Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: Anne Gibson Boardroom, City Hospital **Date:** 2nd November 2017, 0930h – 1245h

Members:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Mr Dave Baker	(DB)	Director of Partnerships and Innovation
Ms C Dooley	(CD)	Head of Corporate Governance

Board support

Ms R Fuller	(RF)	Executive Assistant

Time	Item	Title	Reference Number	Lead
0930h	1.	**Welcome, apologies and declarations of interest** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.* **Apologies: Mr M Hoare, Ms O Dutton.**	Verbal	**Chair**
0931h	2.	**Service Profile – Pharmacy/medicines safety**	Presentation Brief	**RB**
0945h	3.	**Questions from members of the public**	Verbal	**Chair**
0950h	4.	**Chair's opening comments**	Verbal	**Chair**
		UPDATES FROM THE BOARD COMMITTEES		
0955h	5a	To: (a) receive the update of the Charitable Funds Committee meeting held on 14th September 2017 (b) receive the minutes of the Charitable Funds Committee held on 18th May 2017	SWBTB (11/17) 002 SWBTB (11/17) 003	**WZ** **WZ**
1000h	5b	To: (c) receive the update of the Quality and Safety Committee meeting held on 27th October 2017 (d) receive the minutes of the Quality and Safety Committee meeting held on 29th September 2017	Tabled SWBTB (11/17) 004	**OD** **OD**
1005h	5c	To: (a) receive the update of the Major Projects Authority meeting held on 20th October 2017 (b) receive the minutes of the Major Projects Authority meeting held on 18th August 2017	Tabled SWBTB (11/17) 005	**RS** **RS**

Time	Item	Title	Reference Number	Lead
1010h	5d	To: (a) receive the update of the Audit and Risk Management Committee meeting held on 18th October 2017 (b) receive the minutes of the Audit and Risk Management Committee meeting held on 19th July 2017	SWBTB (11/17) 006 SWBTB (11/17) 007	**MP** **MP**
	5e	To: (a) receive the update of the Finance & Investment Committee meeting held on 27th October (b) receive the minutes of the Finance & Investment Committee meetings held on 4th and 18th October 2017	Tabled SWBTB (11/17) 008 SWBTB (11/17) 009	**MH**
		MATTERS FOR APPROVAL OR DISCUSSION		
1025h	**6.**	**Chief Executive's Report**	SWBTB (11/17) 010	**TL**
1040h	**7.**	**Accountable Care System**	SWBTB (11/17) 011	**TL**
1055h	**8.**	**Winter plan and bed state**	SWBTB (11/17) 012	**RB**
1115h	**9.**	**Sickness Absence and Employee Well Being**	SWBTB (11/17) 013	**RG**
1130h	**10.**	**Retention of Band 5 Nurses Remedial Action Plan**	SWBTB (11/17) 014	**RG**
1145h	**11.**	**Strategic Board Assurance Framework Q2 Update**	SWBTB (11/17) 015	**KD**
1150h	**12.**	**Perinatal Mortality Review: Outcome Briefing**	SWBTB (11/17) 016	**EN**
1200h	**13.**	**Trust Risk Register**	SWBTB (11/17) 017	**KD**
1205h	**14.**	**Integrated Performance Report – P06 September 2017**	SWBTB (11/17) 018	**TW**
	14.1	**IPR Persistent Reds – P06 September 2017**	SWBTB (11/17) 019	**TW**
1215h	**15.**	**Financial performance: Period 06 September 2017**	SWBTB (11/17) 020	**TW**
		UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS		
1235h	**16.**	**Minutes of the previous meeting and action log** (a) To approve the minutes of the meeting held on 5th October 2017 as a true/accurate record of discussions (b) Update on actions from previous meetings (action log)	SWBTB (11/17) 021 SWBTB (11/17) 022	**Chair**
		Matters arising		
1245h	**17.**	**Inclusion and Diversity. Colleague and Patient Pledges**	SWBTB (11/17) 023	**RG**
		MATTERS FOR INFORMATION		
	18.	**Any other business**	Verbal	**All**
	19.	**Details of next meeting** The next public Trust Board meeting will be held on Thursday **7th December 2017 starting at 09:30am** in the **Education Centre, Sandwell General Hospital**		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CHARITABLE FUNDS COMMITTEE UPDATE	
Date of meeting	14th September 2017
Attendees	Cllr W Zaffar (Chair), Mrs R Wilkin, Mr J Shah, Mr R Samuda, Mr R Stedman, Mr T Reardon, Mr P Hooton, Mr E Edmeads , Mr A Riley and Miss Y Charles.
Apologies	Apologies were received from Mr T Lewis, Mr T Waite and Mrs E Newell
Key points of discussion relevant to the Board	The key areas of focus were: ***Your Trust Charity five-year fundraising forecast*** **-** In the report the committee was asked to consider the following issues; • Fund managers to spend a target of 40% of their opening balances • Trust Charity salary costs and contingency costs (other costs), to be met by the General Funds, and the projected deficit is met from a contribution from all funds (excluding grants) • Costs of generating income, support & governance costs, and investment costs (other costs) to be met by investment income, with any deficit (if applicable) to be met from a contribution from all funds (excluding grants) ***Later Life Planning proposal*** **-** The proposition, to be launched in early 2018, will consist of: 1. Free wills for patients (if they have a child or children under the age of 21 or take out a Lasting Power of Attorney or Life Interest Trust), or at a discounted rate of £50 for all other patients 2. A Lasting Power of Attorney or Life Interest Trust 3. A Funeral Plan, specifically: a. An Impaired Life Funeral Plan for patients within the last 2-3 years of their lives - SWBH will be one of the first organisations in the country to provide this b. A Standard Funeral Plan for all patients over the age of 50 - also to be made available to our staff 4. Information on how to make a legacy within your will - with a short outline on how legacies help Your Trust Charity
Positive highlights of note	***Head of Trust Charity's programme report*** **-** a status report on the 2014/15 grants programme, as well as the 2016/17 grants programme was presented and the committee was informed that to date 77% of the target had already been achieved and was confident that the overall objective will be attained. The committee was informed that the fundraising team is currently working on submitting funding applications to the European Employability Investment Fund; Sapphire Project; and Living works. Progress update will be provided at the next meeting. ***Helpforce programme*** - the Trust has been selected as one of five pilot sites across the country to run the extended volunteer services as part of the national HelpForce initiative.

	The programme will form part of our volunteering project which is currently in receipt of a grant from Your Trust Charity up to September 2018. HelpForce have agreed to contribute £51,000, some of which will be used to appoint a project manager to lead this work.
Matters of concern or key risks to escalate to the Board	• None
Matters presented for information or noting	***Accounts 2016/7 and financial statement activities*** - A summary regarding the income and expenditure of charitable funds for the period 1st April 2017 to 31st July 2017 was given. Key item to note is the net movement in funds is £705k. Also the total value of fund balances was £ 5,787,239.
Decisions made	***Later Life Planning proposal*** **-** Due to the sensitives involved in this service the committee moved that both Ms Wilkin and Mr Waite act as signatories for the Service Level Agreement for the service contract with Dunham McCarthy and Dignity plc ***Midland Met Hospital fundraising appeal*** **-** The Committee was asked to discuss and approve the following: • Unrestricted income raised from the appeal is placed in the 'Midland Met' charitable fund 8001 (current fund managers are Ruth Wilkin & Johnny Shah) • Your Trust Charity to bankroll the full £2m (net) appeal costs of Midland Met • The Midland Met salary and operational appeal costs of c. £300k to be met by banked monies for the appeal. The committee agreed and approved the above measures
Actions agreed	No specific additional actions beyond those being progressed by management. Next meeting: 14th September 2017.

Cllr Waseem Zaffar
Chair of Charitable Funds Committee
For the meeting of the Trust Board scheduled for 2nd November 2017

SWBTB (11/17) 003

CHARITABLE FUNDS COMMITTEE - MINUTES

Venue: D29 meeting room, City Hospital **Date:** 18th May 2017, 11:30am

Members present:
Cllr W Zaffar – Chair **(WZ)**
Mr T Waite, Finance Director **(TW)**
Mr T Lewis, Chief Executive **(TL)**
Ms E Newell, Chief Nurse **(EN)**
Mr R Samuda – Trust Chair **(RS)**

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 T Lewis and Mr C Higgins	
2. Minutes of the previous meeting held on 13th April 2017	**SWBCF (04/17) 009**
The minutes of the meeting held on 13th April were agreed as a true record.	
3. **Matters arising from the previous meeting**	**SWBCF (05/17) 010**
Hospital radio business – Cllr Zaffar has been in contact with the hospital radio team. Prior to his meeting, the Communications and Charity teams had agreed to support them with volunteers so Cllr Zaffar's visit was to underpin the oard's support in this project. The aim is to ensure that the Trust has a vibrant radio station to broadcast live on-line entertainment and information across the sites; presently broadcasting at our Sandwell Hospital site only. Mr Samuda enquired if there was any "analog" provision for those patients who did not have use of mobile tech. Mrs Wilkin explained that presently the system is only viable with mobile tech, this is something which will be taken into consideration. **Volunteer Refugee Link –** Cllr Zaffar is in the process of sharing the names of interested candidates for volunteers to Mrs Wilkin. It was agreed that this Action can now be closed. **Charitable Fund policy** – The recommended notations have been added to the policy and Mr Shah will be circulating to the committee. It was agreed that this Action can now be closed.	
4. Barclays Investment report	**SWBCF (05/17) 011**
Barclay Investment report – Mr Waite along with several members of the committee met with arclays 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. **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 Heath Plan. It was agreed to look at other alternatives.	
S. Annual report and Accounts	**SWBCF (0S/17) 012**
Annual report and Accounts -. The auditors expressed confidence in the accounts presented. There were not concerns with the information presented.	
6. Matters to raise to the Board and Audit & Risk Management Committee	**Verbal**
• Barclay Investment report • Annual report and Accounts	
7. Meeting effectiveness – Committee structure	**Verbal**
The Committee were all in agreed on the structure and effectiveness of the meeting	
8. Any Other Business	**Verbal**
Mr Samuda highlighted the raise in the number of companies who are promoting their business via mobile Apps and asked if we could promote fundraising opportunities via this means. Mrs Wilkin commented that individuals who fundraise for us often use Just Giving link which we will assist in setting up if they require. Mr Shah updated the committee that he will be attending the next meeting of the Association of NHS Charities and is happy to provide an update at the next meeting.	
Date and time of next meeting: 14th September 2017 at 11:30 in Anne Gibson Committee Room, City Hospital.	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 29 September 2017, 10.30 – 12.00 hours

Members attending:		**In attendance:**	
Ms. O. Dutton	Chair and Non-Executive Director	Mr. P. Hooton	Deputy Chief Nurse
Mr. R. Samuda	Chairman	Mrs. S. Cattermole	Executive Assistant
Ms. M. Perry	Non-Executive Director		
Ms. R. Barlow	Chief Operating Officer		
Miss K. Dhami	Director of Governance		
Dr. R. Stedman	Medical Director		

Minutes	**Paper Reference**
1. Welcome, apologies for absence and declarations of interest	**Verbal**
Apologies were received from Ms. C. Parker, Ms. E. Newell and Mr. T. Waite. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	**SWBQS (09/17) 002**
The minutes of the previous meeting held on the 25 August 2017 were approved as a correct record.	
3. Matters and actions arising from previous meetings	**SWBQS (09/17) 003**
Perinatal Mortality Report : Mr. Hooton informed Committee members that the peer review has concluded and the report is due imminently. A verbal update will be given at the Board meeting.	
4. Patient story for the October Trust Board	***Verbal***
Mr. Hooton confirmed that this month's patient story at the Board was a video about a deaf patient who suffered reasonable adjustment challenges when attending her appointments in BMEC.	
5. Trust Clinical Audit Plan 2016/17 – Outturn Report	***SWBQS (09/17) 004***
At the August meeting, the Committee received an outturn report for the audits contained within the 2016/17 Clinical Audit Plan. The majority of audits (19) were considered to have demonstrated only partial compliance with the quality standards measured. Three audits highlighted poor compliance and a further two were considered to demonstrate a good level of compliance. Work was on-going to address where the specified quality standards were not being achieved. Given the poor levels of compliance presented, the Committee asked for a follow-up report summarising the actions being taken. This has been compiled and was presented to the Committee by Miss Dhami. Following a newspaper article presented by Mr. Samuda about the amount of paperwork that has to be completed by nurses and doctors which can sometimes obstruct patient care, discussions took place focusing on the lack of documentation being completed and the need to reduce the amount of unnecessary paperwork doctors and nurses have to complete. Working groups have been set up to look at the current state vs. the future state, alleviating duplication and standardising documentation.	

6. Integrated Performance Report	*SWBQS (09/17) 005*

The following areas were highlighted as being areas of concern for improvement;

RTT - August delivery was 92.97% [93.59%] compliant with the national standard of 92%. Unfortunately we are failing to achieve 92% standard across four specialities. Whilst the Trust is meeting its national obligations, the backlog is starting to grow and hence focus is recommended.

Acute Diagnostic waiting times within 6 weeks were compliant as at August at 99.26% (subject to validation) with 61 breaches. The main breaches were in cardiology with some patients outside 8 weeks.

62 day cancer is compliant at 87% at July vs. target of 85%; all other cancer targets continue to deliver. Q1 delivery of the full cancer target has therefore been achieved. August 2WW has delivered and 62 Day anticipated to deliver but depends on validation with other trusts.

ED Performance current figures are at 88% outturn due to a challenging few days.

Cancelled Operations; September to date – 28 cancellations. Trust level and specialty level improvements, aiming to reduce to less than 20.

The Consistent Reds paper is being submitted to the Board to show improvements that need to be made with assurance of trajectory. The following items were discussed in more detail :

Elective Operations Cancellations consistently under-delivering, but improvement seen in August reporting at 0.94% [1.2%] against 0.8% target; cancellations are the high still at 38 on day cancellations of which 12 were validated as avoidable; this is tied in with production plan at specialty level and to be treated like the DNA rate and overbooked to accommodate.

WHO checklist – 98% compliance, all cases being scrutinized by the MD.

Hip Fractures - best practice tariff performance has worsened again in month to 58% [71%]. Hence remains below 85% standard on a persistent basis; the narrative will be changed over the course of the year. Update given. OMC are looking at the data on a monthly basis.

Re-admissions – increased by 7.8%, Ms. Barlow confirmed that she is doing some work to drill down information.

Staff issues, sickness, PDR and mandatory training – poor performance briefly discussed; departments sighted on issues and managing improvements via corporate and group reviews.

7. New Executive Quality and Safety Committee - Terms of Reference	*SWBQS (09/17) 006*

Following a review of the existing corporate committees, Miss Dhami informed Committee members that it has been decided to disestablish the Patient Safety Committee and the Clinical Effectiveness Committee and replace them with a new **Executive Quality Committee**. She informed them that over the years, the PSC and CEC have provided focus within their respective areas and had achievements in giving direction and advice across the organisation. However, inconsistent attendance and representation at both meetings has hindered progress

As both the Trust's Safety and Quality Plans enter important stages of their delivery the need to strengthen Executive and Group responsibility and accountability becomes vital to achieve the agreed ambitions. This together with the recently received (draft) CCQ Inspection report which will inevitably include areas for improvement (as well as notable practice) makes this the right time to establish the new Committee.

The intention is for the inaugural meeting to take place in October.

The Terms of Reference for the new Executive Quality Committee were briefly discussed and noted.

8. Draft CQC Inspection findings/improvement areas	***Presentation***

Miss Dhami informed the members that the Trust had submitted a factual accuracy response to the CQC within the agreed deadline. A reply to the challenges made was expected within 10 working days (9th October). The outstanding areas and those for improvement considered at CLE were briefly discussed, noting the must dos and should dos. Areas of particular focus will be Children and Young People in BMEC and Community Inpatients. The Clinical Groups have been tasked with addressing their areas for improvement by 31st December, where easily fixable, and 31st March if the scale of work required is significant. Progress will be monitored by the new Executive Quality Committee and reported to this Committee and the Board. The outstanding rated area was the End of Life Care service.

9. Meeting Effectiveness	***Verbal***

The committee agreed that the meeting discussions were useful and constructive.

13. Matters to raise to the Trust Board	***Verbal***

The Committee wished to bring the following matters to Trust Board's attention:

- Perinatal Mortality Report [on the October Board agenda]
- Trust Clinical Audit Plan 2016/17 – Outturn Report – work to improve documentation
- Draft CQC Inspection findings

14. Any other business	***Verbal***

Privacy in Outpatient Department and Proximity to other patients – Mr. Samuda outlined a discussion he had with staff members at the recent Black History Day event. Members of the Research Team feel that there is a lack of privacy for patients in the OPD and when discussions are taking place, the proximity to other patients and families is too close. Ms. Barlow informed the Committee members that there is a paper being presented to the Board about dedicated space at both sites going forward.

15. Date and time of the next meeting

Next meeting: 27th October 2017 at 10.30h in the Anne Gibson Committee Room at City Hospital.

Signed ……
Print ……
Date ……

Sandwell and West Birmingham Hospitals NHS

NHS Trust
SWBTB (11/17) 005

Major Projects Authority Committee Minutes

Venue Anne Gibson Committee Room, City Hospital Date 18th August 2017 0930 - 1100

Members Present:			
Mr Richard Samuda	Non-Executive Director (Chair)		
Mr Mike Hoare	Non-Executive Director		
Mr Alan Kenny	Director of Estates and New Hospital	In attendance:	
Dr Roger Stedman	Medical Director	Bethan Downing	Deputy Director of OD & Learning
Rachel Barlow	Chief Operating Officer	Miss Claire Wilson	Executive Assistant
Mr Tony Waite	Finance Director		
Mark Reynolds	Chief Informatics Officer		

1. Welcome, apologies and declarations of interest	Verbal
Mr Samuda welcomed the members to the meeting. Apologies had been received from Mr Lewis and Mrs Goodby. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	SWBMPA (08/17) 002
The minutes of the previous meeting held on 23rd June 2017 were agreed as a true record.	
3. Matters arising (action log)	SWBMPA (08/17) 004
All actions are to be reviewed through the agenda.	
3.1 Taper relief revised plan – split by irreducible/decision items	SWBMPA (08/17) 005
Mr Waite explained the MMH business case included an expectation of £22.3m taper relief income ex NHS England to be received over a 4 year period 2016-2020. The group has previously received a report which indicated relevant revenue costs of £16.9m [being £3.5m in excess of planned available funding]. The group was advised of £3.5m of plausible mitigations in order to manage costs within funding. Consideration has been given to the revised timing of needs, assuming Practical Completion of the MMH Scheme on 25 February 2019 and an opening date in May of 2019. Mr Waite is looking into securing taper relief resources at the earliest justifiable opportunity to provide local discretion as to how that is managed between financial years. The scale of benefit of that will be dependent on success in persuading NHSE to support the trust's annual funding application. Mr Waite will bring updates of the costs and mitigations to future meetings.	
3.2 MMH – Inventory & Logistics Update	SWBMPA (08/17) 005
At the previous meeting the Committee approved work to be undertaken with DHL to secure a firm view as to:	

Diagnosis of the key issues and challenges
- Understanding of materials flows into & within MMH and retained estate [so a whole trust view]
- Developed solution options which are capable of implementation
- A roadmap to implementation

Mr Waite stated there are some significant physical constraints in respect of MMH specific ward and theatre storage which may challenge the working hypothesis of MMH as a hub solution.

Ms Barlow asked if the intergraded work includes community. Mr Waite stated the specification has been done on the whole trust and the scope stated it covers the whole trust.

A full report shall be considered by the Executive team in September and a final report and recommendation is intended for the October Committee.

Action:
Final Report to be submitted at the next meeting.

3.3 Accredited manager programme: timescale	SWBMPA (08/17) 006

Ms Downing explained the roll-out of the SWBH Accredited Manager will be brought forward from Q4 and will launch in October 2017 and the initial roll out will deliver through October 17 to January 18 to deliver the 5 essential modules. The remaining 4 modules will be delivered through attendance at two SWBH Accredited Manager Days.

Mr Reynolds raised concerns about the timescale of the training as they conflict with the EPRR training starting in January. Ms Downing to look at brining training dates forward (final 2 modules).
Mr Hoare suggested working with the PMO teams to map the various schemes commencing to ensure that staff are not 'hit' with numerous training within the same timeframe.

Action:
Dates for final two module training dates to be brought forward.
Process map to be devised with PMO team to show timescale of all various training

4.0 Digital Plan 4.1 Scorecard on the programme	SWBMPA (08/17) 007

Mr Reynolds gave an update on the various digital work streams. Two areas of concern are the infrastructure and EPR.

Digital Plan
Mr Reynolds explained several items of the digital work stream are red. Whilst a plan has been developed for EPR this has not yet been agreed.
Good progress has been made in the infrastructure project but this remains red due to the backlog of calls. However Mr Reynolds explained there are recruitment/training plans in place within the IT third line team to resolve the issues.

EPR stream
Dr Stedman explained progress has been made and a plan for delivery will be ready for September. Working groups are to be arranged following the integration testing. Mr Reynolds stated the systems will be as much live as possible to ensure the trust can function with the new system and can address any issues that arise.

Mr Hoare raised his concerns about running out of time to get all the risks implemented prior to the go live date. He explained it is not just the IT issues but also the readiness within the Trust.
Detailed delivery plan/mapping process to be devised and shared at Exec/board level prior to next meeting.

Security
Mr Hoare asked about the security aspects relating to the NHS since the cyber-attacks.
Mr Reynolds stated they are still receiving regular contact from NHS digital and NHS England and any actions are being dealt with within the IT teams.
Mr Reynolds suggested a non-exec tour commenced around the IT departments to review the new IT infrastructure and review new kit that has been purchased.

Action:
Detailed delivery plan/mapping process to be devised and shared at Exec/board level prior to next meeting.
Non-exec tour to commenced around the IT departments

4.2 Casenote scanning: review update	Verbal

Mr Stedman explained two review meetings have commenced and they have focused on the post go live issues. The main issues relate to supplier risk and their transition from paper to electronic process.
Ms Barlow explained we have been working very closely with Iron Mountain to ensure they have an appropriate production plan in place and that they work to contract. They are currently working 4 days ahead of appointment and the user experience has improved.
The TTR outcome will be discussed at a board meeting.

4.3 Gateway review update	SWBMPA (08/17) 008

Mr Reynolds gave a brief update on the external gateway review. Group agreed for action 25 to be closed.

Mr Samuda asked about the coding process. Mr Reynolds explained there was an opportunity (post go live) to look at making this an automated process but it was agreed for this job to be done manually to ensure the correct coders are being used.

4.4 Digital programme governance: risk register compliance	SWBMPA (08/17) 009

The Committee raised concerns at the last meeting that gaps on the projects were not be raised at the right level and asked to review the governance process.

Mr Stedman explained the current risk process and that the Informatics risk register is presented at the Digital Committee as a standing agenda item.
All EPR risks are recorded on a log shared with Cerner and hosted on the Cerner portal. High risks are copied to the Trust Risk Register weekly. EPR risks are reviewed in a formal meeting and discussed at the EPR senior team meeting.

Ms Barlow stated that the risk register needed to be updated as some of the completion dates have past and actions need updating which needs to be rectified.

Action:
Risk register to be updated and circulated.

5.0 People Plan 5.1 Scorecard on programme (detailed review of mid-year compliance at October meeting)	SWBMPA (08/17) 010

Ms Downing gave an overview of the Scorecard and explained that it demonstrates delivery against the proposed KPI metrics at month 4 2017/2018.

Action:
Dashboard to be adapted to show clarity on the information being provided.

6.1 BTC & Sheldon Block Final Design	SWBMPA (08/17) 011

Mr Kenny when through the paper and explained where services will be located on the retained estate at city site. Work is ongoing to confirm future locations within the BTC or Sheldon block for some services. The team are also looking at adapting services where they have their administration services co-located with them to free up additional space.

Research and Development space was discussed. Mr Stedman explained the main area will be at the hub at Sandwell and there will be bespoke services available at MMH.

Mr Samuda asked if process maps had be devised to conclude the move. Mr Kenny explained there are various schemes in progress and appropriate timescales have been allocated. All moves are due to commence prior to MMH opening and a copy of the draft timeline had been circulated. Wider engagement with the Trust is in progress.

Dr Stedman asked about the layout of the fracture clinic as currently the layout helps with the flow throughout the clinic. Mr Kenny stated there are plans for estates work to commence to adapt the proposed layout.

Discussion commenced about the costs of the move. Mr Kenny stated there are 18 schemes in place and they have individual costs again them. Mr Waite stated they have information on routine costs and work is commencing on the consumables and timeframe costs.

6.2 Producing a GPO-able estate programme	Verbal

Mr Kenny explained development has commenced with creating a GPO for estates. A PMO board has been devised to include all the key areas.
Ms Barlow explained her and her team are working with Jayne Dunn to look at forward planning for the functionality of clinical services at MMH and a joint GPO will also be implemented too.

7.0 Meeting effectiveness	Verbal

The members were of the view the meeting had facilitated useful discussions.

8.0 Matters to raise to Trust Board

- Case note scanning
- EPR Process

9.0 Any Other Business	Verbal

No items were raised.

Next meeting is commencing on 20th October 2017, 0930 in the Anne Gibson Committee room at City Hospital.

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

AUDIT AND RISK MANAGEMENT COMMITTEE UPDATE	
Date of meeting	18 October 2017
Attendees	Ms Marie Perry (Chair), Mr Harjinder Kang, Miss Kam Dhami, Mr Tony Waite, Mr Tim Reardon, Ms Dinah McLannahan, Mr Asam Hussain, Mr Bradley Vaughan, Ms Laura Goodwin, Ms Nicola Coombe, Miss Clare Dooley and Mrs Elaine Quinn.
Apologies	Ms Olwen Dutton, Cllr Waseem Zaffar, Mrs Elaine Newell and Mr Mark Stocks.
Key points of discussion relevant to the Board	The key areas of focus were: • **Declarations of Interest:** The Committee noted that the 2017/18 process for declarations of interest will be to focus on the Trust's top leaders (around 180 staff members), to ensure a more manageable process. The declarations of interest policy will be reviewed and updated to ensure that staff are aware of the expectation of them. This will be presented to the next A&RMC in January 2018. • **Q2 Strategic BAF:** The Committee received the updated Q2 position BAF. Board sub-committees need to 'own' relevant risks – agendas need to include strategic BAF risks and report to the Board bi-monthly. An internal audit review of the BAF will take place later in 2017/18. • **Q2 Legal Services Update:** The Committee received the update. Negligence claims in relation to slips, trips and falls were noted to be clustered to Facilities and Estates staff. A piece of work is to be undertaken with the relevant Heads of Department around staff awareness/compliance/mandatory training in this respect. Mr Kang, in his role as Chair of the Workforce Committee, is to follow-up the issues in relation to Mandatory training. Further work is to be undertaken in relation to learning from table-top reviews to understand the reasons why lessons are not being learned/actions implemented. • **External Audit:** The Committee noted that the quality accounts report will be brought to the next A&RMC in January 2018. The Committee noted it would be asked to challenge and confirm the Trust's year end accounting treatment in relation to the land disposal. • **Internal Audit Progress Report:** The Committee noted that the position in terms of closed audit recommendations was much improved. Ms Perry congratulated those involved who helped to ensure this improved reporting/position. IA colleagues are to provide support in relation to ensuring the systems the Trust has in place for collecting payments for Overseas visitors are effective. An I.G. review is to be undertaken by IA colleagues in advance of the national GDPR changes in May 2018. To liaise with the newly appointed Head of I.G. once she has commenced in post.

	• **Data Quality Assurance:** It was noted there was a need to ensure that the data quality work stream picks up the work on kite mark indicators, and is aligned with the Trust's IPR reporting. • **LCFS Progress Report:** The Committee received and noted the update on progress against the 2017/18 counter fraud work plan. LCF processes will need to align to GDPR prior to April 2018 and to be reported at the A&RMC. • **Committee Self-Assessment**: based on national best practice formats, a questionnaire will be circulated to all Committee members for completion/return to the Head of Corporate Governance to ascertain Committee effectiveness. The results from this review will be reported to the A&RMC in January 2018. • **Draft Committee Work plan**: the Committee received the draft work plan and noted this will need to be reviewed to ensure it dovetails with year-end/ external obligations for 2017/18.
Positive highlights of note	• The meeting discussions were felt to be useful and constructive; • Positive update from internal audit in terms of completed actions/recommendations; • Positive feedback from the Local Counter Fraud Specialist (LCFS) in terms of reactive reporting.
Matters of concern or key risks to escalate to the Board	• Break even duty to be included in the finance reporting/pack; • Challenge on 'red' segments in IPR and actions to close off; • GDPR assessment process/alignment of internal audit to Governance team.
Matters presented for information or noting	None.
Decisions made	None.
Actions agreed	No specific additional actions.

Marie Perry
Chair of Audit and Risk Management Committee
For the meeting of the Trust Board scheduled for 2nd November 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Audit and Risk Committee

Venue Anne Gibson Board Room, City Hospital **Date** 19th July 2017; 1000h – 1200h

Present

Members Present		**In Attendance**
Ms M Perry	Chair	Miss K Dhami
Cllr W Zaffar	Non-Executive Director	Mrs E Newell
		Mr C Higgins
		Ms K Trimble (item 4)
		Mr M Stocks
		Ms N Coombe
		Mr M Gennard
		Mr A Hussain
		Mr B Vaughan
		Ms L Goodwin
		Mrs E Quinn

Minutes	**Paper Reference**
1 Welcome, apologies and declarations of interest	**Verbal**
Ms Perry welcomed all present to the meeting. Apologies had been received from Olwen Dutton, Harjinder Kang, Tony Waite, Tim Reardon and Erin Sims.	
2 Minutes of the previous meeting held on 24th May 2017	**SWBAR (07/17) 002**
The minutes of the previous meeting held on 24th May 2017 were agreed as a true record.	
3 Matters and actions arising from previous meetings	**SWBAR (07/17) 003**
Declaration of interest returns Miss Dhami reported that it was not the Trust's intention to repeat last year's process to contact every member of staff in relation to declarations of interest. It was anticipated that this would be covered locally via the PDR process, although this was to be discussed and agreed by the Executive. Miss Dhami agreed to update the Committee with the outcome of the Executive decision at the next meeting in October. The Committee noted that all other actions arising were to be discussed as part of the agenda.	

4 Legal Services Update: Q1	SWBAR (07/17) 004

Ms Trimble presented the Quarter 1 update that provides an overview of the number and type of clinical and non-clinical claims that have been made against the Trust, together with an update on the identification and charging of overseas visitors.

The Committee received the update and noted that the Trust receives a higher number of employer and public liability claims than both the national and member type average. Ms Trimble reported that she had been in touch with NHS Resolution (NHSR) to better understand any underlying issues, although none had been identified. It was highlighted that all cases are reviewed with a focus on organisation learning, with any learning identified being fed back to the relevant group/directorate. A thorough review is to be undertaken of all employer/public liability claims to identify any themes/trends. This will be reported at the next Committee meeting in October. Mr Hussain commended Miss Dhami and the team for the well written and comprehensive report and commented that he had not seen anything of this nature produced at other Trusts. He felt the nature of the Trust's 'old estate' was attributable to the claims and was reassured that incidents are being reported and investigated accordingly. Mr Vaughan felt it was important to establish that any claims were genuine and highlighted a particular case where there was evidence of a fraudulent claim.

Miss Trimble reported that the figures in relation to the identification of overseas visitors demonstrated good progress. She highlighted that further work is being undertaken in relation to pre-payment for treatment and the taking of deposits, with the final plan expected to be reported to the October meeting. Ms Perry stressed the importance of swift progress in this respect. Mr Higgins highlighted a trial that the Trust was undertaking with three debt recovery agents, although the results so far had not been favourable, with 8% success rate. The trial was expected to continue for now.

5 External Audit – Emerging issues and development at SWBH	SWBAR (07/17) 005

The Committee welcomed Mr Stocks and Ms Coombes from Grant Thornton, the Trust's newly appointed external audit provider. Mr Stocks highlighted the work to be included in the 2017/18 plan that was reported as currently being pulled together. The report is expected to be available in November. A verbal update on the Trust's emerging risks is expected to be reported at the next meeting in October, with a focus on financial stability.

6 Internal Audit Progress Report	SWBAR (07/17) 006

Mr Hussain presented the progress report and the Committee noted that the Internal Audit Plan had had a good start to the year. He summarised the two reports that had been finalised, together with a further report that had been completed since the date of this report. It was noted that there remained a high number of audit recommendations outstanding, although since the date of the report, there had been an improvement in the number of actions that had been closed. The Committee heard that arrangements were in place for Mr Hussain and Miss Dhami to meet on a monthly basis to proactively identify any due actions to be closed. This would also be a monthly item at the Performance Management Committee (PMC). Safeguarding Adults training was identified as an area of concern, for which the Trust had received a Safeguarding training performance notice from the CCG. This was to be picked up at PMC and will be noted at the Quality & Safety Committee.

7 Local Counter Fraud Specialist (LCFS) Progress Report	SWBAR (07/17) 007

Mr Vaughan presented the report that updated the Committee on progress against the 2017/18 counter fraud work plan. He highlighted that the LCFS had met with NHS Protect quality inspectors and mooted a potential assessment as part of a rolling process. It was noted that three months' notice would be provided for such an assessment. The Committee noted the positive feedback from the LCFS in terms of the proactive work, together with reactive reporting. Miss Dhami highlighted a number of success stories in relation to counter fraud that had been reported in the Trust's 'Heartbeat' magazine.

8 Matters to raise to the Trust Board	Verbal

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

(a) Legal Services update to be highlighted for information;
(b) Completion of Internal Audit recommendations;
(c) Planned arrangement in place to close Internal Audit recommendations;

(d) Safeguarding Adults training paper to be presented at PMC; (e) Positive feedback from the Local Counter Fraud Specialist (LCFS) in terms of reactive reporting.	
11 Any other business	**Verbal**
There was no other business.	
Details of the next meeting The next meeting will be held on 18th October 2017 at 1000 – 1200h in the Anne Gibson Committee Room, City Hospital.	

Signed ……

Print ……

Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE MINUTES

Venue: Meeting Room 1, Trust Headquarters, Sandwell Hospital/via teleconference

Date: 4 October 2017, 1030h – 1130h

Members present:		**In attendance:**	
Mr Mike Hoare	Chair	Mr Toby Lewis	Chief Executive
Mr Richard Samuda	Non-Executive Director	Mr Tim Reardon	Associate Director of Finance
Mr Harjinder Kang	Non-Executive Director		
Mr Tony Waite	Director of Finance	Mrs Elaine Quinn	Executive Assistant
Mrs Raffaela Goodby	Director of OD		

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	**Verbal**
The Chair welcomed all to the meeting. Apologies had been received from Mrs Perry and Ms Barlow. The members present did not have any interests to declare.	
2. Minutes of the previous meeting held on 2S August 2017	**SWBFI (09/17) 002**
The minutes were agreed as a true record.	
2.1. Matters arising and update on actions from the previous meetings	SWBFI (09/17) 002(a)
The Committee noted that there were no on-going actions.	
3. Financial Performance – P0S August 2017	**SWBFI (09/17) 003**
• The Committee noted that the year to date position at the end of P0S is £3.6m behind plan (before STF and exceptional items). This adverse position is driven by under-delivery of the production plan with consequent under-recovery of planned care income, CIP delivery below trust plan and stubborn temporary pay costs. • The Committee challenged the continued under-delivery on planned care production plan and sought to understand the reasons and recoverability of income. Mr Waite explained that the root cause of underperformance remained to be issues with both planning & delivery and was the focus of remedial action. An improved position in October was expected. The prospective performance for September & October to be examined further at the Board meeting. • The Committee challenged the pay bill which was flat month on month. Specifically, it sought to understand that in regard to a reported step up in pay CIP delivery in August. It was management contention that there were one-off costs in August related to holiday cover. The Committee challenged the outlook for September pay and how the ability to forecast pay costs and the impact of tangible actions to reduce costs could be improved.	

This would be considered at the next meeting. • The Committee noted the reported step up in CIP delivery in month and that it remained behind plan. The Committee noted the emergent moderation of prospective CIP delivery and challenged the robustness of forecasting. Further attention would be given to deviation against forecast with view to improving confidence in CIP reporting. • The Committee noted that the CCG disputed charges had now been subject to informal mediation. The moderated value of income at risk is £3.1m for the year. The Committee challenged and confirmed a plausible route back to plan levels of income and noted Mr Waite's report of constructive dialogue with the CCG. • The Committee noted the trust was to dispute some charges received in respect of ante-natal care undertaken by other providers for which the trust had received funding from the CCGs. The basis of this dispute was to more appropriately align those costs with that income and to secure that through a fit for purpose SLA. • Headline performance was reported as £14.2m ahead of plan, reflected by the recognition in month of a £16.3m profit on disposal of surplus assets. This would likely provide for a positive headline performance through Q3 and enable recovery of STF funds. • The Committee noted that the capex was behind plan to date and challenged and confirmed that there were no material concerns consequent on that. Mr Lewis noted that the executive was further reviewing the 5 year programme but saw very limited scope for cost moderation or scheme deferral. Mr Waite emphasised the importance of P&L improvement to securing funding for the programme. CRL remains to be confirmed by NHSI. • Mr Lewis summarised the challenge and stressed the importance of having confidence in non-pay controls and confidence in grip and controls of pay. This would remain the focus of remedial action, and it was agreed that there would be an interim teleconference of the Committee in two weeks' time.	
4. Finance Forecast 2017/18	**SWBFI (09/17) 004**
• The Committee considered the schedule that was being used by the Executive team to coordinate its work to determine a view of the forecast for the year and the scale of actions necessary to secure financial balance both in year and on a year on year basis. • The Committee confirmed the emphasis on month on month run rate improvement and commitment to delivering the best in year result as possible and consistent with safe care. • The Committee challenged the actions being progressed to improve both grip and control of costs and greater reliability in delivery of tangible changes to reduce month on month costs. These matters would be further considered by the Board. • The Committee noted that cash flow forecasting was having due regard to the P&L forecast, consequent STF recovery and the capital programme. The outlook for the timing of any likely borrowing was confirmed as end Q3 / early Q4.	
S. Matters to highlight to the Trust Board and Audit & Risk Management Committee	**Verbal**
The Committee determined that the following matters should be escalated for specific consideration by the Board: • Income recovery and specifically the prospective improvement in production plan & delivery; • Pay bill & specifically the prospects for reduction in medical agency spend; • Forecast out-turn and specifically run rate improvement consistent with securing sustainable financial balance	
6. Meeting Effectiveness Feedback	**Verbal**
The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.	

The transparency and candour of reporting and discussion supported effective working.	
7. Any Other Business	**Verbal**
There were no other items of business.	
Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting will be held on 27th October 2017 at 0830h – 1000h in the Anne Gibson Committee Room, City Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE MINUTES

Venue: Teleconference

Date: 18 October 2017, 1230 – 1330h

Members present:

Mr Mike Hoare	Chair
Mr Richard Samuda	Non-Executive Director
Ms Marie Perry	Non-Executive Director
Mr Harjinder Kang	Non-Executive Director
Mr Tony Waite	Director of Finance
Mrs Raffaela Goodby	Director of OD
Ms Rachel Barlow	Chief Operating Officer

In attendance:

Mr Toby Lewis	Chief Executive
Mr Dave Baker	Director of Partnerships & Innovation
Ms Clare Dooley	Head of Corporate Governance

Minutes	Action
1. Welcome and apologies	
The Chair welcomed all to the teleconference. No apologies had been received for the meeting.	
2. Summary forecast out-turn and run rate improvement requirement	
• TW drew the Committee's attention to the summary forecast and the key measures of necessary financial improvement – specifically, a) to secure 2018.19 finances from 1 April 2018 a £3.5m reduction in monthly net expenditure run rate by that date; b) to secure a pre-STF deficit for the 2017.18 financial year not worse than £(4.0) a c£5m improvement to the current forecast. TW noted that P06 actual results were c£500k better than that forecast. • TL enquired as to the SLA income included in the current forecast and which is £410m. This was noted as being net of the trust's view of challenges/ fines, the delivery of £110m production plan and assumed that discussions on local prices and contract variations were successfully concluded with the CCG. The Committee challenged and was advised as to the approach to seeking a 'deal' with SWBCCG for 2017.18 and which was consistent with the emergent Accountable Care System proposition. TW noted that securing income certainty to release time to do that work may be at a compromise to the 2017.18 out-turn deficit dependent on SWBCCG affordability to over-trade on the contract. • The Committee queried and RB set out the bed assumptions underpinning the forecast. The consequent risk to that forecast of winter pressures requiring escalation capacity, at likely premium staff cost, was noted. • TW advised the Committee of on-going work to provide a forward view on capital, cash and borrowing. The Committee noted the national constraints on capital and prospective tightening of borrowing arrangements and required that TW consider the advancement of borrowing to end Q3.	**TW**

3. Grip & Control 'top 10' summary of progress	
• The Committee discussed progress with each of the ten 'grip & control' priority measures and challenged and confirmed the actions to be completed in advance of the Board. The detail of those actions is available to members of the Committee on request.	
4. Cost Improvement Plans	
• TW reported that a joined-up assessment of prospective CIP delivery by finance/operations/PMO was E17.4m and which is consistent with that delivery presumed in the forecast. He noted that this represents an erosion of the planned value of those schemes. • The Committee challenged and RB advised as to the work with Groups to secure and optimise delivery of CIPs. It was noted that a review of all schemes with no or under-delivery was ongoing with view to prioritisation of remedial effort.	
S. Financial Challenge 2018.19	
• TW advised the Committee of an initial assessment made of the financial challenge in 2018.19. He drew attention to the matters included - and specifically excluded – from that assessment and noted the limited provision for any risks or emergent matters. • TL drew the Committee's attention to the absence of reserves and specifically those reserves previously planned to be built up to fund the unitary payment and to be used non-recurrently to support improvement and restructuring costs. He emphasised that the consequence was to make for a further significant challenge in 2019.20 and for which plans would need to be developed and progressed by Q4 2018.19.	
6. Any Other Business	
• The Committee escalated consideration of the forward financial challenge to the Board and required that TW provide the Board with a presentation transparent the outlook on income and expenditure plan (for pay and non-pay – shown separately for transparency) • The Committee noted that TL & TW are meeting with the NHS Improvement Regional Director of Finance on 31 October. This meeting shall be used to deal with the process of formally changing forecast from plan and to reinforce the trust's necessary forward capital and funding requirements. A report shall be provided to the Board as appropriate.	TW TL
7. Details of the next meeting	
• The next Finance and Investment Committee meeting will be held on 27th October at 0830h – 1000h in the Anne Gibson Committee Room, City Hospital.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board – November 2017

Chief Executive's Report

The focus for this month's Board meeting must be to assess our readiness for the winter period. We need to do that at the same time as reducing our expenditure and increasing the volume of care that we provide through our day case units. Our plans are therefore not a continuation of current practice and contain the change risk that that implies. We will test our mitigation strategies if implementation is delayed or falls short. Our present plan remains to deploy the new Electronic Patient Record (Unity) in March and April. A readiness process to confirm that timetable is being developed.

1. Our patients

We presently have 29 beds open which we have not substantiated. That is an improvement on over 45 earlier in the past month. Although we do experience spikes in demand, the material issue remains discharge velocity and length of stay. Comparison to best practice peers identifies opportunities for improvement which we are striving to achieve. Pilot projects to test innovation, and then spread success more widely, are in place focused on red/green work, including but not limited to transport and discharge medication administration. In the main our winter plan requires half a day to be removed from length of stay, and that is to be achieved by major improvements in morning discharge volume.

To secure that improvement we have a two month cycle of changing how we work. The centrepiece of that work is the Expected Date of Discharge project, supported by our new Adapt model and the move to change ward consultant cover and introduce AMU triage.

- The experience of 'flow' in our hospitals will change such that we establish a multi professional date of discharge at around 24 hours in AMU. This date then becomes the target to which all parts of our system are focused, unless the patient's condition changes. This replaces more rapid discharge estimates, which have then been changed multiple times.
- The Adapt work introduces a named or allocated social worker for patients assessed as needing such help, and that social worker will remain as the patient moves wards and leaves our sites.
- By introducing for respiratory medicine, older people's medicine and gastroenterology a consultant of the week supporting our wards, we expect to see improvements in decision making and care planning, as well as better coordination of care. Because this team of medics will operate across the week we will also generate improved cross specialty working and continuity of care. Each day this team will meet with acute medicine in a new MDT to review patients moving into our main bed base and contrast that to the expected discharge pattern.

- We have agreed how 'general medicine' will be managed where a patient's diagnosis is unclear or where they need multi-specialty support. Typically patients over the age of 75 will be managed through elderly care.

This model is not unique to the Trust but it is a very different way of working than in the past, and of course, we will see some teething issues as it is introduced. It is a significant additional investment of senior medical time into inpatient care, and will have planned impacts on our clinic and diagnostic scoping services.

The Consistency of Care work across our medical wards underpins these medical changes. The latest review of every single ward's care and documentation shows continued and marked improvements since the project began in early 2017. This is encouraging and builds towards an event at the end of November to consider how we mainstream and sustain those gains. The Safety Plan across all of our wards is showing statistically significant improvements in safety check scale and a reduction in the number of delayed checks. Whilst our VTE performance is above that achieved elsewhere it remains the single item that is most commonly delayed and work continues, in advance of an EPR cut off, to try and address this. The issue is particularly relevant out of hours and at weekends. Documentation improvements shows better completeness to care planning, but the Chief Nurse will launch additional communication and training around fluid balance monitoring to ensure that all teams are approaching this in a manner compliant with our professional standards.

From mid-November, we will go live with our project to book GP appointments from our A&E. We understand that this may be done in Luton (which of course is the only Trust in the NHS presently meeting the 95% standard). It is something we have been working collaboratively with commissioners to achieve for three years. With the major expansion in primary care appointments this is now the right time to be able, for a minority of patients, to offer them the certainty of clinical review in a place more suitable than a major A&E department. We will monitor the volume of transfer achieved and also whether patients re-attend ED after a first visit and discharge to primary care. This is similar to work we do within our AMAR service, the volume and scale of which has more than trebled this year. The Trust's clinical leadership team for ED have recently completed visits to other sites around the UK to seek out further good practice, and see what more, if anything, we can do to make the urgent care experience locally work better for patients.

2. Our workforce

Flu vaccination work across our staff base continues, and five vaccinators have already topped 100 clients apiece. Overall we are just above 50% and work continues to reach 70%+ of patient facing staff vaccinated. We continue to vaccinate children in school we work with who have physical and learning disabilities, and are exploring with commissioners how we can undertake more patient vaccination on behalf of local GPs.

Sickness more generally among our workforce remains a stubborn issue to try and reduce. Undoubtedly our focus on this over the last eighteen months has improved processes and practices in the administration of absence. We are far quicker at assessing and acting on long term sickness. However, as the paper on this subject outlines, we have work to do to reduce the scale of ill health itself. The agreed public health priorities for the Trust commit us to focus even harder on mental ill

health (HMG has just launched a drive on this basis across public services), and we will discuss the art of the possible as well as some more radical options.

The annex to my report continues to show good progress with recruitment. However, with some retirements, we are seeing an uptick in leavers meaning that we are both missing our retention target and are therefore adrift of our vacancy position. There is not a single reason for departures. To address the churn we continue to offer our transfer window as well as direct access to the Chief Nurse for conversations about development. The new appraisal model should give us a better forward look from 2018-19 on career intentions.

The Star Awards took place in month. They were, once again, a great success. We had our highest number of nominations, and as well as thanking staff who attended the ceremony provided an opportunity to thank partners and family members. The event was extensively sponsored and well attended by general practice colleagues as well. All of our award winners deserve great credit, but it was perhaps especially pleasing to see recognition for our End of Life Care services, as adult clinical team of the year as voted for by our staff. The CQC report will confirm the rating of End of Life Care services at the Trust, and we expect that rating to be outstanding. Given the complexity of providing such a service, our partnership to do so is exemplary. Whilst the star award was for the Trust's team, the CQC evaluation should properly be understood to reflect both the wider approach to end of life care in the Trust, and collaboration we have with hospices and the third sector.

Over recent months we have made considerable progress in replacing agency posts with substantive roles. Least progress to date had been made with medical roles. However, the forward look is more promising with several posts from the start of November converting onto Trust contracts, and with more successful recruitment in specialties like ED. We have more work to do in trainee roles and have several in house training and accreditation programmes being developed which may aid us to both retain and recruit in non-numbered roles. At the same time the process of agreeing rates for locum staff has been changed, with all such booking now moved through the bank office and with all rates above £100 an hour requiring my authorisation.

3. Our partners

The development of an alliance model within West Birmingham continues. This will form part of the transition plan for the current Care Connected Vanguard. The expectation is that we will chair the strategic partnering group of the collaboration we have with Modality, which can then in time broaden to incorporate the wider alliance. This work places the Trust nearer to the forefront of collaboration with general practice.

The annual review of the Sandwell MBC Cooperative Working Agreement is due with Cabinet shortly. The hope is that we can secure tenure for our health visiting service, given its dramatic improvements over the last eighteen months, as well as to expand the footprint of sexual health services covered by the agreement. Over the next two years GUM services will move from the SGH site into the Lyng as we look to improve access and tackle rising trends in disease in our local community.

4. Our Regulators

We would expect in coming days the Care Quality Commission to release their report into the public domain. There are lots of positive contained within the report, notably around leadership and the care approach of staff. There remains work to do to improve further, particularly within medicine, and some specific issues in parts of our eye service and in intermediate care.

The Quality Summit on solid tumour oncology reached the conclusion that the on-site services could not be sustained. A well-managed process of patient transfer for chemotherapy and cancer clinics is being put in place to conclude by the end of February 2018. This will remove local services and work to complete the commissioners' QIA and EIA duties is being undertaken. The Trust is part of the oversight group managing the changes and is well placed thereby to comment on risk. The consequential impact on both acute oncology and on haemato-oncology services are understood. The solid tumour changes will necessarily require a switch to a single site chemotherapy model in haemato-oncology and we are discussing with the CCG and OSC how that is best progressed through due consultation. Our recommendation will be that the site focus is at Sandwell, which provides more than 70% of current such care. That would remain the case after Midland Met opens.

5. The Sustainability and Transformation Partnership

There has been limited activity in this space over recent weeks, beyond the continued work on pathology. The latest financial appraisal for that work is covered in the private board papers. All involved continue to work hard to deliver a proposal for Boards to consider, and the one month delay is, I would suggest, tolerable given, among other things, our estate deadlines themselves having slipped. That said, the Board will want to consider not simply whether the BCP proposal is workable but also whether it offers the best future for local services and staff. There is no do nothing option and the Trust must operate within a recognised pathology network.

The appendices to my report are those usually issued (recruitment activity report and nurse staffing comparator data). Owing to half term the Clinical Leadership Executive takes place a week later than our routine cycle, and I will provide a verbal update on any relevant matters. I would wish the Board to consider in some detail the T&O safety summit data, trailed last month, and form a view on the pace of progress required.

Toby Lewis

Chief Executive

October 27th 2017

Appendix A: Recruitment Scorecard
Appendix B: Nurse staffing comparator data

Recruitment Activity Report

Report Date: 18/10/2017

Appendix A

Criteria		Measure/Month		Actual						Notified as at Report Date		Forecast			
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Band 5 Nurses	SIP	FTE	Establishment	983.64	992.21	981.67	981.95	981.97	817.62	817.62	817.62	*817.62*	*812.17*	*812.17*	*812.17*
		FTE	FTE in Post	839.93	819.86	815.91	807.19	801.52	692.36	720.23	725.41	*731.33*	*731.60*	*761.75*	*807.02*
		FTE	New Starters	5.83	7.77	7.85	6.92	5.23	43.67	15.33	9.25	*10.62*	*40.50*	*15.62*	*7.62*
		FTE	Leavers	14.21	7.29	14.05	11.88	7.07	15.80	10.15	3.33	*10.35*	*10.35*	*10.35*	*10.35*
		FTE	Vacancies in month	143.71	172.35	165.76	174.76	180.45	125.26	97.39	92.21	*86.29*	*80.57*	*50.42*	*45.15*
	Offers External Applicants	FTE	Conditional offers (in month)	5.60	9.44	25.80	40.92	10.27	15.92	13.80					
		FTE	Offers Confirmed (in month)	3.00	11.54	5.33	15.55	16.74	16.74	8.00					
Band 6 Nurses	SIP	FTE	Establishment	582.16	585.28	585.28	585.48	587.18	437.83	437.83	437.83	*437.83*	*437.83*	*437.83*	*437.83*
		FTE	FTE in Post	531.19	538.07	536.75	539.65	546.48	400.83	402.22	407.30	*407.05*	*407.52*	*408.00*	*408.47*
		FTE	New Starters	2.40	2.45	5.50	1.80	3.56	7.00	7.33	3.00	*3.73*	*3.73*	*3.73*	*3.73*
		FTE	Leavers	2.80	1.92	2.68	4.43	4.20	5.61	3.25	3.25	*3.25*	*3.25*	*3.25*	*3.25*
		FTE	Vacancies in month	50.97	47.21	48.53	45.83	40.70	37.00	35.61	30.53	*30.78*	*30.31*	*29.83*	*29.36*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	9.80	3.52	9.51	2.00	3.00	15.73	9.60					
		FTE	Offers Confirmed (in month)	2.00	2.72	6.16	1.00	0.00	2.73	5.95					
Band 5 Community Nurses	SIP	FTE	Establishment						164.35	164.35	164.35	*164.35*	*164.35*	*164.35*	*164.35*
		FTE	FTE in Post						131.27	131.27	131.27	*131.27*	*131.27*	*131.27*	*131.27*
		FTE	New Starters						2.00	2.29	1.46	*1.46*	*1.46*	*1.46*	*1.46*
		FTE	Leavers						4.46	0.46	0.00	*0.46*	*0.46*	*0.46*	*0.46*
		FTE	Vacancies in month						33.08	33.08	33.08	*33.08*	*33.08*	*33.08*	*33.08*
	Offers External Applicants	FTE	Conditional offers (in month)						1.46	1.00					
		FTE	Offers Confirmed (in month)						1.46	1.00					
Band 6 Community Nurses	SIP	FTE	Establishment						143.55	143.55	143.55	*143.55*	*143.55*	*143.55*	*143.55*
		FTE	FTE in Post						133.94	133.94	133.94	*133.94*	*133.94*	*133.94*	*133.94*
		FTE	New Starters						0.00	1.36	0.60	*0.60*	*0.60*	*0.60*	*0.60*
		FTE	Leavers						1.00	1.00	0.00	*1.00*	*1.00*	*1.00*	*1.00*
		FTE	Vacancies in month						9.61	9.61	9.61	*9.61*	*9.61*	*9.61*	*9.61*
	Offers External Applicants	FTE	Conditional offers (in month)						2.00	2.36					
		FTE	Offers Confirmed (in month)						0.60	1.96					
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*	*8.25*
		FTE	FTE in Post	28.28	27.16	23.96	24.16	23.16	31.16	43.92	48.23	*46.75*	*44.33*	*44.75*	*45.15*
		FTE	New Starters	0.00	0.80	0.60	2.00	0.00	13.76	5.00	0.00	*2.10*	*2.10*	*2.10*	*2.10*
		FTE	Leavers	0.00	0.00	0.00	0.00	0.00	1.00	0.69	1.48	*4.52*	*1.68*	*1.68*	*1.68*
		FTE	Vacancies in month	-20.03	-18.91	-15.71	-15.91	-14.91	-22.91	-35.67	-39.98	*-38.50*	*-36.08*	*-36.50*	*-36.90*
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	0.00	0.80	4.92	9.00	3.00	0.00					
		FTE	Offers Confirmed (in month)	0.00	1.80	0.00	0.00	4.00	4.00	3.00					
Band 6 Midwives	SIP	FTE	Establishment	208.10	208.10	184.30	184.30	184.30	184.30	183.80	183.80	*183.80*	*183.80*	*183.80*	*183.80*
		FTE	FTE in Post	129.87	127.67	124.49	126.89	127.09	129.53	131.37	130.97	*132.02*	*131.81*	*131.60*	*131.40*
		FTE	New Starters	0.00	0.00	1.00	0.60	0.00	2.84	2.00	1.05	*1.05*	*1.05*	*1.05*	*1.05*
		FTE	Leavers	0.81	0.00	2.72	2.93	1.00	1.00	2.40	0.00	*1.26*	*1.26*	*1.26*	*1.26*
		FTE	Vacancies in month	78.23	80.43	59.81	57.41	57.21	54.77	52.43	52.83	*51.78*	*51.99*	*52.20*	*52.40*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	1.00	1.00	0.60	4.00	0.00	0.00	0.60					
		FTE	Offers Confirmed (in month)	0.00	0.80	0.00	0.00	0.00	0.00	1.00					
Consultants	SIP	FTE	Establishment	313.96	315.53	313.73	313.73	321.10	320.10	313.73	313.73	*313.73*	*309.73*	*313.73*	*313.73*
		FTE	FTE in Post	284.47	285.17	281.97	280.57	283.37	284.82	289.82	291.77	*292.22*	*292.07*	*291.92*	*291.77*
		FTE	New Starters	2.00	6.00	1.40	2.00	5.00	6.00	3.00	1.00	*2.39*	*2.39*	*2.39*	*2.39*
		FTE	Leavers	3.30	3.00	5.85	3.00	3.00	1.00	1.05	0.55	*2.54*	*2.54*	*2.54*	*2.54*
		FTE	Vacancies in month	29.49	30.36	31.76	33.16	37.73	35.28	23.91	21.96	*21.51*	*17.66*	*21.81*	*21.96*
	Offers External Applicants	FTE	Conditional offers (in month)	3.00	0.00	3.00	3.00	0.00	2.00	3.00					
		FTE	Offers Confirmed (in month)	0.00	0.00	1.00	0.00	5.00	5.00	0.00					
Band 2 HCAs	SIP	FTE	Establishment	499.95	504.70	500.70	513.20	511.56	511.56	511.56	511.56	*511.56*	*507.48*	*507.48*	*507.48*
		FTE	FTE in Post	437.09	442.07	454.05	445.58	445.64	463.12	485.79	496.29	*497.41*	*497.85*	*498.26*	*498.71*
		FTE	New Starters	2.53	10.41	2.00	10.00	13.61	31.80	15.00	2.00	*4.61*	*4.61*	*4.61*	*4.61*
		FTE	Leavers	3.92	1.40	3.00	5.25	8.51	9.13	4.50	0.88	*4.18*	*4.18*	*4.18*	*4.18*
		FTE	Vacancies in month	62.86	62.63	46.65	67.62	65.92	48.44	25.77	15.27	*14.15*	*9.63*	*9.20*	*8.77*
	Offers External Applicants	FTE	Conditional offers (in month)	11.61	10.16	28.41	58.00	19.00	14.41	4.60					
		FTE	Offers Confirmed (in month)	7.25	2.61	3.00	1.00	16.50	22.00	5.00					
Band 3 HCAs	SIP	FTE	Establishment	93.14	93.38	93.38	93.54	92.48	92.48	92.48	92.48	*90.24*	*90.24*	*90.24*	*90.24*
		FTE	FTE in Post	92.71	92.63	88.57	88.57	88.37	84.16	82.16	83.12	*83.12*	*82.70*	*82.29*	*81.87*
		FTE	New Starters	0.00	0.00	0.00	0.00	0.45	0.00	0.96	0.00	*0.18*	*0.18*	*0.18*	*0.18*
		FTE	Leavers	1.00	1.80	1.92	0.00	0.00	2.00	0.00	0.00	*0.60*	*0.60*	*0.60*	*0.60*
		FTE	Vacancies in month	0.43	0.75	4.81	4.97	4.11	8.32	10.32	9.36	*7.12*	*7.54*	*7.95*	*8.37*
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	2.26	0.00	1.00	0.00	5.24	1.00					
		FTE	Offers Confirmed (in month)	0.00	5.21	1.80	0.00	0.00	0.00	0.00					

Notes:

Establishment: Establishment from Jan 18 has been adjusted to take account of reduction in consultants by 4.00, B5 staff nurses by 5.45 and B2 HCAs by 4.08 as a result of cessation of gynaecology oncology. Establishment from Dec 17 has been adjusted to take account ofof a reduction of 2.24 B3 HCAa as a result of Community Out of Hours restruture

New starters - : Figures based on agreed dates with new hires

New starters forecast: Based on average number of new recruits due to recruitment campaigns and number of student nurses likely to accept offers.

Leavers -: Figures based on terminations received into ESR and assuming that managers are submitting termination data in a timely fashion.

Leavers: With the exception of band 5 staff nurses and midwives, the leaver figure is based on the WTE leaving the organisation. For band 5 staff nurses/midwives, this also includes the WTE moving internally to take into account the impact of internal promotion.

Turnover forecast: Based on average for the staff group/band over the previous year.

Band 5 Midwives: Decision taken to over establish at band 5 and develop post holders to fill band 6 midwifery vacancies.

Band 6 Midwives: New starters includes an assessment of the number of band 5 midwives due to move to band 6 positions following successful completion of training (see note above).

Band 5 Nurses: Report includes data on band 5 nursing posts within the Trust with the exception of midwives. Reporting on external recruitment activity i.e. activity that improves vacancy bottom line given this is an entry level post.

Band 6 Nurses: Figures include all band 6 nurses i.e. charge nurses, sisters, community practitioners with the exclusion of midwives

Recruitment of HCAs: Delays have been identified with appointment of band 2 HCAs to vacancies which has been escalated to Groups

Data source: ESR and Recruitment data base

Appendix B

Sandwell and West Birmingham Hospitals NHS

NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Nurse staffing comparator data
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell – Chief Nurse
AUTHOR:	Elaine Newell – Chief Nurse
DATE OF MEETING:	2nd Nov 2017

EXECUTIVE SUMMARY:

The deployment of safe nurse staffing numbers was the subject of rigorous scrutiny and Board approval in late 2014 (App 1). This paper shows the current distribution of staff and highlights areas where the recommended staffing ratios are not being met in accordance with National guidance. It is important to impress that the guidance suggests use of a recognised nurse staffing tools to determine staffing levels relevant to acuity and the use of professional judgement. The current guidance applies to acute hospital beds. There is no current guidance setting out expectations for community beds, neither is there a recognised acuity modelling tool for these areas.

2014 / 2017 comparator data suggests that significant changes to the distribution and allocation of staffing has occurred during this period – likely due to a number of organisational changes such as service reconfiguration. However all areas are sufficiently funded to meet patient ratios which equal or exceed the recommended 1:8

Within surgery, Trauma and Orthopaedics do not meet the 1:8 ratio at night. However the funded establishment would allow for this suggesting that a decision has been made to reallocate resource according to demand. A review using the Safer Care Nurse Staffing tool was undertaken in May 2017 and suggested that additional resource was required in both of these areas in order to respond effectively to patient acuity. This was predominantly based on the focused care needs of this group of patients. Guidance suggests that decisions should not be made on the basis of a single assessment and the review is being re-run in November following which decisions will be made regarding the allocation of additional resource or – most likely, skill mix. This should include the proposal for the management of patients requiring increased observations of care/focused care, the majority of whom do not require the input of a registered nurse.

Increases / reductions to RN establishment cannot be agreed without the approval of the Chief Nurse and CEO. There is a clear escalation process in place which details actions to be taken in the event that minimum staffing levels are not met.

REPORT RECOMMENDATION:

Board members are required to note and accept the contents of this 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):***

Appendix B

Financial	**x**	Environmental	x	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:

PREVIOUS CONSIDERATION:

2014 /2017 comparator (Bed based staffing No's only) Appendix B

Medicine										
	Beds		Budgeted Est' (Exc' proposal for FC)		RN WTE		HCSW WTE		2017 -Nurse:Patient ratio	
	2014	2017	2014	**2017***	2014	2017*	2014	2017	Day	Night
AMU1	41	28	73.71	59.35	52.95	42.9	20.76	15.47	4	45
AMU2	19	19	71.61	75.6	50.56	53.38	21.05	20.22	2	2
D5 / D7		32		73.32		63.64		8.51	3	4
D11	21	20	26.18	26.02	15.87	17.51	10.30	8.51	7	7
D15	24	15	26.88	46.76 (combined D16)	16.58	25.37 (Combined D16)	10.30	21.39 (Combined D16)	7	7
D16 (prev 17)	25	15	29.56		18.47		11.09		7	7
D26	21	20	26.18	26.02	15.87	17.51	10.03	8.51	7	7
L4				44.4		25.37		19.03	7	8
L5	34	24	37.31	27.21	21.07	16.71	16.24	10.3	6	8
N4		28		39.04		22.17		16.87	7	7
N5	15	15	21.03	21.07	16.78	15.92	4.26	5.15	7	7
P4	25	25	48.68	55.82	40.17	40.57	8.51	15.25	4	4
P5	34	28 +4	32.25	40.46	18.92	25.37 (*exc NIV)	13.33	15.09	7	8
AMUa	40		71.61	75.60	50.56	53.38	21.05	20.22 (+2 App)	4	4
OPAU (AMUb)	20	20	30.36	34.79	19.78	19.33	10.58	15.46	5	5
Surgery										
L2	20	24	30.73	30.97	17.2	18.59	13.53	11.38 (+ 2 App)	6	8
N3	33	33	40.65	39.42	23.93	19.33	16.72	16.03 (+ 2 App)	6.6	11
D21	23	18+2	28.49	23.4	16.38	13.09	12.11	9.31 (+1 App)	6	9
FSW		16		23.16		14.09		8.07 (+1 App)	5	8
P2	24	24	26.87	34.83	16.42	21.95	10.45	11.88 (+1App)	5	8
L3	33	33	39.17	37.36	23.19	19.33	15.98	16.03 (+2 App)	6.6	11
W & CH (Not Inc in 2014 paper)										

2014 /2017 comparator (Bed based staffing No's only) Appendix B

Del Suite	12	12			70.32			60.32			10.52	1:1 in labour	1:1 in labour
Mat 1	21	21			26.54			19.33			19.11	7	7
Mat 2	21	21			28.38			19.11			9.27	7	7
MLU	5	5			28.32			21.09			7.23	1:1 in labour	1:1 in labour
D27	22	18			23.97			15.49			8.48		
PAU – city		Winter 11. Summer 11 (reduced to 8 overnight)			Winter 15.89 Summer 13.29			Winter 12.05 Summer 11.93			Winter 3.84 Summer 1.36		
Ly1		Winter 22 (inclusive 4 HDU). Summer 16 (inclusive 2 HDU)			Winter 31.96 Summer 24.71			Winter 24.01 Summer 16.56			Winter 7.95 Summer 8.15		
LyG		Winter 17. Summer 11 (reduced to 8 overnight).			Winter 21.02 Summer 13.74			Winter 15.87 Summer 10.98			Winter 5.15 Summer 2.76		
PCCT													
Henderson		24			33.5			16.71			16.79	8	10
ET		24			32.29			16.71			15.58	8	10
McC		24			32.3			16.71			15.58	8	10
Leasowes		20			29.12			14.6			14.52	8	10
D43		24			37.51			19.33			18.18	6	8
D47		20			28.84			14.64			14.52	7	10

*Inc of Band 7 Ward Manager

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Accountable Care System - update

1. The Board is aware of our shared local ambitions to develop accountable care system methods. This builds on the unique memorandum of understanding signed with Modality, and collaborative work with Sandwell Council through the cooperative working agreement and with Your Health Partnership – among other alliances.

2. Attached to this paper is emerging national guidance in this area, for information, together with recent CCG Governing Body paper on the same topic.

3. Last month the "GE-Finnamore" report into the Sandwell and West Birmingham care system outlined in clear terms some current weaknesses and future challenges that we face in meeting patient need, as finances become more restricted, and population need grows. This report was procured by ourselves, the CCG, NHS Improvement and NHS England on the basis of tackling downstream issues and concerns.

4. A proposed part of the response locally to that report, alongside many other actions, will be to develop a more cohered approach to place based planning, which blends the line between commissioning and provision. Reflecting challenges in the experience of the locally procured MCP and other models, there is an intent to migrate in this direction via an alliance model of contracting.

5. Jointly with the CCG chair and Accountable Officer, we are developing an initial vision for a system. This will need to be collaboratively constructed and steps are in hand to involve a wide range of statutory and third sector bodies in the weeks ahead. We are due to review progress with NHSI and NHSE in late November.

6. Critical to this work will be finding material and important clinical purpose to which this alliance can contribute. Otherwise we will simply see letterheads change. The tentative agreement is to focus on Long Term Conditions and to consider how we improve services for children. Further goals may be added, for example around frailty.

7. David Baker will take the lead executive role in this work. A weekly meeting of relevant executives is already in place and this will be expanded to a broader project team from within strategic development.

Toby Lewis, Chief Executive

DRAFT

ACS Selection Criteria and Process

October 2017

The criteria to become an ACS

NHS England

Accountable care systems are place-based systems which have taken on the collective responsibility for managing performance, resources and the totality of population health. In return, they receive greater freedoms and flexibilities from NHS England and NHS Improvement.

A prospective ACS will be able to demonstrate:

Effective leadership and relationships	• Strong leadership team, with mature relationships across the NHS and local government • Effective collective decision-making that does not rely solely on consensus • Clinicians involved in the decision-making, including primary care • Evidence that leaders share a vision of what they're trying to achieve
Track record of delivery	• Evidence of tangible progress towards delivering *Next Steps on the Five Year Forward View* especially: redesign of UEC system, better access to primary care, improved mental health and cancer services • Leading the pack on delivery of constitutional standards, especially A&E and cancer 62 day • Ability to carry out decisions that are made, with the right capability to execute on priorities
Strong financial management	• Demonstrated ability to deliver financial balance across the system • Where financial balance is not immediately achievable, control totals are being achieved and there is a compelling system-wide plan for returning to balance and/or resolving historic debt • System will is ready to take on a shared control total and has effective ways of managing collective risk
Coherent and defined population	• A meaningful geographical footprint that respects patient flows of *at least* 0.5m • "Core" providers in the area provide ~70%+ of the care for their resident population • Is contiguous with STP or if not has clear division of labour with STP and is not simply a 'breakaway' area • Where possible, is contiguous with local government boundaries
Care redesign	• System has persuasive plans for integrating providers vertically (primary care, social care & hospitals) and collaborating horizontally (between hospitals), supported by a solid digital plan • Widespread involvement of primary care, with GP practices collaborating through incipient networks • Commitment to population health approaches, with new care models that draw on the best vanguard learning • Includes a vanguard with plans to scale or has demonstrated learning from the best new care models

The process for selecting future waves

Step 1	Regional Directors nominate systems that meet prospective ACS criteria	By 3 November
Step 2	Systems submit short expression of interest (see Annex) and national team offers a visit/workshop, together with regions, as they prepare it	End November
Step 3	Regional Directors make a recommendation to national STP/ACS governance group	Beginning December
Step 4	National governance group makes recommendation to NHSE/I CEOs	December
Step 5	Additional prospective ACSs announced and join the programme	December/ January

Annex: what will the EOI look like?

We will ask systems nominated by RDs to submit an expression of interest (EoI) that:

- Addresses how the prospective system meets the criteria
- Answers the questions below
- Is no longer than 5 pages
- Is signed and actively supported by all the major players

Five specific questions for prospective ACSs:

1. What system or geographical area do you propose as an ACS? Where this is not a whole STP, please set out your reasoning and describe how you see the STP and the aspirant ACS(s) working together in a distinct yet complementary way.
2. What is the health system aiming to achieve? What will the system accomplish as a system, as distinct from a set of individual organisations?
3. How would becoming an ACS enable you to implement the service improvements described in the *Next Steps* delivery plan, demonstrating faster progress and realising tangible improvements in 18/19?
4. How would the aspirant ACS work together to manage funding for its population, committing to shared system control total across commissioners and providers? How will the system work together to achieve the efficiencies implied by operational plans and contracts for 18/19?
5. How will you develop effective collective decision making and governance, aligning the statutory accountabilities of the ACS' constituent bodies? You should describe the extent to which this is already in operation, and who will be the convener or chair of the system (where distinct from the STP lead) as well as how this individual will be supported with the right implementation capability and resources.

NHS
Sandwell and West Birmingham
Clinical Commissioning Group

Developing Accountable Care Systems: West Birmingham and Sandwell

This document is owned by the Sandwell and West Birmingham CCG

A Glossary and definitions of terminology used throughout this document

Distribution and Contributors

Name	Title
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Dr George Solomon	Clinical Lead – New Care Models
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Mr Richard Nugent (to be sent)	Independent Committee Member
GP Directors (to be sent)	Local Commissioning Group Chairs and Vice Chairs

A. Development Proposition

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

No.	
Service	Placed Based Approach to develop accountable care systems
CCG Chief Officer Lead	Sharon Liggins and Claire Parker
CCG New Care Model Clinical Leads	Dr Simon Butler Dr George Solomon Dr Obaid Farooqui
Accountable Care System Providers	Identified in section 5
Period	To be determined as the partnership matures. Commencing April 2017
Date of Review	Quarterly progress reviews

Placed Based Care System

1 Summary

The Five Year Forward View and the Next Steps Five Year Forward View, sets out a clear transformation for the NHS to address *the health gap, the quality gap and the financial sustainability gap* – the development of Accountable Care Systems (ACS) or Organisation is seen as a solution.

This paper attempts to set out the context surrounding the development of ACSs, why it may be a solution for Sandwell and West Birmingham CCG and how the CCG can move towards developing two ACSs, one in West Birmingham and one in Sandwell.

The paper does not attempt to present a whole system view, further engagement is required with member practices, local providers and other commissioners. The authors are seeking Governing Body approval to the proposed actions outlined in section 9.

2 Contextual Introduction

The Five Year Forward View and the Next Steps Five Year Forward View, sets out a clear transformation for the NHS to address *the health gap, the quality gap and the financial sustainability gap* - through the 'triple integration' of primary and specialist hospital care, of physical and mental health services, and of health and social care.

The development of placed based care systems that deliver better integration of General Practice (GP), community health, mental health and hospital services is considered essential if the NHS is to achieve a more sustainable footing and address the compounding pressures if faces:

- People are getting healthier, but the reliance on the NHS has not reduced.
- Nationally, life expectancy has risen by five hours a day, but the need for modern NHS care continues to grow.
- Demand for health care is highly geared to our growing and aging population. It costs three times more to look after a seventy five year old and five times more to look after an eighty year old than a thirty year old.
- Nationally, there are half a million more people aged over 75 than there were in 2010. And there will be 2 million more in ten years' time.
- Demand is also heavily impacted upon by rising public expectations for convenient and personal care, the effectiveness of prevention and public health, and availability of social care.
- Even more significant is the steady expansion of new treatments and cures.

Whilst expenditure on health and care is expected to grow every year for the next five years, the rate of growth in the demand for services is even higher. If left unchecked this will lead to system failure and inability to sustainably meet the health and care needs of people. This will manifest as a combination of overspends, unmet demand, the failure to honour constitutional access standards and reduced quality in care and outcomes.

As well as being a financial challenge this is also a major workforce challenge as even if funds were available, there is no clear path for the recruitment and retention of the staff needed to meet the growing demand for care.

The Next Steps Five Year Forward View clearly signals that the driving force for addressing these pressures and transforming the NHS will be the Sustainability and Transformation Partnerships (STPs). STPs are to lead the integration of care providers and commissioners, through local partnerships, towards placed based care systems.

The concept of placed based care systems draws from the experience of health care systems in other countries and builds upon previous efforts to integrate services in the NHS.

NHS England has recently outlined ambitions for STPs to evolve into Accountable Care System (ACS) and proposed that these ACSs might become Accountable Care Organisations (ACOs) but probably after 'several years' of development. The terms ACOs and ACSs are often used interchangeably to describe very similar set ups for integrated health and care systems. The term Population Health Systems (PHSs) is also emerging and describes integrated care and the improvement of the broader health and wellbeing of the population, similar to the Greater Manchester model.

While the term ACOs/ACSs is relatively new, they represent the most recent manifestation of well-known integrated systems, such as Kaiser Permanente, which have a much longer pedigree. They come in a variety of forms ranging from closely integrated systems to looser alliances and networks.

For simplicity, the term ACS will be used throughout this document to describe the future model of placed based integrated care for Sandwell and west Birmingham. It is to be taken in its broadest context, that is, the integration of health and care, including the system responsibility to improve health and wellbeing.

An ACS generally comprises of three core elements:

- An alliance of providers who collaborate to meet the needs of a defined population.

- Providers taking responsibility for a budget allocated by commissioners, or alliance of commissioners, to deliver a range of services to that population.

- Providers working under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years.

The development of ACS is seen as a new approach to address collectively the challenges facing the NHS. It is quite different from the approaches that have been used in the NHS in the past. It is seen as an opportunity to harness the energy and leadership of both commissioners and providers in the design of integrated health and care systems.

It is recognised that developing an ACS will take time and requires strong willing leadership which focuses on system wide solutions rather than their own organisational sovereignty. Therefore the development of an effective ACS is not seen as a top-down structural change to the NHS.

The development of ACS's is not about forcing formal mergers. It is about leaders, both commissioners and providers, working towards the same goal that is providing a future sustainable health and care service that delivers a better experience for local people, moves away from reactive to proactive care and reduces fragmentation.

Learning from international and national programmes identifies that the approach to developing an ACS's emerges out of a common set of **design principles**:

- participants are committed to developing an ACS,
- they are committed to tackling the current and future challenges as a collective.
- they understand that it is not about protecting individual organisational sovereignty,
- they are committed to developing an appropriate governance structure,
- they are prepared to put system leadership in place, in the best interests of the local population,
- they accept that a sustainable system financial model fit for the future is essential,

Any future ACS needs to adapt to the history of local collaboration and the partner organisations need to be willing to work together. Progress is likely to be made more quickly in areas where organisational arrangements are relatively simple and more slowly where they are complex. Areas in which organisations are performing well often have a head start on areas where organisations face challenges, although a 'burning platform' can also serve as a stimulus to action.

It is well documented that the NHS faces significant challenges including; stemming the increasing demand for hospital care, demographic pressures, financial challenges, workforce shortages, and the knock on effect on health from reductions in local authority budgets (care and public health).

The formation of ACSs is seen as a solution to these pressures. Evidence from international and national ACSs suggests that they have not reduced acute beds

within the system or taken resources from hospitals, but they have successfully strengthening community-based services, which has moderated the growth in demand for acute care. Commentators suggest a realistic expectation for aspirant ACSs would be to slow the demand curve, rather than reversing it.

The experience in more mature systems demonstrates that transformation towards an ACS takes time. In some examples progress was still under way a decade into the journey. Mature ACSs have given a lot of attention to engagement with stakeholders and have received considerable investment to develop capability, innovation skills and system service improvements.

Strongly networked general practice has been a crucial component in most of the developed ACSs, alongside a range of enablers including the development of a clear and shared strategic vision, continuity of senior clinical and managerial leadership, the development of innovative forms of commissioning, and investment in innovation and technology.

The potential benefits of an ACS approach include the opportunity to:

- develop new care models that span organisational and service boundaries, supported by new approaches to commissioning and paying for care
- establish robust governance arrangements that balance organisational autonomy and accountability with a commitment to partnership working and shared responsibility
- avoid discussions descending into a "what's in it for me" game that inhibits the development of collaborative working between local NHS leaders
- develop services that are financially and clinically sustainable through greater integration of care and a focus on improving population health and wellbeing
- provide a foundation for collaboration with a wider range of organisations from different sectors
- put in place the leadership required to work in this way by sharing expertise and skills in different organisations
- work in partnership with the public and local communities to transform the way that services are delivered
- enable national bodies to work differently and in a joined-up way to support providers and commissioners in finding solutions to their challenges.

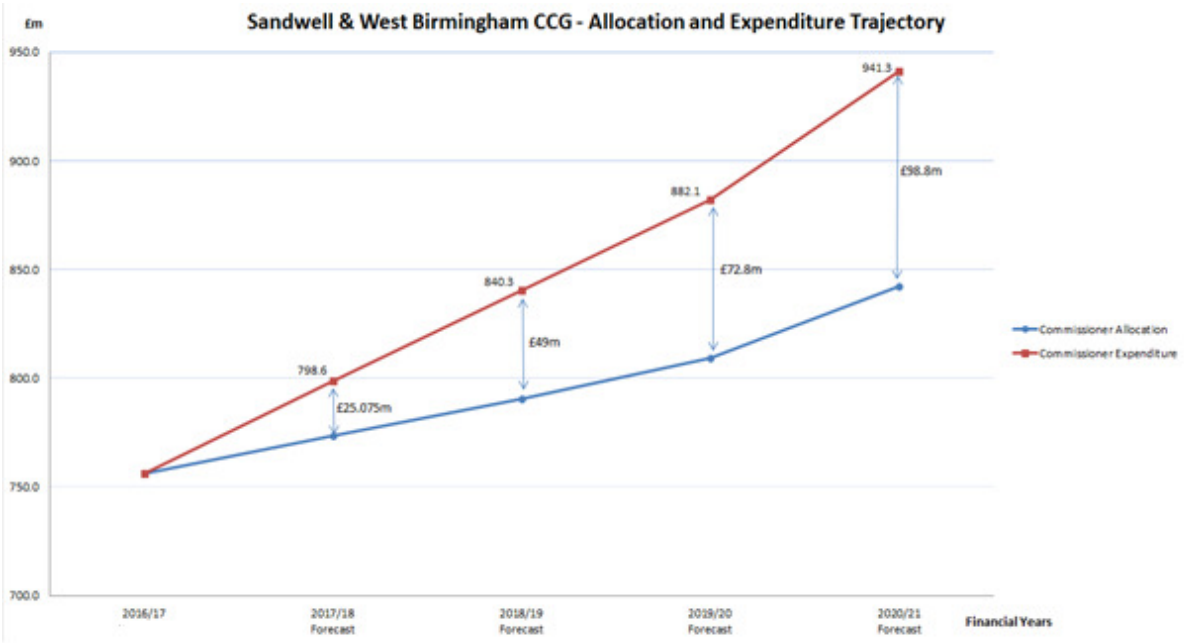
An ACS approach is based on the conviction that, for the most part, health and care provision is essentially local and the opportunities to develop systems of care are therefore best pursued among those serving the same or similar populations. It requires new relationships between social services, acute, primary, community and mental health providers, the voluntary sector and commissioners.

It is internationally recognised that moving towards an ACS model of delivery requires careful strategic planning. By its nature, this type of change is complex and requires strong partnership relationships, clear vision, strong stakeholder engagement and a financial framework which creates opportunities whilst reducing instability and managing risk.

3 Sandwell and West Birmingham's Burning Platform

A review of the Sandwell and West Birmingham health care system identified that the system is at risk of not being financially sustainable in the medium to long term (2 to 5 years) unless the financial gap is bridged through a high paced transformation programme which focuses on:

- A collaborative approach between the CCG, providers and Councils in Sandwell and in West Birmingham to transform out of hospital care.
- Growing community and primary care capacity to effectively manage demand.
- Shifting outpatient care from a traditional consultant based service in an acute hospital to other health care professionals within the community, including primary care direct access to secondary care expertise.
- Reducing emergency admissions for people with long term conditions and reducing average lengths of stay in hospital.
- Co-developing programmes for QIPP and CIP, that achieve sustained delivery and facilitates the place based out of hospital models.
- Aligning workforce strategies.



4 Moving towards an Accountable Care System

It is Sandwell and West Birmingham CCG's intention to develop two ACSs, one in West Birmingham and one in Sandwell. The focus of both ACSs will be to develop integrated out-of-hospital placed based models of care designed around needs of individual people, their families and their carers.

Working with local authority commissioners and providers (health, social and voluntary sectors) we will create and deliver service improvements designed by listening to patient experience, to deliver high quality care, which presents value for money, improves health outcomes of local people, enables integration, addresses interoperability across providers and builds local health and care system resilience.

Working together as an ACS, we will deliver placed based models of care, to ensure the health and care system can sustainably meet the needs of local people over the next five years and beyond. We will do this collectively by:

- Designing and delivering out of hospital services for the two defined geographies.

- Identifying system leaders in both geographies committed to delivering the aspirations of an ACS, who are committed to the principles described above and to slow the demand curve by strengthening community services.

- Facilitating leadership development where necessary through engaging with bodies like Health Education England and the NHS Leadership Academy.

- Facilitating the development of the nascent GP federations in order that they play an equal part in the development and management of ACSs

- Forming formal partnerships to lead the design and strengthen community services, to ensure they meet the growing needs of the local community and limit the growth in acute care.

- Reducing the demand for hospital care and improve patients' quality of life by improving the management of long-term conditions, complex and multi-morbidity in the community.

- Interface seamlessly with all the interdependent agencies to ensure the people receive timely, efficient and optimal care when they need it.

- Collectively understanding the system challenges and solutions.

- Working in partnership with primary, community, acute services and specialist services to ensure the interfaces between the tiers of provision work in harmony to improve care and system efficiency.

- Recognising that General practice is the cornerstone of any new placed based model.

- Moving to community-based multi-professional/specialist teams based around the registered lists of general practice, which would include generalists working alongside specialists. The size of the registered list will be determined by the appropriate economy of scale for the range of interventions, national guidance suggests the minimum population size is between 30,000 and 50,000.

- Building multidisciplinary teams for people with complex needs, including social care, mental health and other services. Support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions.

- Focusing on intermediate care, case management and support to home-based care. Create services that offer an alternative to hospital stay.

- Establishing and improving pathways to offer a real alternative to reduce emergency care admissions, including new types of community-based ambulatory care to deliver acute assessment and rehabilitation of frail patients.

- Reducing length of stay once patients have been admitted to hospital.

- Simplifying the pattern of services, creating larger community teams with a shared set of skills that would include some staff with more specialist knowledge and the voluntary care sector.

- Engaging leaders who promote good communication and working relationships between staff. Those willing to co-locate resources where it makes sense to do so, creating opportunities for social care, primary, community staff and specialists to have regular conversations, develop stronger trust, and work more effectively together.

- Using community based estates as a shared resource for the supply of services and the delivery of sustainable community provision fit for the future. Being mindful of the crucial link to general practice.

- Sharing clinical records across the multi-professional team, joint care planning and co-ordinated assessments of care needs.

- Personalising health and care plans/programmes.

- Providing named care co-ordinators who act as navigators and who retain responsibility for peoples care and experiences throughout the health and care journey

- Managing the allocation of human and financial resources within the system to reduce or meet demand at the most appropriate part of the system and ensure the future financial sustainability of the system.

- Engaging local communities.

Both ACSs will enable general practice and the voluntary sector to engage equally with larger acute and non acute providers, to design and deliver services to the registered and unregistered (homeless, local authority residents) population within the geography.

Both general practice providers and the voluntary sector will need to identify trusted system leaders and who will represent their sector in ACS Programme.

5 Accountable Care System Partners

Unlike the other CCGs within the Black Country and West Birmingham STP, Sandwell and West Birmingham CCG (SWB CCG) cross an upper tier boundary, it is a formal partner in two Better Care Funds and has collaborative commissioning arrangements with the Birmingham and Solihull CCGs, who are in a different STP.

In addition, SWB CCG has a provider led vanguard in the west of Birmingham which has been developing a provider partnership for the last two years but does not yet cover the whole of the place.

In Sandwell, the Integrated Health and Social Care Board membership includes the CCG, Social Care, the local acute and non acute Trusts but not general practice or the voluntary sector. Sandwell also has a number of fledgling general practice led federates, however they are all at different levels of maturity and there is a significant number of small practices. This represents a significant challenge to the development of ACSs.

Across Sandwell and west Birmingham we have a diverse Voluntary Care Sector (VSC). Over 2,000 independent organisations are registered with the 2 VCS infrastructure organisations, Birmingham Voluntary Services Council (BSVC) and Sandwell Council of Voluntary (SCVO). As a significant local employer and a care provider the sector makes an invaluable contribution to health and care, as well as a positive contribution to the wider determinants of health. Both ACSs will need to find a mechanism for galvanise the support of the VCS and demonstrating they are seen as a valued partner and provider.

The Sandwell and west Birmingham provider landscape is diverse and made up of multiple independent organisations. The challenge for both ACSs will be to develop the local partnership to a level of maturity where they are prepared to enter into an Alliance Contract.

An Alliance contract need not replace existing contracts held by commissioning organisations with individual providers; its purpose is to act as a ‘wraparound’ contract binding all of the ACS organisations that contribute to the local health and care economy together. Members of an alliance contract agree to work in collaboration to deliver benefits which are greater than those obtained by acting individually. In order to enter into an Alliance contract;

- Commissioners and providers need to build confidence and trust to a significant level that enables them to willingly enter into a formal partnership via an Alliance Contract.

- Commissioners and providers need to demonstrate they are aligned around the delivery of a clear out of hospital care strategy, financial plan and risk management framework, with a shared focus on delivering system outcomes.

- As a partnership, demonstrate they can develop and agree new pathways and local solutions to the system pressures.

- Have a fully operational Partnership Board and robust governance, including all members willing to sign the Alliance Contract.

- Individual commitment to address the pressures and challenges within the system and not just those of their own organisation.

The development and success of local ACSs will be directly linked to the aspirations, capability and capacity of providers to form new cross boundary partnerships, and the commissioner's ability to incentivise and support providers to develop partnerships that will collectively deliver horizontal and/or vertical integration of service provision.

The minimum partner required for the West Birmingham ACS is:

- All of the West Birmingham General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Birmingham Community Healthcare NHS Trust (BCHC)
- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)
- Birmingham City Council (BCC)
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)
- Birmingham Voluntary Services Council (BSVC) representing Birmingham Third Sector organisations within West Birmingham

The minimum partner required for the Sandwell ACS is:

- All of the Sandwell General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell Metropolitan Borough Council (SMBC)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Black Country Partnership NHS Foundation Trust (BCPFT)
- Sandwell Council of Voluntary (SCVO) and/or the Sandwell Voluntary Care Sector consortium
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)

6 Proposed Governance

Sandwell Health and Social Care Integration Board (SHSCIB) has been in operation for over two years, it has delegated responsibility for the integration of health and care from the Sandwell Health and Wellbeing Board. It is proposed that the terms of reference, membership and function of the SHSCIB is changed in order for it to evolve into an Accountable Care System Board. Each participating organization will report through their own governance structures.

The governance for the Accountable Care System Board in West Birmingham may, in part depend upon the overarching governance of the Birmingham and Solihull Joint commissioning structure. The West Birmingham Accountable Care System Board will need fit within the whole system but will also need to be accountable to SWB CCG.

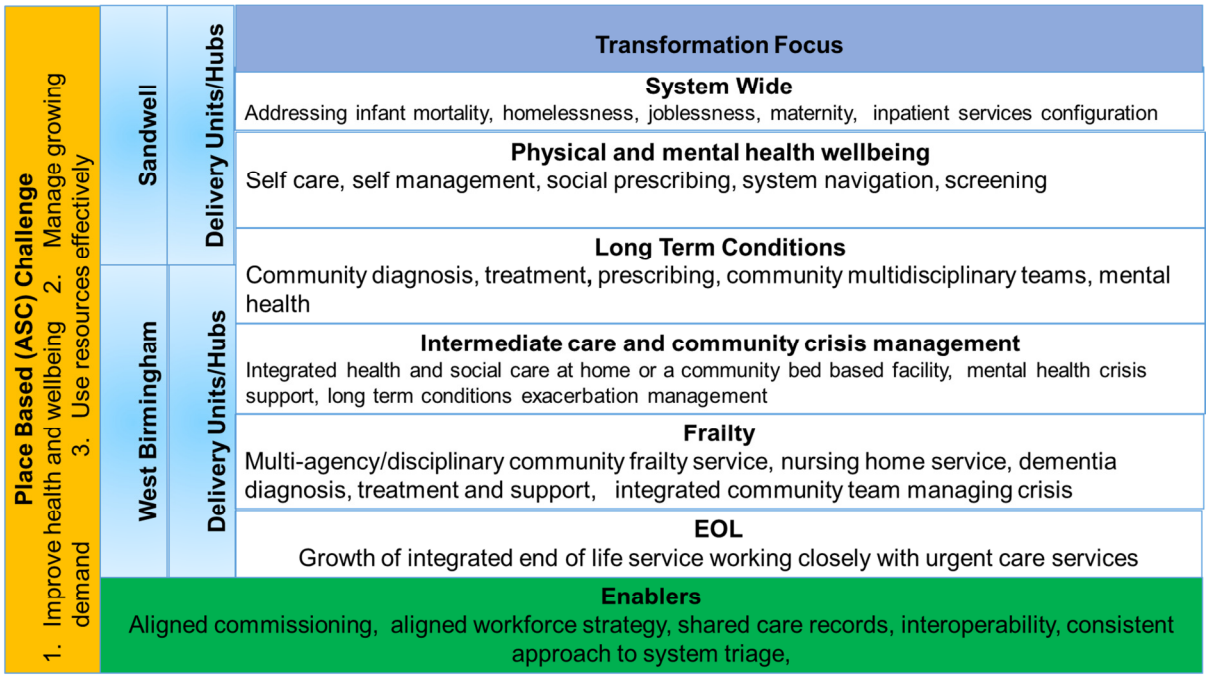
7 Transformation

In order to proceed with the development of ACS's, the CCG needs to find a mechanism for incentivising and supporting transformation. The CCG will provide each ACS with it's own financial and activity plan which will cover the expenditure on the services in scope and the value of a potential investment plan.

The investment plan is dependent upon the ACS successfully delivering Quality Innovation Productive and Prevention (QIPP). In order to delivery QIPP each ACS will need to reduce its demand on secondary care services (both elective and non-elective) sufficiently to generate a NET saving for investment.

In return, the CCG will require ACS partners to confirm their commitment to the principles of an ACS by formally entering into an Alliance Contract. The Alliance Contract will set out the partnerships rules of engagement including a contingency plan should a partner withdraw, responsibilities and the expected outcomes.

The partners will be committing to reducing reliance on secondary care by co-designing (as providers and commissioners) services to address the three challenges illustrated below:



8 Potential Risks

There are a number of risks associated with this approach that need to be considered;

- The success of an alliance contract is dependent upon individual organisational commitment and trusting relationships.
- In this instance, the Alliance Contract is voluntary, partners will be able to give notice and leave the alliance.
- If the transformational plans do not delivery the required efficiencies and savings, the system will not be financially sustainable.
- The CCG will not be able to offset efficiencies made in one ACS to cover the other or the CCG financial position.
- The CCG will need to align resources appropriately to support the transformaton (informatics, finance, commissioning, engagement, medicines management, CHC etc). This will stretch the CCGs resources and increase pressure upon staff.
- Wider perception that any partnering of this nature is a barrier to procurement, market forces and competition outside of the current provider arrangements
- GP Federations may not develop adequately to be a viable partner
- Some GP practices may not engage

9 Proposed timeframe

Draft Paper	September 2017
Clinical Directors Meeting	September 2017
Clinical Leads Meeting	September 2017
Strategic Commissioning and Redesign (SCR)	September 2017

Governing Body approval to engage partners	October 2017
Commissioning Partner view	October 2017
Provider view	October 2017
LCG engagement	October 2017
Governing Body - partners view and recommendations including allocation of resources	November – December 2017
Formation of ACS Board	January 2018
SCR/Governing Body – ACS TOR/Alliance Contract	Governing Body
Provider alliance agreement development	February - March 2018
SCR/ Governing Body – Transformational Programme Plan	February - March 2018
Implementation of ACS programme	February 2018 – March 2019
Monthly reports to SCR	March 2018 – March 2019
Agree changes to individual contracts as agreed with the Alliance	April 2019

10 Recommendations

Governing Body approve the actions outlined in section 9.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Winter plan and bed state
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow, Chief Operating Officer
AUTHOR:	Rachel Barlow, Chief Operating Officer
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

This paper outlines the Trusts approach to winter urgent care preparedness aligning our intention to improve ED performance to 90% against the 4 hour standard and to work with the designed and funded bed base.

Our ED improvement approach remains aligned to the following key improvement themes related to consistency of practice in ED. Improvement in practice over Quarter 2 has not seen sustained results in the ED 4 hour performance as capacity pressures have emerged in late September / October impacting on times to admit.

The Medicine bed base has been reviewed and sized to accommodate a bed model based on adult general medical wards for under 75 year olds with specialist hubs, specialist wards for cardiology, stroke and haematology and an elderly care bed model that includes a dedicated assessment unit function at Sandwell. The bed model requires a Length of Stay reduction to be effective within the funded bed base compared to last year. High impact patient flow improvements are scheduled for Quarter 3 which support this and the ED improvement theme related to 'patient flow from the wards to home'.

The system approach to winter preparedness includes access to direct booking GP appointment and an increase of 60 social care beds in Birmingham. Governance related to assurance of the overall system plan is via the system A&E Delivery Group to NHSI.

The risks related to the winter plan include increase admissions and increased LOS based on a number of background scenarios. Mitigation would include postponement of planned care and risk assessed management of patients for longer in our ED's.

REPORT RECOMMENDATION:

The Trust Board are asked to consider the winter plan, bed state proposal and associated improvement / delivery plans.

The Trust Board are asked to consider the risk scenarios and the response to those.

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:					
Safe, high quality care; responsive services					
PREVIOUS CONSIDERATION:					

SWBTB (11/17) 012a

Winter plan and bed state

1. Introduction

This paper outlines the Trusts approach to winter urgent care preparedness aligning our intention to improve ED performance to 90% against the 4 hour standard and to work with the designed and funded bed base.

Our ED improvement approach remains aligned to the following key improvement themes:

- Lack of substantive staff and new starters leads to inconsistency in compliance
- Departmental Management after 7pm
- Timeliness of clinical decision making in ED
- Patient flow from the wards to home

The Medicine bed base has been reviewed and sized to accommodate a bed model based on adult general medical wards for under 75 year olds with specialist hubs , specialist wards for cardiology, stroke and haematology and an elderly care bed model that includes a dedicated assessment unit function at Sandwell.

The bed model requires a 0.65 total acute Length of Stay reduction to be effective within the funded bed base compared to last year. High impact patient flow improvements are scheduled for Quarter 3 which support this and the ED improvement theme related to 'patient flow from the wards to home'.

The system approach to winter preparedness is summarised in section 5 outlining primary and social care responses. This includes access to direct booking GP appointment and an increase of 60 social care beds in Birmingham. Governance related to assurance of these plans is via the system A&E Delivery Group to NHSI.

2. Improving ED performance

Incremental monthly improvement in ED 4 hour performance has been demonstrated from May to September from 81.57% – 87.92%. **September recorded our best 4 hour performance for 12 months at 87.92%.** At our best from mid-August to mid-September the Trust achieved 88-90% of patients being discharged from ED within 4 hours.

The average weekly performance for the last 5 weeks has been 85%; **October to date performance is 84.77%.** The daily breach tolerance is 55 breaches to achieve 90% against the 4 hour performance week on week. The recent average daily breach rate is 100 breaches a day with a range from 130 – 60 breaches a day. October – November improvement focus needs to reduce 45 breaches a day ie 23 on each site or 1 breach per hour in each ED to deliver 90% week on week.

The deterioration in recent performance correlates with capacity pressures and outflow; the 4th improvement theme of preventing breaches by improving patient flow from wards to home, is essential to achieve the 90% standard.

Reducing 45 breaches a day pan Trust The table below summarises the key improvement activities related to the breach reduction.

Improvement theme	Key activities pre-Christmas	Breach impact (45)
Lack of substantive staff and new starters leads to inconsistency in compliance	• Deliver recruitment plan for medics and nursing designed for next 18 months • Leadership development programme for shift leaders • Feedback to staff the assessment of practicing clinical professional standards with consistency and design individual development plans	8
Departmental Management after 7pm	• Confirm OOH leadership and on-call model for implementation in Q3	7
Timeliness of clinical decision making in ED	• Achieve consistency of practice at an individual level or via smart rostering • Implement new AMAA developments including effective streaming and plan for single referral model to be in place Q3	10
Patient flow from the wards to home	• Embed revised ADAPT (Advanced Discharge Planning Team) approach • Deliver readiness for implementation of admit/pull model in November including Consultant of the week in main admitting specialities • Scope and implement OPAU at scale with direct admissions from ED • Implement solution for 'No delays for TTAs' • Agree and start delivery of 6 week programme to refresh red to green by end October	20

3. Bed plan

The bed plan is based on patients staying 2 days in AMU and for those requiring on going in-patient care, they will be reviewed by a consultant led multi professional team daily on AMU Monday to Friday and selected for admission to:

- an adult general medical wards for under 75 year olds with specialist hubs ie respiratory, gastroenterology,
- a specialist wards for cardiology, stroke and haematology
- an elderly care bed model with an assessment unit at Sandwell that will admit patients direct from ED for specialist assessment aiming to progress care at 4 days from admission into the community or home. Where this is not appropriate there are defined elderly care wards for on-going care

The medicine in-patient bed base is planned as below:

	Q3	Q4	Q1	Q2
Bed base with a 95% occupancy and a total average LOS of 4.8 days	261	266	239	258
Funded beds	276	276	248	258

The bed model requires a 0.65 total acute Length of Stay reduction to be effective within the funded bed base compared to the same time last year. The ward based length of stay needs to reduce by 0.81 days compared to last year. As of mid-October the Trust had 45 unfunded beds open. The table below summarises the high impact improvement approach and new ways of working, along

with bed reduction assumptions and key lead impact indictors. This supports a trajectory to work in the funded bed base by Christmas.

High impact improvement	KPIs	Go live date	Bed reduction impact
Embed revised ADAPT (Advanced Discharge Planning Team) approach • Complete MDT admission in AMU • EDD planned with social and therapy assessment • EDD handed over to ward team with named social worker	100% admission completion in AMU 80% compliance with EDD	October	10
Admit pull model • Consultant of the week who will be commitment free and based on a single ward in main admitting specialities – gastroenterology, respiratory, geriatrics and cardiology • Daily MDT meeting on AMU, facilitating early specialist review where necessary and planning admission to the in-patient bed base 24 hours in advance. Planning discharge with will enable the patient to be admitted to the right type of bed	80% EDD compliance Compliance with board round / job plan	November	15
Implement OPAU at scale with direct admissions from ED Establish an ambulatory pathway pilot from WMAS to AMAA to avoid admission and ED attendance	Reduce LOS by 1 day for this group Admission avoidance goal TBC	November	5
Implement solution for 'No delays for TTAs'	TTA readiness before day of discharge	November	10
Criteria led discharge	Reduce LOS by 0.5 day on selected pathways	November / December	5
Agree and start delivery of 6 week programme to refresh red to green by end October	further improvement themes informed through red themes	November	

4. Governance and leadership capacity

The ED and Patient Flow PMOs chaired by the COO provide weekly governance on the above key activities. The improvement plans have clear leadership, milestones and delivery outcomes. The absence of the DCOO for Urgent Care has an impact on the anticipated senior leadership capacity which is being covered by the COO. There is PMO support for delivery allocated to both PMO portfolios. We are behind where we wanted to be for October and subsequently there is a lot to deliver in November. Any slippage at this point would be a risk to the programme and associated performance improvement for ED and the fit within the funded bed base.

5. System wide initiatives to improve ED performance and winter preparedness

Nationally there is anxiety about a potential flu epidemic; the Trust is leading the way for the system with 49% of patient facing staff vaccinated within 4 weeks of launching the vaccination programme. The CCG have asked if we can vaccinate patients. The approach to this needs to be worked up by the deputy Chief Nurse and CCG.

Bookable GP appointments with the ability for ED to book a timed appointment for patients will go live in November, with an increase in GP appointments (170 per day). We welcome that progress as this enables patients to be streamed to a timed GP appointment from triage and releases capacity in ambulatory care currently used for patients better suited to primary care follow up, enabling us to expand the ambulatory care service. We will be leading nationally in terms of this initiative.

The Trust is participating in a national Monday Surge programme. Whilst this is unlikely to have immediate impact it is may contribute towards sustainability longer term.

Birmingham City Council increase social care bed capacity in November by 60 beds which should have significant impact on outflow over winter.

The holiday period prior to Christmas and through to the New Year is a risk with only 8 out of 17 days being working days between 16th December and the 2nd January. The A&E Delivery Board needs to be assured of system wide 7 day working approach over this period, to mitigate a reduction in discharges, with a risk of backflow into the Trust bed base. The Trust will run an enhanced 7 day approach from the 16th December with increased operational support at weekends, 7 day joint delayed transfer of care review and additional medical cover for inpatient wards to expedite discharges.

6. Risks

The risks related to the winter plan include:

Increase admissions due to local demand above forecast / flu epidemic / or adjacent providers winter plan failures; 10 % more admissions consistently above plan would demand 38 more beds pan Trust.

LOS increase due to under delivery of interventions designed to improve patient flow and reduce LOS or for example the failure of social care to meet discharge demand, would result in a requirement for additional bed days. A LOS increase of 0.5 days for all patients admitted over a sustained period would demand an additional 32 beds pan Trust.

Mitigation for the above scenarios includes:

- Postponement of planned care procedure
- In the event of a flu outbreak the trust has management plan and decant facilities identified to manage this situation.
- Activate the risk assessed ED protocol for managing patients in ED under scenarios of higher than expected bed demand and level 4 EMS escalations
- Assurance by the A&E Delivery Board of the system winter plan

Additional bed capacity beyond the purposed bed plan is not staffed and would be a significant risk to open.

7. Summary and conclusion

The Trust Board are asked to consider the winter plan, bed state proposal and associated improvement / delivery plans. The Trust Board are asked to consider the risk scenarios and the response to those.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC TRUST BOARD

DOCUMENT TITLE:	Sickness Absence and Employee Well Being
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby, Director of People and Organisation Development
AUTHOR:	Lesley Barnett – Deputy Director Human Resources Raffaela Goodby – Director of People & OD
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

The Trust's People Plan (theme 3) has an extremely ambitious aim to reduce its sickness absence levels to 2.5% by March 2018 and increase levels of well being, measured through CQUIN's, the Staff Survey and Your Voice engagement levels.

Sickness absence costs the Trust approximately £9m per annum in lost days and temporary pay spend to cover staff away from work. If the Trust were to reach the 2.5% target, the approx. savings in temporary staff would be £135k per month.

The report then explores the options to improve attendance levels to achieve the 2.5% target and the associated investment that this would require and the estimated savings to the paybill. The report focusses on proposals re centralising all sickness absence management (section 1) mental health absence and solutions (section 2) MSK absence and solutions (Section 3) reviewing the policy (section 4) and improving well being and communications (section 5)

This report illustrates that whilst progress has been made with a steady reduction in the rolling sickness absence from 4.98% in March 2016 to 4.36% September 2017, there is still a considerable gap between the actual position and the desired aim and sets out a number of options for consideration by the Trust Board.

REPORT RECOMMENDATION:

Note the improvements made in sickness absence
Note the financial implications of lost days and projected savings if 2.5% target was reached
Discuss proposed investments and direction for improving attendance and increasing well being

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Good use of resources

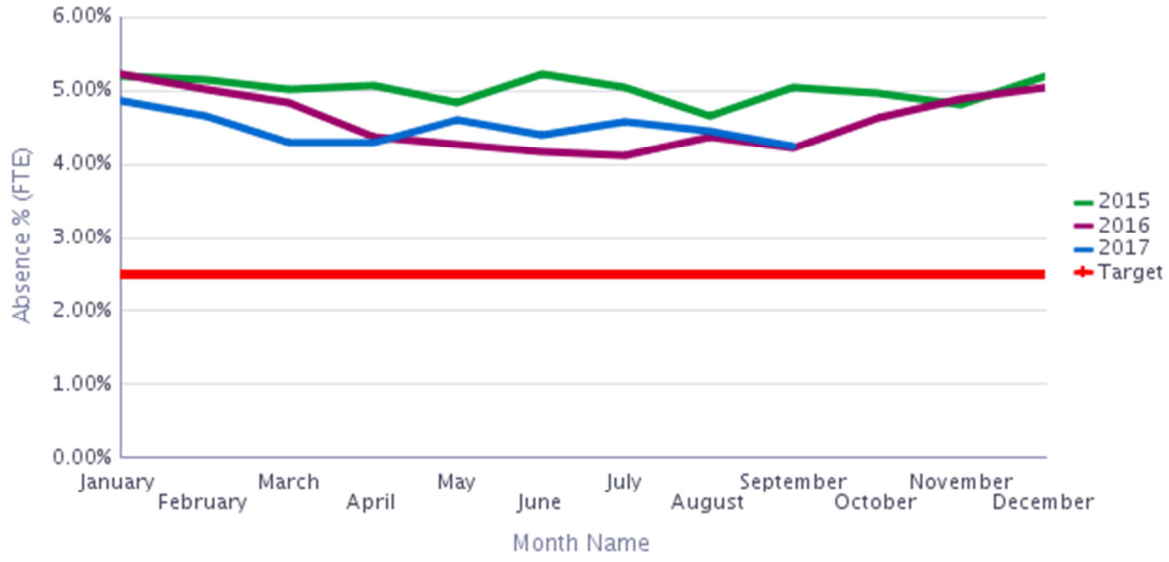
PREVIOUS CONSIDERATION:

Introduction:

Table 1 below provides a comparison of the last three years where the Trust is consistently above the desired sickness absence target of 2.5%. Whilst some improvement can be seen during 2017, it is clearly critical that the Trust does not follow the seasonal trend strongly experienced during 16/17 if we are to recover from the worsening position experienced May – August 2017 as compared to 2016.

Table 1:

Trust Monthly Sickness Absence – 2015, 2016 and 2017 - ESR



In assessing the success, or otherwise, of sickness absence management and smooth out the underlying sickness absence trend, sickness absence reports typically report on the rolling 12 month trend.

As table 2 below illustrates compared to the baseline position at the end of March 2017 whilst four of the Trust's Groups have improved on their baseline position taken at the end of March 2017 this was offset by a deteriorating position in three of our large Groups, resulting in a slight deterioration overall of 0.05%.

Table 2:

Trust 12month Rolling Sickness Percentage (%)

Groups	Group FTE	Target (%)	Baseline (16/17)(%)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Corporate	1443.88	2.50	4.33	4.37	4.51	4.60	4.72	4.75	4.77
Imaging	248.46	2.50	4.29	4.15	4.27	4.27	4.30	4.32	4.46
Medicine & Emergency Care	1176.57	2.50	4.62	4.66	4.65	4.63	4.61	4.67	4.73
Pathology	306.53	2.50	4.20	4.05	3.93	3.80	3.72	3.57	3.41
Primary Care, Community and Therapies	847.53	2.50	4.27	4.02	4.00	3.96	4.04	4.03	4.04
Surgical Services	1200.50	2.50	4.69	4.72	4.69	4.69	4.76	4.75	4.78

Women's & Child Health	803.66	2.50	4.56	4.50	4.60	4.55	4.54	4.48	4.39
Trust	**6027.13**	**2.50**	**4.48**	**4.45**	**4.48**	**4.48**	**4.52**	**4.53**	**4.53**

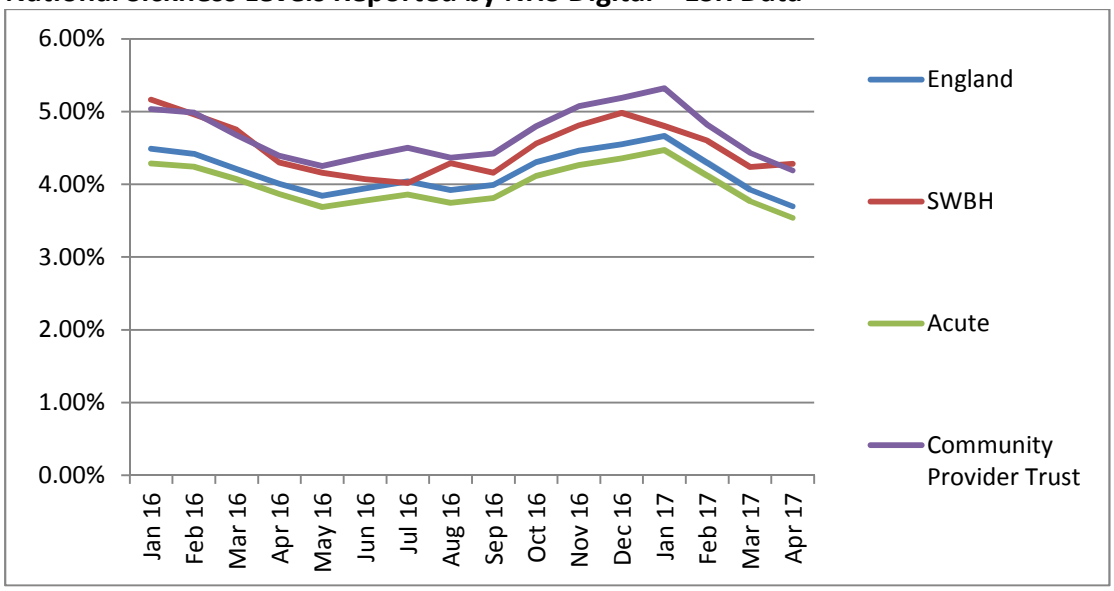
As illustrated by Appendices A and B employees aged 45+ and those working within the Additional Clinical Service and Nursing & Midwifery staff groups form a significant proportion of the Trust's sickness absence. The top two reasons for absence are anxiety/stress related or musculoskeletal.

How does this compare nationally?

The latest set of national figures were published in April 2017 by NHS Digital. They confirmed a nationally deteriorating position from 4.39% in December 2015 to 4.55% in December 2016. North West London was reported as the region with the best sickness absence rate of 3.5%, with the North West of England the worst at 5.36%. As table 3 below illustrates, nationally the Trust sickness percentage is approximately 0.5% above the average for acute Trust's but is below the average nationally for Community provider Trust's.

Table 3

National Sickness Levels Reported by NHS Digital – ESR Data



This puts SWBH sickness rates' percentage broadly in line with that experienced nationally, despite sharing many characteristics with the NW of England in terms of providing a service and operating as a major employer within a socially deprived area (13th most deprived in the UK). This could be seen optimistically as good news for the Trust when comparing to local populations with similar poor health outcomes. In the coming 3-6 months the OD team plan to develop a focussed well being plan (in partnership with local authority and community groups where possible) on increasing well being amongst the staff groups who are typically from most deprived postcodes.

Who is achieving 2.5%:

The following acute Trusts reported a sickness level in April 2017 of 2.5% or less. Other than a Dental Trust, no community provider Trust reported a value of 2.5% or less.

Table: 4

Central and North West London NHS Foundation Trust
Chelsea and Westminster Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust
Royal Brompton and Harefield NHS Foundation Trust
Royal Marsden NHS Foundation Trust
Kingston Hospital NHS Foundation Trust
Great Ormond Street Hospital For Children NHS Foundation Trust
Royal National Orthopaedic Hospital NHS Trust
Tavistock and Portman NHS Foundation Trust
Queen Victoria Hospital NHS Foundation Trust
Yeovil District Hospital NHS Foundation Trust

The above equates to approximately 5% of acute providers. Of the remainder, 29% are reporting sickness within the range of 2.5 – 3.5% with the balance, 66% greater than 3.5%.

Actions taken to Date:
Our approach to sickness absence management adheres to the good practice recommended by the CIPD and NHS Employers. The HR / OD role in the process is to provide managers with the information, competencies and confidence to manage locally as is considered best practice. Local management is monitored and, where necessary, the HR team will escalate concerns to the Group triumvirate.

In summary - what is provided for line managers:

- Sickness absence policy and guidance toolkit.
- Stress at Work policy and risk assessment tool.
- Sickness absence training for managers (rolling programme)
- Monthly newsletter to line managers.
- Provision of monthly sickness 'clinics' to provide HR advice and support to line managers.
- Sickness pipeline – managers are individually notified of actions to take where they have short-term sickness cases before they become long-term cases.
- Group confirm and challenge, Group triumvirate oversight and agenda item during Group review process.
- Monthly sickness absence reports and access to ESR for local interim reports 'on demand'.

- Occupational Health and Well Being Service – assessment of individual cases and planned launch of pro-active health and wellbeing programme in December 2017.
- Fast track service for employees to reduce waits and facilitate an earlier return.
- Muscular-Skeletal Physiotherapy Led Staff service

Financial Costs of Sickness Absence:
The lost opportunity cost i.e. the salary cost of those absent from work is relatively easy to calculate and equates **to £8,674,718 YTD**. Clearly this does not factor in the backfill costs essential in many services. Analysis of the coding of the reasons for bank and agency requests filled during September 2017 (in-month sickness absence of 4.25%) suggests that approximately 25% of the hours lost in month due to sickness absence were backfilled with bank or agency. A conservative estimate of this cost (assuming the coding was accurately recorded and the non-medical backfill costs totalled £18 per hour and medical £80 per hour) would be in the region of **£326,000**.

This figure has to be read with a degree of caution given the above caveats, however if this calculation is extrapolated forward on the assumption that the sickness absence rate in September had been on target i.e. 2.5%, it would suggest that the potential backfill savings 'in-month' of reducing our sickness levels to the agreed target would be in the region of **£135,000 per month.**

Achieving the 2.5% in-month Sickness Absence Target
Firstly it is essential to note, just how challenging the target, particularly for a Trust with the known demographics of the local population.

In order to achieve the target the overall reduction would require both short and long term sickness absence to reduce by approximately 50% to 0.75%, short-term and 1.75% long-term of i.e. a reduction of 3214 FTE days per month (equivalent to 107 full-time people).

The question the Trust Board will wish to consider is the actions required and associated investment in order to make this step change given that the current approach is not driving a sustained reduction at a sufficiently rapid pace.

Options for discussion:

1. **Change the current approach of devolving responsibility for sickness absence management to line managers by centralising responsibility by investing in a specific team hosted in the People & OD / corporate HR function.**

   1.2 Advantage:
   a. Line managers will be freed up to run clinical services – an attractive option, certainly in the short-term given the impending implementation of the EPR system and the competing demands for management time.
   b. A dedicated team of trained professionals would ensure consistent implementation of sickness absence management requirements or implementation of a bespoke IT system to underpin and oversee management actions.

   1.3 Disadvantage:

a. Cost of setting up a system – depending upon the degree of centralisation or IT system costs could range between £150,000 a year upwards.
b. Would undermine the work undertaken over the last two to three years to equip managers with the competencies and confidence to manage locally and undermines the Accredited Manager programme launching in Jan 18.
c. Builds a high degree of reliance on corporate functions.
d. Will build a high degree of reliance on a team with job roles that will be challenging to recruit into, given that the role would have a very narrow and repetitive focus.
e. An IT system would require significant set up and would not be recommended given the impending rollout of the EPR system.
f. There is an inherent assumption in this option that 'somebody or something doing things better or faster than managers are now' will improve attendance. Given the focus on sickness absence to date and knowledge in particular of the Trust's long-term cases, this may not be a well founded assumption in so far as reducing/maintaining sickness to the level required. Many of our long-term cases are employees with complex or serious health conditions. Very few of them now extend beyond six months and those that do tend to be due to the nature of the health condition, not delays with case management.

2. Invest in the prevention of the key causes of sickness absence levels i.e. Mental Health , Stress / Anxiety and Depression and Musculoskeletal.

2.1 Mental Health: We will shortly receive the findings of a study undertaken by a Public Health registrar which will be helpful in guiding thoughts, based on evidence, on this topic. The Trust's reported levels of mental health related sickness absence remains very high and is highly likely to be underreported together with an added degree of presenteeism.

Early indications of this work suggest:

- Only about half of absentees with psychiatric problems ever reach OH in the Groups with the highest sickness rates
- Anxiety and Stress are more often work related than not (around 60:40)
- Depression is lower frequency than the above but longer absence time
- ESR reporting for cause is not completed for the vast majority of mental health cases making targeting difficult.
- ESR reporting for mental health is understandably limited and the OH data is far more detailed – but obviously limited to those cases they are aware of.

2.2 This leads to the following which will be considered as potential options once the full data and findings are available:

- Review the reduction of the OH referral timeline regarding mental health issues.
- Review training provision for line managers to equip them to appropriately support their employees presenting with mental health concerns
- Consider annual 'mental health checks' as undertaken in military / airlines
- Increase the Prevention is essential and as well as check ups we need a "start up" offer
- Increase awareness of supportive pathways for causes of stress. E.g. financial worries, alcohol or drug misuse, domestic abuse, parenting issues, divorce or relationship issues, sleeping etc.

- A "mental health first aid team" would be a good investment if we can get the specification and investment right.
- Invest and mandate participation in preventative, evidence based, interventions used by social prescribers. E.g. mindfulness, meditation, CBT, mindful exercise practices yoga, pilates, walking, exercise
- Invest in focussed mental health and resilience in emergency department and maternity. (AIR programme proposal)
- Offer free resources for exercise, e.g. free fit bits, bikes etc

2.3 **Musculoskeletal:** The Trust already invests in a staff physiotherapy service that is designed to allow a fast track service for employees with musculoskeletal problems either before or after they take sick leave. The service was redesigned approximately 18 months ago, and it would now be timely to review the findings of the team that provide the service to assess effectiveness or the value of additional investment.

The Trust should also consider investing in complementary well being initiatives to support the MSK service. E.g 'Back Care Clinics' – case studies and engagement around good posture / desk set up / special adjustments and investing in training about being flexible on different working arrangements to ensure that colleagues with MSK issues can still contribute fully to the work of the Trust whilst they recover. The Trust could also consider mandated or prescribed exercise / time matching for walking groups, physio sessions, physio pilates for back pain etc.

3. Focus from Sickness Absence to Staff Attendance & Positive Well Being

Change the current policy from one of Sickness Absence to one of managing attendance.

a) Review the trigger points.
b) Review and extend the length of time employees are monitored following a breach of a trigger.
c) Revise the process for addressing short-term absence.
d) Retrain managers in revised process
e) Risk of increased litigation / Staffside challenge

4. Relaunch Trust Occupational Medicine Doctors overriding GP Sick notes

a) To make it explicit that where there is a difference of opinion between the OH Consultant and the employees GP, the Trust will defer to the advice of the OH practitioner.
b) b)Work with local primary care on sick notes and referrals
c) Earlier referral in to Occupational Health as detailed in point 2.2
d) Likely to come up against challenge

5. Communications and engagement on positive well being

a) Build energy and enthusiasm on the behalf of both managers and staff that regular attendance is a positive thing and that it makes a difference to the patients that receive their services.
b) Build enthusiasm and confidence in line managers that their actions do make a difference.

c) Focussed approach on low paid staff / hot spot areas to offer well being classes / mandated activity that is focussed towards existing shift patterns and free at point of access for staff
d) Positive rewards and feedback to those teams that have high attendance rates, including those that have encouraged/facilitated employees back to work with workplace modifications.

Conclusion:

The Trust's current sickness absence level when compared to the national position is broadly comparable, particularly when the impact of running a community service is factored in.

Whilst we provide a range of services designed to support good attendance and actively manage individual absence, this approach is clearly insufficient to achieve a highly ambitious target of 2.5%.

To improve confidence levels in sustaining and further improving attendance levels a number of options have been outlined in the paper. Option 1 whilst possible, would seriously undermine the approach to line management outlined in the Trust's People Plan and could cause short-term confusion and continued reliance on corporate support. Options 2 and 3 are entirely achievable but require a further stretch on corporate HR capacity and also reliance on working through the management chain, so inherently more risky, particularly at a time when management focus on operational matters will be diverted to a number of competing priorities.

The Trust board should consider and discuss the more intensive approach detailed in sections 2-5 and accept an action plan at the December board.

Lesley Barnett – Deputy Director Human Resources
Raffaela Goodby – Exec Director of People & OD
24th October 2017

Appendix A

Absence Reasons by Age – ESR 01.10.16 – 30.09.17

Absence Reason	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years	Grand Total
S10 Anxiety/stress/depression/other psychiatric illnesses	0.65%	2.25%	10.85%	12.87%	8.75%	15.50%	**16.28%**	15.49%	13.97%	2.31%	1.01%	0.06%	**100.00%**
S11 Back Problems	0.17%	2.81%	7.38%	7.44%	9.54%	11.63%	17.67%	**23.01%**	9.10%	6.08%	5.17%		**100.00%**
S12 Other musculoskeletal problems	1.07%	1.23%	3.20%	8.49%	7.83%	14.63%	18.20%	**18.36%**	15.26%	10.01%	1.71%		**100.00%**
S13 Cold, Cough, Flu - Influenza	0.96%	5.44%	11.23%	10.58%	12.44%	13.40%	12.93%	**14.56%**	9.44%	8.23%	0.56%	0.21%	**100.00%**
S14 Asthma	0.92%		19.28%	17.34%	3.31%	3.27%	9.05%	**40.28%**	6.33%	0.23%			**100.00%**
S15 Chest & respiratory problems	0.31%	0.51%	4.98%	6.54%	9.17%	10.92%	9.88%	**26.35%**	14.97%	15.87%	0.41%	0.09%	**100.00%**
S16 Headache / migraine	0.76%	9.52%	10.64%	10.91%	10.18%	11.47%	10.55%	**22.23%**	8.11%	3.10%	2.49%	0.04%	**100.00%**
S17 Benign and malignant tumours, cancers	2.78%	1.01%	1.30%	17.02%	10.90%	16.34%	1.01%	**23.60%**	11.72%	14.32%			**100.00%**
S18 Blood disorders	0.42%	2.01%	18.24%	0.79%	13.92%	10.40%	1.22%	3.88%	**44.48%**	4.63%			**100.00%**
S19 Heart, cardiac & circulatory problems		0.56%	1.46%	5.72%	5.80%	10.28%	11.00%	24.00%	**24.27%**	16.10%	0.80%		**100.00%**
S20 Burns, poisoning, frostbite, hypothermia		1.72%	3.44%			29.50%	18.05%	**47.29%**					**100.00%**
S21 Ear, nose, throat (ENT)	0.45%	7.25%	10.17%	9.36%	14.16%	**16.44%**	10.79%	15.75%	9.87%	4.25%	1.46%	0.03%	**100.00%**
S22 Dental and oral problems		11.52%	12.62%	9.91%	8.31%	7.20%	**25.49%**	13.08%	8.78%	2.49%	0.60%		**100.00%**
S23 Eye problems	0.25%	1.46%	6.40%	5.73%	6.28%	7.12%	2.31%	26.33%	**31.02%**	10.86%	2.10%	0.15%	**100.00%**
S24 Endocrine / glandular problems	0.42%	1.06%	11.93%	12.77%	8.46%	4.21%	12.45%	**38.28%**	10.42%				**100.00%**
S25 Gastrointestinal problems	1.85%	8.62%	11.39%	10.80%	13.80%	12.10%	12.16%	**15.97%**	7.29%	4.68%	1.27%	0.07%	**100.00%**
S26 Genitourinary & gynaecological disorders	0.47%	7.19%	11.32%	16.29%	10.29%	15.45%	**16.68%**	12.39%	7.69%	0.69%	1.54%		**100.00%**
S27 Infectious diseases		5.44%	27.04%	4.43%	9.07%	9.03%	9.64%	**29.20%**	6.06%	0.10%			**100.00%**
S28 Injury, fracture	0.05%	2.95%	7.47%	7.38%	14.01%	8.49%	14.89%	17.77%	**21.11%**	5.14%	0.74%		**100.00%**
S29 Nervous system disorders	3.90%	0.96%	6.22%	13.71%	2.94%	3.51%	10.78%	**40.64%**	17.05%	0.30%			**100.00%**
S30 Pregnancy related disorders		13.24%	**37.06%**	25.55%	18.14%	5.76%	0.25%						**100.00%**
S31 Skin disorders	2.44%	3.27%	16.70%	**20.03%**	8.74%	9.52%	19.31%	11.75%	5.88%	2.36%			**100.00%**
S98 Other known causes - not elsewhere classified	0.60%	7.03%	9.36%	6.75%	14.33%	12.56%	10.68%	**17.54%**	12.31%	3.94%	4.91%		**100.00%**
S99 Unknown causes / Not specified		2.15%	4.37%	26.41%	3.36%	5.46%	**33.49%**	6.67%	10.19%	7.91%			**100.00%**

Appendix B

Absence Reasons by Staff Group – ESR 01.10.16 – 30.09.17

Absence Reason	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students	Grand Total
S10 Anxiety/stress/depression/other psychiatric illnesses	3.30%	23.97%	23.05%	2.24%	9.51%	1.61%	2.93%	**32.62%**	0.76%	**100.00%**
S11 Back Problems	2.45%	**28.88%**	21.61%	4.27%	17.67%	0.66%	2.16%	21.68%	0.08%	**100.00%**
S12 Other musculoskeletal problems	3.55%	29.07%	13.77%	1.68%	13.46%	0.50%	1.17%	**36.76%**	0.01%	**100.00%**
S13 Cold, Cough, Flu - Influenza	4.08%	19.96%	14.73%	3.14%	10.26%	3.65%	3.92%	**39.63%**	0.23%	**100.00%**
S14 Asthma	0.78%	18.75%	23.16%	1.15%	4.74%		2.02%	**45.96%**		**100.00%**
S15 Chest & respiratory problems	3.56%	23.76%	9.79%	2.68%	27.82%	1.11%	1.67%	**29.21%**	0.13%	**100.00%**
S16 Headache / migraine	1.96%	23.12%	19.02%	1.89%	3.39%	3.53%	2.69%	**44.34%**	0.07%	**100.00%**
S17 Benign and malignant tumours, cancers	9.50%	10.30%	**39.05%**	16.49%	9.04%			15.62%		**100.00%**
S18 Blood disorders		8.07%	1.21%	18.42%	**36.38%**			35.93%		**100.00%**
S19 Heart, cardiac & circulatory problems	2.15%	15.86%	9.38%		20.38%	0.25%	2.80%	**49.17%**		**100.00%**
S20 Burns, poisoning, frostbite, hypothermia		32.66%	2.59%		**45.83%**			18.91%		**100.00%**
S21 Ear, nose, throat (ENT)	5.79%	17.67%	15.17%	5.41%	6.69%	3.66%	2.09%	**42.72%**	0.51%	**100.00%**
S22 Dental and oral problems	4.67%	23.58%	11.02%	3.58%	12.35%	2.92%	3.19%	**38.69%**		**100.00%**
S23 Eye problems	1.84%	14.11%	15.31%	0.36%	20.79%	6.94%	2.59%	**38.05%**		**100.00%**
S24 Endocrine / glandular problems	4.83%	**63.03%**	0.42%		2.18%			28.93%	0.60%	**100.00%**
S25 Gastrointestinal problems	4.17%	21.73%	20.03%	6.48%	12.94%	1.82%	2.28%	**30.10%**	0.20%	**100.00%**
S26 Genitourinary & gynaecological disorders	0.97%	21.43%	15.35%	4.70%	10.85%	4.70%	3.55%	**36.70%**	0.33%	**100.00%**
S27 Infectious diseases	0.10%	10.83%	10.83%	2.53%	30.37%	2.72%	0.58%	**40.88%**		**100.00%**
S28 Injury, fracture	3.05%	22.28%	10.25%	2.26%	24.33%	1.66%	9.95%	**26.18%**		**100.00%**
S29 Nervous system disorders		24.42%	**30.50%**	0.48%	22.29%	0.78%	2.18%	19.35%		**100.00%**
S30 Pregnancy related disorders	0.18%	24.26%	4.21%	1.46%	0.49%	3.75%	0.03%	**65.47%**	0.14%	**100.00%**
S31 Skin disorders	12.73%	23.60%	20.73%		12.08%	0.52%	0.10%	**27.67%**		**100.00%**
S98 Other known causes - not elsewhere classified	4.28%	15.50%	20.16%	3.44%	10.14%	2.92%	7.60%	**35.89%**	0.04%	**100.00%**
S99 Unknown causes / Not specified	16.96%	9.71%	9.14%	0.15%	15.65%	16.87%	7.48%	**23.76%**	0.29%	**100.00%**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Retention of Band 5 Nurses – Remedial Action Plan
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell - Chief Nurse Raffaela Goodby – Director of People & OD
AUTHOR:	Paul Hooton – Deputy Chief Nurse
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

The Trust's retention of band 5 nurses has deteriorated in the past 2 months, topping 17 nurses in September (12.9% turnover rate). This is an adverse trend to the previous 12 months where the Trust was successful in reducing nursing turnover by 3% (to 11.7%).

The Trust needs to take immediate remedial action to retain an additional 5 nurses per month. This will save approximately 17.5k per month in temporary pay costs, but, more importantly, improve the consistency and quality of care delivered on our wards and in the community during the winter period and beyond.

The attached report and action plan sets out key actions with the aim of reducing turnover to 10.7% by 31st March 2018 and retaining an additional 5 nurses per month starting from November 17. The board is invited to comment on whether these actions are ambitious and robust enough to meet this aim.

REPORT RECOMMENDATION:

The board to fully support the recommended retention initiatives and campaigns as appropriate.

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

Accept	Approve the recommendation	Discuss
		X

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

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

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

BAF People Objective

PREVIOUS CONSIDERATION:

Trust Board.
People & OD Committee

Retention Plan

Aim - to stop 5 nurses per month leaving the Trust, avoiding £3.5k in temporary staffing costs and driving up quality of care and staff engagement.

This paper will highlight our recent performance on retention of band 5 nurses and outline a retention plan going forward to decrease our turnover rate to 10.7% by March 2018

Since April 2017, an average of 11 band 5 nurses have left the Trust per month, however in September this increased to 17 nurses. Whilst we are preforming better than most in our region and nationally (other trusts have turnover rates from 10%-50% and SWBH are acknowledged by NHSI as leaders in this area) there does appear to be an increasing trend of leavers over the past few months. For every band 5 nurse that leaves, we assume a £3.5k cost in temporary spend per month.

Analysis of why staff leave is limited. An analysis of staff leavers in September shows the following:

% leavers by reason				
Retirement	Work / life balance	Career progression	Relocation	Unknown
10%	10%	5%	10%	65%

This picture is similar to recent work undertaken by NHSI. Whilst a small proportion of nurses nationally were leaving their employment for legitimate reasons, (retirement, progression, work/life balance) the majority were leaving for unknown reasons or because they were unhappy in their workplace. Of the unknowns that left the Trust in September we do have some anecdotal evidence from “itchy feet sessions” and from senior nurses that some staff are choosing to leave because they dislike site rotation. Lack of development and opportunity to progress has also been cited along with workload and burnout.

The Trust has developed some work to encourage staff to stay, the prominent initiative being the introduction of the new PDR process that focuses on the developmental needs of the individual staff member. Implementation of a revised internal transfer process has had some success, but anecdote suggests that interpretation and application of the process is inconsistent resulting in a sometimes cumbersome process Introduction of “itchy feet” interviews prior to exit interviews have had limited take up. Feedback from the clinical and HR teams indicate that often we are too late in identifying staff and they leave without the opportunity to talk to anyone . A recent workshop with the matrons reinforced the issues raised above. Recent work undertaken by “Clever Together” has shown that retention is all about mind set. A number of Trusts in the East of England commissioned a study to try and understand what improves staff retention. They identified key themes that if organisations got right would significantly improve retention and reduce staff turnover.

These were:

- Being well led / well managed
- Undertaking meaningful work and having opportunities to grow and develop
- A fit for purpose work place

Going forward the retention plan will focus on addressing the key themes identified above.

1) **Well led / Well managed**

Staff want clear leadership and to be managed in a fair and equal way

- Establish a workshop with senior ward sisters on understanding what 'well led' looks like.
- Engage with staff to understand what they enjoy about working for the Trust but equally what we could do better to ensure they stay. This could be a survey monkey type questionnaire / focus groups / a survey that the PDN's undertake in the clinical areas.
- Good line/methods of communication raising awareness of who to go to if staff are thinking of leaving
- We know that staff want to be well managed in a fair and equal way. To achieve this we will increase our work with line mangers through workshops, one to one support, to develop their skill set in managing skills. This will be a key theme of the Accredited Manager programme being launched in January 2018.
- Family friendly but realistic rosters agreed with all staff
- Creating a fair and equal working environment - tackling employee relations issues quickly and robustly
- Build effective lines of communication in one to ones with clear escalation processes
- Open and honest engagement on team issues
- Support in the workplace in terms of personal well-being and resilience as well as work life balance
- Create incentives/rewards to encourage committed work. Explore positive attendance rewards, local award schemes, celebrating good work and compliments on each ward

2) **Undertaking meaningful work and have opportunities to grow and develop**

Staff want to feel that they are contributing and making a difference. Equally they want the opportunity to grow and develop. Things to consider:

- Positive reinforcement of the work they do from line managers, senior nursing leaders and colleagues.
- Good meaningful PDR review that reviews behaviours as well as skills
- Development pathways and opportunities that are clear and equitable
- Support in the workplace use of Practice Development Nurses
- Develop competency based clinical portfolios so staffs know what they need to achieve and feel valued.

3) **A work place fit for purpose**

Staff want to work in an environment that has the right resources and equipment to do the job.

- Listen to what staff about the physical and emotional environment they work in.
- Where possible use "you said we did " to show staff they are listened to through the Your Voice Survey
- When it is not possible to change something make sure they understand why.

Remedial Action Plan

To take this forward immediately, a working group has been set up, chaired by Deputy Chief Nurse on behalf of the Chief Nurse and Director of People & OD. This group will consist of key staff from the clinical environment (including PDNs) along with HR, Education, Finance, Nursing and Employee Benefits. Progress will be tracked by the HR and OD teams, and in 'hotspot areas via the Group PMO's. The action plan is shown in App 1.

Appendix 1: Action plan

	Action	Interventions	By when	By Whom
1	**Retain an additional 5 staff per month to achieve turnover rate of 10.7 by March 18**	• Identify hot spot areas.	complete	
		• Refresh comm's and process around 'itchy feet' meetings	1st Nov	PH
		• Refresh comm's and process around 'the internal transfer process	1st Nov	SC
		• Establish series of KPI indicators to monitor progress	1st Nov	SC / PH
		• Map administrative pathway for leavers and establish electronic notification to senior team members in order that leavers can be proactively contacted with a view to a 'what will make you stay' conversation.	1st Nov	PH
		• Review the retire and return process for nurses	10th Nov	EN
		• Review the model of internal rotation across ED's to establish how this can be made more attractive to staff.	31st Nov	MH
		• Establish social media training across senior nursing team to encourage nurses to share positive messages about their area of work	31st Dec	EN
		• Include a focus on developing resilience and wellbeing within the preceptor package for NQ nurses	31st Dec	PH
2	**Engage staff views on why staff leave and on what would encourage them to stay.**	• Develop anonymous surveys – pushed out to staff mobile phones.	31st Nov	RG
		• Set up focus groups (?led by PDN / L & D).	31st Nov	BD / PH
		• Develop a 'you said – we did' focus in heartbeat.	31st Nov	PH/RW
3.	**Improve the training and development opportunities for nurses in year 2.**	• Launch the revised nurse Education Strategy	31st Nov	PH
		• Explore the potential for development of a nurse band 5/6 skills escalation ladder	1st March 2018	PH / RG
		• Undertake scoping exercise with Finance to understand the financial impact of the above	1st March 2018	PH / RG

4.	**Work with nurse leaders in hotspot areas to improve recruitment and retention rates**	• Develop a suite of OD interventions for teams within hot spot areas.	1st Dec	RG
		• Establish workshop for senior nurses to examine the impact of good leadership and management in relation to recruitment and retention	1st Dec	PH
		• Launch accredited manager training in Q4	31st Jan 18	RG

Paul Hooton

Deputy Chief Nurse

24th October 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Strategic Board Assurance Framework: Q2 Update
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Clare Dooley, Head of Corporate Governance
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

The 2017/19 Strategic Board Assurance Framework has been reviewed and updated by Executive Leads (Trust risk owners) in October 2017. The report is provided to the Trust Board for review/scrutiny. In summary, the 2017/19 Strategic Board Assurance Framework, at Q2, has the following number of gaps in control and/or assurance:

Green: action completed	**1**
Amber: action on track and will be delivered by agreed date	**10**
Red: action off track and revised date set	**5**

REPORT RECOMMENDATION:

The Trust Board is asked to **REVIEW AND COMMENT ON ASSURANCE** from the Q2 updates of the 2017/19 Strategic Board Assurance Framework.

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	**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:

PREVIOUS CONSIDERATION:

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Strategic Board Assurance Framework: 2017/19

Progress report as at period ending September 2017

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
MR	BAF1	Digital Plan	There is a risk that our **infrastructure** does not support 365 day 24/7 uptime for key systems, resulting in a resort to paper back up, and a loss of confidence by users. This then reduces use and data completeness militating against the quality and efficiency gains we are seeking.	• The absence of an Infrastructure scorecard **Actions** 1. Include an infrastructure scorecard in the Informatics monthly report.	Complete. An infrastructure scorecard is now included in the Informatics monthly report.	G
EN	BAF2	Safety Plan	There is a risk that we are unable to deliver consistent safety checks inside the first 24 hours because **staff turnover and temporary staffing** use mean that our wards are not staffed by individuals sufficiently familiar with our 'approach'. This exposes patients to risk of sub optimal care.	• External comparison • Assurance that data can be replicated in Cerner **Actions** 1. Gap analysis completed - Work with Cerner EPR team to ensure input data can be replicated and output / outcome reporting in place	Daily reports indicate consistently improved input compliance. Reports on missed checks now in place and indicative of reduced numbers of missed checks. A culture of check and challenge embedded as part of joint SP and CoC work. Requests re SP input / outcome / reporting requirements submitted to Cerner. Awaiting final demo in Nov workshops to assess suitability.	A

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
RS	**BAF3**	**Quality Plan**	There is a risk that the Trust is unable to reduce **amenable mortality** to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.	• No quantifiable plan to respond to amenable mortality and track progress. **<u>Actions</u>** 1. Through LfD programme identify all deaths amenable to prevention – and their causes 2. Continue to pursue improvements of the delivery of preventive care in diagnoses of known preventable mortality – specifically – Sepsis, VTE, AMI, Stroke, #NOF, High risk abdominal surgery 3. Re-launch mortality improvement plans 4. Track relevant care inputs through GPOs	1. Medical Examiners and Structured Judgment Reviewers to be appointed in November. [A] 2. Currently reviewing Quality Plan and drafting KPIs to be monitored through Executive Quality Committee. [A] 3. Re launch scheduled for Q4 [A] 4. Scheduled for Q4 following relaunch on Quality Plan. [A]	**A**
RS	**BAF4**	**Quality Plan**	The first-time CQC inspection may deem that BMEC is not fit to continue to provide a safe, high quality care in its current form, particularly to children on an emergency basis, leading to the Trust **losing 20% of its outpatient income** thus putting at risk the financial viability of SWBH.	• Agreement lacking across whole system in West Midlands in how to provide paediatric eye care	Plan for cross regional Paediatric eye emergency on call rota drawn up. Agreed with MD at BWCH. Regional Paediatric ophthalmology meeting on November 3rd to be attended by GD surgical services. Proposal is that *admitted* paediatric eye emergencies (trauma and infection requiring IV Abx) go to Children's Hospital – supported by on call network and visiting middle grade.	**A**

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				Actions 1. Engage with BCH and NHSE Specialised Commissioning to agree and provide regional leadership in agreeing a regional solution to the children's emergency eye surgery problem. 2. Deliver a regional paediatric eye medical on-call rota 3. Engage with Spec Comm in overseeing a solution.	All other (ambulatory) emergencies to continue to be managed at BMEC supported by on call network.	
TW	**BAF5**	**Finance Plan**	There is a risk that our necessary level of **cost reduction** plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.	• Lack of assurance on the sufficiency of our plan to achieve cost reduction **Actions** 1. Opportunity assessment against external benchmarks including specifically New Model Hospital underpinning multi-year & specific CIP plans 2. Ensure necessary and sufficient capacity & capability to deliver scale of improvement required	1. Work in progress. Model Hospital data and KLOEs reviewed together with NHSI regional lead director and initial triangulation with local intelligence undertaken. Framework for service-line assessment of financial, operational and service standards in development and which should provide basis for determination of scale of opportunity and scale of change required to achieve it. [A] 2. Director of Partnerships & Innovation in place. Internal re-alignment of information, performance and costing functions to provide baseline intelligence function done. Trust discontinued with national FIP programme and EY exited. Role by role review of external support ongoing with view to minimizing cost. Subject Matter Expertise limited to diagnostic review of community properties.	**R**

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				3. Align trust CIP to commissioner QIPP programmes to confirm coherence and credible route to collective cost reduction 4. Secure market opportunities to drive financial margin gain.	Gaps remain in Group operational management teams. Capacity & capability for delivery requires to be challenged and confirmed on completion of opportunity assessment. [A] 3. System review concluded and emergent ACS model to underpin drive for aligned action and real change. Encouraging dialogue with SWBCCG finance director on shift of approach from transactional battle to aligned focus on system delivery and cost reduction. Expressions of intent needs to be translated into action and tested in anger. CCG timetable for development of ACS contracting / commercial model unrealistic. Foreseeable that conclusion of 2018.19 contract will run to March 2018. [R] 4. Market share analysis in progress and being aligned to key GP relationships to seek to secure referral flows in line with repatriation intent. System review indicates requirement for additional community / intermediate care capacity – not yet confirmed as specific and realizable opportunity in any CCG commissioning plan. Margin loss risk from imminent changes to oncology services and prospective changes to services commissioned through NHSE spec comm. [R]	

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
TW	**BAF6**	**Finance Plan**	There is a risk that our necessary level of **cash remediation** plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects. [*Note that a key assumption underpinning the cash remediation plan is delivery of year on year P&L results to plan and on a re-current, cash backed basis. The risk to that assumption is dealt with discretely at BAF4]*	• Lack of assurance on the sufficiency of our plan to achieve sufficient cash remediation **<u>Actions</u>** 1. Refresh LTFM to confirm scale of cash remediation required and consistent with level 2 SOF financial sustainability rating 2. Opportunity assessment & confirmation including external benchmarks for working capital management 3. Ensure necessary and sufficient capacity & capability to deliver scale of improvement required 4. Secure borrowing necessary to bridge any financial gap	1. Immediate work on 2017.18 thru 2018.19 P&L forecast and review of 2017.22 capital programme. Provides baseline for updated financial plan and feed to 2017.22 LTFM refresh. [A] 2. Kept in view. Creditor days currently at c50 days consistent with no supplier placing the trust 'on stop' for supply of goods or services. NHS creditors stretched on back of challenging payments due [ante-natal & community property rents]. Likely very limited headroom for stretch. [A] 3. DDoF now in place and provides headroom for ADoF [Compliance] to focus [more] on cash remediation. Effective engagement with new external auditor on arrangements for liquidity & financial sustainability re VFM opinion. [A] 4. Borrowing requirement deferred to likely Q4 2017.18. Effective and on-going dialogue with NHSI local & national teams on process to secure and scale of prospective borrowing requirement. Specific action to resolve split of borrowing between capital loans and revenue loans. Requires resolution of forward capital programme and CRL approval. [A]	**A**

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
TW	**BAF7**	**Finance Plan**	The risk that changes from a **PBR system** to non-PBR system produces an income stream less sensitised to volume and complexity and our demand exceeds planned supply driving unsustainable cost and consequent financial imbalance in the organisation.	• Under-developed understanding of service line capacity, cost behavior & profitability • Absence of a preferred Trust or agreed system approach to non-PBR **<u>Actions</u>** 1. Develop BIU capability to include fit for purpose service line insight for improvement 2. Develop & secure alternative funding & contracting mechanism to drive the right long term system behaviours	1. Work in progress. Model Hospital data and KLOEs reviewed together with NHSI regional lead director and initial triangulation with local intelligence undertaken. Framework for service-line assessment of financial, operational and service standards in development and which should provide basis for determination of scale of opportunity and scale of change required to achieve it. [A] 2. System review concluded and emergent ACS model to underpin drive for aligned action and real change. Encouraging dialogue with SWBCCG finance director on shift of approach from transactional battle to aligned focus on system delivery and cost reduction. Expressions of intent needs to be translated into action and tested in anger. CCG timetable for development of ACS contracting / commercial model unrealistic. Foreseeable that conclusion of 2018.19 contract will run to March 2018. [R]	R
RG	**BAF8**	**People Plan**	There is a risk that **labour supply** does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures.	• Non-existence of a future workforce supply model that reflects new roles and ways of working • No influence over international recruitment policy	LWAB is supporting a workforce planning piece around apprenticeships due to be completed before December 2017. There will be a recruitment event in Black Country by December 2017. Director of People & OD attending NHS Employers Conference re labour supply in November 2017.	A

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				• Lack of workforce plan across the region including retirement and education profile **Actions** 1. Refreshed workforce plan on regional basis	Change to IELTS language announced October 2017	
RG	**BAF9**	**Education, Learning and Development**	There is a risk that we do not invest precisely enough to improve sufficiently the **skill base of our staff** and as a result our altering staffing levels may not be appropriate for the care we are trying to provide.	• Skills audits of staff in other professions • Inclusion of newly emerging roles through levy in training needs analysis **Actions** 1. Involvement of groups in TNA 2. Integration of levy planning across region	Levy planning integrated through LWAB – specific theme identified in Black Country People Strategy, led by SWBH Director of People.	**A**

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
RB	BAF10	Estates Plan	There is a risk that we are unable to deliver the full change programme by July 2019 resulting in stranded services and stranded costs for disused but not yet decommissioned estate. This would compromise our ability to deliver **seven day multi professional services** because locational alignment is not achieved concurrently.	• Market pressure on the use of temporary staff (Plan A) becomes unsustainable and a Plan B is required **Actions** 1. Estates development group chaired by COO to be established to oversee integrated delivery programme (estates and clinical service delivery [Q3 2017] 2. Form integrated programme office and effective governance by Q4 2018 3. To design and deliver a detailed clear workforce delivery programme towards 2019 by end Q4 2017 4. Confirm MMH opening as some of the 7 day service plan is dependent on a single acute site end Q3 2017	Monthly group in place [G] On track – monthly meetings to support design with COO, CEO and deputy COOs/ Commissioning Director [A] 7 day service group in place with CG Directors, CEO and COO [A] In principle timeline known [A]	A

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
TL	**BAF11**	**Estates Plan**	There is a risk that confusion over the governance of key decisions in West Birmingham compromises the redesign of services on a 'Midland Met' footprint resulting in **operational dysfunction** of the opening of the New Hospital.	• A programme to put in place controls is a foreseeable outcome from the GE review **Actions** 1. Draft problem specification document and seek to agree it with the CCG and BCC [October 2017] 2. Quantify for the Board the boundary impact of cross area and out of area patients [October 2017]	We have developed an outline ACS document which responds to the range of issues in the GE report, including aspects of the WB question. This will be reviewed with NHSI and NHSE on 9-11. Separate meetings with NHSI are being held to discuss relation development with UHB, including developing a shared system understanding of the intrinsic role of City in the Midland Met system. Cross boundary quantification is being done by the CCG and chased weekly at chair/CEO level.	A
RS	**BAF12**	**Research and Development Plan**	There is a risk that we are unable to achieve our qualitative and quantitative goals for research because we **do not broaden the specialties that are research active**, principally because we are unable to recruit personnel with the time and inclination for research.	• No explicit recruitment strategy for clinicians with a research interest **Actions** 1. Identify at least two new research active specialties for each year of the R&D plan – CCS and T&O year 1 2. Manage the growth of R&D activity through group PMO R&D Plans	1. Critical Care – REST study opened in June 2017 and COMPRESS-RCT study opened in September 2017. Orthopaedics - DRAFFT2: Distal Radius Acute Fracture Fixation Trial due to open mid October 2017 2. R&D plan is managed through Group PMO and monthly progress report on complete plan is shown on Exec PMO wall.	G

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				3. Have an active medical recruitment strategy that favors new consultants with a research interest and track record.	3. As part of the AAC recruitment process a university representative is invited onto the interview panel for recruitment. Research and teaching subjects are both covered in the questions as part of this process.	
TL	**BAF13**	**Public Health Plan**	There is a risk that **we do not deliver improved mental health** and wellbeing across our workforce because our interventions do not work or are poorly targeted, or because the drivers of ill health grow through organisational and societal change and churn.	• Levels of sickness owing to MH are not reducing, strengthened actions required. • Current research registrar looking for enhanced best practice. **<u>Actions</u>** 1. Complete best practice review led by the Occupational Health Department.[November 2017] 2. Develop annual mental well-being employee assessment proposal for pilot consideration [December 2017]	Work lacks timescale and focus currently. Aiming to develop outline ideas as part of sickness report to Trust Board for November, with full plan ready for implementation from March 2018.	**R**
TL	**BAF14**	**2020 Vision**	There is a risk that the integrated care model preferred by SWBH is not consistent with wider regional NHS plans resulting in new organisational forms being developed in **competition** with the Trust.	• A programme to put in place controls is a foreseeable outcome from the GE review	We will brief the Board in November on the implications, risks and opportunities of Alliance contracting. Organisational form change is currently rejected by the GE report and this seems to be (linked to the MCP changes in Dudley providing pause for thought).	**R**

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				Actions 1. Present a paper to the November Trust Board outlining organizational form options for each district [November 2017]		
RB	**BAF15**	**2020 Vision**	There is a risk that difficulties in recruiting and retaining local GPs leads to unwarranted variation in patterns of care resulting in **excess secondary care demand**.	• Absence of a preferred Trust or agreed system approach to non-PBR controls **Actions** 1. Establish new leadership posts to increase external facing leadership capacity to work on primary care relations and workforce plan - including Primary Care leadership in PCCT (2018)and the Director of Innovation and Partnership [Q2 2017] 2. Work with Primary Care leads in CCG to establish a joint workforce plan to support retainment and recruitment of GPs [Q4 2017]	Primary Care leadership in PCCT interviews set for Group Director in October 2017. Director of Operations covered internally and due for substantive recruitment in Q4 (2018). Director of Innovation and Partnership in post [A] Initial work in progress at practice level, to be matured over Q3 to meet timelines in Q4 [G].	A

Exec Lead	Risk Ref:	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Status
				3. Establish new model of care and contracting on an integrated and risk shared basis with primary care providers [Q1 2018] 4. Ensure effective referral management processes in place [Q4 2017]	On track with GP provider organisations and anticipate MOU signed in Q3 [A] Joint work with CCG to increase electronic referral process for planned care and a single point of access for emergency referrals in train and on track for timelines [A]	
TL	**BAF16**	**2020 Vision**	Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating **pressure on acute hospital beds.**	• Analysis of current care provision against learning from care home Vanguards **Actions** 1. Develop care home network proposal for a future Trust Board meeting. 2. Brief the Trust Board in October on Better Care Fund submission [October 2017]	The BCF submission deadline was missed and we will cover this in November. A care home network proposal will go through partner and to board governance before Christmas.	**R**

Status	
G	Action completed
A	Action on track to be delivered by the agreed date
R	Action off track and revised date set

Sandwell and West Birmingham Hospitals NHS Trust

TRUST BOARD

DOCUMENT TITLE:	**Perinatal Mortality Review: outcome briefing**
SPONSOR (Executive Director):	**Elaine Newell, Chief Nurse**
AUTHOR:	**Rachel Carter, Group Director of Midwifery, W&C**
DATE OF MEETING:	**2nd November 2017**

EXECUTIVE SUMMARY:

Purpose:
To share outline recommendations following the external peer review of perinatal mortality cases that was convened on 7th September 2017 (commissioned July 2017).

Background:
The external peer review was commissioned by SWBH NHS Trust via the Group Director Ms G Downey and Director of Midwifery Rachel Carter, following an unusual rise in the incidence of perinatal deaths and adverse outcomes during early 2017 (this has since not recurred). The aim of the review was to afford assurance that appropriate cases were being identified for review, appropriate lessons were being learnt and action taken to avoid the events being repeated. This had been brought to the Trust Board's attention in a briefing paper and one of the actions agreed was to invite an external review of a selection of perinatal mortality cases.

The review was undertaken by a practicing Head of Midwifery and a retired Consultant in Obstetrics and Fetal medicine. The review took place over 7.5 hours (1 day) on 7th September 2017 and the report was received by the Chief Nurse on 18th October 2017 – review for factual accuracy is now taking place.

Key messages:
A number of recommendations have been made in relation to key findings. Some actions relating to these findings were already in progress and highlighted to the reviewers during their visit:

- Electronic and Ultrasound fetal monitoring (Guidance and training – in progress)
- Incident and investigation reporting (process and documentation – in progress)
- Duty of candour (consistency of evidence)
- Guidelines (updating and format – in progress)
- Clinical Records (BadgerNet & storage of CTGS's post case note scanning – in progress)

Key Actions:
Complete factual accuracy checking and progress recommendations as actions with monitoring, oversight and evidence of learning and improvement.

REPORT RECOMMENDATION:

For information and monitoring.

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

Accept	Approve the recommendation	Discuss
x		

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

Financial		Environmental		Communications & Media	x
Business and market share		Legal & Policy	X	Patient Experience	x

Clinical	**x**	Equality and Diversity	x	Workforce	x
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Quality, Safety, Risk & Governance					

Methodology

Terms of reference were agreed by the Trust and shared with the reviewers as part of their acceptance to undertake this work. This included as series of tasks for completion within the review activities:

- *Review of a selection of Perinatal Mortality cases and outcomes and process for review; to include all SI's and broad selection across CESDI grades 0-3 (2016/17)*
- *Review of local guidelines associated with case reviews, benchmarking against relevant national guidelines and trends.*
- *Review of action plans and evidence of completed actions associated with cases selected for assessment.*
- *Review of case notes as deemed necessary by the assessors.*

An anonymised summary of 37 cases where the outcome had been a stillbirth or neonatal death was then shared with the reviewers and from this they highlighted **14** cases to be reviewed during the agreed time. This constituted 100% of the cases identified as 'Serious Incidents' (*n=4, 2016/17*) and 30% of the remaining perinatal mortality cases (*n=10, Jan – July 2017*). During the review, only 16% of all cases were reviewed (including all 4 serious incidents and 2 of the remaining cases of perinatal mortality).

From reviewing these 6 cases, the peer reviewers have drawn a series of conclusions and associated recommendations.

The review was supported by the risk and governance lead midwife who facilitated access to clinical records, investigation reports, clinical systems and guidelines.

Suggested Themes

The reviewers acknowledged that their review was of "a very limited series of cases", from which some themes were drawn however reiterate that these were "based on a brief review of the investigation reports and limited review of the clinical notes".

These themes were categorised as shown below from which a series of recommendations were made:

- Clinical and diagnostic
- Organisational
- Investigation of incidents and SI

Report conclusions

The reviewers were in agreement with the CESDI grading allocated to 4 out of the 6 cases. Of the 2 cases where there was disparity, the grading that had been allocated through the reviews of the multi-disciplinary perinatal mortality risk group and agreed at the perinatal mortality meetings were both CESDI 2 (suboptimal care and different management *may have* made a difference to the outcome) however the reviewers felt these cases should have been allocated a CESDI grade 3 (suboptimal care and different management *would have* made a difference to the outcome).

The first case (ref SI1) was subject to extensive review with the involvement of the consultant pathologist, the multi-disciplinary team and the coroner from which the systematic review resulted in the CESDI grade 2 being allocated.

In relation to the second case (Case ref 11), the reviewers have documented that they "did not review this case fully with the accompanying clinical records due to lack of time". This case will be

re-reviewed with involvement of an identified senior clinical reviewer (external to the Group) to validate the grading and ensure all care issues and opportunities for learning have been considered. Additionally, a review team involving internal and external clinical reviewers will participate in a review of cases highlighted for this review to afford quality control and validate previous ratings.

The reviewers provided summary conclusions against the tasks outlined in the Terms of reference, outlining that:

- There was a lack of robust multi-disciplinary approach to the investigation of cases (of the 6 cases reviewed 5 had been authored by the risk and governance lead midwife) and a need for junior medical staff to be more involved in the incidents.

- Concern regarding the usability and adherence to current national practice of the guidelines reviewed *(2 guidelines were reviewed, both of which were in the process of being updated and approved at the time of the visits- the revisions were not viewed by the review team).*

- Investigation reports did not all reflect all learning; actions not evidently implemented within a required timescale or tracked to cases.

Recommendations

The following recommendations were made by the reviewers, in relation to the themes drawn from the 6 cases reviewed and relate to both, clinical care and process issues. During the review, it was highlighted to the reviewers that actions were already in progress to continually improve the quality and safe care provision. These are shaded, together with recommendations relating to factual accuracy queries are highlighted in the summary table in the Appendix to this paper

Conclusion

The external peer review has afforded a welcome, timely, 'fresh eyes' review of internal governance processes in response to a cluster in incidents in early 2017. Actions associated with recommendations are commencing whilst factual accuracy is being assured and identified inaccuracies amended. The directorate are wholly committed to improving all elements of care to ensure to ensure safe, effective and high quality care is provided to all women and babies with more robust evidence of efficacy of actions to demonstrate learning and improvement (i.e. cycle of audit and review).

APPENDIX 1

Theme	Recommendation	Response to review team	Actions	Who responsible and timescale
1. Electronic and ultrasound fetal monitoring	Efm training standards to be agreed for all staff (mandatory with agreed compliance rates for midwives and medical staff)	EfM standards and compliance in place with monitoring for midwifery staff.	Evidence to be provided to review team. Standards and compliance for medical staff implemented.	Director of Midwifery 03.11.17 Clinical Director COMPLETE 06.10.17
	Clarify routes of communication and decision making when abnormal Doppler indicates need for intensive fetal surveillance	Individual care planning is in place with escalation to Consultant in practice. Revised guideline was implemented in practice to ensure consistency in care planning.	Evidence to be provided to review team.	Director of Midwifery 03.11.17
2. Incident investigation and reporting	Consider review of all SI events within 72hrs within Trust at senior level	This is the Trust pathway and decision had previously been taken for maternity incidents to be included alongside Trustwide process (shared with reviewers).	Evidence to be provided to review team of revised Trustwide model for review. Trustwide implementation of revised process	Director of Midwifery 03.11.17 Deputy Director of Governance 01.12.17
	RCA leads to be identified and trained in art of leading RCAs and report writing	RCA leads identified and training planned November 2017.	Complete scheduled Training	Director of Midwifery, Group Director & Risk & Governance leads 02.11.17
	RCA to involve members of the team who were involved in incident and cover whole care pathway	Routine practice is for table top reviews to be convened and involve team members however perinatal mortality and risk Group has become the forum for this.	Review of process for RCA engagement; Trustwide implementation of revised model for review	Deputy Director of Governance & Group Director of Midwifery 02.11.17
	Midwives involved in incidents should have support from a professional midwifery advocate and doctors from an educational supervisor	This is in place (formally support afforded by Supervisors of Midwives); PMA training progressing.	PMA training commenced September 2017 – April 2018 (6 places).	Director of Midwifery 30.04.18
	RCA reports should be shared with staff	Summary reports are shared with whole teams through risk newsletter, QIHD, lessons learnt (effective handover). 1:1 debrief facilitated with staff involved.	Evidence to be sent to review team	Director of Midwifery 03.11.17
	Reports should include areas of good practice, any deficiencies in staffing or organisational issues	New report template shared with reviewers which outlines requirement for good practice and organisational issues to be outlined.	Revised report used as standard for all reports	Risk & Governance Lead Midwife & Consultant : COMPLETE from 01.06.17
	There must be an effective version control of RCA reports	Revised template introduced; version control requirement agreed.	Revised report used for all reports with version control as standard with corporate team oversight.	Risk & Governance Lead Midwife & Consultant : COMPLETE from 01.06.17

	RCA reports should be reviewed and signed off within the organisation	SI reports are reviewed and signed off by executive lead, facilitated by corporate team; evidence demonstrated to review team during visit.	Evidence to be sent to review team for executive team sign off for SI's. Implement Group sign off process at Director level	Director of Midwifery 03.11.17 Director of Midwifery, Group Director & Risk & Governance leads 02.11.17
	Actions identified in reports must be tracked to ensure implementation	Process for tracked actions demonstrated to reviewers at time of review.	Evidence to be sent to review team.	Director of Midwifery 03.11.17
	The unit should undertake a review of all cases to identify the themes which must be addressed	Review team were informed of a new perinatal mortality board that was implemented in July 2017 and has reviewed all cases from May 2017 using the SCOR template to ensure objectivity and thematic review.	Perinatal mortality Review Board implementation in line with SCOR process/ template All 2017 cases not reviewed via SCOR process to be re-reviewed with external to Group clinical expert to validate CESDI grades	Lead Consultant for Perinatal Mortality COMPLETE 01.07.17 Group Director 31.12.17
	The unit should report its perinatal mortality to the Board in relation to both stillbirths and neonatal deaths as separate rates	Rates are reflected separately on the obstetric dashboard however combined on integrated performance report which is available to all CLE members.	Request to IPR to reflect stillbirths and neonatal deaths as separate rates.	Director of Midwifery COMPLETE 23.10.17
3. Duty of candour	Duty of candour to be documented to a consistent standard as in SI4	SI4 used new template; reviewers advised this has afforded standardised approach for consistency.	Evidence to be sent to review team.	Director of Midwifery 03.11.17
4. Guidelines	Must be authored in a consistent template and reflect external standards	Guideline revision meeting convened with involvement of clinical effectiveness; planned method for guideline review in place including review against NICE guidelines	All guidelines are in the process of being converted into new Trust template.	Lead for Guidelines and policies As guidelines reviewed and revised. In Progress
	The guidelines for Day Assessment Unit and management of SRoM after 34 weeks must be updated	Both guidelines were under review pending sign off at time of visit; guidelines in place at time of care provision re. incident were shared with reviewers.	Evidence to be sent to review team.	Director of Midwifery 03.11.17
	Fetal growth guidelines must be consistent with diagrams	Review of guideline in progress at time of review and since, completed.	Evidence to be sent to review team.	Director of Midwifery 03.11.17
5. Clinical records	The unit should review the entire process of recording clinical pathway in clinical record and	Neither of the reviewers were familiar with the BadgerNet system. SoPs or staff training	Regular review and introduction of Standard operational policy in line with	Project lead midwife for maternity EPR: IN PROGRESS

	use by staff to be assured that there are no aspects that may present a risk to patients or to the organisation	programme were not requested or shared during the visit. A review of the SoPs is already in progress, as shared with the reviewers. N.B: Badgernet is widely recognised as a EPR for maternity and is an accepted maternity care record nationally	upgrades and changes to BadgerNet and compliance monitoring.	
	CTGs must be stored securely in patient records.	1 set of records had been returned from case note scanning team and were returned without any documents having been secured. Incident raised and reported however CTG and all records had been scanned onto CDA and were available for viewing.	Escalation of incident to lead for Digital programme implementation	Director of Midwifery COMPLETE 08.09.17

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Trust Risk Register
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Refeth Mirza, Head of Risk Management
DATE OF MEETING:	2 November 2017

EXECUTIVE SUMMARY:

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

The current rating applied to a number of risks indicates that the response to the risk has had a positive impact and the risk no longer requires the high-level focus from the Trust Board. Additionally, some risks with an initial lower than red rating are on the TRR because of their profile rather than scoring. Consideration is required on whether they should remain on the TRR or be managed locally by the Group/Directorate.

REPORT RECOMMENDATION:

- **REVIEW** the updated Trust Risk Register in line with the Trust Risk Management Strategy
- **DISCUSS and AGREE** the changes requested with regards to removing risks from the TRR in order for them to be managed locally within Directorates/Groups and **AGREE** any changes to be reported to Trust Board.

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:

RMC & CLE

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: November 2017

Trust Risk Register

1. INTRODUCTION

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

2. TRUST RISK REGISTER

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

Since the Trust Risk Register was reported to the Board at its October 2017 meeting the Head of Risk Management has further reviewed the Trust Risk Register (TRR) and updated it to provide an accurate position against the progress for the risks.

The current rating applied to a number of risks indicates that the response to the risk has had a positive impact and the risk no longer requires the high-level focus from the Trust Board. Additionally, some risks with an initial lower than red rating are on the TRR because of their profile rather than scoring. Consideration is required on whether they should remain on the TRR or be managed locally by the Group / Directorate.

3. RISKS HIGHLIGHTED FOR DISCUSSION

Risk owners and Executive leads have had the opportunity to review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising. These were further discussed at length at October RMC.

Scrutiny of these risks (Table 1.) highlighted that these have now been reduced from either an initial scoring of 'Red' to 'Yellow' or had an initial rating of 'Amber' or 'Yellow' and by taking the appropriate actions they have been mitigated to this point. Therefore, they are at a level where they should be managed by the Directorate/Groups as per the Risk Management Strategy. However, should the risks at any point fall back to 'Red 'or 'Amber' the Directorates/Groups are advised that they escalate them back to CLE following discussions at Risk Management Committee for consideration for them to be re-included onto the TRR.

Table 1

Risk No. Date of entry	Clinical Group	Risk Statement	Current Risk Rating (LxS)	
325 12/05/2015	Medical Director Office	There is a risk of a breach of patient or staff confidentiality due to cyber-attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	**2x4=8**	**Appendix B RA 01**
327 12/05/2015	Imaging	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	**2x3=6**	**Appendix C RA 02**
538 23/08/201	PC&CT	Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.	**1x4=4**	**Appendix D RA 03**

No new risks are being escalated for Trust Board to discuss.

4. RECOMMENDATION

Trust Board is asked to review the updated Trust Risk Register in line with the Trust Risk Management Strategy, see table below, and to agree the changes requested with regards to removing risks **Table 1** from the TRR, in order for them to be managed locally within Directorates/Groups.

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

Refeth Mirza
Head of Risk Management

25 October 2017

TRUST RISK REGISTER - October 2017

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary ***Rachel Barlow***	14/09/2017	3x4=12	**Cross charging tariff affecting financial position.** **1**-Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed. **(29/12/2017))** **2**-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. **(29/12/2017)**	2x4=8	29/12/2017	Live (With Actions)
2272 13/01/2017	Medicine and Emergency Care	Accident and Emergency	The Trust has un-substantiated beds open due to admissions above plan, extended Length of Stay (LOS) above bed plan assumptions and too many Delayed Transfers of Care bed days (DTOC). This could result in overcrowding in ED undoubtedly adversely impact on patient outcomes.	5x5=25	Business continuity inplace for upto 20 additional patients in ED	Michelle Harris ***Rachel Barlow***	16/09/2017	5x4=20	**Existing bed reduction programme insufficient** **1**. Support from On call manager and capacity to support ED cohorting patients in corridor = x1 crew 4 pts **(31/12/2017)** **2.** To obtain social care business continuity response to eradicate all acute delayed transfer of care patients. **(31/01/2018)** **3.** Command and control structure to be put in place if business plan activated to support ED and live assessment of risk **(31/01/2018)**	1x5=5	31/12/2018	Live with Actions
221 22/09/2015	Medical Director Office	Informatics(C)	There is a risk of failure of a trust wide implementation of a new EPR due to insufficient skilled resources within the Trust. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	Kulwinder Kalsi ***Mark Reynolds***	17/09/2017	3x4=12	**Insufficient skilled resources within the Trust to deliver the EPR system.** **1**-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee **(30/09/2017)** **2**-Agree and implement super user and business change approaches and review and re-establish project governance. **(30/09/2017)** **3**-Embed Informatics implementation and change activities in Group PMOs and production planning **(30/04/2017)**	1x2=2	31/10/2017	Live (With Actions)
1643 11/02/2016	Corporate Operation	__	Unfunded beds staffed by temporary staff in medicine place an additional ask on substantive staff elsewhere, in both medicine and surgery. This reduces time to care, raises experience, safety and financial risks	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.	***Rachel Barlow***	20/09/2017	2x4=8	**Unfunded beds - insufficient staff capacity.** **1**-Contingency bed plan is agreed in October for winter - L5 to be opened in November. **(31/12/2017)** **2**-Bed programme to ensure robust implementation of EDD planning on admission and implementation of red/green working on wards. **(31/12/2017)** **3**-Overseas recruitment drive **(pending)**	1x4=4	31/12/2017	Live (With Actions)
1603 22/01/2016	Finance	Financial Management (S)	The Trust's recent financial performance has significantly eroded cash balances and which were underpinning future investment plans. There is a risk that our future necessary level of cost reduction and cash remediation is not achieved in full or on time and which compromises our ability to invest in essential revenue developments and inter-dependent capital projects	5x5=25	1-Routine & timely financial planning, reporting and forecasting including fit for purpose cash flow forecasting. 2-Routine five year capital programme review & forecast 3-Routine medium term financial plan update 4-PMO infrastructure and service innovation & improvement infrastructure in place & effective Independent controls / assurance 1- Internal audit review of core financial controls 2-External audit review of trust Use of Resources including financial sustainability 3-Regulator scrutiny of financial plans 4-Routine scrutiny of delivery by FIC	Timothy Reardon ***Tony Waite***	06/11/2017	4x5=20	**Lack of assurance on the sufficiency of our plans to achieve cost reduction and cash remediation** **1**- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion **(31/03/2018)** -Use relevant benchmarks to underpin multi-year & specific CIP plans -Align trust CIP to commissioner QIPP to secure collective system cost reduction -Secure market opportunities to drive financial margin gain **2**- Ensure necessary & sufficient capacity & capability to deliver scale of improvement required **(31/03/2018)** **3**- Develop and secure alternative funding and contracting mechanisms with commissioners to secure income recovery and to drive the right long term system behaviours **(31/03/2018)** **4**- Refresh LTFM to confirm scale of cash remediation required consistent with level 2 SOF financial sustainability rating **(31/03/2018)** **5**- Secure borrowing necessary to bridge any financial gap **(31/03/2018)**	2x5=10	31/03/2018	Live (With Actions)
228 22/09/2015	Medical Director Office	Informatics(C)	There is a risk that a not fit for purpose IT infrastructure as current systems are not flexible to support clinical activity redesign. This will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments.	3x4=12	1-Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) 2-Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 3-Informatics has undergone organisational review and restructure to support delivery of key transformational activities 4-Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities	Dean Harris ***Mark Reynolds***	16/11/2017	3x3=9	**IT infrastructure not fit for purpose.** **1**-Complete network and desktops refresh. **(31/12/2017)** **2**-Stabilisation of all aspects of the local IT infrastructure to be completed. The replacement of PCs, printers, monitors, etc., and upgrade of the network is conducted in parallel. **(31/12/2017)** **3**-Establish infrastructure plan and track progress. **(30/09/2017)**	1x1=1	31/10/2017	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics(C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	Mark Reynolds ***Mark Reynolds***	16/11/2017	2x4=8	**Sytems in place to prevent cyber attack.** **1**- Upgrade servers from version 2003. **(30/12/2017)** **2**-Restricted Devices Security Controls **(30/12/2017)** **3**-Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate. **(30/09/2017)** **4**-Achieve Cyber Security Essentials. The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. **(30/12/2017)** 5-Complete rollout of Windows 7. **(30/09/2017)**	1x4=4	30/12/2017	Live (With Actions)
327 12/05/2015)	Imaging	Imaging Management (C)	Reduced ability to provide an Interventional Radiology service as a result of difficulties in recruiting Interventional Radiology consultants, results in delays for patients and loss of business.	4x3=12	1-Interventional radiology service is available Mon - Fri 9-5pm across both sites. 2-The QE provides an out of hours service for urgent requests. 3-Locum arrangements in place to support workforce plan.	Jonathan Walters ***Rachel Barlow***	16/11/2017	2x3=6	**Lack of Radiology Consultants.** Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall. Some sessions have been arranged at Dudley, and talks are taking place with UHB. **(31/12/2017)**	1x3=3	31/12/2017	Live (With Actions)

TRUST RISK REGISTER - October 2017

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

TRUST RISK REGISTER - October 2017

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Assessment

Risk Number: 325 **Status:** Live (With Actions)

Site:	City Hospital	**Department:**	Informatics(C)
Clin. Grp / Corp Dir:	Medical Director Office	**Owner:**	Mark Reynolds
Directorate:	Informatics	**Assessor:**	Steven Lane
Specialty:	IT Infrastructure	**RR Level:**	Directorate
Risk monitored by:	Trust Board		

Initial Risk	Curent Risk	Target Risk
Severity (4) x Likehood (4) = 16 Red	Severity (4) x Likehood (2) = 8 Yellow	Severity (4) x Likehood (1) = 4 Yellow

Risk Type: Informatics **Risk Sub-Type:** IT Software - Clinical System Failure / Issue

Risk Statement	Scope	Hazard
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.	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.	A breach in patient or Trust confidentiality could lead to financial, litigation, reputational risk and damage Loss of operational service

Controls in Place:

1	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case	Policy/Procedure/System
2	Information security assessment completed and actions underway.	Policy/Procedure/System

Actions:

1	Complete rollout of Windows 7. PROGRESS: As of 16th May there are approximately 100 Windows XP machines. These comprise community machines that can now be upgraded and those that require new software or a new medical device to sort. Given the recent issues with ransomware this work has renewed focus. Date Entered : 16/05/2017 17:16 Entered By : Mark Reynolds ---------- As of 15th December 20167 there are approximately 400 PCs remaining using Windows XP. The total number to be replaced has grown as groups have been identified on parts of the network. The team will continue to replace them but will be left with a small set that cannot (e.g. Blooktrack requires all the blood fridges are replaced to remove Windows XP). These will be isolated from other systems. Date Entered : 15/12/2016 11:46 Entered By : Mark Reynolds ---------- Windows 7 rollout progressing with 483 PC migrated as of 9th September and a replacement rate of 110 a week and growing. Date Entered : 16/09/2016 11:17 Entered By : Mark Reynolds ----------	30/06/2017	Open	Dean Harris

Risk Assessment

	A standard Windows 7 build is being trialled within Informatics for onward deployment to the Trust. Date Entered : 04/05/2016 16:47 Entered By : Mark Reynolds			
2	Upgrade servers from version 2003. PROGRESS: 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. Date Entered : 29/09/2017 10:51 Entered By : Laura Mcquilkin ---------- Work stalled due to competing priorities. A new Informatics plan will be developed in early 2017 to continue this work. Date Entered : 15/12/2016 11:47 Entered By : Mark Reynolds ---------- 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 Xmas. Date Entered : 16/09/2016 11:33 Entered By : Mark Reynolds	30/12/2017	Open	Dean Harris
3	Achieve Cyber Security Essentials The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. PROGRESS: Essentials audit complete with workoff plan in progress. The audit will be repeated once the work-off plan has been done. Date Entered : 16/05/2017 17:18 Entered By : Mark Reynolds	30/09/2017	Open	Dean Harris
4	Restricted Devices Security Controls Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate.	30/12/2017	Open	Dean Harris

Review Dates:

Last Review Date: 18/08/2017 **Next Review Date:** 16/11/2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Assessment

Risk Number: 327 **Status:** Live (With Actions)

Site:	City Hospital	**Department:**	Imaging Management (C)
Clin. Grp / Corp Dir:	Imaging	**Owner:**	Jonathan Walters
Directorate:	Interventional Radiology	**Assessor:**	Jonathan Walters
Specialty:	Management	**RR Level:**	Clinical Group/Corporate Direc
Risk monitored by:	Trust Board		

Initial Risk	Curent Risk	Target Risk
Severity (3) x Likehood (4) = 12 Amber	Severity (3) x Likehood (2) = 6 Yellow	Severity (3) x Likehood (1) = 3 Green

Risk Type: Workforce **Risk Sub-Type:** Recruitment

Risk Statement	Scope	Hazard
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.	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.	Patients Staff Members.

Controls in Place:

1	Interventional radiology service is available Mon - Fri 9-5pm across both sites.	Policy/Procedure/System
2	Locum arrangements in place to support workforce plan. Two consultants recruited who will start in 2017.	Staff
3	The QE provides an out of hours service for urgent requests.	Policy/Procedure/System

Actions:

1	Medical Director of Dudley Group of Hospitals working to create vascular access at Russell's Hall. Some sessions have been arranged at Dudley, and talks are taking place with UHB.	31/12/2017	Open	Rachel Barlow

Review Dates:

Last Review Date: 18/08/2017 **Next Review Date:** 16/11/2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Assessment

Risk Number: 538 **Status:** Live (With Actions)

Site:	City Hospital	**Department:**	Oncology Medical
Clin. Grp / Corp Dir:	Primary Care And Community The	**Owner:**	Sarah Wiltshire
Directorate:	Ambulatory Therapies_Community	**Assessor:**	Sarah Wiltshire
Specialty:	Oncology Medical	**RR Level:**	Clinical Group/Corporate Direc
Risk monitored by:	Trust Board		

Initial Risk	Curent Risk	Target Risk
Severity (4) x Likehood (2) = 8 Yellow	Severity (4) x Likehood (1) = 4 Yellow	Severity (2) x Likehood (2) = 4 Yellow

Risk Type: Operational Performance **Risk Sub-Type:** Performance

Risk Statement	Scope	Hazard
Differential and extended chemotherapy wait times between sites due to staff vacancies results in inequality of service for patients.		

Controls in Place:

1	Monthly monitoring of performance carried out to check that staff recruitment maintains sustainable change.	Inspection/Audit/Monitor
2	New 2 stop chemotherapy model introduced to equalise waits from beginning of May 2016. New model implemented and improvements being monitored by Cancer Board.	Inspection/Audit/Monitor
3	Pathway for new patients reviewed, aim 7 days' time to treatment	Policy/Procedure/System
4	Both units to be staffed to national standard 1:3, ongoing active recruitment to substantive posts, use of bank and where necessary agency to deliver KPI Capacity issues preventing delivery to be escalated to matron	Staff
5	Latest report demonstrates good compliance with of 98% trust wide Monthly monitoring of performance carried out to check compliance is sustained.	Inspection/Audit/Monitor
6	Ongoing work with pharmacy to address the inequalities in waiting times for patients on the two stop model across the trust	Policy/Procedure/System

Actions:

1	Executive review at peer review in October to confirm if the solution has succeeded in full.	01/11/2017	Open	Rachel Barlow
2	Ongoing trust wide support to chemotherapy recruitment. Resolution of Oncology uncertainty will aid process	01/11/2017	Open	Rachel Barlow

Review Dates:

Last Review Date: 23/08/2017 **Next Review Date:** 21/11/2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Performance Report – P06 September 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance & Performance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

IPR – Key indicators summary – P06 September 2017

- × **ED 4 hour** performance for September 87.92% (87.49%) vs STF required standard of 90% with 2,150 [2,117] breaches of the standard. Anticipated non-compliance for October, currently tracking at c85%.
- ✓ **62 day cancer** compliant at 85.5% at August vs. target of 85%; all other cancer targets continue to deliver. Q2 delivery of the full cancer target has therefore been achieved.
- ✓ **RTT September** delivery 92.01% [92.97%, 93.59%] just compliant with the national standard of 92%. Failing to achieve 92% standard are now several specialities. Trust waiting list remains static at c32,000 patients; backlog of patients >18wks increased again to 2,575 in September [2,304, 2,151);. Whilst the trust is meeting its national obligations, the backlog is starting to grow and hence focus is recommended.
- ✓ **Acute Diagnostic waiting times** within 6 weeks compliant as at September at 99.46% (subject to validation) with 47 breaches. Main breaches in cardiology with some patients outside 8 weeks.
- × **MSA Breaches** x67 incurred in September mainly due to capacity pressures, but also due to a slow discharge flow.
- × **Medication error** x1 in September being first instance for over 18 months
- × **52 week incomplete breaches** x7 in September on the incomplete pathway (following a serious of high numbers of breaches over the last few months)
- ✓ **Mortality rate** indicators remain within confidence limits. MDO review of emergent divergence between weekday and weekend rates.
- ✓ **VTE** delivers full year to national standard at 96.6% [95.8%] in September.
- ✓ **MRSA** – no cases year to date
- × **Neutropenic sepsis** remains below 100% standard. In September 7/43 (16%) patients did not receive treatment within the required 1hr timeframe.
- ✓ **CDiff** – compliant with target; in month 3x cases; x11 cases year to date and still to target of 15.
- × **Elective Operations Cancellations** consistently under-delivering, with a worsening again in September. Non-clinical, on the day cancellations as a percentage of elective activity were at 1.1% [0.9%] against 0.8% target; cancellations are the high still at 48 on day cancellations of which only 35% were unavoidable hence 65% were avoidable.
- × **Hip fractures** best practice tariff performance in month at 72% [58%]. Hence remains below 85% standard on a persistent basis;
- × **Sickness rates** in month for September reported at 4.25%; cumulative sickness rate at 4.54%. Short-term sickness increased in September to 706 cases [664], long term sickness slightly reducing to 216 [232] month on month.

Requiring attention – action for improvement :

Cancelled operations

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

Neutropenic Sepsis

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

Who Safer Surgery

- Continuous to be under scrutiny by MD and Cardiology being the non-compliant area.

IPR Population

- Indicators are not signed off on a timely basis causing reporting gaps and delays, improvement has been requested at this was passed through the OMC for endorsement.

Recovery Action Plans (RAPs)

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

The Trust now has the following RAPs ongoing for action:

1. Community Gynae referral to 1st OP within 4 weeks: failing target in August after successful delivery in previous months – the service is reacting to this.
2. Safeguarding training: all levels of the training are now delivering to the 85% standard
3. Dementia and Falls Assessments (Community); Data quality review ongoing for these indicators involving the GDN. Performance still under expected trajectories
4. Cancelled on day operations: sustainable progress not yet embedded – Theatre Improvement Project overseeing
5. Maternity indicators are now delivering other than the CO monitoring. The Director of Midwifery is reviewing breaches at patient level and addressing issues as appropriate. Many breaches counted, now confirmed as women coming from out of areas.
6. ED 4hrs being managed separately, but also under RAP.

CQUINs 2017/18 – Q1 Position

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

- Q2 reporting in progress for next week (end of October). Major risk is associated with the emergency data set provision (ECDS).

IPR Indicator Changes – forward look

- **Sepsis** performance will be added to the IPR to highlight early issues in the trust – this will be added to the 'HarmFree' section of the IPR – this has now been assessed and confirmed as not implementable due to the volume of paper records in the organisation. The CQUIN will continue to be the best assessment of performance therefore until Cerner solutions are in place.
- **Radiology** indicators will be added to identify activity levels and performance in terms of results reporting – this will be added to the 'Radiology IPR' section. Reporting to commence: Oct IPR
- **Beds** – more information will be added to explain performance and trajectories – this will be added to the 'PatientFlow' section of the IPR. Reporting to commence: Oct IPR
- **Community & HV indicators** : under review. Reporting to commence: Oct IPR
- **Perinatal mortality:** Extended KPIs will be provided to get the trust up to speed what peer group is reporting e.g. Still births (corrected), Neonatal deaths (corrected) to complement the Adjusted Perinatal Mortality Rate (per 1000 babies). Reporting to commence: Oct IPR

REPORT RECOMMENDATION:

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

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

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

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

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: September 2017

Reported as at: 25/10/2017

TRUST BOARD

Contents

September 2017

Infection Control

Cdiff - compliant
- 3x C. Diff cases reported during the month of September;
- x11 cases year to date against a target of 15.
- An annual trajectory of 30 has been agreed with the CCG for 17/18.

MRSA - compliant
- Nil cases of MRSA Bacteraemia were reported in September;
- Nil cases on a year to date basis.
- Annual target set at zero.

MRSA Screening - compliant
September month:
- Non-elective patients screening 92.5%
- Elective patients screening 89.3%

both indicators are compliant with 80% target in-month and year to date

Elective screening is compliant with standard at a whole trust & group level. Directorate level compliance with exception of Medicine Scheduled [69%] & Admitted Care [75%] but a significant improvement on previous reporting. Infection Control lead to take forward.

MSSA - compliant
MSSA Bacteraemia (expressed per 100,000 bed days)
Year to date rate at 8.4 compared to target of 9.42.

Harm Free Care

Safety thermometer - not compliant
- 94.8% reported for September against ;
- 94.6% year to date;

NHS Safety Thermometer target 95%

- x67 [x72] falls reported in September with x2 [x3] fall resulting in serious injury,
- x450 falls reported year to date against a full year threshold of 804
- In month, 30 falls within community and 37 in acute setting.
- Falls remain subject to ongoing CNO scrutiny and emergent tracking of impact of Safety Plan on falls reduction.

- x8 [x8] avoidable, hospital acquired pressure sores reported in September of which x8 grade 2
- x4 separate cases reported within the DN caseload.
- CNO keep in view

x5 [x8] serious incidents reported in September;
routine collective review in place and reported to the Q&S Cttee.

- No never event was reported in September; x3 year to date
- WHO Safer Surgery (Audit - brief and debrief - % lists where complete) as at September 98.7% vs the 100% target. This is entirely driven by cardiology lists. Clinician/list specific follow up by MD to secure 100% compliance

1x medication error causing serious harm in September;
18 mnths prior period of no occurrences.

x20 (x22) DOLS have been raised in September of which 20 were 7-day urgents;

Venous Thromboembolism (VTE) Assessments in September at 96.8% [95.8%] compliant with 95% standard across all Groups.

Residual 271 assessments missed in September; being addressed through Safety Plan roll out to secure 100% compliance.

Obstetrics

C-section rate - compliant
- The overall Caesarean Section rate for September is 26.2% and 24.8% year to date against the 25% target.
- Elective and non-elective rates are 7.5% and 18.7% respectively in the month.
- Matter considered at Q&S & Board and to be kept in view.

- Adjusted perinatal mortality rate (per 1000 births) for September is 6.15 against threshold levels of 8;
- The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
- The year to date position 6.57 is within the tolerance rate of 8.0.
- Nationally, this indictor is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.

- Post Partum Haemorrhage (>2000ml) Zero cases against a threshold of 4 cases

- Puerperal Sepsis within normalised range following new sepsis pathways being implemented; ongoing review by Group Director & MD for assurance.

No maternal death was reported in September;
x1 death Ist 18mnths recorded in August.

- Breastfeeding initiation performance reports quarterly; September quarterly count is at 75.49% compliant with the 74% target.

Mortality & Readmissions

Mortality - compliant
- The Trust overall RAMI for most recent 12-mth cumulative period is 98 (available data is as at June)
- RAMI for weekday and weekend each at 95 and 106 respectively. MDO review of recent divergence to September Q&S and confirmed within normal limits.

- SHMI measure which includes deaths 30-days after hospital discharge is at 100 for the month of April (latest available data).

- Deaths in Low Risk Diagnosis Groups (RAMI) - month of June is 78. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.
- Crude in-month mortality rate for August is 1.1% [1.5%] normalising to previous long term avg of 1.3%, decrease month on month and the same for the period last year;
- The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period unaffected by the one off increased performance in July.
- There were x109 [x142] deaths in our hospitals in the month of August; slightly higher than last year same period which was at 102.

Mortality Reviews within 42 Days - not compliant
- Mortality review rate in July at 47% and continually below target; an exception report has been requested from the MD office to identify causes and improvements
- Revised Learning from Deaths arrangements being implemented and which will provide for routine 100% review.

- Readmissions (in-hospital) reported at 7.1% in August decreasing to last month;

- 7.2% rolling 12 mths. The equivalent, latest available peer group rate is at 7.8% .

Stroke Care & Cardiology

Patient Stay on Stroke Ward - compliant
- Data for September indicates that 95.9% [98.2%] of patients are spending >90% of their time on a stroke ward - compliant with the 90% operational threshold

Admission - compliant
- September admittance to an acute stroke unit within 4 hours is at 90.9% meeting the national target of 80%.
- This is an improvement following x5 mnths of non-compliance.

Scans - compliant
- Pts receiving CT Scan within 1 hour of presentation is at 85.3% in September being consistently compliant with 50% standard;
- Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% meeting the 95% standard in month

Thrombolysis - not compliant
At 50% as at September; this is subject to validation later in the month and RCAs are carried out for each of the breaches.

Angioplasty - compliant
For September 90% compliance on both Primary Angioplasty Door to balloon time (<90 minutes) and 93.8% Call to balloon time (<150 minutes) & delivering consistently against 80% targets

RACP - compliant
RACP performance for September at 100% [100%] exceeding the 98% target for over 18 consecutive mths

TIA Treatments - compliant
- TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at September is at 96% against the target of 70%.
- TIA (Low Risk) Treatment <7 days from receipt of referral delivery at September is 91.7% against a target of 75%.

Cancer Care

Cancer standards - compliant
- August performance delivery across all headline cancer targets including 62 Days at 85.5% with Gynae failing to achieve the target; nationally the trust performs well on this target
- August 2WW delivering 93.1% against the 93% standard.
- September delivery unconfirmed, but anticipated will just deliver the targets and hence the Trust will have delivered Q2.
- October is under pressure for 62 days; but all 2WW have delivered across all specialities.

Patient Waiting times - not compliant:
- x11.0 [x10.5] patients waited longer than the 62 days at the end of August.
- x5 [x1.5] patients waited more than 104 days at the end of August
- The longest waiting patient as at the end of August was at 184 days [102 days] (the longest number of days in the last 18 months)

Neutropenic sepsis - not compliant
- (7/43 patients) - 16% of neutropenic sepsis September cases failed to receive treatment within prescribed period (less than 1hr).

Residual small number of missed cases ; the aim is to achieve 100% target consistently.

Inter-Provider Transfers - not compliant
- 25% of Tertiary referrals were met within 38 days by the Trust for the month of August - the consistent failure to meet this target requires attention and escalated to GDO for review & assurance. Cancer team track breaches and provide RCAs for each.

Patient Experience - MSA & Complaints

MSA - not compliant
- There were x67 MSA breaches in September, all pre-approved by COO.
- During September the Trust experienced peaks of emergency activity for medical admissions and a down-turn in discharges resulting with the capacity pressures and hence need to MSA breaches.

COO is driving an improvement plan.

Friends & Family - not compliant
- reporting of performance is undergoing a full review as part of 'persistent red' initiative. Performance and reporting will improve through this. Scores and response rate remain low.

Complaints - not compliant
- The number of complaints received for the month of September is 63 [104] with 1.8 [3.1] formal complaints per 1000 bed days.
- 98% [100%] have been acknowledged within target timeframes (3 days).
- 25% [23%] month of responses have been reported beyond agreed target time; escalated to DG for remedy.

Patient Experience - Cancelled Operations

Cancelled Ops - not compliant
- 48 [38] sitrep declared late (on day) cancelations were reported in September.
- Of the 48 patients who were cancelled, 31 (65%) were avoidable;
- Elective operations cancelled at the last minute for non-clinical reasons, as a proportion of elective admissions, was 1.1% in September [0.94% Aug] (since Jun16 consistently failing the tolerance of 0.8%)

28 Day Breaches - not compliant
- There were no breaches of the 28 days guarantee in September; a correction has removed the July reported breaches and this has been updated in the IPR
- Year to date 3x 28 day breaches were incurred
- No urgent cancellations took place during the month of September

Theatre Utilisation - not compliant
- Theatre utilisation is consistently below the target of 85% at a Trust average of 68.9% [74.4%] in September - reduction to prior months and target of 85%
- The utilisation indicator alone does not measure productivity and hence this is subject to the Theatre Improvement Project overseen by the Theatres Board which should focus on productivity improvement.
- Intensive planned care focus aims to improve booking rates and hence utilisation will improve as a result - this should be already visible in September's performance, but will depend on level of cancellations and bed-capacity in the organisation.

Emergency Care

ED 4hr standard - not compliant
- The Trust's performance against the 4-hour ED wait target in September was 87.92 [87.49%] against the 90% STF & 95% national target
- 2,150 breaches were incurred in September

ED quarterly performance trend for 17/18: Q1 at 83.3% ; Q2 at 87.1%;

WMAS Handovers - partially compliant
- WMAS fineable 30 - 60 minutes delayed handovers at 90 [127] in September. A decrease month on month.
- x1 [x0] cases were > 60 minutes delayed handovers in September - the Trust performs well in this category
- Handovers >60mins (against all conveyances) 0.02% in September meeting the target of 0.02%
- Handovers >60mins are at 0.08% on a year to date basis. This performance is against total WMAS conveyances of 4,174

Fractured NOF - not compliant
- Fractured Neck of Femur Best Practice Tariff delivery for September is at 72% [58%] below the 85% target but improvement to last month.
- Consistently below target.

DTOCs accounted for 512 [539] bed days utilised in September; of which 288 [256] beds were fineable to BCC.
Sustained elevated levels of DTOCs; system plan to remedy remains to be assured.

Referral To Treatment

RTT - compliant to 92% Standard overall but not at Speciality Level
- RTT incomplete pathway for September is at 92.02% [92.97%] ; continuing to perform to national standard of 92% at trust level, but below internal trajectory which includes specialty level compliance improvement

- 5x treatment specialities which continue to under-perform against 92% standard are: T&O, Oral surgery, Plastic Surgery, Cardiology and Dermatology

- The RTT backlog for September has 2,571 [2,304] patients waiting over 18+ ; this is largely made up of Inpatients, followed by an increase in OP News & Follow ups

- The total waiting list has remained fairly static for the last three months stabilising at 32,000-33,000 patients

- October performance is behind internal expectations at this stage against the national standard of 92% and the Trust is seeing an increased back-log, which will take time to get back down to recent lower levels

There were x7 [x4] 52 week breaches in September on the incomplete pathway.

Acute diagnostic waits - compliant
'Diagnostic DM01 performance forecast for September is at 99.46% with 47 breaches - mostly due to echos.

Data Completeness

- The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 99.0% operational threshold but below YTD (98.3%). OP and A&E datasets deliver to target.
- ED required to improve patient registration performance as this has a direct effect on emergency admissions.
- Patients who have come through Malling Health will be validated via the Data Quality Department.
- Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.
- Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding

Open Referrals - not compliant
- Open Referrals, patients on non-RTT pathways/and without future waiting list activity, stand at 130,000 as at September showing a steadily increasing trend again as administration / IT processes persistently do not close down referrals/pathways as appropriate. • A project has commenced to re-visit the issue and 'new PTL formats' meetings will focus on validating all of these patients. • Low patient risk rated (green risk) amount to c15,000 (which are part of the 130,000 total), are subject to auto-closures since Jan2016. The improvement group has identified clear drivers for removing open referrals issues form the trust but this needs IT development to ensure: Follow Up WL is complete and that referrals are closed automatically on discharge (a seamless process rather than user dependent which currently fails)

Staff

PDR - not compliant
- PDR overall compliance as at the end of September is at 87% against the 95% target.
- Medical Appraisal at 84.8%.

Sickness - not compliant
- In-month sickness for September is at 4.25% (4.39%) improving slightly to last month; the cumulative sickness rate is 4.54% [4.53%].
- The number of short term sickness 706 [664] cases showing another increase to last month; long term 216 [232] cases showing a decrease to last month.

Turnover rate - not compliant
- The Trust annualised turnover rate is at 13.3% [13.1%] in September increasing to previous months.

MT - not compliant
- Mandatory Training at the end of August is at 87.2% overall against target of 95%;
- Health & Safety related training is above the 95% target at 95.2% in August.
- Safeguarding training recovery plans (Level 2 Child & Adults) are hitting improvement trajectory for August and set to fully recover to 85% for Sept17 across all 5 safeguarding modules, which results partly from changes of the training delivery.

CQUINs & Local Quality Requirements 2017/18

CQUIN - Q1 £42k cost of non-compliance
- The Trust has been funded to support 9x national CQUINs and 3x Specialised Commissioning schemes and several Public Health schemes. The funding value in 2017/18 is £8.8m.

Quarter 1 reporting completed at the end of July and feedback from commissioners has been received:
- National schemes delivered 1.04m against a 1.08m possible (42k loss Sepsis).
- Specialised schemes delivered 15k out of 15k possible.

Q2 possible delivery is at £2.23m compared to Q1, the value at risk is higher.

Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to guidance. The Trust has got a number of formally agreed RAPs (recovery action plans) in place at this stage which continued into 17/18:
- Safeguarding training for which the performance notice action plan has been accepted; August performance is hitting the trajectory and on target to hit full standard in Sept.
- Community falls & dementia delivery is being addressed, but reporting issues remain
- Maternity indicators are being actively monitored for BMI and CO Monitoring
- On the Day Cancellations are subject to Theatre Improvement Project (TIP) focus
- Gynae 4 week community clinics are delivering in line with improvement trajectory, but has seen a worsening in month which is being investigated •

A&E including morning discharges and other A&E indicators are subject to an overall plan (RAP) and this has been submitted.
- The specific IPR page has been added to highlight and monitor areas of non-compliance against the LQRs (Local Quality Requirements).

STF Criteria & NHSI Single Oversight Framework

STF - £866k cost of Q1/Q2 non-compliance estimated
- 30% [c£3.1m] performance related STF to be assessed against achievement of ED 4hr improvement trajectory. Of which 15% is for A&E 4 hour breaches and 15% is around GP streaming.

- Q1 ED funding component [£236k] not secured due to non-compliance with 90% standard.
- Q2 ED funding component [£630k] assessed not secured due to non-compliance with 90% standard.

- Balance of STF [c£7.4m] related to achievement of financial plan.
- P06 financial performance reported as being on plan but supported by c£4.5m of unplanned non-recurrent measures.

Summary Scorecard - September (In-Month)

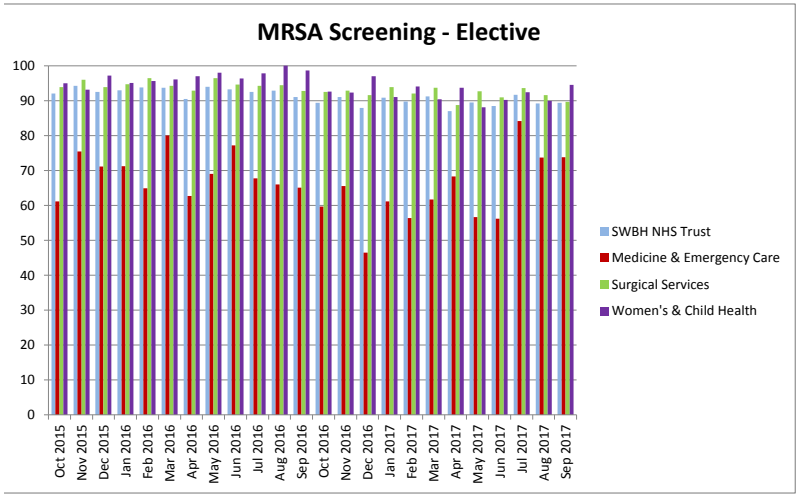
Summary Scorecard

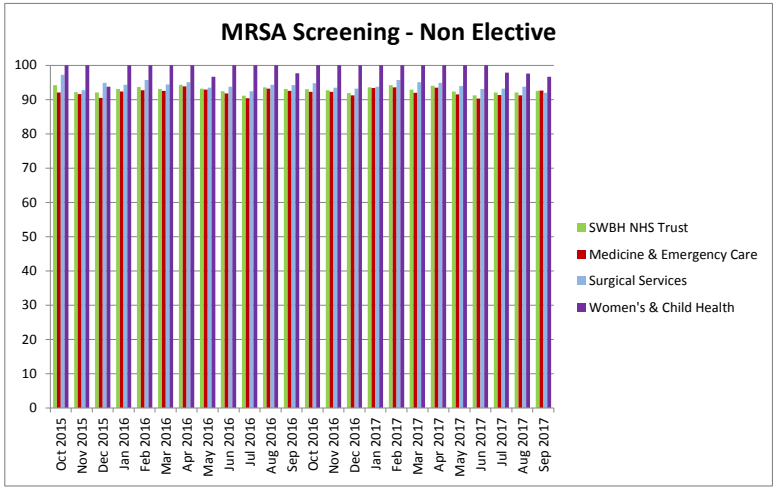
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	**6**
Harm Free Care	8	5	9	**22**
Obstetrics	2	5	6	**13**
Mortality and Readmissions	1	1	11	**13**
Stroke and Cardiology	2	9	0	**11**
Cancer	1	9	5	**15**
FFT. MSA, Complaints	15	0	6	**21**
Cancellations	4	4	0	**8**
Emergency Care & Patient Flow	9	5	4	**18**
RTT	6	2	6	**14**
Data Completeness	2	8	9	**19**
Workforce	5	1	13	**19**
Temporary Workforce	0	0	28	**28**
SQPR	10	0	8	**18**
Total	**66**	**54**	**105**	**225**

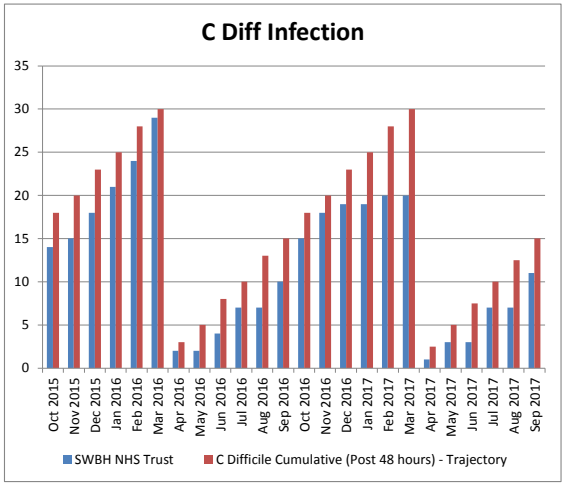
Persistently red-rated performance (>12months) indicators are subject to improvement trajectories and monitoring.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Apr 2016) A M J J A S O N D J F M A M J J A S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
4			C. Difficile	<= No	30	2.5		Sep 2017	2	1	0					3	11	
4			MRSA Bacteraemia	<= No	0	0		Sep 2017	0	0	0					0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Sep 2017								0.0	7.0	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Sep 2017								16.2	10.5	
3			MRSA Screening - Elective	=> %	80	80		Sep 2017	74	90	94					89.3	89.3	
3			MRSA Screening - Non Elective	=> %	80	80		Sep 2017	93	92	97					92.5	92.4	

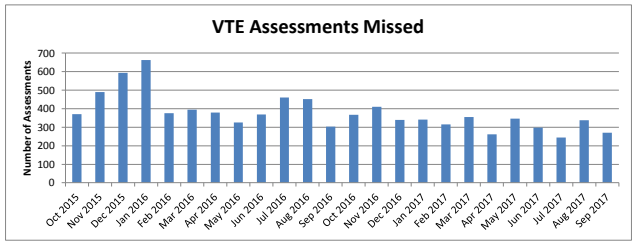


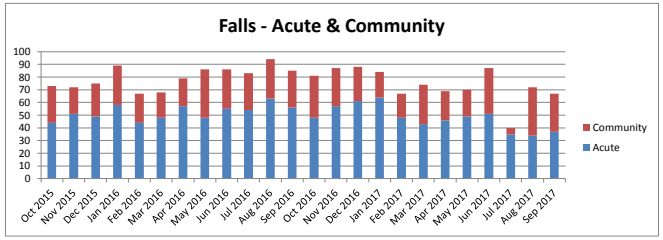


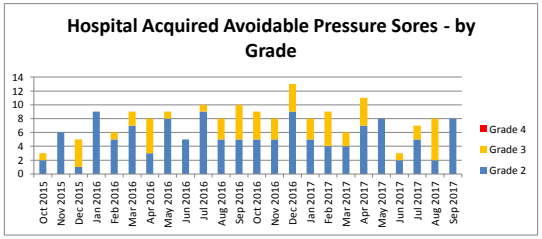


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
8		•d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																				Sep 2017								94.8	94.6	
8		•d	Patient Safety Thermometer - Catheters & UTIs	%			3.00	6.00	2.00	3.00	3.00	3.00	1.00	6.00	2.00	2.00	0.00	0.00	3.00	2.00	1.00	3.00	2.00	1.00		Sep 2017								0.09	0.18	
	NEW		Number of DOLS raised	No			-	-	-	-	-	-	-	25	22	15	14	23	15	14	6	27	22	20	Sep 2017	9	6	0	-	-	5		20	104	
	NEW		Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	25	22	14	14	23	15	14	6	27	22	20	Sep 2017	9	6	0	-	-	5		20	104	
	NEW		Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	6	0	0	0	0	0	0	0	3	0	0	Sep 2017	0	0	0	-	-	0		0	3	
	NEW		Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	4	15	14	8	8	15	12	9	7	12	5	Sep 2017	3	2	0	-	-	0		5	60	
	NEW		Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	6	6	2	11	6	3	11	7	7	9	9	Sep 2017	5	2	0	-	-	2		9	46	
	NEW		Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	1	0	1	1	0	1	0	2	1	2	1	Sep 2017	0	0	0	-	-	1		1	7	
	NEW		Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	5	2	1	0	0	3	1	1	13	0	0	Sep 2017	0	0	0	-	-	0		0	18	
8			Falls	<= No	804	67	79	86	86	83	94	85	81	87	88	84	67	74	69	70	87	85	72	67	Sep 2017	31	5	0	1	0	30		67	450	
9			Falls with a serious injury	<= No	0	0	1	0	4	1	3	3	1	2	3	3	1	2	1	1	1	1	3	2	Sep 2017	1	0	0		0	1		2	9	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	8	9	5	10	8	5	9	8	13	8	9	6	11	8	3	7	8	8	Sep 2017	5	0	0			3		8	45	
	NEW		Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	3	2	1	4	3	2	0	2	5	6	8	6	5	8	4	8	4	4	Sep 2017						4		4	33	
3		•d•	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Sep 2017	95.6	98.1	95.5					96.8	96.4	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100														-					Sep 2017	99.7	100.0	99.4		0.0			99.8	99.8	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Sep 2017	99	100	100		0			99.6	99.5	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Sep 2017	97	100	100		0			98.7	98.5	
9		•d•	Never Events	<= No	0	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	1	0	1	0	Sep 2017	0	0	0	0	0	0		0	3	
9		•d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Sep 2017	0	0	0	-	0	1		1	1	
9		•d•	Serious Incidents	<= No	0	0	2	1	10	5	6	4	6	5	10	5	6	5	4	4	3	1	8	5	Sep 2017	1	0	0	0	1	3	0	5	25	
9			Open Central Alert System (CAS) Alerts	<= No			1	13	3	11	12	12	14	10	8	6	5	4	8	9	27	3	3	8	Sep 2017								8	58	
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	0	0	0	0	1	1	2	1	2	0	1	0	0	0	1	1	1	0	Sep 2017								0	3	

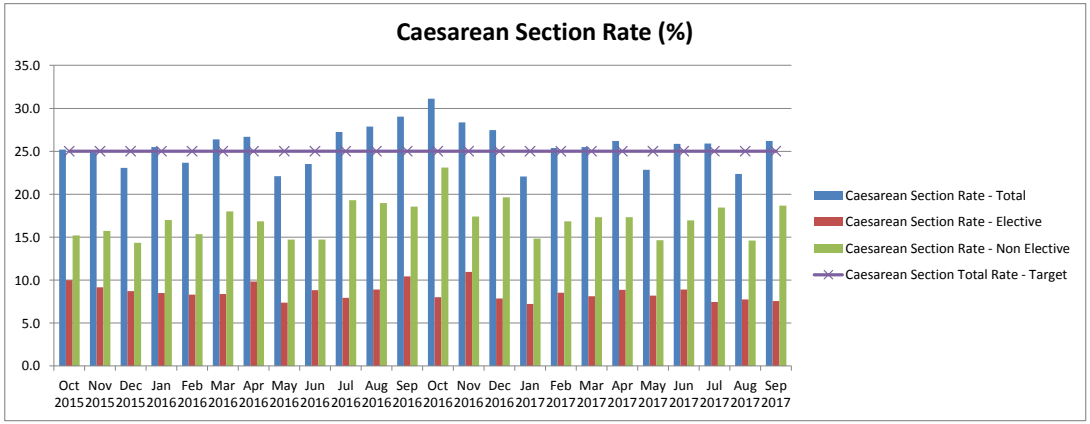


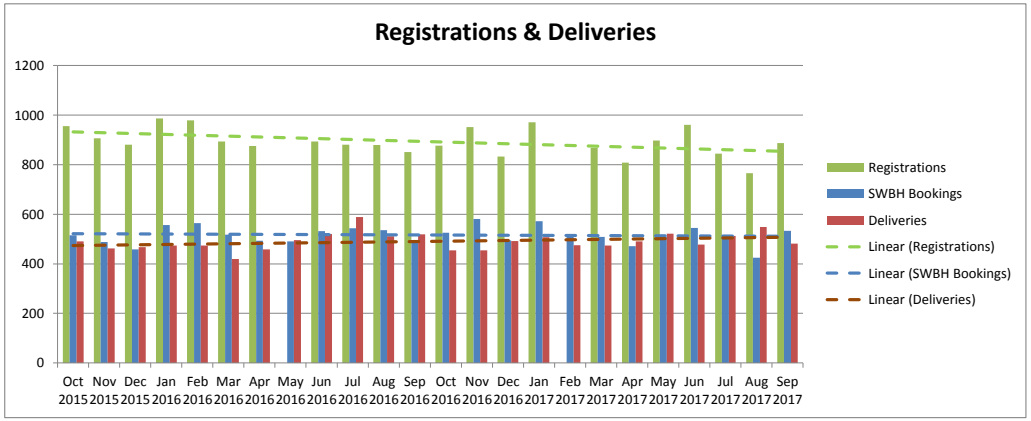




Patient Safety - Obstetrics

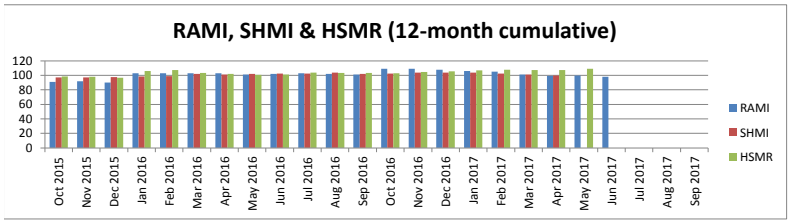
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2017	26.2	24.8	
3			Caesarean Section Rate - Elective	<= %			10	7	9	8	9	10	8	11	8	7	9	8	9	8	9	7	8	8	Sep 2017	7.5	8.1	
3			Caesarean Section Rate - Non Elective	<= %			17	15	15	19	19	19	23	17	20	15	17	17	17	15	17	18	15	19	Sep 2017	18.7	16.7	
2			Maternal Deaths	<= No	0	0																			Sep 2017	0	1	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2017	0	13	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Sep 2017	2.91	1.62	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2017	6.15	6.57	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0															-				Sep 2017	76.0	77.8	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Sep 2017	139.5	132.9	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		-->	-->		Sep 2017	-	75.49	
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			1.8	3.7	1.9	1.4	1.8	3.2	2.9	2.8	3.5	2.9	1.9	2.6	4.4	2.5	2.5	1.8	0.8	0.9	Sep 2017	0.89	2.11	
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.3	3.4	1.3	1.4	1.5	3.0	1.8	1.9	1.7	2.5	1.6	2.3	3.0	1.6	1.6	1.0	0.6	-	Aug 2017	0.59	1.52	
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			1.0	2.4	1.3	1.4	1.5	3.0	1.4	1.3	1.0	2.0	1.6	2.1	2.3	1.4	1.6	1.0	0.0	0.0	Sep 2017	0.00	1.01	

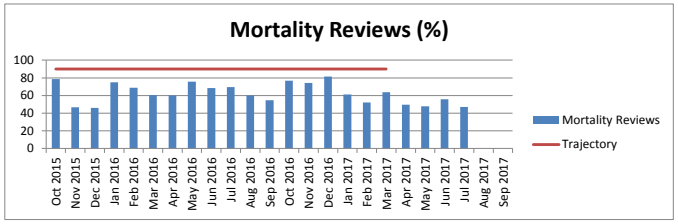


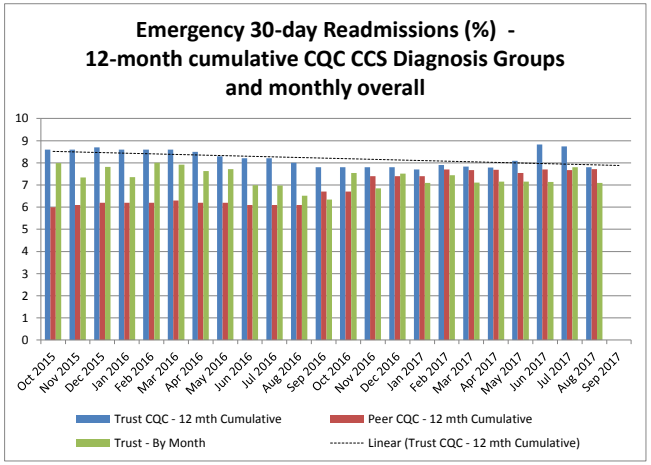


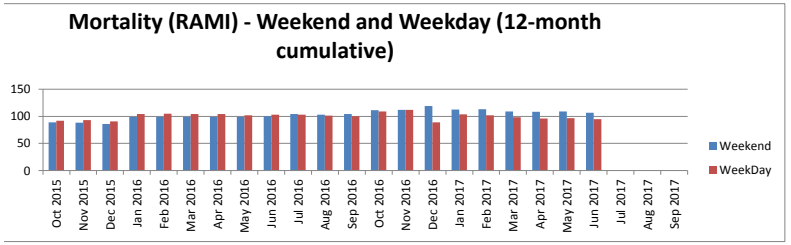
Clinical Effectiveness - Mortality & Readmissions

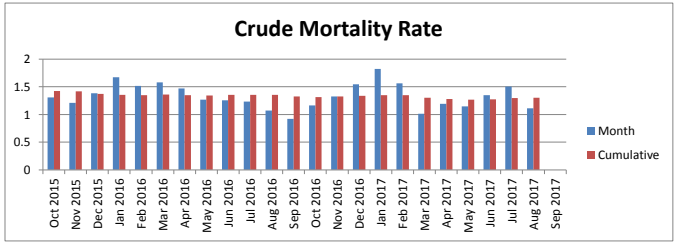
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	103	101	102	103	102	101	109	109	108	106	105	101	99	100	98	-	-	-	Jun 2017									297	
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	104	102	103	103	101	100	109	112	89	104	102	98	96	97	95	-	-	-	Jun 2017									288	
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	99	99	100	104	103	104	111	112	119	112	113	109	109	109	106	-	-	-	Jun 2017									324	
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	101	102	103	102	104	102	102	104	104	104	103	101	100	-	-	-	-	-	Apr 2017									100	
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			102	101	101	104	103	103	103	105	106	107	108	108	107	109	-	-	-	-	May 2017									216.6	
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	103	50	3	103	43	56	94	139	84	105	72	88	62	61	78	-	-	-	Jun 2017								78		
3			Mortality Reviews within 42 working days	=> %	90	90																-	-		Jul 2017	45	73	50					47	50	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.5	1.3	1.3	1.2	1.1	0.9	1.2	1.3	1.5	1.8	1.6	1.0	1.2	1.1	1.3	1.5	1.1	-	Aug 2017								1.11		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.3	1.3	1.4	1.4	1.4	1.3	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.3	-	Aug 2017									1.28	
	NEW		Deaths in the Trust	No			142	121	123	119	102	87	108	129	143	172	139	100	105	113	129	142	109	-	Aug 2017								109	598	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.6	7.7	7.0	7.0	6.5	6.3	7.5	6.8	7.5	7.1	7.4	7.1	7.2	7.2	7.1	7.8	7.1	-	Aug 2017								7.09		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.0	7.9	7.8	7.6	7.5	7.4	8.0	7.3	7.1	7.2	7.2	7.1	7.1	7.0	7.1	7.1	7.2	-	Aug 2017									7.17	
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.5	8.3	8.2	8.2	8.0	7.8	7.8	7.8	7.8	7.7	7.9	7.8	7.8	8.1	8.8	8.7	7.8	-	Aug 2017	-	-	-						7.81	





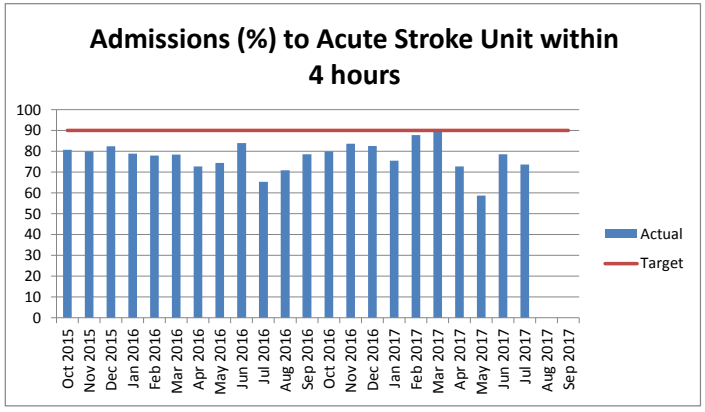


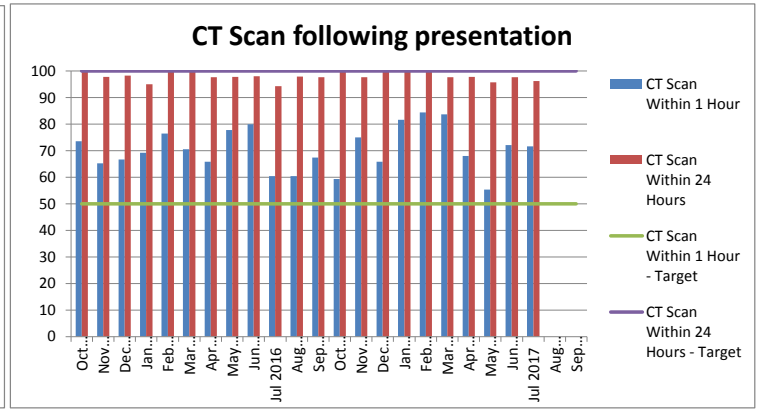


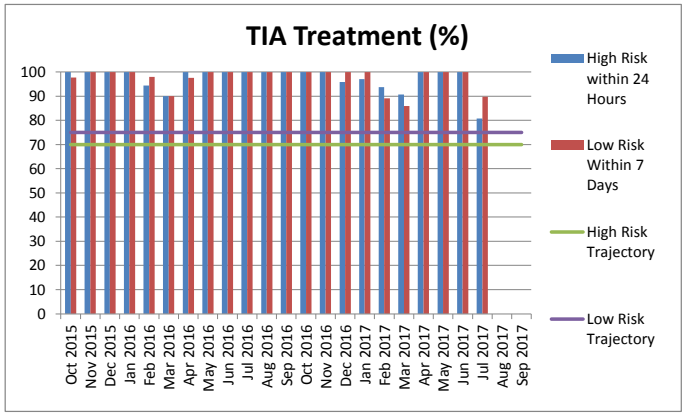


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Apr 2016) A M J J A S O N D J F M A M J J A S	Data Period	Month	Year To Date	Trend
3			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		Sep 2017	95.9	92.4	
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0		Sep 2017	90.9	73.1	
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		Sep 2017	85.3	69.6	
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		Sep 2017	100.0	96.5	
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0		Sep 2017	50.0	56.0	
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0		Sep 2017	96.0	95.9	
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0		Sep 2017	91.7	95.0	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		Aug 2017	100.0	101.1	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		Sep 2017	90.0	94.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		Sep 2017	93.8	95.1	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		Sep 2017	100.0	100.0	



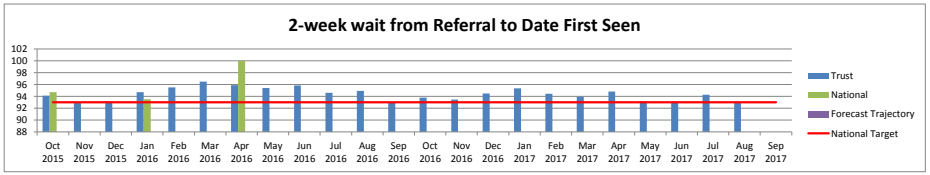


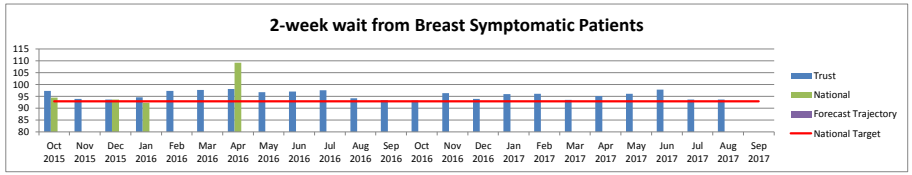


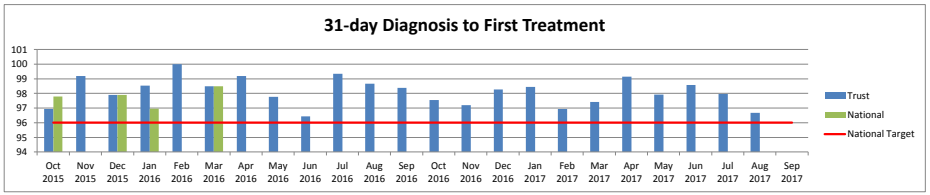
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.
Both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

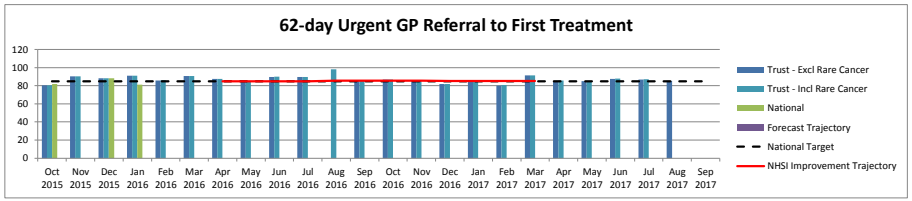
Clinical Effectiveness - Cancer Care

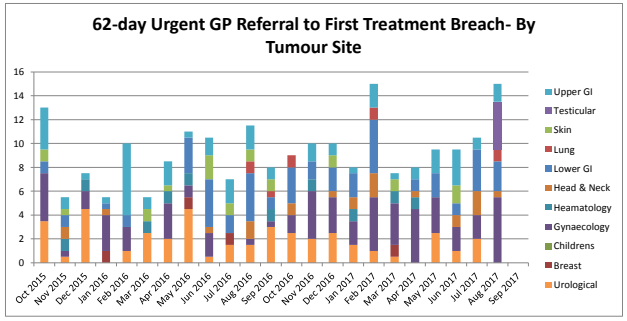
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																			Aug 2017	92.2	93.9	92.1					93.1	93.7	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Aug 2017		-						93.7	95.3	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Aug 2017	100.0	98.7	84.0					96.7	98.0	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																			Aug 2017								100.0	98.4	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			Aug 2017								100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			Aug 2017								-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			Aug 2017	91.1	92.0	59.3					85.5	86.2	
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																			Jul 2017	94.6	86.4	73.3					87.1	86.6	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																			Aug 2017	0.0	100.0	0.0					100.0	100.0	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			Aug 2017	73.9	96.8	100.0					87.9	93.2	
1			Cancer - Patients Waiting over 62 days	No			9	11	7	7	12	8	10	11	10	8	15	8	8	10	10	11	11	-	Aug 2017	2.5	3.0	5.5					11.0	48.5	
1			Cancer - Patients Waiting over 104 days	No			3	1.0	2.0	3.0	3.0	4.0	1.5	1.5	2.5	1.5	4.0	5.0	5.0	2.0	1.0	1.5	5.0	-	Aug 2017	0.0	2.0	3.0					5.0	14.5	
1			Cancer - Longest Waiter in days	No			175	95	130	113	131	140	133	77	107	120	150	162	140	139	106	102	184	-	Aug 2017	99	108	184					184		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	10	8	12	13	5	15	12	12	19	17	8	6	11	6	4	10	3	7	Sep 2017	7	0	0					7	41	
	NEW		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			-	50	33	50	43	67	50	0	0	33	0	50	0	0	0	25	25	-	Aug 2017	-	-	-					25	18	

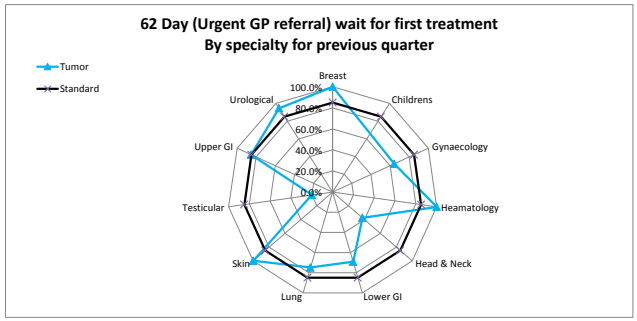


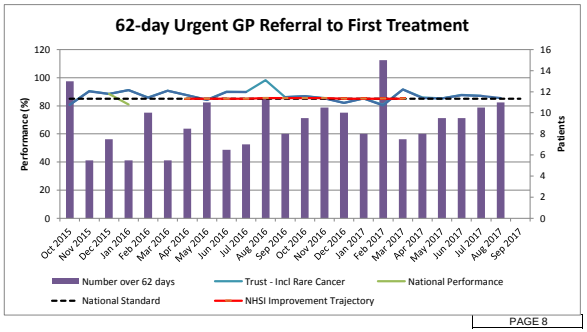






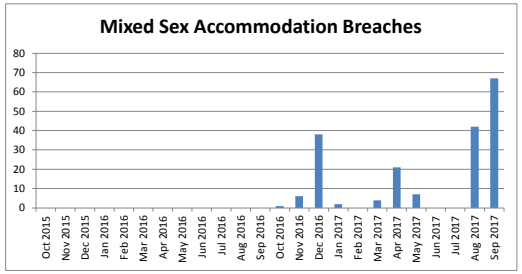


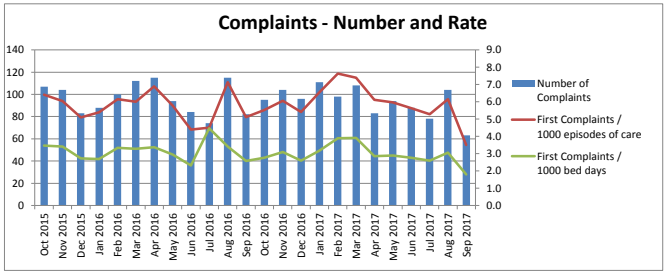


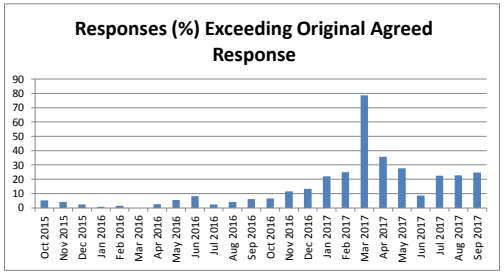


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
8		•b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	17	16	17	17	13	20	22	17	10	15	9.7	7.9	9.3	11	11	12	13	10	Sep 2017								10	11	
8		•a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	96	90	83	86	83	86	88	94	97	97	95	96	95	92	92	83	83	83	Sep 2017								83		
8		•b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	5.1	8.3	10	7.8	7.5	7.1	5.6	4.8	5.9	5.4	4.3	4.2	5.5	3.8	2.4	3.8	3	3.4	Sep 2017	3.4							3.4	3.5	
8		•a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	78	85	87	86	83	78	73	75	73	77	76	73	75	71	73	72	75	73	Sep 2017	73							73		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	0.3	2.5	0.1	1.3	0.6	0.5	0.5	0.3	1.2	0.6	0	0	0.1	0	###	0	##	-	Aug 2017	-							-	0.0	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	100	96	50	95	100	86	64	100	100	65	0	0	0	0	0	0	0	-	Aug 2017	-							0		
8			FFT Score - Outpatients	=> No	95.0	95.0	87	88	88	86	89	88	88	89	90	88	88	90	90	89	88	91	89	89	Sep 2017								89		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	100	91	100	94	86	79	86	90	86	97	11	95	88	90	75	90	50	90	Sep 2017								90		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	97	100	100	100	100	74	81	93	90	91	29	83	91	86	73	73	81	84	Sep 2017								84		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	99	99	100	98	96	91	100	100	50	0	0	80	100	100	0	0	50	0	Sep 2017								0		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	92	90	0	0	100	87	71	88	90	88	23	92	82	83	69	76	58	48	Sep 2017								48		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	12	9	0	0	1.4	15	5.9	17	13	8.2	5.4	21	8.9	11	7	7.1	5	5.2	Sep 2017								5	7	
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	1	6	38	2	0	4	21	7	0	0	42	67	Sep 2017	61	6	0		0	0		67	137	
9		•	No. of Complaints Received (formal and link)	No			115	94	84	74	115	82	95	104	96	111	98	108	83	94	88	78	##	63	Sep 2017	24	18	8	0	3	2	8	63	510	
9			No. of Active Complaints in the System (formal and link)	No			154	144	147	127	143	144	152	148	157	176	177	194	205	184	185	184	##	154	Sep 2017	74	38	17	3	4	8	10	154		
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.4	2.9	2.3	4.5	3.4	2.6	2.8	3.1	2.6	3.2	3.9	3.9	2.9	2.9	2.8	2.6	3.1	1.8	Sep 2017	1.4	3.4	1.4					1.79	2.66	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			6.9	5.8	4.4	4.5	7.1	5.1	5.5	6.1	5.4	6.5	7.6	7.4	6.1	6.0	5.6	5.3	6.2	3.5	Sep 2017	3.1	4.9	2.5			0		3.49	5.42	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	96	100	100	99	100	100	99	98	94	100	100	100	100	##	98	Sep 2017	94	100	100	100	100	100	100	98	100	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	2.6	5.6	8.2	2.4	4.2	6.3	6.6	11	13	22	25	79	36	28	8.6	23	23	25	Sep 2017	37	15	0	0	0	30	50	25	24	
9			No. of responses sent out	No			98	81	103	103	80	110	87	79	79	76	95	84	67	106	87	83	67	85	Sep 2017	35	29	7	0	2	5	7	85	495	
14		•e•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes																			Jul 2016	N	N	N	N	N	N	N	No		

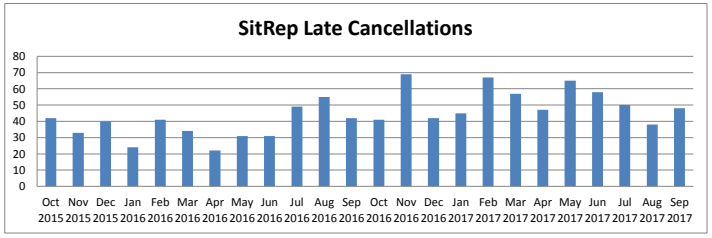


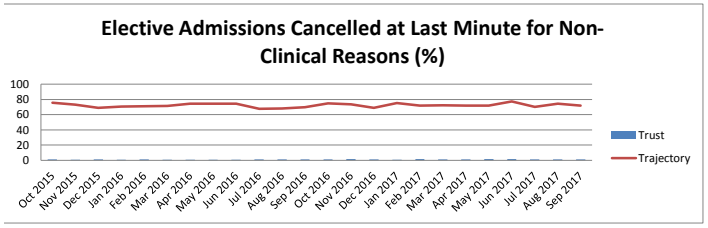


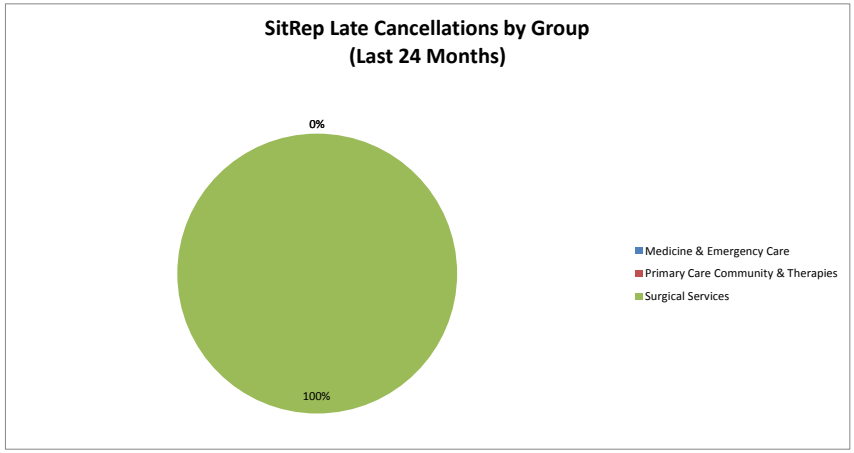


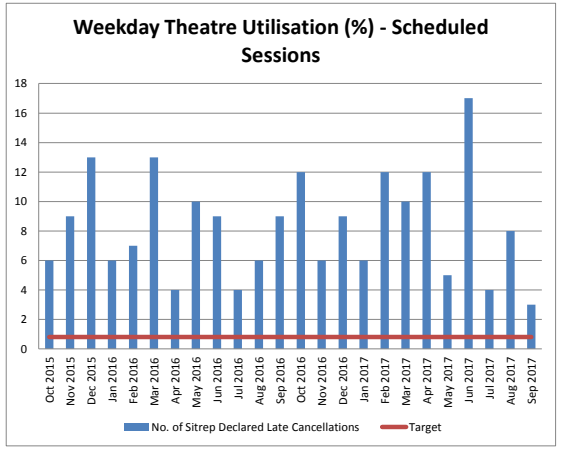
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27	22	31	31	49	55	42	41	69	43	45	67	57	47	65	58	50	38	48	Sep 2017	8	37	3					55	315	
2			No. of Sitrep Declared Late Cancellations - Avoidable	No			6	9	11	9	9	15	17	28	19	13	19	17	24	27	20	21	12	31	Sep 2017	8	22	1					38	144	
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No			16	22	19	40	43	27	22	41	18	29	48	37	23	37	37	29	26	17	Sep 2017	0	15	2					17	169	
2			Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8																			Sep 2017	0.40	1.75	1.11					1.1	1.2	
2			Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	1	0	3	6	0	0	1	0	0	0	2	0	Sep 2017	0	0	0					0	3	
2			No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0					0	0	
2			Urgent Cancellations	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0.0	0.0	0.0					0	0	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	1	2	0	0	1	3	4	0	3	0	3	1	3	1	1	0	Sep 2017	0	0	0					0	9	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	79	63	43	56	51	60	49	50	63	61	62	67	51	45	72	55	53	71	Sep 2017	13	51	7					71	347	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	229	257	229	241	223	258	234	273	272	269	284	257	219	230	250	245	213	243	Sep 2017	25	188	30					243	1400	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Sep 2017	41.1	74.8	77.4					68.9	72.3	



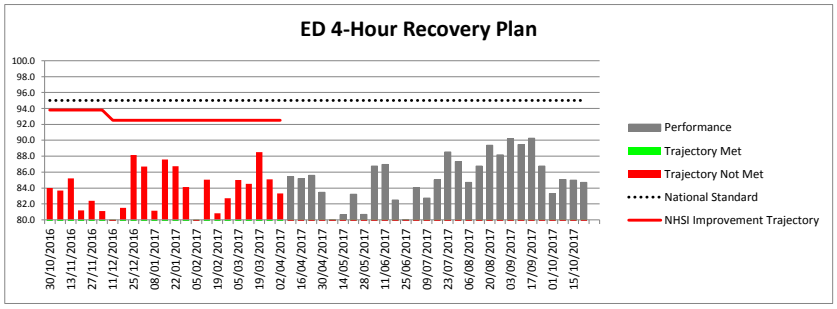


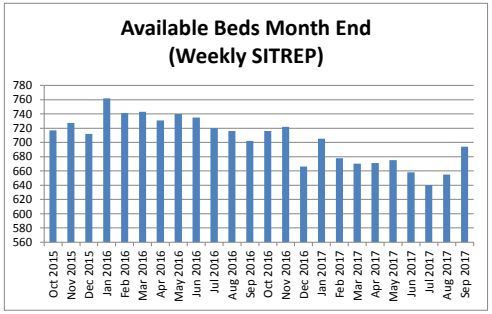


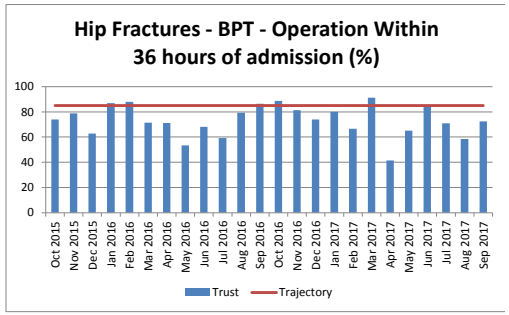


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		e	Emergency Care 4-hour waits	=> %	95.00	95.00																			Sep 2017	85.5	88.7	99.2	87.92	85.18	
2			Emergency Care 4-hour breach (numbers)	No			1608	1451	1625	2168	1884	2051	2676	3237	3324	2821	3046	2875	2814	3549	3014	2686	2177	2150	Sep 2017	1143	998	9	2150	16390	
2		e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Sep 2017	0	0		0	0	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Sep 2017	14	14	71	14	14	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Sep 2017	55	55	88	57	62	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Sep 2017	8.43	8.34	5.38	8.17	8.16	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Sep 2017	4.03	6.47	2.01	5.06	5.58	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	81	65	70	122	112	135	112	162	193	162	129	107	110	159	242	111	127	90	Sep 2017	40	50		90	839	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	2	0	1	8	6	9	16	21	19	11	13	5	0	12	6	1	0	1	Sep 2017	0	1		1	20	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Sep 2017	0.00	0.05		0.02	0.08	
11			WMAS - Emergency Conveyances (total)	No			4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	Sep 2017	2040	2134		4174	25648	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Sep 2017	1.4	3.6		2.3	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Sep 2017	4.75	8		13		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0	454	494	588	617	530	483	509	503	674	629	512	583	546	501	483	635	539	512	Sep 2017				512	3216	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	234	228	251	245	287	215	266	272	449	435	309	375	324	258	312	370	256	288	Sep 2017				288	1808	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			563	498	451	578	533	525	546	679	666	682	633	586	584	651	536	580	574	633	Sep 2017				633	3558	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			255	222	204	268	246	248	219	273	251	249	228	221	229	234	205	245	216	233	Sep 2017				233	1362	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Sep 2017				72	65.2	

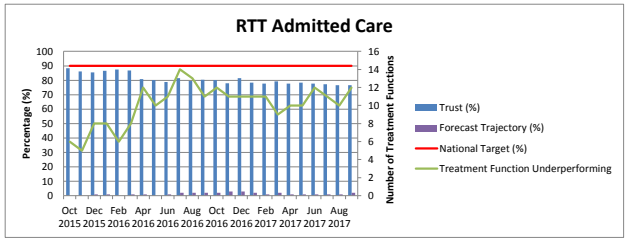


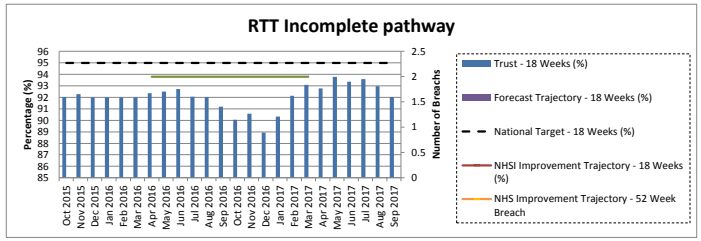


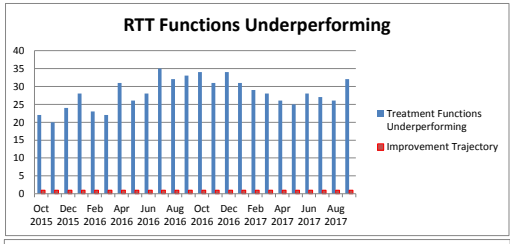


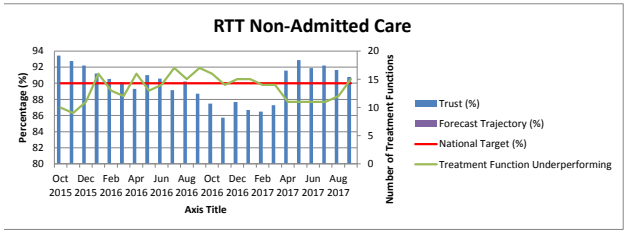
Referral To Treatment

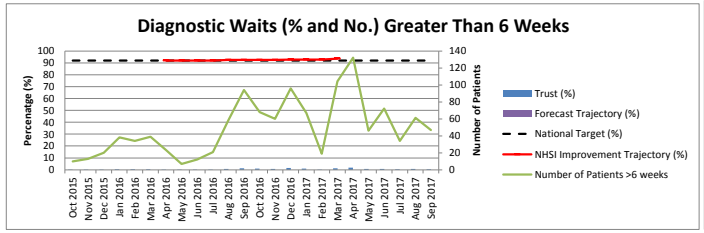
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2017	86.9	73.3	69.2					76.55		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2017	82.0	89.3	93.7					90.76		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2017	92.2	90.9	93.4					92.02		
	NEW		RTT - Backlog	No			2566	2561	2515	2870	2968	3289	3728	3417	3908	3204	2578	2214	2327	2024	2188	2115	2304	2571	Sep 2017	407	1443	90					2571		
2			Patients Waiting >52 weeks	<= No	0	0	3	2	4	4	0	1	4	3	2	0	3	6	5	3	2	10	10	14	Sep 2017	1	9	0					14	52	
2	NEW		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	2	2	0	0	1	2	2	2	1	3	2	3	3	0	8	4	7	Sep 2017	1	4	0					7	30	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	31	26	28	35	32	33	34	31	34	31	29	28	26	25	28	27	26	32	Sep 2017	8	17	2.0					32		
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	3	3	4	4	5	6	6	8	5	4	5	5	4	5	5	4	5	Sep 2017	1	3	-					5		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Sep 2017	1.6	1.2	0.0		0.0			0.54		
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			542	480	419	502	470	500	711	817	498	902	387	577	942	931	650	833	652	1336	Sep 2017	263	177	-		896			1336		

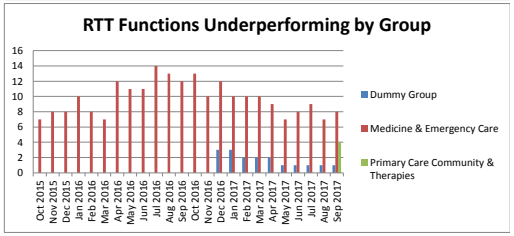


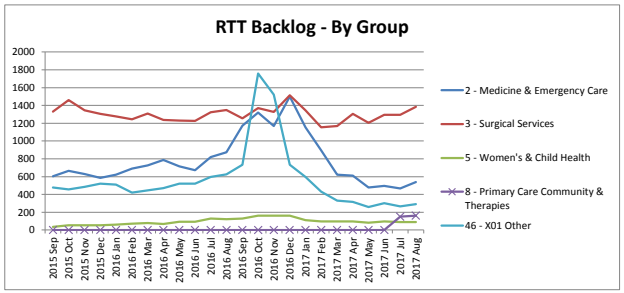


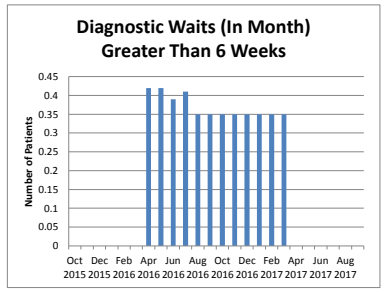


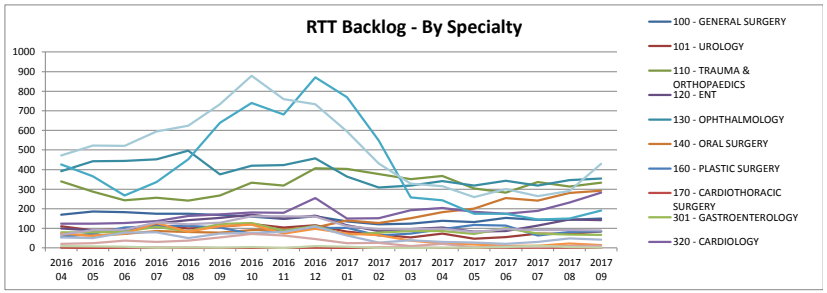






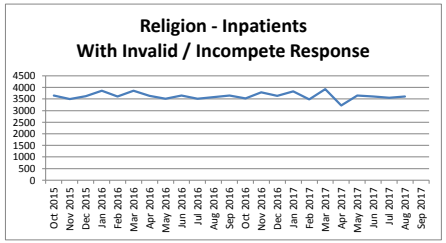


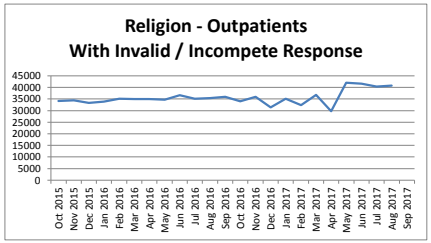


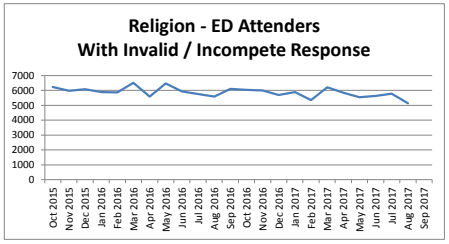


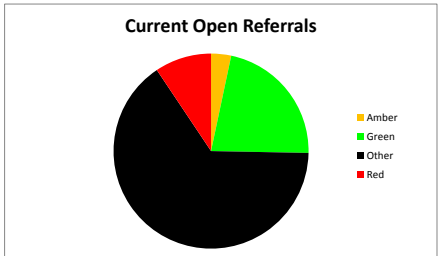
Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Sep 2017							61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0													-				-	-	Jul 2017								99.6		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0													-				-	-	Jul 2017								99.0		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0													-				-	-	Jul 2017								99.3		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.7	96.7	96.9	96.3	97.9	96.5	97.3	97.5	98.3	97.7	98.3	97.7	98.2	98.3	97.4	98.4	98.5	99.1	Sep 2017								99.1	98.3	
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.5	99.4	99.5	99.5	99.5	99.5	99.6	99.6	99.5	99.5	99.4	99.5	99.4	99.5	99.5	99.6	Sep 2017								99.6	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.7	96.8	97.2	97.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	97.3	97.3	97.4	96.3	97.2	97.0	97.5	Sep 2017								97.5	97.1	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Sep 2017								91.0	90.6	
	NEW		Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																	-	-	Jul 2017								90.0	89.8	
	NEW		Protected Characteristic - Religion - INPATIENTS with recorded response	%			69.6	69.9	69.5	69.8	69.2	68.9	69.6	69.2	69.1	68.7	69.2	68.8	70.3	70.6	69.6	70.1	70.1	-	Aug 2017								70.1	70.2	
	NEW		Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			58.1	58.2	57.8	58.0	57.8	57.9	58.1	57.5	56.9	57.0	57.2	56.9	56.7	52.9	53.2	53.1	53.5	-	Aug 2017								53.5	53.7	
	NEW		Protected Characteristic - Religion - ED patients with recorded response	%			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	67.2	65.3	66.2	66.7	-	Aug 2017								66.7	66.0	
	NEW		Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			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	100.0	100.0	100.0	99.9	-	Aug 2017								99.9	99.9	
	NEW		Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			39.8	39.8	39.9	40.1	40.8	40.3	40.4	39.9	35.8	40.8	41.3	41.5	41.3	41.1	41.9	41.4	41.0	-	Aug 2017								41.0	41.4	
	NEW		Protected Characteristic - Marital Status - ED patients with recorded response	%			40.9	41.3	41.9	40.9	39.5	40.6	40.9	41.5	40.8	40.5	41.3	41.1	39.8	42.7	42.0	42.2	40.2	-	Aug 2017								40.2	41.4	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Sep 2017								6.8	6.6	
2			Open Referrals	No			194,788	199,207	204,824	206,563	210,740	215,396	219,866	222,444	225,175	226,846	230,675	235,998	239,934	245,160	250,072	254,761	258,800	262,603	Sep 2017	85,453	135,263	33,869	7,354	608	56		262,603		
	NEW		Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	77,139	77,410	77,383	81,209	86,309	87,537	92,360	95,712	99,043	102,885	108,584	111,242	115,133	118,367	123,475	126,271	129,941	Sep 2017	40,844	63,030	18,689	3,387	553	2,781		129941		

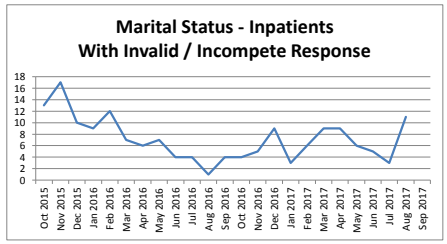


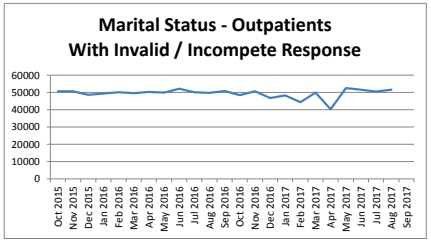


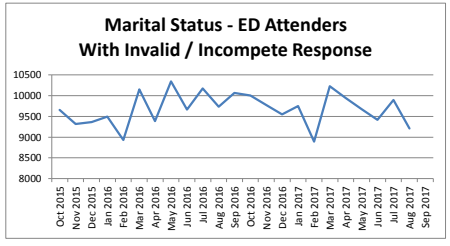




RED : To be Verified and closed By CG's.
AMBER : To be looked at by CG's once RED's are actioned.
GREEN : Automatic Closures.
BLACK- : To be Verified and closed By CG's.

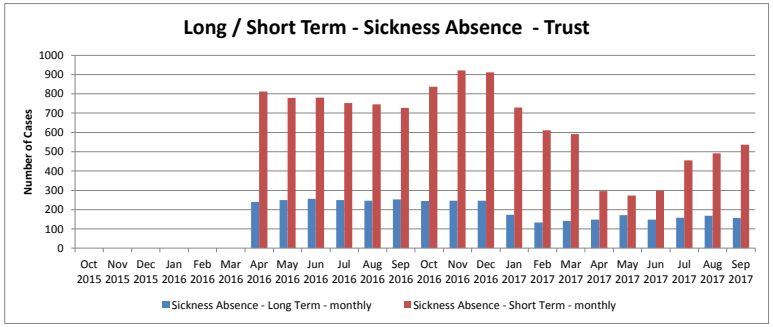


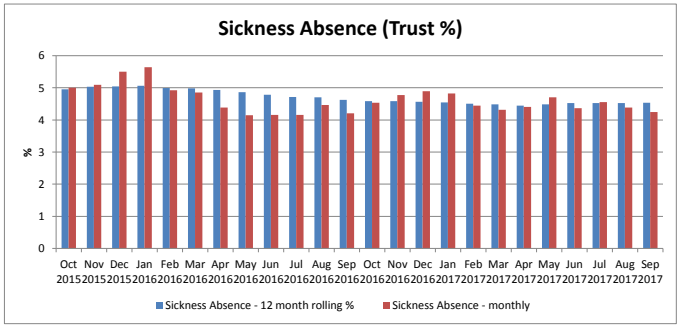




Workforce

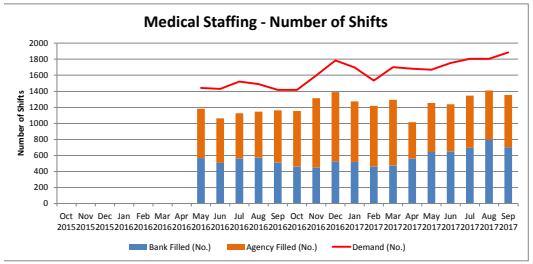
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
7		b	WTE - Actual versus Plan (FTE)	No			730	784	771	818	871	866	790	783	845	786	730	768	772	796	816	847	816	816	Sep 2017	222.9	179.5	96.94	38.45	25.24	130.4	123	816		
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2017	77.7	85.7	84.5	87.7	82.8	91.1	86.5		87.0	
7		b	Medical Appraisal	=> %	95.0	95.0																			Sep 2017	80.0	79.5	90.5	68.8	90.0	127.8	66.7	84.5	84.8	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Sep 2017	4.7	4.8	4.4	3.4	4.5	4.0	4.8	4.54	4.5	
3	NEW		Sickness Absence (Monthly)	<= %	3.15	3.15																			Sep 2017	5.0	4.8	3.7	2.7	3.8	3.7	4.2	4.25	4.5	
3	NEW		Sickness Absence - Long Term (Monthly)	No			240	250	256	249	247	253	245	247	246	253	205	213	214	241	218	225	232	216	Sep 2017	49	47	29	3	6	21	2	216	1346	
3	NEW		Sickness Absence - Short Term (Monthly)	No			812	779	780	752	745	727	837	922	911	956	808	785	414	445	444	612	664	706	Sep 2017	157	119	91	49	34	76	10	706	3285	
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0																			Sep 2017	68.2	86.6	84.0	88.0	69.5	79.3	79.9	78.9	78.8	
3			Mandatory Training	=> %	95.0	95.0																			Sep 2017	81.4	85.7	86.1	91.8	84.9	90.6	89.6		87.1	
3			Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Sep 2017	91.4	0.0	92.2	97.0	91.7	0.0	97.1		95.0	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Sep 2017								13.3	12.1	
	NEW		Nursing Turnover	%			13.6	12.6	11.8	11.3	11.2	11.9	12.4	11.7	11.4	11.6	11.2	11.7	11.7	11.7	12	12.6	12.7	-	Aug 2017								13	12	
7			New Investigations in Month	No			6	4	3	8	4	4	3	0	3	4	3	9	14	1	3	4	4	2	Sep 2017	0	2	0	0	0	0	0	2		
7			Vacancy Time to Fill	Weeks			26	25	23	24	24	21	25	21	21	21	22	21	20	21	23	25	20	21	Sep 2017								21		
7			Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			292	315	317	339	343	341	313	293	305	268	246	257	256	276	281	289	287	269	Sep 2017								269		
15			Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	16.0	-->	-->	-->	-->	-->	18.8	-->	-->	Jul 2017	11.8	15.3	15.9	23.7	23.8	29	21.2	18.8		
15			Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.70	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		

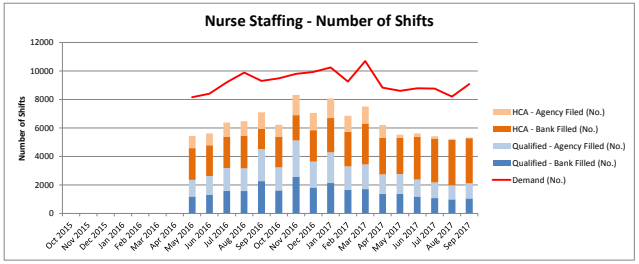


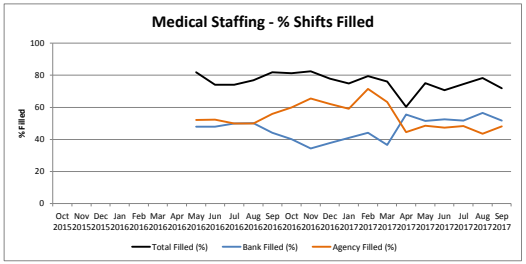


Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
			Medical Staffing - Number of instances when junior rotas not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
			Medical Staffing - Demand	No			-	1443	1429	1523	1491	1419	1419	1596	1786	1699	1534	1703	1682	1669	1753	1805	1804	1887	Sep 2017	1376	296	177	0	38	0	0	1887	10600.0	
			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	75.07	70.62	74.52	78.27	71.86	Sep 2017	67.51	85.14	77.4	0	100	0	0	72	71.9	
			Medical Staffing - Bank Filled	%			-	47.84	47.92	50	50.13	44.06	40.07	34.42	37.79	40.93	44.12	36.65	55.51	51.48	52.58	51.75	56.52	51.77	Sep 2017	47.26	74.6	45.99	0	31.58	0	0	52	53.2	
			Medical Staffing - Agency Filled	%			-	52.16	52.36	50	49.87	55.94	59.93	65.58	62.21	59.07	71.44	63.35	44.49	48.52	47.42	48.25	43.48	48.23	Sep 2017	52.74	25.4	54.01	0	68.42	0	0	48	46.8	
			Medical Staffing - Filled Shifts - Snr Consultant	No			-	114	110	107	137	177	243	237	187	152	217	270	120	214	219	258	320	312	Sep 2017	185	66	23	0	38	0	0	312	1443.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			-	1069	951	1021	1010	998	951	1108	1196	1144	1001	1026	896	394	1019	1087	1092	1074	Sep 2017	744	186	144	0	0	0	0	1074	5562.0	
			Nursing - Demand	No			-	8158	8413	9220	9887	9312	9476	9802	9935	10261	9268	10708	8825	8616	8784	8760	8197	9080	Sep 2017	3933	2116	1253	8	152	1422	196	9080	52262	
			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	95.29	90.22	87.78	89.1	92.59	83.9	Sep 2017	85.05	91.16	62.17	75	30.26	91.98	103.1	84	89.8	
			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	42.07	46.67	42.61	44.43	44.12	43.9	Sep 2017	45.86	26.02	65.85	100	71.74	54.59	20.79	44	44.0	
			Nursing - Qualified - Agency Filled	%			-	16.01	17.56	19.34	18.41	29.95	18.76	28.38	20.17	22.55	18.71	16.76	16.32	17.77	15.48	13.94	13.03	13.9	Sep 2017	17.94	14.52	3.72	0	10.87	11.16	0	14	15.1	
			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	30.44	33.05	39.06	39.63	41.94	41.6	Sep 2017	35.55	59.05	30.42	0	17.39	33.79	75.74	42	37.5	
			Nursing - HCA - Agency Filled	%			-	11.39	11.07	12.01	11.92	15.62	9.444	15.49	13.48	14.48	12.91	11.59	10.74	2.509	2.84	1.999	0.909	0.5	Sep 2017	0.66	0.36	0	0	0	0.46	0	0	3.4	
			AHPs - Radiography - Demand (Shifts)	No			-	138	97	79	55	269	332	321	290	526	332	525	332	372	315	334	335	231	Sep 2017	0	0	0	0	231	0	0	231	1919	
			AHPs - Radiography - Filled (Shifts)	No			-	138	97	73	55	249	324	299	256	496	302	502	329	359	315	290	323	230	Sep 2017	0	0	0	0	230	0	0	230	1846	
			AHPs - Physiotherapy - Demand (Shifts)	No			-	191	156	192	55	63	38	190	186	276	478	356	180	242	257	104	99	100	Sep 2017	0	0	0	0	0	100	0	100	982	
			AHPs - Physiotherapy - Filled (Shifts)	No			-	191	156	192	55	63	38	190	186	274	478	346	180	242	257	104	99	98	Sep 2017	0	0	0	0	0	98	0	98	980	
			AHPs - Other - Demand (Shifts)	No			-	301	336	289	66	96	139	96	567	413	530	1009	459	527	471	511	536	482	Sep 2017	111	46	21	2	70	87	145	482	2986	
			AHPs - Other - Filled (Shifts)	No			-	301	336	288	55	95	95	200	567	412	527	885	457	527	471	508	534	476	Sep 2017	108	44	20	2	70	87	145	476	2973	
			Admin - Demand (Shifts)	No			-	1994	1954	1902	2147	2765	2839	2479	2442	2381	4128	5135	4198	4228	4423	4054	4429	4091	Sep 2017	778	693	148	221	99	348	1804	4091	25423	
			Admin - Filled (Shifts)	No			-	1988	1937	1855	2061	2450	2589	2452	2405	2348	4026	5079	4162	4184	4423	4031	4412	4025	Sep 2017	750	673	133	221	99	345	1804	4025	25237	
			Facilities - Demand (Shifts)	No			-	1903	1947	1442	1451	2160	2185	1997	2172	2066	1971	2485	1795	2031	2101	1996	2182	2025	Sep 2017	25	107	1	0	9	30	1853	2025	12130	
			Facilities - Filled (Shifts)	No			-	1898	1933	1405	1397	1942	2135	1969	2107	1992	1926	2425	1737	1999	2101	1966	2165	2006	Sep 2017	25	106	0	0	9	30	1836	2006	11974	
			Interpreters - Demand (Shifts)	No			-	4925	5358	5110	5034	5321	5026	5508	4803	5159	4983	5634	4511	5139	5291	5101	4905	5116	Sep 2017	-	-	-	-	-	-	-	5116	30063.0	
			Interpreters - Total Filled	%			-	99.61	99.72	99.75	99.62	99.44	99.58	99.46	99.46	99.5	99.64	99.57	99.89	99.71	99.7	99.76	99.9	99.77	Sep 2017	-	-	-	-	-	-	-	100	99.8	
			Interpreters - Bank Filled	%			-	78.96	77.99	76.61	76.35	76.68	78.62	77.58	76.93	78.38	79.52	78.02	77.34	78.45	77.67	76.99	76.96	78.3	Sep 2017	-	-	-	-	-	-	-	78	77.6	
			Interpreters - Agency Filled	%			-	21.0	22.0	23.4	23.6	23.3	21.4	22.4	23.1	21.6	20.5	22.0	22.7	21.5	22.3	23.0	23.0	21.7	Sep 2017	-	-	-	-	-	-	-	22	22.4	
			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	0.3	0.3	0.2	0.1	0.2	Sep 2017	-	-	-	-	-	-	-	0	0.2	







Local Quality Indicators - 2017/2018

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Apr 2016) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	C	CO	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	-	-	-	-	-	80	80	81	81	80	79	81	81	81	79	83	86	85	Sep 2017								85.175	82.56	
			Safeguarding Adults Basic Training	=> %	85	85	98	99	99	98	99	98	98	98	98	96	98	98	98	96	97	96	98	97	Sep 2017								96.995	97	
			Safeguarding Children Level 1 Training	=> %	85	85	98	99	99	98	99	99	98	98	98	97	98	98	98	97	98	96	98	98	Sep 2017								97.5	97.6	
			Safeguarding Children Level 2 Training	=> %	85	85	74	73	73	72	73	71	71	73	75	76	77	77	78	79	78	78	83	86	Sep 2017								86.3	80.4	
			Safeguarding Children Level 3 Training	=> %	85	85	71	72	72	75	74	73	73	75	78	78	81	84	85	88	89	88	87	85	Sep 2017								85.0	86.8	
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	99	99	99	100	99	100	98	97	95	97	99	99	98	98	98	99	99	99	Sep 2017	96.8	100	100					98.7	98.5	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	16	15	17	17	13	16	16	17	17	20	17	16	16	15	17	17	15	16	Sep 2017	14.2	12.6	22.7					15.6	15.9	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	88	88	87	87	87	87	85	86	86	86	86	87	86	86	85	84	84	84	Sep 2017								83.8	84.8	
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90	91	89	73	80	83	76	83	92	80	78	93	87	80	86	76	82	82	85	Sep 2017								85.4	82.1	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	83	81	79	79	78	87	86	82	81	84	81	77	78	80	79	88	92	94	Sep 2017								93.7	85.2	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	79	80	81	82	82	75	76	76	75	73	78	79	76	75	75	74	71	74	Sep 2017								74.2	74.0	
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90	18	29	24	17	19	29	25	8	11	33	66	83	93	95	92	-	-	-	Jun 2017								91.7	93.3	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	61	62	70	61	55	65	42	77	69	60	62	58	69	-	57	58	57	54	Sep 2017								53.6	59.0	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	64	67	75	65	63	71	47	80	71	63	65	63	77	-	63	65	66	62	Sep 2017								62.4	66.5	
			Community - Screening For Dementia - SQPR	=> %	100	100	40	37	53	30	37	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016								37.2	38.4	
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	61	67	56	61	55	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016								54.8	60.0	

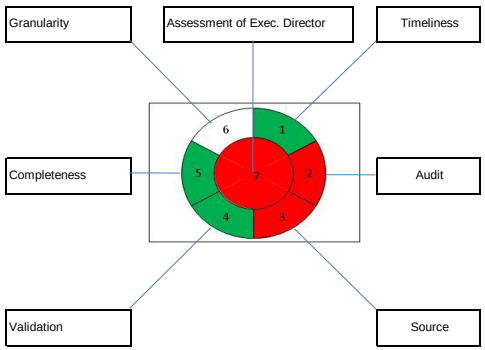
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Sep 2017	2	0	0	2	7	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Sep 2017	80	75	69	73.8		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Sep 2017	93	92	90	92.6		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	19	20	14	14	16	9	7	5	12	13	9	Sep 2017	2	7	0	9	55	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	19	20	12	14	16	9	7	5	12	13	9	Sep 2017	2	7	0	9	55	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	4	0	0	0	0	0	0	0	1	0	0	Sep 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	3	14	12	8	8	11	6	6	4	8	3	Sep 2017	1	2	0	3	38	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	5	6	2	11	5	1	6	3	1	3	5	Sep 2017	1	4	0	5	19	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	1	0	1	1	0	0	0	2	1	2	0	Sep 2017	0	0	0	0	5	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	5	2	1	0	0	1	1	1	5	0	0	Sep 2017	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	44	37	47	39	47	44	34	41	47	50	38	34	36	39	34	34	28	31	Sep 2017	13	18	0	31	202	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	2	1	2	2	0	2	3	3	1	2	1	1	0	0	1	1	Sep 2017	1	0	0	1	4	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	4	3	3	5	5	4	5	7	9	5	5	4	5	4	2	4	7	5	Sep 2017	1	4	0	5	27	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2017	94.0	86.5	99.3	95.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0															.				Sep 2017	100.0	100.0	98.4	99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Sep 2017	100	96	0	99.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Sep 2017	99	89	0	96.8		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2017	1	0	0	1	8	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Jul 2017	43	40	56	45		

Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			9.7	10.0	9.2	9.0	8.6	8.3	10.0	9.7	9.9	9.5	9.4	9.4	9.5	9.2	9.2	10.2	9.1	-	Aug 2017		**9.1**		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			9.8	9.8	9.7	9.5	9.3	9.2	10.0	9.3	9.4	9.4	9.4	9.4	9.4	9.3	9.3	9.4	9.4	-	Aug 2017			**9.4**	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																	-	-	Jul 2017		92.6		92.6	90.1	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																	-	-	Jul 2017		73.6		73.6	70.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																	-	-	Jul 2017		71.7		71.7	66.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																	-	-	Jul 2017		96.2		96.2	96.8	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																	-	-	Jul 2017		75.0		75.0	60.0	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																		-	Aug 2017		100.0		100.0	101.1	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																	-	-	Jul 2017		80.8		80.8	95.5	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																	-	-	Jul 2017		89.7		89.7	97.2	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																			Sep 2017		90.0		90.0	94.0	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Sep 2017		93.8		93.8	95.1	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Sep 2017		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2017			92.2	92.2		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2017			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2017			91.1	91.1		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3.5	1.5	3.5	3	4	3.5	1	2.5	2	1.5	3	2.5	2	2	4.5	1	2.5	-	Aug 2017	-	-	2.50	2.50	12	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	0	1	2	1.5	2	0	0	1	1	1	1	1	0	1	0	0	-	Aug 2017	-	-	0.00	0.00	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			175	95	130	113	107	140	75	71	107	111	135	105	140	91	106	97	99	-	Aug 2017	-	-	99	99		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	10	8	12	13	5	15	12	12	19	17	8	6	0	6	4	10	3	7	Sep 2017	-	-	7	7	30	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	6	30	2	0	4	21	7	0	0	3	61	Sep 2017	61	0	0	61	92	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			49	36	28	25	40	23	27	40	35	40	45	42	34	42	40	27	49	24	Sep 2017	15	9	0	24	216	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			72	57	62	46	47	55	56	63	62	66	61	75	79	79	91	83	82	74	Sep 2017	41	30	3	74		

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Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2017	-	-	0.44	0.40		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	Sep 2017	0.0	0.0	0.0	0	3	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	3	0	0	6	1	0	6	2	4	6	2	3	11	3	5	2	8	Sep 2017	0.0	0.0	8.0	8	32	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	58	56	54	28	32	28	57	44	29	51	37	41	28	35	63	31	62	41	Sep 2017	0.0	0.0	41.1	41.1		
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	Sep 2017	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Sep 2017	85.5	88.7	Site S/C	87.2	84.2	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1246	1046	1187	1333	1227	1280	1579	1750	1866	1776	1769	1721	1662	1742	1580	1483	1280	1257	Sep 2017	1097	2	158	1257	9004	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Sep 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															-				Sep 2017	14.0	14.0	Site S/C	14	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Sep 2017	55.0	55.0	Site S/C	55	59	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Sep 2017	8.4	8.3	Site S/C	8.4	8.6	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Sep 2017	4.0	6.5	Site S/C	5.3	5.9	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	81	65	70	122	112	135	112	162	193	162	129	107	110	159	242	111	127	90	Sep 2017	40	50		90	839	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	2	0	1	8	6	9	16	21	19	11	13	5	0	12	6	1	0	1	Sep 2017	0	1		1	20	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Sep 2017	0.00	0.05		0.02	0.08	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	Sep 2017	2040	2134		4174	25648	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Sep 2017	0.0	78.8	96.1	86.9		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Sep 2017	0.0	71.6	93.9	82.0		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Sep 2017	0.0	89.7	96.1	92.2		
RTT	RTT - Backlog	<= No	0	0	789	716	674	821	873	1172	1319	1168	1500	1154	897	622	610	479	497	467	538	407	Sep 2017	0	327	80	407		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	1	0	0	1	2	1	0	0	1	1	2	1	7	4	1	Sep 2017	0	0	1	1		
RTT	Treatment Functions Underperforming	<= No	0	0	12	11	11	14	13	12	13	10	12	10	10	10	9	7	8	9	7	8	Sep 2017	0	6	2	8		

Medicine Group

RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Sep 2017	0	1.8	0.68	1.55

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		EC	AC	SC			
Data Completeness	Open Referrals	No			67,205	68,646	70,876	69,993	70,424	72,581	74,142	75,046	75,926	75,925	76,880	78,278	78,984	79,971	81,548	83,160	84,417	85,453	Sep 2017	15,069	25,104	45,280	85453		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			-	26,178	27,360	25,493	26,511	28,710	27,787	30,150	31,585	32,319	33,572	35,739	36,247	36,822	37,760	39,488	40,216	40,844	Sep 2017	11,229	13,683	15,932	40844		
Workforce	WTE - Actual versus Plan	No			220	207	213	220	229	231	229	231	244	202	194	208	205	199	227	236	223	223	Sep 2017	118.8	100.1	0	223		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Sep 2017	78.21	77.42	0		79.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Sep 2017	66.67	86.96	0		79.3	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Sep 2017	4.73	4.74	0.00	4.73	4.67	
Workforce	Sickness Absence - In month	<= No	3.15	3.15																			Sep 2017	5.47	4.75	0.00	5.02	4.96	
Workforce	Sickness Absence - Long Term - In month	No			57	62	60	49	47	43	45	40	39	39	33	40	53	59	48	45	54	49	Sep 2017	21	20	8	49	308	
Workforce	Sickness Absence - Short Term - In month	No			212	186	195	180	179	162	194	206	243	223	207	182	66	68	80	131	145	157	Sep 2017	62	73	21	157	647	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Sep 2017	62.2	72.9	0.0		69.98	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Sep 2017	81.59	81.26	0		81.7	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	0	0	1	1	0	0	0	0	0	1	2	3	0	0	1	1	0	Sep 2017	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	3992	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	710	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				710		
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	8	-->	-->	-->	-->	-->	11.8	-->	-->	Jul 2017	10.9	9.6	20.5	11.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.68	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Sep 2017	1	0	0	0	0	1	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2017	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Sep 2017	91.9	95.24	0	0	60.53	89.6		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Sep 2017	91.69	94.94	0	100	82.93	92.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	4	0	0	0	2	1	3	0	12	7	6	Sep 2017	6	0	0	0	0	6	29	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	4	0	0	0	2	1	3	0	12	7	6	Sep 2017	6	0	0	0	0	6	29	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	0	0	0	0	0	1	4	0	3	1	2	Sep 2017	2	0	0	0	0	2	11	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	0	0	0	0	1	0	3	0	6	5	2	Sep 2017	2	0	0	0	0	2	16	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	0	0	0	0	0	1	0	0	0	0	0	Sep 2017	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	8	9	4	12	12	9	10	12	13	8	6	6	10	7	11	11	4	5	Sep 2017	3	2	0	0	0	5	48	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	Sep 2017	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	2	0	2	2	0	4	0	1	1	2	1	1	3	0	2	0	0	Sep 2017	0	0	0	0	0	0	6	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2017	97.91	97.01	0	100	98.22	98.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0															-				Sep 2017	100	100	0	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Sep 2017	100	0	100	0	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Sep 2017	100	0	100	0	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	0	0	0	Sep 2017	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2017	0	0	0	0	0	0	6	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Jul 2017	71	67	0	100	0	72.7		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.4	6.2	5.5	6.6	5.4	5.9	6.0	5.1	5.9	6.0	6.3	5.7	6.2	6.5	6.3	7.3	6.9	-	Aug 2017						6.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.98	6.88	6.76	6.73	6.61	6.5	6.99	6.3	6.11	6	5.95	5.84	5.83	5.86	5.92	5.98	6.09	-	Aug 2017							5.9	

Surgical Services Group

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Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		GS	SS	TH	An	O			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																			Aug 2017	93.9	-	0.0	-	-	93.85		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Aug 2017	93.7	-	-	-	-	93.71		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Aug 2017	98.7	-	0.0	-	-	98.73		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																			Aug 2017	92.0	-	0.0	-	-	92		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2	9	1	4	7	4	7	4	5	5	8	2	2	5	3	8	3	-	Aug 2017	-	-	-	-	-	3	20	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	1	0	1	2	2	2	2	2	0	2	1	1	1	0	2	2	-	Aug 2017	2	-	0	-	-	2	6	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			73	114	170	201	292	245	351	191	158	103	193	105	119	114	98	134	108	-	Aug 2017	108	-	0	-	-	108		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	1	0	8	0	0	0	0	0	0	0	39	6	Sep 2017	6	0	0	0	0	6	45	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			45	29	27	24	38	30	37	29	26	32	25	36	24	29	20	28	29	18	Sep 2017	8	2	2	0	6	18	148	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			49	52	48	41	45	47	51	39	45	62	63	66	78	61	51	57	50	38	Sep 2017	15	2	7	3	11	38		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2017	3.07	1.33	0	0.41	0.66	1.75		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	1	0	3	4	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	18	18	22	45	43	32	29	57	31	35	49	45	32	49	38	41	28	37	Sep 2017	29	2	0	1	5	37	225	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	75.1	75.7	76	70.5	71.6	73.7	75.3	75.7	73	77.1	75.3	75.3	76.4	75.8	77.9	73.9	74.7	74.8	Sep 2017	73.1	76.1	0.0	81.2	75.6	74.82		
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	Sep 2017	0	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	98.3	97.9	98.2	98.0	98.6	98.6	99.4	99.4	99.7	99.3	99.3	98.1	97.6	96.8	96.7	97.5	97.5	99.2	Sep 2017	-	-	-	-	99.19	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	109	82	80	119	121	63	92	76	109	70	68	112	137	109	93	106	69	73	Sep 2017	50	15	0	0	8	73	587	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	3.8	4.1	2.8	2.4	3.3	2.2	2.9	3.5	2.6	4.1	3.0	3.3	3.3	3.0	3.7	3.6	4.3	5.4	Sep 2017	-	-	-	-	5.38	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	1.8	2.0	1.1	2.0	1.7	2.5	2.1	1.4	1.1	1.0	1.1	1.7	2.0	2.4	2.7	2.8	2.3	2.0	Sep 2017	-	-	-	-	2.01	-	-	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	14	25	19	14	41	15	26	14	14	0	0	0	0	0	-	0	0	0	Sep 2017	-	-	-	-	71	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	115	106	106	121	110	103	107	100	99	-	-	-	-	-	-	-	-	-	Sep 2017	-	-	-	-	88	-	-	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																			Sep 2017						72.4	65.2	

Surgical Services Group

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Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		GS	SS	TH	An	O			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																		Sep 2017	71.6	60.0	0.0	0.0	79.4	73.3		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																		Sep 2017	82.2	90.3	0.0	0.0	94.1	89.3		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																		Sep 2017	90.7	83.9	0.0	0.0	94.1	90.9		
RTT	RTT - Backlog	<= No	0	0	1236	1231	1227	1324	1350	1254	1369	1328	1514	1344	1153	1167	1304	1204	1293	1293	1385	1443		Sep 2017	670	418	0	0	355	1443		
RTT	Patients Waiting >52 weeks	<= No	0	0	3	1	2	3	0	1	2	0	1	0	2	2	4	1	1	1	5	9		Sep 2017	4	4	0	0	1	9		
RTT	Treatment Functions Underperforming	<= No	0	0	16	13	14	17	16	16	16	14	16	16	16	14	14	16	18	16	17	17		Sep 2017	9	6	0	0	2	17		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																		Sep 2017	1.2	0.0	0.0	0.0	0.0	1.15		
Data Completeness	Open Referrals	No			100,371	102,540	104,891	107,435	109,035	110,630	112,597	113,840	115,090	116,146	118,262	121,184	123,687	126,992	129,204	131,460	133,412	135,263		Sep 2017	47,424	15,203	0	5,013	67,623	135263		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requ	No			-	36,039	35,257	36,835	38,367	40,451	42,937	44,084	45,279	47,179	48,885	51,471	53,057	55,792	57,290	59,198	60,880	63,030		Sep 2017	24,331	7,552	0	3,177	27,970	63030		
Workforce	WTE - Actual versus Plan	No			144	143	151	158	155	152	146	140	151	185	157	166	168	172	176	196	181	180		Sep 2017	61.49	30.79	33.64	18.05	34.64	179.53		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																		Sep 2017	82.8	88.8	83.8	84.8	91.0		85.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		Sep 2017	80	88.24	0	72.09	85.19		80.7	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																		Sep 2017	4.5	5.9	7.0	4.4	2.2	4.8	4.7	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																		Sep 2017	4.4	6.9	6.0	4.7	1.9	4.8	4.8	
Workforce	Sickness Absence - Long Term - In Month	No			46	52	62	56	46	53	52	50	53	52	33	32	30	41	38	51	50	47		Sep 2017	14.0	12.0	10.0	9.0	0.0	47.0	257.0	
Workforce	Sickness Absence - Short Term - In Month	No			164	169	161	162	168	169	181	173	181	166	149	138	61	50	55	96	96	119		Sep 2017	40.0	23.0	26.0	28.0	0.0	119.0	477.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																		Sep 2017	85.4	82.5	92.3	85.2	87.5	86.6	84.3	
Workforce	Mandatory Training	=> %	95.0	95.0																		Sep 2017	85.8	83.9	92.3	86.6	78.8		86.4	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	2	0	1	3	0	0	2	1	2	2	0	0	2	2	2		Sep 2017	0	1	0	0	0	2		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		Apr 2016						88.03	88	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	238	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'		Apr 2016						238	238	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		Jan-00						-	-	

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Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	30	-->	-->	-->	-->	-->	15.3	-->	-->	Jul 2017	20.5	13.2	5.2	18.4	14.3	**15.3**	
Workforce	Your Voice - Response Score	%			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.53	3.29	3.85	3.6	3.69	**3.79**	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Sep 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Sep 2017	94.5			94.5		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Sep 2017	0	96.7		96.7		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	0	0	0	0	0	1	0	0	0	0	0	Sep 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	0	0	0	0	0	1	0	0	0	0	0	Sep 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	Jan-00	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	1	2	1	1	2	3	1	1	2	1	1	0	3	1	0	0	0	Sep 2017	0	0	0	0	4	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	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	1	0	Sep 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2017	99	93.2		95.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0															.				Sep 2017	99.5	99.3		99.4		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Sep 2017	100	0		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Sep 2017	100	0		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2017	0	0	0	0	2	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	Directorate M	Directorate P	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2017		26.2		26.2	24.8	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			10	7	9	8	9	10	8	11	8	7	9	8	9	8	9	7	8	8	Sep 2017		7.55		7.6	8.1	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			17	15	15	19	19	19	23	17	20	15	17	17	17	15	17	18	15	19	Sep 2017		18.7		18.7	16.7	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Sep 2017		0		0	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2017		0		0	13	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Sep 2017		2.9		2.9	1.6	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2017		6.15		6.2		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0																-			Sep 2017		76		76.0		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Sep 2017		140		139.5		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0				N/A		N/A						N/A	N/A	N/A			-	-	Jul 2017	66.7	0	0	50.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.9	5.0	4.7	4.4	4.2	3.9	5.4	5.9	5.0	4.0	5.4	4.7	4.6	4.5	4.8	4.3	3.7	-	Aug 2017				3.7		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.8	5.6	5.4	5.2	5.2	5.1	5.4	5.0	5.0	5.0	4.9	4.8	4.8	4.7	4.7	4.7	4.7	-	Aug 2017					4.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0								#DIV/0!										-	Aug 2017	92.1		0	92.1		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2017	84			84.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2017	59.3			59.3		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	1	2	0	0.5	0.5	1.5	4	3	2	4.5	3.5	4.5	3	2	2	5.5	-	Aug 2017	5.5	-	0	5.5	17	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	0	1	0	0	0	0	0	0	0.5	1.5	3.5	3	1	0	0	3	-	Aug 2017	3	-	0	3	7	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			149	86	176	62	70	97	76	98	98	120	150	162	126	139	95	102	184	-	Aug 2017	184	-	0	184		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	Month	Year To Date	
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	Sep 2017	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	10	9	15	15	15	12	9	12	14	14	12	13	8	12	6	12	8	Sep 2017	4	4	0	8	59	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			9	13	10	19	21	23	23	16	21	24	24	22	19	12	15	14	14	17	Sep 2017	0	0	0	17		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2017	1.59		-	1.1		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	Sep 2017	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	4	10	9	4	6	9	12	6	10	6	12	10	12	5	17	4	8	3	Sep 2017	3			3	49	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	73	74	76	76	76	79	79	71	80	83	81	83	82	82	80	79	77	Sep 2017	77.4	-		77.4		
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	Sep 2017	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			16	5	5	10	7	43	18	38	38	20	23	15	9	10	7	11	4	13	Sep 2017	5	0	8	13	54	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2017	69.2			69.2		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2017	93.7			93.7		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2017	93.4			93.4		
RTT	RTT - Backlog	<= No	0	0	69	92	93	130	121	129	161	161	160	111	96	96	98	81	97	91	91	90	Sep 2017	90			90		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Sep 2017	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	1	0	1	2	2	2	2	3	3	2	1	2	1	1	1	1	1	2	Sep 2017	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Sep 2017	0			0.0		

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	Month	Year To Date	
Data Completeness	Open Referrals	No			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	30,838	31,759	32,486	33,158	33,869	Sep 2017	8,693	16,814	8,362	33869		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	10,041	10,069	10,168	10,770	11,488	11,421	12,342	12,816	13,222	13,822	14,698	15,253	15,849	16,571	17,454	17,950	18,689	Sep 2017	5,083	10,957	2,649	18689		
Workforce	WTE - Actual versus Plan	No			87.3	101	99.2	97.1	118	116	107	109	126	119	111	116	119	124	116	117	108	96.9	Sep 2017	6.7	68.6	21.4	96.9		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2017	87.5	81.3	91.1		88.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Sep 2017	83.3	88.9	100		90.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2017	3.71	5.1	2.98	4.4	4.5	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Sep 2017	2.64	3.97	3.77	3.7	4.3	
Workforce	Sickness Absence - Long Term - in month	No			40	36	34	39	43	44	43	43	30	30	23	29	27	36	28	31	30	29	Sep 2017	4	18	7	29.0	181.0	
Workforce	Sickness Absence - Short Term - in month	No			99	105	94	111	96	106	113	125	114	142	83	105	50	41	40	88	89	91	Sep 2017	6	62	23	91.0	399.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Sep 2017	86.1	83.7	84.1	83.96	84.47	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2017	80.3	87.9	84.2		88.0	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	0	0	1	1	0	0	0	0	0	0	1	3	1	0	0	0	0	Sep 2017	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	13	-->	-->	-->	-->	-->	16	-->	-->	Jul 2017	14.1	12.6	24.8	16		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.66	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.72	3.6	3.7		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		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 pregancy	No			207	198	244	253	219	255	119	131	109	126	-	-	-	-	-	-	317	-	Aug 2017		-		317	317	
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	86.9	88.6	86.7	92.4	86.1	87.6	85.3	84.6	95.7	90.5	88.3	-	-	-	-	90.5	87	52.4	Sep 2017		52.4		52.38	77.8	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			12.8	11.4	11.8	8.76	12.3	10.5	7.71	1117	3.23	7.22	9.56	4.81	-	-	-	5.12	9	1.96	Sep 2017		1.96		1.96	5.55	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	98.2	97.7	94.8	98.6	96.6	95.8	90.1	93.9	94.6	95.6	97.2	96.2	-	-	-	87.7	89.8	88.8	Sep 2017		88.8		88.79	88.7	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			99.7	99.5	97.1	100	100	99.5	98.8	98.4	98.5	99.3	1.29	95.8	-	-	-	94	97.8	-	Aug 2017		97.9		97.85	95.89	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	99	97.5	96.6	96	96	94.3	91.5	95.4	94.1	93	92.1	90.1	-	-	-	87.4	81.3	87.5	Sep 2017		87.5		87.5	85.51	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			89.2	81.9	86	88.7	88.3	91.5	92.8	89.4	89.2	89.7	82.5	84.2	-	-	-	79.3	80.2	84.8	Sep 2017		84.8		84.75	81.41	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	1	1	1	-	-	-	-	-	1	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	97.9	92.8	94.9	97.8	99.2	97	95	95.9	93.9	96.9	-	95.5	-	-	-	93.5	100	97.7	Sep 2017		97.7		97.66	96.87	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	99.8	99.4	99.7	99.8	99.5	99.3	94	93.6	87.9	98.6	-	86.1	-	-	-	95.8	98.8	96	Sep 2017		96		96	96.77	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			42.8	39.4	41.7	49.3	40.6	39.6	40.7	37.6	43.5	43.5	-	42.2	-	-	-	40.3	35.6	41.3	Sep 2017		41.3		41.33	39.24	
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			382	400	391	391	365	413	313	132	306	377	-	357	-	-	-	382	403	191	Sep 2017		191		191	976	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	100	98.8	98.7	101	97.3	96.3	92.4	91.3	93.5	97.2	-	91.3	-	-	-	97.4	-	-	Jul 2017		97.5		97.45	97.45	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			411	322	369	393	376	409	347	330	310	342	-	322	-	-	-	371	326	371	Sep 2017		371		371	1068	
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	99.8	99.4	99.7	95.4	96.7	94.9	89.4	86.6	86.5	88.6	-	97.9	-	-	-	98.4	-	-	Jul 2017		98.4		98.41	98.41	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			290	341	355	393	375	346	347	339	323	343	-	-	-	-	-	351	317	356	Sep 2017		356		356	1024	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	91.2	90.9	92	91.4	85.6	86.3	83.6	86.7	82.4	89.8	-	-	-	-	-	97.8	-	-	Jul 2017		97.8		97.77	97.77	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			51	60	42	42	38	45	41	34	31	63	-	-	-	-	-	193	193	170	Sep 2017		170		170	556	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	4	2	1	2	1	2	3	2	4	1	2	1	1	1	0	1	0	Sep 2017	0	0	0	0	0	0	4	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	5	4	2	2	2	3	3	1	3	4	4	3	2	2	3	3	3	Sep 2017	0	1	0	1	1	3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2017	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			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	6,770	6,960	7,039	7,180	7,354	Sep 2017	2,171	0	2,476	0	2,707	7,354		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			-	1,502	1,437	1,510	2,208	2,275	2,407	2,444	2,478	2,613	2,685	2,791	2,845	2,956	3,034	3,321	3,246	3,387	Sep 2017	1,148	0	1,177	0	1,062	3,387		
Workforce	WTE - Actual versus Plan	No			25.7	31.6	35.2	39	39.8	38.4	40	37	31	34.7	30.3	23.7	18.7	28.1	27.9	30.2	30.1	38.5	Sep 2017	8.4	5	12	5.4	-0	38		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	93	80	91	93	96		92.67	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	0	50	100	100	67		77.08	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	3.4	2.2	3.8	3	2.6	3.41	3.75	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	4.3	1.3	2.5	2.1	0.7	2.68	3.07	
Workforce	Sickness Absence - Long Term - In Month	No			10	12	14	14	15	13	12	14	6	5	6	8	6	6	6	8	5	3	Sep 2017	1.0	0.0	1.0	0.0	0.0	3	34	
Workforce	Sickness Absence - Short Term - In Month	No			47	45	38	35	36	30	43	49	41	36	35	45	30	30	39	40	51	49	Sep 2017	8.0	7.0	18.0	8.0	3.0	49	239	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	92	95	82	98	95	88.0	86.1	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	93	88	91	94	97		91.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	Sep 2017	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	●	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	●	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	22	-->	-->	-->	-->	-->	23.7	-->	-->	Jul 2017	15	31	20	36	33	24		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.82	-->	-->	-->	-->	-->	-->	-->	-->	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	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		DR	IR	NM	BS			
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2017	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Sep 2017	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	2.0	1.0	2.0	1.0	3.0	1.0	-	2.0	2.0	1.0	-	1.0	1.0	2.0	2.0	2.0	4.0	-	Aug 2017					11.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	13.0	13.0	12.0	14.0	14.0	13.0	15.0	17.0	17.0	15.0	16.0	15.0	16.0	16.0	17.0	18.0	-	Aug 2017						4.69	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																	-	-	Jul 2017			71.7		71.7	66.84	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																	-	-	Jul 2017			96.2		96.23	96.84	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017	-	-	-	-	-		
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	Sep 2017	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	0	1	1	2	1	1	4	5	4	1	1	4	2	2	3	1	3	Sep 2017	2	0	1	0	3	15	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	1	2	2	2	0	1	4	9	3	2	2	1	3	4	5	2	4	Sep 2017	3	0	1	0	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2017	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			36	67	69	86	66	54	55	60	55	66	54	100	102	128	94	106	100	97	Sep 2017	97	0	0	0	97	627	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Sep 2017	0				0		
Data Completeness	Open Referrals	No			288	298	325	342	361	376	399	428	438	461	481	489	512	532	545	560	577	608	Sep 2017	608	0	0	0	608		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			'	287	287	299	315	331	346	373	386	403	421	438	454	474	482	506	531	553	Sep 2017	553	0	0	0	553		
Workforce	WTE - Actual versus Plan	No			49	51	44	45	47	45	41	40	38	32	31	32	35	39	36	35	30	25	Sep 2017	13	3.6	1.2	2	25.2		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2017	84.4	100	89.3	77.6		86.6	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Sep 2017	95.8	0	50	75		89.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2017	3.2	10.4	3.0	3.9	4.46	4.31	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Sep 2017	2.4	12.6	3.8	2.8	3.82	3.77	
Workforce	Sickness Absence - Long Term - in month	No			10	10	8	8	7	6	7	13	10	15	13	9	6	10	7	7	4	6	Sep 2017	2.0	0.0	1.0	0.0	6.00	40.00	
Workforce	Sickness Absence - Short Term - in month	No			33	39	38	31	23	26	29	41	40	53	36	32	29	22	24	22	22	34	Sep 2017	13.0	2.0	1.0	11.0	34.00	153.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Sep 2017	68.5	0	71.4	67.9	69.5	71.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2017	80.4	91.8	85.6	91.3		87.0	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2017					0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	20	-->	-->	-->	-->	-->	24	-->	-->	Jul 2017	20	10	52	23	23.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	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	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	2	2	1	0	5	4	4	1	3	2	5	Sep 2017	0	5	0	5	19	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	2	2	2	0	5	4	4	1	3	2	5	Sep 2017	0	5	0	5	19	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	2	0	0	0	0	0	0	0	2	0	0	Sep 2017	0	0	0	0	2	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	-	-	-	-	1	1	2	0	0	3	2	3	0	3	0	Sep 2017	0	0	0	0	11	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	1	0	0	0	0	2	2	4	0	1	2	Sep 2017	0	2	0	2	11	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	-	-	-	-	0	0	0	0	0	0	0	0	0	0	1	Sep 2017	0	1	0	1	1	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	0	0	0	0	0	2	0	0	0	0	0	Sep 2017	0	0	0	0	2	
Patient Safety - Harm Free Care	Falls	<= No	0	0	22	38	31	29	31	29	33	30	27	20	19	31	23	21	36	36	38	30	Sep 2017	0	27	3	30	184	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	2	1	Sep 2017	0	1	0	1	4	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	2	4	2	3	1	1	0	1	3	2	2	1	5	1	1	1	0	3	Sep 2017	-	3	-	3	11	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	0	0	1	1	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2017	1	0	2	3	7	
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	Sep 2017	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	5	5	4	5	4	3	8	4	6	1	1	4	3	8	4	10	2	Sep 2017	1	0	1	2	31	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			11	7	9	8	9	7	5	5	6	6	6	6	9	10	12	9	11	8	Sep 2017	3	4	1	8		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			102	123	128	154	152	135	104	109	122	115	112	118	128	130	131	132	136	130	Sep 2017	41	48.7	40.7	130.4		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2017	87.3	94.5	90.5		91.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2017	3.29	5.01	3.67	4.04	4.02	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Sep 2017	3.56	3.93	3.57	3.7	3.91	
Workforce	Sickness Absence - Long Term - in month	No			26	25	26	24	27	29	22	23	29	32	24	24	24	19	19	15	24	21	Sep 2017	4	-	-	21	122	
Workforce	Sickness Absence - Short Term - in month	No			65	59	81	80	83	53	74	104	101	102	93	82	57	60	57	78	84	76	Sep 2017	13	37	26	76	412	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Sep 2017	71.4	81.7	81.2	79.32	78.44	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2017	0	90.6	0		90.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	2	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	Sep 2017				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	87.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	29	-->	-->	Jul 2017	31.1	24.1	31.1	29		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.83	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.72	3.72	3.96	3.83		

Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	53	55	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016				74	182	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	9.9	8.82	9.6	8.85	9.01	9.22	7.88	7.37	12.2	12.2	8.97	8.04	8.47	8.18	8.5	7.79	8.04	-	Aug 2017				8.0	8.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	1.58	1.58	1.58	1.58	1.29	0	1.42	0.87	3.94	1.15	-	-	-	-	-	-	-	Feb 2017				1.2	1.4	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Community & Therapies Group Only	STEIS	<= No	0	0	0	0	2	0	0	2	1	1	0	0	0	0	0	0	-	1	2	3	Sep 2017				3	6	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	11.0	11.0	23	17	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2016				17	57	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	2	3	2	2	2	2	2	1	2	-	-	-	1	1	1	-	Aug 2017				0.68		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	-	-	38.5	42.4	41.5	60.1	36.8	53	57.3	55.8	59.2	56.3	66.8	58.2	51.8	56.3	56.1	52.4	Sep 2017				52.44	56.9	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			61	161	70	61	55	65	42	77	69	60	62	58	69	63	57	58	57	54	Sep 2017				53.63		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			64	67	75	65	63	71	47	80	71	63	65	63	77	68	63	65	66	62	Sep 2017				62.37		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			37	35	40	36	32	37	26	52	46	48	36	46	58	52	46	49	49	49	Sep 2017				49.48		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			40	37	11	30	37	45	14	53	53	52	62	44	55	-	-	60	38	63	Sep 2017				62.52		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			93	91	90	90	92	86	94	93	93	69	93	94	92	-	93	92	93	-	Aug 2017				93.47		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			-	-	200	222	222	270	177	251	369	308	382	460	488	467	453	428	420	369	Sep 2017				54.67	58.32	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			3	2	1	4	3	2	0	2	5	6	8	6	5	8	4	8	4	4	Sep 2017				4	33	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			3	2	1	3	1	1	0	2	2	4	6	3	5	8	4	5	2	3	Sep 2017				3	27	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			0	0	0	1	1	1	0	0	3	2	2	2	0	0	0	3	2	0	Sep 2017				0	5	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	Sep 2017				1	1	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		SG	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	10	12	4	13	8	13	11	12	11	11	14	3	9	5	10	2	8	Sep 2017	2	0	0	0	1	2	3	8	37	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	9	12	9	17	10	13	18	13	12	17	19	16	17	10	13	5	10	Sep 2017	1	0	0	0	1	4	4	10		
Workforce	WTE - Actual versus Plan	No			102	128	101	106	130	146	123	118	133	98.6	94.5	105	99.5	103	102	102	107	123	Sep 2017	8.48	3.96	4.04	19.5	-3.04	44.1	46	122.99		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Sep 2017	60	83	79	80	97	88	93		89.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Sep 2017			95					66.7	57	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Sep 2017	2.27	3.29	4.12	3.02	4.03	5.78	4.90	4.77	4.62	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Sep 2017	4.03	4.06	2.62	2.75	4.77	4.90	4.04	4.19	4.52	
Workforce	Sickness Absence - Long Term - in month	No			51	53	52	59	62	65	64	64	79	0	1	0	2	1	2	2	2	2	Sep 2017	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	11.00	
Workforce	Sickness Absence - Short Term - in month	No			192	176	173	153	160	181	203	224	191	7	8	8	3	2	3	1	4	10	Sep 2017	9.00	0.00	0.00	0.00	0.00	1.00	0.00	10.00	23.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Sep 2017	88.6	74.8	74.6	75.8	74.8	82.7	78.7	79.9	80.1	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2017	0	91	96	85	99	88	90	89.6	90	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			4	4	1	4	1	1	0	0	2	1	1	4	6	0	2	1	1	0	Sep 2017	0	0	0	0	0	0	0	0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	18	-->	-->	-->	-->	-->	21	-->	-->	Jul 2017	67.7	41.5	42.9	30.4	30.3	6.6	21.9	21.2		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	3.64	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	IPR Persistent Reds – P06 September 2017
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Finance & Performance Director
AUTHOR:	Yasmina Gainer, Head Performance Management & Costing
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

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

Please review the attached 'performance tracker' in conjunction with this paper.

The paper shows :

1. Progress against June (Q1) delivery.
   - Only one indicator was due in Q1; Early Booking Assessments. Whilst there has been some investigation this is incomplete and should be expedited to confirm issues and actions necessary to remedy. As part of this, the Trust may consider a tolerance to be applied to this indicator based on 'what is in the trust's control or reasonable influence'.

2. Results for the September (Q2) indicators which were due to improve by end of that period.
   - There is a stubborn marginal underperformance on Patient Safety Thermometer and which has previously been determined as deferred for remediation in Q3.
   - Other KPIs due in Q2 require discipline in day to day delivery to close out a residual small number of breaches. This is the subject of routine management attention and does not require a RAP.

3. KPIs due for remediation becoming due by end Q3 [P09 December]
   - These are shown below and which the RTT local standards deliveries which have previously been determined as deferred for remediation in Q4.
   - Attention is drawn to elective cancellations and bed moves after 10pm where extant performance suggests remediation in Q3 may be a significant challenge with Q4 revised target date realistic.

KPI	Due	Achieved Now?	Revised target date	RAP
Early Booking Assessment [90% within 12 weeks]	Q1	NO ▪ 78% Q1 ▪ 76% P05 ▪ 76% P06	Q3 ▪ patient level review underway to identify performance issues; improving GP liaison ▪ A tolerance may need to be considered for the Trust in the meantime as out of control	YES
Patient Safety Thermometer – Overall Harm Free Care [95%]	Q2	NO ▪ 93.9% P05 ▪ 94.8% P06	Q3 ▪ Stubborn marginal under-performance	Reqd & TBC
WHO safer surgery checklist – brief & debrief [100%]	Q2	NO ▪ 98% Q1 ▪ 99.2% P05 ▪ 98.7% P06	▪ Small residual # breaches being monitored & followed up at specific clinician / operating list level. ▪ Key issue Cardiology	N/A

Neutropenic sepsis – treatment within 1 hour	Q2	NO # breaches: ▪ 21 Q1 ▪ 10 P04 ▪ 3 P05 ▪ 7 P06	▪ Small residual # breaches being monitored & followed up at specific patient / clinician level. ▪ Performance for some weeks at 100% suggesting embedded performance with sporadic non-compliance	N/A
ED timeliness to initial assessment – 95th %ile within 15 minutes	Q2	YES ▪ Delivered P01-P06	N/A	N/A
DUE IN Q3:				
Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions) (tolerance 0.8%)	Q3	NO ▪ 1.3% mean YTD ▪ 0.9% mnth P05 ▪ 1.1% mnth P06	No change - December [Challenge]	Reqd & TBC
Patient Bed Moves (10pm - 6am) (No.) – ALL	Q3	NO ▪ c600 p.m. mean YTD	No change - December	N/A
Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units (tolerance Nil)	Q3	NO ▪ c200 p.m. mean YTD	No change - December [Challenge]	Reqd & TBC
Medical Appraisal (target 95%)	Q3	NO ▪ consistent 82%-88% p.m. YTD	No change - November	N/A
Return to Work Interviews following Sickness Absence (target 100%)	Q3	NO ▪ consistent 79% p.m. mean YTD	No change – November	N/A
RTT - Admittted Care (18-weeks) (standard 90%)	Q3	NO ▪ consistent 77% p.m. mean YTD	Q4 – March	Reqd & TBC
RTT – Non - Admittted Care (18-weeks) (standard 95%)	Q3	NO ▪ consistent 92% p.m. YTD	Q4 – March	Reqd & TBC
Treatment Functions Underperforming (Incomplete) (tolerance None)	Q3	NO ▪ consistent 25-28 p.m. YTD	Q4 – March - Oral and T&O No change – December – all other	Reqd & TBC

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

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

REPORT RECOMMENDATION:

The Board is recommended to:

1. challenge and confirm the revised remediation date and require an action plan for the cancelled operations and bed moves after 10pm standards.
2. review at its next meeting performance in respect of those indicators due in Q3
3. require at its next meeting a prospective assessment of those indicators falling due in Q4

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

Accept	Approve the recommendation	Discuss
		X

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

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

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

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

PREVIOUS CONSIDERATION:

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

Persistent Red Recovery Plan

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD - PUBLIC

DOCUMENT TITLE:	**Financial performance – P06 September 2017**
SPONSOR (EXECUTIVE DIRECTOR):	**Tony Waite – Finance Director**
AUTHOR:	**Dinah McLannahan, Deputy Director of Finance** **Tim Reardon, Associate Director of Finance**
DATE OF MEETING:	**2 November 2017**

EXECUTIVE SUMMARY:

Headlines

This report deals with the financial performance for P06 September 2017/18 and indications for the performance in relation to statutory duties for the full year.

Year to date the trust is reporting a surplus and a significant positive variance from plan.
This positive headline story is driven by one-off and technical items, the largest of those being the profit on sale of land, which contributed £16.3m to the position. A further £3.7m of other one off adjustments and recognised STF of £2.8m also support the year to date headline result.

The underlying position to date is a deficit of £16.8m, an adverse variance of £4.5m from where we had planned to be at this point.
This adverse position is driven by £3.3m under-delivery of the production plan with consequent shortfall on planned care income. CIP delivery is reported as in line with NHSI plan. The trust's monthly pay bill is down at £25.5m due to a number of mainly non-recurrent items, but also an improvement in grip and control measures which should be continued. Agency costs at £1.2m is a reduction, and also benefit from non-recurrent, and grip and control measures.

The Trust's 2017/18 plan and control total was for in year (pre-STF) financial balance and, importantly, an exit run rate of in month financial balance. The trust's 2018/19 plan then sustained that in moving to a small surplus.

The current run rate is significantly in excess of those plans and a c£3.5m [being c9% of opex] improvement in net expenditure run rate is required to remedy to that plan by April 2018.

A current view of 2017.18 year forecast is a (pre-STF) deficit of £8m. This is before further mitigating actions and which the intent is to secure a (pre-STF) deficit no greater than £4m.
That forecast includes key assumptions relating to a year end settlement with the host CCG, currently in negotiation, a production plan value of £110m as agreed, and delivering £17.4m of CIP.

Work is underway on the 8 areas of opportunity identified through the FIP2 programme and 10 key actions, driven through a sub-group to the CIP Board, to improve the forward look as much as possible. In addition to this, expedient measures and further technical opportunity will be revisited. This work will culminate in confirmation of the revised forecast outturn position of the Trust with NHSI in Month 9 reporting.

The impact of the above combined with planned capital expenditure means that the Trust will need to secure cash borrowing to support its operating costs. This is likely from P10 January 2018.

Key actions:

- Remedy production plan to meet target including income CIPs & stretch.
- Remedy ED 4hr performance to 90% by P07 to secure Q3/Q4 STF.
- Resolution of 2017.18 settlement with SWBCCG, including moderated data challenges, remedial actions and CVs.
- Accelerate CIP identification and delivery through implementation of FIP2 next steps plan, and 10 key actions.
- Confirm expedient measures and technical opportunity.
- Secure Taper Relief funding from NHSE & CRL from NHSI.
- Secure revenue working capital facility via NHSI.

Key numbers:

- Headline year to date surplus £6m being £13.1m ahead of plan due to profit of land sale.
- Underlying YTD deficit -£16.8m being £4.6m adverse to plan.
- STF of £2.8m assumed earned for year to date.
- Pay bill £25.5m (vs. £26.2m previous month); Agency spend £1.2m (vs. £1.4m in P5).
- Capital spend at £11.9m is £5.2m behind plan to date.
- Cash at 30th September £18.5m being above plan by £18m.

REPORT RECOMMENDATION:

The Board is recommended to

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

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

Accept	Approve the recommendation	Discuss
x	x	x

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

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

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

PREVIOUS CONSIDERATION:

Finance Report

Period 06 2017/18
September 2017

Trust Board
2 November 2017

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Summary & Recommendations

Period 06 2017/18

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

1. Forecast surplus £9.7m formally reported. Downside risk.
2. CRL as plan submission and remains to be confirmed by NHSi.
3. EFL based on £9.9m surplus and opening cash of £14.4m. Compliance risk from P&L downside & any consequent loss of STF funds. Asset disposal proceeds provide mitigation.

Outlook

- NHSI P06 return forecast surplus £9.1m, £0.865m below control total due to H1 A&E STF failure.
- Material risk to delivery of pre-STF control total. Step reduction in exit run rate costs required to avoid knock on impact to 2018.19 financial challenge.
- Expedient and recovery measures required Q3 / Q4.
- CIP Board working sub-group to co-ordinate delivery of agreed FIP2 action plan alongside further recovery actions.

P06 key issues & remedial actions

- P06 YTD headline performance reported as £13.1m ahead of plan due to profit on land sale and other one-off technical support.
- The underlying year to date position and forward look will almost certainly result in a revision of the formal FOT with NHSI at Month 9.
- Planned care income significantly off target in P06 and requires remediation & stretch in remaining months, and settlement with SWBCCG.
- Pay costs remain stubborn and require step reduction. Headline reduction largely non-recurrent.
- Extensive work is underway to remediate this position to the best possible FOT.
- Capex programme being pursued as plan. CRL remains to be confirmed by NHSi. Dialogue on-going.
- Near term revenue cash requirement covered by revised capex timing and asset disposal receipt. Consequent revenue borrowing requirement pushed back to January 2018 subject to I&E downside & STF recovery.

Recommendation

- Challenge and confirm:
  - Reported P06 position versus the underlying position of the Trust.
  - Plausibility of the current forward look in the context of the assumptions contained within (Income and CIP delivery) and the work underway to improve that view.

Finance Report

Performance to date – I&E and cash

Period 06 2017/18

Financial Performance to Date

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

- P06 year to date reported ahead of plan excluding STF
- Headline I&E surplus of £6.017m, exceeds NHSI plan by £13.1m as a result of £16.3m land sale profit offsetting STF A&E failure and operational performance.
- Underlying I&E deficit £16.795m being £4.6m adverse to plan
- Capital spend of £11.851m being £5.179m behind plan;
- Cash at 30 September £18.459m being £17.979m more than plan.
- Use of resources rating at 3 year to date.

I&E

P06 year to date reported as ahead of plan due to profit on sale of land. STF A&E waiting time performance failure reported at £865k under-recovery.

The reported position is dependent on the benefits from £20m of contingencies and flexibility. This includes land sale which, was intended to provide the £13m mitigation included in P12. At current run rates this is likely to be utilised by P09.

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

Savings

Savings required in 2017/18 are £33m. Of this total £22.7m have been delivered to date. This includes the N/R profit on disposal of surplus assets. Not counting this disposal £6.4m CIP delivery has been achieved to date. This is 37% of the full year operational CIP required.

Capital

Capital expenditure to date stands at £11.9m against a full year plan of £46.7m. Key variance to date in is respect of timing of EPR, and MMH. The full five year programme is subject to review having regard to MMH delay. This review has not materially changed the plan for 17/18.

Cash

The cash position is £18m above plan at 30th September. This is due to as yet uncommitted capital programme spend and asset disposal proceeds.

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

EFL compliance at risk from P&L downside and any under-recovery of STF funds. Asset disposal proceeds provide partial mitigation. Revised EFL to be confirmed in CRL paper.

Better Payments Practice Code

Performance in September improved deteriorated when measured by value and volume and continues to be below the target of 95%. It is expected that this target will not be achieved in FY 2017/18 given the cash position and the resulting extension of creditor terms that will be required. NHSI and DH expect Trusts to present a stretched creditor position (without impacting on operational conditions) in order to support a request for working capital cash.

Finance Report

Use of Resources Rating

Period 06 2017/18

Finance and use of resources rating	Expected Sign	03PLANYTD Plan 30/09/2017 YTD £'000	03ACTYTD Actual 30/09/2017 YTD £'000	03VARYTD Variance 30/09/2017 YTD £'000	03PLANCY Plan 31/03/2018 Year ending £'000	03FOTCY Forecast 31/03/2018 Year ending £'000	03VARCY Variance 31/03/2018 Year ending £'000	Maincode Subcode
Capital service cover rating	+	4	4		1	2		PRR0160
Liquidity rating	+	4	3		4	4		PRR0170
I&E margin rating	+	4	1		1	1		PRR0180
I&E margin: distance from financial plan	+		1			2		PRR0190
Agency rating	+	2	3		2	2		PRR0200

Overall finance and use of resources risk rating	Expected Sign	03PLANYTD Plan 30/09/2017 YTD £'000	03ACTYTD Actual 30/09/2017 YTD £'000	03VARYTD Variance 30/09/2017 YTD £'000	03PLANCY Plan 31/03/2018 Year ending £'000	03FOTCY Forecast 31/03/2018 Year ending £'000	03VARCY Variance 31/03/2018 Year ending £'000	Maincode Subcode
Overall rating unrounded	+		2.40			2.20		PRR0202
If unrounded score ends in 0.5	+		0.00			0.00		PRR0204
Plan risk ratings before overrides	+		2			2		PRR0206
Plan risk ratings overrides:								
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text		Trigger			Trigger		PRR0208
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+		3			3		PRR0210
Control total override - Control total accepted	+		YES			YES		PRR0212
Control total override - Planned or Forecast deficit	Text		No			No		PRR0214
Control total override - Maximum score (0 = N/A)	+		0			0		PRR0216
Is Trust under financial special measures	Text		No			No		PRR0218
Risk ratings after overrides	+		3			3		PRR0220

The Trust's Use of Resources rating year to date is 3 (amber)

The profit generated on land sale, reported in August, has improved I&E margin and liquidity in the short term.

However, not all metrics are affected positively:

- Capital service cover is calculated using margin before profit on sale and so is unaffected and consequently remains red;
- Agency spend remains more than plan resulting in a score of 3.

The forward look reflects the NHSI submitted plan and will be impacted by any change to the FOT and under-recovery of STF.

Finance Report

I&E Performance – Full Year

Period 06 2017/18

Period 6	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	35,436	33,409	(2,027)	212,290	204,629	(7,661)	424,405	424,405	0
Other Income	4,057	4,371	314	23,834	27,970	4,136	59,706	58,841	(865)
Income total	**39,493**	**37,780**	**(1,713)**	**236,124**	**232,598**	**(3,526)**	**484,111**	**483,246**	**(865)**
Pay	(25,560)	(25,511)	49	(154,892)	(157,176)	(2,284)	(300,666)	(300,666)	0
Non-Pay	(12,567)	(12,083)	484	(75,854)	(73,258)	2,595	(155,280)	(155,280)	0
Expenditure total	**(38,127)**	**(37,593)**	**533**	**(230,746)**	**(230,434)**	**312**	**(455,946)**	**(455,946)**	**0**
EBITDA	**1,366**	**187**	**(1,180)**	**5,378**	**2,164**	**(3,214)**	**28,165**	**27,300**	**(865)**
Non-Operating Expenditure	(2,099)	(2,057)	42	(12,550)	3,806	16,356	(9,271)	(9,271)	0
Technical Adjustments	18	19	1	104	47	(57)	(8,961)	(8,961)	0
DH Surplus/(Deficit)	**(715)**	**(1,851)**	**(1,136)**	**(7,068)**	**6,017**	**13,085**	**9,933**	**9,068**	**(865)**
Add back STF	*(699)*	*(280)*	*419*	*(3,670)*	*(2,805)*	*865*	*(10,483)*	*(9,618)*	*865*
Adjusted position	***(1,414)***	***(2,131)***	***(717)***	***(10,737)***	***3,213***	***13,950***	***(550)***	***(550)***	***0***
Technical Support (inc. Taper Relief)	*(250)*	*(483)*	*(233)*	*(1,500)*	*(20,008)*	*(18,508)*	*(3,000)*	*(3,000)*	*0*
Underlying position	***(1,664)***	***(2,614)***	***(950)***	***(12,237)***	***(16,795)***	***(4,558)***	***(3,550)***	***(3,550)***	***0***

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

The underlying deficit for P06 YTD is therefore recorded as £16.8m. This is £4.6m adverse compared with the plan underlying deficit of £12.2m.

The trust reported a headline surplus for P06 YTD of £6.0m being £14.0m ahead of plan having taken account of the STF failure related to A&E 4hr waiting times performance.

This surplus, which is lower than P05, continues to be driven by the land sale in P05. This generated a £16.3m surplus.

In addition the position has also utilised the benefit of £6.5m of contingency and support of which £2.2m was unplanned.

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

Finance Report

Income Analysis

Period 06 2017/18

Performance Against SLA by Patient Type	Activity					Finance			
	Annual Plan	Planned	Actual	Variance		Annual Plan £000	Planned £000	Actual £000	Variance £000
A&E	227,129	113,852	110,480	-3,372		£24,194	£12,127	£12,436	£308
Emergencies	45,400	22,246	22,428	181		£85,899	£42,259	£44,802	£2,543
Emergency Short Stay	10,217	5,461	3,676	-1,784		£7,536	£4,031	£2,782	-£1,249
Excess bed days	10,495	4,921	6,779	1,858		£2,906	£1,376	£1,785	£409
Urgent Care						**£120,535**	**£59,794**	**£61,805**	**£2,011**
OP New	169,764	87,211	93,358	6,148		£25,548	£13,130	£13,621	£491
OP Procedures	61,597	31,649	35,515	3,866		£10,487	£5,388	£5,762	£375
OP Review	387,088	198,839	168,634	-30,204		£27,008	£13,870	£12,242	-£1,628
OP Telephone	12,965	6,652	7,402	750		£298	£153	£160	£7
DC	39,887	19,663	17,323	-2,340		£32,844	£16,194	£13,909	-£2,284
EL	6,408	3,159	3,227	68		£16,430	£8,104	£7,881	-£224
Planned Care - production plan						**£112,615**	**£56,838**	**£53,575**	**-£3,263**
Planned care outside production plan	24,234	15,281	18,227	2,946		£4,114	2,443	£2,597	£154
Maternity	20,284	9,963	9,821	-141		£19,193	£9,427	£9,215	-£212
Renal dialysis	565	282	316	34		£68	£34	£38	£4
Community	619,003	319,733	323,678	3,945		£36,658	£18,780	£18,834	£54
Cot days	12,932	6,484	7,576	1,092		£6,782	£3,401	£3,714	£313
Other contract lines	3,623,854	1,814,627	2,036,666	222,039		£94,419	£48,214	£49,527	£1,314
Unbundled activity	68,721	37,596	36,349	-1,247		£7,629	£4,437	£4,452	£15
Other						**£168,863**	**£86,735**	**£88,378**	**£1,643**
Sub-Total: Main SLA income (excl fines)						**£402,013**	**£203,367**	**£203,758**	**£392**
Month 6 Oncology (awaiting contract variation)						£775	£770	£0	-£770
Income adjustment - pass through drugs						£746	£366	-£781	-£1,147
Fines and penalties						-£600	-£300	-£1,600	-£1,300
Cancer Drugs Fund						£2,636	£1,318	£339	-£979
NHSE Oncology top up						£850	£0	£0	£0
UHB Oncology						£3,403	£0	£0	£0
National Poisons						£734	£367	£363	-£5
SLA income -interpreting						£255	£127	£142	£14
SLA income -Neurophys / Maternity etc						£1,735	£868	£773	-£95
Mental Health Trust SLA						£29	£15	£15	£0
Individual funding requests						£0	£0	£23	£23
Private patients						£236	£119	£44	-£75
Overseas patients						£768	£384	£746	£362
Prescription Charges Income						£39	£20	£22	£2
Injury cost recovery						£1,249	£624	£356	-£269
NHSI Plan phasing adjustment						-£2	-£370	£0	£370
Other adjustments						£3	£50	£429	£379
GRAND TOTAL patient related income						**£414,870**	**£207,725**	**£204,629**	**-£3,096**

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

Planned care within the production plan is behind by £3.3m for the year to date as measured against the [CCG] contract plan profile. This contract plan is different from the internal production plan. This is subject to regular review and re-phased based on YTD performance.

£410m of SLA income [£415m total PRI] is assumed recovered in the 2017.18 forecast and which requires a £3m step up in production plan delivery in H2.
This includes £4m of fines / data challenges and remediations to that of £1.4m.

There is on-going dialogue with SWBCCG as to an appropriate contract settlement for the year and with regard to a common recognition and intent :

a) not to destabilise SWBH finances
b) To have in a place a different and more appropriate contracting arrangement going forwards from 2018.19.

Finance Report

CIP achievement

Period 06 2017/18

Year to Date up to Period 6	17/18 In Year Target £'000s		In Year Actual and Forecast Delivery												In Year 17/18 YTD £'000s	In Year 17/18 Fcast Outturn £'000s
			Apr Actual 1 £'000s	May Actual 2 £'000s	Jun Actual 3 £'000s	Jul Actual 4 £'000s	Aug Actual 5 £'000s	Sep Actual 6 £'000s	Oct F/Cast 7 £'000s	Nov F/Cast 8 £'000s	Dec F/Cast 9 £'000s	Jan F/Cast 10 £'000s	Feb F/Cast 11 £'000s	Mar F/Cast 12 £'000s		
Medicine and Emergency Care	5,925		237	274	154	447	484	469	532	583	594	475	465	465	2,066	5,180
Surgical Services	8,327		130	92	128	115	183	278	241	260	272	283	283	283	926	2,547
Women and Child Health	2,519		33	50	19	34	92	60	61	438	126	129	129	229	287	1,398
Primary Care,Community and Therap	2,456		78	87	109	169	201	314	175	235	264	281	292	292	958	2,498
Pathology	640		49	78	177	80	97	90	118	118	152	114	114	128	571	1,315
Imaging	1,035		35	32	96	85	94	177	145	189	213	205	205	213	519	1,687
Sub-Total Clinical Groups	**20,902**		**562**	**613**	**683**	**930**	**1,151**	**1,388**	**1,272**	**1,823**	**1,620**	**1,486**	**1,487**	**1,610**	**5,327**	**14,625**
Strategy and Governance	344		14	14	14	14	14	14	14	14	14	14	14	14	85	170
Finance	392		24	24	25	24	24	24	24	24	24	24	24	24	144	289
Medical Director	418		34	34	34	34	34	34	34	34	34	34	34	34	201	403
Operations	524		0	0	0	0	77	74	84	84	89	89	89	89	151	674
Organisation Development	166		2	5	(3)	1	1	1	26	26	26	26	26	26	8	162
Estates and NHP	723		48	48	37	(50)	137	43	43	43	43	43	43	43	262	522
Corporate Nursing and Facilities	1,435		47	47	1	38	43	41	52	65	65	62	62	63	215	584
Sub-Total Corporate	**4,003**		**168**	**171**	**108**	**61**	**329**	**231**	**276**	**290**	**295**	**292**	**292**	**293**	**1,067**	**2,804**
Central	8,095		0	0	0	0	0	16,300	0	0	0	0	0	0	16,300	16,300
TOTAL	**33,000**		**730**	**784**	**791**	**991**	**1,480**	**17,919**	**1,549**	**2,112**	**1,914**	**1,778**	**1,779**	**1,902**	**22,694**	**33,729**
NHSI Plan - March 2017 submission			666	667	667	1,330	1,330	1,330	2,007	2,007	2,007	2,661	2,663	15,666	33,001	
TPRS Plan			795	992	1,280	1,316	1,594	1,777	1,972	2,122	2,010	1,973	1,965	2,073	19,870	
Planning gap			129	325	613	-14	264	447	-35	115	3	-688	-698	-13,593	-13,131	
Delivery gap (excl land transfer)			-66	-209	-489	-326	-115	-158							-1,361	
% Delivery Failure			-8%	-21%	-38%	-25%	-7%	-9%								

CIP delivery to date is reported as being ahead of NHSI plan due to the profit on sale of land. This indicates that 67% of the CIP has been delivered 50% of the way through the financial year. However, if the impact of land sale is removed from the figures then only 37% of the necessary CIP has been delivered to date. The £16.3m profit on disposal was required in the Trust's FY 2017/18 plan. The current £17.429m forecast is reflected in the I&E forward look.

Finance Report

Pay bill & Workforce

Period 06 2017/18

Pay and Workforce	Current Period	Previous Period	Change between periods	%	Plan YTD	Actual YTD	Variance YTD
Pay - total spend	£25,511k	£26,218k	-£708k	-3%	£154,892k	£157,176k	£2,284k
Pay - substantive	£21,755k	£21,895k	-£140k	-1%	£134,345k	£131,751k	-£2,594k
Pay - agency spend	£1,155k	£1,415k	-£260k	-18%	£7,245k	£8,621k	£1,376k
Pay - bank (inc. locum) spend	£2,601k	£2,908k	-£307k	-11%	£13,302k	£16,804k	£3,502k
WTE - total	6,880	6,920	-40	-1%	6,776	6,880	105
WTE - substantive	5,995	5,987	9	0%	5,979	5,995	16
WTE - agency	176	173	3	2%	208	176	-32
WTE - bank (inc. locum)	709	761	-52	-7%	589	709	120
Memo: locum spend	£655k	£900k	-£244k	-27%	£278k	£4,411k	£4,133k
Memo: locum WTE	66	67	-1	-1%	4	66	62
NHSI locum spend target	£6,307k						

Paybill & Workforce

- Total pay costs (including agency workers) were £25.5m in September. Most of this reduction is non-recurrent and results from an operational review of worked shift information used for accruals. It is estimated that bed closures account for £200k of this reduction.
- 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 September. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust continues to exceed the national agency rate caps. Trust implementation and compliance is subject to granular assurance that there is no compromise to securing safe staffing levels.
- Target have been set for locum spend reduction in FY 2017/18. For SWBH the target is a spend reduction of £545k compared to FY 2016/17.

Finance Report

Group I&E Performance

Period 06 2017/18

Period 6	Current Period			Run rate change	Year to Date			Full Year
	Plan	Actual	Variance	since P5	Plan	Actual	Variance	Plan
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine & Emergency Care	1,293	1,359	65	236	9,486	6,968	(2,517)	20,485
Surgical Services	1,150	810	(340)	59	8,303	4,403	(3,900)	18,138
Women's & Child Health	1,706	1,097	(609)	(139)	11,479	8,702	(2,776)	23,365
Primary Care, Community and Therapies	976	696	(281)	119	5,421	3,253	(2,168)	10,884
Pathology	310	312	2	(85)	1,876	1,897	22	3,973
Imaging	287	193	(94)	44	1,641	954	(687)	3,593
Clinical Groups	**5,722**	**4,466**	**(1,256)**	**234**	**38,206**	**26,178**	**(12,027)**	**80,438**
Strategy and Governance	(1,292)	(1,248)	45	(32)	(7,790)	(7,486)	304	(15,440)
Finance	(349)	(333)	15	2	(2,121)	(2,077)	44	(4,124)
Medical Director	(736)	(701)	35	(108)	(4,464)	(4,294)	170	(8,739)
Operations	(1,220)	(1,132)	88	155	(7,462)	(7,491)	(29)	(14,712)
Workforce & Organisation Development	(488)	(465)	23	(15)	(2,973)	(2,820)	153	(5,776)
Estates & New Hospital Project	(1,056)	(1,091)	(36)	(68)	(6,417)	(6,114)	303	(12,496)
Corporate Nursing & Facilities	(1,432)	(1,469)	(37)	209	(8,725)	(9,293)	(568)	(16,920)
Corporate Directorates	**(6,573)**	**(6,439)**	**133**	**143**	**(39,952)**	**(39,574)**	**378**	**(78,207)**
Central	(102)	(845)	(743)	(17,134)	(1,228)	13,943	15,171	1,099
Income	2,154	1,150	(1,003)	(15,139)	7,641	6,944	(698)	16,003
Reserves	(1,932)	(202)	1,730	(0)	(11,837)	(1,522)	10,316	(9,642)
Technical Adjustments	17	19	2	0	104	47	(57)	208
DH Surplus/(Deficit)	**(713)**	**(1,851)**	**(1,137)**	**(31,896)**	**(7,067)**	**6,017**	**13,084**	**9,899**

While the bottom line Trust variance year to date is £13.1k favourable related to land sale, the underlying Group variance of £12m adverse is highlighted as being offset by central items and release of reserves.
Forecast scenarios based on P05 YTD performance have been prepared.

Finance Report

Group I&E Variances

Period 06 2017/18

Period 6	Year to Date Variances													
	Main SLA excl P/T £'000s	Pass Thru SLA Inc £'000s	CDF and FP10s £'000s	Other PRI £'000s	STF £'000s	Other Income £'000s	Pay Substantive £'000s	Pay Bank £'000s	Pay Agency £'000s	Pay Other £'000s	Non Pay Pass Thru £'000s	Non Pay Other £'000s	Non Opex £'000s	TOTAL £'000s
Medicine & Emergency Care	2,523	876	0	(245)		(94)	4,410	(4,620)	(4,671)	850	(876)	(670)	0	(2,517)
Surgical Services	(3,162)	(55)	(55)	141		38	3,365	(2,365)	(1,301)	(40)	110	(576)	0	(3,900)
Women's & Child Health	(854)	76	0	(837)		(254)	2,546	(1,119)	(568)	(1,270)	(76)	(420)	0	(2,776)
Primary Care, Community and Therapie	166	290	(979)	77		(1)	2,263	(1,541)	(750)	(1,254)	690	(1,130)	0	(2,168)
Pathology	148	0	0	(67)		234	725	(168)	0	(618)	(0)	(231)	0	22
Imaging	(187)	0	0	13		(151)	479	(462)	(229)	135	0	(285)	0	(687)
Clinical Groups	**(1,367)**	**1,187**	**(1,034)**	**(918)**	**0**	**(229)**	**13,787**	**(10,275)**	**(7,518)**	**(2,197)**	**(153)**	**(3,311)**	**0**	**(12,027)**
Strategy and Governance	0	0	0	646		289	(2)	(87)	(61)	(34)	0	(447)	0	304
Finance	0	0	0	0		(4)	213	(93)	(101)	35	0	(7)	0	44
Medical Director	0	0	0	0		(335)	552	(139)	(1)	(30)	0	122	0	170
Operations	0	(15)	(177)	176		289	1,141	(372)	(372)	(53)	191	(837)	0	(29)
Workforce & Organisation Developmer	0	0	0	0		67	(106)	(88)	(3)	125	0	158	0	153
Estates & New Hospital Project	0	0	0	0		(35)	53	(14)	14	(178)	0	463	0	303
Corporate Nursing & Facilities	2	0	0	2		(148)	999	(982)	(66)	(197)	0	(177)	0	(568)
Corporate Directorates	**2**	**(15)**	**(177)**	**824**	**0**	**123**	**2,850**	**(1,775)**	**(590)**	**(331)**	**191**	**(723)**	**0**	**378**
Central	(225)	0	0	(430)	(865)	(442)	(24)	(27)	(0)	0	0	811	16,374	15,171
Income	190		0	(1,134)		215	47	0	0	0	0	0	(16)	(698)
Reserves	0	0	0	0		1	0	0	0	3,685	0	6,631	0	10,316
Technical Adjustments	0	0	0	0		0	0	0	0	0	0	0	(57)	(57)
DH Surplus/(Deficit)	**(1,400)**	**1,172**	**(1,211)**	**(1,658)**	**(865)**	**(333)**	**16,660**	**(12,077)**	**(8,109)**	**1,157**	**39**	**3,408**	**16,301**	**13,084**

This shows the Group variances from their internal control totals in more detail. The adverse income variance due to the NHSI plan phasing adjustment is shown in central – income. The net impact of STF failure and profit on sale driving the bottom line variance is seen in Central.

The significant reliance on bank and agency staff is shown. Work streams to tackle pay are improving rostering, waiting list initiative and recruitment practices. Some benefit appears to have been realised with a reduction seen in September's paybill Other pay relates to unidentified CIPs in Groups and the benefit of the reserve held for incremental drift. The pass through variance including cancer drugs fund and FP10 prescribing is net nil with Group overspends on other non-pay and the release of non-pay reserves improving the position.

Finance Report

Capital

Period 06 2017/18

Programme	Year to Date Flex Plan £'000s	Actual £'000s	Gap £'000s	*Orders Placed £'000s*	Full Year NHSI Plan £'000s	Flex Plan £'000s	Outlook £'000s	Variance £'000s
Estates	10,843	8,478	(2,365)	*4,715*	20,624	20,624	20,624	0
Information	5,116	2,615	(2,501)	*1,787*	10,572	10,572	10,572	0
Medical equipment / Imaging	651	127	(524)	*482*	5,006	5,006	5,006	0
Contingency	0	0	0	*0*	0	0	0	0
Sub-Total	**16,610**	**11,220**	**(5,390)**	*6,983*	**36,202**	**36,202**	**36,202**	**0**
Technical schemes	378	565	187	*0*	10,386	10,386	10,386	0
Donated assets	42	66	24	*0*	84	84	84	0
Total Programme	**17,030**	**11,851**	**(5,179)**	*6,983*	**46,672**	**46,672**	**46,672**	**0**

The table shows the status of the capital programme, analysed by category, at the end of period 6.
Spending is £5.2m behind plan year to date due to delays on the major projects within Information and Estates. The impact of this delay on the unplanned balance of PDC funding at 31st March 2018 is being assessed.

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

The review of the capital programme means that the Trust can now formally request confirmation of the Trust's CRL in line with the submitted plan, and this will be done imminently. This paper will also bear reference to future need in line with MMH.

Finance Report

SOFP

Period 06 2017/18

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

	Balance as at 31st March 2017	Balance as at 30th September 2017	NHSI Planned Balance as at 30th September 2017	Variance to plan as at 30th September 2017	NHSI 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	208,483	215,280	(6,797)	242,166	242,166
Intangible Assets	166	735	239	496	239	239
Trade and Other Receivables	43,017	55,210	64,527	(9,317)	92,045	92,045
Current Assets						
Inventories	5,268	5,559	4,179	1,380	4,177	4,177
Trade and Other Receivables	25,151	38,323	20,946	17,377	20,946	20,946
Cash and Cash Equivalents	23,902	18,459	489	17,970	309	309
Current Liabilities						
Trade and Other Payables	(68,516)	(65,134)	(55,740)	(9,394)	(38,646)	(38,646)
Provisions	(1,138)	(977)	(1,196)	219	(1,196)	(1,196)
Borrowings	(903)	(1,306)	(1,903)	597	(3,353)	(3,353)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,404)	(3,335)	(2,955)	(380)	(3,012)	(3,012)
Borrowings	(33,954)	(37,125)	(31,155)	(5,970)	(50,077)	(50,077)
DH Capital Loan	0	0	0	0	0	0
	197,023	**218,892**	**212,711**	**6,181**	**263,598**	**263,598**
Financed By						
Taxpayers Equity						
Public Dividend Capital	205,362	221,050	227,107	(6,057)	252,540	252,540
Retained Earnings reserve	(24,972)	(19,001)	(31,155)	12,154	(5,822)	(5,822)
Revaluation Reserve	7,575	7,785	7,701	84	7,822	7,822
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	197,023	**218,892**	**212,711**	**6,181**	**263,598**	**263,598**

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

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

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

A task & finish group initiated a cash remediation plan in 2017/18. The actions of this are reflected in the favourable variance on cash. This month there is a separate paper on cash remediation and forward look.

Finance Report

SOCF

Period 06 2017/18

Sandwell & West Birmingham Hospitals NHS Trust												
CASH FLOW 2017/18												
PLAN, ACTUAL AND YEAR END FORECAST 2017-18												
ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Actual £000s	October Forecast £000s	November Forecast £000s	December Forecast £000s	January Forecast £000s	February Forecast £000s	March Forecast £000s
Receipts												
SLAs: SWB CCG	22,627	22,930	22,303	22,269	22,216	22,327	22,603	22,603	22,603	22,603	22,603	22,603
Associates	6,278	6,675	6,356	6,393	6,500	6,418	6,466	6,466	6,466	6,466	6,466	6,466
Other NHS	1,980	750	646	1,151	1,204	856	1,131	866	795	1,161	1,428	1,806
Specialised Services	3,583	3,374	3,838	6,668	4,327	3,373	4,058	7,279	4,094	3,858	4,520	5,420
STF Funding and Taper Relief	0	0	0	0	0	1,337	0	5,800	1,467	0	0	2,202
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	353	0	4,353	0	4,352	0	0	0	4,405	0	0	4,405
Public Dividend Capital	5,050	5,138	0	5,500	0	0	3,618	8,411	3,951	3,836	3,297	3,039
Loans	0	0	0	0	0	0	0	0	0	0	0	0
Other Receipts	1,769	4,237	2,759	2,770	3,138	2,661	1,375	1,375	1,375	1,375	1,375	1,375
Land Sale Receipt					18,800							
Total Receipts	41,641	43,105	40,255	44,751	60,538	36,973	39,251	52,800	45,157	39,299	39,690	47,316
Payments												
Payroll	13,431	13,789	14,017	13,567	14,042	14,023	13,504	13,504	13,253	13,504	13,504	13,504
Tax, NI and Pensions	9,910	10,133	10,202	10,047	10,062	9,867	9,930	9,930	9,930	9,930	9,930	9,930
Non Pay - NHS	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550
Non Pay - Trade	3,892	14,248	13,785	10991	15,389	11,205	17,344	14,810	13,515	13,515	13,515	13,515
Non Pay - Capital	11,368	4,422	1,720	1,645	1,179	3,155	6,148	1,863	2,487	1,925	2,068	1,544
MMH PFI	3,397	2,055	2,552	2,022	1,587	735	3,618	8,411	3,951	7,621	3,297	3,039
PDC Dividend	0	2	0	0	3	3,447	0	0	0	0	0	3,637
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	514	710	186	133	464	285	140	140	105	140	140	140
Total Payments	45,595	48,442	45,544	41,487	45,809	45,799	53,766	51,740	46,323	49,717	44,444	47,299
Cash Brought Forward	23,873	19,919	14,582	9,292	12,556	27,285	18,459	3,944	5,004	3,838	(6,580)	(11,334)
Net Receipts/(Payments)	(3,954)	(5,337)	(5,290)	3,264	14,729	(8,826)	(14,515)	1,060	(1,166)	(10,418)	(4,754)	17
Cash Carried Forward	19,919	14,582	9,292	12,556	27,285	18,459	3,944	5,004	3,838	(6,580)	(11,334)	(11,317)

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

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

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

STF is forecast for receipt at the end of the following quarter in which it is earned and taper reflect in November.

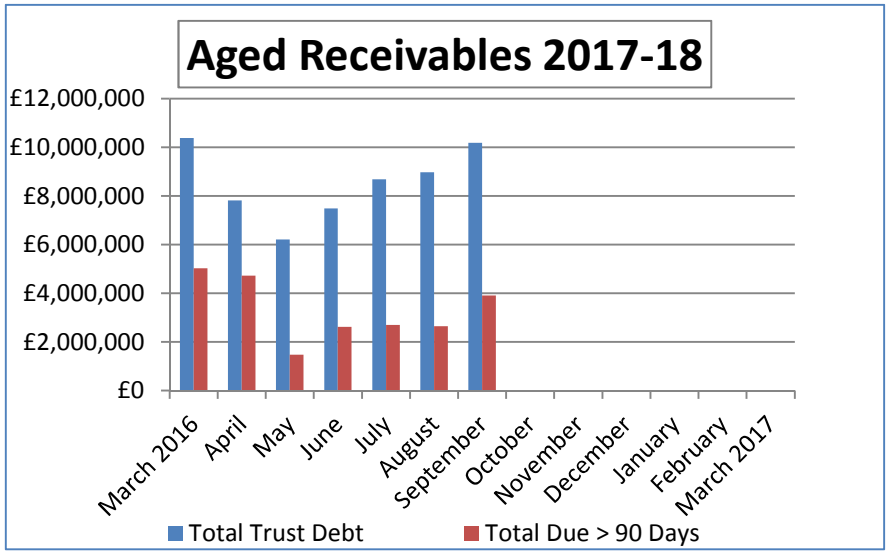
Cash balances are monitored daily by finance.

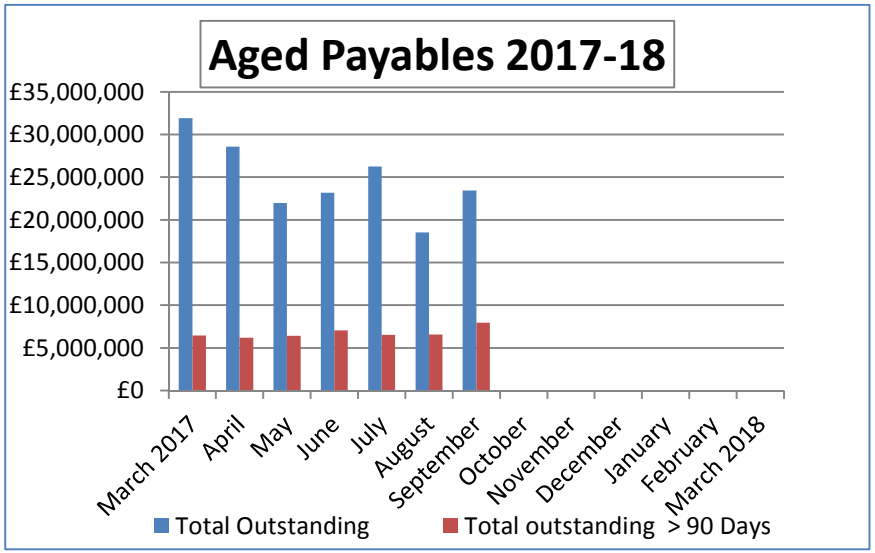
The cash paper deals with sensitivity scenarios relating to the key assumptions inherent within this cashflow.

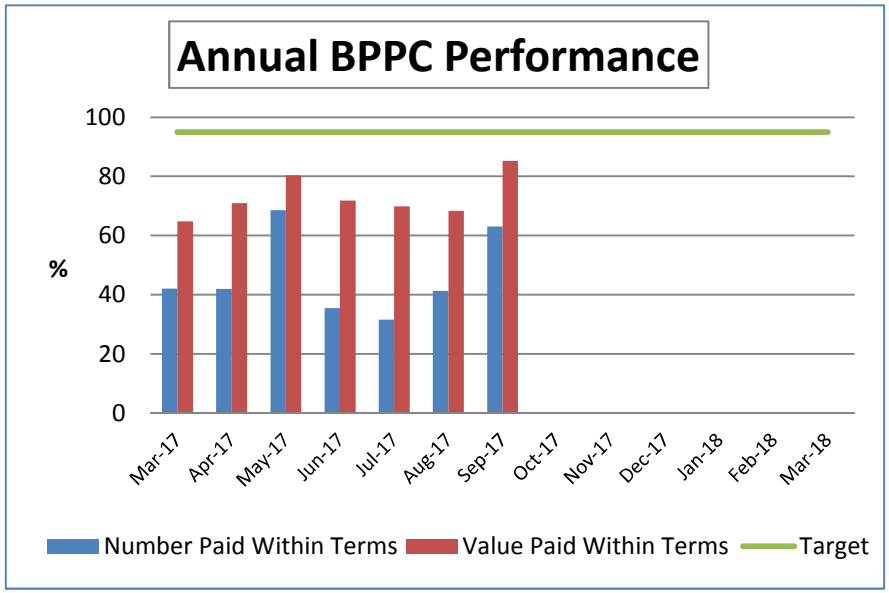
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 06 2017/18







Note

- The September debt position increased as Commissioners withhold income until performance penalties are reviewed. Non NHS debt stablised, however the NHS >90 day debt increased as historic debt aged further.
- The overall Payables position has increased in September, however the August position was lower reflecting the additional cash generated from the Land Sale utilised to reduce the AP liability. The overall level of over 90 days liability has increased as NHS invoices age further, these are being reviewed at Executive Level. The Trust anticipates an improvement on this position as the cash plan is revised to reflect a requirement to improve performance against the BPPC target of paying 95% of invoices within 30 days.
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Underlying performance remains the subject of improvement work with finance and procurement teams.

Finance Report

Appendix 1 - Technical support

Period 06 2017/18

Contingency & flexibility utilised in delivering actual performance to date

	P06 Month	P06 YTD
Unplanned contingency & flexibility	**£k**	**£k**
GRNI accrual released from balance sheet	0	808
Taper relief - timing - income excess over costs accrued	233	1,400
Other contingency & flexibilities utilised	0	0
Profit on sale	0	2,350
	233	4,558
Planned contingency & flexibility		
Taper relief - income used to fund planned capex	250	1,500
Other contingency & flexibilities utilised	0	0
	250	1,500
Contingency & flexibility required to delivered YTD plan	**483**	**6,058**
Residual profit on sale currently available for £13m risk mitigation in March		13,950
Total contingency & flexibility utilised	**483**	**20,008**

*2

*1

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

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

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

- Taper relief income is being fully accrued but, to date, no costs have been incurred and none are included in the I&E position. Plan anticipates £2m of costs would have incurred by the end of P06. Costs will be incurred but this treatment is consistent with prior year practice which was subject to the year end audit.
- GRNI of £808k has been assumed. The Trust is working through £1.2m of GRNI realisation of which requires the Trust to clear down GRNI prior to September 2016. This is considered a balanced and prudent approach.
- Fines and penalties in relation to main commissioner contract performance have now been anticipated in the position. There is significant risk from the CCG disputing invoiced activity which is reported in the main body of this report.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Enki Medical Practice, Modality Partnership, Orsborn House, 55 Terrace Road, Birmingham. B19 1BP

Date: 5th October 2017, 0930 – 1230h

Members Present:

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

In Attendance:

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

Board Support

Miss R Fuller, Executive Assistant	(RF)

Minutes	Reference
1. Welcome, apologies and declaration of interests	**Verbal**

Apologies were received from Miss K Dhami and Mrs E Newell.

Declaration of Interests

Mr Lewis announced that he has taken up the post of Chair of the Audit Committee at Aston Council.

2. Patient Story	**Presentation**

The patient story video focused on a deaf patient and how communicating with the Trust presented difficulties, especially with the electronic forms provided on-line not functioning, telephone relay service not available and no email address provided to inform BMEC of her needs when attending hospital appointments.

Mr Lewis concurred with the suggestions made by the patient to make reasonable adjustments to systems from she outlined from her experience, and it was agreed that an update will be provided to the Board and the patient in 3 months time on the implementation of the improvements required.

It was discussed if lower band staff (Agenda for Change bands 2 – 4) felt confident in communicating effectively with patients who require adjustments, to enable them to access treatment or services at the Trust. The Executive Team will reflect on the staff perspective/behaviours and possibly, through the quality improvement half day sessions across the Trust, use the video to provide this patient story and issues raised with staff.

Mrs Perry was concerned about letters being sent to patients with no contact details on as there is no way of contacting the right area at the Trust to discuss any concerns that could affect their treatment, and the ability to attend appointments in the correct location.

Mr Lewis commented that the "purple phone" initiative (for patients to raise concerns whilst on Trust premises) would be a real-time way of raising concerns by patients whilst on our sites. In addition, reviewing letters sent to patients and ensuring signage terminology (language) are the same as provided in letters would enhance patient experience with the Trust.

Mrs Wilkin informed the Trust Board that the patient was willing to test systems on behalf of the Trust and was committed to working with the Trust on any future projects to improve quality of experience.

ACTION:

- The patient to be contacted in 3 months time with an update and this also be provided back to the Trust Board.
- Mrs Wilkin will make arrangements to use the video to communicate to staff as part of a future quality improvement half day across the Trust.
- Mrs Wilkin and team will work with this patient on testing systems for the benefit of all patients.
- Executive Directors will reflect on the staff perspective/behaviours (for staff in bands 2 – 4) on how confident they are to communicate with patients who require reasonable adjustments to attend appointments.

3. Questions from the public	**Verbal**

A question was asked regarding any concerns the Trust have on the completion of the Midland Metropolitan Hospital following the financial difficulties currently experienced by Carillion (the construction company that is building the new hospital). Mr Lewis responded to confirm that Carillion do have financial governance in place and he felt confident that they will meet obligations for the next two years. He also confirmed that regular discussions take place with Carillion at a senior level during the build period to ensure any issues are addressed until completion.

4. Chair's opening comments	**Verbal**

Mr Samuda reported that the finance position of the Trust would be a prime focus for the Board/Executive Team over the next month, to ensure it has the right level of grip on the money and the forward outlook until year end and into 2018/19. It was confirmed that the Trust's commissioners have received the recent GE Healthcare Finnamore report and an action plan for further collaborative approaches on financial sustainability across health systems is being pursued at pace. Regular meetings attended by Mr Lewis and the Chairman with Mr Nick Harding and Mr Andy Williams from NHS Sandwell and West Birmingham Clinical Commissioning Group are taking place to ensure momentum in progressing this work as a priority across organisations. The Chairman noted that to aid further engagement on financial recovery and sustainability across partners Prof Thomas will lead on clinical engagement elements of discussions for the Trust.

The Chairman's final comments were to advise that the Trust's Membership Leadership Group (MLG) met recently and agreed a review of the group with a view to widening the membership to include colleagues from our partnership networks and organisations across the health system.

ACTION:

- Miss Dhami would review, for the November Trust Board, the membership of the MLG with a view to widening the membership to include partner organisations.

5a. People and OD Committee – 25.9.17	**SWBTB (09/17)** **SWBTB (09/17)**

Mr Kang reported on the following:

2017 winter consultation planning. The consultation commenced on the 25th September ahead of the Spring 2018 consultation on the transfer of services associated with opening the Midland Metropolitan Hospital.

Nurse Recruitment Trajectory. Following the high turnover of staff in September 2017 there is a focus on the retention of band 6 ward based specialist nurses in further developing their career pathways.

Aspiring for Excellence Update. A high number of Medicine and Surgery staff have now undertaken the aspiring for excellence PDR managers training. The next phase of this work is for a "hit team" to attend business meetings of clinical groups to deliver training to staff. A rolling training programme and communications strategy for new managers and new staff, along with updates for those who need further support, will be made available.

Mr Lewis challenged the accuracy of the minutes in relation to assurance at meetings on the 20th June and 25th September in relation to junior doctor hours based on fully employed status, which he felt the Trust does not have. Mr Lewis informed the Trust Board that he would personally pursue assurance on this matter in collaboration with Mrs Goodby and report back to the Trust Board.

ACTION:

- Mr Lewis/ Mrs Goodby to pursue accuracy/assurance on junior doctor hours / fully employed status and report back to the Trust Board.

5b. Quality & Safety Committee – 29.9.17	**TABLED SWBTB (09 /17)**

Ms Dutton highlighted the following from the Quality and Safety Committee:

Trust Clinical Audit Plan 2016/17 – Outturn Report. The 19 audits considered demonstrated only partial compliance with the quality standards measured. 3 audits highlighted poor compliance and a further 2 were considered to demonstrate a good level of compliance. The theme across the 19 audits is the lack of documentation completed and the need to reduce the amount of unnecessary paperwork clinical staff are required to complete. Working groups have been set up to look at current state against future state, alleviating duplication and standardising documentation.

Draft CQC inspection. A response to challenges set out by CQC was submitted within the 10 working day deadline by the Trust. The final report is due by 9th October 2017 with an exact publication date to be confirmed during November 2017.

5c. Public Health, Community Development and Equality Committee – 4.10.17	**SWBTB (09/17) 005 SWBTB (09/17) 006**

Prof Thomas reported on the following:

Work on Community Development. Good progress has been made with partnerships provided by the Trust, to our local community organisations i.e. Red Cross/iCares and Healthforce.

Refugees and asylum seekers. Work is progressing for volunteering opportunities including the 'Use IT' programme, where funding has been provided for working opportunities for this group, who have knowledge and experience as nurses, ophthalmic consultants, GPs and IT workers. The clinical commissioning group have funded conversion courses for a cohort of GPs to the value of £180k, along with the local LWAB who have allocated £60k to support this important training.

Equality and Diversity Agenda. An Executive Lead is supporting the 3 networks formed. The 4 acute Black Country Trusts are funding a joint BME leadership programme to assist the Trust increasing BME leadership at senior levels. The Committee agreed to obtain data on female staff at Agenda for Change Band 8 and above to identify any potential inequalities, and identify relevant actions. Mrs Goodby responded to a query from Mrs Perry on what data the Trust held for female protected characteristics. It was noted that the Trust complies with data submitted nationally and the annual equality report, which is signed off by the Trust Board, includes this data which is used to establish if there is an issue with this cohort of staff.

Halal Food. The Communications team will promote halal food choices/availability for staff and patients.

Early Release of Bodies. The Committee agreed to obtain data on early release of bodies to identify the scale of any potential issues.

Public Health Plan. The joint public health plan, in conjunction with Sandwell Metropolitan Borough, who are leading the plan, has not yet been signed off, following a senior leadership change at Sandwell Council. It was noted there is no concern for the Trust on this matter. The immediate focus will be on harm from alcohol, including the reduction of admissions to hospital and the pricing of alcohol through the licencing committees.

5d. Finance & Investment Committee – 4.10.17	**SWBTB (09/17) 007**

The update of the Finance and Investment Committee meeting held on the 4th October 2017 and Item 8 – Planning Variance were combined and discussed together at this point in the meeting.

Mr Lewis reported the importance of the link between Finance, HR and Operations to enable the Trust to fully understand the detailed impact/scale of financial sustainability issues and ensure that recovery/delivery plan is on track.

Mr Samuda stressed that the Finance and Investment Committee are focused on the finances and have requested detail/assurance on grip of financial recovery going forward. Mr Waite stated the all senior leaders are clear on the challenge and clinical group management teams are taking ownership of the required recovery by making the necessary step changes, in a safe way, to delivery on target (financial balance at year end). It is equally important to exit the current financial year (2017/18) as planned in financial balance, but noted that any residual pressures not delivered during 2017/18 will require immediate remedial action 2018/19.

The pay bill has flat lined following improvements on staff rostering and Mrs Goodby gave the Trust Board assurance that nurse bank and agency reduction has been achieved. However, the same level of grip has not been realised on medical agency staffing to date and this is due to a different rostering system for doctors, which is not managed centrally. A number of remedial actions have taken place to unpick high cost locums and expensive agency spend. All medics costing in excess of £100 per hour will require authorisation by the Chief Executive, including any continuation of previous contracts held with the Trust. Mrs Goodby confirmed a review of the top 50 earners, waiting list initiatives and reviewing high cost vacancies (if not already being filled by locums), and ascertaining if the vacancy can be removed or frozen, is taking place.

Mr Kang asked if a financial assumption has been made for winter pressures. Mr Waite outlined the finances required to deliver work including the bed base reduction. He also noted if these plans need to be reversed the Trust could face a repeat experience of that in Q4 of 2016/17. It was confirmed the 16 beds on Lyndon 5 ward, if opened, have had the staffing expenditure profiled in the current financial plan.

The non-executives queried the delivery of the CIP savings and the pay bill difference. Mr Waite explained that the CIP challenge was being met to the detriment of the pay bill. A review of the non-delivery of CIP schemes has been undertaken and checked by the programme management office team, and this is discussed at the weekly executive group meeting. Mr Lewis requested confirmation of the numbers showing the bed base for winter (information on volume, length of stay and occupancy) to be provided to the November Trust Board.

Ms Barlow informed the Trust Board undeliverable CIPs will be re-profiled for expected delivery by year end. The shortfall on plan at year end is £3.3m, and to close the gap there will be a prioritising on patient activity, waiting lists, RTT and other specialities. The additional activity is expected to contribute £447k per month. Ms Barlow confirmed October will see a step up in additional activity of 40% and any resulting staff impact will be managed.

ACTION:

- Mr Waite to provide a reviewed CIP update (re: winter plan) for the Trust Board

6. Chief Executive's Report	**SWBTB (09/17) 008**

Mr Lewis informed the Trust Board of the successful Speak Up Day. Feedback will be provided to staff through the hot topics briefings including issues the Trust has on racism, where he and Mrs Goodby will deal personally with any concerns that have been raised as part of the campaign.

It was noted that work is continuing with the clinical commissioning groups on financial sustainability for an accountable care system for the residents in Sandwell and West Birmingham and a further discussion on this will take place at the November Trust Board meeting.

On workforce, the transition of staff to community models is progressing as recommended in the GE Healthcare Finnamore Report. Mr Lewis commended that Dottie Tipton and Donna Mighty are working closely with a range of general practitioners across the area as the Trust is keen to build on progress with this work with the clinical commissioning group. It was stated that monitoring of the actions contained in the GE Healthcare Finnamore report would be tracked regularly at the executive directors group meeting.

Work on expected dates of discharge is being pursued with support from physicians on the redesign of the system. The Trust Board asked for a revised version to be presented as the current report has been designed for front line staff. The non-executive directors discussed how the organisation operates and availability of data linked to named clinical leaders.

ACTION:

- Mr Lewis to provide an update on Accountable Care System at the November Trust Board meeting.
- Mrs Barlow to ensure a revised format of expected dates of discharge is provided to the Board.

7. New Frontiers for Research & Development	**SWBTB (09/17) 011**

Dr Stedman updated the Trust Board on the Research and Development plan to align R&D priorities with those of the Trust and its strategic partners, which is resulting in R&D activity flourishing. The emphasis is moving towards research into non-medical professions such as nursing, therapies and using technology in the form of an 'App' which can be deployed remotely to an iPhone or android phone.

The M40 collaborative, where academically the Midlands is joined to Oxford, has been created as a development hub for research, to break the monopoly formed by the Oxford, Cambridge and London triangle where most global research is undertaken. Mr Lewis informed the Trust Board that Universities and academics across the world are often the leaders / at the forefront in health research rather than health providers and he stressed the importance of developing stronger partnerships with Aston and the Birmingham in this regard. Mr Lewis He confirmed that Prof Dan Lasserson, a world-leading researcher, has chosen to work with this Trust on developing ideas and the Vice Chancellor at Birmingham University is very keen to see Birmingham as a leader in health research activities. Prof Thomas agreed to aid progression of collaborative discussions with the Universities on health research and development priorities.

Mrs Dutton explored how quickly can research evidence change once R&D is aligned to our vision. Dr Stedman noted that being able to offer research opportunities would be a unique selling point for the Trust and cited the endobarrier treatment as a high profile example of research work now influencing excellent quality of patient care/treatment.

Mr Lewis led a tribute to Dr Stedman, who is stepping down as Medical Director after 5 years, and he thanked him for his work as a Board Director on behalf of the Trust Board members.

8. Planning Variance	**SWBTB (09/17) 012**

This item was discussed as part of Item 5d – Finance & Investment Committee meeting.

9. Perinatal mortality peer review update	**SWBTB (09/17) 013**

Mr Lewis outlined a Peer Review of perinatal mortality cases was convened at the request of the Trust as part of the assurance response to the CQC outlier report into rates of perinatal mortality following the most recent MBRRACE Report. The review was at the request of the Trust and assurance was provided that there were no concerns for patients, but some governance weaknesses (especially amongst medical obstetricians who found discomfort in challenging each other) had been identified, and a summit meeting chaired by Mr Lewis will be organised and an action plan will be formulated following that Summit.

The report will be released imminently. It was noted that the Chief Nurse has a meeting scheduled with the reviewer team, and has already received some verbal feedback on key findings. Following a non-executive query on the governance weaknesses Mr Lewis confirmed that recording of information, which is currently typed work, was not being completed by patient facing staff, and in conjunction with the Medical Director, other ways of recording information is being pursued, such as voice activation and using the Badger system. It was agreed that a follow up report would be provided in 6 months to the Trust Board.

ACTION:

- Mrs Newell to provide an update to the Board in 6 months highlighting improvement actions that have taken place

10. Trust Risk Register	**SWBTB (09/17) 014**

Ms Binns presented the reformatted Risk Register which is now based on the Strategic Board Assurance Framework and more clearly identified the in-date actions being taken to mitigate identified risks. All risks actions will be mitigated with a view to reduce the risk scores and the Risk Management Committee will monitor risks ensuring all actions meet the deadlines created. The Clinical Leadership Executive will review the a number of escalated risks (i.e. Children's BMEC and oncology) in November 2017.

The Trust Board discussed aspects of the trust risk register and agreed that the Risk Management Committee required assurance that representatives attending the Committee were leaders who could ensure actions set would be delivered. It was agreed that the data quality report would be presented to the Audit & Risk Management Committee at its meeting on the 18th October.

ACTION:

- Provide data quality information to Trust Board that will be discussed at the Audit and Risk Management Committee in October.
- Ms Binns to ensure representatives on the Risk Management Committee are empowered to make decisions for their group.

11. Integrated Performance Report	**SWBTB (09/17) 015**

Mr Waite presented the IPR and highlighted the following:

Mixed sixed accommodation. A number of breaches over 36 hours were recorded and authorised by the City Management Team to accommodate patient flow. The breaches are due to City Hospital having a large open ward footprint and Claire Parker, Chief Officer of Quality at NHS Sandwell & West Birmingham Clinical Commissioning Group has completed a walk of the wards and will be meeting with Ms Barlow to provide feedback.

Sickness rates. It was noted that there has been in increase in doctor sickness due to the drive to ensure records are completed via ESR. The OD group are focusing efforts on staff mental health and wellbeing and ensuring managers are applying the sickness policy including to complete return to work interviews when an employee returns to work. Staff who are on long term sickness are being reviewed to see if they can return to work earlier with the flexibility to work in another area, if appropriate/deemed fit for work, but not fit to return to their substantive post.

11.1 Persistent Reds	**SWBTB (09/17) 015**

Mr Lewis advised the Trust Board that good progress has been made on performance in Q2 noting a small amount of breeches, but there has been month on month improvement. Q3 is progressing well, including work on the patient safety thermometer. An assurance was asked on the bed moves taking place late at night from the Assessment Unit that Mr Lewis and Ms Barlow would discuss outside of this meeting. Ms Barlow would present an updated performance note to the November Trust Board.

Mr Samuda highlighted the A&E overall performance in September was the best result (at 87.9%) in the previous 12 months. This was due to sustainable improvement from the 12 week plan and the recruitment of 3 further consultants to the department making a total of 6 successful appointments this year. Mr Samuda also commented that staff, as well as the Trust Board, have been invited to have their seasonal flu jab.

ACTION:

- Ms Barlow to provide an updated A&E performance note for the November Trust Board.

12. Financial performance: Period 05 August 2017	**SWBTB (09/17) 016**

Mr Waite reported the year-end financial performance forecast of the Trust stood at £3.6m behind plan. The adverse position is driven by £3m under recovery of planned care income and under delivery of the production plan. The CIP delivery is in line with the NHS Improvement plan but below the Trust's internal plan and the monthly pay bill has stalled at £26m -this needs to be reduced immediately along with agency costs also stalling at £1.4m. Conversations are still ongoing with NHS Improvement to secure the taper relief expected in Q4 of 2017/18.

Mr Waite assured the Board that there was no capital programme concerns but due to financial issues, the scope of management of individual projects will be diminished to reflect the available capital investment. Mr Waite also confirmed he was still in dialogue with NHS Improvement to secure the agreed CRL.

Cllr Zaffar asked for an update on the money owned by Birmingham City Council. Mr Lewis stated the he was working with Graham Betts from the Council on a joint paper to set aside the debt and would discuss this item further as a matters arising at the November Trust Board.

The cash loan the Trust require will be requested in Q4 and Mr Lewis asked for detail on the loan and scope of reduction work to be available at the November Trust Board. Mr Kang commented on any risks associated with finds over emergency department performance. Mr Waite confirmed the financial targets were met at Q1 but there is a £200k risk associated with Q2. The taper relief due from last week for Q1 has not been released and the senior finance team will progress the receipt of this as a priority.

ACTION:

- Mr Lewis to discuss under matters arising the Birmingham City Council outstanding debt provision
- Mr Waite to provide detail of the revenue loan to be requested in Q4 period.

13. Black County Local Maternity Service	**SWBTB (09/17) 017**

Mr Lewis updated the Trust Board on progress of the Black Country Local Maternity System plan. This a national governance process and the plan has been submitted by NHS England for consideration before agreement from Trust Boards the plan represents. Nevertheless, the two key objectives of the local maternity system plan is to:

1. Develop and implement a local plan to transform services as part of the local sustainability and transformation plan;

2. Establishment and operational working of shared clinical and operational governance, to enable cross-organisational working and ensure that women and their babies can access the right care, in the right place, at the right time seamlessly.

For the Trust, the issue around mothers first presenting late in pregnancy impacts on care and having a standard approach reducing clinical variance through a single system will improve the outcome of care for this cohort.

Mr Lewis confirmed that Sandwell and West Birmingham clinical commissioning group are supportive of the local maternity system plan

14. Minutes of the previous meeting and action log – 7th September	**SWBTB (08/17) 022** **SWBTB (08/17) 023**

The minutes of the 7th September were approved as a true record.

Action Log

The Action log would be updated and the following noted.

3rd August 2017

1 – Patient Story. No discussion has taken place with Social Services but issues are progressing. Mr Lewis will push the clinical commissioning group to note how many patients locally will be affected by the cross boundary working. Mr Lewis asked for this item to be a matters rising due to its importance.

6th July 2017

1 – Patient Story. The action on translation earpieces has stalled due to manufacturing issues. However, the company know the Trust is keen to be a pilot sight. Mrs Goodby agreed to follow up on progress.

4 – Smoking Cessation shelters. Mr Lewis will progress this matter, due to the delay in opening of Midland Metropolitan Hospital.

Learning from Deaths process. Dr Stedman reported interviews would take place towards the end of November with the mobilisation of the appointees in December. Dr Stedman and Mr Lewis would pick up outside of the meeting. It was agreed the December Trust Board would receive a detailed report.

ACTION:

- Mr Lewis to provide a report on recruitment in relation to Learning from Deaths for the December Trust Board.

15. Matters arising	**SWBTB (08/17) 022** **SWBTB (08/17) 023**
15.1 Patient and staff disability pledges.	**SWBTB (08/17) 022** **SWBTB (08/17) 023**

Ms Binns presented the draft patient and staff disability pledges for comment. Miss Dhami the executive lead has asked for comments via email to aid formulating the patient and staff pledges.

Mr Lewis stated that staff need to know or feel that there is improvement and requested a baseline to be taken before and after the pledges are made. Mrs Rickards stressed clarity would be required on the language used as promise 4 could reflect on staff who may already be disabled, and on staff who could acquire a disability. Prof Thomas informed the Trust Board of a junior doctor at the Trust who has given presentations on disability awareness and may want to become involved with this work. Prof Thomas would forward details of this staff member to Ms Dhami.

Following a discussion, it was agreed the pledges would be included in the People Plan and discussed at the January 2018 local interest group. Mr Lewis asked for the disability pledges to be completed and presented to the November Trust Board.

ACTION:

- Mrs Goodby to present patient pledges to local interest group in January 2018 for comment.
- Mrs Goodby to complete pledges to be presented to November Trust Board.

16. Any other business	**Verbal**

There were not items under any other business recorded.

17. Date and time of next meeting	**Verbal**

The next public Trust Board will be held on 2nd November starting at 09:30am in the Anne Gibson Board Room, City Hospital.

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SWBTB (11/17) 022

Public Trust Board Action Log

	Action	Assigned to	Due Date	Status
From Meeting held on 5th October 2017				
1)	Patient Story: The patient to be contacted in 3 months time with an update and this also be provided back to the Trust Board.	Elaine Newell/ Ruth Wilkin	January 2018	Open
2)	Patient Story: make arrangements to use the video to communicate to staff as part of a future quality improvement half day across the Trust.	Ruth Wilkin	December 2017	Open
3)	Patient Story: Work with this patient on testing systems for the benefit of all patients.	Ruth Wilkin	December 2017	Open
4)	Patient Story: Executive Directors will reflect on the staff perspective/ behaviours (for staff in bands 2 – 4) on how confident they are to communicate with patients who require reasonable adjustments to attend appointments.	Elaine Newell	December 2017	Open
5)	Chair's Opening Comments: Review the membership of MLG with a view to widening the membership to include partner organisations.	Kam Dhami	November 2017	Open
6)	People and OD Committee: Pursue accuracy/assurance on junior doctor hours / fully employed status and report back to the Trust Board.	Toby Lewis/ Raffaela Goodby	December 2017	Open
7)	Finance & Investment Committee (4 Oct 17): Mr Waite to provide a reviewed CIP update (re: winter plan) to the Trust Board.	Tony Waite	November 2017	Open
8)	Chief Executive's Report: Provide an update on Accountable Care System at the November Trust Board meeting.	Toby Lewis	November 2017	Open
9)	Chief Executive's Report: Ensure a revised format of expected dates of discharge is provided to the Board.	Rachel Barlow	November 2017	Open
10)	Perinatal Mortality Peer Review: Provide an update to the Trust Board in 6 months to highlight improvements actions which have taken place	Elaine Newell	April 2018	Open
11)	Trust Risk Register: Provide data quality information to Trust Board that will be discussed at the Audit and Risk Management Committee in October and ensure representatives on the Risk Management Committee are empowered to make decisions for their group.	Kam Dhami	November 2017	Open

	Action	Assigned to	Due Date	Status
12)	Integrated Performance Report Persistent Reds: Provide an updated A&E performance note for the November Trust Board.	Rachel Barlow	November 2017	Open
13)	Financial performance: P05. Outstanding debt of Birmingham City Council to be progressed with Graham Betts.	Toby Lewis	November 2017	Open
14)	Financial performance: P05. Detail of revenue loan to be provided for the November Trust Board meeting.	Tony Waite	November 2017	Open
15)	Action Log: Provide a report on recruitment in relation to Learning from Deaths for the December Trust Board.	Toby Lewis	December 2017	Open
16)	Patient and staff disability pledges. Updated disability pledges to be presented to November Trust Board meeting.	Raffaela Goodby	November 2017	Open
From Meeting held on 7th September 2017				
1)	Chief Executive Report: Safety Summit outcomes – report to November Board.	Toby Lewis	November 2017	Open
From Meeting held on 3rd August 2017:				
1)	Patient Story: End of Life Care. Social Services and Caroline Rennalls to discuss cross-boundary working. Item to be a matters arising at the November Board.	Rachel Barlow	November 2017	Open
2)	CIP Delivery: Q1 – circulate to the Board CIP under-delivery for owed hours.	Raffaela Goodby	November 2017	Open
From Meeting held on 6th July 2017:				
1)	Patient Story: Interpreting – follow up on actions and the service as noted in the Trust Board including the use of translation ear pieces, a cohort of staff who can be called upon to assist in translating and obtaining intel on the model used by Birmingham Community Trusts.	Raffaela Goodby	November 2017	Open
2)	Learning Disabilities – update on the advisory service with the Black Country Partnership.	Toby Lewis	November 2017	Open
3)	Smoking cessation: matter to be resolved and reported to Trust Board.	Toby Lewis	December 2017	Open

SWBTB (11/17) 023

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Inclusion & Diversity. Colleague and Patient Pledges
SPONSOR (EXECUTIVE DIRECTOR):	Raffaela Goodby – Director of People & OD
AUTHOR:	Raffaela Goodby – Director of People & OD Staff Network Chairs and Sponsors
DATE OF MEETING:	2nd November 2017

EXECUTIVE SUMMARY:

The Trust is committed to being an inclusive and diverse organisation. The People Plan has a key focus on inclusion and diversity under 'theme 2' and to delivering on a series of ambitious targets to increase the diversity of our workforce and knowledge and understanding of equality issues, by 2020.

A key part of delivering on this ambition is the Trust 'Inclusion and Diversity Pledges' which will be monitored regularly by relevant Board Committees and through the public Trust board. Although there is a relevant executive director, inclusion involves every director executive and non executive and every member of staff.

The Trust has just appointed a Head of Diversity and Inclusion who will provide much needed capacity to delivering the ambitious aims and objectives set out within this paper.

The board are invited to comment on the pledges, to challenge their ambition and to receive regular updates on progress.

REPORT RECOMMENDATION:

The Board are asked to comment and challenge the pledges
The board are asked to receive updates on implementation and progress.

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

Accept	Approve the recommendation	Discuss
	X	X

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

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

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

ALL

PREVIOUS CONSIDERATION:

Trust Board. People & OD Committee

1	**Increase recognition and knowledge of the value of inclusion within the leader and manager population** • 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	**Review and redesign recruitment and selection processes** • 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	**Develop and support Staff Network Groups** • 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	**Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient** • Raise awareness and support LGBT network • 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, 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	**To ensure a safe and inclusive environment for transgender staff.** • 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	**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** • 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 • Expand membership of Local Interest Group to be more diverse
7	**To ensure a safe and inclusive working environment for BME Staff** • Annual review of access to training for BME Staff • Develop clear action plan to respond to the 2016/7 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 • Develop a personalised leadership programme in the Black Country by delivery 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% • Develop BME Panellists on interview panels across the Trust • Develop mentoring and coaching schemes targeted at BME staff • 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 • Deliver extra training for chaplains, in particular develop a female muslim chaplain • Attend recruitment events with a focus on BME inclusive staff
8	**To transform the opinion of our disabled employees about management's commitment to disability in the workplace** **Our promises** 1) To be positive about disability in our Trust 2) To create environments that work for disabled staff 3) To actively promote staff with disabilities into senior roles 4) To make reasonable adjustments for employees who acquire a disability 5) To train and develop staff with a disability **The Trust will adopt the following principles:** • **Equal Employment Opportunity Policy and Procedures:** Employment of people with disability will form an integral part of all Equal Employment Opportunity policies and practices. • **Staff Training and Disability Awareness:** Specific steps will be taken to raise awareness of disability throughout the organisation. • **The Working Environment:** Specific steps will be taken to ensure that the working environment does not prevent people

	with disability from taking up positions for which they are suitably qualified. • **Recruitment Commitment:** Recruitment procedures will be reviewed and developed to encourage applications from, and the employment of, people with disability. **PATIENT PLEDGES** • **Career Development:** Specific steps will be taken to ensure that employees with disability have the same opportunity as others to develop their full potential within the organisation. • **Retention, Retraining and Redeployment:** Full support will be given to any employees who acquire disability, enabling them to maintain or return to a role appropriate to their experience and abilities within the organisation. • **Training and Work Experience:** People with disability will be involved in work experience, training and education. • **People with disability in the wider community:** The organisation will recognise and respond to people with disability as clients, suppliers, and members of the community at large. • **Involvement of People with Disability:** Employees will be involved in implementing this agenda to ensure that wherever possible, employment practices recognise and meet their needs. • **Monitoring Performance**: The organisation will monitor its progress in implementing the key points. There will be an annual audit of performance reviewed at Board level. Achievements and objectives will be published to employees and in the annual report.
10.	**Run communications campaigns each month with emphasis on protected characteristics (PC) based on CIPD Diversity Calendar and with visible support from employee network groups** e.g • February LGBT History Month • October Black History Month • Religious Celebrations • International Women's Day • Mental Health Awareness

1	**To get serious about the quality and equality of care we provide to people with learning disabilities** • Being aware of missing serious illness. Important medical symptoms can be ignored because they are seen as part of someone's disability. • Being more suspicious that the patient may have a serious illness and take action quickly. • Finding out the best way to communicate. Asking family, friends or support workers for help. Remembering that some people use signs and symbols as well as speech. • Listening to parents and carers, especially when someone has difficulty communicating. They can tell which signs and behaviours indicate distress. • Not making assumptions about a person's quality of life. They are likely to be enjoying a fulfilling life. • Being clear on the law about capacity to consent. When people lack capacity you are required to act in their best interests. • Asking for help. Staff from the community learning disability and corporate LD teams can help. • Remembering the Disability Discrimination Act. It requires us to make 'reasonable adjustments' so staff may have to do some things differently to achieve the same health outcomes.
2	**Widening access to services for our transgender or transitioning patients.** • 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
3	**Widening offer for parents who are looking after their children in hospital** • 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

	• Develop a partnership with charity or third sector • Develop onsite well being activities for children and parents
4	**Review friends and family comments and complaints / compliments to identify trends or issues** • Explore issues raised by patients with protected characteristics • Review measures for improvements • Develop specific action plan to address key issues Develop action plan to address trends in complaints from Black patients • Work with local interest group to deliver on patient inclusion issues where relevant • Support Trust work on supporting mental health patients whilst in the hospital and training and developing staff to support mental health patients efficiently and effectively
5	**Enhance our offering to older people's patient experience in our hospital** • Launch 'end PJ Paralysis' campaign • Work with partners to offer support for stay in hospital e.g. Sandwell College on massage and therapies • Work with local interest group to focus on patient group issues that are under represented.