased	16,640	120,940	0	10,283	18,563	538	8,227	436	175,627
Owned - Donated	0	325	0	0	968	0	1	0	1,294
Owned - Government Granted	0	842	0	0	0	0	0	0	842
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP PFI contracts	0	18,618	0	0	0	0	0	0	18,618
PFI residual interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2016	16,640	140,725	0	10,283	19,531	538	8,228	436	196,381

14.3. (cont). Property, plant and equipment

The Trust's property assets (land and buildings) were revalued during the year by the District Valuation Service and using Modern Equivalent Asset valuation techniques with a valuation date of 31st March 2016. Valuation was undertaken with reference to the size, location and Service Potential of existing buildings and the basis on which they would be replaced by Modern Equivalent Assets.

The Trust owns Non Operational Land assets which are currently held as surplus assets. These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

Asset lives for currently held assets are as follow:-

	Years
Buildings excl Dwellings	12 to 50
Plant & Machinery	1 to 10
Transport Equipment	1 to 5
Information Technology	1 to 10
Furniture and Fittings	1 to 10
Software Licences	1 to 4
Licences and Trademarks	1 to 1

15. Intangible non-current assets

15.1. Intangible non-current assets

	IT - in-house & 3rd party software	Computer Licenses	Licenses and Trademarks	Patents	Development Expenditure - Internally Generated	Total
	£000's	£000's	£000's	£000's	£000's	£000's
2016-17						
At 1 April 2016	0	2,954	101	0	0	3,055
Additions of Assets Under Construction						0
Additions Purchased	0	0	0	0	0	0
Additions Internally Generated	0	0	0	0	0	0
Additions - Non Cash Donations (i.e. physical assets)	0	0	0	0	0	0
Additions - Purchases from Cash Donations and Government Grants	0	0	0	0	0	0
Additions Leased (including PF/LIFT)	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as Held for Sale and Reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation/positive indexation	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	0	0	(58)	0	0	(58)
Impairments/reversals charged to reserves	0	0	0	0	0	0
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0
Transfer (to)/from Other Public Sector bodies under Absorption	0	0	0	0	0	0
At 31 March 2017	0	2,954	43	0	0	2,997
Amortisation						
At 1 April 2016	0	2,669	0	0	0	2,669
Reclassifications	0	0	0	0	0	0
Reclassified as Held for Sale and Reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation/positive indexation	0	0	0	0	0	0
Impairment/reversals charged to reserves	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	0	0	0	0	0	0
Charged During the Year	0	162	0	0	0	162
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0
Transfer (to)/from Other Public Sector bodies under Absorption	0	0	0	0	0	0
At 31 March 2017	0	2,831	0	0	0	2,831
Net Book Value at 31 March 2017	0	123	43	0	0	166
Asset Financing: Net book value at 31 March 2017 comprises:						
Purchased	0	123	43	0	0	166
Total at 31 March 2017	0	123	43	0	0	166
Revaluation reserve balance for intangible non-current assets						
	£000's	£000's	£000's	£000's	£000's	£000's
At 1 April 2016	0	0	0	0	0	0
Movements (specify)	0	0	0	0	0	0
At 31 March 2017	0	0	0	0	0	0

15.2. Intangible non-current assets prior year

	IT - in-house & 3rd party software £000's	Computer Licenses £000's	Licenses and Trademarks £000's	Patents £000's	Development Expenditure - Internally Generated £000's	Total £000's
2015-16						
Cost or valuation:						
At 1 April 2015	0	2,901	0	213	0	3,114
Additions - purchased	0	53	0	0	0	53
Reclassifications	0	0	213	(213)	0	0
At 31 March 2016	<u>0</u>	<u>2,954</u>	<u>213</u>	<u>0</u>	<u>0</u>	<u>3,167</u>
Amortisation						
At 1 April 2015	0	2,437	0	0	0	2,437
Impairments/reversals charged to reserves	0	0	0	0	0	0
Charged during the year	0	232	0	0	0	232
At 31 March 2016	<u>0</u>	<u>2,669</u>	<u>112</u>	<u>0</u>	<u>0</u>	<u>2,781</u>
Net book value at 31 March 2016	0	285	101	0	0	386
Net book value at 31 March 2016 comprises:						
Purchased		285	101			386
Total at 31 March 2016	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

15.3. Intangible non-current assets

Asset lives for intangible assets (purchased computer software) range from 0 to 5 years. Assets are initially recognised at cost and amortised over the expected life of the asset. They have not been revalued.

An intangible asset in respect of Carbon Emission Credits is included in the Trust's accounts to reflect the receipt and consumption of these credits. They are valued at market price at 31st March 2017.

16. Analysis of impairments and reversals recognised in 2016-17

	2016-17 Total £000s
Property, Plant and Equipment impairments and reversals taken to SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	<u>0</u>
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	(5,219)
Total charged to Annually Managed Expenditure	<u>(5,219)</u>
Total Impairments of Property, Plant and Equipment charged to SoCI	<u>(5,219)</u>
Intangible assets impairments and reversals charged to SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	<u>0</u>
Unforeseen obsolescence	58
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	<u>58</u>
Total Impairments of Intangibles charged to SoCI	<u>58</u>
Financial Assets charged to SoCI	
Loss or damage resulting from normal operations	0
Total charged to Departmental Expenditure Limit	<u>0</u>
Loss as a result of catastrophe	0
Other	0
Total charged to Annually Managed Expenditure	<u>0</u>
Total Impairments of Financial Assets charged to SoCI	<u>0</u>
Non-current assets held for sale - impairments and reversals charged to SoCI.	
Loss or damage resulting from normal operations	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	<u>0</u>
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	<u>0</u>
Total impairments of non-current assets held for sale charged to SoCI	<u>0</u>
Total Impairments charged to SoCI - DEL	<u>0</u>
Total Impairments charged to SoCI - AME	<u>(5,161)</u>
Overall Total Impairments	<u>(5,161)</u>
Donated and Government Granted Assets, included above	
PPE - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0
Intangibles - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0

16. Analysis of impairments and reversals recognised in 2016-17

	Property Plant and Equipment	Intangible Assets	Financial Assets	Non- Current Assets Held for Sale	Total £000s
Impairments and reversals taken to SoCI					
Loss or damage resulting from normal operations	0	0	0	0	0
Over-specification of assets	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0	0
Total charged to Departmental Expenditure Limit	0	0	0	0	0
Unforeseen obsolescence	0	58	0	0	58
Loss as a result of catastrophe	0	0	0	0	0
Other	0	0	0	0	0
Changes in market price	(5,219)	0	0	0	(5,219)
Total charged to Annually Managed Expenditure	(5,219)	58	0	0	(5,161)
Total Impairments of Property, Plant and Equipment changed	(5,219)	58	0	0	(5,161)

Donated and Government Granted Assets, included above

	£000s
PPE - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0
Intangibles - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0

17. Commitments

17.1. Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2017 £000s	31 March 2016 £000s
Property, plant and equipment	2,659	2,177
Intangible assets	0	0
Total	2,659	2,177

18. Inventories

	Drugs	Consumables	Work in Progress	Energy	Loan Equipment	Other	Total	Of which held at NRV
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2016	1,761	2,217	0	118	0	0	4,096	0
Additions	37,831	1,336	0	74	0	0	39,241	0
Inventories recognised as an expense in the period	(38,061)	0	0	0	0	0	(38,061)	0
Write-down of inventories (including losses)	(8)	0	0	0	0	0	(8)	0
Reversal of write-down previously taken to SOCI	0	0	0	0	0	0	0	0
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0
Balance at 31 March 2017	1,523	3,553	0	192	0	0	5,268	0

The value of Consumables Inventories "Additions" and "recognised as an expense during the year" is not separable for the purpose of this note and shown as a net movement, however the value of adjustments to Consumable Inventory items is included within total expenditure in Note 6 of these Accounts

19.1. Trade and other receivables

	Current		Non-current	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000s	£000s	£000s	£000s
NHS receivables - revenue	9,462	10,372	0	0
NHS receivables - capital	0	0	0	0
NHS prepayments and accrued income	0	0	0	0
Non-NHS receivables - revenue	5,415	3,665	0	0
Non-NHS receivables - capital	0	0	0	0
Non-NHS prepayments and accrued income	1,090	1,310	0	0
PDC Dividend prepaid to DH	190	0	0	0
Provision for the impairment of receivables	(3,134)	(1,819)	(156)	(238)
VAT	2,003	1,115	0	0
Current/non-current part of PFI and other PPP arrangements prepayments and accrued income excluding PFI lifecycle	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables	2,074	1,665	43,173	1,084
Total	17,100	16,308	43,017	846
Total current and non current	60,117	17,154		
Included in NHS receivables are prepaid pension contributions:			0	

The great majority of trade is with NHS Clinical Commissioning Groups (CCG's) . As CCG's are funded by Government to buy NHS patient care no credit scoring of them is considered necessary.

19.2. Receivables past their due date but not impaired

	31 March 2017	31 March 2016
	£000s	£000s
By up to three months	860	1,038
By three to six months	1,454	1,323
By more than six months	2,708	2,013
Total	5,022	4,374

19.3. Provision for impairment of receivables

	2016-17	2015-16
	£000s	£000s
Balance at 1 April 2016	(2,057)	(1,644)
Amount written off during the year	149	102
Amount recovered during the year	0	0
(Increase)/decrease in receivables impaired	(1,382)	(515)
Transfers to NHS Foundation Trust on authorisation as FT	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0
Balance at 31 March 2017	(3,290)	(2,057)

Impairment of receivables is based on an assessment of individual amounts receivable taking into account the age of the debt and other known circumstances regarding the debt or the debtor.

20. Cash and Cash Equivalents

	31 March 2017	31 March 2016
	£000s	£000s
Opening balance	27,296	28,382
Net change in year	(3,394)	(1,086)
Closing balance	23,902	27,296
Made up of		
Cash with Government Banking Service	23,873	27,272
Commercial banks	0	0
Cash in hand	29	24
Liquid deposits with NLF	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	23,902	27,296
Bank overdraft - Government Banking Service	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in statement of cash flows	23,902	27,296
Third Party Assets - Bank balance (not included above) See Note 34	1	2
Third Party Assets - Monies on deposit	0	0

21. Trade and other payables

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
NHS payables - revenue	13,774	10,203	0	0
NHS payables - capital	0	0	0	0
NHS accruals and deferred income	2,652	2,406	0	0
Non-NHS payables - revenue	12,896	3,841	0	0
Non-NHS payables - capital	7,218	4,965	0	0
Non-NHS accruals and deferred income	25,836	26,966	0	0
Social security costs	3,408	2,746		
PDC Dividend payable to DH	0	347		
Accrued Interest on DH Loans	0	0		
VAT	0	0	0	0
Tax	2,728	2,670		
Payments received on account	0	0	0	0
Other	0	0	0	0
Total	68,512	54,144	0	0
Total payables (current and non-current)	68,512	54,144		
Included above:				
to Buy Out the Liability for Early Retirements Over 5 Years	0	0		
number of Cases Involved (number)	0	0		
outstanding Pension Contributions at the year end	3,762	1,158		

22. Borrowings

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
Bank overdraft - Government Banking Service	0	0		
Bank overdraft - commercial banks	0	0		
Loans from Department of Health	0	0	0	0
Loans from other entities	0	0	0	0
PFI liabilities - main liability	903	1,306	33,953	25,591
LIFT liabilities - main liability	0	0	0	0
Finance lease liabilities	0	0	0	0
Other (describe)	0	0	0	0
Total	903	1,306	33,953	25,591
Total other liabilities (current and non-current)	34,856	26,897		

Borrowings / Loans - repayment of principal falling due in:

	DH £000s	31 March 2017	
		Other £000s	Total £000s
0-1 Years	0	903	903
1 - 2 Years	0	2,188	2,188
2 - 5 Years	0	5,791	5,791
Over 5 Years	0	25,974	25,974
TOTAL	0	34,856	34,856

23. Deferred income

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
Opening balance at 1 April 2016	4,707	4,858	0	0
Deferred revenue addition	5,040	4,707	0	0
Transfer of deferred revenue	(4,707)	(4,858)	0	0
Current deferred Income at 31 March 2017	5,040	4,707	0	0
Total deferred income (current and non-current)	5,040	4,707		

24. Provisions

Total	Comprising:					
	Early Departure Costs	Legal Claims	Restructuring	Other	Redundancy	
£000s	£000s	£000s	£000s	£000s	£000s	
Balance at 1 April 2016	4,567	963	373	70	2,850	311
Arising during the year	500	72	181	0	110	137
Utilised during the year	(910)	(96)	(215)	(61)	(227)	(311)
Reversed unused	(47)	(3)	(37)	0	(7)	0
Unwinding of discount	45	13	0	0	32	0
Change in discount rate	388	68	0	0	320	0
Transfers to NHS Foundation Trusts on being authorised as FT	0	0	0	0	0	0
Transfers (to)/from other public sector bodies under absorption accounting	0	0	0	0	0	0
Balance at 31 March 2017	4,543	1,017	302	9	3,078	137

Expected Timing of Cash Flows:

No Later than One Year	1,147	92	302	9	607	137
Later than One Year and not later than Five Years	907	368	0	0	539	0
Later than Five Years	2,489	557	0	0	1,932	0

Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

	£000s
As at 31 March 2017	154,786
As at 31 March 2016	130,664

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Injury Benefits £2,614,000, HMRC Off Payroll Engagement £325,000 and National Poisons potential expenditure of £74,653

Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cashflows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

25. Contingencies

	31 March 2017	31 March 2016
	£000s	£000s
Contingent liabilities		
NHS Litigation Authority legal claims	(188)	(202)
Employment Tribunal and other employee related litigation	0	0
Redundancy	0	0
Other - Pension and Injury Benefits	(92)	(507)
Net value of contingent liabilities	(280)	(709)
Contingent assets		
Contingent assets	0	0
Net value of contingent assets	0	0

26. Analysis of charitable fund reserves

The Trust has not consolidated charitable funds within this set of accounts

27. PFI and LIFT - additional information

The information below is required by the Department of Health for inclusion in national statutory accounts

A contract for the development of a new hospital was signed by the Trust and its PFI partner on 11/12/2015. The purpose of the scheme is to deliver a modern, state of the art acute hospital facility on the Grove Lane site in Smethwick, Birmingham.

The Midland Metropolitan Hospital (MMH) will be fully operational in Spring 2019. The hospital is being delivered through PF2 and which involves an 30 year concession period ending in 2048/49. At the end of that concession period the asset shall pass into the ownership of the Trust or successor body.

The anticipated asset value of the hospital when brought into use will be £323,638,000

The Trust shall receive £97m of Public Dividend Capital which it expects to pay to its PFI partner as a contribution to the costs of the hospital development

The Trust is contractually committed to a total Unitary Payment cost in respect of the Midland Metropolitan Hospital of £698,443,000 payable over the life of the 30 year concession

Note 12.1 (Property, Plant and Equipment) includes £13,107,786 (2015/16 £10,283,792) as Assets under Construction in respect of the Midland Metropolitan Hospital. This represents costs incurred directly by the Trust in support of the hospital development

The Trust currently operates the Birmingham Treatment Centre (BTC) under a PFI concession and accounts for a Managed Equipment Service (MES) as a PFI scheme. The values below represent the financial obligations relating to the BTC and MES Scheme only

Birmingham Treatment Centre (BTC)

Length of Contract is 30 Years

The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005. The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust

Managed Equipment Scheme (MES)

Length of Contract is 10 Years

The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2026 at which point the ownership of the equipment will revert to the Trust

Charges to operating expenditure and future commitments in respect of ON and OFF SOFP PFI

	2016-17 £000s	2015-16 £000s
Total charge to operating expenses in year - Off SoFP PFI	0	0
Service element of on SOFP PFI charged to operating expenses in year	2,166	863
Total	2,166	863

Payments committed to in respect of off SOFP PFI and the service element of on SOFP PFI

No Later than One Year	2,570	929
Later than One Year, No Later than Five Years	10,286	3,955
Later than Five Years	23,242	17,741
Total	36,098	22,625

The estimated annual payments in future years are not expected to be materially different from those which the Trust is committed to make during the next year.

Imputed "finance lease" obligations for on SOFP PFI contracts due

	2016-17 £000s	2015-16 £000s
No Later than One Year	(5,868)	2,638
Later than One Year, No Later than Five Years	12,546	8,760
Later than Five Years	34,439	31,134
Subtotal	41,117	42,532
Less: Interest Element	(14,304)	(15,635)
Total	26,813	26,897

Present Value Imputed "finance lease" obligations for on SOFP PFI contracts due

	2016-17 £000s	2015-16 £000s
Analysed by when PFI payments are due		
No Later than One Year	(7,140)	1,306
Later than One Year, No Later than Five Years	7,979	3,990
Later than Five Years	25,974	21,601
Total	26,813	26,897

Number of on SOFP PFI Contracts

Total Number of on PFI contracts	2
Number of on PFI contracts which individually have a total commitments value in excess of £500m	0

28. Impact of IFRS treatment - current year

The information below is required by the Department of Health for budget reconciliation purposes

Revenue costs of IFRS: Arrangements reported on SoFP under IFRIC12 (e.g PFI / LIFT)

	2016-17		2015-16	
	Income £000s	Expenditure £000s	Income £000s	Expenditure £000s
Depreciation charges		1,723		450
Interest Expense		2,145		2,005
Impairment charge - AME		0		1,368
Impairment charge - DEL		0		0
Other Expenditure		2,167		863
Revenue Receivable from subleasing	0		0	
Impact on PDC dividend payable		(140)		(284)
Total IFRS Expenditure (IFRIC12)	0	5,895	0	4,402
Revenue consequences of PFI / LIFT schemes under UK GAAP / ESA95 (net of any sublease revenue)		6,404		3,643
Net IFRS change (IFRIC12)		(509)		759

Capital Consequences of IFRS : LIFT/PFI and other items under IFRIC12

Capital expenditure 2015-16		2,697		414
UK GAAP capital expenditure 2015-16 (Reversionary Interest)		756		656

Revenue costs of IFRS12 compared with ESA10

	2016-17	2016-17	2015-16	2015-16
	Income/ Expenditure IFRIC 12 YTD £000s	Income/ Expenditure ESA 10 YTD £000s	Income/ Expenditure IFRIC 12 YTD £000s	Income/ Expenditure ESA 10 YTD £000s
Depreciation charges	1,723		450	
Interest Expense	2,145		2,005	
Impairment charge - AME	0		1,368	
Impairment charge - DEL	0		0	
Other Expenditure				
Service Charge	2,167	6,404	863	3,643
Contingent Rent	0		0	
Lifecycle	0		0	
Impact on PDC Dividend Payable	(140)		(284)	
Total Revenue Cost under IFRIC12 vs ESA10	5,895	6,404	4,402	3,643
Revenue Receivable from subleasing	0	0	0	0
Net Revenue Cost/(income) under IFRIC12 vs ESA10	5,895	6,404	4,402	3,643

29. Financial Instruments

29.1. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCG's and the way those CCG's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

29.2. Financial Assets

	At 'fair value through profit and loss'	Loans and receivables	Available for sale	Total
	£000s	£000s	£000s	£000s
Embedded derivatives	0			0
Receivables - NHS		9,462		9,462
Receivables - non-NHS		5,415		5,415
Cash at bank and in hand		23,902		23,902
Other financial assets	0	0	0	0
Total at 31 March 2017	0	38,779	0	38,779
Embedded derivatives	0			0
Receivables - NHS		10,372		10,372
Receivables - non-NHS		3,665		3,665
Cash at bank and in hand		27,296		27,296
Other financial assets	0	0	0	0
Total at 31 March 2016	0	41,333	0	41,333

29.3. Financial Liabilities

	At 'fair value through profit and loss'	Other	Total
	£000s	£000s	£000s
Embedded derivatives	0		0
NHS payables		13,774	13,774
Non-NHS payables		12,896	12,896
Other borrowings		0	0
PFI & finance lease obligations		34,856	34,856
Other financial liabilities	0	0	0
Total at 31 March 2017	0	61,526	61,526
Embedded derivatives	0		0
NHS payables		10,203	10,203
Non-NHS payables		3,841	3,841
Other borrowings		0	0
PFI & finance lease obligations		26,897	26,897
Other financial liabilities	0	0	0
Total at 31 March 2016	0	40,941	40,941

30. Events after the end of the reporting period

There are no events to report that occurred after the reporting period

31. Related party transactions

During the year none of the Department of Health Ministers, trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health is regarded as a related party. During the year 2016/17 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are listed below

NHS Sandwell & West Birmingham CCG
 NHS Birmingham Cross City CCG
 Health Education England
 NHS Birmingham South & Central CCG
 NHS Walsall CCG
 NHS Litigation Authority
 NHS Business Services Authority
 The Dudley Group NHS Foundation Trust
 Walsall Healthcare NHS Trust

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Department for Education and Skills in respect of University Hospitals Birmingham NHS Foundation Trust, Sandwell MBC and Birmingham City Council.

The Trust has also received revenue and capital payments from a number of charitable funds including Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board. The summary financial statements of the Funds Held on Trust are included in this annual report and accounts.

32. Losses and special payments

The total number of losses cases in 2016-17 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	196,248	53
Special payments	144,805	76
Gifts	0	0
Total losses and special payments and gifts	341,053	129

The total number of losses cases in 2015-16 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	150,889	125
Special payments	210,982	66
Total losses and special payments	361,871	191

33. Financial performance targets

The figures given for periods prior to 2009-10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

33.1. Breakeven performance

	2006-07 £000s	2007-08 £000s	2008-09 £000s	2009-10 £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s	2015-16 £000s	2016-17 £000s
Turnover	327,536	348,475	359,161	384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197
Retained surplus/(deficit) for the year	3,399	6,524	2,547	(28,646)	(6,885)	4,540	(3,441)	(2,505)	4,585	(4,254)	(6,996)
Adjustment for:											
Timing/non-cash impacting distortions:											
Pre FDL(97)24 agreements	0	0	0	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0	0	0	0
Adjustments for impairments	0	0	0	36,463	9,533	(2,395)	8,872	8,922	(263)	8,390	(5,161)
Adjustments for impact of policy change re donated/government grants assets						358	1,092	334	331	(279)	224
Consolidated Budgetary Guidance - adjustment for dual accounting under IFRIC12*				(557)	(455)	(640)	0	0	0	0	0
Absorption accounting adjustment							0	0	0	0	0
Other agreed adjustments	5,726	0	0	0	0	0	0	0	0	0	0
Break-even in-year position	9,125	6,524	2,547	7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)
Break-even cumulative position	(4,402)	2,122	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769	25,836

* Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

	2006-07 %	2007-08 %	2008-09 %	2009-10 %	2010-11 %	2011-12 %	2012-13 %	2013-14 %	2014-15 %	2015-16 %	2016-17 %
Materiality test (I.e. is it equal to or less than 0.5%):											
Break-even in-year position as a percentage of turnover	2.79	1.87	0.71	1.89	0.57	0.44	1.51	1.54	1.04	0.87	-2.59
Break-even cumulative position as a percentage of turnover	-1.34	0.61	1.30	3.10	3.64	3.77	5.20	6.66	7.59	8.51	5.61

The amounts in the above tables in respect of financial years 2005/06 to 2008/09 inclusive have **not** been restated to IFRS and remain on a UK GAAP basis.

33.2. Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

33.3. External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2016-17	2015-16
	£000s	£000s
External financing limit (EFL)	56,399	(1,217)
Cash flow financing	46,962	(1,431)
Finance leases taken out in the year	0	0
Other capital receipts	0	0
External financing requirement	46,962	(1,431)
Under/(over) spend against EFL	<u>9,437</u>	<u>214</u>

33.4. Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2016-17	2015-16
	£000s	£000s
Gross capital expenditure	19,029	20,347
Less: book value of assets disposed of	0	0
Less: capital grants	0	0
Less: donations towards the acquisition of non-current assets	<u>(62)</u>	<u>(527)</u>
Charge against the capital resource limit	18,967	19,820
Capital resource limit	<u>18,968</u>	<u>19,860</u>
(Over)/underspend against the capital resource limit	<u>1</u>	<u>40</u>

34. Third party assets

The Trust held cash and cash equivalents which relate to monies held by the NHS Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2017	2016
	£000s	£000s
Third party assets held by the Trust - Patients' Monies	<u>1</u>	<u>2</u>

Sandwell and West Birmingham Hospitals

NHS Trust

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Director of Finance

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Andrew Bostock
Partner
KPMG LLP
One Snowhill
Snow Hill Queensway
Birmingham

1 June 2017

Dear Andrew

This representation letter is provided in connection with your audit of the Trust financial statements of Sandwell and West Birmingham Hospitals NHS Trust ("the Trust"), for the year ended 31 March 2017, for the purpose of expressing an opinion:

- as to whether these financial statements give a true and fair view of the state of the financial position of the Trust as at 31 March 2017 and of the Trust's income and expenditure for the financial year then ended; and
- whether the Trust's financial statements have been prepared in accordance with the Department of Health Group Accounting Manual (GAM).

These financial statements comprise the Trust Statement of Financial Position, the Statement of Comprehensive Income, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Board confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

Financial statements

1. The Board has fulfilled its responsibilities for the preparation of financial statements that:

- i. give a true and fair view of the financial position of the Trust as at 31 March 2017 and of the Trust's income and expenditure for that financial year; and
- ii. have been prepared in accordance with the GAM 2016/17.

The financial statements have been prepared on a going concern basis.

2. Measurement methods and significant assumptions used by the Board in making accounting estimates, including those measured at fair value, are reasonable.
3. All events subsequent to the date of the financial statements and for which IAS 10 Events after the reporting period requires adjustment or disclosure have been adjusted or disclosed.
4. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. The total of unadjusted audit differences is acknowledged to be £0.4m which is not material to the financial statements.

Information provided

5. The Board has provided you with:
 - access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
 - additional information that you have requested from the Board for the purpose of the audit; and
 - unrestricted access to persons within the Trust from whom you determined it necessary to obtain audit evidence.
6. All transactions have been recorded in the accounting records and are reflected in the financial statements.
7. The Board confirms the following:
 - i. The Board has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatement arising from fraudulent financial reporting and from misappropriation of assets.
 - ii. The Board has disclosed to you all information in relation to:
 - a) Fraud or suspected fraud that it is aware of and that affects the Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements; and
 - b) allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Board acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

8. The Board has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
9. The Board has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
10. The Board has disclosed to you the identity of the Trust's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 Related Party Disclosures. Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in IAS 24.
11. The Board confirms that all intra-NHS balances included in the Statement of Financial Position (SOFP) at 31 March 2017 in excess of £100,000 have been disclosed to you and that the Trust has complied with the requirements of the Intra NHS Agreement of Balances Exercise. The Board confirms that Intra-NHS balances includes all balances with NHS counterparties, regardless of whether these balances are reported within those SOFP classifications formally deemed to be included within the Agreement of Balances exercise.
12. The Board confirms that:
 - a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view.
 - b) Any uncertainties disclosed are not considered to be material and therefore do not cast significant doubt on the ability of the Trust to continue as a going concern.
13. The Trust is required to consolidate any NHS charitable funds which are determined to be subsidiaries of the Trust. The decision on whether to consolidate is dependent upon the financial materiality and governance arrangements of the charitable funds. The Board confirms that, having considered these factors, it is satisfied that the charitable funds should not be consolidated.
14. The Board provides the following specific representations as follows:
 - a) The Trust confirms that the approach to the Modern Equivalent Asset (Alternative Site) valuation to apply a General Hospital approach adopted by the professional valuer is an appropriate representation of the existing service potential of the Trust's land and building assets.
 - b) The Trust has identified all potential obligating events arising as a result of its Long Term Workforce model and recognised these as required within the financial statements.

- c) The Trust has identified all surplus assets and accounted for these in accordance with IFRS13 and IFRS 5.

This letter was challenged and confirmed as appropriate by the Audit & Risk Management Committee on 24 May 2017 and considered and agreed at the meeting of the Board of Directors on 1 June 2017.

Yours sincerely

Antony M Waite
Finance Director

For and on behalf of the Board of Sandwell and West Birmingham Hospitals NHS Trust

DRAFT

Director of Finance

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Andrew Bostock
Partner
KPMG LLP
One Snowhill
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Birmingham B4 6GH

1 June 2017

Dear Andrew

QUALITY ACCOUNTS 2016/17 - BOARD REPRESENTATION LETTER

This representation letter is provided in connection with your limited assurance engagement regarding the Quality Accounts of Sandwell & West Birmingham Hospitals NHS Trust ("the Trust") for the year ended 31 March 2017 for the purpose of forming a conclusion, based on limited assurance procedures, on whether anything has come to your attention that causes you to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

The Board confirms that:

- a) The Quality Account has been prepared in accordance with National Health Service (Quality Accounts) Regulations 2010 (as amended) and the Guidance;

- b) The content of the Quality Account is not inconsistent with the internal and external sources of information set out in the Guidance;
- c) The Quality Account presents a balanced picture of the NHS Trust's performance over the period covered;
- d) The performance information reported in the Quality Account is reliable and accurate;
- e) There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice; and
- f) The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;

This letter was presented and agreed at the meeting of the Board of Directors on 1 June 2017.

Yours sincerely

Antony M Waite
Finance Director

For and on behalf of the Board of Sandwell and West Birmingham Hospitals NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Application of the Trust Seal to Lease for the Independent Living Centre
SPONSOR (EXECUTIVE DIRECTOR):	Alan Kenny – Director of Estates/New Hospital
AUTHOR:	Rob Banks – Deputy Director of Estates/New Hospital
DATE OF MEETING:	1 st June 2017

EXECUTIVE SUMMARY:

In accordance with Trust practice the Board is asked to approve the affixation of the Trust seal to the following document:

- Lease with Sandwell Borough Council for the use of accommodation in the Independent Living Centre, 100 Oldbury Road, Smethwick. Use of accommodation for Integrated Care Services (iCares) and Wheelchair Services.

The Key Terms are:

- 5 year lease from 2017 to 2022
- Rental charge is £8,000 per annum, payable quarterly in advance
- Trust reasonable contribution towards service charges
- Contracted out of Landlord & Tenant Act

REPORT RECOMMENDATION:

The Board are recommended to:-

- Approve the application of the Trust Seal to the aforementioned document

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
X	X	

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

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

Comments:

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

Full agreement with Community & Therapies, Integrated Care Services/Wheelchair Services Clinical Team Leader.

Sandwell and West Birmingham Hospitals



NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Anne Gibson Board Room, City Hospital **Date:** 4th May 2017, 0930 – 1300h

Members Present:

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

In Attendance:

Mrs C Rickards, Trust Convenor (CR)
 Mrs R Wilkin, Director of Communications (RW)
 Dr Chizo Agwu, Consultant Paediatrician in
 Diabetes & Endocrinology/Children & Young
 People's Champion – item 2 only (CW)
 Nurse Liz Hudson, Paediatric Nurse – item 2 only (LD)
 Prof. Kate Thomas, Non-Executive designate (KT)

Secretariat:

Miss R. Fuller, Executive Assistant (RF)

Minutes	Reference
1. Welcome, apologies and declaration of interests	Verbal
<p>Apologies were received from Mr. Richard Samuda and Ms Dutton took the meeting chair. Ms. Dutton welcomed Prof Kate Thomas who will be the University appointed NED replacing Dr. P. Gill. Prof. Thomas is also a serving GP in Sutton Coldfield.</p> <p>Declarations of Interest: there were no declarations received.</p>	
2. Staff Story	Verbal
<p>The Board watched a video from a young patient – Jess who suffers from diabetes and how she is making the transition from childhood to adulthood treatment within the Trust.</p> <p>Dr. Agwu talked through her new role as Young Persons Champion. This new post, created by the Trust, aims to ensure that a young person makes the transition from childhood clinical environment which is very family orientated into the adult clinical environment. The transition period typically begins when the young person is 16 years until 18. In our approach a key worker is assigned to help the navigation into the system and ensure they have the skills to be able to take responsibility of their condition.</p> <p>The board discussed the use of digital technology which should be explored further as this was a medium already used by Jess in her consultations.</p> <p>Ms. Barlow queried the catchment of the Trust included a high amount of students coming to the City's Universities for study and this type of service would be of benefit to them. Unfortunately, this service was not available to the</p>	

City's Universities but the Young Peoples Development Board were asked to discuss at a future meeting whether this might be an offer which could be put to UoB and Aston.

Mrs Perry asked if the transition service offered to young people fell foul of a postcode lottery. Dr. Agwu confirmed this could be the case. Her approach is to set some agreed standards for transition, which have been shared with the Board's quality and safety committee. The intent is to try and move towards those standards over the next 18 months. Dr. Stedman informed the board that many GPs treated asthma in children as a condition that they would grow out of and there were very few instances where children would attend care in a hospital environment other than an emergency episode, however deaths from asthma was high in the health economy. Dr Thomas noted the risks but suggested that there is more the Trust can do to help GPs in managing asthmas. Mr Lewis noted that under the 2014-17 public health plan all our paediatric nurses have been retrained in asthma.

Dr Agwu was asked about support to parents in relinquishing responsibility to the child. It was confirmed that parents are involved as much as the young adult, the aim is for the parent to become the parent consultant where they can provide advice and support from being the parent supervisor, the person who takes charge and makes all the decisions.

Following a further brief discussion Ms Dutton thanked Dr. Agwu and Nurse Hudson for sharing a positive story with the board of patient engagement with the Trust. Ms Dutton asked for thanks to be passed to Jess for her time in sharing her story.

ACTION:

- **Service to reach out to University population – for discussion at the Young Peoples Development Board**

3. Questions from the public

Verbal

Mr. Hodgetts queried the following:

Were patients being encouraged to speak up and ask more questions in order to deter Never Events. Dr. Stedman confirmed as part of the safety checks the patient is briefed on their procedure at 2 stages, once with the doctor in outpatients and again on the day of procedure. Patients are also encouraged to make contact if they have any queries or questions. This exception to this 2 stage check is when a patient attends outpatient for a consultation and procedure on the same day and when a patient is referred from an outside the organisation. The most recent Never Event fall into the exception category where the patient attended outpatients. However, none of the investigations to date have found this interaction from patients to be the key issue in error.

Will the maternity services be staying at City or moving to Midland Met? Mr. Lewis confirmed the birthing service will move to Midland Met, a decision on the Halcyon Suite will be made in 6 months, but the correct statutory consultation will follow if necessary.

4. Chair's opening comments

Verbal

The Chair reported no items for comment

5. Charitable Funds

**SWBTB (05/17) 001
SWBTB (05/17) 002**

Clr Zaffar reported the key highlights.

- 5 year funding strategy incorporated of years 1 – 3 focusing on Midland Met. The Charity team were asked to review income targets at years 4 – 5.
- The Charitable fund policy is on track for completion over coming weeks
- Conversion to a single trust deed – the merging of the linked charities into one main umbrella charity has been completed.
- Make-up of the Charitable Funds Committee – discussion to consider staff representatives onto the committee

Mr. Lewis informed the Trust Board that he would be organising an event on the priorities of the charity committee in the next few months.

Minutes of the Charitable Funds Committee – 9th February 2017 were noted

6. Audit and Risk Committee

SWBTB (05/17) 003
SWBTB (04/17) 004

Mrs. Perry reported on the key highlights from the Audit Committee.

- Going Concern Assessment – the 2017/18 annual accounts will be prepared as a going concern following a management assessment
- Draft annual accounts presented and no escalated issues were highlighted
- The reference cost submission for 2016/17 will be brought to the September Trust Board
- Internal Audit Plan 2017/18. It was established at the Committee that the plan had not been submitted for sign off by the full executive team. The Plan will be represented to the Committee in May.

Mr Waite commented that some of the audit recommendations still needed alignment but the Auditors will be producing an IS260 for presentation at the June board.

Minutes of the Audit & Risk Management Committee – 26th January 2017 were noted

7. Major Projects Authority

SWBTB (05/17) 005
SWBTB (05/17) 006

Mr. Hoare highlighted the following from the meeting:

- Land Disposal – there is a compliant bid and the land sale papers from the Land Sales Committee will be circulated to trust board members for information.
- STC – this has been signed off by the Committee including plans on the next phase. The BTC design needs to be completed to ensure no services are homeless.
- People Plan – the Committee will review the plan to see if the chartered management programme could be expedited so managers could complete the training sooner.

Mr Lewis stated the Land Sales Committee comprising of Mr. Samuda, Mr Kang, Mrs Perry, Mr. Waite and Mr. Kenny, will meet with him to scrutinise the bid and any other options to obtain the best value for the Trust. The cash generated should still arrive in Q1.

Minutes of the Major Projects Authority Committee – 24th February 2017 were noted

ACTION:

- Land sales committee papers to be circulated – Mr. Kenny

8. Finance Committee

Verbal
SWBTB (05/17) 008

Mr. Kang highlighted the following:

- Financial Performance – Mr. Waite confirmed the Trust would be delivering a deficit at year end as forecast. The Committee challenged the outstanding income from the CCG how that played into the accounts but was satisfied that the position was reconciled. The contract for 2017/19 is still unsigned.
- Production Plan - period 1 have indicated booked activity was in line with the production plan. A review of the maths will also be undertaken and the standards set by the Board need to be met.
- Financial Improvement Plan – Ernst & Young have been engaged to secure immediate improvement of the financial run rate through tactical and quick wins and improved grip and control. This work will cost a six figure sum and their ongoing involvement will be reviewed in June.

Minutes of the Finance & Investment Committee – 31st March 2017 were noted

9. Quality and Safety Committee

SWBTB (05/17) 007

SWBTB (05/17) 010

Ms Dutton highlighted:

- 2016/17 Clinical Audit – 2 audits raised concern.
 - DNACPR in patients showing lack of capacity involvement of friends and family fell short.
 - WHO checklist noted that in some instances not all members of the team were present to sign. Dr. Stedman reported although not all team members were present when sign off took place, it has been identified that the core team members will be present during sign off.
- Consistent Reds on IPR data – a new approach is being taken to look at why some performance indicators continually just miss the performance target set. This will be discussed by the Executive Team and represented to the Board.
- NG Tube misplacement – the Trust board is asked to note the compliance with the PSA relating to NG Tube misplacement. A delivery action plan will be monitored by the Committee

Mr Lewis identified an error on the ‘matters presented for information or noting’, - Ionising Radiation regulations annual report should read **Ionising Radiology regulations annual report**.

Minutes of the Quality & Safety Committee – 31st March 2017 were noted

10. Chief Executive’s Report

SWBTB (05/17) 011

Mr. Lewis highlighted the following from his report:

Eye casualty and patient experience: There will be a major change in the eye casualty in that approximately 70% of patients will be triaged to return for treatment on the following day. The key benefit of this system is patients will have an appointment to come back and see the correct clinician. Ms. Barlow and her team are monitoring the situation closely as it has the potential to be disruptive for long standing users of the service.

EPR Training: During August and September extra training will be undertaken but we need to ensure mandatory training is kept on track. The board discussed the operational impact with training in September and staff holidays. Mr. Lewis assured the board that notwithstanding holidays already booked the timetable has factored staff leave. The model was discussed at a recent Clinical Leadership Executive Committee meeting. There will be choice available for training and those staff who have leave booked there will be still be opportunity for them to train during this time.

Termination of the tertiary level gynae-oncology contract: This has been discussed at the private board and is now confirmed. The notice period goes to late October 2017 and the Trust is working constructively with NHS England to understand their future commissioning intentions.

Learning disabilities: Mr Lewis reported that progress had reduced in the last 4 months. The letters to GPs has not happened and he would pick this up with Ms. Claire Parker from the CCG. The training timetable for AMU staff has been revised to the end of June. Issues around the advisory service with the Black Country Partnership was noted mainly due to the absence of the right staff, however this will be updated and reported back at the July meeting.

ACTION:

- **Learning disabilities – update to the July meeting on the advisory service with the Black Country Partnership.**

11. Board Assurance Framework

SWBTB (05/17) 012

Ms Dhami provided the Board Assurance Framework for update and drew to the board’s attention the amendment of O13-GUR, the rating has returned to red following the pausing of the work by Mr. Lewis. Mr. Lewis stated the risk has not changed but progress resolving it has stayed. He now intended to proceed by comparing what is

needed with what EPR can provide. The Board discussed the shape and additional benefits of EPR to the Trust and understood that it was looking at other providers i.e. The Wirral to understand operationally how some of our reports will be configured. Ms. Dutton noted the high work volume being undertaken by Mr. Lewis and Mr. Reynolds on EPR. Mr. Lewis reassured the board that the responsibility of the system rests with him; the information and reporting challenges falls between many different people. EPR is about all our jobs and the structure will be looked at to ensure the right resources and people are mobilised effectively.

Other areas highlighted by the board were:

Caseloads – it was unclear where this was going to be tracked. It was noted that the Primary Community & Therapies Group could annex the community caseload within the safe staffing of wards report, which annexes Mr Lewis’ CEO report. Ms. Barlow agreed to take this forward.

O17-21CI Sheldon Block – The board asked for clarification on the risk. Mr. Lewis clarified proposal would not be delivered following the CCG renegeing on the intermediate care agreement. Mr. Lewis now wants to satisfy himself that there is an out of hospital bed base which will support the activity and contracting model for Midland Met.

12. Trust Risk Register

SWBTB (05/17) 013

Miss Dhami reported no risks being escalated from the Clinical Leadership Executive Committee. However, the project risks on Digital and MMH will be discussed at executive level. Dr. Stedman stated there were a high number of risks associated with digital and the risks impact on the whole organisation. Mr Lewis noted that project risks require visibility on safeguard and this needs to be organised in coming weeks.

BCG Vaccine: Mrs. Newell confirmed that all children have been recalled to attend for a vaccination and she was not aware of any issues with continued distribution of the vaccine. The Board asked the Risk Management Board to provide assurance that all outstanding vaccines have been delivered and confirm availability of future stocks.

ACTION:

- Risk Management Committee asked to provide assurance that all outstanding vaccines have been delivered and to confirm availability of future stocks.

13. Integrated Performance Report

SWBTB (04/17) 014

Mr. Waite drew the boards attention to the new style cover report which now showed the IPR Summary scorecard for March. Positives to note were 62-day cancer, RTT, Stroke & Cardiology and also infection control.

A more detailed discussed took place at the Quality & Safety Committee who are reviewing the failing indicators and finding out why these targets are being narrowly missed.

The following was highlighted:

C sections: The trust is currently below the regional average which is above national norms. We have monitored our position following a spike, which has now stabilised. The Board agreed that the actions in place were sufficient.

Early booking: Mrs Newell confirmed the Trust is meeting the national target but it will now become difficult to improve as more publicity was needed and more input from our partner organisations of the CCG and Public Health as many pregnant women in the community don’t present early or not until birth.

Patient safety thermometer: Mr. Lewis reported this measure was of no value to the Trust at it looked at a point in time, but as a national indicator it will be left in place. The 10:10 indicator was a better indicator of this measure as it provided daily information on our safety and not on a sampled basis.

Falls: Mrs Newell indicated to the board that she will be reviewing falls per 100 bed days and establishing a benchmark including fall with harms and pressure sores. A discussion outside of this meeting will take place.

WHO Safer Surgery: Dr. Stedman reported the 100% target was just being narrowly missed at 98/99% and it would be helpful to know why the target was being missed, which would be discussed at the Theatre Management Board and an action plan implemented. Mr. Lewis confirmed he would include an update in his regular CEO report.

Mortality Reviews: Improvements were reported for November and December 2016 but a dip January 2017. There was a recent Death Conference and the Trust is looking at the learning from that conference. Dr. Stedman informed the board that he is aiming to resource a cohort of staff to become expert reviews, the role will be similar to that of a medical examiner role. Therefore, all deaths will be reviewed daily and filtered to the appropriate work stream.

Sepsis: Mrs. Barlow reported there was a compliant plan with a 3 stage escalation process, departmental team, directorate and then the executive.

Cancellations: Cancellation rates are improving, but more work to be done and the Theatre Management Board will focus on this subject further during Q2. There is evidence of due process not being followed.

Theatre utilisation: Improving this sits behind the production plan and is also part of the work to improve our finances. More work is needed to specify improvement actions. Ms Barlow is accountable for this work.

Hip Fractures: There has been really good progress, albeit small numbers make the percentage measure a crude proxy. The expectation is that we will deliver in the coming year.

Mrs Goodby reported on the formal notices from the CCG and reported an improvement in the safe guarding training for level 3 was 85% an improvement of 6%. Level 1 was almost at 100%.

ACTION:

- Mortality – the medical examiner role to be discussed at the Safety QUOD meeting – Mr. Lewis

14. Financial performance: P12 March 2017

SWBTB (05/17) 015

Mr. Waite reported the results for P12 reflected the full financial year are echoed in the draft annual accounts. Mr. Waite paid tribute to the capital team and the results realised on medical equipment.

Mr. Lewis update on **Birmingham City Council's** debt to the Trust. There is a provision in the accounts for the deficit and the Audit Committee are sighted on the problem. The amount is approximately £1m+ which relates to delayed transfers of care and goes back to 2015/16. It continues to mount and invoices continue to be issued.

Prof Thomas queried if the council had the ability to pay the debt. Mr. Lewis confirmed following a conversation with the CEO the debt is a statutory obligation and all organisations have to operate within that envelope. The Council has a greater borrowing ability than the Trust. Cllr Zaffar noted his conflict of interests to the Board as a member of the City Council. Mr Lewis also highlighted his concern regarding the 15-bed benefit for BCC residents assumed in the Chancellor's announcement in the autumn statement.

Other debtors: It was stated that writing off debts was a last resort and the finance team had a full suite of debt recovery methods available, i.e. visiting home, and chasing payments who have left this country. The provision in the accounts is approximately 80% but it was not expected to write off that amount of debt. There have been improved invoicing arrangements and obtaining more upfront money and the arrangements for identifying, billing and collecting debt has improved. The Audit & Risk Committee monitor debtors regularly at its meeting. Miss Dhami assured the Board that improvements have been made in identifying patients who need to pay but a more direct way was needed to be found to obtain payment as it was difficult and uncomfortable for staff to police. Mr. Lewis noted that our policy was to not proceed elective care until payments had been made and this should now be enforced.

The Board discussed the difficulties of collecting money from patients not automatically entitled to NHS care and Ms Dhami and Mr. Waite would discuss at the next Audit & Risk Committee.

Delegated budgets: Mr. Lewis informed the board that teams who underspend in 2016/17 would receive that benefit in 2017/18 however they would still have new targets to meet. Teams that overspent would need to recover that the following year. Ms Barlow, Mr. Waite and Mr Lewis would only reset a budget if an overspend was deemed unrecoverable, however most groups were operating on a 6% savings plan. The majority of clinical groups had difficult and challenging budgets but the Executive team have some focused work and are meeting with teams on a fortnightly basis until July to crystallise the position.

Mr. Lewis updated the board that the contract with the CCG continues to remain unsigned.

15. Production Plan: month 1 results

SWBTB (05/17) 016

Mr. Waite report delivery of planned care was on time which was an anchor to the financial plan for 2017/18. Referenced governance work will check all data to ensure it is fit and properly aligned. Ms Barlow stated that some areas are not performing as well as last year but she is meeting weekly to resolve issues. It was noted Liam Kennedy will commence as the new Deputy COO for Planned Care in the next few weeks.

Mrs Perry noted the good start to the year but some of the group show inconsistencies and underperformance notable in ENT. Ms. Barlow confirmed that ENT’s failure was around the utilisation of sessions and the booking of lists, however there has been rescheduling and focused work done to re-correct the position by May.

Ms. Barlow stated there was approximately 10% of overbooking to counter balance DNAs, the planned numbers are higher than the production plan to allow for DNAs.

Following further discussion, the board asked for the 4 – 5 measures of board assurance to be available at the next board meeting and to ensure surgeons are have signed off on this approach.

ACTION:

- The 4 – 5 measures of board assurance to be available for the next board meeting

16. Emergency Department Improvement Plan

SWBTB (05/17) 017

Ms Barlow followed up from discussion at the Board Development Session of a stepped up approach to deliver 90% in 4 hour waits from 85%.

The final target is achieving 95% which equates to less than 50 breaches a day. There have been changes in how we use at Sandwell A&E but further concentrated work is required with the delivery team to change historic behaviour of staff. More developmentally there is a plan to improve access to GP appointments including direct booking from ED itself.

An urgent care week will take place from May 29th and another week beginning June 20th. The first will focus on changed processing in ED. The latter on bed flow.

ACTION:

- A&E scorecard to be available at the next Trust Board

17. Public Health Plan: draft priorities 2017-20

Presentation

Mr. Lewis tabled a presentation on the Public Health Plan which has been shared with the Public Health Committee. The plan noted the objectives for the Trust and which had been achieved. The majority of the aims have been successful with the exception of:

- MECC – this has been paused for 4 - 5 months until the right metric is in place to record conversations made as well as which patients have been referred.
- Alcohol – This has not been delivered but a new peripartetic team is in place, funded via the the Charity, to try

and later admitting patterns. Work is continuing with Sandwell councillors to agree a pricing strategy based on an evidence-based model which shows real impact.

- Smoking Cessation – the shelters have not been completed and the action stayed on the tracker in Mr Lewis’ name.

The continued aim now was to make public health everyone’s job and via the PMO format this will be translated into all clinical groups. The Warwick Business School will be assisting to evaluate the work and improvement works. The Improvement Team will be asked to assist with help with MECC and alcohol.

Mr Kang queried if organisations such as the AA were in partnership to assist with the alcohol objective. It was confirmed that the organisation is already working with the Trust.

The board discussed Sandwell’s input and noted its objectives especially on life to years which the focus did not alight to the CCG as the Council looked at premature deaths i.e. infant mortality. The trust would continue to support the council but current initiatives like working with the homeless proved to improve residents’ health outcomes in this health economy as living in isolation and becoming invisible contributed as a deterrent in patients not seeking health treatment. Future work on primary school age children and obesity would also be a focus of work.

Mr. Lewis was thanked for his presentation and noted the contents of the report which would be followed up with the Public Health Committee.

18. 2016/17 Trust Annual Report – draft

SWBTB (05/17) 018

Mrs Wilkin presented a first draft of the annual report to give the board the opportunity to input to the publication prior to finalisation. Statutory requirement gave guidance on the contents which the Trust have complied with, this also contributed to its length. The theme of the report features the strong relationships the trust has with other organisations and will also incorporate the quality accounts. The board was asked to forward any amends or issues by the 19th May.

The board discussed if the report would be available electronically which was confirmed. However, a small print run would be commissioned for presentation at the AGM in June. An easy read summary version would also be available for view. The board asked for the document to be translated into other languages, but due to issues over quality the 4-page summary would be translated into other languages.

ACTION:

- Comments to Ms. Wilkin by 19th May
- Ms Wilkin to offer alternative language availability of the summary

19. Minutes of the meeting held on 6th April

SWBTB (05/17) 019

SWBTB (05/17) 020

The Trust Board agreed the notes of the meeting held on the 6th April will the following amendments:

Page 4 – living wage. The minutes should continue to include: ‘The new rate was agreed and the method confirmed until 2019.

Action Log:-

Trust Risk Register – incomplete still open

Never Events – The never events noted on the log would be updated by Ms. Newell and Dr. Stedman

Aspiring to Excellence – a formal update would be presented to the June Board. The board was updated that 340 sessions have been booked, current feedback was positive. The May QHID topic will be the new PDR progress. Junior doctors are also included in this process.

Emergency Planning – the log to be amended as assigned to Ms. Barlow and now Miss Dhmi.

Living Wage – now closed

MPA – Heads of Terms to be circulated, the draft has not yet been finalised
CEO/Never Events (10f) – Miss Dhami was still to issue the Review of Never Events
Production Plan – The actions on the log can be closed
Trust Risk Register – IR35, item was considered at the April Board and can now be closed
LD People’s Parliament – This item now closed
Bed Trajectory for Midland Met – Report to be presented to July board
Localised suppliers of multi-cultural/multi-faith meals – due to the specific nature, this to be monitored via the **Public Health Committee**. An update will be brought back in July.
Board Governance and actions contained. The written paper presented to the Board, Miss Dhami asked to include those actions with this Action Log.
Smoking – highlighted at this board

The board requested Ms Dhami to review the action log and refresh as necessary

ACTION:

- Miss Dhami to review the action log and update

20. Matters arising

Birmingham 10K Run - Mrs Dutton thanked and paid tribute to Mr. Reynolds, Mr Lewis and Mr Hoare who had ran the Birmingham 10k run for the Trust’s charities and had raised over £500.

21. Any other business

Verbal

There were no items of any other business.

22. Date and time of next meeting

The next public Trust board meeting will be held on the 1st June 2017. 930am in the Anne Gibson Committee Room, City Hospital

Signed

Print

Date

Public Trust Board

Action Log following meeting held on 4th May 2017

Minute number	Action	Assigned to	Due Date	Status
From meeting held on 4th May 2017:				
10	<u>CEO Report</u> : Learning Disabilities – update the July meeting on the advisory service with the Black Country Partnership	Toby Lewis	July 2017	Open
12	<u>Trust Risk Register</u> : Confirmation to be sought via the Risk Management Committee that all outstanding BCG Vaccines have been delivered and availability of future stocks	Elaine Newell	June 2017	Open
13	<u>Integrated Performance Report</u> : WHO checklist to be reflected in CEO report until compliance achieved	Roger Stedman	ongoing	Closed
	<u>Integrated Performance Report</u> : Mortality, the medical examiner role to be discussed at the Safety QHOD meeting	Roger Stedman	June 2017	Closed
15	<u>Production Plan</u> : month 1 results Board assurance 4 – 5 measures to be available for the next meeting	Tony Waite/Rachel Barlow	June 2017	Open
16	<u>ED Improvement Plan</u> A&E scorecard to be available at the next meeting	Rachel Barlow	June 2017	Open
18	<u>2016/17 Trust Draft Annual Report</u> : Comments on the report by 19 th May	Ruth Wilkin	June 2017	Closed
	<u>2016/17 Trust Draft Annual Report</u> : Summary report to be available in alternative languages	Ruth Wilkin	June 2017	Open
From meeting held on 6th April 2017:				
2	<u>Staff story</u> : Link between LGBT staff network and volunteering to be explored.	Ruth Wilkin	May 2017	Closed
11	<u>Trust Risk Register, Risk 328, clinical group recruitment</u> : Executive Team to identify any clinical group leadership gaps.	Rachel Barlow	May 2017	Closed

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11	<u>Trust Risk Register, Risk 1738, Ophthalmology outpatients (children):</u> Steps to be taken to close down this risk.	Roger Stedman	June 2017	Open
11	<u>Trust Risk Register:</u> High/low impact assessment to be completed on all risks on the Trust Risk Register.	Kam Dhami	July 2017	Open
CEO report	<u>Emergency planning and business continuity planning:</u> Localised plans to be presented to the Board.	Rachel Barlow	July 2017	Open
From meeting held on 2nd March 2017:				
6(a)	<u>Public Health, Community Development & Equality Board:</u> Diversity Pledges to be returned to a future Trust Board meeting.	Toby Lewis/Raffaella Goodby	June 2017	Closed
9(a)	<u>Major Projects Authority Committee:</u> Heads of Terms to be circulated to the Board (action updated on 6 th April 2017).	Toby Lewis	May 2017	Open
10(e)	<u>CEO report/Consistency of care:</u> Consistency of care reviews to be presented to the July 2017 Trust Board meeting.	Kam Dhami	July 2017	Open
10(f)	<u>CEO Report/ Never Event:</u> Review of Never Events over the last few years to be presented to the Trust Board including the event, how it was resolved, changes in practice that resulted from the Never Event and how the Trust disseminates new policies and changes across the Trust.	Kam Dhami	June 2017	Closed
15	<u>Trust Risk Register:</u> Risk assessment of imaging and pathology results reporting and acknowledging electronically by clinicians to be sent to CLE and presented to Trust Board in April if required.	Roger Stedman	July 2017	Open
CEO	Spring 2017 review will be conducted to confirm whether the Trust is on 'bed trajectory' for Midland Met in October 2018.	Toby Lewis	Spring 2017	Open
From meeting held on 4th August 2016:				

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14	<u>Localised suppliers of multi-cultural / multi-faith meals:</u> matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report
From meeting held on 5th November 2015:				
17	<u>Smoking cessation:</u> Matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report