

## TRUST BOARD – PUBLIC SESSION AGENDA

**Venue:** Training Room 2, Archer Ward, Rowley Regis Hospital

**Date:** 4<sup>th</sup> May 2017, 09:30h – 13:00h

**Members:**

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

**In attendance:**

Mrs C Rickards (CR) Trust Convenor  
 Mrs R Wilkin (RW) Director of Communications  
 Dr K Thomas (KT) Non-Executive Director designate

**Meeting support (RF)**

Miss R Fuller

Time	Item	Title	Reference Number	Lead
0930h	1.	<b>Welcome, apologies and declarations of interest</b> <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> <b>Apologies from Richard Samuda</b>	Verbal	Chair
0930h	2.	<b>Patient Story</b>	Presentation	EN
0940h	3.	<b>Questions from members of the public</b>	Verbal	Chair
0945h	4.	<b>Chair's opening comments</b>	Verbal	Chair
<b>UPDATES FROM THE BOARD COMMITTEES</b>				
	5.	To: (a) receive the update of the <b>Charitable Funds Committee</b> meeting held on 13 <sup>th</sup> April 2017 (b) receive the minutes of the <b>Charitable Funds Committee</b> meeting held on 9 <sup>th</sup> February 2017	SWBTB (05/17) 001 SWBTB (05/17) 002	<b>WZ/RW</b>
	6.	To: (a) receive the update of the <b>Audit &amp; Risk Management Committee</b> meeting held on 26 <sup>th</sup> April 2017 (b) receive the minutes of the <b>Audit &amp; Risk Management Committee</b> meeting held on 26 <sup>th</sup> January 2017	SWBTB (05/17) 003 <i>To Follow</i> SWBTB (05/17) 004	<b>MP/KD</b>

Time	Item	Title	Reference Number	Lead
0950h	7.	To: (a) receive an update from <b>Major Projects Authority Committee</b> meeting held on 28 <sup>th</sup> April 2017 (b) receive the minutes of the <b>Major Projects Authority Committee</b> meeting held on 24 <sup>th</sup> February 2017	SWBTB (05/17) 005 <i>To Follow</i> SWBTB (05/17) 006	RS/TL
0955h	8.	To: (a) receive an update from the <b>Finance and Investment Committee</b> telecon held on 3 <sup>rd</sup> May 2017 (b) receive the minutes of the <b>Finance and Investment Committee</b> meeting held on 31 <sup>st</sup> March	Verbal SWBTB (05/17) 008	RS/TW
1000h	9.	To: (a) receive the update of the <b>Quality and Safety Committee</b> meeting held on 28 <sup>th</sup> April 2017 (b) receive the minutes of the <b>Quality and Safety Committee</b> meeting held on 31 <sup>st</sup> March 2017	SWBTB (05/17) 009 <i>To Follow</i> SWBTB (05/17) 010	OD/KD
<b>MATTERS FOR APPROVAL OR DISCUSSION</b>				
1005h	10.	<b>Chief Executive's Report</b> <ul style="list-style-type: none"> <li>Including Learning Disabilities: The Board's promises</li> </ul>	SWBTB (05/17) 011	TL
1020h	11.	<b>Board Assurance Framework – end of year summary</b>	SWBTB (05/17) 012	KD
1035h	12.	<b>Trust Risk Register</b>	SWBTB (05/17) 013	KD
1045h	13.	<b>Integrated Performance Report</b>	SWBTB (05/17) 014	TW
1100h	14.	<b>Financial performance: P12 March 2017</b>	SWBTB (05/17) 015	TW
1110h	15.	<b>Production plan: Month 1 results</b>	SWBTB (05/17) 016	TW
1125h	16.	<b>Emergency Department Improvement Plan</b>	SWBTB (05/17) 017	RB
1145h	17.	<b>Public Health Plan: draft priorities 2017-20</b>	Presentation	TL
1200h	18.	<b>2016/17 Trust Annual Report - draft</b>	SWBTB (05/17) 018	RW
<b>UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS</b>				
	19.	<b>Minutes of the previous meeting and action log</b> (a) To approve the minutes of the meeting held on 6 <sup>th</sup> April 2017 as a true and accurate records of discussions (b) Update on actions from previous meetings (action log)	SWBTB (05/17) 019 SWBTB (05/17) 020	Chair
<b>MATTERS FOR INFORMATION</b>				
1300h	20.	<b>Any other business</b>	Verbal	All
	21.	<b>Details of next meeting</b> The next public Trust Board meeting will be held on <b>1<sup>st</sup> June 2017 starting at 09:30am</b> in the Anne Gibson Committee Room, City Hospital.		

CHARITABLE FUNDS COMMITTEE UPDATE	
Date of meeting	13 <sup>th</sup> April 2017
Attendees	Cllr Waseem Zaffar (Chair), Mr Toby Lewis, Ms Ruth Wilkin, Mr Johnny Shah, Mrs E Newell, Mr Tony Waite and Miss Yulander Charles.
Apologies	Apologies were received from Mr Richard Samuda.
Key points of discussion relevant to the Board	<p>The key areas of focus were:</p> <ul style="list-style-type: none"> <li>• <b>Your Trust Charity five year fundraising strategy</b></li> <li>• <b>Charitable Funds Policy – for approval</b></li> <li>• <b>Midland Met Hospital fundraising appeal</b></li> <li>• <b>Conversion to single trust deed</b></li> </ul>
Positive highlights of note	<p><b><u>Head of Trust Charity’s programme report</u></b> - Particular attention was given to the five year fundraising strategy. The charity team were asked to revisit future income targets after 2018/19. It was noted that the Charity has had an exceptional year with regards to legacy income. Your Trust Charity is more visible and strong links have been made with specialist services such as palliative care, cancer services and paediatric care.</p> <p><b><u>Your Trust Charity five year fundraising strategy</u></b> - The aim of the strategy is to position Your Trust Charity as one of the leading healthcare charities in the region. It plans to diversify income streams, focusing on six key areas which involves: individual (one –off, regular and lottery), corporate, legacy and trust/foundations. It also looks to increase total income year-on-year and is revisiting income targets for 2019 onwards.</p> <p><b><u>Midland Met Hospital fundraising appeal</u></b> - An update was given pertaining to the consultancy work on the £2m fundraising campaign which has been concluded. In addition, in-depth research has been undertaken on “prospective” charitable trusts and foundations as well as individual donors.. The committee agreed to support the resources needed to drive the public campaign appeal forwards.</p>
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> <li>• None</li> </ul>
Matters presented for information or noting	<ul style="list-style-type: none"> <li>• 50/50 fundraising rules</li> <li>• Statement of financial activities</li> </ul>
Decisions made	<b><u>Conversion to single trust deed</u></b> - The Committee approved the dissolution of the eight linked charities by merging them into the main umbrella charity and the possibility of initiating a subsidiary for the charity in 2017/18 that can account for trading income i.e. merchandise sales and corporate partnership income.

	<p><b>Midland Met Hospital fundraising appeal</b> - the Committee approved the resources required to support the next stage of the campaign.</p> <p><b>Make up of Charitable Funds Committee</b> – The Committee agreed to consider staff representatives on the Committee membership.</p>
Actions agreed	<p>No specific additional actions beyond those being progressed by management.</p> <p>Next meeting: 18<sup>th</sup> May 2017.</p>

**Approved by Cllr Waseem Zaffar**

**Chair of Charitable Funds Committee *For the meeting of the Trust Board scheduled for 4<sup>th</sup> May 2017***



## CHARITABLE FUNDS COMMITTEE - MINUTES

**Venue:** Meeting room 1, Old Management Block, City Hospital    **Date:** 9<sup>th</sup> February 2017, 11:30am

**Members present:**

Cllr W Zaffar – Chair (WZ)  
Mr R Samuda, Non-Executive Director (RS)  
Mr T Lewis, Chief Executive (TL)

**In attendance:**

Mrs R Wilkin, Director of Communications (RW)  
Mr J Shah, Head of the Trust Charity (JS)  
Mr C Higgins, Head of Compliance (CH)  
Ms G Towns, Head of Corporate Governance (GT)

Minutes	Paper Reference
<b>1. Welcome, apologies and declarations of interest</b>	Verbal
<p>Apologies were received from Mr Tony Waite and Ms Elaine Newell.</p> <p>The members present did not have any interests to declare. Mr Samuda had previously declared an interest in the charity <i>Kissing It Better</i> and confirmed this remained unchanged.</p>	
<b>2. Minutes of the previous meeting held on 17<sup>th</sup> November 2016</b>	<b>SWBCF (02/17) 001</b>
<p>The minutes of the meeting held on 17<sup>th</sup> November 2016 were agreed as a true record.</p>	
<b>3. Matters arising from the previous meeting</b>	<b>SWBCF (02/17) 002</b>
<p>(a) <u>Grant programme</u>: Mr Lewis requested a briefing was provided to him by the finance team regarding the amount of funds available to spend. The Committee requested this was actioned within the next seven days.</p> <p>(b) <u>Future meetings</u>: The Committee noted the next meeting was scheduled for May 2017 to consider the year-end accounts. The Committee requested an additional meeting was arranged for April 2017.</p> <p>(c) <u>Invitation to Michael Burgess</u>: The Committee asked that Mr Burgess was invited to the additional April 2017 meeting. The Chair requested a pre-meet to be arranged in advance of the April 2017 meeting between Mr Burgess, himself, Mr Lewis, Mrs Wilkin and Mr Waite in advance of the April meeting.</p> <p>(d) <u>Brainstorming</u>: Mrs Wilkin informed the Committee of the increased presence of the Trust Charity and identified the enhanced Trust Charity fundraising material in the Birmingham Midland Eye Centre. Mrs Wilkin advised the Committee on the 50/50 fundraising rules applicable to charities who wished to fundraise at the hospital sites. She outlined the number of charities who were fundraising across the hospital sites. The Committee was of the view that further consideration needed to be given to the 50/50 fundraising rules and the relationships with each of the charities undertaking fundraising activities on site. The Committee requested a proposal be presented to the next meeting.</p>	
<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Within seven days the Finance team to advise Mr Lewis on the amount of funds available to spend (CH)</b></li> <li>- <b>Additional meeting to be held in April 2017 (RW)</b></li> <li>- <b>Michael Burgess to be invited to the April 2017 meeting (TW)</b></li> <li>- <b>Pre-meet with Mr Burgess to be arranged in advance of the April 2017 meeting with the Chair, Mr Lewis, Mrs</b></li> </ul>	

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## Wilkin and Mr Waite (TW)

- **Proposals on the 50/50 fundraising rules and the relationship with charities to be presented to the next meeting (RW)**

### 4. Volunteering

SWBCF (02/17) 003

Ms Wilkin advised the volunteer service had been moved to the Communications Team before Christmas. The Meet and Greet scheme had been created following a grant from the 2014 grant programme and had been managed by the volunteer service Ms Wilkin advised that the Meet and Greet scheme had initially set its target as twenty volunteers for wayfinding and the creation of a number of apprenticeships and traineeships. The original business plan had exceeded the number of wayfinding volunteers but had not achieved its goals on apprenticeships and trainees.

Ms Wilkin confirmed that the Meet and Greet scheme should be considered as an integral part of the volunteer scheme. More volunteers were undertaking wayfinding activities than expected. Ms Wilkin was of the view that the original number of anticipated apprenticeships and traineeships was too high and suggested the number was reduced to five and linked to the Trust Charity. She suggested the number of wayfinding volunteers was increased from twenty to eighty by September 2018. Mrs Wilkin confirmed this would enable the Meet and Greet service to offer consistent support to visitors and build up a strong team ahead of the Midland Met Hospital opening.

Ms Wilkin confirmed the need to pursue external funding and the Chair suggested that the Lottery Fund or Volunteering England may offer opportunities for the Trust Charity to bid.

Ms Wilkin advised of the recruitment for a Major Grant Manager within the Charity; the Chair confirmed Birmingham City Council were recruiting for a similar post and suggested there may be an opportunity to undertake joint recruitment activities. Ms Wilkin agreed to pursue this suggestion.

The Committee discussed the diversity of volunteers, noting that older volunteers and young volunteers were well represented. Mrs Wilkin advised that the ethnicity of volunteers over the last twelve months had been reflective of the local community. The Committee discussed the recruitment process for volunteers and advised it was broadly the same as for recruiting staff members. It was acknowledged this was unsuitable and required changing. The Committee discussed the suggestion at the February 2017 Trust Board meeting where asylum seekers/refugees could be recruited to volunteer with the Trust. The Chair advised that Birmingham City Council had undertaken work with refugees and he confirmed he would send contacts to Ms Wilkin within a fortnight. The Committee discussed the possibility of removing the immigration status check from volunteer application forms. **The Committee agreed to this measure subject to a check about regulations.**

Ms Wilkin advised that the Kissing It Better programme began earlier that week at Sandwell General Hospital with beauty therapy students visiting wards. Further visits were planned.

#### The Committee:

- Acknowledged the integration of the Meet and Greet scheme within the Trust's volunteer service;**
- Approved the revision of the original business case to reflect 80 volunteers to be placed within the wayfinding stream of the volunteer service by the end of September 2018 with a further 20 to focus on wayfinding within the Midland Met Hospital;**
- Approved the development of a minimum of five apprenticeship opportunities to support the volunteer service and Your Trust Charity;**
- Noted that external funding sources will be explored to further develop volunteering opportunities within the Trust.**

#### Action:

- **Opportunity to undertake joint recruitment with Birmingham City Council to be explored (RW)**
- **Names of interested candidates for volunteers to be provided to Mrs Wilkin (WZ)**

### 5. Head of Trust Charity's programme report

SWBCF (02/17) 004

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Mr Shah advised £700k of legacy income had been received by the Trust Charity. He confirmed legacy income had proven to be an exceptional year for the Charity. The Committee discussed the Charity's process for receiving gifts and Mr Shah confirmed the Charity invited family members to visit the Trust and see the outcome of the legacy gift. Ms Wilkin confirmed the Charity was creating a legacy pack for interested benefactors; Mr Lewis requested this was made available in other languages, not only English.

Mr Shah advised of the six income streams. He confirmed the Charity grant to Women's Aid for domestic abuse advocates in Emergency Departments. A government bid has been submitted for funding to enable the scheme to extend. The Committee noted there were two Women's Aids in the area, the Black Country Women's Aid and the Birmingham and Solihull Women's Aid. The Committee requested that the SLA with the agencies included a caveat for them to work together. The Committee discussed other charities which undertook fundraising on site. The Committee asked that further consideration was given to the 50/50 fundraising rules and the relationships with charities fundraising on site. This would be reported to the next meeting.

Mr Shah advised that he was to seek further advice on the conversion to a Single Trust Deed as there may be a simplified way of merging subsidiary charities into a single trust deed. Mr Shah agreed to report back to the next meeting.

The Committee discussed the Hospital Radio based at Sandwell General Hospital and requested a business plan be presented to the next meeting.

**The Committee approved the recommendation to return specified amounts to the charity to utilise towards the 2016/17 grant programme.**

**Action:**

- Legacy pack to be provided in a number of languages (JS)
- SLA with Women's Aid to include caveat for Black Country Women's Aid and Birmingham and Solihull Women's Aid to work together (JS)
- Consideration given to the 50/50 fundraising rules and the relationships with charities fundraising on site. Findings to be presented to the next meeting (RW)
- Conversion to a Single Trust Deed to be placed on the agenda for the next meeting (RW)
- Business plan for the Hospital Radio to be presented to the next meeting (RW)

**6. Midland Met Hospital (MMH) fundraising appeal update**

**SWBCF (02/17) 005**

Mr Samuda informed the Committee that the recent fundraising dinner had been a success and a number of suitable individuals had been identified. These were to be followed up with a view to converting into pledges. Mr Shah outlined the Charity's approach to securing pledges. He expected that by December 2017 £750k of pledges would be identified. The Charity would at that time launch the appeal for the second million pounds of donations which would focus on securing public support. Mr Shah confirmed that he would present to the next committee meeting a series of milestones for measuring progress on securing the second million and also management recommendations which would require support to generate those funds. Mr Shah advised that the work with Morgen Thomas, once completed, would be shared with the Committee.

Mr Shah advised the Committee of the founder patron approach; it was anticipated this would result in 12 donations averaging £80k each. The Committee discussed how the founder patron would be communicated to potential benefactors. Information regarding founder patrons to be circulated to the Board with a view to members sharing within their networks.

**Action:**

- Milestones for measuring progress on securing the second million and management recommendations requiring support to generate those funds to be presented to the next meeting (JS)
- Information regarding founder patrons to be circulated to the Board with a view to members sharing within

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**their networks (JS)****7. Statement of financial activities****SWBCF (02/17) 006**

Mr Higgins advised that £270k of legacy funding received in December was not included within the financial report. Mr Higgins was to revisit the production of the financial information to ensure similar gifts were identified in a timely manner.

The Committee discussed the charity bike ride; Mr Lewis suggested this was discussed by the Executive Group and presented to the next meeting.

The Committee discussed the structure of the report and Ms Wilkin suggested it may be helpful to structure the financial information by appeal. Mr Higgins agreed to action this.

Mr Lewis asked if the outstanding matter concerning the funding of pathology work by charity funds had been closed. Mr Higgins confirmed the funds had been fully transferred to the exchequer and there had been an undertaking to fund some equipment from capital. Mr Lewis requested a note on the transfer of pathology Trust funds to Exchequer at the next meeting. Mr Lewis asked that other similar income streams through the Charity were investigated to ensure they were being correctly accounted.

The Committee received the report.

**Action:**

- **Charity bike ride to be discussed by the Executive Group and presented to the next meeting (RW)**
- **Future financial reports to be structured by appeal (CH)**
- **Mr Lewis asked that other similar income streams through the Charity were investigated to ensure they were being corrected routed (CH)**
- **Pathology Trust fund paper to come to the next meeting (CH / JS)**

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

The Committee recommended the following matters were escalated to Trust Board:

- Volunteering progress: the Committee had changed the original business case and approved 80 volunteers to be placed within the wayfinding stream of the volunteer service by the end of September 2018 with a further 20 to focus on wayfinding within Midland Met Hospital. The Committee had also approved the development of a minimum of five apprenticeship opportunities to support the volunteer service and Your Trust Charity.
- Founding patrons: Information would be circulated to Trust Board members with a view to the Board sharing this amongst their networks;
- Charity fundraising on site: The Committee wished to highlight that this matter was in hand. Further consideration is to be given to the 50/50 fundraising rules and the relationships with charities fundraising on site. This will be discussed at the next meeting.
- Additional meeting: An additional meeting for April 2017 would be arranged.

**9. Meeting effectiveness****Verbal**

The Committee were of the view the meeting had been extremely useful.

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<b>10 Any other business</b>	<b>Verbal</b>
<p>There were no items of any other business.</p> <p>The meeting closed at 12:40pm.</p>	
<b>11 Date and time of next meeting</b>	
<p>The date and time of the next meeting will be 18<sup>th</sup> May 2017 at 11:30am in D29 Meeting Room, City Hospital.</p> <p>An additional meeting will be scheduled for April 2017 – details to follow.</p>	

Signed .....

Print .....

Date .....

# Sandwell and West Birmingham Hospitals

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## Audit and Risk Committee

**Venue** Anne Gibson Committee Room ,City Hospital      **Date** 26<sup>th</sup> January 2017; 1400h – 1600h

### Present

#### Members Present

Ms M Perry

Chair

Mr H Kang

Non-Executive Director

#### In Attendance

Miss K Dhami

Mr T Waite

Mr T Reardon

Mr R Chidlow

Mr A Bostock

Mr A Hussain

Ms E Simms

Miss G Towns

Minutes	Paper Reference
<b>1 Welcome, apologies and declarations of interest</b>	<b>Verbal</b>
<p>Ms Perry welcomed all present to the meeting. Apologies had been received from Cllr Waseem Zaffar, Ms Olwen Dutton and Mr Mike Gennard.</p> <p>The members present did not have any interests to declare.</p>	
<b>2 Minutes of the previous meeting held on 9<sup>th</sup> November 2016</b>	<b>SWBAR (01/17) 001</b>
<p>The minutes of the previous meeting held on 9<sup>th</sup> November 2016 were agreed as a true record.</p>	
<b>3 Matters and actions arising from previous meetings</b>	<b>SWBAR (01/17) 002</b>
<p>The Committee requested that the closure of outstanding internal audit actions was added to the action log.</p> <p>The Committee noted that the remaining open action, legal services update, would be presented to the July 2017 meeting.</p>	
<b>4 Risk Management and Governance Matters</b>	
<b>4.1 Governance Pack</b>	<b>SWBAR (01/17) 003</b>
<p>(a) <u>Aged debt</u>: Mr Reardon advised that there had been an increase in the amount of aged debt. The Committee discussed the suppliers and the amount of debt. The Committee identified that the aged debt in December 2016</p>	

was higher than in previous months. Mr Reardon advised the December figures included £4.8m invoiced to Health Education England. The Committee noted that a forward plan to address aged debt was required.

- (b) Losses and special payments: Mr Reardon updated the Committee on the overseas debt position. Mr Reardon advised it was important staff continued to take all of the necessary information from overseas patients at the point of entry to the Trust. Miss Dhama confirmed that on week days the governance team were visiting patients to gain the necessary information and documentation; the arrangements over a weekend were to be confirmed in due course. Mr Kang noted the Trust had the same number of clinical negligence cases but with a reduced value. It was agreed the upcoming Legal Services report would include details of active clinical negligence claims.
- (c) Salary overpayments: Mr Reardon advised that October 2016 had seen a £2k increase in overpayments due to the late the submission of employment termination forms. The Committee discussed the process for submitting termination forms and noted there was a need to tackle managers who did not terminate contracts in sufficient time.
- (d) Single tender waivers: The Committee discussed the list enclosed at Appendix 1 of the governance pack and noted that many of the suppliers and amounts were likely to relate to existing contracts. The Committee directed that in future the governance pack included an additional column outlining any further information on the reasons for the single tender waiver to assist the Committee in identifying any areas of note.

**Action:**

- **Forward plan for tackling aged debt to be presented to the next meeting (TW)**
- **Legal services update to include clinical negligence claims (KD)**
- **Single tender waivers to be updated to include an extra column to identify the reason for the waiver (TR)**

**4.2 Proposals on Trust Board sub-committees reporting to Audit & Risk Management Committee**

**SWBAR (01/17) 004**

Miss Dhama advised the Committee that a governance review was being conducted and would be reported to the March 2017 Private Trust Board meeting. The Committee discussed the options for sub-committees to raise concerns directly to Audit and Risk Management Committee or to the Trust Board. The Committee agreed that if a matter was of material concern, the matter should be escalated directly to the Trust Board. The Trust Board could, if it believed it appropriate, delegate the matter to Audit and Risk Management Committee to investigate and report back to the Board to provide assurance. The Committee noted the frequency in which its committee met and reinforced the view that the Trust Board would provide more timely intervention.

Following discussions, the Committee recommended:

- (a) all sub-committees completed an annual self-assessment and submitted this along with their work plans to Audit & Risk Management Committee for annual review;
- (b) sub-committee agendas were altered to only direct material matters to be escalated to the Trust Board rather than to Audit and Risk Management Committee as current practice allowed.

The Committee requested their recommendations were considered in the ongoing governance review.

**Action: Consideration of recommendations in the ongoing governance review (KD)**

**4.3 Declaration of interest/conflict of interest proposals**

**Verbal**

Miss Dhama confirmed that in 2016 the Trust had for the first time required all staff members to complete and return a declaration of interest form. An 80% completion rate had been achieved. Whilst the Committee noted this was a high response rate, it identified that 20% of responses remained outstanding. Miss Dhama advised that the outstanding responses would be followed up and stated there would be consequences for staff who did not respond.

The Committee discussed the options available for future years' declarations of interest returns. The Committee suggested that the declaration of interest return was undertaken on annual basis in conjunction with the new appraisals; this would also place a responsibility upon line-managers to ensure that a declaration was returned. Miss Dhami thanked the Committee for their input and agreed to return the matter in July 2017 with a detailed plan.

**Action: Detailed plan for staff declaration of interests to be presented to the July 2017 meeting (KD)**

#### 4.4 Review of Board Assurance Framework (BAF)

SWBAR (01/17) 005

Miss Dhami confirmed that the BAF would feature on the agenda at the Trust Board Development Session on 17<sup>th</sup> February 2017. The session would be facilitated by Internal Audit. The Committee discussed the content of the current BAF and were of the view that the BAF focused on annual priorities rather than the Trust's strategic plans. The Committee felt the BAF was too operational in its nature and agreed that the BAF should inform the Board's plans and the internal audit plan. It was recommended a strategic area was used within the Trust Board Development session with a view to developing the BAF.

Miss Dhami thanked the Committee for their feedback and agreed to incorporate this into the session on 17<sup>th</sup> February 2017.

#### 4.5 Risk Management

SWBAR (01/17) 006

Miss Dhami advised that the paper was still a work in progress but outlined the Trust's intent in this area. The Committee received the paper.

#### 4.6 Data Quality

SWBAR (01/17) 007

Mr Waite confirmed that Internal Audit had previously undertaken Data Quality work. This had ceased as the Trust had intended to resource the work in-house but due to operational pressures this had not occurred. Mr Waite advised that to resolve the issue Internal Audit would undertake data quality reviews in Q1 and Q2 of 2017/18 and the work would be brought in-house thereafter.

A data quality plan had been tabled; the Committee discussed the kitemarks and how the decisions had been arrived at, particularly regarding Executive Director judgement. The Committee noted there were a number of areas with red assurance levels yet given an overall green Executive Director judgement kitemark. The Committee requested confirmation on the rationale and evidence that had been used to establish that judgment. Mr Waite advised he would present the data quality plan at an Executive Group meeting and ask the Executive Team to review their judgements.

Ms Perry asked if the Committee should be concerned over the data quality work undertaken during 2016/17. Mr Hussain advised that Internal Audit had undertaken some data quality work during their internal audits. The Committee questioned if the lack of resourcing in this area could impact upon the Annual Governance Statement. Miss Dhami suggested the Chair discussed this matter directly with the Chief Executive, as the author of that document. The Committee agreed but noted that Mr Lewis' judgement was informed by intelligence including the committee's assurance in this area.

The Committee directed the following actions:

- (a) For those areas with green Executive Director judgements but red assurance, the Executive Team to review the rationale and evidence for those judgements;
- (b) Mr Waite to advise if any key judgements had been missed as result of the resourcing issues.

**Action:**  
**- For those areas with green Executive Director judgements but red assurance, the Executive Team to review their decisions and the rationale for those judgements**  
**- Mr Waite to advise if any key judgements had been missed as result of the resourcing issues.**



<b>4.7 Annual Accounting 16/17: key matters for accounting judgements</b>	<b>SWBAR (01/17) 008</b>
<p>Mr Waite advised that the intention of the paper was to demonstrate a clear path to the draft accounts in April by setting out the basis of judgements. Mr Reardon advised the Committee of the process for the treatment of bad debts with DTOCs cited as an example. Mr Reardon advised the Trust would consider each debt on a case-by-case basis but in reference to DTOCs the Trust intended to review the position in March to ascertain the outcome of any legal action by the Trust. Mr Bostock suggested the wording in the paper was amended as it implied the amount would be written back. Mr Reardon advised the Committee on the outcome of the discussions with NHS Improvement (NHSI) regarding the review of bad debts. The view of NHSI had been that if the Trust believed there was a reasonable chance of successfully gaining the funds through legal action, this could be written off. Mr Bostock urged the Trust to be able to demonstrate evidence if this course of action was to be undertaken. Mr Waite confirmed the Trust would review the debt against its judgement and the Trust's approach represented business as usual. Mr Reardon confirmed he had held early discussions with Mr Chidlow who had urged the Trust to proceed with caution when using too much materiality.</p> <p>The Committee received the report.</p>	
<b>5 External Audit Progress Report</b>	<b>SWBAR (01/17) 009</b>
<p>Mr Chidlow highlighted the work undertaken by External Audit since the last meeting.</p> <p>Mr Chidlow confirmed a workshop had been held with the finance team regarding the changes to IR35 legislation. Mr Reardon confirmed that the workshop had been constructive and well-received. Mr Reardon confirmed that the Trust was undertaking work to identify the Trust's exposure. The Committee noted the penalties for failing to comply with the rules. The Committee discussed the business risk posed to the Trust after March 2017 regarding businesses who may wish to only engage with the private sector, who were unaffected by the rules. Mr Waite asked if External Audit could provide relevant information from other Trusts to assist in the development of the Trust's work.</p> <p>The Committee received the report.</p>	
<p><b>Action: External Audit to provide relevant information from other Trusts (RC)</b></p>	
<b>6 Internal Audit Matters</b>	
<b>6.1 Internal Audit Progress Report</b>	<b>SWBAR (01/17) 010</b>
<p>Mr Hussain advised that two reports had received negative assurance, safe staffing and IT privileged access.</p> <p>(a) <u>Safe Staffing</u>: Mr Hussain confirmed that this area had also been audited in 2015/16. The recent audit had identified insufficient progress had been made. As a result of the 2015/16 audit the Trust had put in place revised systems. However, the new systems were found to be more prone to human error. Mr Hussain confirmed that the numbers were of concern, it was not the case that wards were unsafely staffed. The Chair requested this matter was considered at the April 2017 meeting and requested Ms Newell attended the next meeting.</p> <p>(b) <u>IT Privilege accounts</u>: Mr Hussain advised that Mr Reynolds had directed internal audit to this area. One high risk and three medium risk recommendations had been made.</p> <p>Mr Hussain advised that of the overdue internal audit actions, twenty had been closed and twelve recommendations had been updated. Miss Dhama confirmed that the matter had been discussed at Performance Management Committee and Executive Directors had been instructed by Mr Lewis to close the actions. Ms Perry asked for the overdue actions to be closed by the next Audit Committee.</p>	

<b>Action:</b>	
<ul style="list-style-type: none"> <li>- Safe staffing to be placed on the April 2017 agenda and Ms Newell to attend the meeting;</li> <li>- Overdue internal audit actions to be closed</li> </ul>	
<b>6.2 Local Counter Fraud Specialist (LCFS) progress report</b>	<b>SWBAR (01/17) 011</b>
<p>Ms Sims confirmed a consistent number of referrals had been received by the LCFS. The Committee noted it was positive that staff were reporting their concerns.</p> <p>Ms Sims advised that she had undertaken a review of temporary staff and was working with the Trust to incorporate recommended procedures. Ms Sims advised the review of temporary staff had identified similar outcomes to fraud investigations for example inconsistent practises such as a failure to retain timesheets for agency staff. Ms Simms identified a particular weakness was paper based timesheets. Mr Waite confirmed the Trust would develop standard operating procedures for temporary staff usage. The Committee discussed the Trust's response to counter-fraud and agreed the Trust's response was effective and proportionate.</p> <p>Ms Sims confirmed there were no identified changes to the fraud risk profile.</p> <p>Mr Waite suggested the counter fraud recommendations were collated with the internal audit actions to ensure they were closed.</p>	
<b>Action: Counter fraud actions included on the internal audit tracker for management</b>	
<b>7 Clinical Audit</b>	
<b>7.1 2016/17 Clinical Audit Plan progress report</b>	<b>SWBAR (01/17) 012</b>
<p>Miss Dhama advised the clinical audit plan would be discussed in detail at Quality and Safety Committee on 27<sup>th</sup> January 2017. Miss Dhama confirmed the plan remained on target to complete twenty audits by 31<sup>st</sup> March 2017. Miss Dhama highlighted two audits, informed consent and Downs screening, where the Trust's practice was adequate but written information was not consistently provided to patients. Miss Dhama confirmed this would be rectified.</p> <p>The Committee received the report.</p>	
<b>8 Matters to raise to the Trust Board</b>	<b>Verbal</b>
<p>The Committee agreed the following matters should be raised to Trust Board:</p> <ul style="list-style-type: none"> <li>(a) Data quality concerns and queries;</li> <li>(b) Key matters for accounting judgement;</li> <li>(c) Value for money: the ongoing risk to financial sustainability.</li> </ul>	
<b>9 Meeting effectiveness</b>	<b>Verbal</b>
<p>The Committee agreed that the meeting had been useful and discussions had been proactive and focused on key issues. However, the Committee were of the view that too much time had been spent on the governance pack and suggested in future the paper captured key issues more succinctly.</p>	
<b>10 Any other business</b>	<b>Verbal</b>

Mr Chidlow reminded the Committee that the Annual Governance Statement would be submitted to NHS Improvement on 26<sup>th</sup> April, the date of the next meeting. The Committee asked that the Annual Governance Statement was circulated to them for comment in advance of this date.

There were no other matters of any other business.

**Action: Annual Governance Statement to be circulated to Audit Committee for comment before 26th April 2017.**

**Details of the next meeting**

The next meeting will be held on 26<sup>th</sup> April 2017 at 1400 – 1530h in the Anne Gibson **Board** Room at City Hospital.

**Signed** .....

**Print** .....

**Date** .....

# Sandwell and West Birmingham Hospitals

NHS Trust

## Major Projects Authority Committee Minutes

**Venue** Anne Gibson Committee Room, City Hospital

**Date** 24<sup>th</sup> February 2017 0830-1000

### Members Present:

Mr Richard Samuda	Chair
Mr Mike Hoare	Non-Executive Director
Mr Toby Lewis	Chief Executive
Mr Tony Waite	Director of Finance and Performance Management
Dr Roger Stedman	Medical Director
Ms Rachel Barlow	Chief Operating Officer

### In attendance:

Mr Alan Kenny	Director of Estates and New Hospital
Ms Gemma Towns	Head of Corporate Governance
Ms Katie Gray	Deputy Chief Operating Officer

Minutes	Paper Reference
<b>1. Welcome, apologies and declarations of interest</b>	<b>Verbal</b>
<p>Mr Samuda welcomed the members to the meeting. Apologies had been received from Mrs Raffaella Goodby and Mr Mark Reynolds.</p> <p>The members present did not have any interests to declare.</p>	
<b>2. Minutes of the previous meeting</b>	<b>SWBMPA (02/17) 002</b>
<p>The minutes of the previous meeting held on 9<sup>th</sup> December 2016 were agreed as a true record subject to an amendment to the final sentence at the end of paragraph 2 of minute 4: <i>"The Committee noted this was a plausible route to close the gap and the Executive Team were to progress the actions"</i>.</p>	
<b>3. Matters arising from previous meeting</b>	<b>SWBMPA (02/17) 003</b>
<p>The action log was received; all actions had been closed. There were no other matters arising.</p>	
<b>4. Distribution Strategy for the Midland Metropolitan Hospital</b>	<b>SWBMPA (02/17) 004</b>
<p>Mr Waite confirmed this matter related to logistics and inventory management. He advised that at present there was no integrated system in place and different teams played a role in a fragmented distribution process. There was no clear model on how a strategy would operate in practice at the Midland Met Hospital (MMH). Mr Waite suggested that a resource was required to identify how this could operate and ensure the distribution strategy was fit for purpose and in place. He confirmed there was no suitable in-house resource available.</p> <p>The Committee discussed how a distribution strategy could operate. Mr Lewis confirmed that MMH would be the distribution hub and rather than pursuing an options appraisal, the focus should be upon how everything would fit in MMH and how the distribution strategy would operate. Mr Lewis suggested this work was undertaken immediately to</p>	

ensure it was ready for MMH's opening. Mr Waite advised a resource would be needed to scope and action this work. Mr Lewis advised this would be discussed by the Executive Group.

**The Committee agreed that MMH would be the hub and approved the mobilisation of a project to undertake this work, noting external support would be required.**

**Action:**

- Identification of how a distribution strategy run from MMH will work and the associated logistics (TW)
- Identification of a resource to scope and action the distribution strategy (TW)

**5. Equipment funding gap**

**SWBMPA (02/17)  
005**

Mr Kenny advised that as part of the equipment funding gap an application would be made to the Trust Charity for £2m of funding. Mr Lewis was of the view that a bid for such a large amount was unlikely to succeed and it was noted this would leave a gap in the programme. The Committee discussed the possibility of bidding for funds from other charities but noted that any equipment purchased through research funding would need to be used for research.

The Committee discussed MES contracts and the options available. The Committee noted that pursuit of value for money must be balanced against any negative taxation implications. The Chair asked if the BCA may be able to present further MES options; this was to be investigated. The Committee noted the need to progress this matter to ensure it maintained momentum.

The Committee discussed the need to increase income generation and suggested that the newly refurbished Medical Education Centre at Sandwell General Hospital could be made available for external bookings to generate income.

**The Committee agreed for the Executive Group to continue progressing actions to close the funding gap.** Mr Lewis requested a list of equipment which could be purchased from charity and/or research funding to be identified and discussed at the Executive Group Away Day in March. The matter would be returned to the April meeting.

**Action:**

- Investigation with the BCA for possible MES options (AK)
- List of proposed equipment to be purchased through charity and research funds to be taken to the Executive Group Away Day (AK)
- Matter to be placed on the April 2017 agenda (TL)

**6. Capital commitment profile**

**SWBMPA (02/17)  
006**

Mr Waite confirmed a capital commitment paper would also be presented to the March Trust Board meeting. Mr Waite advised the plan demonstrated the affordability of the capital programme.

Mr Lewis advised that plans for Pathology were being explored through the BCA. The Trust were waiting for BCA partners to advise on their position and a paper was expected to be presented to the April 2017 Trust Board meeting. Mr Lewis confirmed he was keen to keep all options open but would need to identify a deadline for a decision.

The Committee discussed the Sandwell Treatment Centre (STC). Mr Lewis stated that the plans for the fourth and fifth floors would be identified first as these were crucial to the Trust's plans at City. Mr Lewis confirmed that once the fourth and fifth floors of the STC were established, the plans would work their way down the building to the ground floor. Mr Lewis asked that a table was provided to the April Trust Board meeting which listed the fourth and fifth floor costs and also identified the amount of funds remaining.

The Committee discussed the commercial negotiations with Carillion which may benefit the Trust for other capital projects. Mr Lewis advised that at the March Trust Board meeting he and Mr Waite would have given further consideration

to an application for a Department of Health loan in Q1 or Q2. Whilst the Trust intended to continue to commit to contracts, the Committee discussed cancellations and agreed it needed to be clear on the cancellation options in each contract, should the Trust later need to cancel. Mr Kenny agreed to provide this information.

Mr Hoare noted that in the appendices some of the projects had not been updated; Mr Kenny agreed to update this and recirculate this before the March Trust Board meeting.

The Committee challenged and confirmed the proposed revision to the capital programme and required that the work continued subject to ongoing scrutiny from the Executive Team.

**Action:**

- **Paper to be provided to the April Trust Board meeting on the STC with a table identifying the fourth and fifth floor costs and the amount of funds remaining to be provided to the April Trust Board meeting (AK)**
- **Paper to be provided to the next meeting identifying the cancellation options for each continue (AK)**
- **Appendices to the paper to be updated to include all projects – to be completed by 2<sup>nd</sup> March Trust Board meeting (AK)**

**7. Taper Relief**

**SWBMPA (02/17)  
007**

Mr Waite advised it was an aspiration of the MMH business case to secure taper relief support from NHS England (NHSE). Mr Waite stated this was the first time the Committee had seen the impact of such taper relief on future financial plans. The sum represented £22.3m over four years, £3m of these funds had already been received. Mr Waite identified there were a number of activities that would be funded from the taper relief leaving a reduced sum available. Mr Waite advised the paper did not address the sequencing or timing issues and he would discuss with NHSE if there was the possibility of accelerating the release of taper relief. Mr Lewis requested that the £13.9m of costs were split into discretionary and non-discretionary items. Mr Waite confirmed the Trust should challenge what was essential and identify if there were any associated costs with activities such as disconnection costs. Mr Waite confirmed that the reconnection of the Birmingham Treatment Centre was included in the plan. Mr Kenny suggested legitimate double running costs were identified.

**The Committee agreed that the transfer of disconnections costs were reasonable and were happy for the Executive Team to proceed on that basis.**

**Action:**

- **Identification of discretionary and non-discretionary items of the £13.9m sum (TW)**
- **Legitimate double running costs to be identified (AK)**

**8. Disposal of surplus city estate**

**SWBMPA (12/16)  
008**

Mr Kenny confirmed an outline planning permission application had been submitted to Birmingham City Council. Seven hundred units of accommodation had been included in the application. It was anticipated the application would be determined in June 2017. There remained options for marketing and disposal such as formal tenders, selected tenders (competitive or informal), a private sale or a sale to the Homes and Communities Agency (HCA).

Mr Kenny confirmed the Trust had continued its discussions with the HCA and a first draft of a valuation from the HCA was expected on 14<sup>th</sup> March 2017. A further and final valuation would be provided on 22<sup>nd</sup> March 2017. Mr Kenny advised that if the Trust decided to proceed with a sale to the HCA, the HCA would make a full pay-out within three months so full payment of the site could be with the Trust by the end of Q1. If the Trust did proceed, consideration would need to be given to lease arrangements as the HCA would become the landlord of the City Hospital site; the Committee noted the need for key project dates to be identified in advance of any agreement. Mr Kenny advised that if the Trust did wish to proceed with a sale to the HCA, they were likely to wish to progress the matter with some speed. As the Trust had submitted an application for seven hundred units of accommodation it was expected around one hundred units a year would be sold. Mr Kenny advised that if there was a phased build on the site, the hospital could still be operational whilst part of the site was under development. The Committee discussed the impact this may have upon the hospital's operation and noted this would require mitigations such as vibrations affecting procedures in the Midland Eye Hospital. The Committee requested that consideration was given to the noise provisions etc if a phased development was to be in place

at the site.	
Mr Kenny advised that the risk would be with the HCA for land remediation works and advised the overage clause was likely to be a 70/30 split in favour of the Trust. He expected any overage benefit would be gained by the Trust in five to six years' time.	
The Committee noted that the Trust was under no obligation to accept the offer from the HCA. Mr Lewis advised the Committee that the Board would soon be making a significant commercial decision. He suggested that discussions continued outside of the meeting to progress Heads of Terms which would determine the Trust's position on the HCA offer. He suggested that membership of could be discussed outside of the meeting but recommended the Chair of MPA, Chair of Audit Committee and another Non-Executive Director were included as a minimum.	
<b>Action:</b>	
<ul style="list-style-type: none"> <li>- <b>Consideration to noise provisions etc if a phased development occurs at the site (AK)</b></li> <li>- <b>Heads of Terms and membership to be established (AK/TL)</b></li> </ul>	
<b>9. FBC v contract reconciliation on EPR</b>	<b>SWBMPA (02/17) 009</b>
Dr Stedman confirmed the Trust had purchased the equipment it had set out to. Dr Stedman advised the mobile app was not required and therefore represented a cost saving. He advised that the Trust was moving away from tablet devices to laptops and workstations and mobile devices were no longer required. Mr Hoare asked for clarification that this would not restrict staff; Dr Stedman confirmed the device policy had been updated and this would not cause any issues for staff.	
Dr Stedman advised a contract variation had been proposed by Cerner to the data warehouse solution which would not be available until 2018. The Committee discussed Cerner's proposal. Mr Lewis was of the view that the proposal should be declined and suggested an alternative commercial solution was identified or Cerner provided the data warehouse on time. Dr Stedman advised another Trust would be receiving an interim reporting function; <b>after discussion the Committee directed that the Trust should not accept Cerner's proposals at this time.</b>	
<b>10. Mobilisation and governance of the digital plan</b>	<b>SWBMPA (02/17) 010</b>
Mr Hoare asked how each business area would take ownership of the digital plan and suggested that the workflows and process flows needed to be aligned. Ms Barlow stated that the digital plan was not sufficiently detailed at that time to devolve to group PMOs and was of the view this posed a significant risk to the project. Mr Lewis stated that staff across the Trust were engaged and enthusiastic for the implementation of the digital plan but the operational gap needed to be closed. The Committee were informed that there was not a suitable internal resource and an external resource would be required to assist with this work. Mr Lewis advised a recruitment strategy to identify the right skill set would be discussed at the Executive Group before being actioned.	
<b>11. Digital benefits realisation</b>	<b>SWBMPA (02/17) 011</b>
Dr Stedman advised that whilst the organisation were enthusiastic for the digital plan, it did not yet share the Trust's full digital ambitions. The Committee discussed the need to ensure benefits realisation was included in the engagement work with staff. Mr Lewis suggested that engagement with staff included informing them of their responsibilities for their business areas and the digital plan; this would identify any gaps which may require addressing. The Committee discussed possible anxieties of staff members during digital change and the need for clear engagement with staff. The Committee were clear that staff needed to share the Trust's ambitions for the digital plan and it was important their engagement was pitched correctly.	
<b>Action:</b>	
- <b>Staff to be informed of their respective responsibilities for their business areas and the digital plan (MR)</b>	
<b>12. Meeting effectiveness</b>	<b>Verbal</b>

The members were of the view the meeting had facilitated useful discussions.	
<b>13. Matters to raise to Board/Audit and Risk Management Committee</b>	<b>Verbal</b>
<p>The Committee agreed for the following actions to be raised to the March 2017 Trust Board meeting:</p> <ul style="list-style-type: none"> <li>• Disposal of the surplus city estate</li> <li>• Capital commitments (noting this was on the March Trust Board agenda)</li> <li>• FBC v contract reconciliation</li> </ul>	
<b>14. Any Other Business</b>	<b>Verbal</b>
<p>There were no further items of any other business.</p> <p>The next meeting will be held on 28<sup>th</sup> April 2017 at 12:30pm in Anne Gibson Committee Room, City Hospital.</p>	

Signed .....

Print .....

Date .....



## FINANCE & INVESTMENT COMMITTEE MINUTES

**Venue:** Anne Gibson Committee Room, City Hospital      **Date:** 31<sup>st</sup> March 2017, 0830h – 1000h

**Members present:**

Mr Richard Samuda      Chairman  
Ms Marie Perry      Non-Executive Director  
Mr Toby Lewis      Chief Executive  
Mr Tony Waite      Director of Finance  
Mrs Raffaella Goodby      Director of OD

**In attendance:**

Mr Toby Lewis      Chief Executive  
Ms Gemma Towns      Head of Corporate Governance

Minutes	Paper Reference
<b>1. Welcome, apologies and declarations of interest</b>	<b>Verbal</b>
<p>The Chair welcomed all to the meeting. Apologies had been received from Ms Barlow, Mr Kang and Mr Reardon.</p> <p>The members present did not have any interests to declare.</p>	
<b>2. Minutes of the previous meeting held on 24<sup>th</sup> February 2017</b>	<b>SWBFI (03/17) 002</b>
<p>The minutes of the meeting were agreed as a true record.</p>	
<b>3. Matters arising and update on actions from the previous meetings</b>	<b>SWBFI (03/17) 003</b>
<p>(a) <u>Minute 3, financial performance P120 January 2017</u>: The fourth sentence of the seventh paragraph was revised to read: <i>“Mr Lewis advised that he had invited the CCG to draft the contract so the gynaecological cancer centre was referred to in brackets as a bid to resolve the dispute; he stated the Trust could not have £2m of funding withdrawn and offer the same service”</i>.</p>	
<b>4. Financial Performance – P11 February 2017</b>	<b>SWBFI (03/17) 004</b>
<p>Mr Waite confirmed that February 2017 had traded out as expected with the Trust on target to achieve a £12m deficit. Q4 had been impacted by unfunded extra beds and their associated costs. Around half of those beds had been closed although ward D16 remained open. Mr Waite confirmed there remained £1.6m to close and the proposed actions, if delivered, would equate to that amount. The Committee discussed annual leave accrual and the impact this had upon the year-end accounts. Mrs Goodby confirmed mitigating actions had been taken whereby staff had been instructed that rollover of annual leave would not be permitted unless extenuating reasons applied. Mr Lewis asked if Doctors had been targeted as historically this had been a staff group who had accrued annual leave; Mrs Goodby confirmed Doctors had been targeted in the communications and this could be monitored through the Production Plan.</p> <p>Mr Waite outlined the proposals on page three of the report. Mr Lewis suggested overseas debt repayments may pose an opportunity to the Trust due to the improved debt recovery process. Mr Waite also suggested there may be an opportunity for property charges to be reviewed and reduced. He confirmed the mitigating actions identified on page 3 of the report were a plausible route to staying within the predicted £12m deficit reported to NHS Improvement (NHSI). The Committee discussed the reasons for the deficit and noted internal operational pressures represented breakeven to</p>	

£-6.9m of the deficit with external factors accounting for £-6.9m to £-12m. Mr Lewis noted that the year would end in deficit with an underlying position of an I&E gap of just under £23m. Mr Lewis confirmed this would be included in his CEO report at the April Trust Board meeting and advised a clear narrative to explain the figure would be provided to the public meeting. Mr Lewis also identified that the late data challenges by the CCG may impact upon the delivery of the £12m deficit.

The Committee discussed the contractual position with the CCG which remained unresolved. Mr Waite advised the Trust had made an offer to the CCG on 30<sup>th</sup> March 2017; this was being considered by the CCG. Mr Lewis stated the CCG were under pressure to be seen to have an oversight of the Trust's work although he found the CCG's execution of the strategy to be unusual.

The Committee discussed the key challenges for 17/18 and Ms Perry requested a summary of these challenges to provide the Committee with continued oversight and assurance. Mr Waite agreed to include an overview of these challenges in his paper to the April meeting.

Mr Lewis advised NHSI had visited the Trust to undertake an initial review; he had requested the report and would share this with Committee members once received.

Mr Lewis informed the Committee that FIP2 would commence after Easter which was standard practice for Trusts who had posted a deviation from plan. The Trust was working with NHSI to identify an external partner to work with. Due to the opportunities such work presented to the Trust, it was anticipated that NHSI would work with Katie Gray, Deputy Chief Operating Officer (Improvements) to feed the work into the PMO.

The Committee received the report.

**ACTION:**

- Clarification to be provided on the key challenges for 17/18 (TW)
- NHSI report to be circulated to committee members (TL)

**5. FY 2017/18 Financial Plan Resubmission**

**SWBFI (03/17) 005**

Mr Waite confirmed the Trust would submit a revised plan that met the control total as previously submitted to NHSI and sustained the capital programme as agreed by the Trust Board. Mr Waite advised that within the programme it was recognised there was a specific P&L risk. Mr Waite advised the plan continued to be developed in view of a possible capital loan and working capital facility. Mr Waite advised a cash plan would be required if a loan was provided to ensure the cash was distributed appropriately. Mr Waite anticipated a loan application would be submitted at the end of April 2017, noting the Board had previously delegated authority to Mr Lewis and Mr Samuda to submit an application. The Committee requested that future agendas included a separate item on loan budgeting to provide scrutiny in this area.

Mr Lewis suggested that whilst the Committee rightly focused on 17/18 this should not be at the detriment of the 18/19 financial year. The Committee discussed the need to ensure the production plan was consistent with the financial plan. The Chair asked if a short outline could be provided to the Board in advance of the April meeting on 16/17 exit and the plan for 17/18.

The Committee received the report.

**ACTION:**

- Standing item on future agendas for loan budgeting (TW)
- Short outline to be provided to the Board in advance of the April meeting on 16/17 exit and the plan for 17/18 (TW)

**6. Production Plan**

**Verbal**

Mr Waite confirmed a completed Production Plan would be presented to the April 2017 Trust Board meeting. The Chair enquired how non-pay would be tracked; Mr Waite confirmed non-pay would be tracked week by week. The Committee discussed the governance of the Production Plan to provide the Committee and Board of assurance that the plan was being adhered to. The Committee directed that the Production Plan be presented to the April Finance and Investment Committee meeting and the May Trust Board meeting, with a particular focus on non-pay. Mr Lewis confirmed the

planned care PMO would track the production plan at a management level. Mr Lewis advised that the culture of the Trust towards operational management was changing. The Committee noted the production plan could be tracked on a weekly basis and therefore it could be clearly identified if there was deviation from the plan. Mr Lewis reflected on the previous year's production plan and was of the view that the plan had failed in part due to inaccurate predictions and a failure to revise those in keeping with performance.

The Committee discussed cash remediation and were of the view that whilst this was included within the monthly finance performance report, post April this would be listed as a separate item on the agenda to provide the Committee with further oversight and scrutiny over cash remediation actions.

**Actions:**

- **Production Plan to be presented to the April FIC meeting and May Trust Board meeting with particular reference to non-pay (TW)**
- **Cash remediation to be listed post April as a separate item on the agenda (TW)**

**7. Matters to highlight to the Trust Board**

**Verbal**

The Committee wished to highlight the following matters:

- (a) P11 February 2017: The Committee noted item this would be presented to the April Trust Board meeting. The year would end in deficit. The contractual dispute with the CCG remained unresolved but the Trust had made an offer to the CCG. The CCG were considering the offer.
- (b) FY 17/18: The Committee requested loan budgeting be listed on future agendas as a standalone item to provide ongoing oversight and scrutiny.
- (c) Production Plan: This would be returned to the April FIC meeting and May Trust Board meeting with particular reference to non-pay. Cash remediation would also be listed as a separate item on future agendas to provide greater assurance and oversight.

**8. Meeting Effectiveness Feedback**

**Verbal**

The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.

**9. Any Other Business**

**Verbal**

There were no items of any other business.

**10. Details of the next meeting**

**Verbal**

The next Finance and Investment Committee meeting will be held on 28<sup>th</sup> April 2017 at 0830h in the Anne Gibson Committee Room, City Hospital.

Signed .....

Print .....

Date .....

Sandwell and West Birmingham Hospitals   
NHS Trust

# QUALITY AND SAFETY COMMITTEE MINUTES

**Venue** Anne Gibson Committee Room, City Hospital

**Date** 31<sup>st</sup> March 2017, 1000h – 1200h

**Members attending:**

Mr R Samuda Non-Executive Director (Chair)  
Dr R Stedman Medical Director  
Ms R Barlow Chief Operating Officer  
Ms E Newell Chief Nurse  
Ms C Parker SWBH CCG

**In attendance:**

Ms G Towns Head of Corporate Governance  
Ms A Geary Director of Ops, Women & Child Health

Minutes	Paper Reference
<b>1. Welcome, apologies for absence and declarations of interest</b>	<b>Verbal</b>
<p>Apologies were received from Ms Dutton, Mr Hoare and Miss Dhami. The meeting was chaired by Mr Samuda. Ms Parker and Ms Geary were welcomed to the meeting.</p> <p>The members present did not have any interests to declare.</p>	
<b>2. Minutes of the previous meeting</b>	<b>SWBQS (03/17) 002</b>
<p>The minutes of the meeting held on 24<sup>th</sup> February 2017 were agreed as a true record.</p>	
<b>3. Matters and actions arising from previous meetings</b>	<b>SWBQS (03/17) 003</b>
<p>(a) <u>Minute 5, perinatal mortality</u>: Mr Waite confirmed this was being addressed within the team. Ms Newell advised that source data for the IPR could be revised after an entry had been made and more information about the cause of death was available. This matter was marked as closed on the action log.</p> <p>(b) <u>Minute 6, transition patients</u>: Ms Newell confirmed this topic would be the Patient Story for the May Trust Board meeting. The action was marked as closed.</p> <p>(c) <u>Minute 7, IPR, puerperal sepsis</u>: This action remained open. The completion date was revised to April 2017.</p> <p>(d) <u>Minute 7, IPR clinic cancellations</u>: This action remained open. The completion date was revised to April 2017.</p> <p>(e) <u>Minute 7, IPR, SOPs for new indicators</u>: This action remained open. The completion date was revised to April 2017.</p> <p>(f) <u>Minute 8, Clinical Audit</u>: This action remained open. The completion date was revised to April 2017.</p>	
<b>4. Patient story for the April Trust Board</b>	<b>Verbal</b>

Ms Newell advised the patient story for the April Trust Board meeting would be delivered by Stuart Young, LGBT Network Chair, and would focus upon the experiences of LGBT staff members at the Trust.	
<b>5. Safety Plan Update</b>	<b>SWBQS (03/17) 004</b>
<p>Ms Newell advised the scheduled committee update on informed consent could not be given at that time as it was too early in the Safety Plan rollout to report on the matter. Ms Newell advised she had instead provided an update on the Safety Plan. Twenty one wards were in the process of rolling out/embedding the Safety Plan. Ms Newell advised it was possible to identify through outputs where data was not being recorded or where there were areas of non-compliance. This data was recorded by each ward on a daily basis. Ms Newell confirmed the Safety Plan was now in a period of review and the plan would not be rolled out until the review had been completed. The purpose of the review was to identify any lessons learned and to enhance future rollout accordingly. Ms Newell was of the view that the Safety Plan rollout in medicine would not commence until the Consistency of Care work had been completed in mid/end June. Ms Newell anticipated that some medicine wards would require more support than others to embed the Safety Plan. Ms Newell confirmed that the Trust was working towards developing a cohort of buddies who would be able to provide support for Consistency of Care, the Red to Green programme and the Safety Plan. Such buddies would have clinical transformation skills and be able to offer challenge to colleagues across the Trust. She suggested band 6 nurses could be utilised in this role as part of their professional development.</p> <p>The Committee received the report.</p>	
<b>6. Patient reported health outcomes following planned surgery</b>	<b>SWBQS (03/17) 005</b>
<p>Dr Stedman advised the outcome was reported by patients completing a questionnaire before and after a procedure and then measuring the incremental health gain. The Trust was performing at around or just below the national average. The Committee discussed the measures and it was clarified that the improvement was based on the patient's experience rather than solely clinical outcomes. Dr Stedman advised that the Trust's performance had been roughly the same for the last few years. Significant improvements had been reported for knee surgery but the Quality Plan would focus on other areas to gain improvements and emulate the knee surgery trajectory.</p> <p>The Committee received the report.</p>	
<b>7. Mortality reviews for vulnerable patients</b>	<b>SWBQS (03/17) 006</b>
<p>Dr Stedman reminded the Committee of the patient story from the January 2017 Trust Board meeting concerning a vulnerable patient who had died from sepsis but had been subject to domestic violence. The District Nurse had not been involved in the mortality review.</p> <p>Dr Stedman advised he had attended a national conference in March 2017 which had considered this issue in more detail. Dr Stedman confirmed the Trust should revise its policies and procedures in this area and was discussing how best to action this with colleagues. Ms Parker expressed her concern that the District Nurse had not been included in the patient's review and stated it was important all colleagues involved a patients care were present at a review. The Committee discussed the gaps once a patient was discharged and how it could be ensured that colleagues with vital information on a patient were included in review meetings. Ms Parker agreed to raise the matter at the CCG's Quality and Safety Committee for the CCG's view and would feed this back to the Trust.</p> <p>Dr Stedman advised that he was working with Carol Cobb to agree a proposed course of action. The Committee requested this work was progressed and asked the matter be returned in three months' time for further scrutiny.</p>	
<b>ACTION:</b>	

- **Attendance of clinicians at mortality review meetings to be raised at the CCG's Quality and Safety Committee and their response to be relayed back (CP)**
- **Matter to be returned to the Committee in three months' time (RSt)**

**8. Integrated Performance Report****SWBQS (02/17) 007**

Mr Waite highlighted the following matters from the report:

- RTT: The Trust was complying with the national standard;
- Mortality reviews: Performance was above 80%;
- Re-admissions: The Trust had continued to see a trend of falling readmissions;
- Stroke: Dr Stedman advised there had been an operational change in February which had positively impacted upon performance;
- ED 4 hour performance: The Trust had missed the national target and had performed at 82.27% which was noted to be below target but improving;
- Eye A&E attendance: Dr Stedman advised the Birmingham Midland Eye Centre A&E was being redesigned as urgent care not emergency care. It was estimated this would impact upon ED performance figures by 2-5 percentage points;
- Cancelled operations: This required attention. Mr Waite advised the Production Plan being presented to the April Trust Board meeting would play a role in improving this indicator;
- MRSA: Screening of patients remained at high levels;
- Complaints: Performance for this indicator had declined in recent months;
- Hip fracture: Performance had declined in month to 66.7% against a standard of 85%. Ms Geary advised this indicator had been scrutinised in Operational Management Committee and had been verified. The cause for the decline in performance had been for clinical reasons;
- VTE: Dr Stedman advised that issues appeared to arise out of hours so Consultants and Registrars who were on call over weekends and bank holidays had been asked to ensure VTE assessments were completed on time. Dr Stedman advised the issues appeared to be operational rather than clinical. Dr Stedman confirmed EPR would go some way to addressing this issue as patients would already be on the system;
- Neutropenic sepsis: Performance remained static and short of the national standard. An improved process was required to address this indicator. Ms Geary advised this was being addressed and it had been identified speed was crucial to tackle this indicator. The team rather than individuals were being bleeped and it was anticipated these improvements would be captured in next month's indicators. The Committee requested a report on this was submitted to the Committee to provide assurance in this area.

The Committee received the report.

**ACTION:**

- **Report on neutropenic sepsis improvements to be provided to the April Q&S meeting (RB)**

**9. 2016/17 clinical audit plan progress report****SWBQS (02/17) 008**

Dr Stedman advised the Clinical Audit Plan would feature in the Quality Accounts.

- (a) End of life: Dr Stedman advised that the audit had found an increase in the number of patients dying in their preferred place but noted some caution over this finding due to the low sample of patients available at the beginning of the audit. The audit had however, been able to identify reasons why patients did not die in their preferred place and these would be useful to identify service gaps and priorities. Dr Stedman advised the increased profile of the End of Life team would assist in ensuring staff used the palliative care register. The Committee received the report.

(b) DNACPR decisions: Dr Stedman confirmed the audit had identified cases where documentation fell below standard regarding family/carer input into decisions where a patient lacked capacity. Dr Stedman advised a workstream in EPR was considering how to address this issue. The Committee received the report.

(c) Retinal detachment: Dr Stedman advised the Trust intended to adopt a wait and see approach to the recommended improvements. The Chair asked if this audit would be revisited as part of the 17/18 clinical audit plan; this was to be confirmed. The Committee received the report.

**ACTION:**

- **Clarify if retinal detachment will feature in the 17/18 clinical audit plan (KD)**

**10. Monthly Serious Incident report****SWBQS (02/17) 009**

The Chair asked how the data breach had occurred; Ms Geary advised this had been the result of a burglary at a clinician's home. The laptop had been encrypted but lessons had been learned from the event.

Dr Stedman advised the SI in the Cath Lab where a patient had unexpectedly died during a planned angioplasty was being investigated by the Coroner with a finding expected in May 2017.

The Committee received the report.

**11. Meeting effectiveness****Verbal**

The Committee was of the view the meeting had been effective and useful.

**12. Matters to raise to the Trust Board and Audit and Risk Management Committee****Verbal**

The Committee wished to raise the following matters to Trust Board:

- (a) Safety Plan: The plan had entered the review stage after being rolled out to twenty one wards. The review period would identify any areas of improvement; any areas would be captured in the next rollout phase. Daily ward data was indicating where data was not being recorded or where there were areas of non-compliance.
- (b) Mortality reviews for vulnerable patients: This was being progressed by the Quality Plan. The Committee requested this matter was returned in June 2017 for further scrutiny.
- (c) Integrated Performance Report: Due to the sustained underperformance of this indicator, the Committee requested a report on the changes to dealing with neutropenic sepsis to be provided to the next meeting.

**13. Any other business****Verbal**

There were no items of any other business.

Next meeting: 28<sup>th</sup> April 2017 at 10.30h in the Anne Gibson Committee Room at City Hospital.

**Signed** .....

**Print** .....

**Date** .....



## Chief Executive's Report to the Public Trust Board

April 2017

Initial data suggests that we have achieved our first month's plan to increase the scale of patient care we offer and accurately code that work, recovering associated income. This is a tremendous step, consistent with improvements achieved since the start of the calendar year. We need, in the face of competing pressures and holiday periods, to maintain this momentum if we wish to achieve the productivity gains we have estimated for the year. In 2018-19 there are further changes needed to deliver the volume of care anticipated in the Midland Metropolitan Hospital Full Business Case. At the same time, we need to begin to organise the reduction in outpatient volume in medical specialties needed to release senior decision makers to our acute environment. A paper structuring how this will be done will come to the next Trust Board. We very much hope this work will be undertaken jointly with the local CCG.

Getting our IT to work well and to be available consistently remains a challenge for the organisation. It is encouraging that we have deployed a revised system in radiology, which improves image quality in diagnosing ill health. Over coming weeks we have stabilisation work to do before we implement our case-note scanning project to replace paper notes, and make full of the digital dictation system to replace copy typing. This latter change will also see a move away from posted letters within the Trust to a defaulted email approach with appropriate consent.

Reflecting on the public sector year 2016-17, our draft annual report is included in the papers. Before our AGM in June, I am sure the document will be refined, but visibility now provides an opportunity to comment and also to note some of the major achievements of staff and partners during a challenging time for the NHS. Our deficit position is deeply disappointing but the draft audit opinion provides assurance that the controls to be expected of a large organisation are operating well.

### 1. Our patients

The next few weeks sees major changes in our eye casualty is organised. This is a significant shift in practice which aims to improve patients' experience of care. The majority of attendees or referrals into eye casualty will now be nurse triaged to an appropriate urgent clinic taking place over the following two days. This model may occasion dual visits to the centre in some cases, but will mean that the patient sees a subspecialist expert in their condition and accordingly the right treatment is initiated rapidly. This system is a normal approach to the management of urgent eye care used in other centres in major cities. It will take time to put in place standard protocols with major referring hubs to reduce the need for dual attendance and to rely more on other forms of triage. The project of change is being closely managed and monitored and we will bring an initial evaluation to the Board in early July.

2017 has seen detailed work to reduce wait times and waiting list numbers. Our aim was to halve the number of patients waiting a long time for surgery and we have achieved that when compared to December's position. The Board committed at our last meeting, notwithstanding announcements from the chief executive of NHS England, to continue to aim to meet in full the 18-week RTT standard in our specialties. To date we have received no altered commissioning plan to vitiate that

and are working hard to deliver this part of the NHS Constitution. The increase in volume of care which commenced this report provides a basis for some confidence in our ability to achieve this. In line with comments raised in public boards by Healthwatch there remain some specialties with long wait clinic positions, though in the main we have the shortest waits locally for outpatients. We will circulate routinely to the Board next available clinic wait information so that it is possible for the full leadership to see the experience of GP referrers. Within Choose and Book we presently only show clinic availability up to six weeks hence, because of our commitment to reducing rescheduling where clinics may not proceed. The rollout of partial booking, and its consequent impact to reduce DNA rates, is an important part of our plan for 2017-18 and the delivery of our planned volumes of care within reducing resources.

The IPR shows that our complaint response times lengthened in 2016-17 when compared to 2015-16 – a year in which we turned the corner on this measure. The reasons for this slippage were described at the last Board meeting. Reducing the volume of complaints in the eye service, and improving reply responsiveness in medicine, are key to reversing this decline, now that the reorganisation of the PALs and complaints service has been completed. This metric will be closely tracked and considered bi-monthly in corporate performance reviews. During 2017-18 we plan further changes to expand the number of ways in which patients and their carers can raise concerns, aimed at increasing the likelihood of someone raised concerns during care rather than solely afterwards. The goal here is to be able to tackle issues as they arise. We would expect to have deployed those changes by October 2017.

Every medicine ward has now been reviewed under our Consistency of Care project. Weekly executive led review work continues and from May we will be tracking very specific data on the quality of care we are offering. The emergency care recovery plan sets out an aim to change how the AMUs and our wards work together. This seeks to make sure that patients in a given specialty go to that given specialty's ward, and to encourage supervising consultants making discharge decisions to do so with some awareness of those awaiting their care. Together this focus on the basics of good nursing care and the overarching system of medical care we offer is the solution to the issues identified over several years and crystallised in our Board discussion in public in December 2016. By late June we expect to see some, probably most, of our medical wards achieving the key measures of improvement we, and they, defined. A 'tail' of wards will need further support through Q2, and external capacity is being sourced to help to provide that support.

As indicated at the last board, the Consistency of Care project has both 'reintroduced' some Listening Into Action approaches into our common practice, and sought to specifically involve trainee doctors in the development of new ideas. The 'forum' created through that work will be developed as we seek to better involve trainees in day to day service improvement, led by our Senior Resident.

## **2. Our colleagues**

Consistent with our award winning work on staff welfare and wellbeing, various events have been held in recent weeks to encourage better take up of available options for staff support. Our goal for 2017-18 is to broaden that take up as we strive to reduce sickness, specifically related to either stress or musculo-skeletal injuries. Our occupational health service has re-achieved national accreditation, and continues to successfully bid for and win contracts beyond the Trust. We are

working to support other parts of the Black Country Alliance. Our SWBH staff benefits offer has now been taken up by well over 15% of our staff body.

360 managers and leaders are now enrolled in the training for our new PDR/appraisal system. At the same time warning letters have been issued to the staff who have not completed their 2016-17 appraisal. We again expect to achieve 100% appraisal coverage for the year. Crucial to the training for the new system, which is fully operational in 2018-19, is to have objectives set with employees in all teams during 2017-18. This setting of improvement objectives, jointly, is a shift from prior practice. It forms part of our overall improvement approach, where we gradually place an emphasis within the organisation on continuous improvement – QIHD to QIHD, week on week. At the same time we are looking to deploy a chartered line manager programme during the coming months. This is an underpinning part of the People Plan for 2017-20. We have work to do to consider properly the bandwidth demanded to fulfil these initiatives and right sequencing to ensure that we enter 2019 with a workforce that is consistently well managed.

EPR training plans, for deployment this summer, are being overseen by the Clinical Leadership Executive. Over 5,000 people need to be trained both in the new systems, and in many cases in core IT skills. This prior, and then ongoing, training need is a major deployment activity for the Trust in August and September 2017. It represents both a key dependency to roll out and a major ‘distraction’ from other activities. We have further work to do to align this commitment with our wider mandatory training plans, as we look to ramp up delivery of consistent core training for all employees. Given that completion of mandatory training is part of our pay gateways for employees we need a clear and consistent approach to availability across the year.

Recruitment successes are reflected in the report for band 5 and 6 nursing that is annexed to my report. More widely we have completed a vacancy reconciliation to budget across the whole organisation. This is designed to provide a clear ‘line of sight’ on all of our gaps, and to clarify which roles are to be filled and which are not. This exercise will be completed not less than quarterly. I am reviewing the process of ‘vacancy approval’ by which roles are then advertised. We want to streamline that process and make it easy for managers to seek replacements as individuals choose to leave our employment. It should not take more than a fortnight for such a decision to be made, even where there is scope to amend a role.

### **3. Our partners**

Healthwatch have completed another useful report on ward based care. Pleasingly that shows an improved position compared to the report they compiled from August 2015 information. It does again comment on options to improve our complaint responsiveness, which is reflected in the work described earlier in this report.

A contract for 2017-2019 remains not yet signed, as outlined in prior board reports. Signature rests on agreeing a position in respect of proposed budget cuts by commissioners for 2018-19. These cuts were not reflected in figures published about future Trust funding and would represent a ‘tipping point’ in future revenues, at a time when the new hospital has to be funded annually through the unitary payment. NHS Improvement and NHS England are working with the parties to seek to find a resolution. For purposes of good governance in respect of our future capital spend, we should

continue to rely on these revenues, but need to ensure we have visibility of cancellation clauses within contracts should be need to abandon projects part way through.

Last month, the Board approved a decision, with regret, to give contractual notice on our gynae-cancer centre contract, retaining unit status. This view was reached after an options appraisal, quality impact assessment and equality impact assessment. It reflected the £2m income (35% of budget) cut imposed on the service with the summary removal of the 'top up tariff' (for which no QIA or EIA was completed). But it also reflects future expectations about how the super specialist service might develop more radical surgical models, best delivered in a place with different clinical adjacencies. The lost income represents a further pressure on our in year operating budget, and cannot be sustained beyond the contract notice period. This is why the Trust's rejected submission to national arbitration was one year's transitional funding to permit a collaborative decision to be reached. That application was declined, initiating this contractual action.

Over the next three months, moving towards a relocation decision, we expect that commissioners will work with potential providers to consider how best to relocate the roughly 450 operations involved. A process for both involving and informing our staff has been initiated, given the inevitable known unknowns at the start a process of change of this nature. No current clinical pathways are being changed pre-emptorily and all current patients and foreseeable referrals will be managed as now. An analysis of safety has been undertaken and there is no basis for concern. The centre has the best one year and five year survival rates in England. As such it is a role model training centre.

It would appear likely that the University of Birmingham will have additional SIFT training places allocated to it. The Trust is completing an analysis of future capacity to support expansion, consistent with our agreements to support the Aston Medical School as well. Our relationship with UoB is an important one, as reflected in board composition!

#### **4. Our regulators**

We continue to work with the CQC as they develop the first draft of their report from the March 2017 inspection. The period of unannounced follow up visits has now closed, and all our sites were attended by inspectors during that period. Well over 350 data requests have been received from regulators since the visits, and these are being processed. We are discussing with the CQC the burden of work that this is creating and how best to manage their needs in a timely manner. At the time of writing a draft report in July remains our expectation.

#### **5. The local STP**

At our last meeting the Board approved the next steps in our joint pathology project, working across the Black Country Alliance and with Royal Wolverhampton. This work is about making sure we have sustainable services for the future. By July we need to have reached some conclusions about the management model for collaboration and some decisions about service location changes. Work to finalise the various option appraisals is ongoing, and a bid, led by Walsall Healthcare, has been submitted on our collective behalf for capital funding from NHSI/E.

Discussions continue about the right governance model for the STP. It is well recognised that the place for cooperation across the area does not replace local governance, and in particular the

statutory responsibilities of either boards, or Local Authorities. We would expect that over coming months clear 'place based' governance arrangements will be put in place at patch level (in our case Sandwell and West Birmingham), together with a combined partnership group across the STP, and an independent, and transparently appointed leader. There remain nationally discussions about whether 44 is the right number of STPs, and whether each geography is correctly set up. There is, we understand, a recognition that any move to remove west Birmingham from the black country STP would fatally undermine the business case for Midland Met approved in October 2015.

## **6. The work of the Clinical Leadership Executive (CLE)**

Work is almost complete to revise the sub-committees of the CLE. The critical dependency to that is to revisit the committees beneath those to reduce the time burden and clarify the role of each. This will then make it easier to publish for staff a clear guide to where decisions are made and by whom.

The CLE meeting in month considered in detail the training plans for EPR referenced above, as well as material by which we plan to 'performance manage' IT utilisation and optimisation among employees in Q4 2017-18. We also explored the future diversity pledges for the organisation, to be delivered both within our People and our Public Health plans. Consistent with our operating plan for 2017-18 the 'production' plan was discussed, and the identification of further and future Cost Improvement Plans.

Appended to my report is material on both safe staffing and recruitment, as well as some work showing the latest draft equality and diversity pledges. Against 230 vacancies we have now made 181 offers. Next month a Gantt chart showing start dates will be shared with the Board. Recruitment work continues, both to manage turnover and to handle the 'drop-out rate' which is inevitable in such a competitive market.

Presently the Trust has 33 consultant vacancies, a figure which reduces by 10 with offered hires. The balance of 23 roles is being assertively marketed. Locum post-holders are in place across the majority of these roles. The key concern areas are reflected in the Board's risk register, with recent recruitment in A&E offering a major opportunity for service improvement which is reflected in our 4 hour recovery plan in today's papers.

Toby Lewis, Chief Executive - April 28<sup>th</sup> 2017

Nurse Fill Rate' (Safer Staffing) data for March 2017

Ward name	Main 2 Specialties on each ward Specialty 1	Main 2 Specialties on each ward Specialty 2	Day	Day	Day	Day	Night	Night	Night	Night	Day	Day	Night	Night	Care Hours Per Patient Day (CHPPD)				Note	
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall		
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours										
Critical Care - Sandwell	300 - GENERAL MEDICINE	100 - GENERAL SURGERY																		
AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3208	2886	1069	1058	2852	2771	1069	1000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	760	#DIV/0!	#DIV/0!	#DIV/0!		
Older Persons Assessment Unit (OPAU) - Lyndon 1 - Paediatrics	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	713	713	414	701	713	713	414	713	100.0%	169.3%	100.0%	172.2%	232	6.1	6.1	12.2	New Oct 16	
Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1414	1477	977	1069	989	1012	736	770	104.5%	109.4%	102.3%	104.6%	692	3.6	2.7	6.3		
Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	1782	1857	1426	2265	1069	1069	1069	1897	104.2%	158.8%	100.0%	177.5%	834	3.5	5.0	8.5		
Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2139	2058	1782	1742	1069	1058	1782	1759	96.2%	97.8%	99.0%	98.7%	1011	3.1	3.5	6.5		
Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	Decant	
Lyndon Ground - PAU/Adolescents	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	1116	930	341	253	0	0	1023	583	83.3%	74.2%	#DIV/0!	57.0%	320	2.9	2.6	5.5		
AMU B - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	1426	1397	356	414	1069	1069	356	356	98.0%	116.3%	100.0%	100.0%	465	5.3	1.7	7.0		
Priory 3 - General Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		
Newton 3 - T&O	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	1782	1690	1426	1995	1069	1069	1069	1702	94.8%	139.9%	100.0%	159.2%	884	3.1	4.2	7.3		
Newton 4 - Stepdown/Stroke/Neurology	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1426	1069	1052	1426	1414	1069	1058	100.0%	98.4%	99.2%	99.0%	867	3.3	2.4	5.7		
Newton 5 - Haematology	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	713	718	356	391	713	701	356	356	100.7%	109.8%	98.3%	100.0%	352	4.0	2.1	6.2		
Priory 2 - Colorectal/General Surgery	100 - GENERAL SURGERY	100 - GENERAL SURGERY	1782	1771	1069	1299	1069	1069	713	977	99.4%	121.5%	100.0%	137.0%	723	3.9	3.1	7.1		
Priory 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1995	1426	908	2139	1771	1426	1012	93.3%	63.7%	82.8%	71.0%	698	5.4	2.8	8.1		
Priory 5 - Gastro/Resp	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1782	1776	1069	1086	1426	1437	713	747	99.7%	101.6%	100.8%	104.8%	935	3.4	2.0	5.4		
SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1782	1771	713	770	1426	1426	356	391	99.4%	108.0%	100.0%	109.8%	393	8.1	3.0	11.1	See N2	
CCS - Critical Care Services - City	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		
D5 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1426	1782	356	356	1069	1426	0	23	125.0%	100.0%	133.4%	#DIV/0!	472	6.8	0.8	7.6		
D11 - Male Older Adult	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1069	1058	1426	1408	1069	1069	1069	1069	99.0%	98.7%	100.0%	100.0%	616	3.5	4.0	7.5		
D12 - Isolation	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!		
D15 - Gastro/Resp/Haem (Male)	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1069	1075	713	690	1069	1069	356	379	100.6%	96.8%	100.0%	106.5%	591	3.6	1.8	5.4		
D16 - (Female)	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1069	1063	713	770	1069	1069	356	356	99.4%	108.0%	100.0%	100.0%	595	3.6	1.9	5.5		
D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	744	684	341	313	682	363	341	253	91.9%	91.8%	53.2%	74.2%	265	4.0	2.1	6.1		
D21 - Male Urology / ENT	101 - UROLOGY	120 - ENT	1357	1345	713	747	713	701	713	701	99.1%	104.8%	98.3%	98.3%	442	4.6	3.3	7.9		
D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1069	1426	1426	1069	1069	1069	1069	100.0%	100.0%	100.0%	100.0%	635	3.4	3.9	7.3		
D27 - Oncology	502 - GYNAECOLOGY		593	461	414	297	744	636	372	312	77.7%	71.7%	85.5%	83.9%	455	2.4	1.3	3.7		
AMU 2 & West Midlands Poisons Unit - City	300 - GENERAL MEDICINE	305 - CLINICAL PHARMACOLOGY	1782	1868	356	339	1426	1449	356	379	104.8%	95.2%	101.6%	106.5%	472	7.0	1.5	8.5		
Surgical Assessment Unit - City	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	Closed	
D43 - Community RTG	318- INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	1426	1368	1426	1345	1069	1069	931	931	95.9%	94.3%	100.0%	100.0%	746	3.3	3.1	6.3		
D47 - Geriatric MEDICAL			1247	1035	1098	1000	713	713	713	713	83.0%	91.1%	100.0%	100.0%	561	3.1	3.1	6.2		
D7 - Cardiology (Male)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	2139	2133	356	345	1782	1771	0	0	99.7%	96.9%	99.4%	#DIV/0!	523	7.5	0.7	8.1		
Female Surgical (D17)	101 - UROLOGY	120 - ENT	1069	1058	644	644	1069	1058	621	655	99.0%	100.0%	99.0%	105.5%	343	6.2	3.8	10.0		
Labour Ward - City	501 - OBSTETRICS	501 - OBSTETRICS	3921	3187	713	695	3921	3093	713	667	81.3%	97.5%	78.9%	93.5%	291	21.6	4.7	26.3		
City Maternity - M1	501 - OBSTETRICS	424- WELL BABIES	897	874	598	563	897	690	299	299	97.4%	94.1%	76.9%	100.0%	496	3.2	1.7	4.9		
City Maternity - M2	501 - OBSTETRICS	424- WELL BABIES	1069	994	673	736	1069	897	356	345	93.0%	109.4%	83.9%	96.9%	460	4.1	2.4	6.5		
AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2852	2852	1069	1052	2852	2852	1069	1046	100.0%	98.4%	100.0%	97.8%	756	7.5	2.8	10.3		
Neonatal			2443	2777	713	437	2495	2668	713	448					817	6.7	1.1	7.7		
Serenity Birth Centre - City	501 - OBSTETRICS	501 - OBSTETRICS	1069	1173	713	402	1069	977	356	414	109.7%	56.4%	91.4%	116.3%	49	43.9	16.7	60.5		
Ophthalmology Main Ward - City	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	292	348	232	213	573	453	0	111	119.2%	91.8%	79.1%	#DIV/0!	158	5.1	2.1	7.1		
Eliza Tinsley Ward - Community RTG	318- INTERMEDIATE CARE	300 - GENERAL MEDICINE	543	552	708	717	972	468	888	888	101.7%	101.3%	48.1%	100.0%	584	1.7	2.7	4.5		
Henderson	318- INTERMEDIATE CARE		1069	1029	1426	1420	931	931	851	839	96.3%	99.6%	100.0%	98.6%	677	2.9	3.3	6.2		
Leasowes	318- INTERMEDIATE CARE		1069	914	1069	1247	713	713	713	713	85.5%	116.7%	100.0%	100.0%	602	2.7	3.3	6.0		
MCCarthy	318- INTERMEDIATE CARE		558	543	744	723	972	960	888	888	1	97.2%	98.8%	100.0%	557	2.7	2.9	5.6		
<b>Trust Totals</b>			<b>55603</b>	<b>54262</b>	<b>32505</b>	<b>33227</b>	<b>48059</b>	<b>45601</b>	<b>26235</b>	<b>27050</b>	<b>1</b>	<b>102.2%</b>	<b>94.9%</b>	<b>103.1%</b>	<b>21788</b>	<b>4.6</b>	<b>2.8</b>	<b>7.3</b>		

<b>TRUST BOARD</b>	
<b>DOCUMENT TITLE:</b>	Safe staffing
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Elaine Newell –Chief Nurse
<b>AUTHOR:</b>	Elaine Newell
<b>DATE OF MEETING:</b>	4 <sup>th</sup> May 2017
<b>EXECUTIVE SUMMARY:</b>	
<p><b>April Summary</b></p> <p>The summary level data does not demonstrate any major variance month on month across this period. The average CHPPD for registered nurses across the trust is 5.3 hours which is consistent with the rolling 3 month average</p> <p>The average fill rates across the trust for registered nurses, which includes permanent, bank and Agency staff for both day and night shifts has increased slightly at 97.9% and 96.4% respectively. The daytime fill rate for support staff is 104.8% and the night time fill rate is 107.5%. This is again consistent with previous month’s figures, in spite of a significant (two thirds) reduction in the use of agency HCA staff.</p> <p>The majority of wards achieved over 95% fill rates for both trained (RN) and untrained (HCA). Paediatrics, D27 and Priory 4 all triggered red due to fill rates lower than established norms. This was entirely appropriate and in response to reduced clinical activity / dependency</p> <p>There are a number of plans in train to support Thornbury switch off from 1<sup>st</sup> June and subsequent reduction in agency use. These plans are being developed into full PMO / GPO plans and include:</p> <ul style="list-style-type: none"> <li>• Efficient Rostering, measured and monitored against agreed KPI’s - including time owing to Trust</li> <li>• Recruit substantively to nursing vacancies</li> <li>• Substantively staff Lyndon 5</li> <li>• Halve sickness in Ophthalmology Theatres</li> <li>• Tighter escalation for approvals via prompt cards</li> <li>• Bed reduction programme delivered by 31<sup>st</sup> May</li> <li>• Staffing review commencing 1<sup>st</sup> May</li> <li>• Review heat maps for agency spend / sickness with a view to focussed support</li> <li>• Focussed care reduction across the Trust</li> <li>• Ban on all agency HCA’s effective 1<sup>st</sup> April 2017</li> <li>• Substantive recruitment to HCA 100 WTE vacancies through recruitment drive (84 are in recruitment process)</li> </ul>	

- Growth of HCA numbers on Trust Bank Focussed care reduction across the Trust
- Ban on all agency HCA's effective 1<sup>st</sup> April 2017
- Substantive recruitment to HCA 100 WTE vacancies through recruitment drive (84 are in recruitment process)
- Growth of HCA numbers on Trust Bank

**REPORT RECOMMENDATION:**

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

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

**PREVIOUS CONSIDERATION:**

February Trust Board



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

	RXK10	ROWLEY REGIS HOSPITAL	2702.5	3084.9	3546.75	3896.583	1211.5	1717.75	1670.5	2067	114.1%	109.9%	141.8%	123.7%
	RXK01	SANDWELL GENERAL HOSPITAL	28133.5	30365.28	15989.5	17373.25	15995	20147.07	7760.517	10975.02	107.9%	108.7%	126.0%	141.4%
			63013	66547	36765	37232	36450	43566	17087	20934	105.6%	101.3%	119.5%	122.5%
Apr-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1502	1941	305.5	396.25	444	536.5	92.5	101.75	129.2%	129.7%	120.8%	110.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	30171.5	31776.33	16684	15468.25	18810.5	20221.75	7285.5	8325	105.3%	92.7%	107.5%	114.3%
	RXK10	ROWLEY REGIS HOSPITAL	2614	2568.5	3772	3448.067	1116.5	1351.5	1763	1778	98.3%	91.4%	121.0%	100.9%
	RXK01	SANDWELL GENERAL HOSPITAL	27100	29153.3	15850.25	17460.35	16443.5	18445.28	7508	10431.5	107.6%	110.2%	112.2%	138.9%
			61388	65439	36612	36773	36815	40555	16649	20636	106.6%	100.4%	110.2%	123.9%
May-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2034.5	1941	434	402.25	573.5	527.25	138.75	138.75	95.4%	92.7%	91.9%	100.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	32094.5	32675.33	16822.25	16256	19465	21176.25	7493	8437	101.8%	96.6%	108.8%	112.6%
	RXK10	ROWLEY REGIS HOSPITAL	2645.5	2576.067	3508.5	3169.083	1083.5	1475.067	1842.5	2033	97.4%	90.3%	136.1%	110.3%
	RXK01	SANDWELL GENERAL HOSPITAL	26561	27802.15	15591.5	17242.17	16839	17383.17	8199.5	10655	104.7%	110.6%	103.2%	129.9%
			63336	64995	36356	37070	37961	40562	17674	21264	102.6%	102.0%	106.9%	120.3%
Jun-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	2276.25	2172.167	419	426	555	527.25	166.5	184.75	95.4%	101.7%	95.0%	111.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28309.5	29468.17	15410.18	14755.27	18281	19637.77	6748.5	7504.317	104.1%	95.8%	107.4%	111.2%
	RXK10	ROWLEY REGIS HOSPITAL	2442	2374.75	3676.5	3263	1302.5	1494	1587	1916.5	97.2%	88.8%	114.7%	120.8%
	RXK01	SANDWELL GENERAL HOSPITAL	26826	28578.08	15516.5	17366.28	15139.5	17222.75	8432.5	10183	106.5%	111.9%	113.8%	120.8%
			59854	62593	35022	35811	35278	38882	16935	19789	104.6%	102.3%	110.2%	116.9%
Jul-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	1951.583	465	512.75	589	555	0	166.5	209.8%	110.3%	94.2%	0.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	32069.5	27187.57	13190.5	13134.5	27450.5	19260.02	8199.5	7613.267	84.8%	99.6%	70.2%	92.9%
	RXK10	ROWLEY REGIS HOSPITAL	3208	2495	3565	2970.667	2139	1486.75	2495.5	1923	77.8%	83.3%	69.5%	77.1%
	RXK01	SANDWELL GENERAL HOSPITAL	30178.5	26279.73	15686	15236.02	23885.5	17973.25	11764.5	11337.25	87.1%	97.1%	75.2%	96.4%
			66386	57914	32907	31854	54064	39275	22460	21040	87.2%	96.8%	72.6%	93.7%
Aug-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	806	465	370.75	573	518.25	0	171	86.7%	79.7%	90.4%	0.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	31861.5	24502	13158.25	11459.75	27419.5	18006.17	7843	7162.517	76.9%	87.1%	65.7%	91.3%
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	2431.5	3565	3108.117	2139	1589.75	2495.5	2150.5	75.8%	87.2%	74.3%	86.2%
	RXK01	SANDWELL GENERAL HOSPITAL	29192	24223	14735.5	15146	22765.5	17481.07	11251	11176.75	83.0%	102.8%	76.8%	99.3%
			65192	51963	31924	30085	52897	37595	21590	20661	79.7%	94.2%	71.1%	95.7%
Sep-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	900	935	450	378.5	555	472	166.5	194.75	103.9%	84.1%	85.0%	117.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28394	26595.9	11679	13003.83	24495	20277.5	7651	7903	93.7%	111.3%	82.8%	103.3%
	RXK10	ROWLEY REGIS HOSPITAL	3105	2663	3450	3364.5	2070	1881.25	2415	2336	85.8%	97.5%	90.9%	96.7%
	RXK01	SANDWELL GENERAL HOSPITAL	27587	25604	14651	16277.83	21016	18495	11561.5	11814.52	92.8%	111.1%	88.0%	102.2%
			59986	55798	30230	33025	48136	41126	21794	22248	93.0%	109.2%	85.4%	102.1%
Oct-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	930	969.3333	465	344.75	573.5	536.75	157.25	178.25	104.2%	74.1%	93.6%	113.4%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	30986	34295.28	13485.5	16855.07	26737.5	28120.5	8215	10881.25	110.7%	125.0%	105.2%	132.5%
	RXK10	ROWLEY REGIS HOSPITAL	3208.5	3267.667	3565	3678	2139	2590.25	2495.5	2913.5	101.8%	103.2%	121.1%	116.8%
	RXK01	SANDWELL GENERAL HOSPITAL	27183.5	30355.55	15523.5	21546.75	21761	24224.5	10848	16673.5	111.7%	138.8%	111.3%	153.7%
			62308	68888	33039	42425	51211	55472	21716	30647	110.6%	128.4%	108.3%	141.1%
Nov-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	191	536	536	157	138	104.2%	74.1%	93.6%	113.4%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	24755	23194	9789	9919	22694	21079	7217	7434	110.7%	125.0%	105.2%	132.5%
	RXK10	ROWLEY REGIS HOSPITAL	2738	2309	1738	1837	1826	1871	1493	1446	101.8%	103.2%	121.1%	116.8%
	RXK01	SANDWELL GENERAL HOSPITAL	24276	23016	12497	12096	20417	19181	10173	9660	111.7%	138.8%	111.3%	153.7%
			52204	48954	24241	24043	45473	42667	19040	18678	93.8%	99.2%	93.8%	98.1%
Dec-15	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	450	232	195	573	545	185	148	96.8%	84.1%	95.1%	80.0%
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	RXK02	CITY HOSPITAL	28783	27400	12089	11327	21710	24752	9454	8471	95.2%	93.7%	91.1%	89.6%
	RXK10	ROWLEY REGIS HOSPITAL	3044	2561	1975	2027	2030	2007	1689	1586	84.1%	102.6%	98.9%	93.9%
	RXK01	SANDWELL GENERAL HOSPITAL	26109	24203	13225	12669	21872	20396	10342	10095	92.7%	95.8%	93.3%	97.6%
			58401	54614	27521	28218	51645	47700	21670	20300	93.5%	95.3%	92.4%	93.7%

Jan-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	198	573	564	148	148	100.0%	85.3%	98.4%	100.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	26001	24220	10586	9949	24291	23361	8611	7795	93.2%	94.0%	96.2%	90.5%				
	RXK10	ROWLEY REGIS HOSPITAL	2867	2417	1798	1775	1912	1888	1235	1223	84.3%	98.7%	98.7%	99.0%				
	RXK01	SANDWELL GENERAL HOSPITAL	25861	24488	12914	12728	21731	20994	10454	10439	94.7%	98.6%	96.6%	99.9%				
			55194	51590	25530	24650	48507	46807	20448	19605	93.5%	96.6%	96.5%	95.9%				
Feb-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	420	420	210	195	518	518	148	148	100.0%	92.9%	100.0%	100.0%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	27047	25992	11249	10768	25705	24916	8501	8412	96.1%	95.7%	96.9%	99.0%				
	RXK10	ROWLEY REGIS HOSPITAL	3906	3279	3664	3960	2604	2557	2779	3098	83.9%	108.1%	98.2%	111.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	25483	23052	12166	12244	21532	19958	9856	9788	90.5%	100.6%	92.7%	99.3%				
			56856	52743	27289	27167	50359	47949	21284	21446	92.8%	99.6%	95.2%	100.8%				
Mar-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	555	465	277	221	462	573	157	194	83.8%	79.8%	124.0%	123.6%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	24357	27553	10043	11106	22770	26280	7890	8653	113.1%	110.6%	115.4%	109.7%				
	RXK10	ROWLEY REGIS HOSPITAL	3936	3194	4367	4836	2625	2530	3224	3693	81.1%	110.7%	96.4%	114.5%				
	RXK01	SANDWELL GENERAL HOSPITAL	28158	25581	13813	13543	23643	21025	10958	10617	90.8%	98.0%	88.9%	96.9%				
			57006	56793	28500	29706	49500	50408	22229	23157	99.6%	104.2%	101.8%	104.2%				
Apr-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	457	225	206	555	555	148	175	101.6%	91.6%	100.0%	118.2%				
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%				
	RXK02	CITY HOSPITAL	28863	27928	11830	10759	27267	25879	9244	8557	96.8%	90.9%	94.9%	92.6%				
	RXK10	ROWLEY REGIS HOSPITAL	4185	3631	4702	5260	2790	2754	3417	3881	86.8%	111.9%	98.7%	113.6%				
	RXK01	SANDWELL GENERAL HOSPITAL	27066	24907	13360	13080	21663	20686	10532	10611	92.0%	97.9%	95.5%	100.8%				
			60564	56923	30117	29305	52275	49874	23341	23224	94.0%	97.3%	95.4%	99.5%				
May-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	435	435	217	195	536	536	166	185	100.0%	89.9%	100.0%	111.4%	192	5.1	2.0	7.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29134	29287	11975	11748	27549	27239	9115	8696	100.5%	98.1%	98.9%	95.4%	8856	6.4	2.3	8.7
	RXK10	ROWLEY REGIS HOSPITAL	4323	3879	4858	5417	2883	2871	3605	4005	89.7%	111.5%	99.6%	111.1%	2624	2.6	3.6	6.2
	RXK01	SANDWELL GENERAL HOSPITAL	28077	26369	14260	13294	22336	21643	10737	10506	93.9%	93.2%	96.9%	97.8%	9535	5.0	2.5	7.5
			61969	59970	31310	30654	53304	52289	23623	23392	96.8%	97.9%	98.1%	99.0%	21207.00	5.3	2.5	7.8
Jun-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	453	225	198	555	555	166	138	100.7%	88.0%	100.0%	83.1%	135	7.5	2.5	10.0
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	28741	27744	12036	11512	27323	25997	9142	8558	96.5%	95.6%	95.1%	93.6%	8704	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4144	3873	4656	4953	2790	2801	3495	3805	93.5%	106.4%	100.4%	108.9%	2222	3.0	3.9	6.9
	RXK01	SANDWELL GENERAL HOSPITAL	26756	25382	13609	13418	21064	20441	10916	10982	94.9%	98.6%	97.0%	100.6%	9235	5.0	2.6	7.6
			60091	57452	30526	30081	51732	49794	23719	23483	95.6%	98.5%	96.3%	99.0%	20296			
Jul-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	232	573	573	148	148	100.0%	100.0%	100.0%	100.0%	228	4.6	1.7	6.2
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29688	29249	12664	12068	28090	27187	9242	8886	98.5%	95.3%	96.8%	96.1%	9155	6.2	2.3	8.5
	RXK10	ROWLEY REGIS HOSPITAL	4242	3762	5170	5197	3500	3465	3455	3540	88.7%	100.5%	99.0%	102.5%	2178	3.3	4.0	7.3
	RXK01	SANDWELL GENERAL HOSPITAL	27279	25652	14225	14196	21640	20847	11353	11587	94.0%	99.8%	96.3%	102.1%	9872	4.7	2.6	7.3
			61674	59128	32291	31693	53803	52072	24198	24161	95.9%	98.1%	96.8%	99.8%	21433	19	11	29
Aug-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	221	573	573	175	175	100.0%	95.3%	100.0%	100.0%	228	4.6	1.7	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29313	27693	12062	12037	27582	25849	8198	8735	94.5%	99.8%	93.7%	106.6%	9155	5.8	2.3	8.1
	RXK10	ROWLEY REGIS HOSPITAL	3967	3395	4972	4965	3439	3310	3067	3079	85.6%	99.9%	96.2%	100.4%	2178	3.1	3.7	6.8
	RXK01	SANDWELL GENERAL HOSPITAL	25853	25600	20636	14598	21640	20464	11640	12846	99.0%	70.7%	94.6%	110.4%	9872	4.7	2.8	7.4
			59598	57153	37902	31821	53234	50196	23080	24835	95.9%	84.0%	94.3%	107.6%	21433	18	10	29
Sep-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	476	225	195	555	555	157	222	105.8%	86.7%	100.0%	141.4%	174	5.9	2.4	8.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	29457	28063	12304	12574	27112	25549	8197	8677	95.3%	102.2%	94.2%	105.9%	9026	5.9	2.4	8.3
	RXK10	ROWLEY REGIS HOSPITAL	3028	2638	3851	3963	2773	2726	2426	2426	87.1%	102.9%	98.3%	100.0%	1852	2.9	3.4	6.3
	RXK01	SANDWELL GENERAL HOSPITAL	26309	25107	13815	14727	20919	19649	11129	12282	95.4%	106.6%	93.9%	110.4%	9236	4.8	2.9	7.8
			59244	56284	30195	31459	51359	48479	21909	23607	95.0%	104.2%	94.4%	107.8%	20288	20	11	31
Oct-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	446	232	217	573	573	157	120	95.9%	93.5%	100.0%	76.4%	144	7.1	2.3	9.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	32594	31145	15120	15025	28558	26663	9885	10501	95.6%	99.4%	93.4%	106.2%	9327	6.2	2.7	8.9
	RXK10	ROWLEY REGIS HOSPITAL	2219	2103	2656	2717	2744	1844	2560	2536	94.8%	102.3%	67.2%	99.1%	2262	1.7	2.3	4.1
	RXK01	SANDWELL GENERAL HOSPITAL	28494	27372	14486	16860	22514	21304	12135	13988	96.1%	116.4%	94.6%	115.3%	10266	4.7	3.0	7.7
			63772	61066	32494	34819	54389	50384	24737	27145	95.8%	107.2%	92.6%	109.7%	21999	20	10	30
Nov-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	450	442	225	210	555	545	166	148	98.2%	93.3%	98.2%	89.2%	557	1.8	0.6	2.4
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			

Nov-16	RXK02	CITY HOSPITAL	31002	30282	13483	13765	27240	25886	8953	9971	97.7%	102.1%	95.0%	111.4%	8630	6.5	2.8	9.3
	RXK10	ROWLEY REGIS HOSPITAL	3382	3220	4072	4197	3874	3257	2981	2957	95.2%	103.1%	84.1%	99.2%	808	8.0	8.9	16.9
	RXK01	SANDWELL GENERAL HOSPITAL	27689	27013	14098	15959	21701	21057	11727	13140	97.6%	113.2%	97.0%	112.0%	7341	6.5	4.0	10.5
			62523	60957	31878	34131	53370	50745	23827	26216	97.5%	107.1%	95.1%	110.0%	17336	23	16	39
Dec-16	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	465	465	232	202	573	573	157	138	100.0%	87.1%	100.0%	87.9%	188	5.5	1.8	7.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31106	30016	13528	12482	27055	26094	8854	8909	96.5%	92.3%	96.4%	100.6%	8615	6.5	2.5	9.0
	RXK10	ROWLEY REGIS HOSPITAL	3242	3102	3941	4041	3456	2845	2830	2890	95.7%	102.5%	82.3%	102.1%	2679	2.2	2.6	4.8
			28559	27573	14815	15907	22509	21876	12260	13625	96.5%	107.4%	97.2%	111.1%	10387	4.8	2.8	7.6
			63372	61156	32516	32632	53593	51388	24101	25562	96.5%	100.4%	95.9%	106.1%	21869	19	10	29
Jan-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	322	356	217	210	536	536	37	37	110.6%	96.8%	100.0%	100.0%	180	5.0	1.4	6.3
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	31579	31020	13938	13564	27429	26766	8904	9225	98.2%	97.3%	97.6%	103.6%	9215	6.3	2.5	8.7
	RXK10	ROWLEY REGIS HOSPITAL	2924	3101	3578	4062	3168	2880	2614	2998	106.1%	113.5%	90.9%	114.7%	2607	2.3	2.7	5.0
			28919	27969	14877	17262	22491	22021	12307	14590	96.7%	116.0%	97.9%	118.6%	10304	4.9	3.1	7.9
			63744	62446	32610	35098	53624	52203	23862	26850	98.0%	107.6%	97.4%	112.5%	22306	18	10	28
Feb-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	270	315	210	191	518	481	0	46	116.7%	91.0%	92.9%	#DIV/0!	175	4.5	1.4	5.9
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27838	27199	13363	13030	24460	23721	8831	9138	97.7%	97.5%	97.0%	103.5%	8319	6.1	2.7	8.8
	RXK10	ROWLEY REGIS HOSPITAL	2852	2816	3409	3694	3110	2722	2512	2655	98.7%	108.4%	87.5%	105.7%	2242	2.5	2.8	5.3
			26276	25767	13759	15260	19922	19628	12317	13527	98.1%	110.9%	98.5%	109.8%	9359	4.9	3.1	7.9
			57236	56097	30741	32175	48010	46552	23660	25366	98.0%	104.7%	97.0%	107.2%	20095	18	10	28
Mar-17	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	1361	1521	945	615	1642	1430	356	525	111.8%	65.1%	87.1%	147.5%	207	14.3	5.5	19.8
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0			
	RXK02	CITY HOSPITAL	27241	26683	13748	13163	24777	23662	10047	9645	98.0%	95.7%	95.5%	96.0%	9536	5.3	2.4	7.7
	RXK10	ROWLEY REGIS HOSPITAL	3239	3038	3947	4107	3588	3072	3340	3328	93.8%	104.1%	85.6%	99.6%	2420	2.5	3.1	5.6
			23762	23020	13865	15342	18052	17437	12492	13552	96.9%	110.7%	96.6%	108.5%	9625	4.2	3.0	7.2
			55603	54262	32505	33227	48059	45601	26235	27050	97.6%	102.2%	94.9%	103.1%	21788	26	14	40
3-month Avges	RXK03	BIRMINGHAM MIDLAND EYE CENTRE (BMEC)	651	731	457	339	899	816	131	203	112.2%	74.1%	90.8%	154.7%	187	8.3	2.9	11.1
	RXKTC	BIRMINGHAM TREATMENT CENTRE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	#DIV/0!	#DIV/0!	#DIV/0!
	RXK02	CITY HOSPITAL	28886	28301	13683	13252	25555	24716	9261	9336	98.0%	96.9%	96.7%	100.8%	9023	5.9	2.5	8.4
	RXK10	ROWLEY REGIS HOSPITAL	3005	2985	3645	3954	3289	2822	2994	2822	99.3%	108.5%	87.9%	106.1%	2423	2.4	2.9	5.3
			26319	25585	14167	15955	20155	19695	12372	13890	97.2%	112.6%	97.7%	112.3%	9763	4.6	3.1	7.7
	Total	Latest 3 month average====>	58861	57602	31952	33500	49898	48119	24586	26422	97.9%	104.8%	96.4%	107.5%	21396	4.9	2.8	7.7

## Inclusion and Diversity. Proposed Pledges for 2017/18

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

## Inclusion and Diversity. Proposed Pledges for 2017/18

	<ul style="list-style-type: none"> <li>• Join Stonewall and take part in regional conferences and workshops</li> <li>• Train staff in supporting LGBT patients sensitively and appropriately</li> <li>• Create a 'Safe Space' for LGBT colleagues</li> <li>• Work with Birmingham LGBT and other external partners to ensure best practice is being implemented</li> <li>• Work with Staffside, and RCN to support LGBT staff at work</li> <li>• Celebrate LGBT History Month with events and support in Feb 2018</li> <li>• Implement 'Allies' programme for non LGBT staff communicated and visible</li> <li>• Increase sexual orientation to at least 20% in two years</li> <li>• Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2018</li> </ul>
5	<p><b>To ensure a safe and inclusive environment for transgender people.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Work with members of SWBH staff to develop a programme to raise awareness of the challenges transgender people may face.</li> <li>• Develop and re-launch trans policy</li> <li>• Develop and launch supportive guidance for staff on welcoming trans patients</li> <li>• Celebrate national Trans Day of remembrance in November 2017</li> </ul>
6	<p><b>Review the use of EDS 2 and develop and implement a 'Trust EDS'</b>  <b>EDS measures 1) Better Health Outcomes 2) Improved Patient Access and Experience 3) A representative &amp; inclusive workforce 4) Inclusive Leadership</b></p> <ul style="list-style-type: none"> <li>• Senior support of EDS action plans in hot spot areas</li> <li>• Deliver 2 work programmes (TBC) to improve patient access and experience and better health outcomes</li> <li>• Communication and engagement with EDS both internally and externally</li> <li>• Inclusion of revised EDS in annual equality report</li> <li>• Work with Local Interest Group to change focus of EDS to Trust Wide</li> <li>• Expand membership of Local Interest Group to be more diverse</li> </ul>
7	<p><b>The Education Committee will oversee the analysis of training requests and training funds vs ESR and consider against protected characteristics data – in particular BME colleagues</b></p>

## Inclusion and Diversity. Proposed Pledges for 2017/18

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

## Inclusion and Diversity. Proposed Pledges for 2017/18

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TRUST BOARD					
<b>DOCUMENT TITLE:</b>		Board Assurance Framework (Q4 update)			
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>		Kam Dhami, Director of Governance			
<b>AUTHOR:</b>		Kam Dhami, Director of Governance			
<b>DATE OF MEETING:</b>		4 <sup>th</sup> April 2017			
<b>EXECUTIVE SUMMARY:</b>					
<p>The Board Assurance Framework (BAF) for 2016/17 was approved by the Trust Board in August 2016. The BAF has been updated for quarter 4 and a revised copy is enclosed.</p> <p>Updates have been provided in the enclosed paper for each risk. There have been one changes to the risk scores.</p> <p><b><u>Amendment 1:</u></b> The Board is asked to note a change to risk reference 013-GUR, "Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board", which returns to a red rating as the work has been paused.</p>					
<b>REPORT RECOMMENDATION:</b>					
The Trust Board is asked to review and accept the updates.					
<b>ACTION REQUIRED</b> ( <i>Indicate with 'x' the purpose that applies</i> ):					
The receiving body is asked to receive, consider and:					
<b>Accept</b>	<b>Approve the recommendation</b>			<b>Discuss</b>	
X					
<b>KEY AREAS OF IMPACT</b> ( <i>Indicate with 'x' all those that apply</i> ):					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments:					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
The BAF is aligned to all strategic objectives and annual priorities.					
<b>PREVIOUS CONSIDERATION:</b>					
4 <sup>th</sup> August 2016 (Q1) 3 <sup>rd</sup> November 2016 (Q2) 5 <sup>th</sup> January (Q3)					

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received <small>(Internal, Peer or Independent)</small>	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
COO	001 SHQC	<b>Reducing readmissions</b>  <b>Aim</b> Sustained delivery measured by: <ul style="list-style-type: none"> <li>2% fall in re-admission rates at Sandwell vs. 2014/15 baseline</li> </ul>	There is a risk that readmission rates will remain above national norms caused by a lack of clinical engagement or effective partnership working with GPs and Social Services. This represents poor care and also carries a significant financial risk if the tariff rules are strictly applied.	Q&S	4	3	12	An ongoing integration into the Urgent Care Delivery Programme ensuring effective end to end care.  Community proposal for pilot expansion of iCARES in-reach to AMU.  <u>Controls include:</u> <ul style="list-style-type: none"> <li>Operational Management Committee</li> <li>Group reviews</li> <li>Performance Management Group</li> <li>Quality and Safety Committee and Trust Board</li> <li>System Resilience Group</li> </ul>	IPR Local action plan Papers to sub committees and Trust Board Minutes of meetings	3	3	9	<b>Q4 report:</b> Deputy COO for Urgent Care commenced in post in April and will provide increased senior leadership capacity to ensure pace and execution of delivery  Changes to acute – community pathways will be implemented in Q1; agreed as counting change with CCG.	June 2017	2	3	6

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COO	002-SHQC	<b>Improving the experience of outpatients</b>  Aim Benefits realisation measured by: <ul style="list-style-type: none"> <li>Maximum wait of 6 weeks</li> <li>Elimination of clinic rescheduling</li> <li>Reduction of 2% in DNA rate</li> <li>98% patient satisfaction rate</li> </ul>	There is a risk the full intended benefits of the programme are not delivered leading to poor patient experience and wasted capacity	Q&S	3	4	<b>12</b>	YOOP Programme Board chaired by the CEO.  Project groups with governance infrastructure reporting to YOOP including partial booking, electronic referral management, and speech recognition.  Controls include: <ul style="list-style-type: none"> <li>YOOP</li> <li>Operational Management Committee</li> <li>Group reviews</li> <li>Performance Management Group</li> </ul>	IPR – waiting times, DNA and cancellation rates Project reports and delivery of associated KPIs Minutes of YOOP Trust Board Patient survey	2	4	<b>8</b>	<b>Q4 update:</b> DCOO appointed to start in May 2017 will provide increased senior leadership capacity to ensure pace and execution of delivery  Non admitted backlog nearly halved in RTT pathway mainly associated with OP scheduling improvements. Electronic referral management project in place with programme to achieve 100% electronic referral by 2018.	July 2017	2	4	<b>8</b>

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CN	003 -SHQC	<p><b>Achieving the gains promised within our 10/10 programme</b></p> <p><b>Aim</b> Remedial deployment through:</p> <ul style="list-style-type: none"> <li>100-day roll out in assessments</li> <li>Investment in ward managers to support delivery</li> </ul>	There is a risk that 10/ 10 will not be consistently embedded across the Trust caused by a lack of clinical engagement or effective business change capability which will result in inconsistent high standards of patient safety and high quality care.	Q&S	4	3	12	<p>Key risk controls and treatment include:</p> <ul style="list-style-type: none"> <li>100 day implementation project</li> <li>Group Reviews</li> <li>The Safety Plan and key performance indicators against each standard</li> </ul>	<p>Group review process to check on progress and achievement</p> <p>Internal audit of assessment units following the 100 implementation programme</p>	3	3	9	<p><b>Q4 update:</b> 10/10 forms a key priority within our Safety Plan. This has now been rolled out and embedded within all of our surgical, community beds and women and children's Groups. Daily audit against this key standard is undertaken by ward staff which allows for real time action and remediation where exceptions are identified. Data is being produced and released on a daily basis demonstrating compliance against data input and identification of areas of exception. Work is currently being undertaken to identify whether this initiative has resulted in overall reduction in harm.</p> <p>Our medical wards will be subject to a similar roll out process incorporated within our consistency of care project. This will be delivered by June 2017.</p>	June 2017	3	3	9

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DG	004-SHQC	<b>Meeting the improvement requirements agreed with the Care Quality Commission</b>  <b>Aim</b> <ul style="list-style-type: none"> <li>In Q1/2 we want to ensure we complete all of the tasks we set ourselves in the Improvement Plan.</li> <li>In Q3 we need to ensure benefits have been gained from that work.</li> </ul>	There is a risk that the scale of the task leads to inconsistent implementation of the required standards and practices across the organisation leading to a statutory breach of the fundamental standards of care,	Q&S	3	4	12	Clearly defined outcomes set for each action. Planned and spot audits and unannounced visits to validate compliance. Evidence vault. Protected time for discussions at a local level at QIHDs. Monitoring and oversight of delivery by the CLE, QSC and Trust Board.	Internal: Observed practice during walkabouts and First Friday. Audit findings and action plans. Staff and patient feedback e.g. Your Voice, FFT, complaints. Incident data.	2	4	8	<b>Q4 report:</b> <ul style="list-style-type: none"> <li>The Clinical audit plan 2016/17 was designed to provide evidence of successful implementation of the CQC Improvement plan. The findings have shown variable practice remains in some areas; clear actions are being taken forward to address the issues identified.</li> <li>Outstanding areas in the CQC IP relate mainly to the medical wards and are being picked up in the Consistency of Care programme</li> </ul>	June 2017	1	4	4
COO	005-SHQC	<b>Tackling caseload management in community teams</b>  <b>Aim</b> Sustained delivery measured by: <ul style="list-style-type: none"> <li>All nursing caseloads (at team level) reduced to median in Black Country</li> <li>Patient contact time increased by 10% among district nurses, health visitors and midwives</li> </ul>	There is a risk that the caseload of community nursing teams remains too high and above benchmark as a result of poor management systems, too many patients being admitted to the case load, poor discharge patterns or the absence of team members leading to short appointments or too few appointments to be effective.	Q&S	3	3	9	Programme detailed for adult services with delivery reporting via Clinical Group Review process  <u>Additional controls include:</u> <ul style="list-style-type: none"> <li>Quality and Safety Committee</li> <li>Trust Board</li> </ul>	Project update Group and Trust Board / subcommittee review minutes	3	3	9	Women and Children's programme for 2016-17 to be defined. Presentation to Quality and Safety in July 2016.  <b>Q4 update:</b> Adult improvements sustained. W&C progress to be evaluated in Q1.	June 2017	2	3	6

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COO	006-AR	<b>Meet national wait time standards, and deliver a guaranteed maximum six week outpatient wait</b>  <b>Aim</b> <ul style="list-style-type: none"> <li>Achieve 93% or better in ED consistently from Q2</li> <li>18 week RTT standard consistently met</li> <li>Eliminate open pathway referral issues seen in prior years</li> <li>Tumour specific delivery of 62-day standard</li> </ul>	There is a risk that the Trust will not meet national waiting time standards and deliver a guaranteed six week outpatient wait. This will be caused by an overreliance on key staff, data fragmentation and ineffective competencies through the delivery chain to deliver the plans pertaining to patient activity at access standard level. This will result in target failure.	Q&S	4	4	<b>16</b>	Demand and capacity plan triangulated and integrated with delivering contracted activity and performance standards.  Controls include: <ul style="list-style-type: none"> <li>Operational Management Committee</li> <li>Group reviews</li> <li>Performance Management Group</li> <li>YOOP</li> <li>Planned Care PMO</li> </ul>	IPR Delivery against trajectory plans Minutes of meetings	3	4	<b>12</b>	<u>Update Q4</u> <ul style="list-style-type: none"> <li>Deputy COO to start May 2017</li> <li>RTT backlog halved and compliance regained at Trust level.</li> <li>Cancer standards maintained on quarterly basis. Focus on pathway improvements Q1.</li> <li>ED performance improved over quarter with ambitious plan to achieve 90% in July. 45 beds closed in Q4.</li> </ul>	July 2017	3	4	<b>12</b>

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COO	007-AR	<b>Double the number of safe discharges each morning and reduce by at least a half the number of delayed transfers of care in Trust beds</b>  <b>Aim</b> <ul style="list-style-type: none"> <li>Fewer than 15 DTOCs in Trust bed base</li> <li>40% of discharges take place before 12 midday</li> </ul>	There is a risk that the doubling of safe discharges is not achieved caused by weaknesses in partnership arrangements, ineffective ward team and ward manager leadership and inadequate training which would result in targets to deliver improved care not being achieved and the subsequent financial implications for the Trust.	Q&S	4	5	<b>20</b>	ADaPT project plan revised for this year. Sponsored by COO and has supporting delivery infrastructure.  Ward leadership development programme to ensure capability in ward team leadership in train.  Controls include: <ul style="list-style-type: none"> <li>Urgent Care Delivery</li> <li>Operational Management Committee</li> <li>Group reviews</li> <li>Performance Management Committee</li> <li>System Resilience Group (now called A&amp;E Delivery Group)</li> </ul>	IPR Capacity data set Minutes of meetings	4	4	<b>16</b>	Revised approach to effective relationship with new SMBC arrangements. Assurance capacity and demand alignment in residential, nursing and enhanced assessment beds. Data set and performance framework for clinical ward teams and ward leaders. Deputy COO for Urgent Care to provide increased senior leadership capacity to ensure pace and execution of delivery.  <u>Q4 update:</u> <ul style="list-style-type: none"> <li>DCOO starts in April 2017.</li> <li>Consistency of Care programme intended to drive ward level leadership development and improvement to support flow and safety. Each ward has a local development plan.</li> </ul>	June 2017	3	4	<b>16</b>

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COO	008-AR	<p><b>Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive a high standard of professional support at home</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Trust meets by through the year all standards set out in the contract</li> <li>New partnership model with Sandwell MBC is operational and effective in eyes of both parties</li> </ul>	There is a significant risk that children and families may not have adequate access to a comprehensive range of NHS, Local Authority and voluntary services as a result of lack of knowledge or poor co-ordination by health visitors which could lead to physical, mental or social developmental delay, or poor use of safeguarding facilities	Q&S	3	4	12	Local delivery programme and recruitment plan in place.	Group review Minutes of meetings	3	3	9	Workforce design through integration with midwifery.	March 2017	3	3	9



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COO	009-AR	<p><b>Work within our agreed capacity plan for the year ahead, thereby cutting Did Not Attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure and accommodating patients declined NHS care elsewhere</b></p> <p>Aim</p> <ul style="list-style-type: none"> <li>DNA rates fall by 2% vs. outturn</li> <li>All specialties by October 2016 achieve recurrent demand-supply balance</li> <li>Weeks worked calculation delivered across all specialties</li> </ul>	There is a risk that the agreed capacity plan is not achieved, including the cutting of Did Not Attend (DNA) rates, caused by system demand, an ineffective Better Care Fund and ineffective forecasting and BIU which will result in the trajectory to Midland Metropolitan Hospital alignment not being achieved.	FIC	3	5	15	<p>Demand and capacity plan that triangulates with contracted activity and performance plan.</p> <p>Controls include:</p> <ul style="list-style-type: none"> <li>Planned Care Project review weekly</li> <li>Operational Management Committee</li> <li>Group reviews</li> <li>YOOP</li> <li>Performance Management Group</li> <li>FIC</li> <li>Planned Care PMO</li> </ul>	<p>Planned care dashboard</p> <p>Monthly activity and income</p> <p>Minutes of meetings</p>	3	3	9	<p><u>Q4 update:</u></p> <ul style="list-style-type: none"> <li>Deputy COO for Planned Care starts in May 2017 and will provide increased senior leadership capacity to ensure pace and execution of delivery</li> <li>Delivery of planned care has made progress over Q4.</li> <li>Capacity plan agreed for 2017 with demonstration of weekly delivery.</li> <li>Gap in forecasting process aligned to actual bookings and contract team capacity remain a risk going into Q1.</li> </ul>	June 2017	3	3	9

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COO	010-CCH	<p><b>Ensure that we improve the ability of patients to die in a location of their choosing, including their own home</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Increase in proportion of patients identified for planned pathway &gt;72 hours before passing</li> <li>Increase in proportion of patients able to die in place of their choosing vs. audit baseline</li> </ul>	There is a risk that the Trust does not deliver against this ambition caused by ineffective mobilisation of the contract, weak partnership arrangements, ineffective recruitment or stakeholder engagement which will result in patients being unable to die in a location of their choosing	Q&S	3	3	9	<p>End of life strategy and delivery plan in place.</p> <p><u>Controls include:</u></p> <ul style="list-style-type: none"> <li>Peer review</li> <li>Contract management</li> <li>Quality Plan</li> <li>Group review</li> <li>Quality and Safety Committee</li> </ul>	<p>Contract review via performance dashboard</p> <p>Peer review outcome</p>	3	3	9	<p>Commercial contract expertise within the Clinical Group who have a new commissioning role</p> <p><b>Update Q4:</b> Service developing well and meeting standards at 72%</p>	June 2017	2	3	6
COO	011-CCH	<p><b>Respiratory medicine service sees material transfer into community settings, in support of GPs</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>The respiratory medicine equivalent of the DiCE project is in place</li> <li>Unplanned readmissions for respiratory patients have been reduced at Sandwell</li> </ul>	There is a risk that the clinical service model remains with too much Direct Clinical Care time committed to routine clinic work in the acute hospital which will potentially result in late intervention on community patient pathways, which may result in a continued rate of readmissions	Q&S	4	4	16	<p>Respiratory COPD and discharge bundle (pathway) in place</p> <p><u>Controls include:</u></p> <ul style="list-style-type: none"> <li>Future Hospitals Project and Programme Board with executive sponsor</li> <li>Group Review</li> </ul>	Delivery of KPIs identified in project	3	4	12	<p>Project dashboard</p> <p><b>Update Q4:</b> Future hospitals programme on track. Due for mid-year evaluation in June.</p>	July 2017	3	3	9

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
DOFP	012-GUR	<b>Create balanced financial plans for all directorates and deliver Group level I&amp;E balance on a full year basis</b>  <b>Aim</b> • Group level FYE I&E balance	There is a risk that the identified opportunity for financial improvement is insufficient to deliver financial balance across all directorates.  There is a risk that the scale & pace of financial improvement delivered is insufficient.  This is caused by 1). a lack of necessary capacity and capability 2). The risk of compromise to the safety and quality of services provided.  This risk could result in a failure to generate those financial surpluses necessary to underpin the approval and delivery of key strategic investments.	FIC	4	5	<b>20</b>	<ul style="list-style-type: none"> <li>Effective use of comparative information including peer benchmarking, best practice review and expert scrutiny.</li> <li>Expedited recruitment to fit for purpose senior management structures and follow through on leadership development programme.</li> <li>Utilisation of necessary &amp; sufficient expert support and establishment of fit for purpose PMO &amp; change team.</li> <li>Routine timely reporting &amp; performance management of plan delivery at devolved [directorate / scheme specific] level.</li> <li>Timely escalation and intervention to remedy any shortfall in delivery.</li> <li>MPA established to assure coherence and delivery of key strategic change programmes.</li> </ul>	Management assurance. Routine reporting of historic and prospective financial performance and remedial action plans at all relevant meetings.  Independent assurance. Internal audit review of core systems & processes including financial planning, budgetary control, CIP delivery and data quality.  External audit review of arrangements for securing VFM.  Regulator scrutiny of safe, effective, financially viable services.	3	5	<b>15</b>	<b>Update Q4:</b> <b>Income</b> <ul style="list-style-type: none"> <li>Weekly PMO in place to track income plan.</li> <li>Monthly reporting to FIC of production plan delivery.</li> <li>5 measures of control for 2017/18 plan established by the Trust Board.</li> </ul> <b>Expenditure</b> <ul style="list-style-type: none"> <li>FIP 2 review of sufficiency of controls over expenditure due end of May.</li> <li>Comprehensive overhaul of Oracle sign-off arrangements</li> <li>New agency controls for break glass arrangements and abolition of use of high cost agencies</li> <li>Improvement team allocated to support each Group with their 2017/18 financial plan.</li> <li>Bi-monthly performance review in place</li> </ul> CEO escalation meetings for all Clinical Groups will happen throughout the year	June 2017	4	5	<b>20</b>

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
CEO	013-GUR	<p><b>Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Reporting tool in place at frontline service level</li> <li>Standard reports visible monthly to support performance improvement cycle</li> </ul>	There is a risk that reforming how corporate services support frontline care is not achieved caused by the BIU not functioning correctly, data invisibility, data integrity concerns or inappropriate culture which does not promote shared learning which will result in there being a disconnect between the ward and Board impacting on effective assurance of the delivery of high quality and financially sustainable care.	TB	4	4	16	<p>A tender has been let, after mini competition to GE healthcare to provide support to an improved BIU function. The proposal will deliver:</p> <ul style="list-style-type: none"> <li>Re-establishing the BIU as the single place for Trust information and analysis, including appropriate staff, career management, training and mentoring</li> <li>Refresh the technology</li> <li>Implementing processes for requesting new information and analysis, creating and amending dashboards and overarching governance. The Informatics portfolio controls provide a good template for this</li> <li>Ensuring that Trust periodic information (e.g. monthly reporting) is published together in a consistent form</li> <li>Establishing a user group to gather user feedback and requirements</li> <li>Development of a strategic roadmap</li> <li>Improvement to the board performance report and performance management report</li> </ul>	Report to Trust Board	4	4	16	<p><b>Q4 report:</b></p> <p>This work has yet again been paused and returns to a red rating as a result. The work with GE was set aside (funding) and replaced by work led through the CEO and CIO. Over the next month we will resolve what:</p> <ul style="list-style-type: none"> <li>- EPR provides</li> <li>- What we will put in place in the interim</li> </ul> <p>The resourcing deployed to this has been subsumed within casenote scanning and the production plan.</p> <p>Separately we are undertaking work to re-examine the best quality and safety indicators to go to each committee of our organisation.</p>	June 2017	4	4	16

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
CEO	014-GUR	<p><b>Reform how corporate services operate to create efficient transactional services that benchmark well against peers within the Black Country.</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>KPIs for each corporate service being met</li> <li>Benchmarking work across partnership concluded and reported to the Programme Board, with rationalisation plan developed</li> </ul>	<p>There is a risk that the reform of how corporate services operate is not achieved at necessary scale and pace.</p> <p>This is caused by</p> <ol style="list-style-type: none"> <li>Lack of sufficient capacity and capability to design &amp; effect necessary reform</li> <li>Delay in implementation of system replacement</li> <li>Requirement to reform corporate services across organisations [BCA / STP] 4). Timescale for required reform is inconsistent with effective implementation of necessary improvement methodology [Lean / 4DX].</li> </ol> <p>This could result in variable corporate service delivery with consequent disruption to care delivery and obligations to 3<sup>rd</sup> parties and delay in the achievement of necessary cost reduction in corporate services.</p>	TB	4	4	16	<p>Board has agreed definition of what reform means. This sets out the following goals:</p> <ol style="list-style-type: none"> <li>Conclude the change, develop and recruit plans for senior roles reflected in the April consultation, and in talent maps developed during 2015-16.</li> <li>Ensure that the OD, estates and informatics functions are organised and matched to the change programmes overseen through the executive and scrutinised by the Major Projects Authority.</li> <li>Deliver the majority of the organisation facing routine KPIs through which informatics, estates, facilities, finance and OD are monitored.</li> <li>Achieve the review and change programme for services monitored through the Black Country Alliance Board. This set out an 18 month programme of change.</li> <li>Benchmark our April 2017 corporate service pay costs against Carter norms and other benchmarks with a view to putting in place by July 2017 a clear route to 2020 budget positions.</li> <li>See morale and engagement scores within corporate functions continue to improve, such that all seven directorates fall within the top 15 in the Trust.</li> </ol>	<p>Issues (i) – (iii) are managed via bi-monthly corporate performance reviews. In addition issue (ii) is considered via the Board's MPA committee.</p> <p>Issue (iv) is tracked via the BCA Board and reported by the chair and CEO to the board.</p> <p>Additional assurance is needed on progress with (v).</p>	4	3	12	<p><b>Q4 report:</b></p> <p>We have made good progress but not yet concluded the work. Recruitment at tier 2 has been completed in all functions except finance, which is being expedited.</p> <p>The BCA/STP work on back office functions has been before the Board. A Board level cross organizational working group is finalising next steps material for the end of May.</p> <p>Morale is tracked via Your Voice and forms part of bi monthly performance review meetings with the CEO.</p> <p>The 2017-18 is on how we replace paper based corporate systems with electronic formats, by understanding what reporting approaches are within EPR.</p>	June 2017	3	3	9

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
MD	015-21CI	<p><b>Get NHSI approval for EPR full business case, award contract and begin implementation, whilst completing infrastructure investment programme.</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Final bids returned in a form and to a value that can be approved by year end</li> <li>Implementation capability in place for 2016-2017 deployment</li> </ul>	There is a risk that the EPR procurement process and infrastructure investment programme is not achieved caused by too many competing demands, supplier management issues, ineffective stakeholder engagement or data transition which will result in ineffective benefits realisation including diminished transformation of improved patient care and financial sustainability	MPA	3	3	9	<p>Controls include:</p> <ul style="list-style-type: none"> <li>Integrated PMO</li> <li>MPA</li> <li>SRO/ CRO relationship</li> <li>Capital controls</li> </ul>	<p>Internal reporting to Informatics Committee &amp; External Gateway review</p>	3	3	9	<p><b>Q4 report:</b></p> <p>Project on track with future state validation planned for w/c 24<sup>th</sup> April. A gateway review was completed in March with the project progressing the actions from the review. The review actions will be presented at the MPA.</p> <p>For Q1 we will need to rework the control.</p>	June 2017	3	3	9



Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received (Internal, Peer or Independent)	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
DE / NHP	016-21CI	<b>Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre</b>  <b>Aim</b> <ul style="list-style-type: none"> <li>Architect designed completed plan available for STC 2019</li> <li>Departments relocating from City site know their future location at Sandwell</li> <li>Investment trajectory agreed as part of 2016-2019 capital plan</li> </ul>	There will remain a risk that the final location plans may need to change in response to service need, business plans funding constraints.	MPA	3	4	12	Monitoring arrangements are in place through the board and subcommittee structures, reports and risk registers.  These arrangements will remain in place for the 2016 – 19 period whilst the STC programme is developed and implemented.  The STC programme will report to the Major Projects Authority Committee which will be established from March 2016.	The December 2015 Trust Board received a specific STC paper as part of its assurance review of the MMH development and prior to signing contacts and  Financial close. The Trusts January 2016 Heartbeat paper was used to publicise location plans for those clinical and non-clinical services which will be provided from the Sandwell STC.	3	4	12	<b>Q4 report:</b> <ul style="list-style-type: none"> <li>Plan for final STC has agreed by CLE</li> <li>New Estates committee in place, reporting to CLE, to track programme of delivery.</li> <li>Capital tracking process will oversee package procurement</li> <li>MPA tracking process will oversee tender process.</li> </ul>	September 2017	3	3	9
COO	017-21CI	<b>Finalise and begin to implement our RCRH plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr</b>  <b>Aim</b> <ul style="list-style-type: none"> <li>Successfully procured as the W/Birmingham Intermediate care facility (under the BCF)</li> </ul>	There is a risk that the implementation of our RCRH plan for the Sheldon block is not achieved caused by changes to CCG commissioning intentions or workforce implications which will result in financial risks including contract sums being lower than Long Term Financial Plan and subsequent reputational risks.	FIC	4	5	20	Local plan includes workforce, clinical and estates plans proposals  <b>Controls include:</b> <ul style="list-style-type: none"> <li>FIC</li> <li>Trust Board</li> <li>MPA</li> <li>Group review</li> </ul>	Activity and contract monitoring	4	5	20	No firm commissioning commitments  <b>Q4 report:</b>	March 2017	3	5	15

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received <small>(Internal, Peer or Independent)</small>	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
DOD	018-EEO	<p><b>Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Overall Trust sickness aim is 2.5%, comprising a fall from 2 to 1% in short term sickness and a fall of 100 people in long term sickness</li> </ul>	There is a risk to cutting sickness absence below 3.5% caused by a lack of manager engagement, vacancies not being filled, turnover increasing, workforce consultation impact, a lack of effective communication and staff not abiding by policies which will result in short term sickness not falling and the knock on implications of the Trust's financial performance and wellbeing of those staff in work.	W&OD	5	3	15	Full complement of escalated measures agreed at October. CLE. Increased confirm and challenge with group leads including a case by case focus on long term sickness and a focus on consistent application of disciplinary process.	Internal: Assessed through sickness absence data, Your Voice and national staff survey results	4	3	12	<p><b>Q4 report:</b></p> <p>Sickness stayed around 4.5% during winter 2016 – an improvement on previous years but still not acceptable progress. An enhanced plan for 2017 should be developed around long term sickness pipeline, staff mental health and MSK in particular to seek assurance on hotspot areas.</p>	June 2017	3	3	9



Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received <small>(Internal, Peer or Independent)</small>	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
DOD	019-EEO	<b>Finalise our long term plan explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019</b>	There is a risk that future staffing models will not be well enough defined to enable the identification of sufficient posts to be removed leading to an inability to formulate a robust workforce plan which may lead to the non-delivery of the required workforce and pay cost savings between 2016 to 2019	W&OD	4	4	<b>16</b>	<p>Bottom up workshops held Sep-Dec 2015</p> <p>Close alignment to business planning process planning for 16/18</p> <p>Close scrutiny of Board and WODC</p> <p>Executive PMO workforce board that weekly tracks the progress on workforce change and CIP's.</p> <p>Workforce consultation taking place during summer of 2016 for a two year programme.</p> <p>Redeployment tracked weekly with potential redundancies kept to a minimum - personal oversight from director of OD and Chief Executive.</p> <p>Consultation planned and advertised for April 2018</p> <p>Regular engagement with JCNC and staff.</p>	Workforce change schemes tracked through TPRS. Exec led PMO.	3	4	<b>12</b>	<p><b>Q4 report:</b></p> <p>The workforce consultation 2016/18 redeployment is ongoing. The assurances from scrutiny from the Trust Board, WODC and through regular workforce meetings.</p> <p>Improvements made to partnership working and process during 2016 following grievance from Staffside during consultation.</p>	June 2017	2	4	<b>8</b>

Executive Lead	Risk Ref	Annual Priority	Risk Statement	Primary Assurance Committee	Initial risk score			Summary of Risk Controls and Treatment Plan as at 31 March 2016	Assurance Received <small>(Internal, Peer or Independent)</small>	Controlled residual risk score			Risk controls and assurances scheduled/not in place and associated actions	Completion date for actions	Tolerable risk score		
					Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Risk Rating (LxS)
DG	020 -EEO	<p><b>Create time to talk within our Trust so that engagement is improved. This will include implementing Quality Improvement Half Days, revamping Your Voice, Connect and Hot Topics and committing more energy to First Fridays</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>Improvement on employee engagement score by 5%+</li> <li>Your Voice response rate at 25%+, and action recognition rate above 50%</li> <li>Hot Topics attendance routinely above 100 senior leaders</li> <li>Survey data on senior leader visibility shows high rates of recognition</li> <li>Survey data shows improvement in views of organisation communication</li> </ul>	There is risk to creating the time to talk within the Trust caused by ineffective communications channels that are not accessed by or accessible to a proportion of our workforce, frontline/ offline staff having limited opportunity to engage, poor visibility of local leadership and lack of prioritization about time to talk among local managers. The risk is that the numbers of disengaged staff do not reduce and therefore the transformation programme becomes more difficult to implement.	W&OD	4	3	12	<p>Risk controls include</p> <ul style="list-style-type: none"> <li>Audience segmentation and channel analysis</li> <li>QIHD programme</li> <li>First Friday</li> <li>Leadership programme</li> <li>Monthly briefing system</li> <li>Your Voice survey</li> <li>NHS Staff Survey</li> <li>Recognition and reward schemes</li> </ul>	<ul style="list-style-type: none"> <li>QIHD attendance register and outputs from QIHDs</li> <li>Your Voice response rate and engagement scores</li> <li>National staff survey results</li> <li>Hot Topics attendance and feedback</li> <li>Compassion in Care awards submissions (monthly)</li> <li>Award submission numbers to Star awards categories</li> </ul>	3	3	9	<p><b>Q4 report:</b></p> <ul style="list-style-type: none"> <li>SWBH benefits successfully launched with good interest registered</li> <li>Ward QIHDs introduced in April 2017.</li> <li>QIHD accreditation being launched in May 2017.</li> <li>First year of Compassion in Care monthly awards scheme</li> <li>Hot Topics to become mandatory attendance for line managers.</li> </ul>	July 2017	3	3	9

Key	
Strategic objective	Assurance Committee
Safe, high quality care	Quality and Safety Committee (Q&S)
Accessible and responsive	Quality and Safety Committee (Q&S)
Care closer to home	Quality and Safety Committee (Q&S)
Good use of resources	Finance and Investment Committee (FIC) and Major Projects Authority (MPA)
21st Century infrastructure	Trust Board (TB)
Engaged and effective organisation	Workforce and OD Committee (W&OD)

TRUST BOARD					
<b>DOCUMENT TITLE:</b>		Risk Registers			
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>		Kam Dhami, Director of Governance			
<b>AUTHOR:</b>		Mariola Smallman, Head of Risk Management			
<b>DATE OF MEETING:</b>		4 May 2017			
<b>EXECUTIVE SUMMARY:</b>					
<p>The Trust Risk Register comprises high (red) risks that have been through the validation processes at directorate / group and Executive Committee levels.</p> <p>Risks on the Trust Risk Register have been reviewed and updated by Executive Directors.</p>					
<b>REPORT RECOMMENDATION:</b>					
<ul style="list-style-type: none"> <li>• <b>RECEIVE and NOTE</b> updates from Executive Directors for high (red) risks on the Trust Risk Register.</li> <li>• <b>REVIEW and AGREE</b> recording and governance for strategic project risks.</li> </ul>					
<b>ACTION REQUIRED (Indicate with 'x' the purpose that applies):</b>					
The receiving body is asked to receive, consider and:					
<b>Accept</b>		<b>Approve the recommendation</b>		<b>Discuss</b>	
		✓		✓	
<b>KEY AREAS OF IMPACT (Indicate with 'x' all those that apply):</b>					
Financial	✓	Environmental	✓	Communications & Media	
Business and market share		Legal & Policy	✓	Patient Experience	✓
Clinical	✓	Equality and Diversity	✓	Workforce	✓
Comments:					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
Aligned to BAF, quality and safety agenda and requirement for risk register process as part of external accreditation programmes.					
<b>PREVIOUS CONSIDERATION:</b>					
Clinical Leadership Executive, March 2017					

**Trust Risk Register****Report to the Trust Board on 4 May 2017****1. EXECUTIVE SUMMARY**

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

**2. TRUST RISK REGISTER (TRR)**

2.1 Trust Risk Register risks continue to be managed by risk owners with oversight by Executive Directors. The Trust Risk Register is at **Appendix A**.

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

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

**3. PROJECT RISKS**

3.1 The Trust's strategic projects, such as MMH and Trust in Digital, have associated project risk logs. Currently these project risk logs are reported to project leads, but do not have the same transparency and governance arrangements afforded to organisational risks (clinical groups, corporate directorates and Trust Risk Register risks), which are recorded on the Trust's electronic risk system.

3.2 The Trust's electronic risk system is already configured to record project risks and for individual project risk register reports to be generated.

3.3 It is proposed that project risks are recorded and managed in the same way as organisational risks, i.e. the most significant (i.e. severity major or catastrophic) are reported to Risk Management Committee on a monthly basis and escalated to CLE and TB as per other organisational risks.

3.4 This proposed approach would ensure the same risk methodology is in place and that the Trust maintains a fully transparent risk management approach with consistent governance arrangements.

**4. RECOMMENDATION(S)**

4.1 The Board is recommended to:

- **RECEIVE and NOTE** updates from Executive Directors for high (red) risks on the Trust Risk Register.
- **REVIEW and AGREE** recording and governance for strategic project risks.

# Trust Risk Register

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

# Trust Risk Register

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

# Trust Risk Register

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



# Trust Risk Register

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

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
							stop' issues Independent controls / assurance - Internal audit review of core financial controls - External audit review of trust Use of Resources including financial sustainability - Regulator scrutiny of financial plans		appropriate creditor stretch, timely debtor recovery and pharmacy stock reduction - Establish and progress cash generation programme including accelerated programme of surplus asset realisation					
566	Live (With Actions)	Emergency And	Accident & Emergency (S)	Staffing	STAFFING - SENIOR MEDICAL STAFF There is a risk that further reduction or failure to recruit senior medical staff in ED leads to an inability to provide a viable rota at consultant level which may impact on delays in assessment, treatment and patient safety.	4x5=20	Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. Leadership development and mentorship. Programme to support staff development.  Robust forward look on rotas through leadership team reliance on locums (37% shifts filled with locums). Registrar vacancy rate 59%. Consultant vacancy rate 35%.	3x5=15	Recruitment ongoing with marketing of new hospital. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy. Development of recruitment strategy New hospital information pack including Birmingham attractions to be compiled	Rachel Barlow	31/03/2017	12/12/2016	Quarterly	Treat

# Trust Risk Register

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

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
							Close monitoring and response as required. Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned.							
1738	Live (With Actions)	Ophthalmology	BMEC Outpatients - Eye	Quality Of Care	There is a risk that children, particularly under 3 years of age, who attend the ED at BMEC with an emergency eye condition, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist.	4x4=16	Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. Agreement with BCH to access paediatric specialists advice and where specialist care is required patients can be transferred to BCH. There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up services when required. Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area.	3x4=12	Actions agreed following a meeting of senior clinicians and Executive Directors, some of which are in progress or completed: Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. SWBH MD to engage with BCH MD re. joint working (completed). Liaise with commissioners over the funding model for the Paediatric OOH service. Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting). Clarify with Surgery Group leads what the paediatric anaesthetic	Roger Stedman	30/11/2018	02/02/2017	Quarterly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
									<p>resourcing capacity is.</p> <p>A full OOH paediatric on-call service to be set up in negotiation with commissioners, BCH and other ophthalmology units across the region.</p> <p>Midland Met will treat paediatric emergencies and will have access to paediatric anaesthetists within 24 hours.</p>					
410	Live (With Actions)	Ophthalmology	Outpatients - EYE (S)	Clinical Environment IC Related	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at Sandwell Outpatient Department as a consequence of poor building design in SGH Ophthalmology OPD. Clean/dirty utility failings cannot be addressed without re-development of the area. Risk that either a patient's health, or privacy/dignity will be compromised as a consequence of poor building design. Clean / dirty utility failings cannot be addressed without re-development of the	5x4=20	<p>Reviewing plans in line with STC retained estate</p> <p>Staff trained in IG and mindful of conversations being overheard by nearby patients / staff / visitors</p>	3x4=12	To continue to work with STC design team and Ophthalmology team to ensure design and build of OPD2 is fit for purpose to ensure patient privacy, dignity and associated infection control issues are prioritised in the new build.	Rachel Barlow	31/03/2017	08/12/2016	Quarterly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
121	Live (With Actions)	Maternity_ Health	Maternity 1	Costs Not Planned	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff ,as a result is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	3x4=12	Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed.	Rachel Barlow	31/12/2016	08/03/2017	Monthly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
332	Live (With Actions)	Maternity_ Health		Vaccination	Historical constraints with the global supply of BCG, have resulted in an alternative vaccine being issued (it is now a PSD not a PGD which requires attendance of a paediatrician). The risk of which may now impact upon administration of the vaccine to those babies / children who have not received the vaccine. The effect of which may result in at risk neonates / children being exposed to an increased risk of TB.	5x4=20	<p>Pooling all available vaccines from other areas in the Trust</p> <p>Getting the maximum number of doses out of each vial when opened to prevent unnecessary wastage.</p> <p>Recording of all infants who are discharged who qualify but don't receive the vaccine.</p> <p>All the community midwives informed that infants will be discharged without being vaccinated.</p> <p>Inform parents of eligible infants of the shortage and how to raise any concerns with relevant agencies. Extra vigilance by CMW in observing and referring infants where necessary.</p> <p>Backlog reduced. All parents offered appointment by end of Feb</p> <p>PHE have advised there has been a national meeting to discuss the issue and that we have to ensure all backlogs with administering are dealt with. Need to establish a plan with a medic being available as a prescriber</p>	4x3=12	review of clinics	Rachel Barlow	31/03/2017	08/03/2017	Monthly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
328	Live (With Actions)	Operations	Operations Management	Staffing	Clinical Groups are unable to transact basic business processes because of key person gaps resulting in performance delays and failures.	4x4=16	Investment in high quality agency staff and internal cover of the senior team  Deputy COO for Planned Care appointed.	3x3=9	Recruitment to Medicine Director Operations continues to be of focus. Deputy COO for Urgent Care vacant and also subject to recruitment.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	Treat
228	Live (With Actions)	Informatics	Informatics Systems (S)	IT Hardware - Clinical System Failure / Issue	There is a risk that a not fit for purpose IT infrastructure will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments. e.g. successful move to paperlite MMH, successful implementation of Trust Wide	3x4=12	Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015)  Specialist technical resources engaged (both direct and via supplier model) to deliver key activities	3x3=9	Complete network and desktops refresh. Stabilisation of all aspects of the local IT infrastructure will be completed end March 2017. The replacement of PCs, printers, monitors, etc., and upgrade of the network is conducted in parallel. 80% of the work was completed by December 2016	Mark Reynolds	31/03/2017	16/01/2017	Quarterly	Treat



# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential	
					EPR.		<p>Informatics has undergone organisational review and restructure to support delivery of key transformational activities</p> <p>Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities</p> <p>Infrastructure work to refresh networks and desktops is underway.</p>								
533	Live (With Actions)	Scheduled Care	Oncology Medical	Service Level Agreement - Operational	The Trust has excess waits for oncology clinics because of non-replacement of roles by UHB and pharmacy gaps.	3x5=15	Being tackled through use of locums and waiting times monitored through cancer wait team.	3x3=9	Recruitment being managed by UHB. Good progress reported for the GI position.	Roger Stedman	31/01/2017	28/10/2016	Quarterly	Treat	

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
768	Live (With Actions)	Operations	Elective Access Inpatient	Performance	There is a risk that data quality errors arise due to an inadequate referral management system which could lead to delays for patients.	5x3=15	Historical backlog of open referrals closed in Q3 2015. SOP and training in place as part of actions at time.  Audit of current open referrals open pathways completed and shows some remaining inconsistencies in referral management practice.	3x3=9	Closed referral validation to be completed. The programme is near completion with a delivery plan for the end of October.  CSC to fix bug on PAS system. The initial technical development has not fully fixed the bug, the further development would require a full PAS upgrade and CSC / HIS have advised this is not likely to be until later than 2017-18.  Data quality programme to be completed.	Rachel Barlow	31/12/2016	26/10/2016	Quarterly	Treat
214	Live (With Actions)	Waiting List	Waiting List Management	Performance	Lack of assurance of standard process impact on 18 week data quality which results in underperformance of access target.	4x3=12	SOP in place  Substantive Deputy COO for Planned Care appointed and new Head of Elective Access in place.  Improvement plan in place for elective access with training being progressed.	3x3=9	Implement full action plan. Planned care PMO is being established to oversee programme delivery as scheduled.  Source e-learning module for RTT with a competency sign off for all staff in delivery chain. Decision to be made on the support training product in November.	Rachel Barlow	31/03/2017	26/10/2016	Quarterly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
							<p>52 week breaches continue to be an issue for the Trust. The RCA identified historical incorrect pathway administration and clock stops. There has been no clinical harm caused to patients.</p> <p>The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.</p>		Data quality process to be audited					
534	Live (With Actions)	Scheduled Care	Oncology Medical	Performance	Trust non-compliance with some peer review standards due to a variety of factors, including lack of oncologist attendance at MDTs, which gives rise to serious concern levels.	3x4=12	Oncology recruitment ongoing and longer term resolution is planned as part of the Cancer Services project.	3x3=9	Contingent on start date for GI appointments	Roger Stedman	31/03/2017	28/10/2016	Monthly	Treat

# Trust Risk Register

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

# Trust Risk Register

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

# Trust Risk Register

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

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
325	Live (With Actions)	Informatomics	Medical Director's Office	IT Software - Clinical System Failure / Issue	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust. This recognises advice from NHS CareCERT and Government about an ongoing threat to UK infrastructure from cyber attack.	4x4=16	<p>Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case</p> <p>Information security assessment completed and actions underway.</p>	1x4=4	<p>Complete rollout of Windows 7. Upgrade servers from version 2003. 287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Christmas.</p> <p>Review Network Firewall Rules Review network firewalls rules. Remove inessential services.</p> <p>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.</p> <p>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.</p>	Mark Reynolds	30/06/2017	20/01/2017	Quarterly	Treat

# Trust Risk Register

Risk Ref No.	Status	Directorate	Dept.	Type	Risk Statement	Initial risk rating (Likelihood x Severity)	Existing controls	Current risk score (LxS)	Actions	Lead Owner	Expected completion	Latest review	Review	Control potential
									MDM Tighten up use of MDM controls. Remove out of date accounts and update old OS versions. This has been neglected and therefore is a security risk.					



TRUST BOARD

<b>DOCUMENT TITLE:</b>	Integrated Performance Report – P12 March 2017
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Tony Waite, Finance Director
<b>AUTHOR:</b>	Yasmina Gainer, Head Performance Management & Costing
<b>DATE OF MEETING:</b>	4 May 2017

**EXECUTIVE SUMMARY:**

**IPR – Summary Scorecard for March 2017 (In-Month)**

Summary Scorecard	<b>Section</b>	<b>Red Rated</b>	<b>Green Rated</b>	<b>None</b>	<b>Total</b>
	Infection Control	1	5	0	6
	Harm Free Care	9	4	9	22
	Obstetrics	3	4	6	13
	Mortality and Readmissions	1	1	11	13
	Stroke and Cardiology	0	11	0	11
	Cancer	2	8	5	15
	FFT, MSA, Complaints	15	1	5	21
	Cancellations	4	4	0	8
	Emergency Care & Patient Flow	8	6	4	18
	RTT	7	1	6	14
	Data Completeness	2	8	9	19
	Workforce	7	1	13	21
	Temporary Workforce	1	0	27	28
	SQPR	10	0	0	10
	<b>Total</b>	<b>70</b>	<b>54</b>	<b>95</b>	<b>219</b>

- **Formal performance notices received from CCG**
- Cancelled Operations: 9x 28 days guarantees cancelled operations in Oct, Dec and Jan
- Community Gynae referral to 1st OP within 4 weeks – also not performed all year.
- Safeguarding training – Children level 3 below agreed trajectory as is adult advanced - RAP agreed but will show as not achieving
- Dementia and Falls Assessments (Community)
- RAP for A&E, RTT and Diagnostics to be discussed during April contract review meeting
- On-going action to secure effective resolution and to mitigate risk of financial penalty

**Selection of indicators which have consistently failed** to meet performance targets are shown below.

The Executive team is undertaking a review of all such indicators and action to address persistent failure.

Indicator	Measure	Trajectory 2016-2017		Previous Months Trend (since Oct 2015)																Data Period	Month	Year To			
		Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J				F	M	
Caesarean Section Rate - Total	<= %	25.0	25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	25.5	26.3		
Early Booking Assessment (<12 + 6 weeks) SWBH Specific	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	77.1	78.1		
Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	94.3	94.3		
Falls	<= No	804	67	73	72	75	89	67	68	79	86	86	83	94	85	81	87	88	84	67	74	Mar 2017	74.0	994	
WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	98.7	98.3	
Mortality Reviews within 42 working days	=> %	90	90	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	Mar 2017	61.1	68.3
Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	<= No	0	0	-	-	-	-	-	10	8	12	13	5	15	12	12	19	17	8	6		Mar 2017	6	137	
Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	1.2	1.1	
No. of Sitrep Declared Late Cancellations	<= No	320	27	42	33	40	24	41	34	22	31	31	49	55	42	41	69	43	45	67	57	Mar 2017	57	552	
Weekday Theatre Utilisation (as % of scheduled)	<= %	85	85	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	72.3	72.1	
Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	<= %	85	85	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	91	74.7	

### Key targets – March Delivery

- ✗ **ED 4 hour** performance for March was 82.22% non-compliant with 95% national target; full year at 87.22% vs 92.54% last year and which reflects the persistent pressure in the health & care system.
- ✗ **Acute Diagnostic waiting times** within 6 weeks at 98.68% non-compliant with the national standard of 99%; mainly due to echograms breaches. 104 breaches were declared for the month of which echos at 85. Prospective April non-compliance due to cardiology capacity issues. Plan for remediation in May.
- ✗ **Neutropenic sepsis** improvement on prior months but remains below 100% standard [6/37 (16%) patients did not receive treatment within the required 1hr timeframe]. 137 patients breaching the standard in the year.
- ✗ **Elective Operations Cancellations** at 1.2% against 0.8% target; cancellations remain high; full year at 1.1% vs 0.8% target. 28 Day Guarantee non-compliance x10 cases for the full year. 552 patients were cancelled on the day in the year of which 172 were avoidable cancellations.
- ✗ **Sickness** as at March at 4.32% in the month; 4.48% on a cumulative basis; reductions in both short-term and long-term sickness on previous month.
- ✗ **Readmissions** at 7.4% in March showing an increase to prior month, but better than peer group.
- ✗ **62 day cancer** non-compliant 80.3% February vs. target of 85%; Q4 & full year compliant with 85%.
- ✓ **RTT** March delivery at 93.08% against the national standard of 92%. Backlog has reduced from c4,000 patients to 2,100 in March. There were 2x 52 week incomplete breaches in month.
- ✓ **VTE** delivers full year to national standard at 95.4% for the full year.
- ✓ **MRSA** – no cases in March. 2x breaches during the full year.
- ✓ **CDiff** - x21 cases for the full year vs target of 30.
- ✓ **Hip fractures** performance in month improved to 91.3% in the month but remains non-compliant full year at 74.7% against standard of 85%

### Positive delivery

- **62 day cancer** projected to deliver for March which will enable a full Q4 compliance the 85% overall. The Trust therefore will have delivered every quarter in 16/17, which is a significant achievement.
- **RTT** successful remediation to deliver standard of 92% and including reduction to x4 in number of treatment functions under-performing
- **Stroke and Cardiology** all targets delivering to standard in March and including step change improvement in patients being admitted to a stroke ward (above internal target of 90%; national at 80% and consistently delivering this).
- **Mortality reviews** completed to time continue to improve; mortality indicators remain within confidence limits.
- **Infection control** indicators are in line with targets across the board.

### Requiring attention – action for improvement :

#### VTE

- performance sustained at 95.8% in February compliant with 95% national standard; stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement.

#### Neutropenic Sepsis

- Shows improvement but stubborn to further reduction to secure 100% local 'always event' compliance standard. MD to action improvement. 137 patients have missed the 1 hour treatment threshold in the

year.

### Cancelled operations

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

### Complaints

- Rate of complaints and timeliness of response in Q4 contrary to recent track record of excellent performance; Governance team to review for hotspots and to remedy. 79% of complaints have not met to agreed deadlines

### REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

### PREVIOUS CONSIDERATION:

Operational Management Committee, Performance Management Committee, CLE

# Integrated Quality & Performance Report

Month Reported: **March 2017**

Reported as at: 27/04/2017

TRUST BOARD

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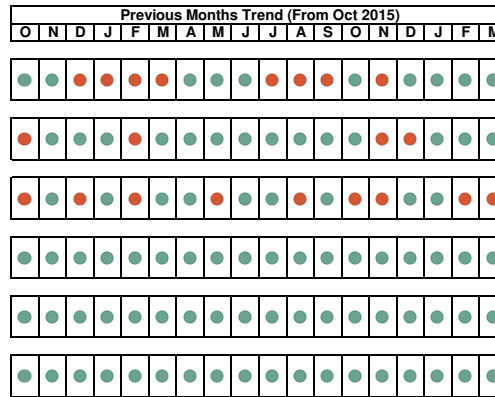
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# March 2017

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology																																																																																																					
<p>1x C. Diff case reported during the month of March; x21 cases year being within trajectory of 30, meeting the annual target A significant improvement to last year .</p>	<p>94.3% (94.0% LM) reported for March against NHS Safety Thermometer with the same annual position of 94.3% against the target 95%; missing the target for 10/12 months. Year on year performance has marginally improved.</p> <p>x74 [x67] falls reported in March with x2 [x1] falls resulting in serious injury. 34 falls within community and 43 in acute setting. Full year performance of 994 falls versus 944 last year showing a worsening. Falls remain subject to ongoing CNO scrutiny.</p>	<p>The overall Caesarean Section rate for March is 25.5% and fails to achieve the standard of 25%. 26.3% delivery on a full year basis against target of 25%.</p> <p>Year to date, elective and non-elective rates are 8.7% and 17.7% respectively. Matter considered at Q&amp;S &amp; Board and to be kept in view.</p>	<p>The Trust overall RAMI for most recent 12-mth cumulative period is 108 (latest available data is as at December) RAMI for weekday and weekend each at 89 and 119 respectively. Reassurance is required from MD on the levels reported.</p> <p>SHMI measure which includes deaths 30-days after hospital discharge is at 102 for the month of October (latest available data).</p> <p>Deaths in Low Risk Diagnosis Groups (RAMI) - month of December is 84. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations. - Oude in-month mortality rate for February is 1.6 [1.8] reduced to last year, and same for same month last year. - The rolling crude year to date mortality rate remains consistent at 1.4 and consistent with last year same period at this stage. - There were x139 [x172] deaths in our hospitals in the month of February; lower than last year same period.</p>	<p>Stroke data for March indicates that 95% of patients are spending &gt;90% of their time on a stroke ward which is compliant with the 90% operational threshold; full year performance at 94.5% and therefore meeting the full year target of 90% as well as improving to last year of 92%</p> <p>March admittance to an acute stroke unit within 4 hours is at 90.5% [90.0%] and for the second month meeting the ambitious 90% internal target (National is at 80%). Full year at 78.4% vs the national 80% target.</p> <p>Pts receiving CT Scan within 1 hour of presentation is at 83.7% [83.7%] in March being compliant with 50% standard consistently; full year at 72%</p> <p>Pts receiving CT Scan within 24 hrs of presentation delivery in month at 97.7% [100%] meeting the 95% standard in month and full year (98.2%)</p>																																																																																																					
<p>Nil cases of MRSA Bacteraemia were reported in March; x2 for the year against an annual target of zero .</p>	<p>x5 [x9] avoidable, hospital acquired pressure sores reported in March of which 2x grade 3- 4x grade 2; full year there were 98 pressure sores compared to last year of 82 therefore a worsening in this year. x6 [x8] separate cases reported within the DN caseload. Year on year comparison indicates elevated level, which merits CNO scrutiny.</p> <p>x5 [x6] serious incidents reported in March; a higher level of incidents was reported in this year; x65 incidents year to date (last year x54). Routine collective review in place and reported to the Q&amp;S Citee.</p>	<p>Adjusted perinatal mortality rate (per 1000 births) for March is 12.66 (6.3 in Feb, 15.8 Jan, 10.16 Dec, 4.41 Nov). The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations. The year to date position is within the tolerance at 7.56 and just meeting the target of 8. Nationally, this indicator is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.</p>	<p>Mortality review rate in January at 61% (81% Dec, 74% Nov, 77% Oct, 55% Sept, 60% Aug; Jul 69.4%); bucking recent improvement trend. Drawn to MDO attention for remedy.</p>	<p>March performance for thrombolysis is 100% [100%]; full year performance at 67.4% vs the 85% target, but root cause analysis is carried out on each patient and majority of the breaches were patient driven.</p> <p>For March, Primary Angioplasty Door to balloon time (&lt;90 minutes) was at 93.8% and Call to balloon time (&lt;150 minutes) at 93.8% hence both indicators delivering consistently against 80% targets and completing the year with 95.8% and 96.1% retrospectively.</p> <p>RACP performance for March is at 100% [100%] exceeding the 98% target for over 12 consecutive mths and finishing the year with 99.7% performance.</p> <p>TIA (High Risk) Treatment &lt;24 Hours from receipt of referral delivery as at March is at 90.3% against the target of 70%. Full year at 98%. TIA (Low Risk) Treatment &lt;7 days from receipt of referral delivery at March is 86% against a target of 75%. Full year at 97.2%.</p>																																																																																																					
<p>MRSA Screening - March month: - Non-elective patients screening 92.9% - Elective patients screening 91.2% both indicators are compliant with 80% target in-month and YTD</p>	<p>No never events were reported in March; x4 on a year to date basis. - WHO Safer Surgery performance consistently below 100% standard for a prolonged period of time. - CCG issued a performance notice in January seeking trust reassurances and remedial action plan, but not performing to plan still - matter subject to MD scrutiny.</p> <p>There were no medication error causing serious harm in March and none this year; x16 consecutive months without incident.</p>	<p>Puerperal Sepsis indicators showing increased levels from last month; referred to Group Director for review &amp; assurance. A review and report is in progress to identify variability in measuring and tools used.</p>	<p>Readmissions (in-hospital) reported at 7.4% in February (7.1% Jan, 7.5% Dec, 6.8% Nov, 7.5% Oct, 7.2% 6.3%, 6.5% in August) showing a worsening to last month 7.2% rolling 12 mths. The equivalent peer group rate is at 7.4% increasing significantly in the last months.</p> <p>Readmissions is a local CQUIN in 16/17.</p>	<p>March performance for thrombolysis is 100% [100%]; full year performance at 67.4% vs the 85% target, but root cause analysis is carried out on each patient and majority of the breaches were patient driven.</p>																																																																																																					
<p>Whilst elective screening is compliant with standard at a whole trust level, Medicine Group is at 62% (with Scheduled Care @ 19% only) - escalation to CNO to ensure effective remedial action within the group.</p>	<p>There were no medication error causing serious harm in March and none this year; x16 consecutive months without incident.</p> <p>x23 (x14) DOLS have been raised in March of which 23 were 7-day urgents;</p>	<p>Early Booking Assessment (&lt;12 + 6 weeks) - SWBH specific definition target of 90% has consistently not been met and for March the delivery is 77.3%; however, performance is consistently delivering to nationally specified definitions in large part due to significant excess of registrations over births in the Trust, so not a fully reflective indicator as such. - Deliveries, reducing to last month and still continue to be below registrations.</p>	<p>Readmissions (in-hospital) reported at 7.4% in February (7.1% Jan, 7.5% Dec, 6.8% Nov, 7.5% Oct, 7.2% 6.3%, 6.5% in August) showing a worsening to last month 7.2% rolling 12 mths. The equivalent peer group rate is at 7.4% increasing significantly in the last months.</p> <p>Readmissions is a local CQUIN in 16/17.</p>	<p>March performance for thrombolysis is 100% [100%]; full year performance at 67.4% vs the 85% target, but root cause analysis is carried out on each patient and majority of the breaches were patient driven.</p>																																																																																																					
<p>MSSA Bacteraemia (expressed per 100,000 bed days) for the month of March at 10.2 against a tolerance rate of 9.42. Year to date the rate is at 7.6 and within target of 9.42 on a full year basis. 4/6 latest mths elevated; escalated to CNO for review &amp; assurance</p>	<p>There were no medication error causing serious harm in March and none this year; x16 consecutive months without incident.</p> <p>x23 (x14) DOLS have been raised in March of which 23 were 7-day urgents;</p>	<p>Breastfeeding initiation performance as at March quarter is at 74.3% exceeding the agreed target for 16/17 of 74.0%.</p>	<p>Readmissions (in-hospital) reported at 7.4% in February (7.1% Jan, 7.5% Dec, 6.8% Nov, 7.5% Oct, 7.2% 6.3%, 6.5% in August) showing a worsening to last month 7.2% rolling 12 mths. The equivalent peer group rate is at 7.4% increasing significantly in the last months.</p> <p>Readmissions is a local CQUIN in 16/17.</p>	<p>March performance for thrombolysis is 100% [100%]; full year performance at 67.4% vs the 85% target, but root cause analysis is carried out on each patient and majority of the breaches were patient driven.</p>																																																																																																					
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment																																																																																																					
<p>- February performance delivery across all cancer targets other than the 62 Days . - 62 day performance in February was at 80.3% as forecast - March is forecast to deliver the 62 days target, hence Q4 will deliver the 62 days 85% target and all other cancer indicators.</p> <p>February validated position is that x 15 [x8] patients waited longer than the 62 days. -x 4 patients waited more than 104 days at the end of February -The longest waiting patient as at the end of February was at 150 days</p> <p>-16% (6/37 patients) neutropenic sepsis March cases failed to receive treatment within prescribed period (less than 1hr). Delivery therefore at 84% [78%] still below the 100% target, but improving to previous months. 137 patient failed to receive the treatment within the hour in the last 12 months.</p> <p>- No Tertiary referrals were met within 38 days by the Trust for the month of March - the consistent failure to meet this target requires attention and escalated to GDO for review &amp; assurance.</p>	<p>There were x4 MSA breaches in March from which learning points have been taken</p> <p>The number of complaints received for the month of March is 108 with 3.9 formal complaints per 1000 bed days. An increase in formal complaints. 98% have been acknowledged within target timeframes (3 days). 79% of responses have been reported beyond agreed target time, the highest level in the last 18 months .</p>	<p>-57 [67] sitrep declared late (on day) cancellations were reported in March of which avoidable were at the highest level for a number of months. 552 patients were cancelled full year - From 552 patients who were cancelled on a full year basis, 172 were validated as avoidable. - Cancellations remained high for the Trust in the year. The proportion of elective operations cancelled at the last minute for non-clinical reasons was 1.2% for March (rising since Jun when at 0.7%) falling the tolerance of 0.8%. Full year at 1.1% vs last year of 0.9% so deterioration.</p> <p>There were no breaches of the 28 days guarantee in March; x10 cases year to date. No urgent cancellations took place during the month or in the year.</p> <p>Theatre utilisation is consistently below the target of 85% at a Trust average of 72% in March impacted by a large number of cancellations in the month ; full year performance at 72.1% and under-performance is observed across all groups. The theatre capacity and performance is subject to remedial action through Theatres Board and part of the productivity management focus as part of the 'production plan'.</p>	<p>-The Trust's performance against the 4-hour ED wait target in March was 85.22% [82.27%] against the 95% national target and against the 93.8% STF Trajectory. - 2,875 breaches were incurred in March; (3,046 Feb, 2,821 Jan, 3,324 Dec, 3,237 Nov, 2,676 Oct, 2,051 Sept, 1,884 Aug). - ED quarterly performance trend for 16/17 : Q1 at 91.9%, Q2 at 89.2%, Q3 at 83.64% and Q4 at 84.0% ; <b>Full Year 16/17 performance at 87.22%, Last year at 92.54%</b></p> <p>WMAS fineable 30 - 60 minutes delayed handovers at 107 in March (129). -x5 [x13] cases were &gt; 60 minutes delayed handovers in March -Handovers &gt;60mins (against all conveyances) 0.22% year to March exceeding the target of 0.02%.</p> <p>Fractured Neck of Femur patients delivery for March is 91.3% showing a significant improvement to previous months. Full year the indicator delivers at 74.7% against the target of 85%.</p> <p>DTOCs accounted for 583 [512] bed days in March; of which 375 [309] beds were fineable to BCC. Notable increase on prior year with prospect of further deterioration as social care budgets further constrained.</p>	<p>RTT incomplete pathway for March is at 93.08% [92.04%]; a second month of recovery to plan - April forecast has been prepared and the Trust is aiming for a repeat performance of 93.08% - The backlog for March is at 2,214 patients having reduced from 3,908 as its highest level, and being the lowest for 16 months - April backlog target projected at 2,237 which would deliver a 93.08% performance. - The backlog now is largely inpatient driven - The total waiting list has remained fairly static for the last three months stabilising at 32,000-33,000 patients (Sept16 high at 37,380) - This is a significant and credible achievement for the Trust which needs to now be sustainably managed across all services</p> <p>2x 52 week breach has been identified against incomplete pathways in the month resulting from 2x incorrect clock stop applications</p> <p>- Diagnostics performance worsened again in March to 98.68% [99.74%] due to locum issues in cardiology which will have a knock-on effect on April; hence not meeting national target of 99% in March - April performance projected to fall again due to cardiology anticipated breaches. All other diagnostics are performing (DM01) to standard. Anticipated are increased volumes of gastro tests over the next 3 months due to the 'cancer campaign' for which breaches have not been assessed as yet.</p>																																																																																																					
Data Completeness	Staff	CQUINS, Local Quality Requirements 2016/17	STF Criteria & NHS Single Oversight Framework	Summary Scorecard - March (In-Month)																																																																																																					
<p>-The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets remains below the 99.0% operational threshold (Mar 97.7%) Expected to recover to target when the annual update is run later in the month. -ED required to improve patient registration performance as this has a direct effect on emergency admissions. - Patients who have come through 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 Kiecks and revision to capture fields is being considered.</p>	<p>PDR overall compliance as at the end of March is at 87.9% against the 95% target. Medical Appraisal at 84.9% in month (performance indicates appraisals validated 'not 'carried out').</p> <p>In-month sickness for March is at 4.32% against the 2.5% target ; the number of short term sickness (785) cases has reduced to last months and long term (213) cases show a reduction over the month. The cumulative sickness rate is at 4.48%. RTW is at 78.2% in month</p> <p>The Trust annualised turnover rate is at 11.3% in March [11.3%]. Specifically, nursing turnover went up in March to 11.7% [11.2% Feb, 11.6% Jan, 11.4% Dec, 11.9% Sept, 11.2% Aug, 11.3% July, 11.8% June]. Both are still well above trust aspirations in respect of turnover and remain fairly static.</p> <p>Mandatory Training at the end of March is at 87.2% overall against target of 95%; Health &amp; Safety related training is slightly behind targets at 95.0% as at March. Safeguarding training recovery plan failing. A significant proportion of all training is below the 85% delivery at present.</p>	<p>Quarter 4 performance is about to be finalised for the year. Expected issues with CCG Schemes are with Sepsis (the trust needs to catch up with Sepsis sampling for Q3 and Q4) and for Specialised CQUINs we expect to deliver 1 out of the 3 schemes at this stage. All Public Health schemes are expected to deliver. If the above risks materialise this could have a financial impact of up to £0.6m.</p> <p>Local Quality Requirements 2016/17 are monitored by CCG (Key Access Targets (A&amp;E, RTT, Diagnostics and Cancer are subject to STF criteria in this year and therefore are excluded from lines to the CCG).</p> <p><b>Year to date most persistent failures across :</b>  <ul style="list-style-type: none"> <li>• Safeguarding training for which the performance notice action plan has been accepted, but failing to deliver trajectory (the trust may be liable to repay the full fine of £200k)</li> <li>• Community falls &amp; dementia</li> <li>• On the Day Cancellations • Gyrae 4 week community clinics</li> <li>• A&amp;E including morning discharges.</li> <li>• A new IPR page has been added to highlight and monitor areas of non-compliance (Local Quality Requirements page).</li> <li>• The Trust awaits feedback from relevant commissioners whether the RAPs (recovery plans) provided are accepted.</li> </ul> </p>	<p>Financial performance to plan is a necessary requirement to access STF. This was reported as achieved for Q1 &amp; Q2 with consequent recovery of STF for that period as moderated by performance STF under-performance.</p> <p><b>Year to date most persistent failures across :</b>  <ul style="list-style-type: none"> <li>• Q3 &amp; Q4 finances off plan with consequent under-recovery of STF £6m.</li> </ul> </p>	<table border="1"> <thead> <tr> <th rowspan="2">Summary Scorecard</th> <th colspan="5">Summary Scorecard - March (In-Month)</th> </tr> <tr> <th>Red</th> <th>Amber</th> <th>Green</th> <th>None</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Infection Control</td> <td>1</td> <td>5</td> <td>0</td> <td>0</td> <td>6</td> </tr> <tr> <td>Harm Free Care</td> <td>9</td> <td>4</td> <td>9</td> <td>9</td> <td>32</td> </tr> <tr> <td>Obstetrics</td> <td>3</td> <td>4</td> <td>6</td> <td>6</td> <td>13</td> </tr> <tr> <td>Mortality and Readmissions</td> <td>1</td> <td>1</td> <td>11</td> <td>13</td> <td>13</td> </tr> <tr> <td>Stroke and Cardiology</td> <td>0</td> <td>11</td> <td>0</td> <td>0</td> <td>11</td> </tr> <tr> <td>Cancer</td> <td>2</td> <td>8</td> <td>5</td> <td>5</td> <td>19</td> </tr> <tr> <td>RFT, MSA, Complaints</td> <td>15</td> <td>1</td> <td>5</td> <td>5</td> <td>21</td> </tr> <tr> <td>Cancellations</td> <td>4</td> <td>4</td> <td>0</td> <td>0</td> <td>8</td> </tr> <tr> <td>Emergency Care &amp; Patient Flow</td> <td>8</td> <td>6</td> <td>4</td> <td>4</td> <td>18</td> </tr> <tr> <td>RTT</td> <td>7</td> <td>1</td> <td>6</td> <td>14</td> <td>14</td> </tr> <tr> <td>Data Completeness</td> <td>2</td> <td>8</td> <td>9</td> <td>9</td> <td>19</td> </tr> <tr> <td>Workforce</td> <td>7</td> <td>1</td> <td>13</td> <td>21</td> <td>21</td> </tr> <tr> <td>Temporary Workforce</td> <td>1</td> <td>0</td> <td>27</td> <td>28</td> <td>28</td> </tr> <tr> <td>BCPR</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>10</td> </tr> <tr> <td><b>Total</b></td> <td><b>70</b></td> <td><b>54</b></td> <td><b>95</b></td> <td><b>219</b></td> <td></td> </tr> </tbody> </table> <p><b>A number of recent CCG Performance Notices have been addressed on 10th April :</b>  <ul style="list-style-type: none"> <li>• Cancelled Operations: on-day cancelled operations</li> <li>• Community Gyrae referral to 1st OP within 4 weeks - also not performed all year.</li> <li>• RAP for Dementia &amp; Falls Assessment not delivered and exception report was submitted</li> <li>• Safeguarding training RAP - Children level 3 below agreed trajectory as is adult advanced training - exception report required</li> <li>• RAP for A&amp;E, RTT and Diagnostics to be specifically discussed during April</li> </ul> </p>	Summary Scorecard	Summary Scorecard - March (In-Month)					Red	Amber	Green	None	Total	Infection Control	1	5	0	0	6	Harm Free Care	9	4	9	9	32	Obstetrics	3	4	6	6	13	Mortality and Readmissions	1	1	11	13	13	Stroke and Cardiology	0	11	0	0	11	Cancer	2	8	5	5	19	RFT, MSA, Complaints	15	1	5	5	21	Cancellations	4	4	0	0	8	Emergency Care & Patient Flow	8	6	4	4	18	RTT	7	1	6	14	14	Data Completeness	2	8	9	9	19	Workforce	7	1	13	21	21	Temporary Workforce	1	0	27	28	28	BCPR	10	0	0	0	10	<b>Total</b>	<b>70</b>	<b>54</b>	<b>95</b>	<b>219</b>	
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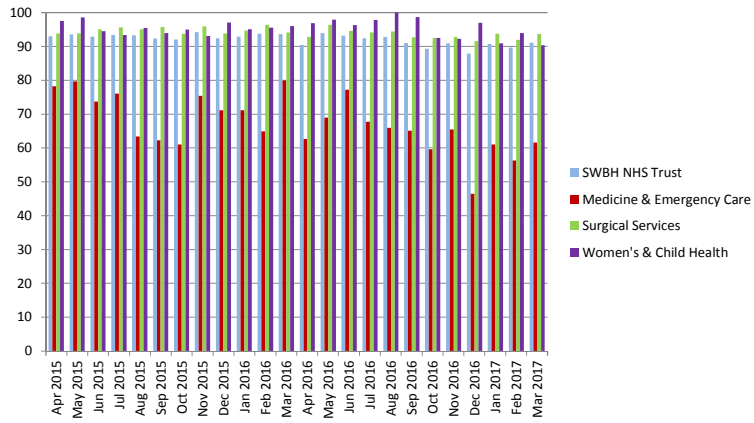
# Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	<= No	30	2.5
4			MRSA Bacteraemia	<= No	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	95	95
3			MRSA Screening - Elective	=> %	80	80
3			MRSA Screening - Non Elective	=> %	80	80

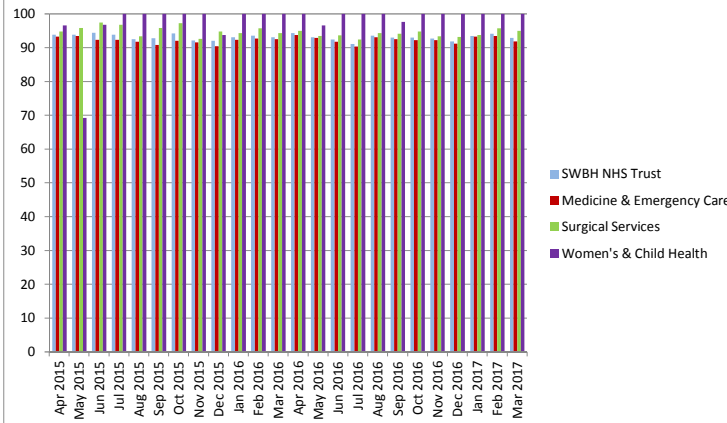


Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Mar 2017	1	0	0					1	21	
Mar 2017	0	0	0					0	2	
Mar 2017								10.2	7.6	
Mar 2017								10.2	12.2	
Mar 2017	62	94	90					91.2	91.2	
Mar 2017	92	95	100					92.9	93.0	

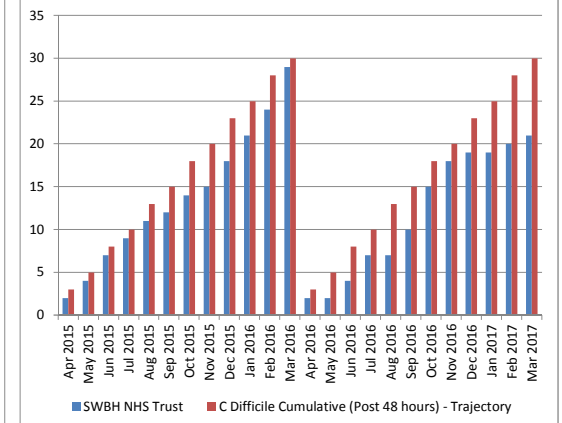
MRSA Screening - Elective



MRSA Screening - Non Elective



C Diff Infection

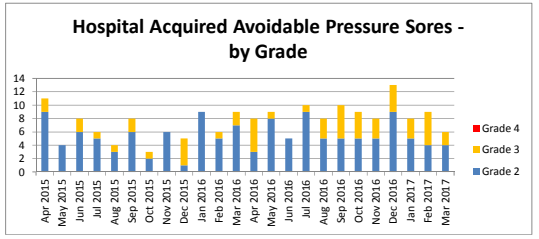
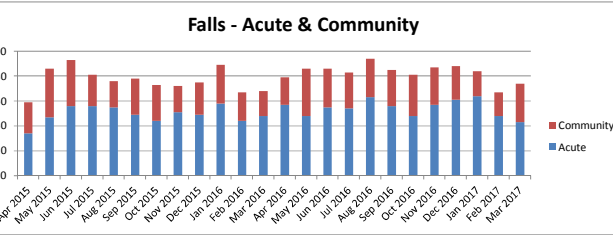
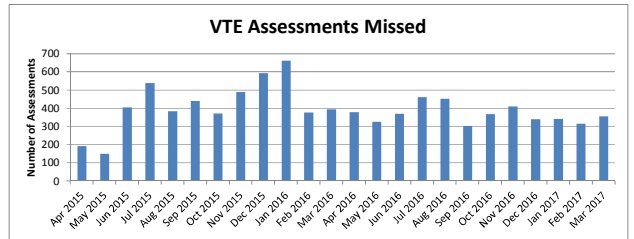


# Patient Safety - Harm Free Care

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

Previous Months Trend (since Oct 2015)																																		
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M																	
3.00	4.00	7.00	4.00	2.00	1.00	3.00	6.00	2.00	3.00	3.00	3.00	1.00	6.00	2.00	2.00	0.00	0.00																	
New Indicator from Nov16																																		
														25	22	15	14	23																
														25	22	14	14	23																
														6	0	0	0	0																
														4	15	14	8	8																
														6	6	2	11	6																
														1	0	1	1	0																
														5	2	1	0	0																
														73	72	75	89	67	68	79	86	86	83	94	85	81	87	88	84	67	74			
														2	3	1	2	2	2	1	0	4	1	3	3	1	2	3	3	1	2			
														3	6	5	9	6	9	8	9	5	10	8	5	9	8	13	8	9	6			
														-	-	-	-	-	3	3	2	1	4	3	2	0	2	5	6	8	6			
														0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0	1	0	
														0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
														7	6	2	12	8	5	2	1	10	5	6	4	6	5	10	5	6	5			
														7	4	9	7	6	5	1	13	3	11	12	12	14	10	8	6	5	4			
														2	0	0	2	1	2	0	0	0	0	1	1	2	1	2	0	1	0			

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Mar 2017								94.3	94.3	
Mar 2017								0.00	0.23	
Mar 2017	16	2	0	-	-	5		23	99	
Mar 2017	16	2	0	-	-	5		23	98	
Mar 2017	0	0	0	-	-	0		0	6	
Mar 2017	8	0	0	-	-	0		8	49	
Mar 2017	5	1	0	-	-	0		6	31	
Mar 2017	0	0	0	-	-	0		0	3	
Mar 2017	0	0	0	-	-	0		0	8	
Mar 2017	34	6	1	1	0	31		74	994	
Mar 2017	2	0	0		0	0		2	24	
Mar 2017	4	1	0			1		6	98	
Mar 2017						6		6	42	
Mar 2017	93.7	98.5	95.7					95.8	95.4	
Mar 2017	100.0	100.0	99.7		0.0			100.0	99.9	
Mar 2017	100	98	100		0			99.4	98.9	
Mar 2017	99	98	100		0			98.7	98.3	
Mar 2017	0	0	0	0	0	0		0	4	
Mar 2017	0	0	0	-	0	0		0	0	
Mar 2017	4	1	0	0	0	0		5	65	
Mar 2017								4	99	
Mar 2017								0	8	



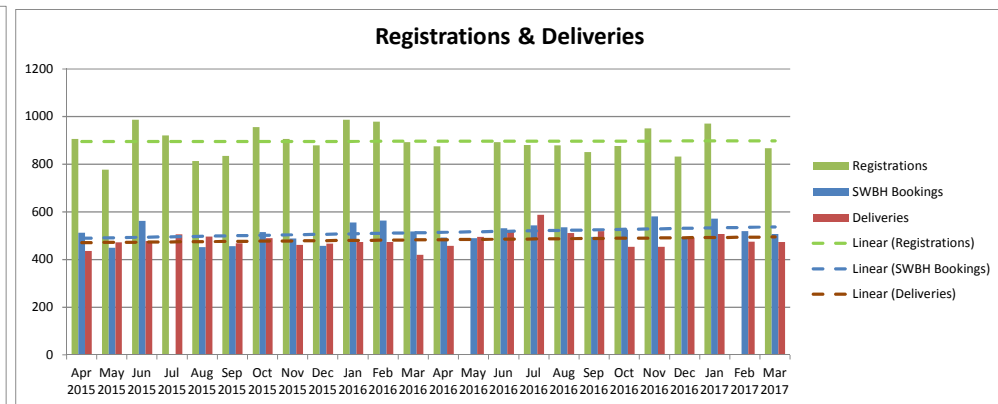
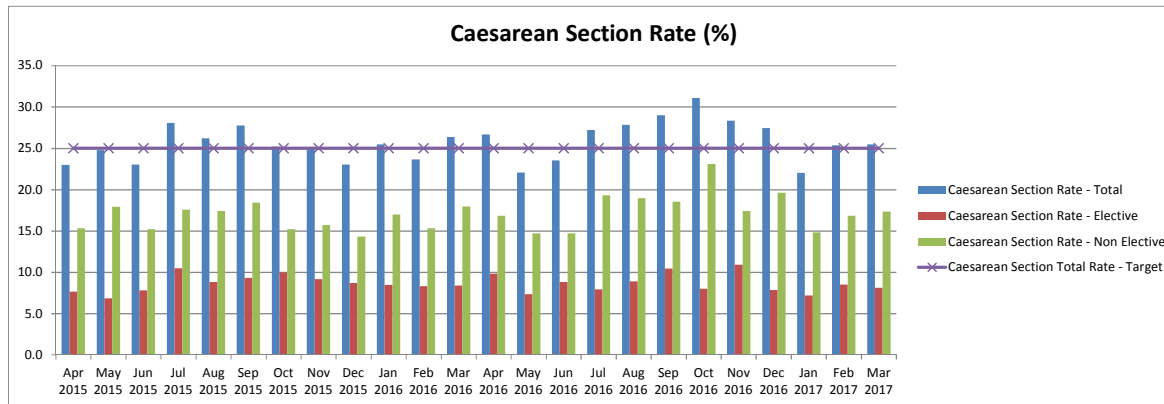


# Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory			
					2015-2016		2016-2017	
					Year	Month	Year	Month
3			Caesarean Section Rate - Total	<= %	25.0	25.0	25.0	25.0
3			Caesarean Section Rate - Elective	<= %				
3			Caesarean Section Rate - Non Elective	<= %				
2			Maternal Deaths	<= No	0	0	0	0
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4	48	4
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	10.0	10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	8.0	8.0
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0	90.0	90.0
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	90.0	90.0
2			Breast Feeding Initiation (Quarterly)	=> %	77.0	77.0	74.0	74.0
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %				
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) -	<= %				
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) -	<= %				

Previous Months Trend (since Oct 2015)																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
10	9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	8
15	16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	17
->	->		->	->		->	->		->	->		->	->		->	->	
1.5	1.3	1.3	0.7	1.6	1.8	1.8	3.7	1.9	1.4	1.8	3.2	2.9	2.8	3.5	2.9	1.9	2.6
1.1	1.3	0.3	-	0.8	1.5	1.3	3.4	1.3	1.4	1.5	3.0	1.8	1.9	1.7	2.5	1.6	2.3
1.1	1.0	0.0	-	0.8	1.1	1.0	2.4	1.3	1.4	1.5	3.0	1.4	1.3	1.0	2.0	1.6	2.1

Data Period	Month	Year To Date	Trend
Mar 2017	25.5	26.3	
Mar 2017	8.1	8.7	
Mar 2017	17.3	17.7	
Mar 2017	0	0	
Mar 2017	2	15	
Mar 2017	2.11	1.73	
Mar 2017	12.66	7.56	
Mar 2017	77.1	78.1	
Mar 2017	141.2	139.7	
Mar 2017	-	74.30	
Mar 2017	2.58	2.53	
Mar 2017	2.33	2.01	
Mar 2017	2.07	1.72	

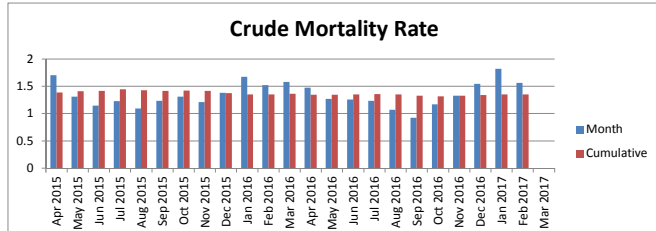
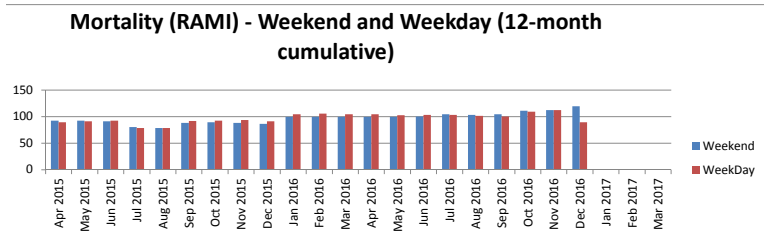
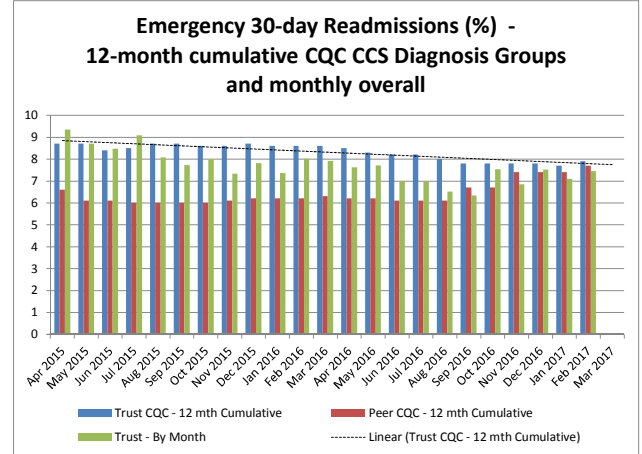
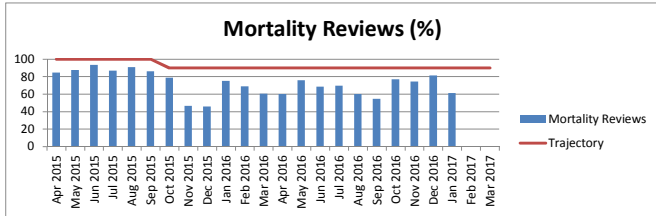
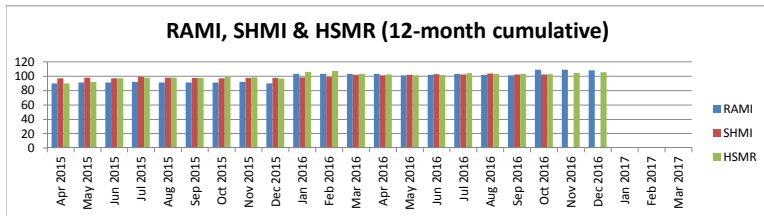


# Clinical Effectiveness - Mortality & Readmissions

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

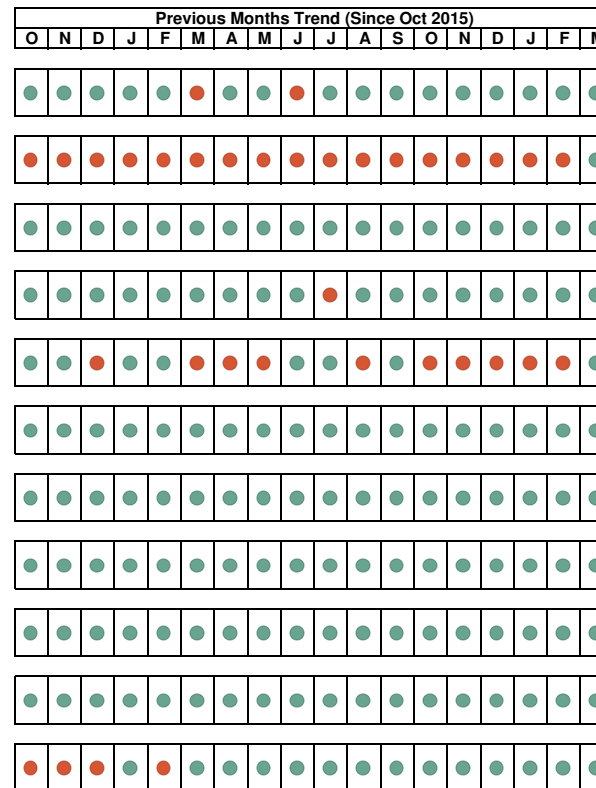
Previous Months Trend (since Oct 2015)												
O	N	D	J	F	M	A	M	J	J	A	S	O
91	92	90	103	103	103	103	101	102	103	102	101	109
92	93	91	104	105	104	104	102	103	103	101	100	109
89	88	86	99	99	99	99	99	100	104	103	104	111
97	97	98	98	99	102	101	102	103	102	104	102	102
99	98	97	106	107	103	102	101	101	104	103	103	103
57	148	40	68	113	82	103	50	3	103	43	56	94
1.3	1.2	1.4	1.7	1.5	1.6	1.5	1.3	1.3	1.2	1.1	0.9	1.2
1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.4	1.4	1.3	1.3	1.3	1.3
129	116	135	163	146	158	142	121	123	119	102	87	108
8.0	7.3	7.8	7.4	8.0	7.9	7.6	7.7	7.0	7.0	6.5	6.3	7.5
8.3	8.3	8.3	8.2	8.2	8.1	8.0	7.9	7.8	7.6	7.5	7.4	8.0
8.6	8.6	8.7	8.6	8.6	8.6	8.5	8.3	8.2	8.2	8.0	7.8	7.8

Data Period	Group						Month	Year To Date	Trend
	M	SS	W	P	I	CC			
Dec 2016								938	
Dec 2016								923	
Dec 2016								951	
Oct 2016								716	
Dec 2016								927.8	
Dec 2016							84		
Jan 2017	59	79	100				61	68	
Feb 2017							1.56		
Feb 2017							1.34		
Feb 2017							139	1385	
Feb 2017							7.44		
Feb 2017							7.20		
Feb 2017							7.90		

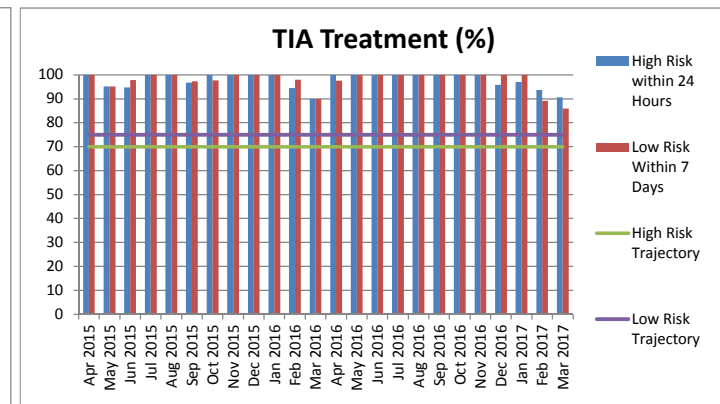
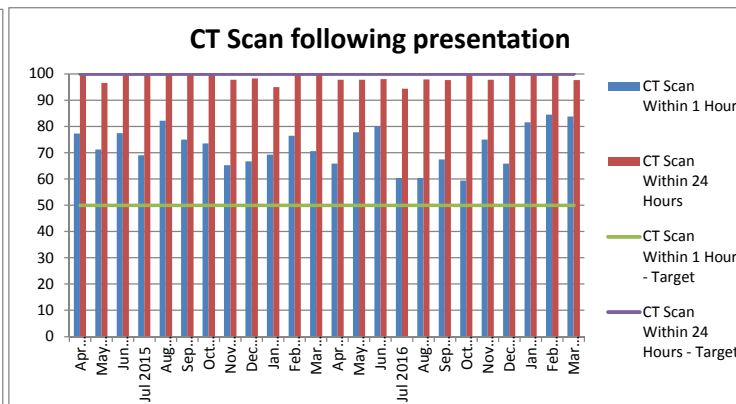
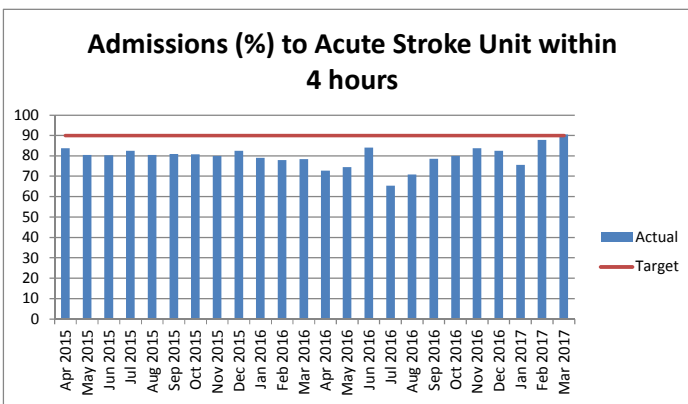


# Clinical Effectiveness - Stroke Care & Cardiology

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

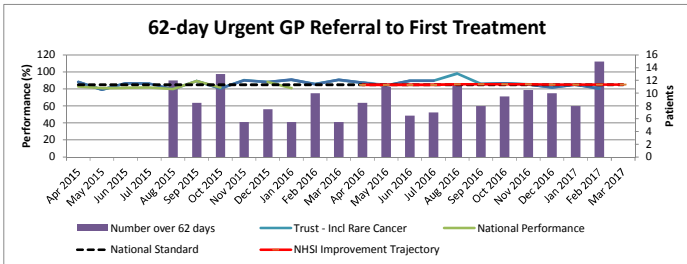
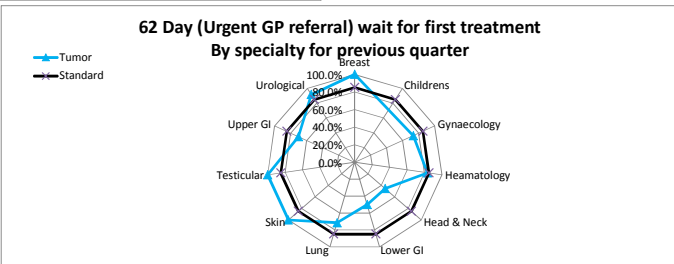
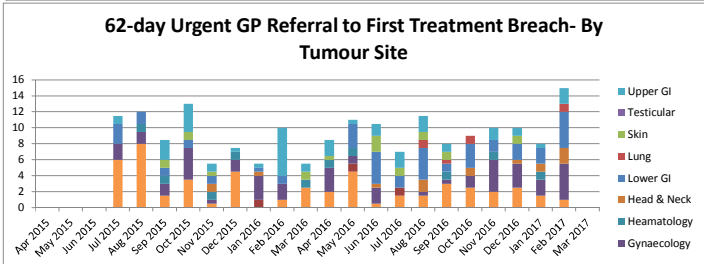
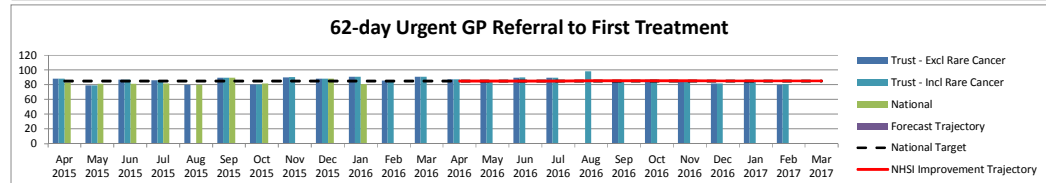
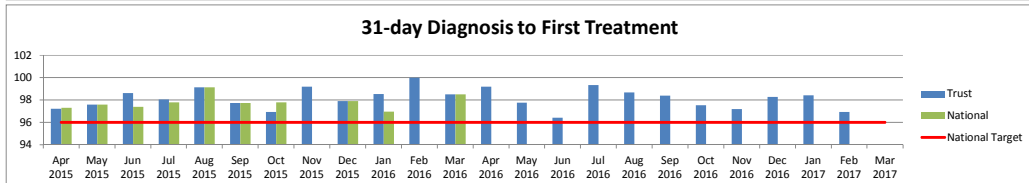
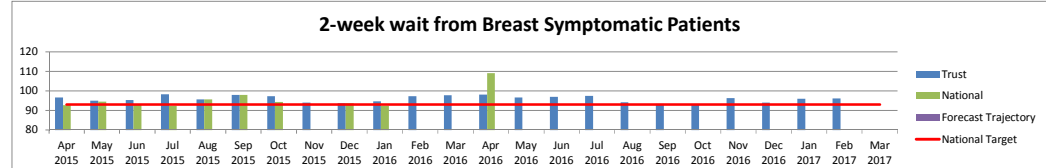
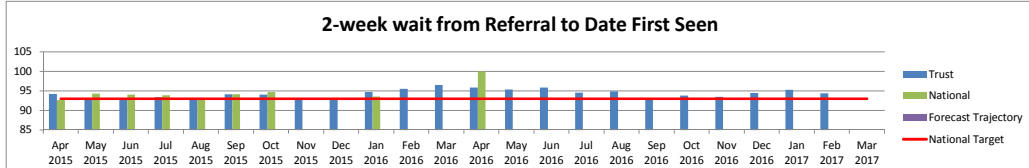


Data Period	Month	Year To Date	Trend
Mar 2017	95.0	94.5	
Mar 2017	90.5	78.4	
Mar 2017	83.7	72.0	
Mar 2017	97.7	98.2	
Mar 2017	100.0	67.4	
Mar 2017	100.0	100.0	
Mar 2017	90.6	98.0	
Mar 2017	86.0	97.2	
Mar 2017	93.8	95.8	
Mar 2017	93.8	96.1	
Mar 2017	100.0	99.7	



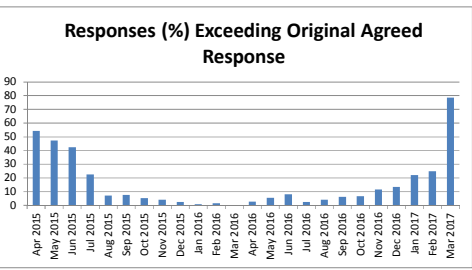
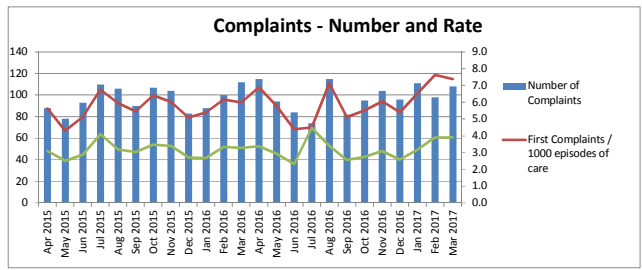
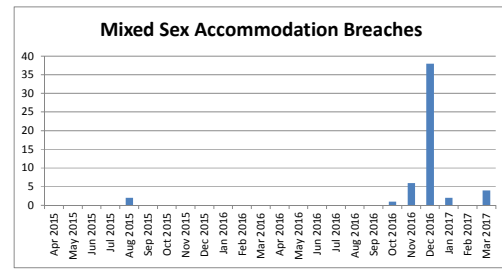
# Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Oct 2015)														Data Period	Group							Month	Year To Date	Trend				
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N		D	J	F	M	M	SS	W				P	I	C	CO
1		e	2 weeks	=> %	93.0	93.0															Feb 2017	92.3	96.5	92.0					94.4	94.7					
1		e	2 weeks (Breast Symptomatic)	=> %	93.0	93.0															Feb 2017	-	-	-					96.2	95.9					
1		e	31 Day (diagnosis to treatment)	=> %	96.0	96.0															Feb 2017	96.7	97.3	96.2					96.9	98.0					
1		e	31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0															Feb 2017									100.0	98.3				
1		e	31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0															Feb 2017									100.0	100.0				
1		e	31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0															Feb 2017									-	0.0				
1		e	62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0															Feb 2017	81.8	82.4	71.3					80.3	85.5					
1	NEW		62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0															Feb 2017	81.8	83.2	71.3					80.8	86.1					
1		e	62 Day (referral to treat from screening)	=> %	90.0	90.0															Feb 2017	0.0	93.8	0.0					93.8	96.0					
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0															Feb 2017	100.0	87.5	66.7					90.5	94.1					
1			Cancer - Patients Waiting over 62 days	No			13	6	8	6	10	6	9	11	7	7	12	8	10	11	10	8	15	-	Feb 2017	3.0	7.5	4.5					15.0	105.5	
1			Cancer - Patients Waiting over 104 days	No			8	2.0	3.5	0.0	4.5	0.5	3.0	1.0	2.0	3.0	3.0	4.0	1.5	1.5	2.5	1.5	4.0	-	Feb 2017	1.0	1.5	1.5					4.0	27.0	
1			Cancer - Longest Waiter in days	No			165	138	167	98	154	98	175	95	130	113	131	140	133	77	107	120	150	-	Feb 2017	135	193	150					150		
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	Mar 2017	6	0	0					6	137	
	NEW		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			-	-	-	-	-	-	-	50	33	50	43	67	50	0	0	33	0	-	Feb 2017	-	-	-					0	34	



# Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Oct 2015)														Data Period	Group							Month	Year To Date	Trend								
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N		D	J	F	M	M	SS	W				P	I	C	CO				
8			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	27	16	15	15	15	14	17	16	17	17	17	13	20	22	17	10	15	10	7.9	Mar 2017											8	15	
8			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	95	93	96	96	95	95	96	90	83	86	83	86	88	94	97	97	95	96	Mar 2017											96			
8			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	6.8	5.9	5.7	6.3	6	5.3	5.1	8.3	10	7.8	7.5	7.1	5.6	4.8	5.9	5.4	4	4.2	Mar 2017	4.2										4.2	6.4		
8			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	80	82	81	79	74	74	78	85	87	86	83	78	73	75	73	77	76	73	Mar 2017	73										73			
8			FFT Response Rate: Type 3 WIU Emergency Department	=> %	50.0	50.0	-	0	0.1	1.5	0.1	0	0.3	2.5	0.1	1.3	0.6	0.5	0.5	0.3	1.2	0.6	0	0	Mar 2017	-										0.0	0.7		
8			FFT Score - Adult and Children Emergency Department (type 3 WIU)	=> No	95.0	95.0	-	0	50	85	0	0	100	96	50	95	100	86	64	100	100	65	0	0	Mar 2017	-										0			
8			FFT Score - Outpatients	=> No	95.0	95.0	-	87	86	90	88	87	87	88	88	86	89	88	88	89	90	88	88	90	Mar 2017											90			
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	100	100	96	100	95	100	91	100	94	86	79	86	90	86	97	11	95	Mar 2017											95			
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	97	97	95	91	91	97	100	100	100	100	74	81	93	90	91	29	83	Mar 2017											83			
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	-	95	98	96	99	99	99	99	100	98	96	91	100	100	50	0	0	80	Mar 2017											80			
8			FFT Score - Maternity Birth	=> No	95.0	95.0	-	86	82	90	94	93	92	90	0	0	100	87	71	88	90	88	23	92	Mar 2017											92			
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	-	28	14	23	15	10	12	9	0	0	1.4	15	5.9	17	13	8.2	5	21	Mar 2017											21	10		
13			Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	38	2	0	4	Mar 2017	4	0	0								4	51		
9			No. of Complaints Received (formal and link)	No			107	104	83	88	100	112	115	94	84	74	115	82	95	104	96	111	98	108	Mar 2017	42	36	12	2	1	1	14	108	1176					
9			No. of Active Complaints in the System (formal and link)	No			151	145	121	113	128	147	154	144	147	127	143	144	152	148	157	176	##	194	Mar 2017	75	66	22	4	2	6	19	194						
9			No. of First Formal Complaints received / 1000 bed days	Rate1			3.5	3.4	2.7	2.7	3.3	3.3	3.4	2.9	2.3	4.5	3.4	2.6	2.8	3.1	2.6	3.2	3.9	3.9	Mar 2017	3.1	7.2	2.7					3.91	3.15					
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			6.4	6.0	5.1	5.4	6.2	6.0	6.9	5.8	4.4	4.5	7.1	5.1	5.5	6.1	5.4	6.5	7.6	7.4	Mar 2017	6.7	10	4.9				0	7.39	6.03					
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	100	100	100	100	100	100	96	100	100	99	100	100	99	98	94	Mar 2017	95	97	83	100	0	100	93	94	99					
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	5.3	4.1	2.5	0.9	1.6	0	2.6	5.6	8.2	2.4	4.2	6.3	6.6	11	13	22	25	79	Mar 2017	78	79	64	67	100	100	100	79	14					
9			No. of responses sent out	No			101	94	98	69	81	84	98	81	103	103	80	110	87	79	79	76	95	84	Mar 2017	37	24	11	3	1	2	6	84	1075					
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes			-				-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	N	N	N	N	N	N	N	No						

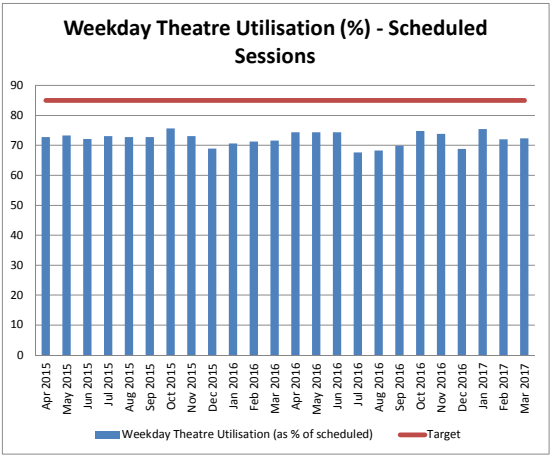
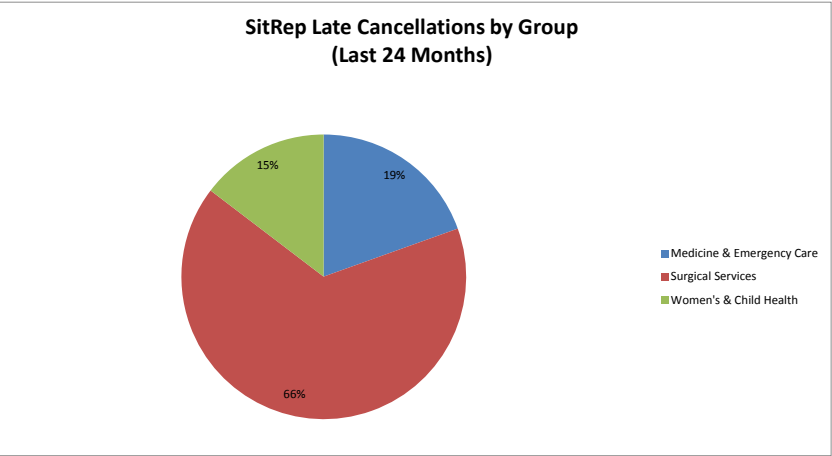
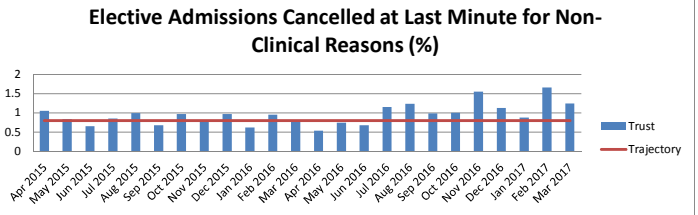
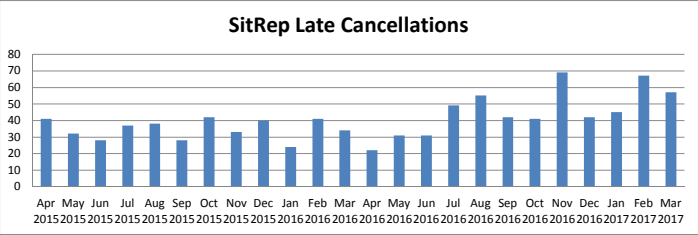


# Patient Experience - Cancelled Operations

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

Previous Months Trend (since Oct 2015)																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
42	33	40	24	41	34	22	31	31	49	55	42	41	69	43	45	67	57
-	-	-	-	-	-	6	9	11	9	9	15	17	28	19	13	19	17
-	-	-	-	-	-	16	22	19	40	43	27	22	41	18	29	48	37
<span style="color: red;">•</span>	<span style="color: green;">•</span>	<span style="color: red;">•</span>	<span style="color: green;">•</span>	<span style="color: red;">•</span>	<span style="color: green;">•</span>	<span style="color: green;">•</span>	<span style="color: green;">•</span>	<span style="color: green;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	
0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	6	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	2	0	0	1	3	4	0	3	0
50	57	39	63	56	57	79	63	43	56	51	60	49	50	63	61	62	67
244	238	194	210	228	223	229	257	229	241	223	258	234	273	272	269	284	257
<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	<span style="color: red;">•</span>	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Mar 2017	2	45	10					57	552	
Mar 2017	2	13	2					17	172	
Mar 2017	0	29	8					37	362	
Mar 2017	0.10	1.95	3.18					1.2	1.1	
Mar 2017	0	0	0					0	10	
Mar 2017	0	0	0					0	0	
Mar 2017	0.0	0.0	0.0					0	0	
Mar 2017	0	0	0					0	14	
Mar 2017	0	58	9					67	704	
Mar 2017	19	204	34					257	3026	
Mar 2017	41.2	75.3	81.5					72.3	72.1	

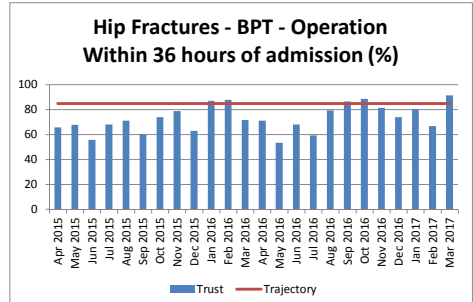
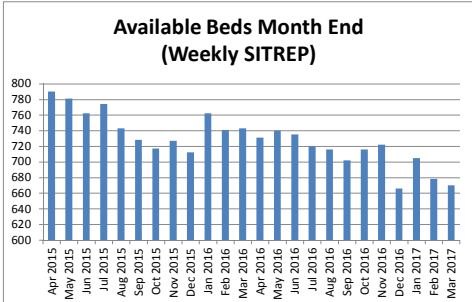
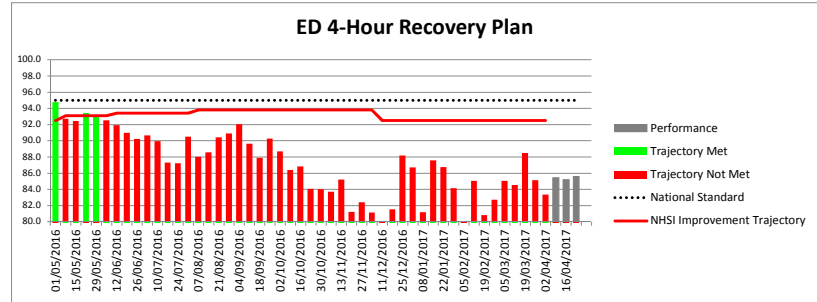


# Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			Emergency Care 4-hour waits	=> %	95.00	95.00
2			Emergency Care 4-hour breach (numbers)	No		
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0
11			WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02
11			WMAS - Emergency Conveyances (total)	No		
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	0	0
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0
2			Patient Bed Moves (10pm - 6am) (No.) - ALL	No		
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No		
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0

Previous Months Trend (From)											
O	N	D	J	F	M	A	M	J	J	A	S
1106	1103	1715	1757	1956	2242	1608	1451	1625	2168	1884	2051
93	67	121	116	97	117	81	65	70	122	135	162
1	3	8	10	6	9	2	0	1	8	6	9
4260	4202	4573	4679	3961	4515	4115	4099	4863	4204	4138	4261
394	497	498	318	426	397	454	494	588	617	530	483
110	254	267	185	198	232	234	228	251	245	215	266
601	518	540	632	543	546	666	498	578	533	248	219
261	209	236	220	232	255	252	222	204	246	218	273

Data Period	Unit			Month	Year To Date	Trend
	S	C	B			
Mar 2017	80.7	86.2	98.1	85.22	87.23	
Mar 2017	1564	1272	39	2875	28766	
Mar 2017	0	0		0	1	
Mar 2017	15	13	15	14	16	
Mar 2017	68	64	103	70	60	
Mar 2017	7.96	8.10	3.30	7.45	7.53	
Mar 2017	4.44	6.19	1.70	4.91	4.39	
Mar 2017	58	49		107	1450	
Mar 2017	3	2		5	111	
Mar 2017	0.14	0.09		0.12	0.22	
Mar 2017	2073	2133		4206	51289	
Mar 2017	0.8	5.4		2.6	2	
Mar 2017	2.75	12.3		15		
Mar 2017				583	6576	
Mar 2017				375	3566	
Mar 2017				586	6940	
Mar 2017				221	2884	
Mar 2017				91	74.7	

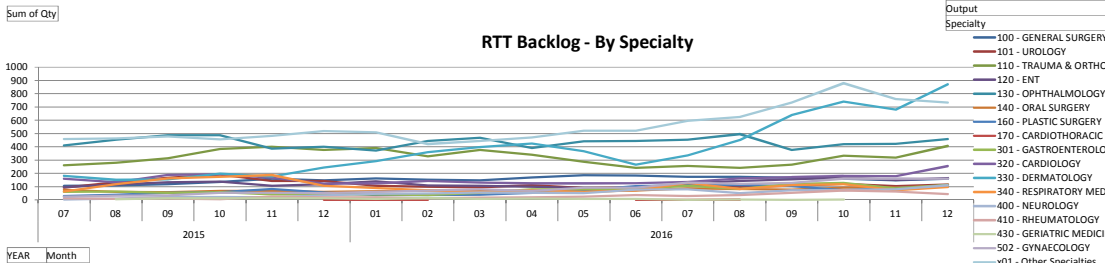
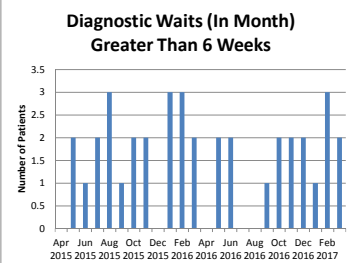
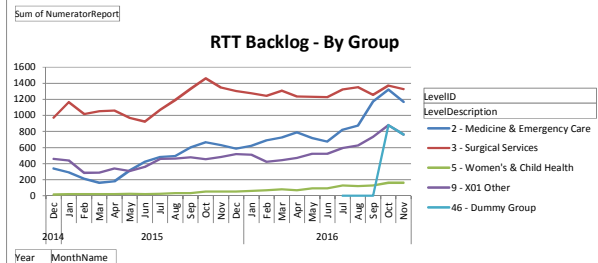
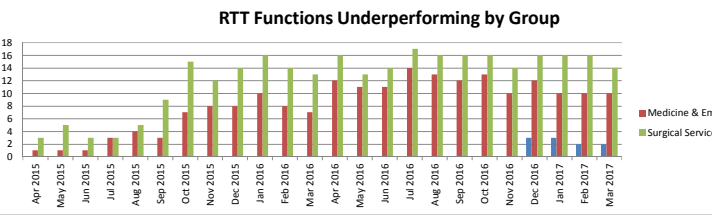
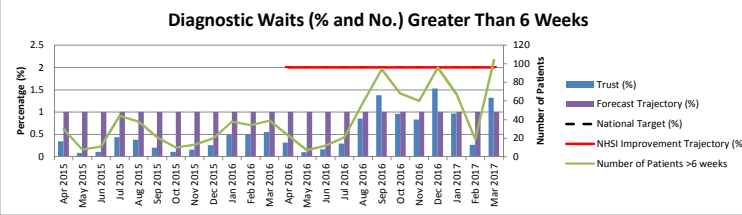
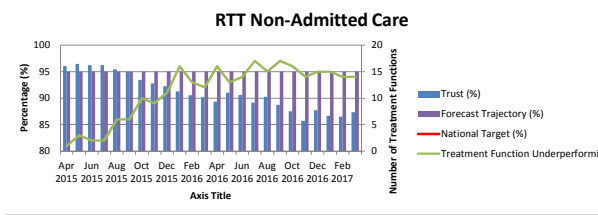
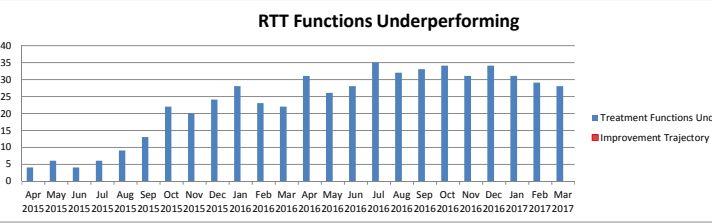
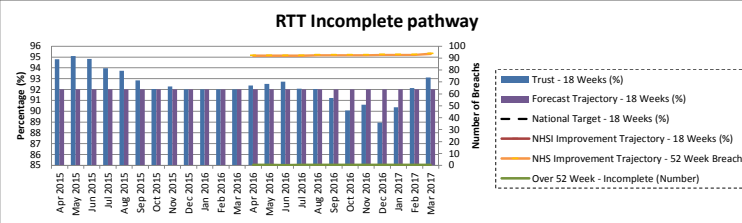
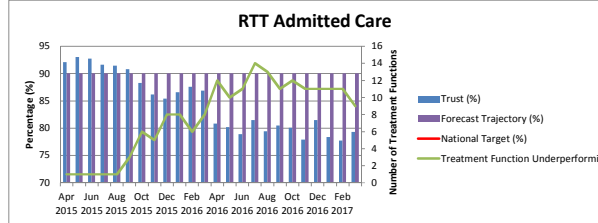


# Referral To Treatment

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

Previous Months Trend (since Oct 2015)												
O	N	D	J	F	M	A	M	J	J	A	S	O
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
2635	2512	2463	2468	2423	2557	2566	2561	2515	2870	2968	3289	3728
3417	3908	3204	2578	2214								
4	4	2	4	5	8	3	2	4	4	0	1	4
3	2	0	3	3	2	0	2	2	0	0	1	2
2	2	0	3	3	2	0	2	2	2	1	3	2
22	20	24	28	23	22	31	26	28	35	32	33	34
31	34	31	34	31	29	28						
6	6	5	4	4	2	3	3	3	4	4	5	6
6	6	5	4	4	2	3	3	3	4	4	5	6
6	6	5	4	4	2	3	3	3	4	4	5	6
6	6	5	4	4	2	3	3	3	4	4	5	6
2872	2258	1593	1250	273	281	542	480	419	502	470	500	711
817	498	902	387	577								

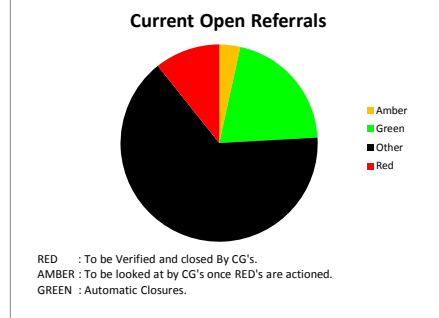
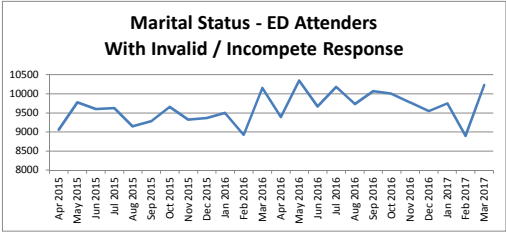
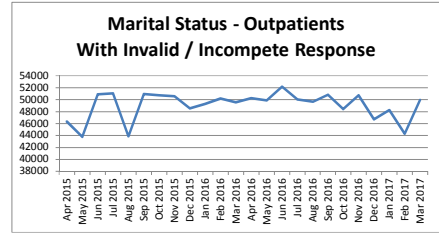
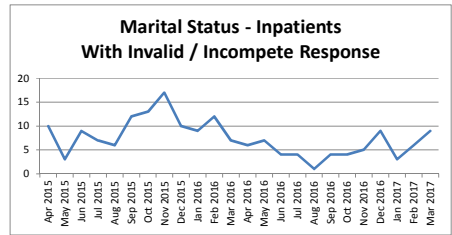
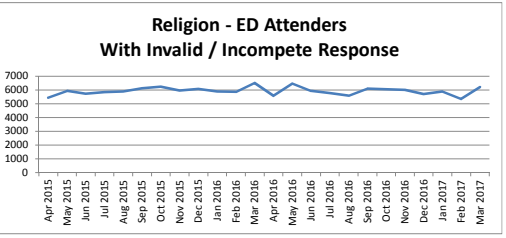
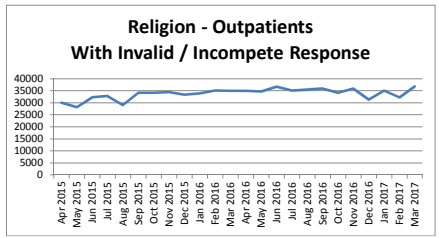
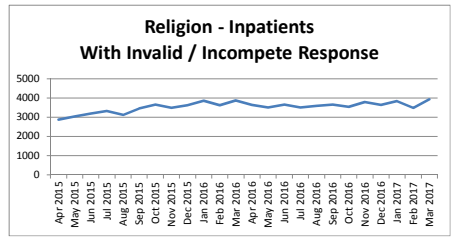
Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Mar 2017	82.6	76.4	78.8					79.27		
Mar 2017	72.0	93.6	94.4					87.29		
Mar 2017	91.6	93.0	93.6					93.09		
Mar 2017	622	1167	96					2214		
Mar 2017	1	2	1					6	33	
Mar 2017	0	1	1					2	17	
Mar 2017	10	14	20					28		
Mar 2017	2	3	0					5		
Mar 2017	4.1	0.5	0.0		0.2			1.32		
Mar 2017	236	146	-		194			577		





# Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Oct 2015)													Data Period	Group							Month	Year To Date	Trend						
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O		N	D	J	F	M	M	SS				W	P	I	C	CO	
14			Data Completeness Community Services	=> %	50.0	50.0		Mar 2017							61.2	61.2																				
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0		Feb 2017								99.5																				
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0		Feb 2017								99.1																				
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0		Feb 2017								99.3																				
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.0	97.4	97.0	97.5	96.5	98.1	96.7	96.7	96.9	96.3	97.9	96.5	97.3	97.5	98.3	97.7	98.3	97.7		Mar 2017								97.7	97.3	
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	99.5	99.6	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.6	99.6	99.5	99.5		Mar 2017								99.5	99.5		
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.3	97.1	96.8	97.3	97.0	97.1	96.7	96.8	97.2	97.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	97.3		Mar 2017								97.3	97.1	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0		Mar 2017								90.1	91.8																			
NEW			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0		Mar 2017								87.7	89.5																			
NEW			Protected Characteristic - Religion - INPATIENTS with recorded response	%			70.9	71.2	70.8	68.9	70.3	68.6	69.6	69.9	69.5	69.8	69.2	68.9	69.6	69.2	69.1	68.7	69.2	68.8		Mar 2017								68.8	69.3	
NEW			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			60.4	59.9	59.3	59.3	58.4	58.1	58.1	58.2	57.8	58.0	57.8	57.9	58.1	57.5	56.9	57.0	57.2	56.9		Mar 2017								56.9	57.6	
NEW			Protected Characteristic - Religion - ED patients with recorded response	%			61.8	62.9	62.0	63.9	62.3	62.3	64.8	63.3	64.3	66.5	65.3	64.0	64.3	64.1	64.7	64.1	64.7	64.2		Mar 2017								64.2	64.5	
NEW			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	99.9	99.9		Mar 2017								99.9	100.0	
NEW			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			41.2	41.1	40.7	40.8	40.5	40.5	39.8	39.8	39.9	40.1	40.8	40.3	40.4	39.9	35.8	40.8	41.3	41.5		Mar 2017								41.5	40.1	
NEW			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.8	42.0	41.5	41.7	42.5	41.2	40.9	41.3	41.9	40.9	39.5	40.6	40.9	41.5	40.8	40.5	41.3	41.1		Mar 2017								41.1	41.0	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0		Mar 2017								5.9	5.8																			
2			Open Referrals	No			214,841	222,779	228,862	192,989	187,876	190,986	194,788	199,207	204,824	206,553	210,740	215,996	219,866	222,444	225,175	226,846	230,675	235,998		Mar 2017								235,998		
NEW			Open Referrals - Awaiting Management	No																						Mar 2017									108584	



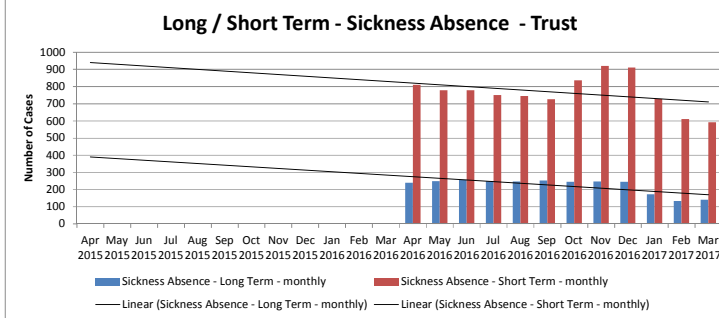
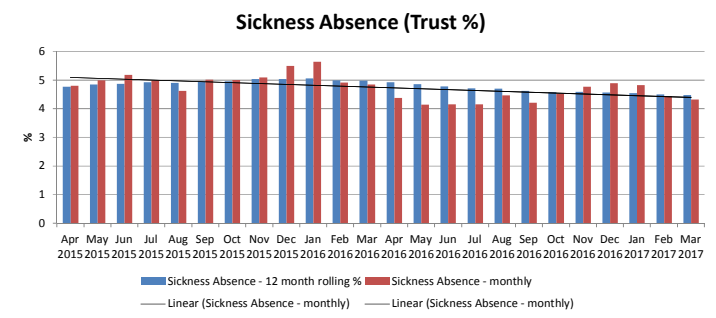
RED : To be Verified and closed by CG's.  
 AMBER : To be looked at by CG's once RED's are actioned.  
 GREEN : Automatic Closures.

# Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3		•b	PDRs - 12 month rolling	=> %	95.0	95.0
7		•b	Medical Appraisal	=> %	95.0	95.0
3		•b	Sickness Absence (Rolling 12 Months)	<= %	2.50	2.50
3	NEW		Sickness Absence (Monthly)	<= %	2.50	2.50
3	NEW		Sickness Absence - Long Term (Monthly)	No		
3	NEW		Sickness Absence - Short Term (Monthly)	No		
3			Return to Work Interviews following Sickness Absence	=> %	100.0	100.0
3			Mandatory Training	=> %	95.0	95.0
3			Mandatory Training - Staff Becoming Out Of Date	%		
3		•	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0
7		•b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0
	NEW		Nursing Turnover	%		
7			New Investigations in Month	No		
7			Vacancy Time to Fill	Weeks		
7		•	Professional Registration Lapses	<= No	0	0
7			Qualified Nursing Variance (FIMS) (FTE)	No		
15			Your Voice - Response Rate	No		
15			Your Voice - Overall Score	No		

Previous Months Trend (since Oct 2015)																	
O	N	D	J	F	M	A	M	J	J	A	S	O					
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●					
●	●	●	●	●	●	●	●	●	●	●	●	●					
-	-	-	-	-	-	240	250	256	249	247	253	245	247	246	253	205	213
-	-	-	-	-	-	812	779	780	752	745	727	837	922	911	956	808	785
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	14.6	14.7	14.8	13.8	13.6	12.6	11.8	11.3	11.2	11.9	12.4	11.7	11.4	11.6	11.2	11.7
10	6	2	5	12	9	6	4	3	8	4	4	3	0	3	4	3	9
23	23	23	24	26	23	26	25	23	24	24	21	25	21	21	21	22	21
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
279	267	293	272	274	293	292	315	317	339	343	341	313	293	305	268	246	257
-->	-->	12.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	16.0	-->	-->
-->	-->	3.57	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.70	-->	-->

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	C	CO			
Mar 2017	84.4	80.7	89.6	93.6	77.8	95.8	86.6		87.9	
Mar 2017	81.7	64.0	56.8	87.5	79.3	0.0	50.0	71.8	84.9	
Mar 2017	4.6	4.7	4.4	4.2	4.3	4.3	4.4	4.48	4.66	
Mar 2017	5.0	4.0	4.3	3.2	3.9	4.0	4.5	4.32	4.32	
Mar 2017	40	32	29	8	9	24	0	213	3050	
Mar 2017	182	138	105	45	32	82	8	785	10257	
Mar 2017	70.1	84.8	83.9	83.0	70.9	85.4	81.3	79.6	78.2	
Mar 2017	82.5	87.0	89.2	93.2	87.4	92.1	90.9		87.2	
Jan-00	-	-	-	-	-	-	-	-	-	
Mar 2017	94.0	0.0	95.5	97.3	95.2	97.0	98.7		95.0	
Mar 2017								11.3	11.8	
Mar 2017								12	12	
Mar 2017	2	2	1	0	0	0	4	9		
Mar 2017								21		
Mar 2017	0	0	0	0	0	0	0	0	0	
Mar 2017								257		
Jan 2017	8	30	13	22	20	29	18	16		
Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		



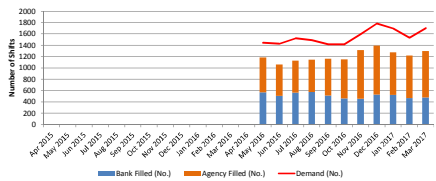
# Temporary Workforce

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

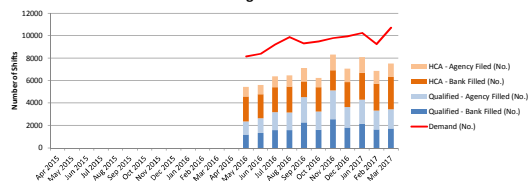
Previous Months Trend (since Oct 2015)																	
O	N	D	J	F	M	A	M	J	J	A	S	O					
-	-	-	-	-	-	-	4996	5343	5097	5015	5291	5005	5476	4777	5103	4995	5610
-	-	-	-	-	-	-	1443	1429	1022	1491	1419	1419	1596	1786	1699	1534	1703
-	-	-	-	-	-	-	81.98	74.04	74.06	76.93	81.89	81.25	82.46	77.94	74.93	79.4	76.1
-	-	-	-	-	-	-	47.84	47.92	50	50.33	44.06	40.07	34.42	37.79	40.93	44.12	36.65
-	-	-	-	-	-	-	52.16	52.36	50	49.87	55.94	59.93	65.58	62.21	59.07	71.44	63.35
-	-	-	-	-	-	-	114	110	107	137	177	243	237	187	152	217	270
-	-	-	-	-	-	-	1069	951	1021	1010	998	951	1108	1196	1144	1001	1026
-	-	-	-	-	-	-	8158	8413	9220	9887	9312	9476	9802	9935	10291	9266	10708
-	-	-	-	-	-	-	90.44	89.33	89.21	86.98	83.13	91.18	92.03	90.68	92.75	95.55	95.8
-	-	-	-	-	-	-	42.3	43.41	41.68	43.12	35.83	46.77	36.3	41.77	40.3	27.07	43.5
-	-	-	-	-	-	-	16.01	17.56	19.34	18.41	19.95	18.76	20.38	20.17	22.55	18.75	16.8
-	-	-	-	-	-	-	30.18	28.57	26.95	26.94	18.6	25.02	19.83	24.59	25.29	27.18	28.1
-	-	-	-	-	-	-	11.39	11.07	12.01	11.92	15.62	9.444	15.49	13.48	14.48	12.91	11.6
-	-	-	-	-	-	-	138	97	79	55	269	332	321	290	526	332	525
-	-	-	-	-	-	-	138	97	73	55	249	324	299	256	496	302	502
-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	276	478	356
-	-	-	-	-	-	-	191	156	192	55	63	38	190	186	274	478	346
-	-	-	-	-	-	-	301	336	289	66	96	139	96	567	413	530	1009
-	-	-	-	-	-	-	301	336	288	55	95	95	200	567	412	527	895
-	-	-	-	-	-	-	1994	1954	1902	2147	2765	2639	2479	2442	2391	4128	5135
-	-	-	-	-	-	-	1988	1937	1955	2061	2450	2589	2452	2405	2348	4026	5079
-	-	-	-	-	-	-	1903	1947	1442	1451	2160	2185	1997	2172	2086	1971	2485
-	-	-	-	-	-	-	1898	1933	1405	1397	1942	2135	1969	2107	1992	1926	2425
-	-	-	-	-	-	-	4925	5356	5110	5034	5321	5026	5508	4803	5159	4993	5634
-	-	-	-	-	-	-	99.61	99.72	99.75	99.62	99.44	99.58	99.46	99.46	99.5	99.64	99.57
-	-	-	-	-	-	-	78.96	77.96	76.61	76.35	76.68	78.62	77.58	76.93	78.38	79.52	78.0
-	-	-	-	-	-	-	21.0	22.0	23.4	23.6	23.3	21.4	22.4	23.1	21.6	20.5	22.0
-	-	-	-	-	-	-	0.4	0.3	0.3	0.4	0.6	0.4	0.5	0.5	0.5	0.4	0.4

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	F	I	C	CO			
Mar 2017	-	-	-	-	-	-	-	100	100	
Mar 2017	1164	254	176	0	9	0	0	1703	17042.0	
Mar 2017	73.54	87.28	70.45	0	77.78	0	0	76	78.2	
Mar 2017	30.84	45.95	50	0	100	0	0	37	42.7	
Mar 2017	69.16	54.05	50	0	0	0	0	63	58.5	
Mar 2017	195	37	31	0	7	0	0	270	1951.0	
Mar 2017	661	272	93	0	0	0	0	1026	11475.0	
Mar 2017	5376	2309	1240	0	47	1509	227	10708	104440	
Mar 2017	95	97.23	94.27	0	78.72	97.61	100	96	90.6	
Mar 2017	34.5	42	72.2	0	81.08	54.79	34.36	44	40.2	
Mar 2017	19.72	20	2.4	0	0	15.75	1.32	17	20.6	
Mar 2017	30.45	25.03	24.89	0	18.92	22.27	63	28	25.5	
Mar 2017	15.33	12.87	0.51	0	0	7.33	1.32	12	12.7	
Mar 2017	0	0	0	0	525	0	0	525	2964	
Mar 2017	0	0	0	0	502	0	0	502	2791	
Mar 2017	0	0	0	0	0	356	0	356	2181	
Mar 2017	0	0	0	0	0	346	0	346	2169	
Mar 2017	151	31	26	87	0	615	99	1009	3842	
Mar 2017	132	31	26	86	0	610	0	885	3761	
Mar 2017	1283	826	256	460	0	0	2310	5135	30166	
Mar 2017	1253	823	256	460	0	0	2287	5079	29190	
Mar 2017	36	48	0	0	0	0	2395	2465	21779	
Mar 2017	33	49	0	0	0	0	2337	2425	21129	
Mar 2017	-	-	-	-	-	-	-	5634	56861.0	
Mar 2017	-	-	-	-	-	-	-	100	99.6	
Mar 2017	-	-	-	-	-	-	-	78	77.8	
Mar 2017	-	-	-	-	-	-	-	22	22.2	
Mar 2017	-	-	-	-	-	-	-	0	0.4	

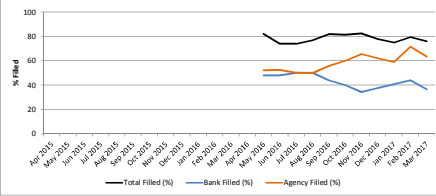
Medical Staffing - Number of Shifts



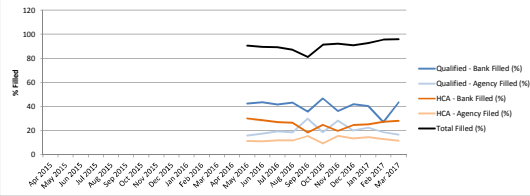
Nurse Staffing - Number of Shifts



Medical Staffing - % Shifts Filled



Nurse Staffing - % Shifts Filled



# SQPR

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Safeguarding Adults Advanced Training	=> %	85	85
			Safeguarding Adults Basic Training	=> %	85	85
			Safeguarding Children Level 1 Training	=> %	85	85
			Safeguarding Children Level 2 Training	=> %	85	85
			Safeguarding Children Level 3 Training	=> %	85	85
			WHO Safer Surgery - Audit - brief and debrief (% lists wh	=> %	100	100
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	27	27
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	90	90
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			Community - Screening For Dementia - SQPR	=> %	100	100
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100

Previous Months Trend (From Oct 2015)																		
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	
-	-	-	-	-	-	-	-	-	-	-	-	80	80	81	81	80	79	81
-	-	-	-	-	-	98	99	99	98	99	98	98	98	98	96	98	98	
-	-	-	-	-	-	98	99	99	98	99	99	98	98	98	97	98	98	
-	-	-	-	-	-	74	73	73	72	73	71	71	73	75	76	77	77	
-	-	-	-	-	-	71	72	72	75	74	73	73	75	78	78	81	84	
-	-	-	-	-	-	99	99	99	100	99	100	98	97	95	97	99	99	
-	-	-	-	-	-	16	15	17	17	13	16	16	17	17	20	17	16	
-	-	-	-	-	-	88	88	87	87	87	87	85	86	86	86	86	87	
-	-	-	-	-	-	83	81	79	79	78	87	86	82	81	84	81	77	
-	-	-	-	-	-	79	80	81	82	82	75	76	76	75	73	78	79	
-	-	-	-	-	-	40	37	53	30	37	45	43	57	56	60	62	44	
-	-	-	-	-	-	61	67	56	61	55	65	61	82	77	65	74	58	

Data Period
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017
Mar 2017

Group						
M	SS	W	P	I	C	CO
99.2	98	100				
15.4	8.6	26.9				

Month	Year To Date	Trend
80.957	80.22	
97.728	98	
98.0	98.4	
77.5	73.7	
83.9	75.2	
98.7	98.3	
15.6	16.4	
86.7	86.5	
76.8	81.5	
78.9	78.6	
37.2	38.4	
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



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	O	N	D	J	F	M	A	M	J	J	A	S	O		N	D	J				F	M	EC	AC	SC		
Patient Safety - Inf Control	C. Difficile	<= No	30	3	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Mar 2017	1	0	0	1	17		
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Mar 2017	0	0	0	0	2		
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Mar 2017	83	87	19	61.7			
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Mar 2017	93	88	83	91.9			
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	19	20	14	14	16	-	-	Mar 2017	5	11	0	16	83	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	19	20	12	14	16	-	-	Mar 2017	5	11	0	16	81	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	4	0	0	0	0	-	-	Mar 2017	0	0	0	0	4	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	3	14	12	8	8	-	-	Mar 2017	4	4	0	8	45	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	-	-	-	-	-	-	-	-	-	-	5	6	2	11	5	-	-	Mar 2017	3	2	0	5	29	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			-	-	-	-	-	-	-	-	-	-	-	-	-	1	0	1	1	0	-	-	Mar 2017	0	0	0	0	3	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	1	0	0	-	-	Mar 2017	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	41	41	35	40	35	32	44	37	47	39	47	44	34	41	47	50	38	34	-	-	Mar 2017	5	29	0	34	502	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	2	0	0	1	1	0	0	2	1	2	2	0	2	3	3	1	2	-	-	Mar 2017	1	1	0	2	18	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	2	3	4	4	6	4	4	3	3	5	5	4	5	7	9	5	5	4	-	-	Mar 2017	0	4	0	4	59	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Mar 2017	90.9	90.3	97.7	93.7			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	Mar 2017	100.0	100.0	100.0	100.0			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	Mar 2017	100	100	100	100.0			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Mar 2017	99	99	100	99.2			
Patient Safety - Harm Free Care	Never Events	<= No	0	0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Mar 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Mar 2017	3	1	0	4	39		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Jan 2017	61	56	61	59			

# Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
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9.6	8.6	9.3	9.2	9.4	9.6	9.7	10.0	9.2	9.0	8.6	8.3	10.0	9.7	9.9	9.5	9.4	-
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Feb 2017



9.4



Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
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10.3	10.3	10.3	10.1	10.1	10.0	9.8	9.8	9.7	9.5	9.3	9.2	10.0	9.3	9.4	9.4	9.4	-
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Feb 2017



9.5







# Medicine Group

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

Previous Months Trend																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	1	0	2	1	1	0	3	0	0	6	1	0	6	2	4	6	2
54	35	32	34	32	31	58	56	54	28	32	28	57	44	29	51	37	41
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
.	.	.	.	1560	1908	1246	1046	1187	1333	1227	1280	1579	1750	1866	1776	1769	1721
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
.	.	.	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●
.	.	.	.	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
93	67	121	116	97	117	81	65	70	122	112	135	112	162	193	162	129	107
1	3	8	10	6	9	2	0	1	8	6	9	16	21	19	11	13	5
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
4260	4202	4573	4679	3961	4513	4115	4604	4099	4363	4204	4138	4233	4261	4622	4410	4034	4206
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0.0	91.0	79.7															
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0.0	73.8	71.1															
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0.0	92.6	90.8															
664	629	587	623	689	725	789	716	674	821	873	1172	1319	1168	1500	1154	897	622
0	1	1	1	3	4	0	0	0	1	0	0	1	2	1	0	0	1
0	0	1															
7	8	8	10	8	7	12	11	11	14	13	12	13	10	12	10	10	10
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0	5.21	0.59															

Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Mar 2017	-	-	0.11	0.10		
Mar 2017	0.0	0.0	0.0	0	0	
Mar 2017	0.0	0.0	2.0	2	30	
Mar 2017	0.0	0.0	41.2	41.2		
Mar 2017	0.00	0.00	0.00	0.00	0	
Mar 2017	80.7	88.2	Site S/C	83.7	85.8	
Mar 2017	1606	0	115	1721	17780	
Mar 2017	0.0	0.0	Site S/C	0	1	
Mar 2017	15.0	13.0	Site S/C	14	16	
Mar 2017	68.0	64.0	Site S/C	66	55	
Mar 2017	8.0	8.1	Site S/C	8.0	8.2	
Mar 2017	4.4	6.2	Site S/C	5.4	4.8	
Mar 2017	58	49		107	1450	
Mar 2017	3	2		5	111	
Mar 2017	0.14	0.09		0.12	0.22	
Mar 2017	2073	2133		4206	51289	
Mar 2017	0.0	91.0	79.7	82.6		
Mar 2017	0.0	73.8	71.1	72.0		
Mar 2017	0.0	92.6	90.8	91.6		
Mar 2017	0	231	391	622		
Mar 2017	0	0	1	1		
Mar 2017	0	4	6	10		
Mar 2017	0	5.21	0.59	4.11		



# Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend													Data Period	Directorate			Month	Year To Date	Chart					
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O		N	D	J				F	M	EC	AC	SC
Data Completeness	Open Referrals	No			75,035	78,201	80,663	67,608	65,055	65,979	67,205	68,646	70,876	69,993	70,424	72,581	74,142	75,046	75,926	75,925	76,880	78,278	Mar 2017	14,482	22,668	41,128	78278		
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	26,178	27,360	25,493	26,511	28,710	27,787	30,150	31,585	32,319	33,572	35,739	Mar 2017	10,837	11,458	13,444	35739		
Workforce	WTE - Actual versus Plan	No			217	214	208	204	201	219	220	207	213	220	229	231	229	231	244	202	194	208	Mar 2017	106.7	62.86	33.15	208		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	82.35	88.55	80.31	88.4		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	65.22	89.29	85.71	87.0		
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	4.68	5.19	3.45	4.62	5.11	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	6.02	4.50	4.33	5.00	4.55	
Workforce	Sickness Absence - Long Term - In month	No			-	-	-	-	-	-	57	62	60	49	47	43	45	40	39	39	33	40	Mar 2017	14	16	10	40	554	
Workforce	Sickness Absence - Short Term - In month	No			-	-	-	-	-	-	212	186	195	180	179	162	194	206	243	223	207	182	Mar 2017	89	66	27	182	2369	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	65.4	78.4	60.2	69.27		
Workforce	Mandatory Training (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	83.1	82.53	81.4	81.6		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		
Workforce	New Investigations in Month	No			0	0	1	1	6	4	1	0	0	1	1	0	0	0	0	0	1	2	Mar 2017	1	1	0	2		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	2700	1185	3654	3001	3002	4159	3992	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	594	217	749	925	700	748	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			->	->	6	->	->	->	->	->	->	->	->	->	->	->	->	8	->	->	Jan 2017	6.0	7.0	16.0	8.0		
Workforce	Your Voice - Overall Score	No			->	->	3.37	->	->	->	->	->	->	->	->	->	->	->	->	3.68	->	->	Jan 2017	3.51	3.90	3.58	3.68		



## **Surgical Services Group**



## **Surgical Services Group**

# Surgical Services Group

Section	Indicator	Measure	Trajectory	
			Year	Month
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0
RTT	RTT - Backlog	<= No	0	0
RTT	Patients Waiting >52 weeks	<= No	0	0
RTT	Treatment Functions Underperforming	<= No	0	0
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals - Awaiting Management	No		
Workforce	WTE - Actual versus Plan	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15
Workforce	Sickness Absence - In Month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0

Previous Months Trend																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1461	1346	1304	1276	1243	1308	1236	1231	1227	1324	1350	1254	1369	1328	1514	1344	1153	1167
4	3	1	3	2	3	3	1	2	3	0	1	2	0	1	0	2	2
15	12	14	16	14	13	16	13	14	17	16	16	16	14	16	16	16	14
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
108,547	111,719	113,793	98,377	96,175	97,723	100,371	102,540	104,891	107,435	109,035	110,630	112,597	113,840	115,090	116,146	118,262	121,184
.	.	.	.	.	.	.	36,039	35,257	36,635	38,367	40,451	42,937	44,094	45,279	47,179	48,985	51,471
173	166	173	178	153	149	144	143	151	158	155	152	146	140	151	185	157	166
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	46	52	62	56	46	53	52	50	53	52	33	32
-	-	-	-	-	-	164	169	161	162	168	169	181	173	181	166	149	138
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	0	0	1	1	2	0	0	0	2	0	1	3	0	0	2	1	2
86.9	89.5	84.5	83	64.9	86.3	88	-	-	-	-	-	-	-	-	-	-	-
222	141	552	882	112	332	832	.	.	.	.	.	.	.	.	.	.	.
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Mar 2017	81.3	61.0	0.0	0.0	78.1	76.4		
Mar 2017	92.2	90.9	0.0	0.0	95.4	93.6		
Mar 2017	94.3	85.2	0.0	0.0	95.0	93.0		
Mar 2017	425	424	0	0	318	1167		
Mar 2017	1	1	0	0	0	2		
Mar 2017	7	6	0	0	1	14		
Mar 2017	0.3	0.0	0.8	0.0	0.0	0.45		
Mar 2017	41,930	14,549	0	4,390	60,315	121,184		
Mar 2017	20,171	6,072	0	2,622	22,806	51,471		
Mar 2017	50.59	33.73	26.33	19.5	30.84	165.81		
Mar 2017	79.7	90.0	90.3	81.5	70.7	87.3		
Mar 2017	50	82.35	0	64.1	67.86	78.3		
Mar 2017	4.8	5.7	6.8	3.9	2.3	4.7	4.8	
Mar 2017	3.0	4.7	5.7	4.8	2.3	4.0	4.7	
Mar 2017	8.0	6.0	9.0	8.0	0.0	32.0	587.0	
Mar 2017	37.0	26.0	38.0	32.0	0.0	138.0	1981.0	
Mar 2017	88.4	76.1	90.9	79.9	85.6	84.8	82.4	
Mar 2017	85.6	88.2	89.7	87.3	84.8	86.6		
Jan-00	-	-	-	-	-	-	-	
Mar 2017	0	0	0	2	0	2		
Apr 2016						88.03	88	
Apr 2016						238	238	
Jan-00						-	-	



# Surgical Services Group

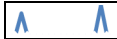
Workforce	Your Voice - Response Rate	No		
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-->	-->	22	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	30	-->	-->
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Jan 2017

12	7	7	11	13
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30



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

3.53	3.29	3.85	3.6	3.69
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3.79



# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend			
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	G				M	P	
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	90.4			90.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	100		100.0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	Mar 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	Mar 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	Mar 2017	0	0	0	0	0		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	Mar 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	Mar 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	Mar 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	Jan-00	0	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	1	0	2	0	1	0	1	2	1	1	1	2	3	1	1	2	1	1	Mar 2017	0	0	1	1	16	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Mar 2017	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	99	93.7		95.7			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	99.4		99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	0		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	100	0		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	8	

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Line Graph						
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		F	M	G				M	P				
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		25.5		25.5	26.3	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			10	9	9	8	8	8	10	7	9	8	9	10	8	11	8	7	9	8				Mar 2017		8.14		8.1	8.7		
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			15	16	14	17	15	18	17	15	15	19	19	19	23	17	20	15	17	17				Mar 2017		17.3		17.3	17.7		
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		0		0	0		
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		2		2	15			
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		2.11		2.1	1.7			
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		12.7		12.7				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=) - SWBH Specific	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		77.1		77.1				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017		141		141.2				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	●	●	N/A	●	N/A	●	●	●	N/A	●	N/A	●	●	●	●	-	-	-	-	Jan 2017	100	0	0	100.0					
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.4	5.9	4.8	4.7	6.7	5.5	4.9	5.0	4.7	4.4	4.2	3.9	5.4	5.9	5.0	4.0	5.4	-		Feb 2017				5.4					
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.6	6.5	6.3	6.1	6.1	5.9	5.8	5.6	5.4	5.2	5.2	5.1	5.4	5.0	5.0	5.0	4.9	-	5.2	Feb 2017					5.2				
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	92		0	92.0				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	96.2			96.2				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2017	71.9			71.9				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	0.5	1.5	3	2	0	3	1	2	0	0.5	0.5	1.5	4	3	2	4.5	-		Feb 2017	4.5	-	0	4.5	22				
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0.5	1.5	-		Feb 2017	1.5	-	0	1.5	4			
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			146	89	71	104	97	62	149	86	176	62	70	97	76	98	98	120	150	-		Feb 2017	150	-	0	150					
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	Mar 2017	0	-	0	0	0			

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Chart	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M				P
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2017	0		0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	10	15	17	4	13	5	10	9	15	15	15	12	9	12	14	14	12	Mar 2017	3	5	4	12	142	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	13	14	20	6	17	9	13	10	19	21	23	23	16	21	24	24	22	Mar 2017	0	0	0	22		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	4.18		-	3.2	
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	Mar 2017	0		0	2	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	9	13	6	7	13	4	10	9	4	6	9	12	6	10	6	12	10	Mar 2017	10			10	98	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	76	72	74	71	78	76	73	74	76	76	76	79	79	71	80	83	81	Mar 2017	81.5	-		81.5		
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	Mar 2017	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	15	6	16	5	5	10	7	43	18	38	38	20	23	15	Mar 2017	5	0	10	15	238	
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	78.8			78.8	
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	94.4			94.4	
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	93.6			93.6	
RTT	RTT - Backlog	<= No	0	0	54	53	52	60	70	80	69	92	93	130	121	129	161	161	160	111	96	96	Mar 2017	96			96		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	Mar 2017	1			1		
RTT	Treatment Functions Underperforming	<= No	0	0	0	0	1	1	0	1	1	0	1	2	2	2	2	2	3	3	2	1	2	Mar 2017	2			2	
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0			0.0	



# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Figure	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M				P
Data Completeness	Open Referrals	No			27,705	29,256	30,745	23,372	23,021	22,929	23,294	24,026	24,973	24,866	25,230	25,985	26,671	27,018	27,223	27,970	28,605	29,483	Mar 2017	7,921	14,566	6,996	29483		
Data Completeness	Open Referrals - Awaiting Management	No			.	.	.	.	.	.	.	10,041	10,069	10,168	10,770	11,488	11,421	12,342	12,816	13,222	13,822	14,698	Mar 2017	4,396	8,496	1,866	14698		
Workforce	WTE - Actual versus Plan	No			85.7	82.5	98.9	96.9	94.7	91.8	87.3	101	99.2	97.1	118	116	107	109	126	119	111	116	Mar 2017	6.24	78.5	31.4	115.7		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	93.8	87	93.5	89.7		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	76.5	46.7	41.7	84.4		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	4.78	5.13	2.9	4.4	4.9	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	4.6	4.97	2.35	4.3	4.5	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	40	36	34	39	43	44	43	43	30	30	23	29	Mar 2017	7	18	4	29.0	434.0	
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	99	105	94	111	96	106	113	125	114	142	83	105	Mar 2017	10	65	30	105.0	1293.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	89.9	83.8	81.5	83.86	80.25	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	86.3	89.7	89.6	86.8		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		
Workforce	New Investigations in Month	No			1	1	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	Mar 2017	0	1	0	1		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	-->	11	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	13	-->	Jan 2017	17	10	20	13		
Workforce	Your Voice - Overall Score	No			-->	-->	3.63	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.66	-->	Jan 2017	3.54	3.72	3.6	3.7		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	G	M				P
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			111	159	167	207	193	159	207	198	244	253	219	255	119	131	109	126	-	-	Jan 2017		126		126	1861	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	89.9	88.9	88.2	87.6	91.9	89	86.9	88.6	86.7	92.4	86.1	87.6	85.3	84.6	95.7	90.5	88.3	-	Feb 2017		88.3		88.25	88.5	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			8.51	9.19	8.82	7.69	6.68	9.33	12.8	11.4	11.8	8.76	12.3	10.5	7.71	1117	3.23	7.22	9.56	-	Feb 2017		9.56		9.56	19.63	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	92.3	93.3	91.9	97.5	90.3	94.4	98.2	97.7	94.8	98.6	96.6	95.8	90.1	93.9	94.6	95.6	97.2	-	Feb 2017		97.2		97.17	95.7	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			91	94.5	96.2	99.8	97.9	96.2	99.7	99.5	97.1	100	100	99.5	98.8	98.4	98.5	99.3	1.29	-	Feb 2017		1.29		1.29	90.5	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	95.1	93	94.5	95.8	88.9	95.6	99	97.5	96.6	96	96	94.3	91.5	95.4	94.1	93	92.1	-	Feb 2017		92.1		92.11	94.99	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			83.2	84.4	80.5	90.2	84.2	81.6	89.2	81.9	86	88.7	88.3	91.5	92.8	89.4	89.2	89.7	82.5	-	Feb 2017		82.5		82.46	88.03	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards with HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	Feb 2017		1		1	11	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	96.5	97.1	93.9	97.9	93.6	96	97.9	92.8	94.9	97.8	99.2	97	95	95.9	93.9	96.9	-	-	Jan 2017		96.9		96.86	96.22	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	80.2	84.7	91.9	98.6	99.3	99.4	99.8	99.4	99.7	99.8	99.5	99.3	94	93.6	87.9	98.6	-	-	Jan 2017		98.7		98.65	97.23	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			27.6	30.7	36.8	37.9	35.6	43.9	42.8	39.4	41.7	49.3	40.6	39.6	40.7	37.6	43.5	43.5	-	-	Jan 2017		43.5		43.51	41.96	
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	-	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			360	358	353	335	391	341	382	400	391	391	365	413	313	132	306	377	-	-	Jan 2017		377		377	3470	
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	94.7	98.6	97.2	96.3	100	100	100	98.8	98.7	101	97.3	96.3	92.4	91.3	93.5	97.2	-	-	Jan 2017		97.2		97.16	96.76	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			365	337	376	366	322	358	411	322	369	393	376	409	347	330	310	342	-	-	Jan 2017		342		342	3609	
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	94.1	91.8	98.2	99.7	98.8	100	99.8	99.4	99.7	95.4	96.7	94.9	89.4	86.6	86.5	88.6	-	-	Jan 2017		88.6		88.6	93.72	
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			321	257	316	352	294	339	290	341	355	393	375	346	347	339	323	343	-	-	Jan 2017		343		343	3452	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	89.4	83.4	92.4	89.6	92.2	91.6	91.2	90.9	92	91.4	85.6	86.3	83.6	86.7	82.4	89.8	-	-	Jan 2017		89.8		89.79	87.88	

# Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			42	56	51	42	39	39	51	60	42	42	38	45	41	34	31	63	-	-	Jan 2017		63		63	447	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00		-		-	-	

# Pathology Group

Section	Indicator	Measure	Trajectory		Previous Months Trend													Data Period	Directorate					Month	Year To Date	Trend						
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O		N	D	J	F	M				HA	HI	B	M	I	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	0	0	0	0	0	0		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	2	0	2	4	2	3	4	2	1	2	1	2	3	2	4	1	2	Mar 2017	2	0	0	0	0	2	27		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	2	1	1	4	3	3	5	4	2	2	2	3	3	1	3	4	4	Mar 2017	4	0	0	0	0	4			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Mar 2017	-	-	-	-	-	-	-		
Data Completeness	Open Referrals	No			3,293	3,318	3,414	3,312	3,284	3,480	3,572	3,699	3,701	3,888	5,631	5,764	5,985	6,051	6,140	6,284	6,387	6,495	Mar 2017	1,925	0	2,142	0	2,428	6,495			
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	1,502	1,437	1,510	2,208	2,275	2,407	2,444	2,478	2,613	2,885	2,791	Mar 2017	897	0	999	0	895	2,791			
Workforce	WTE - Actual versus Plan	No			40.1	39.2	38.2	32.5	22.9	30.3	25.7	31.6	35.2	39	39.8	38.4	40	37	31	34.7	30.3	23.7	Mar 2017	10.9	3.79	5.36	2.98	-2.8	24			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	94.4	94.6	91.6	96.6	100	88.9			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	75	100	100	100	92.51			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	3.53	3.63	5.7	2.9	2.37	4.2	4.43		
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	1.1	0.6	4.4	3.6	3.6	3.15	4.26		
Workforce	Sickness Absence - Long Term - In Month	No			-	-	-	-	-	-	10	12	14	14	15	13	12	14	6	5	6	8	Mar 2017	0.0	0.0	5.0	1.0	0.0	8	129		
Workforce	Sickness Absence - Short Term - In Month	No			-	-	-	-	-	-	47	45	38	35	36	30	43	49	41	36	35	45	Mar 2017	7.0	2.0	14.0	11.0	4.0	45	480		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	88.2	94.3	67.8	98.9	100	83.0	81.6		
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	91.8	90	92.4	94.1	98.2	93.7			
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		
Workforce	New Investigations in Month	No			0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	1	0	0	Mar 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			-->	-->	19	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	22	-->	Jan 2017	24	21	17	27	55	22			
Workforce	Your Voice - Overall Score	No			-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.82	-->	Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82		



# Imaging Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate				Month	Year To Date	Trend					
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N		D	J	F	M				DR	IR	NM	BS	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2017	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																				Mar 2017	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	1.0	-	-	1.0	2.0	-	2.0	1.0	2.0	1.0	3.0	1.0	-	2.0	2.0	1.0	-	-	Feb 2017					-			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	15.0	14.0	11.0	11.0	12.0	12.0	14.0	13.0	13.0	12.0	14.0	14.0	13.0	15.0	17.0	17.0	15.0	-	Feb 2017					4.65			
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Mar 2017			83.72		83.72	72.04		
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Mar 2017			97.67		97.67	98.15		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017	-	-	-	-	-	-		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 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	Mar 2017	0	0	0	0	0	0		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	2	1	3	6	5	2	0	1	1	2	1	1	4	5	4	1	1	Mar 2017	1	0	0	0	1	23		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	2	0	3	6	5	2	1	2	2	2	0	1	4	9	3	2	2	Mar 2017	2	0	0	0	2			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Mar 2017	-	-	-	-	-	-		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			-	-	-	-	49	62	36	67	69	86	66	54	55	60	55	66	54	100	Mar 2017	100	0	0	0	100	768		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2017	0.21				0.21			
Data Completeness	Open Referrals	No			208		248	259	271	288	288	328	342	351	376	399	428	438	461	481	498	Mar 2017	498	0	0	0	498				
Data Completeness	Open Referrals - Awaiting Management	No			-	-	-	-	-	-	-	297	299	315	331	346	373	386	403	421	439	Mar 2017	438	0	0	0	438				
Workforce	WTE - Actual versus Plan	No			47.5	45.1	40.1	43.9	44.2	46.3	48.5	51	44.2	44.5	47	45.4	40.8	40.2	38.5	32.4	31.4	32	Mar 2017	22.4	2.95	1.01	2	32.0			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Mar 2017	74.1	80	95.3	91.4	81.3			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Mar 2017	73.9	0	100	100	93.8			
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Mar 2017	3.2	7.8	2.7	5.1	4.28	4.39		
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Mar 2017	4.1	15.6	2.0	1.1	3.85	4.74		
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	10	10	8	8	7	6	7	13	10	15	13	9	Mar 2017	5.0	1.0	1.0	0.0	9.00	116.00		
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	33	39	38	31	23	26	29	41	40	53	36	32	Mar 2017	14.0	2.0	2.0	8.0	32.00	421.00		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Mar 2017	87.3	60	97.1	86.3	70.9	85.7		
Workforce	Mandatory Training	=> %	95.0	95.0																			Mar 2017	81.8	92.4	91.7	86.4	85.5			
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-			
Workforce	New Investigations in Month	No			0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2017					0			
Workforce	Your Voice - Response Rate	No			-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	20	-->	Jan 2017	18	10	46	16	20			
Workforce	Your Voice - Overall Score	No			-->	-->	3.40	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.58	-->	Jan 2017	3.43	0	4.07	4.17	3.58			
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									

# Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate							Month	Year To Date	Trend										
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N		D	J	F	M	SG	F	W				M	E	N	O						
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			13	8	5	4	5	8	8	10	12	4	13	8	13	11	12	11	11	14	Mar 2017	2	0	0	0	3	3	6	14	127							
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			16	9	8	4	4	7	8	9	12	9	17	10	13	18	13	12	17	19	Mar 2017	1	1	0	0	4	5	8	19								
Workforce	WTE - Actual versus Plan	No			92.2	89.3	97.8	81.9	83.2	96.4	102	128	101	106	130	146	123	118	133	98.6	94.5	105	Mar 2017	14.7	3.25	-12.5	17	-4.24	25.5	61.3	105								
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	78	85	92	83	76	89	86	87.3		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	#DIV/0!	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017			95					50.0	93	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	2.20	2.75	7.38	2.92	3.77	5.07	4.78	4.42	4.25	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	2.86	1.81	3.71	2.41	2.32	5.54	5.32	4.51	4.27	
Workforce	Sickness Absence - Long Term - in month	No			-	-	-	-	-	-	51	53	52	59	62	65	64	64	79	0	1	0	Mar 2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	550.00							
Workforce	Sickness Absence - Short Term - in month	No			-	-	-	-	-	-	192	176	173	153	160	181	203	224	191	7	8	8	Mar 2017	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	1676.00							
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	88.0	77.8	73.1	80.4	76.9	84.3	79.4	81.3	80.5	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2017	0	96	96	91	98	88	92	90.9	91	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			5	0	1	2	2	2	4	4	1	4	1	1	0	0	2	1	1	4	Mar 2017	0	0	0	0	0	0	4	4								
Workforce	Your Voice - Response Rate	No			-->	-->	15	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	18	-->	-->	Jan 2017	51	45	39	30	19	6	17	18							
Workforce	Your Voice - Overall Score	No			-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.64	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64							

# CQUINs - Q4 Reporting (page 1 of 2)

CQUIN	Annual Plan Values (000s)	Full Year Delivery	Value at Risk (000s)	Indicator	Trajectory	2016-17				Monthly Trend												Comments	Data Period	FULL YEAR	Trend	Next Month	3 Months
					Notes	Q1	Q2	Q3	Q4	A	M	J	J	A	S	O	N	D	J	F	M						
1a	National	£792k	£395k	£397k	Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	Annual Staff Survey results to improve by 5% for full payment	Baseline 2015/16: Q9a, 9b and 9c				2016 Results to 3xQs to improve by 5% for full payment												Mar-17	●			
1b	National	£792k	£792k	£0k	Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	CQUIN funds will be paid on delivering the four outcomes opposite.	Unify Return submission	Renegotiate contracts	Renegotiate contracts	All four outcomes delivered	a) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) . The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b) The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c) The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d) Ensuring that healthy options are available at any point including for those staff working night shifts. <b>Awaiting confirmation from CO and Steve Clarke that this CQUIN is fully completed for the Trust or what work is ongoing to complete</b>												Mar-17	●			
1c	National	£792k	£792k	£0k	Staff Health & Wellbeing - Improving uptake of flu vaccination	Annual submission; flu vaccination at 75%+	No returns	Report %age achieved	Report %age achieved		Completes at 81% for front line staff on which the CQUIN is based (60% across all staff)												Mar-17	●			
2a	National	£396k	£296k	£100k	Sepsis - A&E Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Being assessed												Mar-17	●			
2b	National	£396k	£296k	£100k	Sepsis - Inpatient Screening & Review	Trajectory to be agreed based on Q1 baseline	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Q1 numbers in sample (50+) Screened & Reviewed in 72 hrs	Being assessed												Mar-17	●			
4a	National	£633k	£633k	£0k	Antimicrobial Resistance and Antimicrobial Stewardship <b>Reduction of antibiotic consumption</b>		2015/16 data for AB consumption	Reporting	Reporting	2016/17 data for AB consumption	Achieved												Mar-17	●			
4b	National	£158k	£158k	£0k	Antimicrobial Resistance and Antimicrobial Stewardship <b>Review of antibiotic prescribing</b>		Q1 Reviews up to 25% of sample	Q2 Reviews up to 50% of sample	Q3 Reviews up to 75% of sample	Q4 Reviews up to 90% of Sample	AB reviews in sample at 85+% - final figure being confirmed but achieved												Mar-17	●			
5a	Local	£633k	£633k	£0k	Cancer - Audit of 2ww cancellations		N/A	Reporting	Reporting	Reporting	CCG are very pleased with the audit that has been conducted and would like to thank the Trust for their work on this.												Mar-17	●			
5b	Local	£633k	£633k	£0k	Cancer - Cancer Treatment Summary Record in Discharge Care Plans		N/A	Reporting	Reporting	Reporting	Achieved												Mar-17	●			
5c	Local	£475k	£475k	£0k	Cancer - Cancer VTE Advice		N/A	N/A			Achieved												Mar-17	●			
6	Local	£317k	£317k	£0k	Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions		Script	Shooting	Share in training	Share in training	Milestone passed successfully. CCG would acknowledges early completion of this CQUIN by the Trust.												Mar-17	●			
7	Local	£950k	£950k	£0k	Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days		Improvement on 15/16 Q4 Avg 68%	Improvement on last quarter avg	Improvement on last quarter avg	Improvement on last quarter avg	Has met Q3 submission (submitted in Q4); Q4 will be submitted at end of June												Mar-17	●			
8a	Local	£475k	£377k	£98k	Discharges - Implementation of transfer of care plans		Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Q1 Audit of 50 Notes	Milestone in Q4 passed successfully, but findings from audits require robust action plans which are being put in place by lead over the next year to continue on this work.												Mar-17	●			
8b	Local	£475k	£475k	£0k	Discharges - Reduction in Readmission Rate (Adults)		Q1 Position compared to 15/16 Baseline	Improvement on last quarter	Improvement on last quarter	Improvement on last quarter	Achieved												Mar-17	●			

£7,915	£7,221	£694
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## CQUINs - Q4 Reporting (page 2 of 2)

CQUIN	Annual Plan Values (000s)	Full Year Delivery	Value at Risk (000s)	Indicator	Note	Trajectory		Q1	Q2	Q3	Q4	Previous Months Trend												Data Period	Comments	Year To Date	Trend	Next Month	3 Months
						Year	Month					A	M	J	J	A	S	O	N	D	J	F	M						
9	Specialised Services	£211k	£0k	£211k	Preventing term admissions to NIC			Carried forward to Q3	Carried forward to Q3	Reporting to Commence	Reporting	C/F	C/F	Not progressed				Mar-17	Due to resource implications the full CQUIN is not deliverable by the Trust. A partial delivery has been proposed to the commissioner which was accepted originally, but the patient numbers fall below expectations. An additional cohort was proposed for inclusions which has not been accepted	●									
10	Specialised Services	£75k	£75k	£0k	Haemoglobinopathy improving pathways			Evidence meetings, action log and minutes.	Progress reporting, protocols			Met	Met	Met	Met	Mar-17	Achieved - carries forward into 17/18	●											
11	Specialised Services	£211k	£106k	£106k	Activation systems for patients with long term conditions							C/F	C/F	Partly Met	Partly Met	Mar-17	Initially, the Trust has not yet identified appropriate long term conditions of the relevant sample size. The reduced sample size now accepted by SCG and plans need to be put in place by the HIV service lead. Implementation plan outstanding.	●											
12	Public Health	£55k	£55k	£0k	Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population							Met	Met	Met	Met	Mar-17	being assessed	●											
13	Public Health	£36k	£36k	£0k	Breast Screening - improvement in uptake - Promotion of screening programme							Met	Met	Met	Met	Mar-17	being assessed	●											
14	Public Health	£19k	£19k	£0k	Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population							Met	Met	Met	Met	Mar-17	being assessed	●											
15	Public Health	£12k	£12k	£0k	Bowel Screening - improvement in uptake - Promotion of screening programme							Met	Met	Met	Met	Mar-17	being assessed	●											
16	Secondary Care Dental	£54k	£54k	£0k	Sugar Free Medicines Audit						Q4 Reporting	N/A				Mar-17	being assessed												

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	<b>Financial performance – P12 March 2017</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Tony Waite – Finance Director</b>
<b>AUTHOR:</b>	<b>Tim Reardon – Associate Director of Finance</b>
<b>DATE OF MEETING:</b>	<b>4 May 2017</b>

**EXECUTIVE SUMMARY:****Headlines**

This report deals with the financial performance for FY 2016/17 and specifically the performance in relation to statutory duties and which can be summarised as follows:

<b>Statutory Financial Duties</b>	<b>Plan</b>	<b>Actual</b>	<b>Achieved?</b>
<b>I&amp;E control total</b>	£6.6m	£(11.9)m	X
<b>Capital Resource Limit</b>	£19.0m	£19.0m	√
<b>External Finance Limit</b>	£56.4m	£47.0m	√

Adverse variance to control total of £18.5m.

Adverse variance to plan excluding STF of £12.5m.

Difference being £6.0m under-recovery of STF due to adverse financial plan performance.

Underlying £25.8m deficit for year.

This excludes STF earned of £5.3m and non-recurrent measures utilised to benefit the position of £8.6m.

Normalised £23.5m deficit exiting 2016.17 and underpinning plan 2017.18.

This includes the impact of full year effect of savings achieved in 2016.17.

**Key actions:**

- The financial plan 2017.18 is underpinned by action to address the root causes of failure in 2016.17 and specifically
  - Planned care income recovery through improved production planning and discipline in booking and capacity utilisation
  - Agency spend reduction through action on demand and supply side pricing
  - Cost reduction to scale and time underpinned by enhanced PMO, improvement and subject matter expertise
  - Cash remediation plan including expedited proceeds of surplus asset disposals

**REPORT RECOMMENDATION:**

The Committee is recommended to note the report and to REQUIRE those actions necessary to secure the required plan out-turn for FY 2017/18.

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

The receiving body is asked to receive, consider and:

<b>Accept</b>	<b>Approve the recommendation</b>	<b>Discuss</b>
		X

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

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

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

Excellence in the use of resources

**PREVIOUS CONSIDERATION:**

PMC; CLE

# Finance Report

Period 12 2016/17  
March 2017

**Finance & Investment Committee**  
**28<sup>th</sup> April 2017**

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# Finance Report

## Performance to date – I&E and cash

Period 12 2016/17

Statutory Financial Duties	Plan	Actual	Achieved?
I&E control total	£6.6m	£(11.9)m	X
Capital Resource Limit	£19.0m	£19.0m	Y
External Finance Limit	£56.4m	£47.0m	Y

### I&E & control total

Headline £11.9m deficit for FY2016.17 being in line with previously reported forecast.

Adverse variance to control total of £18.5m; adverse variance to plan excluding STF of £12.5m. Difference being £6.0m under-recovery of STF.

The drivers of this variance are the following:

- Underperformance on planned care activity.
- Recognition of fines and other contract challenges by the CCG.
- Overspending on pay due to excess capacity & reliance on agency usage.
- Failure to deliver CIPs on time & in full so short of plan

The headline deficit recognises £261.7m in respect of the main contract with SWBCCG. This represents the sum considered by the trust as being appropriately recoverable and understood to be recognised in the accounts of the CCG.

Underlying £25.8m deficit excluding STF earned of £5.3m and non-recurrent measures utilised to benefit the position of £8.6m.

Normalised £23.5m deficit exiting 2016.17 and underpinning plan 2017.18.

Q4 pay was c£1m per month ahead of the normalised forecast used in that plan. This was specific to medicine and in large part driven by additional unfunded bed capacity. This pay 'bubble' is required to be remedied in Q1 2017.18 through the closure of that additional capacity and reduced reliance on agency staffing. That then provides a clear residual group savings 'ask'.

### Savings

Savings of £15.8m (3.5% of OPEX costs) were delivered during the year. This is £3.8m below plan and contributed to the adverse headline deficit position.

The trust has strengthened its PMO and improvement capability for 2017.18 and is engaging expert support including participation in the national Financial Improvement programme.

### Cash & EFL

At £23.9m the cash balance held by the Trust at the end of March 2017 exceeded that required to meet the EFL target. This means the Trust was successful in meeting its statutory duty in not exceeding the EFL set by the NHSI. This was achieved through effective working capital management and including stretching creditors payments.

The cash impact of adverse I&E performance in 2016.17 is reflected in a potential working capital loan requirement in Q2 2017.18. The trust's cash remediation plan is intended to resolve this on a medium term basis.

### Better Payments Practice Code

Payment performance in March deteriorated as more older invoices were paid following successful management efforts to challenge and resolve those payables and improve recovery of aged receivables.

Both March and the year to date BPPC achievement fell below the 95% level required and so the Trust did not achieve this target.

The trust remains committed to its corporate social responsibilities in particular in respect of prompt payment to local SMEs.

### Capital & CRL

Capital expenditure for the year was £19m and which was in line with revised plan for the year, and compliant with its notified CRL.

This sum includes £2.7m in respect of assets acquired under Managed Equipment Service contracts and accounted for as being on balance sheet.



# Finance Report

# I&E Performance – Full Year

Period 12 2016/17

Period 12 YTD	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	FY Plan £'000s	FY Actual £'000s	FY Variance £'000s
Patient Related Income	35,227	34,922	(305)	411,678	405,920	(5,759)
Other Income	4,355	5,217	862	57,895	54,278	(3,617)
<b>Income total</b>	<b>39,583</b>	<b>40,139</b>	<b>557</b>	<b>469,574</b>	<b>460,198</b>	<b>(9,375)</b>
Pay	(24,774)	(26,495)	(1,721)	(300,822)	(310,885)	(10,063)
Non-Pay	(10,360)	(12,574)	(2,214)	(140,238)	(140,100)	138
<b>Expenditure total</b>	<b>(35,134)</b>	<b>(39,069)</b>	<b>(3,935)</b>	<b>(441,060)</b>	<b>(450,985)</b>	<b>(9,925)</b>
<b>EBITDA</b>	<b>4,448</b>	<b>1,070</b>	<b>(3,378)</b>	<b>28,514</b>	<b>9,213</b>	<b>(19,301)</b>
Non-Operating Expenditure	(1,844)	(1,697)	147	(22,122)	(21,370)	752
Technical Adjustments	10	24	14	208	224	16
<b>DH Surplus/(Deficit)</b>	<b>2,615</b>	<b>(603)</b>	<b>(3,218)</b>	<b>6,600</b>	<b>(11,933)</b>	<b>(18,533)</b>
<i>Add back STF</i>	<i>(942)</i>	<i>0</i>	<i>942</i>	<i>(11,300)</i>	<i>(5,300)</i>	<i>6,000</i>
<b>Adjusted position</b>	<b>1,673</b>	<b>(603)</b>	<b>(2,276)</b>	<b>(4,700)</b>	<b>(17,233)</b>	<b>(12,533)</b>
<i>Technical Support (inc. Taper Relief)</i>	<i>(133)</i>	<i>(2,599)</i>	<i>(2,466)</i>	<i>(1,600)</i>	<i>(8,555)</i>	<i>(6,955)</i>
<b>Underlying position</b>	<b>1,540</b>	<b>(3,202)</b>	<b>(4,742)</b>	<b>(6,300)</b>	<b>(25,788)</b>	<b>(19,488)</b>

The trust reported a headline deficit of £11.9m for the FY 2016/17.

The level of technical support utilised is £8.6m excluding STF received. This included £3m of taper relief funding which was appropriately applied as capital expenditure.

The underlying deficit is therefore recorded as £25.8m.

The normalised deficit used to underpin the 2017.18 plan was £23.5m.

Q4 pay increased by c£1m per month and which related to specific matters which are being remedied in Q1 of 2017.18.

# Finance Report

# Income Analysis

Period 12 2016/17

Year to Date Performance Against SLA by Patient Type							
PERFORMANCE UP TO March 2017	Activity			Finance			Straight Forecast £000
	Planned	Actual	Variance	Planned £000	Actual £000	Variance £000	
A&E	217,650	226,626	8,976	£21,239	£22,365	£1,125	£22,365
Emergencies	42,497	41,128	-1,368	£81,196	£79,852	-£1,343	£79,852
Emergency Short Stay	16,260	12,482	-3,778	£10,880	£8,568	-£2,312	£8,568
XBD	12,816	14,649	1,833	£3,076	£3,574	£498	£3,574
<b>Urgent Care</b>				<b>£116,391</b>	<b>£114,359</b>	<b>-£2,032</b>	<b>£114,359</b>
OP New	179,028	186,177	7,149	£26,342	£27,375	£1,033	£27,375
OP Procedures	61,828	66,937	5,109	£12,811	£12,078	-£733	£12,078
OP Review	417,720	387,100	-30,620	£33,076	£30,336	-£2,741	£30,336
OP Telephone	12,546	15,425	2,878	£287	£313	£27	£313
DC	38,470	45,322	6,852	£31,494	£30,703	-£791	£30,703
EL	6,680	6,467	-213	£16,068	£14,654	-£1,414	£14,654
<b>Planned Care</b>				<b>£120,079</b>	<b>£115,460</b>	<b>-£4,619</b>	<b>£115,460</b>
Maternity	20,549	20,031	-518	£19,639	£19,770	£131	£19,770
ARD	207	677	470	£25	£83	£58	£83
Community	590,148	628,417	38,269	£35,073	£35,484	£411	£35,484
OCD	14,434	13,029	-1,405	£7,391	£6,753	-£639	£6,753
OCL	3,319,294	3,681,875	362,581	£94,557	£99,158	£4,602	£99,158
Unbundled	71,060	70,936	-123	£9,578	£9,188	-£389	£9,188
<b>Other</b>				<b>£166,263</b>	<b>£170,437</b>	<b>£4,174</b>	<b>£170,437</b>
<b>Grand Total</b>				<b>£402,733</b>	<b>£400,257</b>	<b>-£2,476</b>	<b>£400,257</b>

This table shows the Trust's year to date SLA income performance by point of delivery – and specifically planned care. More robust production planning is being undertaken in 2017.18 to address this and secure necessary income recovery.

The variance on total Patient Related Income to date is £5,759k adverse.

The difference compared to SLA income shown above is primarily related to the shortfall on STF, additional fines and penalties and cancer drugs fund being below plan.

# Finance Report

# Pay bill & Workforce

Period 12 2016/17

## Paybill & Workforce

- Total workforce of 7,120 WTE [being 250 above plan] including 269 WTE of agency staff.
- Total pay costs (including agency workers) were £26.5m in March being £1.7m over plan.
- Agency costs for the year of £23m are over double the trust's agency ceiling of £11.8m. The trust has a target minimum £10m reduction in 2017.18 and intent to operate within equivalent monthly ceiling by Q4. This will require successful bed capacity reduction, excellence in rostering, expedited recruitment of doctors & nurses and sustained effectiveness in reducing sickness absence .

Variance From Plan by Expenditure Type	Current Period £000	Year to Date £000
	(Adv) / Fav	(Adv) / Fav
Patient Income	(189)	(5,454)
Other Income	(1,071)	(4,478)
Medical Pay	(282)	(2,833)
Nursing	(350)	(1,110)
Other Pay	(497)	(4,399)
Drugs & Consumables	56	(1,829)
Other Costs	(159)	4,181
Interest & Dividends	102	605
IFRIC etc adjustments	(6)	2
<b>Total</b>	<b>(2,397)</b>	<b>(15,316)</b>

Pay and Workforce	Current Period	Previous Period	Change in period	
			Value	%
Pay - total spend	26,495	26,275	220	1%
Pay - substantive	21,662	21,652	10	0%
Pay - agency spend	1,908	2,145	(237)	-11%
Pay - bank (inc. locum) spend	2,924	2,478	446	18%
WTE - total	7,120	7,038	82	1%
WTE - substantive	6,090	6,052	38	1%
WTE - agency	269	306	(37)	-12%
WTE - bank (inc. locum)	760	680	80	12%

# Finance Report

# CIP achievement

Period 12 2016/17

Year to Date up to Period 12	16/17	In Year Actual and Forecast Delivery												In Year		Full Year Effect		
	In Year Target	Apr Actual	May Actual	Jun Actual	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	16/17 Actual	16/17 Variance	16/17 Target	16/17 Schemes	16/17 Variance
	£'000s	1	2	3	4	5	6	7	8	9	10	11	12	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine and Emergency Care	4,494	72	175	158	140	213	217	275	319	241	220	232	270	2,532	(1,963)	7,617	8,755	1,138
Surgical Services	4,825	10	65	19	69	63	110	87	101	99	191	154	176	1,144	(3,681)	8,177	5,190	(2,987)
Women and Child Health	1,976	60	32	50	162	220	66	618	161	173	361	303	220	2,425	450	3,349	3,376	28
Community and Therapies	787	0	0	12	10	18	5	12	4	12	26	6	15	117	(670)	1,334	399	(935)
Pathology	584	47	61	54	57	79	64	65	94	76	88	179	105	968	384	990	1,112	122
Imaging	875	29	100	71	61	63	100	169	112	95	112	128	146	1,186	311	1,482	1,318	(164)
<b>Sub-Total Clinical Groups</b>	<b>13,541</b>	<b>219</b>	<b>433</b>	<b>363</b>	<b>499</b>	<b>656</b>	<b>562</b>	<b>1,225</b>	<b>791</b>	<b>695</b>	<b>998</b>	<b>1,002</b>	<b>931</b>	<b>8,373</b>	<b>(5,168)</b>	<b>22,949</b>	<b>20,150</b>	<b>(2,798)</b>
Strategy and Governance	190	27	27	27	27	27	27	27	27	27	27	27	27	327	137	322	501	179
Finance	202	6	6	6	6	60	19	19	19	19	21	21	21	218	17	342	360	18
Medical Director	238	4	4	55	28	25	25	32	32	32	30	30	30	327	89	404	492	88
Operations	811	36	53	51	71	65	65	82	85	85	85	85	85	849	38	1,304	1,382	78
Workforce	230	20	24	12	19	20	24	48	60	48	48	48	51	424	194	390	654	264
Estates and NHP	419	75	43	53	52	58	61	73	138	73	73	73	74	848	428	710	1,372	662
Corporate Nursing and Facilities	1,154	59	67	41	28	49	49	78	107	113	122	122	129	963	(191)	1,886	2,601	715
<b>Sub-Total Corporate</b>	<b>3,244</b>	<b>227</b>	<b>224</b>	<b>245</b>	<b>231</b>	<b>304</b>	<b>270</b>	<b>359</b>	<b>468</b>	<b>397</b>	<b>407</b>	<b>407</b>	<b>416</b>	<b>3,956</b>	<b>712</b>	<b>5,358</b>	<b>7,363</b>	<b>2,005</b>
Central	2,816	246	246	246	246	246	318	318	318	318	318	318	317	3,457	641	3,800	3,457	(343)
<b>DH Surplus/(Deficit)</b>	<b>19,601</b>	<b>692</b>	<b>903</b>	<b>855</b>	<b>977</b>	<b>1,206</b>	<b>1,149</b>	<b>1,901</b>	<b>1,576</b>	<b>1,411</b>	<b>1,723</b>	<b>1,727</b>	<b>1,665</b>	<b>15,785</b>	<b>(3,815)</b>	<b>32,107</b>	<b>30,970</b>	<b>(1,137)</b>
NHSI Plan - June 2016 submission		707	878	957	1275	1286	1310	1857	1868	1876	2442	2452	2707	19615				
TPRS Plan		848	1019	984	1241	1333	1484	1891	1946	1950	2443	2458	2484	20081				
Planning gap		141	141	27	(34)	47	174	34	78	74	1	6	(223)	466				
Delivery gap		(156)	(116)	(129)	(264)	(127)	(335)	10	(370)	(539)	(720)	(731)	(819)	(4,296)				

£15.8m [3.5% of OPEX costs] savings delivery being £3.8m adverse to plan.

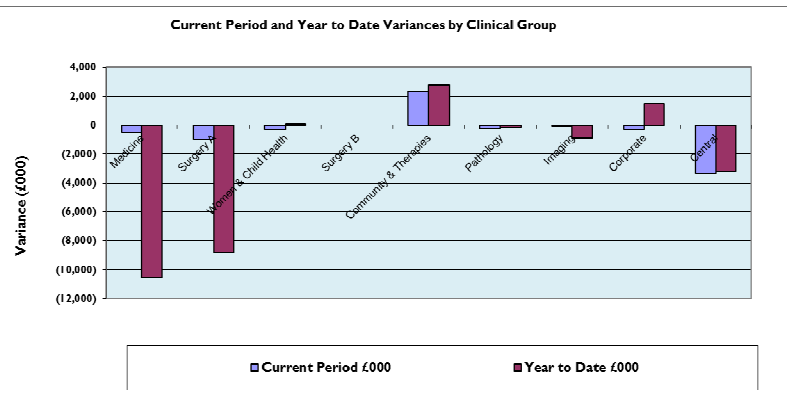
Group and corporate directorate control totals for 2017.18 require recovery of the FY 2016/17 shortfall and delivery of FY 2017/18 CIPs to secure plan. The requirement is or delivery of financial control with sufficient CIPs as part of that.

# Finance Report

## Group Analysis – Month & YTD

Period 12 2016/17

Group Variances from Plan (Operating income and expenditure)	Current Period £000	Year to Date £000
Medicine	(508)	(10,559)
Surgery A	(982)	(8,805)
Women & Child Health	(299)	87
Surgery B	0	0
Community & Therapies	2,332	2,736
Pathology	(249)	(136)
Imaging	(80)	(915)
Corporate	(274)	1,496
Central	(3,317)	(3,206)



### Performance of Clinical Groups

- Medicine:** Slippage on TSP schemes, including the ward run rate schemes, remained a risk for Medicine group. Combined with the ongoing use of unfunded capacity and focused care requirements these factors are create a pay cost pressure compared to plan for the coming financial year.
- Surgery:** Key risks are delivery of income to plan and while Demand and Capacity work is forecasting improvement against contract, this has not been realised in FY 2016/17. This represents a significant risk to the financial plan for FY 2017/18 when combined with the additional ward capacity and medical vacancies which are driving pay cost pressures.
- Women & Child Health:** Income performance was under the plan for the full year. Vacancies for qualified nursing staff are the main drivers of the favourable variance to date. However, substantive pay has increased as success in qualified recruitment is seen and the growth in birth rates is below the level required in the plan.
- Community & Therapies** The reduction in charges for community properties benefited the group position in March providing a major contribution to the favourable variance.
- Pathology:** Contract income activity has over-performed in-month. Pay continued to over-spend. This is partly related to WLI spend in Clinical Immunology, but predominantly due to increased bank expenditure.

### Corporate Areas

- Savings in corporate on pay and non-pay are offsetting overspends in the groups.

### Central

- For the full year the £6m STF failure is the main variance within Central.

# Finance Report

## I&E Variance – by group

Period 12 2016/17

FINANCIAL PERFORMANCE ON A PAGE								
MARCH 2017								
	Income	Pay	Non Pay	YEAR TO DATE VARIANCE FROM PLAN			STF Failure	Underlying EBITDA Variance
				EBITDA - BEFORE SUPPORT	Planned Non Recurrent Support	Non-Recurrent Support		
Clinical Group/Corporate Directorate	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Medicine & Emergency Care	-706	-8,745	-1,107	-10,559				-10,559
Surgical Services	-3,791	-3,750	-1,264	-8,805				-8,805
Women's & Child Health	-828	650	265	87				87
Community & Therapies	884	-171	2,024	2,736		500		2,236
Pathology	1,661	-390	-1,407	-136				-136
Imaging	3	-654	-264	-915				-915
Sub-Total - Clinical Groups	-2,777	-13,061	-1,753	-17,591	0	500	0	-18,091
Strategy and Governance	1,080	221	-388	913				913
Finance	-4	27	149	172				172
Medical Director	-195	599	990	1,394				1,394
Operations	-264	846	-779	-198				-198
Workforce & Organisation Development	380	-12	-109	259				259
Estates & New Hospital Project	-30	313	-204	78				78
Corporate Nursing & Facilities	-504	328	-947	-1,123				-1,123
Sub Total - Corporate Directorates	462	2,321	-1,287	1,496	0	0	0	1,496
Central	-7,060	327	3,520	-3,213	-1,600	8,555	-6,003	-4,165
Trust Position	-9,375	-10,413	480	-19,308	-1,600	9,055	-6,003	-20,760

EBITDA adverse variance to plan of £19.3m and reflecting significant over-spending in clinical groups with aggregate under-spending in corporate directorates.

This is being addressed in 2017.18 financial planning with each & all groups being required to produce a credible balanced budget. This is challenging and is being supported by targeted internal expertise complemented by external subject matter experts.

# Finance Report

# I&E Variance – by reason

Period 12 2016/17

Clinical Group/Corporate Directorate	Main Drivers of Variance											TOTAL
	TSP Delivery	TSP - Not Identified	Contract Delivery	Pass-through Income	Pass-through Expenditure	Other Income Over-Performance	Additional Capacity	Vacancies/ Premium Cover	Internal Recharges	Activity Related/ Other Non Pay	NHSI plan reserves adjustment	
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Medicine & Emergency Care	-1,210		-1,320	670	-670	-56	-3,586	-3,547	-215	-625		-10,558
Surgical Services	-1,141	-2,558	-4,889	797	-797	301	0	-601	264	-181		-8,805
Women's & Child Health	448		-447	-65	65	-316		650	-94	-154		87
Community & Therapies	-63	-606	872			12		-171		2,193		2,236
Pathology	380		749	514	-514	398		-390	35	-1,308		-135
Imaging	306		302			-299		-654	8	-578		-915
Sub-Total - Clinical Groups	-1,280	-3,164	-4,733	1,916	-1,916	40	-3,586	-4,714	-2	-652	0	-18,090
Strategy and Governance	137					1,080		84		-388		913
Finance	17					-4		10		149		172
Medical Director	89			-194	194	-1		405		901		1,394
Operations	38		-490	162	-162	63		808		-616		-198
Workforce & Organisation Development	194					380		-205		-109		259
Estates & New Hospital Project	428					-458		313		-204		78
Corporate Nursing & Facilities	-191		-399			-105		519		-947		-1,123
Sub Total - Corporate Directorates	711	0	-889	-31	31	955	0	1,933	0	-1,214	0	1,496
Central	0	0	-2,450	0	0	134	0	407	0	-2,257	0	-4,165
Trust Position	-568	-3,164	-8,071	1,885	-1,885	1,128	-3,586	-2,374	-2	-4,123	0	-20,759

The significant adverse variance to date is driven by SLA under-performance & CCG price challenges, excess costs of additional [bed] capacity and premium rate temporary staffing costs and CIP delivery below plan.

This is moderated by under-spending in corporate teams and non-recurrent contingencies.

In order to reduce run rate opex costs the trust must find improvements in productivity to reduce beds, better utilise theatre and clinic capacity and improve the effectiveness of staff rostering to reduce agency expenditure.

The scale of monthly underlying I&E improvement required in the new financial year is c£2m.

In line with national priorities there is a refined focus on a smaller number of key operational targets & which includes, for example, STF funding of which 30% [c£3m] is performance related & specific to delivery of ED 4 hour trajectory.

# Finance Report

## Capital Period 12 2016/17

Programme	Flex Plan £'000s	Year to Date		Full Year NHSI Plan £'000s
		Actual £'000s	Gap £'000s	
Estates	8,517	8,487	(29)	15,390
Information	6,144	6,193	49	7,746
Medical equipment / Imaging	1,610	1,589	(21)	1,950
Contingency	0	0	(0)	362
<b>Sub-Total</b>	<b>16,271</b>	<b>16,270</b>	<b>(1)</b>	<b>25,448</b>
Technical schemes	2,722	2,697	(25)	3,028
Donated assets	77	62	(15)	77
<b>Total Programme</b>	<b>19,070</b>	<b>19,029</b>	<b>(41)</b>	<b>28,553</b>

Capital expenditure for the year was £19m and which was in line with revised plan for the year. and compliant with its notified CRL.

This sum includes £2.7m in respect of assets acquired under Managed Equipment Service contracts and accounted for as being on balance sheet.

£5.6m (29%) of the programme was delivered in P12 and which represents a significant achievement for estates, IT & medical equipment.

The £9m reduction from original plan includes a re-phasing of expenditure to 2017.18 & which is reflected in the plan.



# Finance Report

## SOFP

Period 12 2016/17

Sandwell & West Birmingham Hospitals NHS Trust						
STATEMENT OF FINANCIAL POSITION 2016/17						
	Balance as at 31st March 2016	Balance as at 31st March 2017	TDA Planned Balance as at 31st March 2017	Variance to plan as at 31st March 2017	TDA Plan as at 31st March 2017	Forecast 31st March 2017
	£000	£000	£000	£000	£000	£000
<b>Non Current Assets</b>						
Property, Plant and Equipment	196,381	207,434	210,333	(2,899)	210,333	201,981
Intangible Assets	386	166	386	(220)	386	305
Trade and Other Receivables	846	43,017	44,615	(1,598)	44,615	44,497
<b>Current Assets</b>						
Inventories	4,096	5,268	4,139	1,129	4,139	4,096
Trade and Other Receivables	16,308	15,020	13,107	1,913	13,107	16,308
Cash and Cash Equivalents	27,296	23,902	23,294	608	23,294	13,646
<b>Current Liabilities</b>						
Trade and Other Payables	(54,144)	(66,428)	(56,307)	(10,121)	(56,307)	(53,317)
Provisions	(1,472)	(1,138)	(370)	(768)	(370)	(1,220)
Borrowings	(1,306)	(903)	(1,017)	114	(1,017)	(841)
DH Capital Loan	0	0	0	0	0	0
<b>Non Current Liabilities</b>						
Provisions	(3,095)	(3,404)	(3,683)	279	(3,683)	(3,095)
Borrowings	(25,591)	(25,911)	(24,681)	(1,230)	(24,681)	(25,928)
DH Capital Loan	0	0	0	0	0	0
	<b>159,705</b>	<b>197,023</b>	<b>209,816</b>	<b>(12,793)</b>	<b>209,816</b>	<b>196,432</b>
<b>Financed By</b>						
<b>Taxpayers Equity</b>						
Public Dividend Capital	161,710	205,362	205,361	1	205,361	205,361
Retained Earnings reserve	(17,993)	(24,972)	(11,553)	(13,419)	(11,553)	(25,044)
Revaluation Reserve	6,930	7,575	6,950	625	6,950	7,057
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	<b>159,705</b>	<b>197,023</b>	<b>209,816</b>	<b>(12,793)</b>	<b>209,816</b>	<b>196,432</b>

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

Variance from plan for cash and Payables is due to the reduced cash in flows and increased cash outflows resulting from the Trust's I&E pressures.

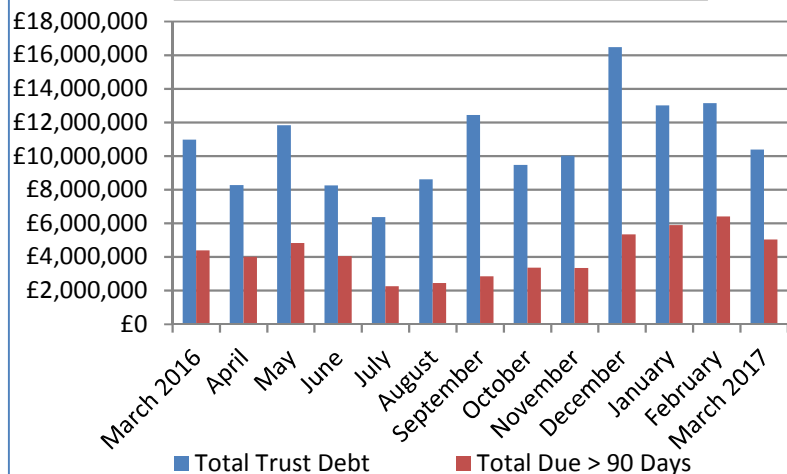
The Receivables variance from plan relates to increases in both the Aged Debt and accruals for NHS contract income, further analysis and commentary on the position is available on the next slide.

# Finance Report

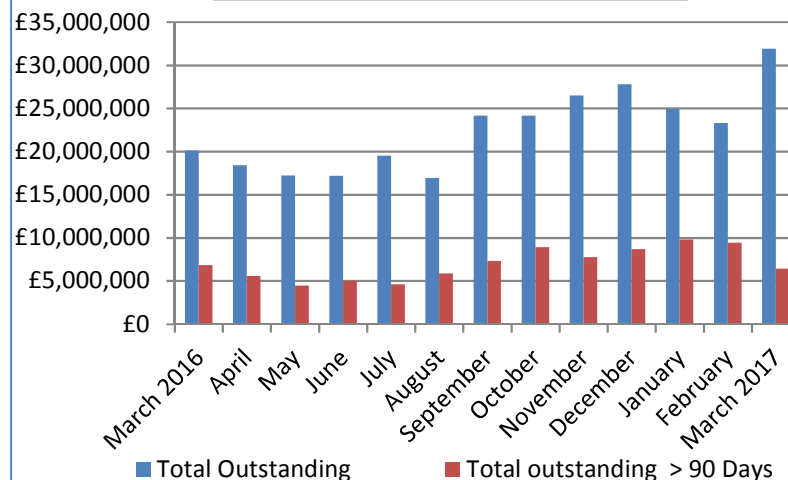
## Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 12 2016/17

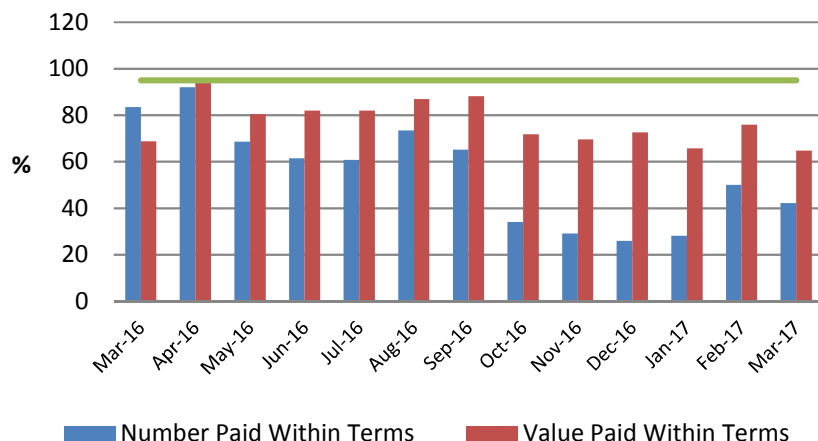
### Aged Receivables 2016-17



### Aged Payables 2016-17



### Annual BPPC Performance



### Note

- The March debt position reduced as aged NHS debt was recovered prior to the end of the year, . However, the Non NHS debt and the over 90 Day element, increased as local government debt aged further., these are under discussion at Executive Level for resolution in 2017-18.
- The overall Payables position has increased during March as payments were held at the end of the month due to system issues, otherwise the position would have remained comparable to February. The overall levels remain high as the Trust continues to manage cash pressures. The overall level of over 90 days liability reduced as NHS debts were settled.
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Overall performance is the subject of focussed process improvement work with finance and procurement teams through 2016/17

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	<b>Production Plan 2017.18 – P01 emergent position</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Tony Waite, Finance Director</b>
<b>AUTHOR:</b>	<b>Yasmina Gainer, Head of Performance Management</b>
<b>DATE OF MEETING:</b>	<b>4 May 2017</b>

**EXECUTIVE SUMMARY:**

Delivery of planned care to time and budget is a cornerstone of the trust's financial plan for 2017.18. A detailed production plan has been established to deliver that.

This report provides two things:

1. Flash results for P01 April 2017 booking – as an indicator of anticipated SLA income
2. Example of weekly tracking – as prima facie evidence of focus and grip

Work is on-going to review the end to end governance of the production plan process – from contract through production planning to booking to delivery to the reporting of actual results achieved. An addendum note to this report will be issued to report the results of this review.

The flash results for April indicate

- booked activity ahead of plan [50,898 units vs 48,725]
- prospective income ahead of plan [£7.954m vs £7.740m]

For May, c8300 units of activity with value c£2.2m remain to be booked.

Attachments:

1. April booking tracker - summary
2. Example weekly tracker – cardiac rehabilitation

These reports were run at slightly different times and so have minor differences. The governance review shall consider the coherence of all relevant information.

**REPORT RECOMMENDATION:**

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

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

Excellence in the use of resources.  
Sustainable finances

**PREVIOUS CONSIDERATION:**

Production plan development & plan considered at FIC, Board

TheYear (All)  
TheMonth 4

		Values									
ClinicalGroup	DESCRIPTION	POD	Sum of ThePlan	Sum of AssumedBookings	Sum of newVariance	Sum of PlanValue	Sum of BookedValue	Sum of VarianceValue			
Community & Therapies	Dietetics	ON	11	27	17	£750	£1,910	£1,161			
		OO	23	19	-4	£1,148	£934	£-214			
		OP	0	0	0	£0	£0	£0			
		OT	0	0	0	£0	£0	£0			
		<b>Dietetics Total</b>		<b>34</b>	<b>46</b>	<b>12</b>	<b>£1,898</b>	<b>£2,844</b>	<b>£947</b>		
	Physiotherapy	ON	20	394	374	£1,396	£27,683	£26,287			
		OO	1028	1153	125	£50,313	£56,427	£6,114			
		OP	0	0	0	£0	£0	£0			
		OT	0	0	0	£0	£0	£0			
		<b>Physiotherapy Total</b>		<b>1048</b>	<b>1546</b>	<b>499</b>	<b>£51,709</b>	<b>£84,110</b>	<b>£32,401</b>		
	Physiotherapy - FES	ON	4	0	-4	£281	£0	£-281			
		OO	16	0	-16	£784	£0	£-784			
		OT	0	0	0	£0	£0	£0			
		<b>Physiotherapy - FES Total</b>		<b>20</b>	<b>0</b>	<b>-20</b>	<b>£1,065</b>	<b>£0</b>	<b>£-1,065</b>		
	Podiatry	ON	0	1	1	£0	£0	£0			
		OO	0	42	42	£0	£0	£0			
		OP	0	0	0	£0	£0	£0			
		OT	4	0	-4	£92	£0	£-92			
		<b>Podiatry Total</b>		<b>4</b>	<b>43</b>	<b>39</b>	<b>£92</b>	<b>£0</b>	<b>£-92</b>		
	Speech and Language Therapy	ON	0	17	17	£0	£1,201	£1,201			
		OO	52	63	10	£2,562	£3,063	£502			
		OP	0	0	0	£0	£0	£0			
		OT	0	0	0	£0	£0	£0			
		<b>Speech and Language Therapy Total</b>		<b>52</b>	<b>80</b>	<b>27</b>	<b>£2,562</b>	<b>£4,265</b>	<b>£1,703</b>		
	<b>Community &amp; Therapies Total</b>		<b>1158</b>	<b>1716</b>	<b>558</b>	<b>£57,325</b>	<b>£91,219</b>	<b>£33,894</b>			
	Imaging	Interventional Radiology	DC	22	0	-22	£17,803	£0	£-17,803		
			EL	1	0	-1	£1,115	£0	£-1,115		
ON			6	2	-4	£447	£141	£-306			
OO			0	0	0	£0	£0	£0			
OP			0	0	0	£0	£0	£0			
OT			0	0	0	£0	£0	£0			
		<b>Interventional Radiology Total</b>		<b>29</b>	<b>2</b>	<b>-27</b>	<b>£19,364</b>	<b>£141</b>	<b>£-19,224</b>		
		<b>Imaging Total</b>		<b>29</b>	<b>2</b>	<b>-27</b>	<b>£19,364</b>	<b>£141</b>	<b>£-19,224</b>		
Medicine & Emergency Car		Accident & Emergency	DC	0	0	0	£0	£0	£0		
			EL	0	0	0	£0	£0	£0		
	OP		0	0	0	£0	£0	£0			
		<b>Accident &amp; Emergency Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>		
	ACUTE INTERNAL MEDICINE	DC	0	1	1	£0	£0	£0			
		EL	0	19	19	£0	£0	£0			
		OP	0	0	0	£0	£0	£0			
		<b>ACUTE INTERNAL MEDICINE Total</b>		<b>0</b>	<b>20</b>	<b>20</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>		
	Cardiac Rehabilitation	ON	142	193	50	£10,276	£13,905	£3,628			
		OO	1678	1484	-194	£84,740	£74,943	£-9,797			
		OP	0	0	0	£0	£0	£0			
		OT	22	0	-22	£506	£0	£-506			
			<b>Cardiac Rehabilitation Total</b>		<b>1842</b>	<b>1677</b>	<b>-166</b>	<b>£95,522</b>	<b>£88,847</b>	<b>£-6,675</b>	
	Cardiology	DC	130	112	-18	£216,558	£192,496	£-24,062			
		EL	14	0	-14	£32,571	£0	£-32,571			
		ON	444	473	29	£66,896	£71,271	£4,375			
		OO	1124	873	-252	£81,227	£63,053	£-18,174			
		OP	0	0	0	£0	£0	£0			
		OT	16	11	-5	£368	£253	£-115			
			<b>Cardiology Total</b>		<b>1729</b>	<b>1469</b>	<b>-260</b>	<b>£397,620</b>	<b>£327,073</b>	<b>£-70,547</b>	
	Cardiothoracic Surgery	DC	0	0	0	£0	£0	£0			
		EL	0	0	0	£0	£0	£0			
		ON	7	7	1	£2,461	£2,723	£262			
		OO	13	16	3	£1,977	£2,414	£437			
		OT	0	0	0	£0	£0	£0			
		<b>Cardiothoracic Surgery Total</b>		<b>20</b>	<b>23</b>	<b>4</b>	<b>£4,438</b>	<b>£5,137</b>	<b>£699</b>		
	Clinical Genetics	DC	0	0	0	£0	£0	£0			
		EL	0	0	0	£0	£0	£0			
		ON	6	0	-6	£0	£0	£0			
		OO	0	0	0	£0	£0	£0			
		OP	0	0	0	£0	£0	£0			
		OT	0	0	0	£0	£0	£0			
		<b>Clinical Genetics Total</b>		<b>6</b>	<b>0</b>	<b>-6</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>		
	Clinical Haematology	DC	294	398	104	£136,422	£185,946	£49,523			
		EL	17	35	18	£26,443	£54,506	£28,063			
		ON	139	172	34	£36,529	£45,392	£8,863			
		OO	737	808	71	£110,897	£121,615	£10,719			
		OP	0	0	0	£0	£0	£0			
		OT	58	39	-19	£1,334	£897	£-437			
			<b>Clinical Haematology Total</b>		<b>1245</b>	<b>1453</b>	<b>208</b>	<b>£311,625</b>	<b>£408,356</b>	<b>£96,731</b>	
	Clinical Neuro-Physiology	ON	190	308	119	£51,258	£83,374	£32,116			
		OO	12	6	-5	£1,294	£681	£-613			
		OP	0	0	0	£0	£0	£0			
		OT	0	0	0	£0	£0	£0			
		<b>Clinical Neuro-Physiology Total</b>		<b>201</b>	<b>314</b>	<b>113</b>	<b>£52,552</b>	<b>£84,055</b>	<b>£31,503</b>		
	Clinical Oncology	DC	0	154	154	£0	£0	£0			
		EL	0	1	1	£0	£1,744	£1,744			
		ON	0	65	65	£0	£14,551	£14,551			
		OO	0	307	307	£0	£33,484	£33,484			
		OP	0	0	0	£0	£0	£0			
OT		0	0	0	£0	£0	£0				
	<b>Clinical Oncology Total</b>		<b>0</b>	<b>527</b>	<b>527</b>	<b>£0</b>	<b>£49,778</b>	<b>£49,778</b>			
Clinical Pharmacology	DC	0	0	0	£0	£0	£0				
	EL	3	4	1	£5,941	£9,211	£3,270				
	ON	0	0	0	£0	£23	£23				
	OO	11	21	9	£841	£1,549	£708				
	OP	0	0	0	£0	£0	£0				
	OT	0	0	0	£0	£0	£0				
		<b>Clinical Pharmacology Total</b>		<b>14</b>	<b>25</b>	<b>11</b>	<b>£6,783</b>	<b>£10,784</b>	<b>£4,001</b>		
Dermatology	DC	145	167	22	£74,359	£89,985	£15,626				
	EL	0	0	-0	£37	£0	£-37				
	ON	582	752	170	£75,376	£97,414	£22,038				
	OO	1458	1501	43	£99,991	£102,955	£2,963				
	OT	0	0	0	£0	£0	£0				
	<b>Dermatology Total</b>		<b>2185</b>	<b>2420</b>	<b>235</b>	<b>£249,764</b>	<b>£290,354</b>	<b>£40,590</b>			
Diabetic Medicine	ON	81	76	-4	£16,723	£15,851	£-871				
	OO	367	362	-5	£30,067	£29,661	£-406				
	OP	0	0	0	£0	£0	£0				
	OT	6	5	-1	£138	£115	£-23				
		<b>Diabetic Medicine Total</b>		<b>453</b>	<b>443</b>	<b>-10</b>	<b>£46,928</b>	<b>£45,628</b>	<b>£-1,300</b>		
Endocrinology	DC	0	0	0	£0	£0	£0				
	EL	0	0	0	£0	£0	£0				
	ON	64	67	2	£14,144	£14,628	£483				
	OO	228	204	-24	£21,448	£19,194	£-2,254				

Endocrinology	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Endocrinology Total</b>		<b>292</b>	<b>270</b>	<b>-22</b>	<b>£35,593</b>	<b>£33,822</b>	<b>-£1,771</b>
Gastroenterology	DC	75	98	23	£35,983	£47,653	£11,670
	EL	7	7	-0	£10,762	£10,292	-£470
	ON	818	1078	260	£251,811	£331,754	£79,943
	OO	432	386	-46	£33,109	£29,592	-£3,518
	OP	0	0	0	£0	£0	£0
	OT	86	66	-20	£1,978	£1,518	-£460
<b>Gastroenterology Total</b>		<b>1419</b>	<b>1635</b>	<b>217</b>	<b>£333,643</b>	<b>£420,807</b>	<b>£87,165</b>
General Medicine	DC	0	0	0	£0	£0	£0
	EL	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>General Medicine Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Geriatric Medicine	DC	0	2	2	£0	£641	£641
	EL	0	0	0	£0	£0	£0
	ON	39	85	46	£9,542	£20,649	£11,107
	OO	65	65	-0	£8,820	£8,811	-£9
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Geriatric Medicine Total</b>		<b>105</b>	<b>152</b>	<b>48</b>	<b>£18,362</b>	<b>£30,101</b>	<b>£11,739</b>
Intermediate Care	EL	0	6	6	£0	£0	£0
<b>Intermediate Care Total</b>		<b>0</b>	<b>6</b>	<b>6</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Medical Oncology	DC	2	326	324	£0	£0	£0
	EL	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Medical Oncology Total</b>		<b>2</b>	<b>326</b>	<b>324</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Nephrology	DC	6	3	-3	£4,333	£2,166	-£2,166
	EL	0	0	0	£0	£0	£0
	ON	29	36	7	£7,506	£9,444	£1,938
	OO	81	82	1	£9,827	£9,895	£68
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Nephrology Total</b>		<b>116</b>	<b>121</b>	<b>5</b>	<b>£21,666</b>	<b>£21,505</b>	<b>-£160</b>
Neurology	DC	6	0	-6	£2,969	£0	-£2,969
	EL	0	1	1	£536	£1,116	£580
	ON	271	302	31	£61,107	£68,142	£7,035
	OO	344	311	-33	£33,081	£29,875	-£3,206
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Neurology Total</b>		<b>622</b>	<b>614</b>	<b>-8</b>	<b>£97,692</b>	<b>£99,133</b>	<b>£1,441</b>
Paediatric Cardiology	DC	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Paediatric Cardiology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Dermatology	DC	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Paediatric Dermatology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Endocrinology	OP	0	0	0	£0	£0	£0
<b>Paediatric Endocrinology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Gastroenterology	DC	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Paediatric Gastroenterology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Medical Oncology	OP	0	0	0	£0	£0	£0
<b>Paediatric Medical Oncology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Nephrology	OP	0	0	0	£0	£0	£0
<b>Paediatric Nephrology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Neurology	OP	0	0	0	£0	£0	£0
<b>Paediatric Neurology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Respiratory Medicine	OP	0	0	0	£0	£0	£0
<b>Paediatric Respiratory Medicine Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Paediatric Rheumatology	DC	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Paediatric Rheumatology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Rehabilitation	EL	0	2	2	£0	£0	£0
<b>Rehabilitation Total</b>		<b>0</b>	<b>2</b>	<b>2</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Respiratory Medicine	DC	26	4	-22	£14,491	£2,229	-£12,262
	EL	2	0	-2	£3,486	£0	-£3,486
	ON	258	376	118	£61,309	£89,411	£28,101
	OO	470	417	-54	£67,708	£59,985	-£7,723
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Respiratory Medicine Total</b>		<b>756</b>	<b>796</b>	<b>41</b>	<b>£146,995</b>	<b>£151,626</b>	<b>£4,631</b>
Rheumatology	DC	106	116	10	£42,706	£46,735	£4,029
	EL	1	0	-1	£486	£0	-£486
	ON	171	185	13	£43,613	£46,954	£3,341
	OO	1100	991	-109	£116,312	£104,763	-£11,548
	OP	0	0	0	£0	£0	£0
	OT	624	791	167	£14,352	£18,193	£3,841
<b>Rheumatology Total</b>		<b>2002</b>	<b>2082</b>	<b>80</b>	<b>£217,470</b>	<b>£216,646</b>	<b>-£824</b>
Stroke Medicine	EL	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Stroke Medicine Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Transient Ischaemic Attack	OP	0	0	0	£0	£0	£0
<b>Transient Ischaemic Attack Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>Medicine &amp; Emergency Care Total</b>		<b>13008</b>	<b>14378</b>	<b>1370</b>	<b>£2,036,651</b>	<b>£2,283,652</b>	<b>£247,001</b>
Pathology	ON	17	21	4	£9,587	£11,553	£1,965
	OO	11	7	-4	£4,013	£2,579	-£1,434
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Allergy Total</b>		<b>28</b>	<b>28</b>	<b>-0</b>	<b>£13,601</b>	<b>£14,132</b>	<b>£531</b>
Anticoagulant Service	DC	2	0	-2	£1,210	£0	-£1,210
	EL	0	0	0	£0	£0	£0
	ON	29	39	10	£3,829	£5,131	£1,301
	OO	3956	3824	-132	£134,960	£130,447	-£4,513
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Anticoagulant Service Total</b>		<b>3987</b>	<b>3862</b>	<b>-124</b>	<b>£139,999</b>	<b>£135,578</b>	<b>-£4,421</b>
Chemical Pathology	DC	10	0	-10	£7,561	£0	-£7,561
	EL	1	0	-1	£1,080	£0	-£1,080
	ON	74	80	6	£16,243	£17,495	£1,252
	OO	115	217	103	£17,229	£32,687	£15,458
	OP	0	0	0	£0	£0	£0
	OT	0	0	0	£0	£0	£0
<b>Chemical Pathology Total</b>		<b>200</b>	<b>297</b>	<b>97</b>	<b>£42,112</b>	<b>£50,182</b>	<b>£8,069</b>
Clinical Immunology	DC	92	103	11	£33,989	£38,053	£4,064
	EL	0	0	-0	£38	£0	-£38
	ON	91	101	11	£45,499	£50,933	£5,434
	OO	67	67	1	£24,514	£24,715	£201
	OP	0	0	0	£0	£0	£0
	OT	0	12	12	£0	£276	£276
<b>Clinical Immunology Total</b>		<b>250</b>	<b>284</b>	<b>34</b>	<b>£104,041</b>	<b>£113,978</b>	<b>£9,937</b>
Paediatric Clinical Haematology	DC	0	0	0	£0	£0	£0
	EL	0	0	0	£0	£0	£0
	OP	0	0	0	£0	£0	£0
<b>Paediatric Clinical Haematology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>

Pathology	Paediatric Clinical Immunology and Allergy	DC	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Clinical Immunology and Allergy Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>Pathology Total</b>			<b>4465</b>	<b>4471</b>	<b>7</b>	<b>£299,752</b>	<b>£313,869</b>	<b>£14,117</b>
Surgical Services	ANAESTHETICS	ON	48	57	10	£7,714	£9,286	£1,572
		OO	0	0	0	£0	£9	£9
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>ANAESTHETICS Total</b>		<b>48</b>	<b>57</b>	<b>10</b>	<b>£7,714</b>	<b>£9,295</b>	<b>£1,581</b>
	Audiology	ON	2060	2060	0	£125,377	£125,377	£0
		OO	594	594	0	£98,716	£98,716	£0
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Audiology Total</b>		<b>2654</b>	<b>2654</b>	<b>0</b>	<b>£224,093</b>	<b>£224,093</b>	<b>£0</b>
	Breast Surgery	DC	71	47	-24	£124,520	£83,606	£-40,914
		EL	7	1	-6	£18,194	£2,562	£-15,631
		ON	381	913	532	£73,283	£175,690	£102,407
		OO	420	423	3	£36,520	£36,767	£247
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Breast Surgery Total</b>		<b>879</b>	<b>1384</b>	<b>505</b>	<b>£252,516</b>	<b>£298,625</b>	<b>£46,109</b>
	Clinical Psychology	ON	4	11	7	£300	£774	£474
		OO	0	12	12	£0	£587	£587
		OT	0	0	0	£0	£0	£0
	<b>Clinical Psychology Total</b>		<b>4</b>	<b>23</b>	<b>19</b>	<b>£300</b>	<b>£1,361</b>	<b>£1,061</b>
	Critical Care Medicine	ON	4	2	-2	£294	£141	£-153
		OO	0	1	1	£0	£0	£0
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Critical Care Medicine Total</b>		<b>4</b>	<b>3</b>	<b>-1</b>	<b>£294</b>	<b>£141</b>	<b>£-153</b>
	Ent	DC	91	62	-29	£86,155	£62,111	£-24,043
		EL	34	27	-7	£61,031	£49,455	£-11,576
		ON	808	775	-33	£92,344	£88,519	£-3,825
		OO	672	552	-120	£46,732	£38,412	£-8,320
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Ent Total</b>		<b>1605</b>	<b>1416</b>	<b>-189</b>	<b>£286,262</b>	<b>£238,498</b>	<b>£-47,764</b>
	General Surgery	DC	149	150	1	£187,860	£198,443	£10,584
		EL	68	71	3	£189,012	£203,763	£14,751
		ON	772	1100	328	£131,401	£187,280	£55,879
		OO	817	1076	259	£53,041	£69,874	£16,832
		OP	0	0	0	£0	£0	£0
		OT	6	1	-5	£138	£23	£-115
	<b>General Surgery Total</b>		<b>1811</b>	<b>2398</b>	<b>587</b>	<b>£561,451</b>	<b>£659,383</b>	<b>£97,932</b>
	Medical Ophthalmology	ON	15	7	-8	£1,439	£679	£-761
		OO	49	74	26	£4,564	£6,963	£2,399
		OP	0	0	0	£0	£0	£0
		OT	16	4	-12	£368	£92	£-276
	<b>Medical Ophthalmology Total</b>		<b>80</b>	<b>85</b>	<b>6</b>	<b>£6,372</b>	<b>£7,734</b>	<b>£1,362</b>
	Ophthalmology	DC	602	596	-6	£461,745	£482,807	£21,062
		EL	31	23	-8	£45,793	£35,463	£-10,330
		ON	3051	2805	-246	£461,563	£424,360	£-37,203
		OO	8578	8406	-172	£548,467	£537,491	£-10,976
		OP	0	0	0	£0	£0	£0
		OT	4	74	70	£92	£1,702	£1,610
	<b>Ophthalmology Total</b>		<b>12266</b>	<b>11904</b>	<b>-361</b>	<b>£1,517,659</b>	<b>£1,481,822</b>	<b>£-35,837</b>
	Optometry	ON	63	43	-20	£4,461	£3,056	£-1,406
		OO	423	639	216	£20,937	£31,616	£10,679
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Optometry Total</b>		<b>486</b>	<b>682</b>	<b>196</b>	<b>£25,399</b>	<b>£34,672</b>	<b>£9,273</b>
	Oral Surgery	DC	250	193	-57	£122,369	£102,683	£-19,685
		EL	0	0	0	£0	£0	£0
		ON	258	279	21	£34,636	£37,453	£2,818
		OO	111	83	-29	£7,090	£5,256	£-1,833
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Oral Surgery Total</b>		<b>620</b>	<b>555</b>	<b>-65</b>	<b>£164,094</b>	<b>£145,393</b>	<b>£-18,701</b>
	Orthoptics	ON	74	29	-44	£5,171	£2,063	£-3,108
		OO	113	82	-32	£5,554	£4,006	£-1,548
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Orthoptics Total</b>		<b>187</b>	<b>111</b>	<b>-76</b>	<b>£10,725</b>	<b>£6,068</b>	<b>£-4,656</b>
	Orthotics	ON	214	272	58	£30,080	£38,233	£8,152
		OO	248	149	-99	£24,313	£14,628	£-9,686
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Orthotics Total</b>		<b>462</b>	<b>421</b>	<b>-41</b>	<b>£54,394</b>	<b>£52,861</b>	<b>£-1,533</b>
	Paediatric Ear Nose and Throat	DC	0	0	0	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Ear Nose and Throat Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Ophthalmology	DC	1	10	9	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Ophthalmology Total</b>		<b>1</b>	<b>10</b>	<b>9</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Plastic Surgery	DC	0	0	0	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Plastic Surgery Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Surgery	DC	0	0	0	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Surgery Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Trauma and Orthopaedics	DC	0	0	0	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
	<b>Paediatric Trauma and Orthopaedics Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Urology	DC	0	0	0	£0	£0	£0
		EL	0	0	0	£0	£0	£0
		ON	0	0	0	£0	£0	£0
		OO	0	0	0	£0	£0	£0
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Paediatric Urology Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Pain Management	DC	183	212	29	£95,016	£114,451	£19,435
		EL	0	0	0	£0	£0	£0
		ON	236	225	-11	£46,191	£43,981	£-2,210
		OO	156	222	66	£12,251	£17,403	£5,152
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Pain Management Total</b>		<b>575</b>	<b>659</b>	<b>84</b>	<b>£153,459</b>	<b>£175,836</b>	<b>£22,377</b>
	Plastic Surgery	DC	3	35	32	£0	£33,148	£33,148
		EL	1	8	7	£0	£20,565	£20,565
		ON	153	36	-116	£20,442	£4,872	£-15,570

	Plastic Surgery	OO	332	190	-142	£19,580	£11,219	£-8,360
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Plastic Surgery Total</b>		<b>489</b>	<b>270</b>	<b>-219</b>	<b>£40,022</b>	<b>£69,805</b>	<b>£29,783</b>
	Trauma & Orthopaedics	DC	206	139	-67	£323,194	£226,889	£-96,305
		EL	73	48	-25	£299,956	£202,331	£-97,625
		ON	1029	1056	27	£160,009	£164,175	£4,166
		OO	1298	1046	-252	£87,810	£70,749	£-17,062
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Trauma &amp; Orthopaedics Total</b>		<b>2606</b>	<b>2288</b>	<b>-318</b>	<b>£870,970</b>	<b>£664,144</b>	<b>£-206,826</b>
	Urology	DC	96	93	-3	£57,788	£58,416	£628
		EL	86	64	-22	£134,582	£104,784	£-29,798
		ON	463	592	129	£79,825	£102,153	£22,328
		OO	991	799	-193	£96,713	£77,934	£-18,780
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Urology Total</b>		<b>1636</b>	<b>1548</b>	<b>-88</b>	<b>£368,908</b>	<b>£343,286</b>	<b>£-25,621</b>
	Vascular Surgery	DC	21	18	-3	£20,431	£18,388	£-2,043
		EL	0	0	0	£0	£0	£0
		ON	147	91	-56	£27,738	£17,188	£-10,551
		OO	175	166	-10	£15,769	£14,904	£-866
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Vascular Surgery Total</b>		<b>343</b>	<b>275</b>	<b>-68</b>	<b>£63,938</b>	<b>£50,479</b>	<b>£-13,459</b>
	<b>Surgical Services Total</b>		<b>26756</b>	<b>26744</b>	<b>-12</b>	<b>£4,608,568</b>	<b>£4,463,495</b>	<b>£-145,073</b>
	Women's & Child Health	ON	4	22	18	£973	£5,100	£4,127
	Community Paediatrics	OO	10	0	-10	£1,431	£0	£-1,431
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Community Paediatrics Total</b>		<b>15</b>	<b>22</b>	<b>7</b>	<b>£2,404</b>	<b>£5,100</b>	<b>£2,696</b>
	Genito-Urinary Medicine	ON	342	342	0	£48,663	£48,663	£0
		OO	156	156	0	£12,380	£12,380	£0
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Genito-Urinary Medicine Total</b>		<b>498</b>	<b>498</b>	<b>0</b>	<b>£61,043</b>	<b>£61,043</b>	<b>£0</b>
	Gynaecological Oncology	DC	6	14	8	£4,914	£11,467	£6,553
		EL	34	43	9	£122,777	£158,351	£35,574
		ON	46	91	45	£6,406	£12,556	£6,150
		OO	128	116	-13	£13,037	£11,743	£-1,295
		OP	0	0	0	£0	£0	£0
		OT	16	0	-16	£368	£0	£-368
	<b>Gynaecological Oncology Total</b>		<b>231</b>	<b>264</b>	<b>32</b>	<b>£147,503</b>	<b>£194,117</b>	<b>£46,613</b>
	Gynaecology	DC	100	96	-4	£58,895	£61,456	£2,561
		EL	34	31	-3	£64,250	£61,817	£-2,433
		ON	684	809	125	£97,116	£114,910	£17,794
		OO	493	428	-66	£50,989	£44,208	£-6,781
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Gynaecology Total</b>		<b>1311</b>	<b>1364</b>	<b>52</b>	<b>£271,250</b>	<b>£282,391</b>	<b>£11,141</b>
	HIV	ON	2	2	0	£649	£649	£0
		OO	54	54	0	£16,394	£16,394	£0
		OT	0	0	0	£0	£0	£0
	<b>HIV Total</b>		<b>56</b>	<b>56</b>	<b>0</b>	<b>£17,044</b>	<b>£17,044</b>	<b>£0</b>
	Midwife Episode	OP	0	0	0	£0	£0	£0
	<b>Midwife Episode Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Neonatology	DC	0	0	0	£0	£0	£0
		EL	0	0	-0	£161	£0	£-161
		ON	40	37	-3	£8,791	£8,116	£-675
		OO	28	17	-11	£3,177	£1,971	£-1,206
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Neonatology Total</b>		<b>68</b>	<b>54</b>	<b>-14</b>	<b>£12,129</b>	<b>£10,087</b>	<b>£-2,042</b>
	Obstetrics	OP	0	0	0	£0	£0	£0
	<b>Obstetrics Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
	Paediatric Diabetic Medicine	ON	0	6	6	£0	£1,279	£1,279
		OO	0	66	66	£0	£12,173	£12,173
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Paediatric Diabetic Medicine Total</b>		<b>0</b>	<b>73</b>	<b>73</b>	<b>£0</b>	<b>£13,453</b>	<b>£13,453</b>
	Paediatric Neuro-Disability	ON	32	39	8	£6,933	£8,575	£1,641
		OO	102	108	6	£13,373	£14,128	£755
		OP	0	0	0	£0	£0	£0
		OT	0	0	0	£0	£0	£0
	<b>Paediatric Neuro-Disability Total</b>		<b>134</b>	<b>147</b>	<b>13</b>	<b>£20,306</b>	<b>£22,703</b>	<b>£2,396</b>
	Paediatrics	DC	56	55	-1	£30,782	£31,352	£570
		EL	22	19	-3	£12,688	£10,810	£-1,878
		ON	310	274	-37	£64,600	£56,971	£-7,629
		OO	605	743	138	£78,650	£96,531	£17,882
		OP	0	0	0	£0	£0	£0
		OT	2	18	18	£46	£460	£414
	<b>Paediatrics Total</b>		<b>995</b>	<b>1110</b>	<b>115</b>	<b>£186,765</b>	<b>£196,124</b>	<b>£9,359</b>
	<b>Women's &amp; Child Health Total</b>		<b>3308</b>	<b>3587</b>	<b>279</b>	<b>£718,445</b>	<b>£802,061</b>	<b>£83,616</b>
	<b>Grand Total</b>		<b>48725</b>	<b>50898</b>	<b>2173</b>	<b>£7,740,107</b>	<b>£7,954,437</b>	<b>£214,330</b>



ClinicalGroup	DESCRIPTION	POD_name	WeekBegin	WEEKLY BOOKING DATA							Capacity	Input Recovery	REVISED POSITION WITH RECOVERY				Comments
				Activity	Activity	Activity	Value			Booked			Value Total	Booked Diff	Value Diff		
				Plan	Booked	Diff	Value Plan	Booked	Value Diff								
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	01/04/2017	0	0	0	£0	£0	£0			0	£0	0	£0		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	03/04/2017	479	549	70	£24,190	£27,725	£3,535			549	£27,725	70	£3,535		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	10/04/2017	287	369	82	£14,494	£18,635	£4,141			369	£18,635	82	£4,141		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	17/04/2017	287	120	-167	£14,494	£6,060	-£8,434			120	£6,060	-167	-£8,434		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	24/04/2017	525	459	-65	£26,495	£23,192	-£3,303		483	942	£47,597	417	£21,102		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	01/05/2017	314	51	-263	£15,875	£2,588	-£13,287			51	£2,588	-263	-£13,287		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	08/05/2017	367	22	-345	£18,530	£1,124	-£17,406			22	£1,124	-345	-£17,406		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	15/05/2017	472	13	-459	£23,840	£669	-£23,171			13	£669	-459	-£23,171		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	22/05/2017	525	11	-513	£26,495	£568	-£25,927			11	£568	-514	-£25,927		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Follow up	29/05/2017	314	12	-302	£15,875	£619	-£15,256			12	£619	-302	-£15,256		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	01/04/2017	0	0	0	£0	£0	£0			0	£0	0	£0		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	03/04/2017	41	29	-12	£2,959	£2,093	-£866			29	£2,093	-12	-£866		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	10/04/2017	24	30	6	£1,732	£2,165	£433			30	£2,165	6	£433		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	17/04/2017	24	35	11	£1,732	£2,526	£794			35	£2,526	11	£794		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	24/04/2017	45	45	0	£3,241	£3,220	-£21		22	67	£4,794	22	£1,553		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	01/05/2017	26	44	17	£1,897	£3,148	£1,251			44	£3,148	18	£1,251		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	08/05/2017	32	32	0	£2,292	£2,282	-£11			32	£2,282	0	-£11		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	15/05/2017	41	18	-23	£2,925	£1,271	-£1,653			18	£1,271	-23	-£1,654		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	22/05/2017	45	17	-28	£3,241	£1,199	-£2,042			17	£1,199	-28	-£2,042		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - New	29/05/2017	26	16	-11	£1,897	£1,127	-£770			16	£1,127	-10	-£770		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	01/04/2017	0	0	0	£0	£0	£0			0	£0	0	£0		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	03/04/2017	7	0	-7	£161	£0	-£161			0	£0	-7	-£161		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	10/04/2017	4	0	-4	£92	£0	-£92			0	£0	-4	-£92		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	17/04/2017	4	0	-4	£92	£0	-£92			0	£0	-4	-£92		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	24/04/2017	7	0	-7	£161	£0	-£161		4	4	£92	-3	-£69		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	01/05/2017	4	0	-4	£92	£0	-£92			0	£0	-4	-£92		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	08/05/2017	5	0	-5	£115	£0	-£115			0	£0	-5	-£115		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	15/05/2017	6	0	-6	£138	£0	-£138			0	£0	-6	-£138		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	22/05/2017	7	0	-7	£161	£0	-£161			0	£0	-7	-£161		
Medicine & Emergency Care	Cardiac Rehabilitation	Outpatient - Telephone/Virtual	29/05/2017	4	0	-4	£92	£0	-£92			0	£0	-4	-£92		
<b>Medicine &amp; Emergency Care</b>	<b>Cardiac Rehabilitation Total</b>			<b>3922</b>	<b>1872</b>	<b>-2050</b>	<b>£203,308</b>	<b>£100,211</b>	<b>-£103,097</b>		<b>0</b>	<b>509</b>	<b>2381</b>	<b>£126,282</b>	<b>-1541</b>	<b>-£77,026</b>	

# Sandwell and West Birmingham Hospitals

NHS Trust

<b>TRUST BOARD</b>					
<b>DOCUMENT TITLE:</b>	Improving A&E performance				
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Rachel Barlow Chief Operating Officer				
<b>AUTHOR:</b>	Rachel Barlow Chief Operating Officer				
<b>DATE OF MEETING:</b>	4 <sup>th</sup> May 2017				
<b>EXECUTIVE SUMMARY:</b>					
<p>In March 2017 the Trust ED performance as measured against the 4 hour standard was 85.32%. By March 2018 the Trust ED performance is required to be at 95% measured against the 4 hour target, which is equivalent to 70 fewer breaches a day. The trajectory to reach that includes a marked step up in performance in July 2017 to 90% as measured against the 4 hour standard which is equivalent to 50 fewer breaches a day.</p> <p>This paper describes the key steps to achieve that improvement and implementation / governance approach. The improvement focus areas are:</p> <ul style="list-style-type: none"> <li>• Increasing the substantive workforce and creating high performing teams</li> <li>• Increase capacity in ED through different use of space</li> <li>• Enact consistent professional standards in ED</li> <li>• Enact consistent professional standards within specialities.</li> <li>• Strengthening ambulatory care</li> <li>• Implement a 'pull admitting model' from the assessment units to the</li> <li>• Rightsizing community and social care bed base – this accounts for 28% of the improvement required to meet the 95% standard.</li> <li>• Continued improvement focus on internal patient pathways through going from red to green - reducing length of stay</li> </ul>					
<b>REPORT RECOMMENDATION:</b>					
<p>The Trust Board are asked to discuss:</p> <ul style="list-style-type: none"> <li>• the improvement approach</li> <li>• adequacy of assurance and governance oversight</li> <li>• the role of board members in the improvement approach</li> </ul>					
<b>ACTION REQUIRED (Indicate with 'x' the purpose that applies):</b>					
The receiving body is asked to receive, consider and:					
<b>Accept</b>	<b>Approve the recommendation</b>			<b>Discuss</b>	
				x	
<b>KEY AREAS OF IMPACT (Indicate with 'x' all those that apply):</b>					
Financial	x	Environmental		Communications & Media	x
Business and market share		Legal & Policy		Patient Experience	x

Clinical	x	Equality and Diversity		Workforce	x
Comments:					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
Accessible and responsive care objective,					
<b>PREVIOUS CONSIDERATION:</b>					
Previous Trust Boards					

### Improving A&E performance

In March 2017 the Trust ED performance as measured against the 4 hour standard was 85.32%. By March 2018 the Trust ED performance is required to be at 95% measured against the 4 hour target, which is equivalent to 70 fewer breaches a day. The trajectory to reach that includes a marked step up in performance in July 2017 to 90% as measured against the 4 hour standard which is equivalent to 50 fewer breaches a day.

This appendix attached describes the key steps to achieve that improvement. The **improvement focus is aligned to workforce, uniformity of delivering key professional standards which will demand changes in behaviour and workflow changes so that patient pathways are delivered with consistency.**

The design of these changes is being made with multi professional clinical and operational leaders, each improvement area having a clinical and operational project lead. The overall improvement is led by the COO, Rachel Barlow. Other key executive input includes Alan Kenny and Mark Reynolds whose teams are delivering infrastructure changes at Sandwell for mid-May, Roger Stedman and Elaine Newell as professional executive leaders and Raffaella Goodby in terms of Organisational Development support.

Incoming key leadership appointments will increase the capacity to implement and sustain improvement:

- Michelle Harris started as Director of Operations for Medicine and Emergency Care on 1.4.17
- Phil Holland started as Deputy COO on 24.4.17
- Liz Miller starts as Directorate General Manager at the end of May 2017

The design of the improvements is being made using the Trusts improvement methodology and has the support of the PMO.

Leading up to our initial **improvement week from May 29<sup>th</sup>** (in the design of an urgent care challenge week which will be recognised by Board members) a Project Board chaired by the COO will ensure design, sign off of standards and an engagement plan to oversee the following:

- Increase capacity in ED through different use of space in May 2017
- Enact consistent professional standards in ED in June 2017
- Enact consistent professional standards within specialities in June 2017

In the weeks leading up to the improvement focus we will release senior leaders in ED to support local work on consistent professional standards and engage with junior doctor colleagues who practice in specialties to ensure there is full awareness and commitment to the designed ways of working as they are often the first speciality responders to ED.

Throughout the improvement effort and as we settle into a consistent way of practice in Urgent Care across the organisation, a **score card data set will be designed to measure 'what good looks like'** in the professional standards for ED and specialities. These data points to be agreed in the coming weeks will be measured in real time to facilitate change in practice, rather than the retrospective review of underperformance which takes place now. This is intended to empower clinical and operational leaders to hold individuals to account and further inform service improvement opportunities, when we don't get things right the first time.

The **second improvement week from June 19<sup>th</sup>** will be an opportunity to check on sustainable practice changes and implement enhancements to the ambulatory care pathway from the point of GP referral and establish a new admitting model to the wards to expedite patient flow to the right speciality bed.

**Effective governance from clinical service to Trust Board will oversee effective delivery of improvement:**

- Real time tracking of professional standards
- Daily performance analysis and learning
- Weekly Urgent Care PMO to oversee design and delivery of programme- chaired by DCOO
- Monthly Trust Urgent Care Board – chaired by COO
- Monthly Performance Management Executive chaired by CEO and Operational Management Committee
- Quality and Safety Committee
- Trust Board
- System wide A&E Delivery Group

**Appendix 1; Improving A&E performance : 70 fewer patients waiting over 4 hours from arrival daily by March 2017****1.0 key steps to achieve that improvement****1.1 July 2017: Achieving 90% 4 hour performance – 50 fewer patients waiting over 4 hours from arrival in ED**

There are 6 main improvement areas to be delivered in advance on July 2017:

1. **Increasing the substantive workforce by June 2017** – 3 new consultants join the team in June taking the establishment to 15.6 / 18 WTE including 5 locums
2. **Increase capacity in ED through different use of space in May 2017** – 20% increase in capacity at Sandwell from mid-May through using space differently  
*The combination of 1 and 2 will contribute to a reduction of 10 breaches a day.*
3. **Enact consistent professional standards in ED in June 2017**– this requires the role of consultant and shift leader to be practiced with consistency. This includes consistency in practice of communication and escalation standards on the shop floor to manage the patient flow and always holding speciality teams to account on referral and admitting pathways. Patients with a Decision to Admit (DTA) to be transferred to a bed within 20 minutes of decision.  
*This improvement focus will contribute to a reduction of 10 breaches a day*
4. **Enact consistent professional standards within specialities in June 2017** – speciality doctors should always respond to referral request within 30 minutes and accept the ED decision to admit to speciality. The patient should be admitted within 20 minutes of that decision.  
*This improvement focus will contribute to a reduction of 10 breaches a day.*
5. **Strengthening ambulatory care in June 2017** to avoid admission and reduce demand in ED- all medical presenting patients with an anticipated stay for assessment below 12 hours to be assessed in AMAA, not in ED.  
*This improvement focus will contribute to a reduction of 10 breaches a day.*
6. **Implement a ‘pull admitting model in June 2017** ‘from the assessment units to the wards – it can be verified at 24 hours from admission to AMU the likelihood that a patient needs ongoing in-patient care after 48 hours total stay in AMU. The new patient flow model will have in-patient medical speciality consultant led teams attend AMU daily and identify patients to be transferred for ongoing inpatient care. The medical speciality based consultants will advise on the ongoing plan of care in AMU, whilst the patient remains under the acute medical team. Each ward team leave AMU knowing the number of admissions likely to their ward the following day and need to affect the required number for discharges to accommodate the admitting patient profile. This is a significant departure from the current flow model and whilst it gains support for clear specialist care, 30% of admissions will be elderly patients with multi system illness who will need to be admitted for ward based care without prejudice.  
*This improvement focus will contribute to a reduction of 10 breaches a day.*

**Improvement approach : key steps by July 2017**

- **April – May 28<sup>th</sup> 2017:** Design phase for Urgent Care Challenge week 1; improvement points 2-4; Urgent Care Challenge week 2; improvement points 5 and 6
- **May 29<sup>th</sup> – 4<sup>th</sup> June:** Urgent Care Challenge week 1- implementation of new ways of working to achieve standards 2-4
- **June 5<sup>th</sup> – June 18<sup>th</sup> 2017:** Design phase continues for Urgent Care Challenge week 2 and sustained improvement from week 1

- **June 19<sup>th</sup> – 25<sup>th</sup> 2017:** Urgent Care Challenge week 2 - - implementation of new ways of working to achieve standards 5 and 6. Check for sustained practice of areas from week 1.

By June we will also move the **older peoples assessment** unit to Newton 1, which effectively doubles the size of this facility as we continue to develop and test this model of care.

### **1.2 March 2018: Achieving 95% 4 hour performance –70 fewer patients waiting over 4 hours from arrival in ED**

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

1. **Workforce - create a high performing team** – by March we aim to fully recruit to a substantive workforce and ensure clinical leadership is right for the future. This is about ensuring the right clinicians are in the right jobs and situational leaders have the competence to step up to the scale of MMH ED which will be one of the largest EDs in the country.
2. **Rightsizing community and social care bed base – this accounts for 28% of the improvement required to meet the 95% standard.** It involves successful commissioning of community beds to meet demand including non-weight bearing and neuro rehabilitation beds and social care beds including nursing homes and enhanced assessment beds.
3. **Continued improvement focus on internal patient pathways through going from red to green** - reducing length of stay; this will include expansion of the hot clinic model to support discharge ahead of winter

#### **Part of our improvement is reliant on stakeholders; 28% of the improvement needs other partners to act**

- Effective commissioning of non-acute bed base and domiciliary services
- GP referral pathways to ambulatory care not ED
- Joint work on older people pathway with WMAS, CCG and OPAU teams to avoid attendance and admission
- Demand management

### **1.3 Risks are known and mitigated where possible**

- Ophthalmology urgent care changes in April impact on Trust performance by 3% - our improvement plans and trajectory are scaled to accommodate this
- Failure to recruit clinical staff remains an ongoing risk given the national market, but recent recruitment and the midland metropolitan hospital will input into the future recruitment and marketing strategy
- Impact on ED performance during EPR goes live – it is inevitable that ED performance will be temporarily impacted during EPR go live. Training and workforce plans will be in place to mitigate this impact as much as possible.
- Lack of community and social care beds to meet demand- this is in scope of the improvement approach though system wide A&E delivery group

Rachel Barlow – Chief Operating Officer

<b>TRUST BOARD</b>
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<b>DOCUMENT TITLE:</b>	<b>Draft Annual Report 2016/17</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Ruth Wilkin, Director of Communications</b>
<b>AUTHOR:</b>	<b>Ruth Wilkin, Director of Communications</b>
<b>DATE OF MEETING:</b>	<b>4<sup>th</sup> May 2017</b>

**EXECUTIVE SUMMARY:**

The Trust's annual report and accounts incorporates the Quality Account and the annual review of Your Trust Charity. It is at early draft stage and will be completed at the end of May with publication during June. It is presented at the Trust's Annual General Meeting in June.

There are currently some gaps within the document and some outstanding data that will be included and updated during this month.

The Quality Account section of the report is issued to stakeholders including commissioners, scrutiny boards and Healthwatch to allow them to comment.

Auditors will provide an opinion on the accounts and review the annual report content before publication.

The draft annual report is included in the board meeting at this time to enable opportunity for the board members to comment so that content can be revised prior to publication.

**REPORT RECOMMENDATION:**

Board members are requested to review the annual report and provide any comments to Ruth Wilkin by 19<sup>th</sup> May.

**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	<b>X</b>	Environmental	X	Communications & Media	X
Business and market share	<b>X</b>	Legal & Policy	X	Patient Experience	X
Clinical	<b>x</b>	Equality and Diversity	x	Workforce	X

Comments:

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

Annual requirement

**PREVIOUS CONSIDERATION:**

The Quality Account was presented to Quality and Safety Committee on 28 April 2017.



# PARTNERSHIPS WITH A PURPOSE



Integrated Annual Report and Accounts 2016/17

*Incorporating the Quality Account and the Trust Charity Annual Review*

where everyone matters

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### Front cover image

Gary Williamson is a patient at the regional Sickle Cell and Thalassemia Centre at City Hospital.

### Inside front cover image

to come



DRAFT

## About Sandwell and West Birmingham Hospitals NHS Trust

Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research. We employ around 7,200 people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group. That Group and this Trust is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road, from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick (which is also our stand-alone Birth Centre's base). The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City. Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell. We have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology. Our community teams deliver care across Sandwell providing integrated services in GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations. Our new hospital – the Midland Met – is currently under construction and will be open in October 2018. It is located on Grove Lane, on the Smethwick border with west Birmingham.

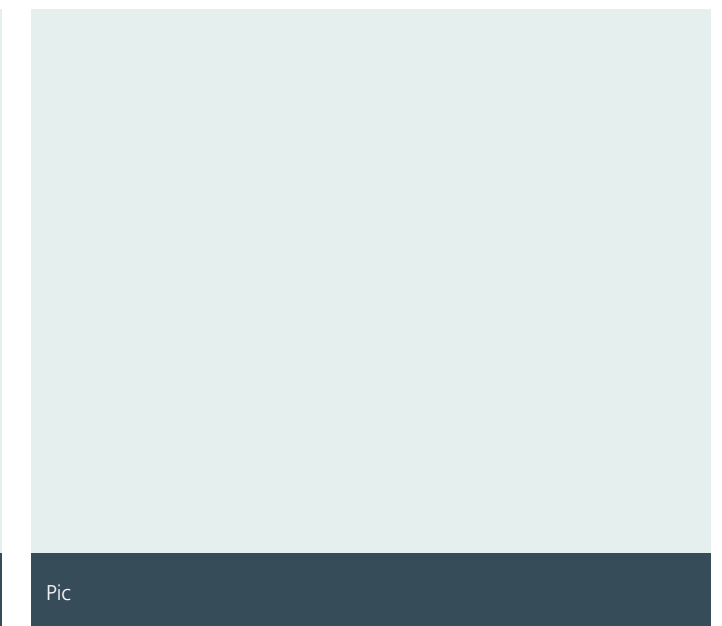
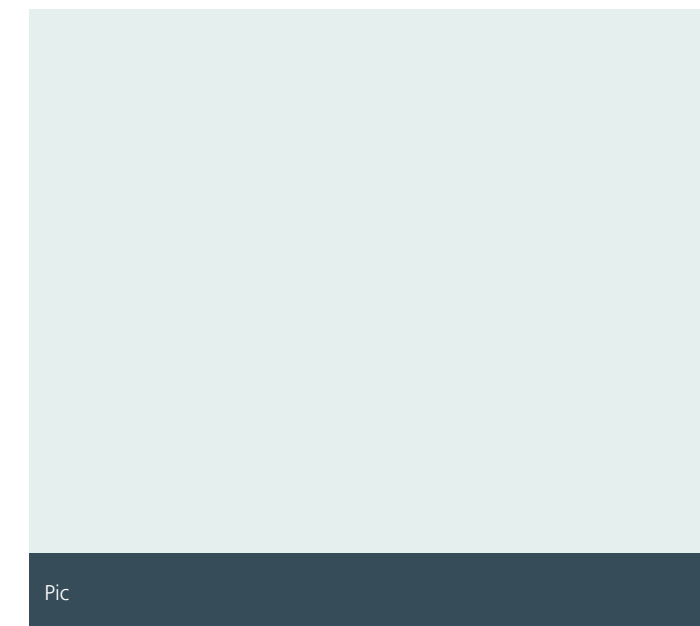
We are a key partner in efforts to change the shape of care in our area. Our intention is to provide substantially more care at home and rely less on acute hospitals. We aim to move 350,000 appointments out of traditional settings and close a further 20% of our hospital beds, as we have safely closed 25% over the last ten years. Whilst most of the

programme involves investment in GP surgeries and health centres, we still plan to relocate our acute care into a single purpose built hospital – the Midland Met. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site. Our training and education team are outward facing in sourcing the workforce we need for the long-term. We have a very active programme of apprentices and school experience joint working. We have a partnership with Sandwell University Technical College and more widely work closely with Birmingham City University, Wolverhampton University, Birmingham and Aston Universities. The Learning Works is our community-based recruitment and training resource. The Trust Board is committed to developing ever more consistent links into our local communities, working with voluntary sector, faith, and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work.

Over the next decade we will make major investments in three areas: In the skills and training of our workforce; in the technology we use to both care for and communicate with patients and partners; and in our estate – in part through our plan to build the Midland Met Hospital to rationalise acute care.

### Over the last year:

- 5,954 babies were born at our Trust.
- There were 199,437 patient attendances plus 33,265 attendances seen under GP triage at our emergency departments with over 38,994 people admitted for a hospital stay.
- 45,950 day case procedures were carried out.
- 526,945 patients were seen in our outpatient departments.
- Over 650,000 patients were seen by community staff.



## Partnerships with a purpose

### Abuse Support Service launches

It's the partnership that will help to rebuild the lives of people who have experienced rape and sexual who work at the Trust.

Joining up with Warwick-based Safeline, colleagues who have been attacked, whether as a child or adult, can access help and advice. Safeline provides a wide range of emotional support, information and advice to survivors and their families. Director of Organisation Development Raffaella Goodby said: "As a caring employer, we recognise that the impact of rape and sexual abuse is devastating and long-lasting and that colleagues may not know where to go for help and advice to help them to cope. "One of the most difficult things is that this is such a personal and painful subject to talk about and share with others – which can make survivors hold back from asking for support, either from work colleagues or

professionals. We want to break this cycle, which is why we've partnered with Safeline." The charity, which was established more than 20 years ago, has helped more than 25,000 people.



Liz Harrison and Anne Brookes from the Safeline team at the Trust's Staff Benefits and Winter Wellness Event in October

## 2 Performance Report

During the year we confirmed our quality and safety plans, two of our five key plans that support our 2020 vision. The safety plan has been implemented within our surgical, community and paediatric wards, driving forward improvements in our safety standards. We call these our "always events" – checks we will do with every patient, every time. Our quality plan strives for improved outcomes for patients as we continue to deliver better care across our many and varied services.

We concluded our three year public health plan in 2017 and have reflected on the improvements made as we embrace our role as a healthcare provider, using every opportunity to support people's health and wellbeing, not just treat their health condition. We are setting the objectives for our next public health plan that will demonstrate our commitment to improving the health of those within the Sandwell and West Birmingham population.

Our 2020 vision				
Public health plan	Research and development plan	Education, learning and development plan	Safety plan	Quality plan
Long-term financial model	Estates plan	Digital Plan	People Plan	

Our 2020 vision and five key plans are supported by four enabling workstreams. This year we have invested in our digital schemes to drastically improve our IT infrastructure and enable smarter ways of working. The year ahead sees us implement a new electronic patient record plus embedding digital dictation and speech recognition. The Trust's estate will change over the coming year as developments are made to release land on the City site and develop the Sandwell Treatment Centre in preparation for the opening of the new Midland Metropolitan Hospital.

Together, the delivery of these plans will enable us to achieve our vision – to be the best integrated care organisation in the NHS. We use the National Voices definition of integrated care where "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

We recognise that we do not work alone, and to achieve our 2020 vision we need strong partnerships with a range of organisations and networks to deliver the best for the public

that we serve. Throughout the report you will see highlights of some of our key partnerships that aim to provide support for patients, carers, families and our communities, whatever people's needs or backgrounds.

### Performance Overview

This year we have had some significant successes through the hard work of our teams and partners. Read about our top ten highlights of the year.

### Top ten highlights

#### 1. Seven-day access to care for end-of-life patients

Inspirational End of Life Care partnership sees beyond the NHS to ensure the Trust and our partners deliver joined up, co-ordinated care. The Connected Palliative Care Service is a collaborative work between John Taylor Hospice, Birmingham St Mary's Hospice, CrossRoads Care, Age Concern, and Sandwell and West Birmingham Hospitals NHS Trust. Commissioned by Sandwell and West Birmingham Clinical Commissioning Group to deliver End-of-Life-Care services to people who are registered with a Sandwell and West Birmingham GP, the service provides 7 day access to a wide range of services for patients in their last year of life including hospice beds, domestic support and specialist palliative care. Speaking at the launch event Ms Helen Stephens, a member of the public said: "I am very impressed with this new model of care. As a patient who has complex needs and does not have family support, the new connected palliative care services would surely help me get the care that I need."



Dr Anna Lock speaks at the launch of the Connected Palliative Care service

#### 2. Plan aims to reduce avoidable harms

Implementation of our Safety Plan began during the year and sets out 10 safety commitment to patients and their carers. It concentrates on making sure we reduce patient avoidable harms, through must do safety-checks in our services. As a result we have ten standards to ensure that the

plan is adhered to. Patients have their safety needs assessed, planned for, implemented and continuously reviewed as part of routine practice. We will in the future, make sure that patients and their carers are informed and included in care planning and will know what our safety standards are. It means they will know what to expect so they will be aware if something is not right, and how to alert the team looking after them to this so that it can be dealt with. During the year we rolled out the safety plan in our surgical and community wards.

#### 3. Trust is working towards delay-free care

Safe and timely care is leading the way across our Trust as we adopted the Red to Green philosophy last winter. This is a belief that every single day a patient spends within our hospitals should be a day that progresses their care, avoiding any delays, helping them go home or to an alternative care facility as quickly as possible. Over the past winter and spring, staff throughout the Trust have been diligently keeping daily records detailing the delays and disruptions to patient care that have prevented patients progressing through their pathways. These metrics when combined with length of stay and 'home before lunch' figures help to identify key areas for development where performance gains could ultimately lead to patients receiving much more timely care. The teams have acted to overcome the delays that are within our control. Specific examples include Newton 3 where staff have worked with imaging and portering to reduce the time it takes to have a diagnostic imaging procedure carried out, reducing the length of stay of patients on their ward by up to two days. By keeping a close eye on patient plans and reviews throughout the day, the team is able to work with imaging to ensure their patients are seen in a timely manner. Also Imaging have rolled out access to their CRIS radiology system to all wards, enabling ward teams to see schedules so that patients can be appropriately prepared and transferred ready for their procedure to take place. Most importantly, this means that patients are now much more informed about their scheduled tests.



Staff from the Community and therapies team are going from Red to Green.



**4. Assessments for older patients means more efficient care**

Providing comprehensive geriatric care ‘nearer the front door’ was the reasoning behind the establishment of our Older Persons’ Assessment Unit (OPAU) last winter. The unit was set up using ten bed spaces from Sandwell’s former Coronary Care Unit, in response to the question of whether geriatric assessments are better carried out in a separate unit or in a ‘mainstream’ acute medical setting – something that has to be resolved before we move into the Midland Metropolitan Hospital in 2018. OPAU grew out of our ‘Frailsafe’ trial that emphasised the benefits of giving frail elderly people comprehensive geriatric assessments ‘nearer the front door’. The evidence we have suggests that the best way of delivering that is to put a multi-disciplinary team at the centre of the organisation. The OPAU team is made up of doctors, nurses, physiotherapists, pharmacists and – crucially – a social worker. Looking to the near future, one of our main objectives is to discharge our patients faster, ideally straight to their own homes or – if necessary – to a non-hospital care setting.



Staff from the Older Person’s Assessment Unit.

**5. Digital developments will lead to paper-lite Trust**

2017 is the year that SWBH ‘trusts in digital’ and lots of progress has already been made towards moving the majority of our paper processes online. For example, clinic letters can now be dictated, amended, signed and issued to patients and their GPs without printing a single piece of paper. Also, our clinicians are viewing the vast majority of their pathology results online. We must reduce our dependency on paper records to achieve our goal of providing multi-disciplinary access to more accurate, centralised and secure patient information. The benefits to patients of working digitally-by-default have been proven in other NHS Trusts and include:

- higher safety and quality standards
- reduced duplication of investigations
- less repetition of patient information
- optimised prescribing
- sustained, consistent best practice treatment approaches
- minimised unnecessary hospital stays

These benefits in turn will enable SWBH to realise its 2020 Vision and support the best patient and staff experience at Midland Metropolitan Hospital. Put simply, if we all Trust in Digital: SWBH will deliver consistently high quality, integrated patient care and value that unites digital technology with

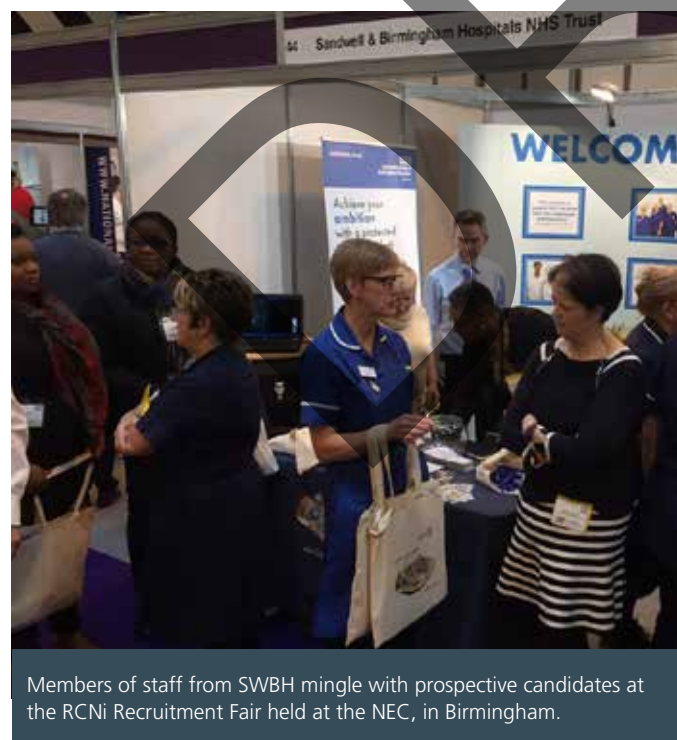
clinical best practice. In readiness for the significant cultural and behavioural change the digital programme represents, all Trust departments are working to ensure their teams not only have access to technical devices and IT systems but can use them confidently. By the end of 2017, more than 5,000 of our patient-facing staff will be fully trained on the new electronic patient record and using it on a daily basis. We look forward to reporting on its successful implementation in the next Annual Report.



(left to right) Simon Shanks , Global PMO Lead/Senior Project Manager, Ian Gibbons , Head of Customer Strategy and Colin Howman, Business Development Director.

**6. Recruitment drive leads to job boost**

The Trust has embarked on a recruitment drive to fill more than 200 nursing positions. Since this began in February, job offers have been accepted, with more than 150 of the vacancies to be filled by September. A jobs fair held at in Birmingham saw 32 positions taken up, whilst 72 students have been offered roles. The teams involved continue to focus on recruitment and retention. Meanwhile the Trust will be reducing the amount that is spent on temporary staff and this is a key priority. We will be cutting out the use of high-cost agencies and changing the rates we pay for bank shifts to be more in line with neighbouring trusts.



Members of staff from SWBH mingle with prospective candidates at the RCNi Recruitment Fair held at the NEC, in Birmingham.

**7. Research at Trust has ground breaking results**

Over the last year over 300 research studies in various stages of activity were undertaken across the Trust, from actively recruiting participants into new studies to those in long term follow-up. In 2016/17, 60 new studies commenced with 95 NIHR portfolio studies actively recruiting research participants. Of these patient recruitment was highest in cardiovascular disease, ophthalmology and rheumatology although research activity has taken place across a full range of disciplines including cancer (Breast, Lung, Colorectal, and Haematological, Gynaecological, and Urological malignancies), stroke, diabetes, gastroenterology, surgery, dermatology, maternity, obstetrics & gynaecology, paediatrics, respiratory, orthopaedics and physiotherapy. Over the last year we increased the internationally recognised excellence of our research portfolio and received major funding from sources including the MRC, Arthritis Research UK and the EU for research into a range of disease areas including corneal scarring, early arthritis, Bechet’s disease and atrial fibrillation. We also increased the breadth of our clinical research portfolio with new research initiatives in a range of areas including clinical immunology, respiratory medicine and orthopaedics, and grew the range of health care professionals contributing to our research portfolio including physiotherapists and speech and language therapists.



Dr Bob Ryder third from left with the Endobarrier Team.

**8. New “first-class” benefits scheme impresses staff**

In a bid to become the local employer of choice, last year we introduced a new first-class benefits scheme ‘SWBH Benefits’ which we launched in Oct 2016 with our biggest ever staff event. Held at Sandwell Hospital, over 1,000 staff attended, and by linking it to our annual flu vaccination campaign, we successfully vaccinated 300 staff – the most we’ve ever delivered on a single day. The event featured a variety of stalls to showcase our extensive benefits package. Whilst in the past we had offered various health and wellbeing benefits, they were fragmented resulting in limited staff engagement. However, with SWBH Benefits, all our existing benefits, along with a wealth of fantastic new ones, are now managed within a single platform for the first time. The new package offers smoking cessation, alcohol/drug support, weight management, exercise classes, eye tests, chiropody, immunisations, physiotherapy, counselling, finance/debt management, stress management, retirement planning, staff lottery, library services, will writing, nationwide discount scheme offering 6,500+ discounts, local discount scheme with 22 regional partners and salary sacrifice schemes for

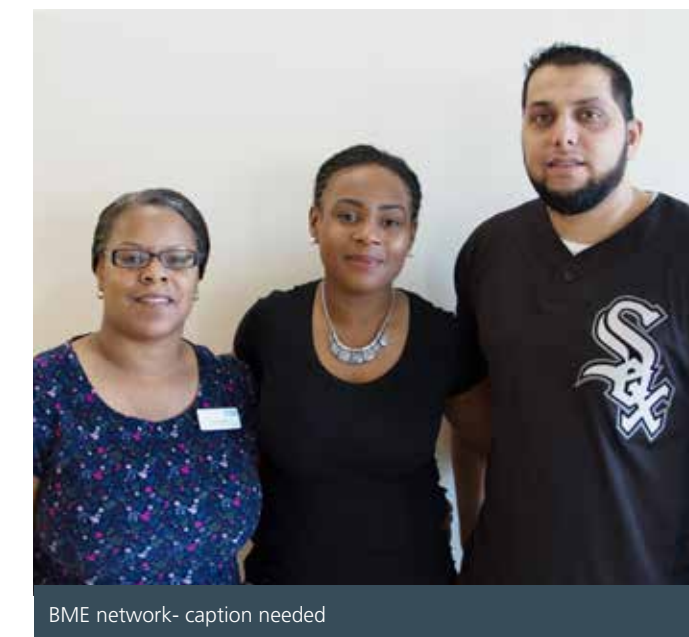
Cycle to work, Cars, Childcare vouchers, Car parking and Smartphones/home technology.



(Left to right) Emelye Westwood, from Ideal for All, with Kate Chester, Health and Wellbeing Support Officer from SWBH.

**9. Staff networks promote respect and tolerance**

In mid-November we launched our Staff Networks for Lesbian, Gay, Bisexual and Trans staff (LGBT), staff with disabilities, and our black and minority ethnic (BME) network. This came after the launch of our mutual respect and tolerance guidance, and introduction of our speak up guardians. Each network has a chair, vice chair and executive sponsor. The Board will endorse some very specific, numeric targets for our work in the next 12 months on inclusion and diversity



BME network- caption needed



#### 10. New Guardians of the Trust are vital roles

In 2016 the Trust appointed 10 Freedom to Speak Up Guardians – people who are committed to making sure that any colleagues who want to raise issues and concerns get their voices heard. In the wake of the Mid-Staffordshire inquiry, the Francis Report recommended that every NHS Trust should have at least one Freedom to Speak Up Guardian. SWBH's Guardians have been drawn from across the organisation and come from a wide range of occupational backgrounds. They have a vital role to play in helping to support staff who want to raise issues and concerns but may be worried about doing so. This is an additional route to supplement our whistleblowing policy. The Guardians are: Dermot Reilly, clinical practice coordinator, Harpal Tiwana, patient administration manager, Natasha Thompson, medical secretary, Rosie Auld, head orthoptist, Sandra Kennelly, clinical team leader and occupational therapist, Rachel Clarke, deputy anticoagulant services manager, Ian Galligan, technical supervisor medical engineering, Sue Whalen, consultant in sexual health, Robert Golding, junior doctor, and Anil Bhogal, security officer.



Freedom to speak up Guardian Natasha Thompson, Medical Secretary."

### Partnerships with a purpose

#### Working with students to "Kiss it Better"

Patients continue to enjoy being pampered by beauty students thanks to a partnership between Sandwell College and Kissing It Better (KIT) which benefits the Trust. Students have been regularly visiting Sandwell Hospital, as part of the KIT service, to treat patients to hand massages and manicures. The initiative encourages organisations to work together to use their specialist skills in making a difference to the care of patients and their carers within hospitals and care homes.

Since the Trust joined forces with KIT and the college, patients have benefitted tremendously. Kissing it Better, which was founded by Jill Fraser and Nicola Matthews, is about sharing simple healthcare ideas, which make patients and staff feel truly appreciated. It also improves morale and motivation.

Liza Gill from the Trust volunteer service explained: "Being in hospital is never a nice experience, so the idea of Kissing it Better is to brighten up the day for our patients by offering them these luxurious little treats. The students attended induction training (fire, health and safety and infection control) prior to visiting the wards. Their services were really well received by patients and staff and we have had some great feedback."



Visitor Sharmi Devia enjoyed being pampered by beauty students from Sandwell College



Ajay Hira, Phlebotomist.



Strategic Objective	2016/17 Priority	Delivered?
 Safe, High Quality Care	Reducing readmissions.	
	Improving the experience of outpatients.	
	Achieving the gains promised within our 10/10 programme.	X
	Meeting the improvement requirements agreed with the Care Quality Commission.	✓
	Tackling caseload management in community teams.	
 Accessible and Responsive	Meet national wait time standards, and deliver a guaranteed maximum six week outpatient wait.	X
	Double the number of safe discharges each morning, and reduce by at least a half the number of delayed transfers of care in Trust beds.	
	Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive high standards of professional support at home.	
	Work within our agreed capacity plan for the year ahead, thereby cutting did not attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure, and accommodating patients declined NHS care elsewhere.	X
 Care Closer to Home	Ensure that we improve the ability of patients to die in a location of their choosing, including their own home.	✓
	Respiratory medicine service sees material transfer into community setting, in support of GPs.	
 Good Use of Resources	Create balanced financial plans for all directorates, and deliver Group level I&E balance on a full year basis.	X
	Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board.	✓
	Reform how corporate services operate to create efficient transactional services that benchmark well against peers within the Black Country Alliance.	
 21st Century Infrastructure	Get NHSI approval for EPR full business case, award contract and begin implementation, whilst completing infrastructure investment programme.	✓
	Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre.	
	Finalise and begin to implement our RCRH plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr.	
 An engages and effective organisation	Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness.	X
	Finalise our long term workforce plan, explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019.	✓
	Create time to talk within our Trust, so that engagement is improved. This will include implementing Quality Improvement Half Days, revamping Your Voice, Connect and Hot Topics, and committing more energy to First Fridays	✓

## Partnerships with a purpose

### Unique training opportunity through a collaboration with Aston Medical School

A new innovative training programme which sees the Trust working with Aston Medical School aims to encourage local students to stay within the area. The partnership scheme has led to the Trust linking with local schools, to offer the possibility of a career as a medical professional to children who may not have considered it in the past. The places are available at Aston Medical School, and not only focus on clinical skills, but also look at the interpersonal qualities essential for the delivery of excellent healthcare. Dr Shagaf Bakour, Obstetrics and Gynaecology consultant, also the Medical Director of Education for the new Aston Medical School, said: "The aim of the school is not just to educate students, but to encourage them to return to their communities and work in the primary care field." By doing that, they'll be directly improving health outcomes in some of the most deprived areas of the Midlands. We've received widespread support. Locally, it's come from the NHS Education and Training Council and Training Board, from the Deanery, from local NHS Trusts and GP practices – and nationally, from the British Medic.



Dr Shagaf Bakour, Obstetrics and Gynaecology consultant and medical director of education for the new Aston Medical School.

#### Priorities we did not fully deliver

1 Achieving the gains promised within our 10/10 programme.

During the year we implemented our safety plan in community, surgical and women's / children's wards. This plan ensures that all patients receive their safety checks within the right time frame – our always events. In our medical wards we were not assured that the right standards of care were being consistently met so we implemented a new Consistency of Care programme. Ward teams are implementing 12 week improvement plans so that the standards of care are delivered consistently well.

2 Meet national wait time standards, and deliver from a guaranteed maximum six week outpatient wait.

Add narrative about DTOC, bed capacity and delivery plan for A&E four hour target

3 Work within our agreed capacity plan for the year ahead, thereby cutting did not attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium

rate expenditure, and accommodating patients declined NHS care elsewhere.

Add narrative about production plan

4 Create balanced financial plans for all directorates, and deliver Group level I&E balance on a full year basis.

Add narrative about financial position

5 Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness.

Sickness absence reduced by 20% during 2016 – but did not meet the target of 3.5%. Reducing sickness absence and increasing well being remains a key focus for the Trust for the coming year.



## Partnerships with a purpose

### Pilot programme for trainee nurses means better quality care

The Trust and its partners the Black Country alliance are one of only 11 trailblazers piloting a new Trainee Nursing Associate programme (TNA). The new role, which sits alongside existing nursing care support workers and registered nurses, is part of a national programme run by Health Education England. As a result of this new role, nurses are able to spend more time using their specialist training to focus on clinical duties and take more of a lead in decisions about patient care. Staff trained through this two-year scheme, will learn on the job, leading to a foundation degree. Cath Greenway, Lead Nurse, from the Nurse Education Team, said: "Our TNAs attend Wolverhampton University one day each week and undertake learning in the workplace for the duration of the programme. They have a range of placements across the Trust which will enable them to experience care given to patients in their homes, close to home and in a hospital setting."

Trainees who are all taking part in the nursing associate programme.

### How our groups performed

**Community & Therapies**  
Budget: £35 million  
Headcount: 804

The Community & Therapies Clinical Group continues to thrive and develop. The group of predominantly therapists and nurses deliver over 30 different services across acute inpatients, intermediate care and re-ablement beds, outpatient clinics, emergency and assessment departments, outpatient clinics, patient's homes and a diverse range of community locations.

#### Key achievements:

- Consolidation of the Palliative & End of Life Care services delivering services across our acute sites, bed bases and Sandwell community. The Specialist Palliative Care Team, Macmillan Therapy Team, Urgent Response Team are co-located in the palliative care suite on the Sandwell site facilitating integrated working and establishing cohesive pathways of care. Our partnerships with John Taylor and St Mary's Hospices, Age Concern and Sandwell Crossroads continue to develop and the new Heart of Sandwell Day Hospice at Rowley Regis Hospital opened at the beginning of April.
- The new Rowley Regis Treatment Centre is the result of six months of building and investment which has transformed the community areas within Rowley Regis Hospital supporting all clinical groups. Services provided include outpatient physiotherapy, X-ray, consultant clinics, phlebotomy and children's therapies, in addition

to the musculoskeletal physiotherapy specialties such as continence, IV therapy, DVT, general rehabilitation, respiratory and foot health that are provided.

- More District Nurse clinics have been established across the patch to support care closer to home for those patients able to get out and about, and later this year we will be supporting more patients to have a reduced length of stay in hospital by administering their IV therapy in a clinic or in their own home.
- The Integrated Care Service (iCares) continues to develop to particularly manage those adult patients with long term conditions. The service is available for all people with a Sandwell GP irrespective of where they live and includes those in care homes. There are multiple treatment pathways and include those requiring urgent multidisciplinary assessments including diagnostics, avoiding admissions to the acute hospital by providing intensive interventions and life-long management to prevent deconditioning, maximising independence.

#### Future plans:

Over 50 per cent of the Trust's current activity is based in the community and this will grow in the coming years. In order to organise our business to deliver the full spectrum of integrated care, effectively take forward partnerships with primary care and prepare us to act as an accountable care organisation a moderate restructure is proposed in Community & Therapies and Medicine and Emergency Care Clinical Groups. From April 2017 co-locating some of the more community facing specialties aligning professional teams around patient pathways, not buildings, seems a sensible thing to do. A medical workforce including primary

care will strengthen our community services further and prepare us to deliver new models of care. Staff engagement

is underway and will include a naming convention to reflect the services joining the community and therapy team.

## Partnerships with a purpose

### Inspirational End of Life Care partnership sees beyond the NHS



The Connected Palliative Care team based at Sandwell Hospital.

Our C.P.C service is a true partnership, providing a seven day service for patients in the last year of life through a new unique End of Life care hub. Located at Sandwell Hospital, the Connected Palliative Care service is run by the Trust and its partners John Taylor Hospice, Birmingham St Mary's Hospice, CrossRoads Care and Age Concern. It offers patients hospice beds, domestic support and specialist palliative care.

SWBH Nurse Manager & Service Lead Palliative and End Of Life Care Tammy Davies said: "We have built a central hub which acts as a one-stop-shop for patients, carers and healthcare professionals." Professor Nick Harding, GP and Chair of Sandwell and West Birmingham Clinical Commissioning Group, said: "A great deal of work has taken us to this point in listening to patients, carers and providers; evaluating what was already on offer; developing a model with a co-ordination hub, urgent/crisis response team, and 24/7 access; and the appointment of the Trust as the main provider working with local hospices and voluntary organisations."



Ronald Walker patient.



Imaging  
Budget: £11 million  
Headcount: 273

We provide a wide range of Imaging services to inpatients and outpatients, as well as providing a direct access service for GPs. The plan for the group is to continue providing a wide range of services including X-ray, Interventional Radiology, CT & MRI scans, Dexa, Ultrasound, Nuclear Medicine and Breast Screening. The quality of the services will be improved through offering more services at weekends and in the evenings. We aim to have more equipment so waiting times can be shorter. Consequently, our patients will have more choices of where and when they want to have their scans. We want to make sure that our future plans will place the patient experience in the centre of what we do and by improving the quality of the services through intensive training and investment in equipment, we will be able to support our colleagues in providing the best treatment to our patients.

Key achievements:

- We have become one of the first Trusts in the country to have state-of-the-art scanning equipment. These two new machines promise to cut waiting times whilst improving patient safety. The scanner automatically moves around and generates pictures in a second, allowing us to digitally share images with clinicians simultaneously so patients can be diagnosed immediately. This scanner also reduces the dose of radiation so it's

safer for our patients without compromising the quality of the pictures. New Ultrasound kit has also been installed in antenatal and General Ultrasound.

- The Cardiology and Imaging team joined a national trial to provide a Computerised Tomography Coronary Angiography (CTCA) service to diagnose and assess medium-risk patients immediately. This new trial uses X-ray technology to create a detailed 3D picture of the heart and its blood vessels. Patients are treated as outpatients and once the scan is done, a cardiologist will review the results and be able to either give them immediate reassurance or get them started on the correct pathway to improving their wellbeing.
- Interventional Radiology was a finalist for the Health Service Journal's Value in Healthcare Awards. This achievement recognised the collaborative work with the Black Country Alliance in providing an out-of-hours service.

Future plans:

As part of the managed equipment service contract, we plan to refurbish all the imaging equipment across the Trust to prepare for the coming of the new Midland Metropolitan hospital. We will continue to work with Siemens in preparation for the new hospital move, which means more access to leading technology in the new and retained environment. As well as maximising our relationship with Siemens, we will also work closely with Merge and Cerner to capitalise on the synergy of having all three major technology providers working together.

Cutting edge equipment is now being used at the Trust after a 10-year deal was struck with technology firm Siemens. The Managed Equipment Service (MES) is an agreement which means the Trust can provide a leading medical imaging service for patients. One device includes a state-of-the-art robotic X-ray scanner which can produce an image in just one second. Already this is seeing a reduction in waiting times, whilst improving patient safety. Jonathan Walters, group director of operations for pathology and imaging at the Trust, said: "Our plan is to refurbish all the imaging equipment across the Trust over the next few years to prepare for the coming of the new Midland Metropolitan Hospital. We also plan to install new scanners at the Birmingham Treatment Centre and Neptune Health Park." The partnership enables both staff and patients to benefit from a well-designed clinical environment. The MES partnership also includes the provision, renewal and maintenance of imaging equipment for the next 10 years, underpinned by solutions to support operational and clinical efficiency.

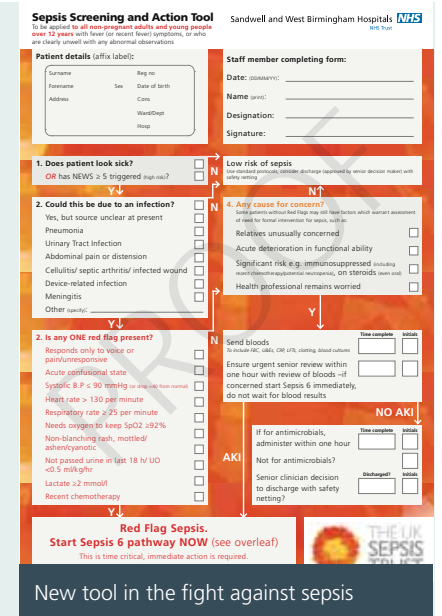


Trust officials sign the MES contract with Siemens they include (Left to right) Alan Kenny, Director of Estates and New Hospital, Tony Waite, Director of Finance & Performance Management, Jonathan Walters, Group Director of Operations Pathology and Imaging, and Toby Lewis, Chief Executive.

## Partnerships with a purpose

### New screening tool will save lives

The number of deaths caused by blood poisoning could be drastically reduced thanks to a new Regional Sepsis Committee that has been formed by the Trust. Working with West Midlands Ambulance Service, Sandwell and West Birmingham Clinical Commissioning Group and community services, the committee has created a new Sepsis Action and Screening Tool, for all inpatients aged 12 and over. The tool has also been developed for use in GP practices.



Pathology  
Budget: £18 million  
Headcount: 344

Pathology at SWBH covers comprehensive services that allow us to apply modern clinical science to the diagnosis, treatment, and monitoring of disease. We have facilities across our sites that allow speedy results, as well as services that go out to meet patients such as anticoagulation services and point of care testing. Our 2020 vision sees several changes that will be beneficial to the service, providing a faster and a more localised service for patients across the Trust. In 2018 we see our currently split-site services once again brought together at Sandwell. Alongside this, as we move towards a paper-free NHS. We have offered electronic results for many years and now more and more of our requests are made electronically as well.

Key achievements

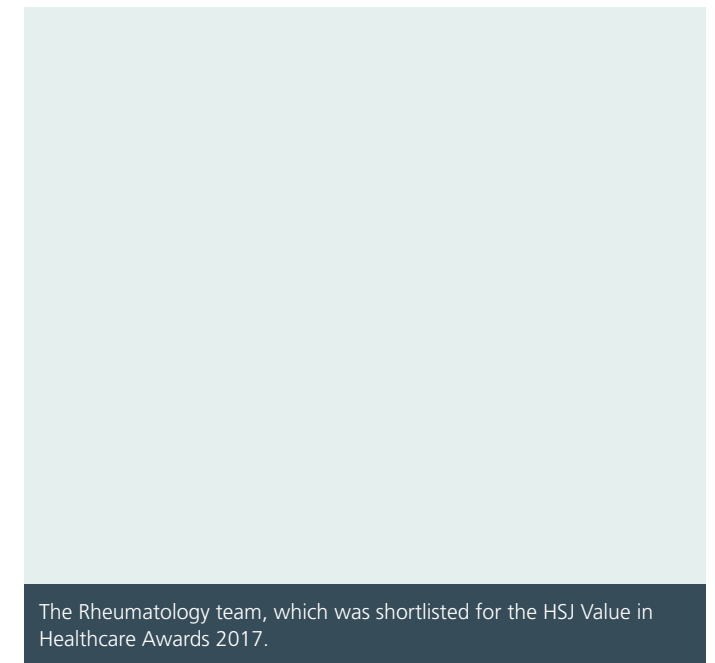
- Community Phlebotomy delivers better and more integrated patient care with an emphasis on ensuring an efficient pathway for the samples from the patient's arm into the laboratory.
- The Pathology department is taking part in a trial funded by Sandwell Council to test all admissions to AMU A and AMU B for HIV, allowing earlier diagnosis of the condition. According to national and WHO guidelines, HIV testing should be considered in all general medical admissions. Figures show that 56 per cent of people are diagnosed late in Sandwell because they do not easily present symptoms.
- The Pathology team have now planned the detail of the move of the rest of Pathology to the Sandwell Treatment Centre. This means that laboratories currently located on the City site will move in a phased way to Sandwell to support the MMH, our community services including direct access from GPs and also specialist testing with samples coming to us from around the rest of the United Kingdom.
- Blood spot technology has been used effectively in the area of serology testing especially helping with work in the local prison and also mental health units.
- UKAS Inspections; All our laboratories have undergone

their UKAS inspections which is similar to the wider CQC hospital inspection. The new ISO 15189 standard is now in place for Pathology and in Spring 2017 all our laboratories had inspections to ensure we comply to these new very rigorous standards. Indications are that the inspections were very successful.

- Our toxicology services have seen us pioneering the measurement of legal highs and this has created a degree of media attention on the work that we are doing in this area.

Future Plans

We have been working with the three other Black Country Pathology Departments on joint working initiatives as part of the NHSI drive to take forward the recommendations of the February 2016 report on unwarranted variation and operational productivity in the NHS and the Black Country Sustainability and Transformation Plan points to pathology as an area that is moving forward. Working together at Pathology Director and Manager level the four Trusts, with the help of specialist consultants are appraising options to increase the efficiency and effectiveness of pathology services to ensure they are fit for purpose into the future.



The Rheumatology team, which was shortlisted for the HSJ Value in Healthcare Awards 2017.



**Surgery**  
Budget: £113 million  
Headcount: 1,355

In December 2016 Surgery A and B groups became one clinical team bringing huge benefits to the department. Now all services are under one umbrella, with one team working with the same systems and processes. Surgery includes trauma & orthopaedics, general surgery, breast surgery, plastic surgery, vascular surgery, urology, anaesthetics and critical care, as well as the Birmingham and Midland Eye Centre (BMEC). The group provides surgery and critical care for our patients. General surgery and orthopaedics is mainly delivered from Sandwell, plastics, Urology, Vascular and Breast Surgery are mainly delivered from the City site and there are Critical Care Units at both main acute sites. We treat patients who present to our A&E departments with acute surgical or orthopaedic emergencies, besides performing a large number of elective operations.

BMEC is the largest facility of its kind in Europe offering rapid eye services (both emergency and non-emergency), and hires specialists from many different fields of Ophthalmology. General Ophthalmology services are also accessible at three of our sites. Our Audiology team offer a range of services, from general checks to specialist hearing aid fittings at both our Sandwell and City sites. Our ENT team work across the Trust to deliver essential emergency and routine treatments. Our Oral Surgery can be found at City Hospital, where it works in partnership with other dental services to provide general oral surgery as well as cancer services.

**Key achievements**

We have completed a successful merger of two clinical groups.

- We provide one of the largest hearing screening services for newborns, in the country and in the past year it has been accredited as an Awarding Centre for the Level 3 Diploma for Health Screeners (Newborn Hearing). Within the service, which provides screening for babies born in Birmingham, Sandwell and Solihull, we have dedicated trained screeners and offer an outpatient

**Medicine & Emergency Care**  
Budget: £153 million  
Headcount: 1,444

The medicine and emergency care group includes over 300 medical staff, over 1000 nursing staff, a range of administration and allied health professionals working across the three directorates - emergency care, admitted care and scheduled care). We have recruited over 300 people during the past year. The directorate of emergency care covers emergency medicine, acute medicine, the mental health service, RAID and toxicology. The directorate of admitted care covers elderly care, stroke, neurology, neurophysiology, cardiology and all ward clinical teams. The directorate of scheduled care covers gastroenterology, respiratory, dermatology, diabetes and renal, rheumatology and haematology/oncology.

**Key achievements:**

- Following their study in exploring new ways to treat

service for babies.

- We have been nationally recognised for our FINCH service. Accolades include Nurse of the Year.
- The Trust is now one of the few centres outside London approved to run the START (Systemic Training and Acute illness Recognition Treatment) course. It is an introduction to managing critically ill or potentially unwell patients on surgical wards, for Foundation Year One Doctors. The course was developed by the Royal College of Surgeons.
- Pioneering work at the Trust on perioperative anaphylaxis screening is transforming patient safety. Some patients can suffer an extreme allergic reaction during surgery, with potentially severe consequences. But our team of immunologists and anaesthetists have investigated patients who have experienced a likely reaction during anaesthesia to identify the cause and to provide information about safe alternatives when allergy to a drug or agent is found.
- Working with Health Education England, the Trust enrolled its first set of candidates on the Higher Specialist Scientific Training Scheme (HSST) for clinical scientists. The five-year programme gets people ready for a future career as a consultant clinical scientist. It also allows them to develop both their scientific expertise through a clinical doctorate, combining study and research, while maintaining their clinical practice and developing their leadership skills.

**Future plans**

We currently have an agreement in place to recruit a micro-vascular surgeon, which will add to the development of our hand and upper limb unit. We have an agreement in place from the Black Country Alliance board to move forward with the unit. We also will be undergoing a redesign of the plastics service, which will mean that it will be split into four different areas. As a result of the construction of the Midland Metropolitan Hospital, we will see the conversion of the Ophthalmology Emergency Department into an Urgent Care Centre. Our ongoing partnership with the Black Country Alliance, will see our projects develop further.

diabetes, the Diabetes Research team successfully proved that a combined treatment can help patients control their diabetes effectively. Using an EndoBarrier device and medication, patients who struggle to lose weight and control diabetes can lose more than 12kg within a year – and be able to manage their blood sugar levels. This study has received many awards and the treatment is now being considered within other NHS organisations.

- The Birmingham Rheumatology Group – which consists of the University of Birmingham, our Trust and University Hospital Birmingham – has been designated a European League Against Rheumatism (EULAR) centre of excellence. EULAR is the organisation which represents people with arthritis or rheumatism, as well as the health professional and scientific societies of rheumatology in all the European nations. Its aims are to reduce the burden of rheumatic diseases on both the individual and society, by improving treatment, prevention and rehabilitation of musculoskeletal diseases. The Ambulatory Emergency

- Medical Care service has established 24 new pathways to improve patient experience. They range from chest pain and headache to syncope and upper GI bleeds. This new method aims to give patients a prompt review, assessments and scan. Patients receive their diagnostics, treatment and management plan at the Ambulatory Medical Assessment Area (AMAA) and they go home the same day without having to be admitted. Patients have rated the new services as exceptional. The average discharge rate at the department is 60 per cent compared to the national average of 40 per cent.
- The Cardiology team were awarded the Clinical Research Impact prize for their work on Atrial Fibrillation. The results of their research has been incorporated into NICE (the National Institute for Health and Care Excellence) and also both primary and secondary clinical pathways. They've also received accreditation by the British Society of Echocardiology. This recognition acknowledges the high standard across the department for echocardiology services, which is a type of non-invasive cardiac imaging using ultrasound.
- The Skin Centre, based at City Hospital, has recently

been recognised as an NHS England assigned centre for the treatment of Hidradenitis Suppurativa (HS). This condition is a distressing, painful, long-term skin condition that causes abscesses and scarring on the skin. Having specialist status means that patients from a number of neighbouring hospitals will be referred to City to start a newly licensed biological treatment.

**Future plans:**

Our focus is to deliver the 'Fixing our Future' programme where we will re-design the specialties in scheduled care. With the Midland Metropolitan Hospital coming in 2018, the way we work to provide outpatient and day case provision will be changing to deliver services from multiple sites with a flexible seven day workforce model wherever feasible. The specialties in the scope of the programme are:

- o Diabetes/nephrology/endocrinology
- o Gastroenterology/endoscopy
- o Respiratory
- o Dermatology
- o Haematology/oncology
- o Rheumatology

**Partnerships with a purpose**

**New Regional Haemoglobinopathy Centre at City Hospital**

The Trust has become the first in the region to offer a new specialist service to treat sickle cell and thalassaemia sufferers. Working with NHS Blood and Transplant (NHSBT) and the West Midlands Specialist Commissioners, the regional specialist centre for haemoglobinopathy, means that patients do not have to travel to London to receive pioneering treatment for blood conditions. Patients

attending the new centre receive automated red cell exchange treatment – a complete blood transfusion – thanks to this state-of-the-art NHS service. This procedure removes all of the patient's abnormally shaped red blood cells and replaces them with donated blood, using a technique called apheresis. Patients have received more than 500 units of blood from NHSBT since the service started.



(Left to right) Ian Trenholm, chief executive at NHS Blood and Transplant, John James CEO The Sickle Cell Society, Councillor Paulette Hamilton, Birmingham Council's Cabinet Member for Health and Social Care, Catherine Howell, NHS Blood and Transplant's Chief Nurse for Diagnostic and Therapeutic Services, and Shivan Panchar, Lead Consultant for Sickle Cell and Thalassaemia.



**Women's and Child Health**  
Budget: £78 million  
Headcount: 932

The Women's and Child Health Clinical Group encompasses gynaecology services, ISHUS (Integrated Sexual Health Units in Sandwell), maternity and neonatal services, health visiting, family nurse partnership services and acute and community paediatric services.

**Key achievements**

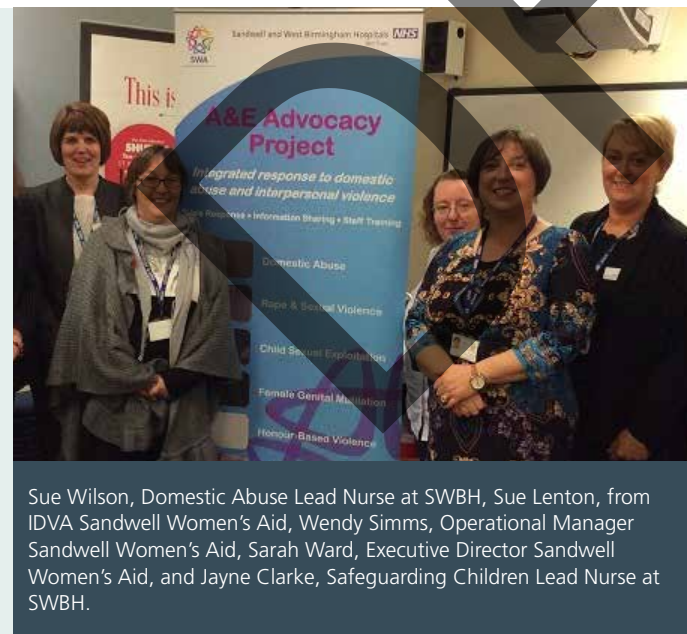
- We became the first in the West Midlands to issue Baby Boxes to all new mothers who give birth at our Trust. The Baby Box promises to deliver a drastic reduction in infant mortality. The boxes are made from a special, durable cardboard and come with a firm mattress, waterproof mattress cover and 100 per cent cotton sheet. Statistics in Finland, where the idea originates from, has shown that the infant mortality rate has dropped by 75 per cent.
- Our health visiting team won the People's Award for a poster that described the complexities of the multi-agency Antenatal Changes Parenting Programme in a clear and easily accessible way. The award came from the Community Practitioners and Health Visitors Association.
- Kathryn Gutteridge won Midwife of the Year Award from the prestigious Royal College of Midwives which has recognised the great work she has done over the years. Kathryn has been instrumental in the improvement to the maternity services at the Trust. Her ethos of creating calm and ensuring mothers from any background can experience the best birth possible is what drives a caring culture, which in turn attracts caring staff.
- Serenity Birth Unit won the Innovation in Practice Award, given to the service by the British Journal of Midwifery for the way it has developed a pathway for high risk expectant mothers. It offers continuity in care and one-to-one midwifery care for the whole of their labour so

that there is no interruption.

- After successfully transforming the pathway for gynaecology patients requiring paracentesis (the draining of fluid from the abdomen), the team were given the 'Nurse led paracentesis service' Award, by MacMillan. Previously people having the procedure often complained about the length of their stay in hospital, and how it was carried out by a different consultant on every visit. In response to this feedback, the team created a nurse-led service that gives patients a single point of contact for all paracentesis enquiries. Nurses now perform the procedure and hospital stays have been reduced from three or four days to just one.
- Maternity services was successful in their bid to be in wave one of the national collaboration roll out towards achieving the maternity ambition to reduce still births and neonatal deaths by 30 per cent by 2020.
- GUM and CASH services are now delivered as an Integrated Sexual Health service (ISHUS) and provide a one stop, multi-site service to the borough of Sandwell.

**Future Plans**

We are an early adopter site for the roll out of a series of quality initiatives supported by the Department of Health. This will allow us to further improve the quality of our maternity services provision. Investigations such as scans will be more widely available in community venues as we look to be a beacon of excellence in maternity care which continues to receive positive feedback from women. We are also working to our goal to appoint an Academic Professor of Obstetrics in partnership with Aston University. Meanwhile, our paediatric team plan to expand the development of our multidisciplinary allergy services, and we are working to ensure that the transition of care for our adolescents from a paediatrician to an adult service is seamless for both the patient and family. We are also looking at further developing a service of excellence for women experiencing problems in early pregnancy.



Sue Wilson, Domestic Abuse Lead Nurse at SWBH, Sue Lenton, from IDVA Sandwell Women's Aid, Wendy Simms, Operational Manager Sandwell Women's Aid, Sarah Ward, Executive Director Sandwell Women's Aid, and Jayne Clarke, Safeguarding Children Lead Nurse at SWBH.

was formed in late 2015 and has significantly improved the Trust's ability to identify and respond appropriately to victims of domestic abuse.

**Partnerships with a purpose**

**Sandwell Women's Aid: New domestic violence project launch**

Patients who turn up to the Trust's emergency departments after suffering abuse are getting the help they desperately need thanks to a joint project with Sandwell Women's Aid. Advisors from the organisation are now placed within A&E at Sandwell and City Hospitals - which has led to a tenfold increase in identifying victims. As a result, 77 per cent of these individuals accepted ongoing specialist support from Sandwell Women's Aid and other agencies. The project has contributed to a 91 per cent overall reduction in this vulnerable group's ongoing use of the Trust's A & E services, once targeted support was provided. The partnership

**Corporate**  
Budget: £16 million  
Headcount: 1,796

The corporate function covers our workforce, estates, strategy, governance and communications, operations, nursing and facilities, finance and the medical director's office.

**Key achievements**

- In the past year, our Live and Work Project has become a multi-award winning scheme, recognised by Sandwell and West Birmingham CCG Equality Awards, NHS Health Education England and the Sandwell Business Awards. The scheme is a successful partnership between our Trust and the West Midlands youth homelessness charity St Basils, with support from other organisations. The aim is to provide apprenticeship opportunities and living accommodation within the hospital to young people from St Basils.
- The Homeless Patient Pathway programme has now become an embedded Trust service and it is helping to reduce the re-admission rate. The team offers a holistic approach to patient care, starting from when they first present in hospital. While they are being looked after clinically, another member of the team will work with the patient and Sustain, our trusted housing provider to find accommodation which is suitable for their individual needs. The team continue to work with the patient following their discharge from hospital.
- Our Trust partnered with the Kissing it Better campaign, which invites those in the community with specialist skills to make a difference to the care of patients and their carers within hospitals and care homes. Working with Kissing it Better students from Sandwell College's beauty department have visited patients and their carers, offering them free massages and nail painting. This partnership will continue with more visits planned in the future, including hairdressing sessions, singing, and face painting for our younger patients.
- An expanded nursery at the Sandwell site means it is now able to provide care for up to 57 children a day. The purpose-built extension has a new baby room, for children aged between three months to 18 months. It's a bright and stimulating room, giving youngsters the space to explore and learn, with excellent support in their development.
- The Trust now has three fully established Staff Networks for Lesbian, Gay, Bisexual and Trans staff (LGBT), staff with disabilities, and black and minority ethnic (BME) network, which focus on colleagues becoming more involved. In particular the BME group sees a big part of their role as being able to support fellow BME staff who are facing significant challenges which they perceive to be because of their race. It provides a safe haven for staff and offers a one-to-one basis for advice and sign posting to partner organisations as required.
- The Trust has been working with Sandwell Women's Aid (SWA), and has now expanded its programme to help identify and respond to users of the domestic abuse service. The A&E Advocacy Project was first launched at Sandwell Hospital. In Summer, 2016 the Trust rolled out the scheme to City Hospital. Potential users of the

service are identified and referred to SWA for specialist support.

- Catering at our Trust has gone green, which means healthy eating pays off for staff and visitors. Anyone who uses their Healthy Eating Loyalty card when buying their meals from the green ranges gets their 10th green meal free. Not only that, but those purchasing their green meal on a Friday receive a free piece of fruit.
- Our new day hospice has relocated to Rowley Regis Hospital and comes with enhanced services, and an expansion in access. We are committed to providing outstanding end-of-life care as part of our Supportive Care Plan.

**Future plans**

We have exciting plans to transform our current medical education building at the Sandwell site. It will be our education hub, supported by refurbished facilities at Rowley Regis and the development of space for simulation and training in the new Midland Metropolitan Hospital. It will mean we have the space and facilities to develop everyone who works in the Trust.

The next stage of renovations are planned for Sandwell nursery, which will focus on the outdoor space, with the aim of providing a safe and stimulating garden with space for the children to run, climb and explore. There will be an area to grow wild flowers, encourage butterflies and bees and have bird houses and bug hotels. We are also going to build our own allotment so children can learn where food comes from and how to grow our own fruit and vegetables.

As Midland Metropolitan opens all SWBH Trust sites will be completely smoke free, both for patients and visitors, as well as staff. Nationally, smoking contributes to over 100,000 deaths each year through cancers, chronic obstructive pulmonary disease as well as heart disease. This is the key driving force behind the trust's plans to go smoke free. We are committed to helping our patients and staff, maintain a healthy lifestyle and our smoking cessation programme is key to this. Our smoking cessation plan for inpatients means we are able to provide them with nicotine patches, lozenges and sprays to reduce cravings. Staff have the opportunity to join a 12-week programme where they will be provided with free nicotine replacement therapy as well as the holistic support they need to quit.

We are looking to work with partners from the Modality Group of GPs. It is one of several GP federations with whom we are working. This initiative represents an effort to ensure that in around five years' time, there are high quality groups of GPs working in Sandwell and West Birmingham.

Our intention within the Trust is to devote more consultant time to our wards, on a seven day basis. This will help drive care from red to green and provide a focal point of leadership alongside our ward managers. We are looking to be undertaking 75,000 fewer outpatient consultations in three years' time and that will create space for the remaining consultations to be longer and more rewarding and purposive, but also to release time to emergency care of our sickest patients.

## Partnerships with a purpose

### Cerner engaged for provision of new electronic patient record

A partnership with technology giant Cerner means the Trust is well its way to implementing a new Electronic Patient Record (EPR) system. The collaboration will lead to better care as patient information, including medical history, allergies, and GP and community notes, will all be held in one place, which will allow clinicians to spend more time with their patients. Patients will also be able to gain access to their notes leading to better communication about appointments through secure online messaging. The EPR system will reduce the volume of paper records that are needed, enabling the Trust to move towards being paper-free. Cerner's offer includes EPR functionality

for the Trust's Emergency Departments, Theatres, e-prescribing, clinical support, critical care, bed management and clinical documentation. Geoff Segal, Vice President & General Manager for Cerner UK and Ireland, said: "We're delighted that the Trust selected Cerner to support their digital journey to enable better and safer care for their patients and community. We share the vision that transformation must be clinically led in order to achieve the best outcomes for patients and staff. Together we will focus on improving outcomes and delivering the best possible care to the local community." Full roll-out will be completed by November 2017.



Signing the Cerner agreement (left to right, front row) Director of Finance and Performance Management Tony Waite, Chief Executive Toby Lewis, Director of Governance, Kam Dhami. (left to right back row) Director of Estates and New Hospital Alan Kenny, Chief Operating Officer Rachel Barlow, Chief Informatics Officer Mark Reynolds, Director of Organisation Development Raffaella Goodby, Medical Director Dr Roger Stedman, and Director of Communications Ruth Wilkin.

### Quality and Performance Analysis Incorporating our Quality Account 2016/17

This section details our performance and includes our Quality Account which is our annual report to the public about the quality of our services. In this section you can find:

- How we performed in 2016/17 in the eyes of our patients.
- How we performed in 2016/17 against our standards.
- How we performed against external measures.
- How well we performed when compared to other Trusts.
- Our priorities for 2017/18.

### Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2012 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011). In preparing the Quality

Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable and conforms to specified data quality standards and prescribed definitions, and is subject to scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.
- The Trust's directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Signature

Richard Samuda  
Chairman

Signature

Toby Lewis  
Chief Executive



**Quality Plan**

Our Vision for 2020 is to provide care with patient measurable outcomes that are equal to or exceed the best in the NHS, across all the services we provide. We will do this by doing the right things in the right way, by facilitating innovation and ensuring our teams base their practice on the best available evidence in a learning environment committed to continuous improvement.

This vision sees us delivering safe high quality care for all clinical services with a determined focus on the effectiveness

of the care we provide for patients and the outcomes our services achieve for patients.

The aim of the Quality Plan is to produce measurable, patient meaningful, outcomes, to improve on these continuously and to do so with an ambition that puts us amongst the best organisations in the NHS. The Quality Plan will be achieved over the period 2017/20 through the following objectives:

Quality Plan Objectives	
1	We will reduce deaths in hospital that could be avoided so that we are among the top 20% of comparable NHS Trusts in the UK. We will take action to cut avoidable deaths from Sepsis, Hospital Acquired Venous Thromboembolism, Stroke, Acute Myocardial Infarction (Heart Attack), Fractured Neck of Femur and High Risk Abdominal Surgery.
2	Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.
3	We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.
4	We will deliver outstanding quality of outcomes in our work to save people's eye-sight, with results among the top 20% of comparable NHS Trusts in the UK.
5	More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.
6	We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.
7	Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.
8	We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.
9	Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.
10	We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.

This quality plan focuses on clinical effectiveness and the patient's experience of care as the objectives are linked to patient measurable and meaningful outcomes.

Typically outcomes are collected through retrospective audit in many cases through large national audit programmes. These often publish many months after the audit period. Our aim is to get outcome data that is important to patients available as quickly as possible and have that information displayed in a visually appealing and meaningful way.

In the future all of our patients and carers, if asked, will describe their experience at Sandwell and West Birmingham Hospital (SWBH) as being of a good quality, regardless of the time, the location or the staff group that they received their care from. As a minimum each patient will be able to say that the quality of care they received at SWBH was the best that they could possibly want and the Trust ranking will be within the top 20% nationally for delivering good quality care.

Embedding the 10 Quality Objectives is fundamental to ensuring this future state. The assignment of objectives has been set through the Clinical Leadership Executive and while some of the objectives are specialty specific, some, such as management of sepsis, completion of mortality reviews and Venous Thromboembolism (VTE) assessment compliance are cross cutting.

The delivery of the quality plan has been split up into four waves. Wave 1 is underway with five mortality initiatives included covering maternity, stroke, general surgery, trauma and orthopaedics and cardiology. Two of the plans covering maternity and general surgery are ready to commence in April 2017 with the other three undergoing modifications to their proposals.

The process for wave 2, which includes cancer, is in the planning stage and it is expected that plans will be submitted for review / approval in June 2017.

**Safety Plan**

In 2016 SWBH published its Safety Plan. Roll out of the plan commenced in February 2017. This Safety Plan is the Trust's focused and organised commitment to patients and their carer(s) to significantly reduce or ambitiously remove patient avoidable harms, through formalising must do safety-checking actions across the trust. There are areas where this is done well, but there is more to do.

The Trust-wide Safety Plan embeds 10 multidisciplinary, evidenced-based clinical standards and ensures their

	Standard	Output
1.	Ten out of Ten – The starting point for safety risk assessment of which care plans are then built upon	A safety checklist made up of 10 sub-standards that must be completed for every admitted patient within 24 hours
2a.	Pressure Ulcer	A plan of care is in place for patients identified to be at a tissue viability risk
2b.	Falls	A plan of care is in place for patients identified to be at a risk of a fall
3.	Infection Control	A plan of care is in place for patients identified to be at a risk of acquiring a Healthcare Acquired Infection (HAI) or having a HAI on admission to be managed
4.	Observations – Early Warning score (EWS) reporting and management	Monitoring vital signs as clinically required - taking in time appropriate action(s) to prevent an avoidable deterioration in a patient EWS are recorded (vital Pac or paper)– EWS were acted upon and this is evidenced in the patient's health care records
5.	Care Plans and signed by Patients and Carers/Family	Nursing care plans are in place, individualised; reflecting risks identified (physical, social and psychological) through discussion with patient / carer
6.	Focused care /Johns Campaign	A plan of care is in place for patients identified at risk from falls, absconding, self-harm, challenging behaviour or acutely unwell to ensure appropriate level of supervision with appropriately skilled Healthcare Professional and reflecting partnership working with carers.
7.	Antibiotic review every 72 hours	Reduction in inappropriate prescribing of antibiotics - An assessment has been done and the outcomes are documented of all patients on IV/oral antibiotics after 72 hours that reflects appropriate or inappropriate use
8.	Reduced Omissions	Patient's drugs are prescribed, correctly given and taken within a window that is deemed to be the right prescribed time. That a clinical omission for not giving the drug is recorded in the designated area
9.	Informed Consent	All elective patients undergoing invasive procedures have been consented in accordance to policy
10.	EDD and home care package	Accurate Expected Date of Discharge and 48hr follow up

The 10 standards are fundamental to the patients' health and social care wellbeing. These are not new standards and processes and should be a core part of routine care. What we will achieve is a formalised approach to doing these routine activities to ensure that they are fully and always undertaken at the right time, consistent with recognised trust standard practice. Within the Trust there are 43 ward/specialised areas; the Safety Plan is being rolled out to these wards incrementally during 2017.

In the future patients and their carers will be increasingly informed and included in care planning and will know what our safety standards are in layman terms. They will know what to expect, enabling them to identify when it is not

compliance. The 10 standards will become part of current everyday clinical processes upon which the associated Quality Plan can build. Every patient will have their safety needs assessed, planned for, implemented and continuously reviewed in real time, as part of routine practice, thus significantly avoiding harms we call these our "always events".

The standards and outputs of the plan are summarised below:

quite right and how to bring it swiftly to our attention for corrective and preventative action.

The aim of the plan is to continually improve our safety culture and reduce harms to patients – this may include falls, pressure ulcers and infection. Each patient is assessed to determine any care needs they may have. The safety standards checklist ensures all standards are completed for all patients within 24hrs of admission. This is reviewed by the senior nurse and multi-disciplinary team (MDT) on a shift by shift basis and any non-compliance is rectified immediately. Subject experts and senior 'buddies' support areas to improve practice by coaching, supporting and problem solving.

**How we measure quality**

We review our performance against external frameworks and internal targets on a broad range of indicators published in our Integrated Quality & Performance Report (IPR). The IPR is published monthly to a number of senior committees (including the Quality and Safety Committee) as well as the Trust Board. Performance is managed through our Groups via our group performance review programme. We also audit the quality of clinical care we provide against a number of national standards that are published by external organisations for example National Institute for Health and Care (NICE), National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) and specialty specific bodies for example National Bowel Cancer Audit Programme (NBOCAP) and National Hip Fracture Database (NHFD).

**Data quality improvements**

We have implemented a performance indicator assessment process, the data quality kitemark, which provides assurance on underlying data quality. Each indicator is assessed against seven data quality domains to provide an overall data quality assurance rating which is included in the IPR. We have a data quality improvement plan in place to ensure that the quality of our performance information continues to improve. During the year we have improved data quality as reported in the IPR. Our audit plan is a rolling programme covering all performance and quality indicators. We have established a Data Quality Group whose scope will be to identify and implement data quality improvements and address data quality issues as they are found and monitor their improvement to a compliance standard.

The Trust's SUS (Secondary Users System) data quality is benchmarked monthly against others via the NHS Digital SUS Data Quality Dashboards which are used to monitor compliance with mandatory fields and commissioning sets.

During 2016/17 we provided data to secondary users for inclusion in Hospital Episode Statistics (HES) as follows:

April-December 2016		
	Percentage with valid NHS number	Percentage with valid GP practice
Inpatients	98.8	100.0
Outpatients	99.5	100.0
Emergency Patients	97.1	99.0

**NHS Peer Group**

The peer group we have used for benchmarking is a mix of Foundation Trusts, non-Foundation Trusts, local and inner City Trusts with a geographical spread and similar levels of activity to Sandwell and West Birmingham NHS Trust.

- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool and Broadgreen University NHS Foundation Trust (RLB)
- The Royal Wolverhampton Hospitals NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UHB)
- Worcester Acute Hospital NHS Foundation Trust (WAH)
- Northumbria Healthcare NHS Foundation Trust (NHN)

Sandwell and West Birmingham Hospitals NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration.



Medical Director Roger Stedman at the launch of the Quality and Safety plan.

**Services provided / subcontracted**  
During 2016/17 we provided and/or subcontracted 44 NHS services. We have reviewed all the data available on the quality of the care in these services. Where we have subcontracted any activity, it would only be to a provider, who like us was registered with the CQC but has no conditions attached to that registration. Agreements between the Trust and the subcontracted providers require that the same high standards of care are given when giving care on our behalf. The health benefit and activity data undergo the same level of scrutiny as that delivered in the Trust. The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by Trust.



(Left to right) Patient Dennis Hill, and Dr Chetan Varma.

**How we performed in 2016/17:**

**In the eyes of our patients**

During the year we have actively encouraged concerns, complaints and feedback from patients and carers that has enabled us to make improvements in the care we provide.

**Family and Friends Test**

The Family and Friends Test (FFT) would recommend scores give important feedback regarding Trust services. Different methods are used to support patients including: electronic tablets, SMS texting, card and more

Family and Friends Test (FFT) – would recommend scores April 2016 – February 2017

SWBH Inpatient Score	National Average	National Lowest	National Highest
89.9%	96%	74%	100%
SWBH ED Score	National Average	National Lowest	National Highest
79.4%	86%	48%	100%
SWBH outpatients Score	National Average	National Lowest	National Highest
88.2%	93%	73%	100%

**National Patient Surveys**

The national survey programme is used to measure patient experience and perceptions across the NHS and this Trust. We are continually striving to ensure that the quality of care provided meets expectation and we respond to the needs of patients, including listening to patients, the need for privacy, information and involving patients in decisions about their care.

**Patient Stories**

During 2016/17, patient stories have continued to form a key part of every SWBH NHS Trust Board meeting. The introduction of video patient stories has widened the reach of these stories so more teams and services are now able to learn from the themes that are raised and apply them to improvements in their own areas.

Table showing this year's complaints vs last year

Patient experience	2015/2016	2016/2017
Complaints received - Formal%	871	1026

It was recognised that there was an opportunity to streamline the work that the PALS and Complaints do, and as such the team as a whole has been restructured. This restructure has coincided with other changes across the Trust and has

recently we now send messages via landlines.

Some of the improvements in 2016/17 have included the re-launch of sleep packs following a successful initial campaign, training of volunteers to support activity provision for patients with cognitive disorders, exploration of staff knowledge regarding sensory disability and provision of communication aids as a result of the survey and placing a flag on the records of patients with learning disabilities to support seamless care.

The Board heard from the mother of a patient with a learning disability who had been admitted several times over the last year with artificial line feeding (PEG) complications resulting in breathing problems. The individual patient was reviewed and care actioned at the time but the executive team initiated a review of the PEG service and a review of caring for patients with learning disabilities within the hospital setting.

**Complaints**

Complaints management remains effective and timely, focusing on the needs of complainants. Establishing the outcomes sought from complainants upfront, and offering resolution meetings alongside, or instead of written responses continues to be a focus of the complaints team.

had some impact on the KPI results. Complaints were still responded to by their target date, 81% of the time, and the average number of days they took to complete were 31.05 days.

Average number of days to respond to complaints by quarter





Most common themes of complaints comparing 2015/16 – 2016/17

The most common themes	2015/2016 %	2016/2017 %
All Aspects of Clinical Treatment	53	48
Appointment Delay/cancel (outpatient)	16	16
Attitude of Staff	12	14
Communication/Info to Patient	6	7
Personal Records	3	2
Appointments Delay/cancel (in patient)	2	2
Admissions/ discharges, Transfers	1	4
Transport Services	1	1

Where learning can be evidenced, this is shown to the complainant even if this is sometime after the complaint is closed. The following are examples of learning that has taken place as a result of complaints.

- Communication between the District Nursing (DN) team, and patient's family improved through the use of a "Communication Sheet".
- New referral pathway established by a Professor in Neurology where all patients with a suspicion of a genetic diseases will now have access to counselling at the earliest opportunity.
- A change in clinical practice where it is now policy that arterial and venous cannulas are not placed too close together, and sharp scissors are no longer used to remove dressings.

- In light of the difficulties experienced by some, patient transport bookings can now be taken over the phone without the need to complete a form. This in turn has ensured equal access to appointments for all patients including those with disabilities.

PALS - Patient Advice and Liason Service

Local resolution is encouraged, on the basis that wards and outpatient teams are well placed to deal with issues that arise on a day to day basis. Where this cannot be achieved, and where a formal complaint is not necessary, PALS provide an essential liaison service between the patient and service. They can also support patients who need clarification, additional information about our services or where they are concerned about an aspect of care, but not yet sure if a complaint is warranted.

Total number of enquiries made to PALS 2592

The most common themes	2015/2016 %	2016/2017 %
Appointment issues	25	28
Clinical Issues	25	27
Complaints advice or referral	5	5
Communication	14	13

Patient Reported Outcome Measures (PROMs)

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently these cover four clinical procedures where the health gains following surgical treatment is measured using pre- and post-operative surveys. The NHS Digital publishes PROMs national-level headline data every month with additional organisation-level data made available each quarter. Data is provisional until a final annual publication is released each year.

The tables following shows the percentage of patients reporting an improvement in their health status following the procedure and the average adjusted health gain achieved compared against the average for England.



Patient Lakvinder Kaur Sangha tries out the new Cardiac Rehabilitation Gym at City Hospital.

Patient Reported Outcome Measures (PROMs)

	Health Status Questionnaire - Percentage improving			
	Finalised data for April 14– March 15 (Published 11/08/2016)		Provisional data for April 15– March 16 (Published 09/02/2017)	
	SWBH	National	SWBH	National
Hernia repairs	50.7%	43.7%	50.9 %	49.2%
Hip replacement	89.5%	89.3%	89.6%	90.6%
Knee replacement	81.0%	78.1%	81.6%	77.4%
Varicose vein surgery	52.0%	46.7%	52.6%	44.9%

Average adjusted health gain

	Health Status Questionnaire - Average adjusted health gain							
	National	SWBH	Highest National	Lowest National	National	SWBH	Highest National	Lowest National
Hernia repairs	0.084	0.058	0.107	0.041	0.088	0.075	0.157	0.021
Hip replacement	0.436	0.414	0.495	0.348	0.438	0.435	0.510	0.320
Knee replacement	0.315	0.287	0.373	0.229	0.310	0.325	0.398	0.198
Varicose vein surgery	0.094	0.087	0.161	-0.021	0.095	0.077	0.149	0.018

SWBH below England average  
SWBH above England average

The finalised data for 2014/15 and the provisional data for 2015/16 shows that there are areas where the reported outcome is below the average for England.

In response, the Trust has taken action the following action:

	Action taken
Hip & Knee replacement	Patients attend a 'joint club' where advice and information is imparted. This includes discussion with patients so they are fully aware of the risk and benefits, as well as expected outcome. Audits of listing of patients are in place to ensure that they meet the criteria consistently for replacement and meet the current CCG guidance. A contact point after discharge is provided if there are any problems and there is direct access to clinic if needed. A six month follow up and review of performance after surgery is also in place. Patient information regarding the importance of completing PROMs will be displayed on waiting room TV screens in both fracture clinics cross site.
Varicose vein surgery	Most varicose veins are now done by radiofrequency ablation. Patients are offered another booklet if they forget to bring it with them on the day of surgery. All patients have a discussion regarding risk and benefits and information leaflets have been updated to include more information on PROMs and on what symptoms to expect post operatively and in what time frame.
Groin hernia repair	Patients are offered another booklet if they forget to bring it with them on the day of surgery. A PROMs lead within General Surgery is now in place, and PROMs Champions have been identified on both City and Sandwell Day Surgery Units. Patient information leaflets are to be revised to include postoperative expectations for patients. PROMs awareness is included in the training of all new staff on SDU / ASU as part of their Induction programme.

Pre-operative questionnaires and an information leaflet explaining the importance of completing the pre-operative PROMs booklets are posted to patients at home with their admission letter for completion and return on the day of surgery.

How we performed in 2016/17: against our standards.

Access Metrics	Measure	2016/17	Target	Comments
Cancer – 2 week GP referral to first out patient	%		93.0	N/A until 1st week in May
Cancer – 2 week GP referral to first outpatient (breast symptoms)	%		93.0	N/A until 1st week in May
Cancer – 31 day diagnosis to treatment all cancers	%		96.0	N/A until 1st week in May
Emergency Care – 4 hour waits	%	87.23	95.0	
Referral to treatment time – incomplete pathway < 18 weeks	%	93.08	92.0	
Acute Diagnostic waits < 6 weeks	%	1.32	1.0	
Cancelled operations	%	1.1	0.8	
Cancelled operations (breach of 28 day guarantee)	%	10	0	
Delayed transfers of care	%	2.1	3.5	
<b>MRSA</b>				
MRSA Bacteraemia	Number	2	0	
C Diff	Number	21	30	
Mortality reviews	%		90	N/A until 1st week in June
Risk adjusted mortality index (RAMI)	RAMI		<100	N/A until 1st week in June
Summary hospital level mortality index (SHMI)	SHMI		<100	N/A until 1st week in June
Caesarean Section rate	%	26.3	<=25.0	
Patient safety thermometer – harm free care	%	94.3	95	
Never Events	Number	4	0	
VTE risk assessment (adult IP)	%	95.4	95.0	
WHO Safer Surgery Checklist	%	99.9	100	
<b>Staff</b>				
Mixed sex accommodation breaches	Number	51	0	
Patient Satisfaction (FFT) response rate (IP wards and Emergency Care)	%	96.4	95	
Patient Satisfaction (FFT) score (IP wards and Emergency Care)	Number	15	50	
Staff sickness absence (rolling 12 months)	%	4.67	2.5	Not final until 25th April
Staff Appraisal	%	87.9	95	
Medical Staff Appraisal and Revalidation	%	84.9	95	
Mandatory Training Compliance	%	87.2	95	
<b>Stroke</b>				
Stroke Care – patients who spend more than 90% stay on Stroke Unit	%	94.6	90	Final validation this week
Stroke care – Patients admitted to an Acute Stroke Unit within 4 hours	%	79	80	Final validation this week
Stroke Care – patients receiving a CT scan within 1 hour of presentation	%	72.2	50.0	Final validation this week
Stroke Care – Admission to Thrombolysis Time (% within 60 minutes)	%	64.4	85	Final validation this week
TIA (High Risk) Treatment within 24 hours of presentation	%	98.3	70	Final validation this week
TIA (Low Risk) Treatment within 7 days of presentation	%	97.6	75	Final validation this week
MRSA screening elective	%	91.2	80	
MRSA screening non elective	%	93.0	80	
Inpatient falls reduction – Acute	Number	654		
Inpatient falls reduction – Community	Number	340		
Hip Fractures – Operation within 36 hours	%	74.7	85	

Complaints received – Formal and link	Number	1863		
Patient average length of stay	Days			
Coronary Heart Disease - Primary Angioplasty (<150 mins)	%	95.8	80	Final validation this week
Coronary Heart Disease – Rapid Access Chest Pain (<2weeks)	%	99.7	98	Final validation this week

\* 2016/17 data to be finalised in May 2017

**Children's Safeguarding**  
In order to safeguard children we continue to work closely with Sandwell and Birmingham Multi-Agency Safeguarding Hubs (MASH) and frontline staff to improve the quality of inter-agency referrals so that children and families receive the most appropriate support and intervention at the right time. We are an active and participatory partner in both Sandwell and Birmingham Safeguarding Children Boards and their sub-group meetings to provide assurance that we are meeting our statutory safeguarding children roles and responsibilities.

Our Safeguarding Children Training Strategy is in place to ensure our staff is appropriately trained to respond to safeguarding children concerns. 72% of staff have received face to face training and 74% of staff in key groups such as midwives, health visitors, sexual health services and emergency department practitioners have received more in depth training on how to recognise and refer safeguarding issues.

We have delivered a rolling programme of 'bite sized' training on Child Sexual Exploitation (CSE) jointly with Barnardo's to emergency department staff, midwives and health visitors so they can recognise risks/triggers and refer to children's social care appropriately. We are a member of both Sandwell's and Birmingham Safeguarding Children Board CSE Health Group to ensure the profile of CSE remains high on our agenda; we currently flag our electronic patient record when it is known a child/young person is at risk of CSE in order to support the practitioner's assessment and response when this vulnerable group accesses our services. We work closely with Sandwell and West Birmingham Clinical Commissioning Group who have hosted two CSE conferences which have been well attended by SWBH staff; the theme being the 'Voice of Survivor' and following preparation for the first conference prompted the design of the 'CSE Superhero badge and logo' which the CCG has since received national recognition for.

The Safeguarding Children Team Domestic Abuse Nurses continue to deliver specific Domestic Abuse training across the organisation; the team has designed a domestic abuse leaflet that has been attached to wage slips to raise the profile of domestic abuse and give information on indicators and key contacts for all staff.

Your Trust Charity funded an Independent Domestic Violence Advocate (IDVA) Project to support victims (and their children) this continues to prove to be a positive venture with over 181 victims being identified in Emergency Department receiving support and onward referral since the start of the project in November 2015. We have now extended the project into City ED from January 2017. Our Domestic Abuse Policy supports staff in routine enquiry of domestic abuse and the ED assessment paperwork has been amended to record this. We are currently seeking further funding to support the project post December 2017.

We have updated a number of policies against national and local guidance; these include Female Genital Mutilation; Paediatric Liaison Service Policy; Child Death Policy and the PREVENT agenda. We continually monitor findings from CQC Inspections and review all action plans at our Safeguarding Children Operational Group.

The Child Protection Information Sharing (CP-IS) project went live in October 2016 with Birmingham City Council to share child protection information across unscheduled care settings. We have developed systems so that staff are able to access this information. It is anticipated that Sandwell MBC will go live with CP-IS September 2017.

Priorities for 2017/18 will continue to focus on CP-IS integration across the local authority areas to inform our patient record, securing further funding for the IDVA Project post December 2017, monitoring and delivering our safeguarding children training programme and continuing to raise CSE risk across key areas.



Children's safeguarding team (left to right) Glenn Bradnick, porter, Jayne Clarke, Safeguarding children lead nurse, Tanya Clarke, safeguarding administrator and Noreen Ahmed, specialist nurse for safeguarding children.



### Adult safeguarding

A restructure has been carried out within the Adult Safeguarding team to ensure patients lacking in capacity are properly protected from any harms. This change means the team now consists of an Adult Safeguarding Nurse, Dementia lead and prevention falls, Tissue Viability Lead with Learning Disability Liaison Nurses, who are available at both Sandwell and City Hospitals.

The Trust has focused on Deprivation of Liberty applications for those patients, with legal firm Capsticks providing training to senior nurses, consultants, senior therapists and managers within the organisation. In addition a tool for assessing capacity and prompt for raising a Deprivation of Liberty application which reinforces the Mental Capacity Act (2005) has been created. Whilst it is recognised that this work is required to continue within the organisation to ensure it is fully embedded to SWBH practice, initial data is encouraging. The organisation applied for more than double the Deprivation of Liberty safeguards when compared with the last financial year.

We continue to work closely with Sandwell and Birmingham multi agency safeguarding board participating in work streams for both prevention and protection of shared strategies. We prioritise full cooperation with any identified cases meeting the criteria for public enquiries and we are committed to learning lessons and improving practices around patient/client safeguards. PREVENT duties within the Trust continue to develop with participation at multiagency meetings (Channel Panel) contributing to individual case management. Trust participate in PREVENT forums chaired by NHS England.

All activities of the Safeguarding Nurse are recorded on a dashboard to ensure trends and themes can be identified to improve and maintain the safety of our patients.

The learning disability service has been expanded to include a specialist nurse based at both Sandwell and City Mon-Fri. An action plan for the Trust has been agreed and is in process and an operational policy is being formulated.

We have appointed two new activity co-ordinators and developed a training program for volunteers who are attending the wards to provide therapeutic activity for patients with dementia, delirium and learning disabilities

during their hospital admission.

### Readmissions

Tackling readmissions remains a focus for the Trust as we strive to ensure we are in a position to provide good quality care that means ensuring patients are cared for in an appropriate environment. We will reduce our readmissions by a further 2% this year by coordinating care well across different services facilitating safe and timely discharges for our patients so that there is not a need for them to return for an unplanned stay in hospital.

We know that our frail patients are at the most risk of being readmitted so significant effort has been made in this area during the last 12 months.

Use of the LACE scoring tool identifies patients with a potential high risk of readmission against the criteria of length of stay, acuity of admission, case mix and the number of attendances to the emergency department in the last 6 months. Action planning is based on a threshold score of 11 which is automatically generated on the electronic bed management system to alert to ward clinical teams. Crucially the score is also auto-generated to the Community Contact Centre. The iCares community team call 100% of consented cases within 24 hours of hospital discharge and this in turn triggers the need for further intervention for a visit or a subsequent call. The coming months will also see the Frailty Early Supported Discharge Service to support continued rehabilitation at home.

We are currently trialing a Community-Acute Alert System where all over 65 year olds known to the Sandwell community teams within the last six months with one of 6 common conditions (asthma, heart failure, dementia, falls, COPD and UTI) are identified electronically and triaged by the Community Contact Centre. This can generate a proactive acute to community management plan to facilitate timely discharges.

The multi-disciplinary working in the Older Person's Assessment Unit at Sandwell includes a comprehensive geriatric assessment for all patients within 14 hours of admission and in development are personalised discharge information packs incorporating valuable information and contact numbers.

### Readmission rates

The table below details our readmission rates. The information is collected during a financial year period and we now measure readmission within 30 days (previously 28

days). Our readmission rates remain a priority for the Trust. This excludes deaths and still-births.

#### Age 0 – 15 years

SWBH	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
16/17	16257	985	6.1%
15/16	15867	1100	6.9%
14/15	15819	1360	8.6%
13/14	15331	1350	8.8%
12/13	15679	1463	9.3%
11/12	14533	1257	8.6%
10/11	15077	1219	8.1%

#### Age 16 and over

SWBH	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
16/17	90621	6668	7.4%
15/16	92650	7738	8.4%
14/15	94349	7707	8.2%
13/14	96981	7530	7.8%
12/13	101647	7693	7.6%
11/12	102660	7235	7.0%
10/11	110729	7734	7.0%

#### All Ages

SWBH	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
16/17	106875	7653	7.2%
15/16	108517	8838	8.1%
14/15	110168	9067	8.2%
13/14	112312	8880	7.9%
12/13	117326	9156	7.8%
11/12	117193	8492	7.2%
10/11	125806	8953	7.1%

### Outpatient Care

Outpatient care remains a key area of improvement focus for the Trust. We have halved the number of patients waiting over 18 weeks for treatment largely through improvements in our outpatient pathways and waiting time management. We have continued to roll out partial booking and text reminder services aiming to reduce the Do Not Attend (DNA) rate.

In the year ahead we anticipate there will be many more electronic referrals from primary care which will further enable us to improve the timeliness of our communication and booking processes with patients. This year we will embed electronic communications with our patients by email as well as implement the new electronic patient record in outpatients.



Chief clinical information officer and consultant ophthalmologist Dr Ash Sharma who is leading the digital revolution at the Trust.

**Community Caseloads**

A key focus during the year has been to increase patient contact time by 10% amongst community staff. The adult community teams have introduced a number of new ways of working that benefit patients, are more cost effective and continue to deliver high quality care closer to home.

Working closely with our GP colleagues we have moved towards increased clinic based activity across District Nurse teams to improve productivity. We have introduced a number of new clinics since June 2016 with an intention to implement seven across Sandwell and West Birmingham in the coming months as facilities permit. Feedback from patients is positive and demonstrates that those patients who are not house bound are happy to attend clinics for their treatment and enjoy the social interaction and experience. The success of this clinical model has contributed to the District Nurse Service being able to deliver approximately 20% more activity than last year's baseline.

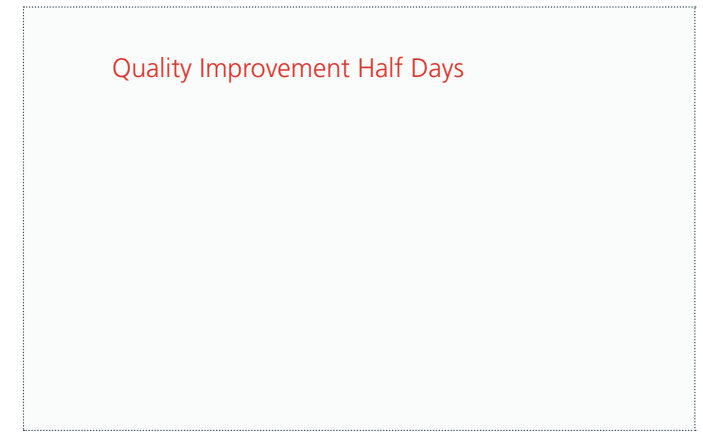
The introduction of mobile working across the whole adult community workforce provides real time access at the point of care to electronic records reducing the need for paper records. Clinicians do not need to return to base to complete their documentation giving them more time for direct patient contact. The gradual introduction of the lightweight laptops has facilitated live access to patient records in a patient's home resulting in optimal informed decision making, reduced risk and fewer attendances to the Emergency Department.

In the year ahead we will introduce clinicians to work within the Contact Centre who will undertake clinical triage at peak call times with the ability to divert calls to the most appropriate community services or simply advise over the phone. (An example of this might be the continence service.) Once this is established we will be able to project any future productivity savings.

**Focussed Care**

Last year we reported that we would adopt the principles of John's Campaign to promote partnership working with

relatives and carers for patients with cognitive disorders to enable the carer to support patients whilst in hospital day or night. This campaign has been implemented in all areas supported by the arrival of a Dementia Specialist Nurse. The nurse has worked in partnership with key wards to promote patient-centered care with the aim of reducing the need to provide extra supervision but to facilitate opportunities for activity, reminiscence etc. This work will continue into 2017.



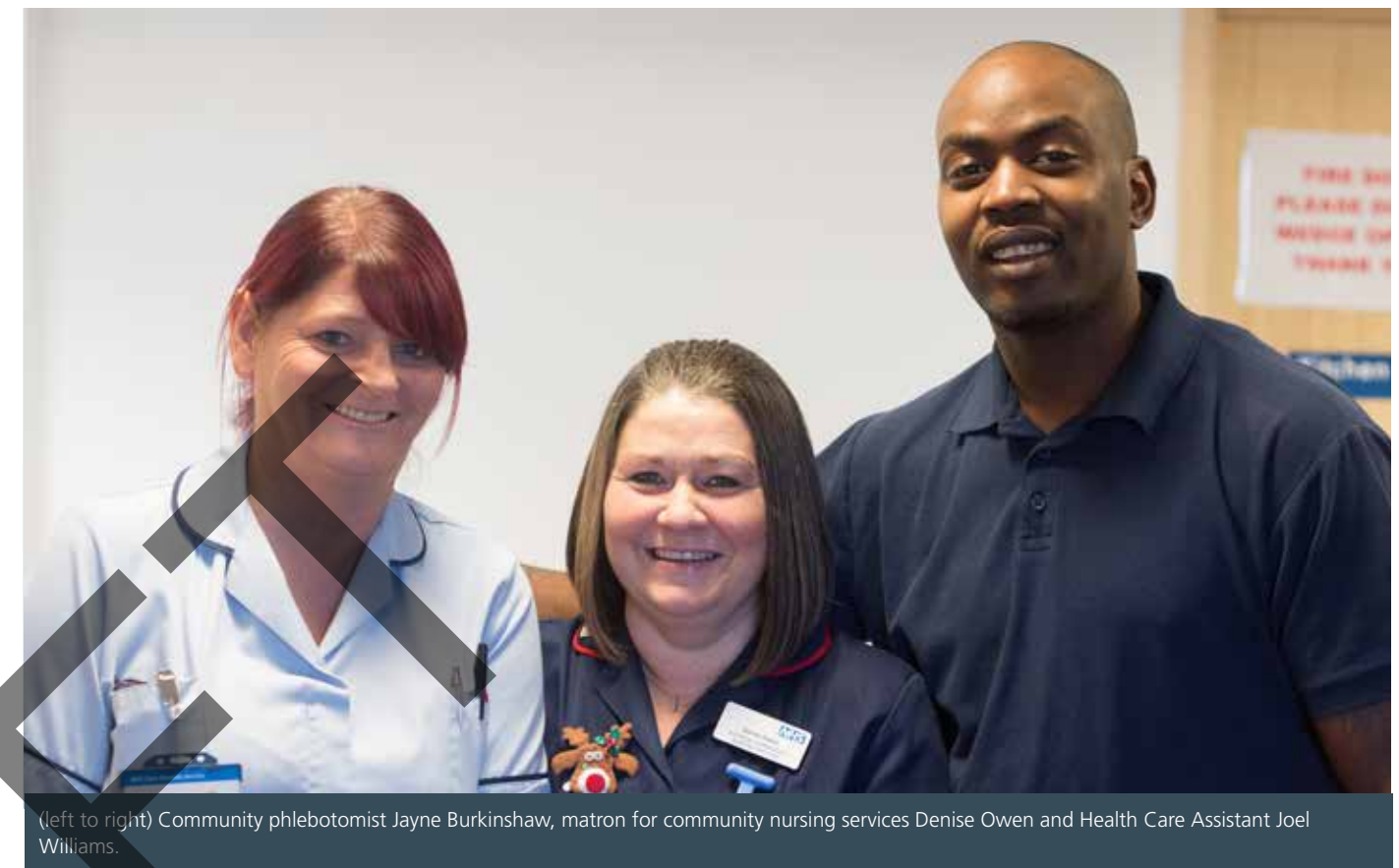
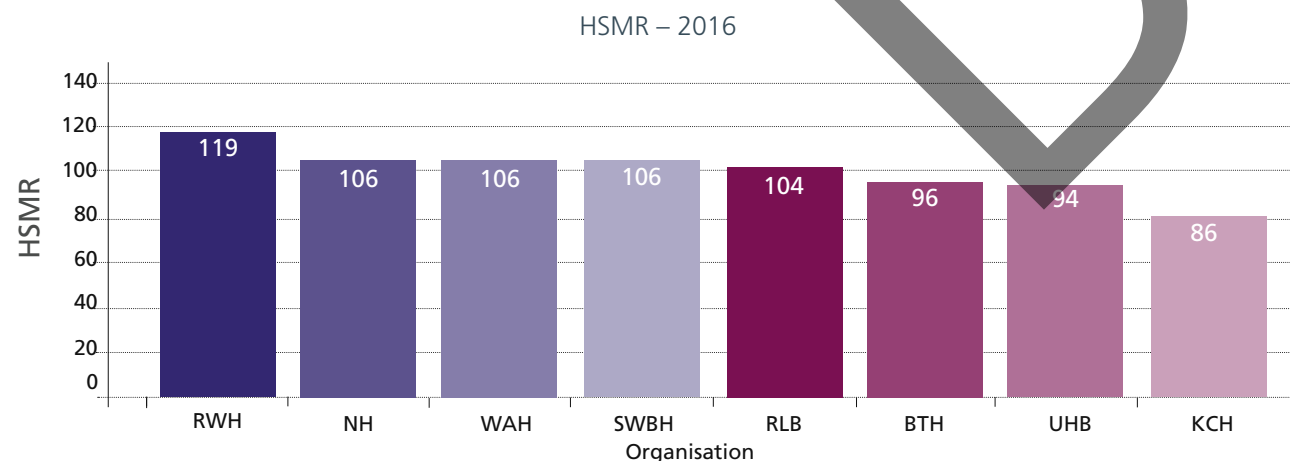
**Mortality**

Mortality data is now extracted from the CHKS (Casper Healthcare Knowledge) System, which reports the Risk Adjusted Mortality Index (RAMI) as the principle measure of our organisation's mortality, and the HED (Healthcare Evaluation Database) System which reports the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI).

**HSMR (Hospital Standardised Mortality Ratio)**

The HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in population structure. The ratio is of (observed) to (expected) deaths, multiplied conventionally by 100. Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. Our HSMR is currently (February 2017) 106 for SWBH. This information is derived from the HED system, which is rebased monthly to providing the most up to date data.

We also use HSMR as a comparator with our peers. (lower is better)



(left to right) Community phlebotomist Jayne Burkinshaw, matron for community nursing services Denise Owen and Health Care Assistant Joel Williams.

**RAMI (Risk Adjusted Mortality Index)**

This is a methodology developed by Caspe Healthcare Knowledge Systems (CHKS) to compute the risk of death for hospital patients on the basis of clinical and hospital characteristic data. It is a ratio of the observed number of deaths to the expected number of deaths that occur within a hospital. The Trust's RAMI for the most recent 12 month cumulative period (November 2016) is 109 and outside of statistical confidence limits which is above the National HES peer RAMI of 92. The aggregate RAMI for the City site is within statistical confidence limits with a RAMI of 96, and the Sandwell site with a RAMI of 119, which is outside of statistical confidence limits. This reflects a decreasing trend in hospital deaths with a palliative care code as a consequence of our drive for patients to receive such care in a place of their choosing other than in hospital. Mortality rates for the

weekday and weekend low risk diagnosis groups are within or beneath the statistical confidence limits. This data is derived from HED for the Summary Hospital Level Mortality Indicator (SHMI).

**SHMI (Summary Hospital-level Mortality Indicator)**

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge. Our SHMI score is currently 102.23 (September 2016) for SWBH Trust.

Mortality comparisons against national results

	Lowest	Highest	SWBH
Observed	526	4514	2196
Expected	758.0292	4674.0813	2127.4445
Score (SHMI)	0.6939	0.9658	1.0322

The data above compares our mortality figures against all other Trusts nationally. A Trust would only get a SHMI value of one if the number of patients who died following treatment was exactly the same as the expected number using the SHMI methodology.

and highest value for other Trusts from the reporting period, by way of comparison.

The Trust also monitors its SHMI value taken from a national benchmark data provider (HED) site and includes this within its various mortality and performance monitoring reports. This data is available for a more recent period than is available from the NHS Digital website.

\* The values for the Trust must be taken from 2 different periods as reported by NHS Digital, and include the lowest



**Trust Mortality Review System**

For the year 2016/17 we set ourselves a target of reviewing 90% of all hospital deaths within 42 days and 100% of all hospital deaths within 60 days. By reviewing the care provided we can identify areas where learning can take place to improve outcomes for our patients. Mortality Review

compliance has been set as a local CQUIN for 2016/2017. Although there has been an improvement in the number of deaths reviewed within 42 days, achievement of this target has been sporadic and we will continue to keep this as a priority for 2017/2018.

2016/17

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD
Death	140	115	124	379	121	100	86	307	103	128	134	365	167	134	96	397	1448
Reviewed	84	87	85	256	84	60	47	191	79	96	109	284	102	66	27	195	926
%	60	75	68	67	69	60	54	62	76	75	81	77	61	49	28	49	63
Reviewed																	
%	60	67	67	67	68	66	65	65	66	67	69	69	68	66	63	63	63
Cumulative Reviewed																	

March review rates will continue to be updated until the 42 days have expired.

**Deaths of patients with involvement from specialist palliative care services**

The table below provides information relating to the number of deaths at the Trust where there was a diagnosis of Palliative Care made.

Total number of deaths	Palliative Care	%
2196	571	26.0018

Diagnostic care coding= Z5.15.

**End of life (Palliative) care**

In April 2016 we began the Connected Palliative Care service which is a new service for patients in the last year of life, which is showing improved quality of care for patients. Sandwell & West Birmingham Hospitals NHS Trust is the lead provider for this new service and we are working with different partners to provide seamless care including Birmingham St Mary's Hospice, John Taylor Hospice, Age Concern and Crossroads. Our clinical staff are leading the service development working closely with patients, carers and colleagues to join up services and support improvements in care. A new Supportive Care Plan has been implemented.

**Quality Improvement of End of Life Care and Specialist Palliative Care.**



Connected Palliative care team (left to right) Aimee Hughes, end of life care facilitator, and Zoe Chappell, specialist palliative care nurse.

**What we are doing to reduce avoidable deaths:**

- The Trust will review 90% of deaths within 42 days.
- Top 3 learning points
  1. 100% compliance with the Sepsis Bundle
  2. Timely management of Acute Kidney Injury (AKI)
  3. Early implementation of the Supportive Care Plan
- Enhanced revision of the current mortality review system in readiness for migration to the new EPR.
- Incentive for reviewers who complete 100% reviews
- Participation in the National Mortality Retrospective Case Record Review (NMRCRR) commissioned by HQUIP as an early implementer site
- Participation as a Tier 1 training site for the NMRCRR
- Participation in the National Learning Disability Mortality Review Programme (LeDeR) managed by the University of Bristol
- Working with Black Country Alliance and NHS England West Midlands Mortality Concordat to collaborate, share good practice and quality improvement based around Learning From Deaths in our region.
- Corporate work streams identifying Group and Specialty

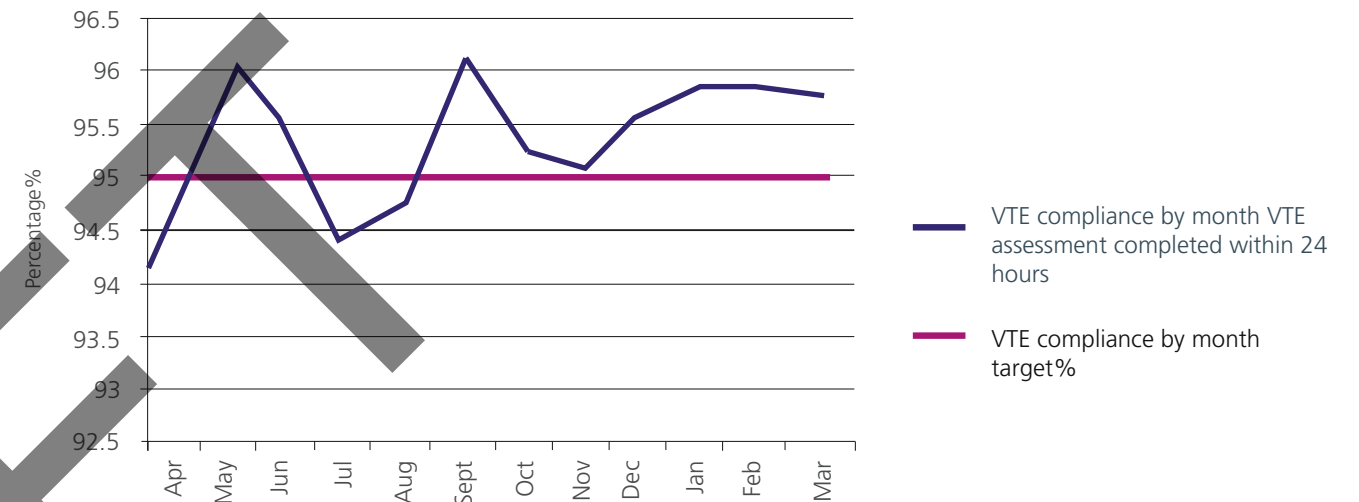
**Venous thrombo-embolism (VTE)**

A Venous thrombo-embolism (VTE) is a blood clot that forms in a vein. A calf vein is the most common site for this to occur but occasionally pieces of the clot can break away and flow towards the lungs and become a pulmonary embolism (PE). The Department of Health requires all Trusts to assess patients who are admitted for their risk of having a VTE. This is to try and reduce some of preventable deaths that occur

following a VTE while in hospital.

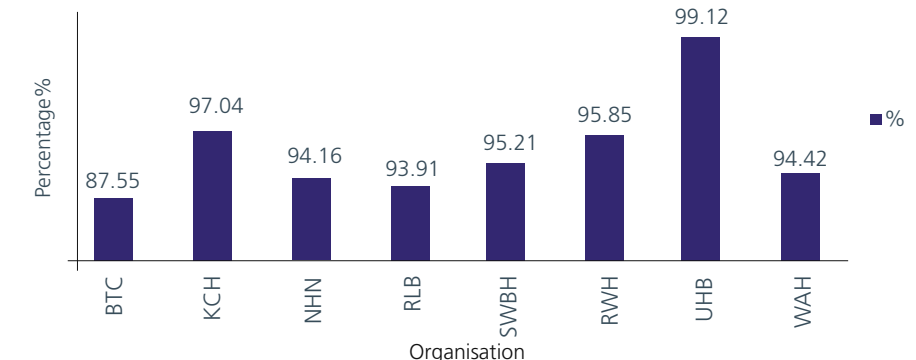
We report our achievements for VTE against the national target (95%) and report this as a percentage. The calculation is based on the number of adults admitted to hospital as an inpatient and of that number, how many had a VTE assessment within 24 hours. Our year end position is 95.36%

VTE assessments completed within 24 hours 2016/17



Month 2016/17

VTE assessments compared to peers (higher is better)



Data from NHS England - reporting period April 2016 to Dec 2016.

Lowest/highest average - Data from NHS England - reporting period April 2016 to Dec 2016

Lowest	Highest	Average
82%	100%	95.55%

**Emergency four hour waits**

In line with the national standard we aim to ensure that 95% of patients will wait for no more than 4 hours within our Emergency Departments (ED). Although the majority of patients were seen in 4 hours on average we achieved 87.31%.

Copy to come

We continue to see good results in ambulance handover

time, meaning that ambulance crews can get back on the road more quickly. We remain committed to improving our performance and have implemented Rapid, Treatment & Assessment (RAT) this year which has shown an improvement in time to treatment.

Percentage of patients waiting 4 hours or less in Emergency Departments 2016/17 (Higher is better – target 95%)

Bar chart required to show peer group performance as per page 17 of the quality account. Need to source information for peer groups up to End Feb.

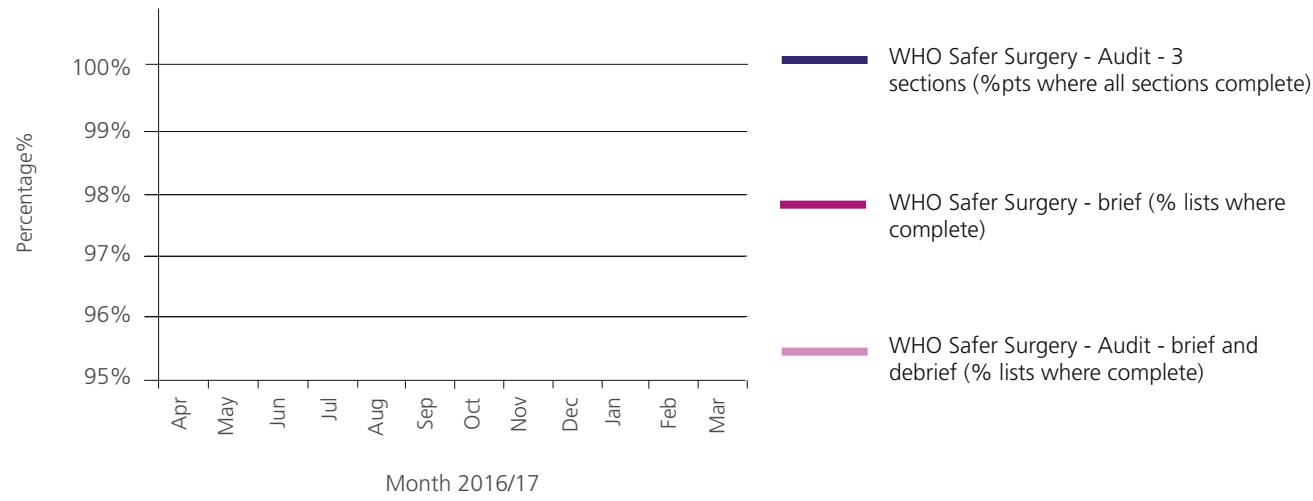
(Peer Group Performance up to?)

**WHO Safer Surgery Checklist**

Compliance with the WHO safer surgery checklist is monitored through our monthly Theatre Management Board. Clinical directors are core members of the group.

Surgical Services have a monthly governance meeting where they discuss the audits on the WHO checklists. At the meetings they identify actions that will improve compliance.

Compliance with WHO Safer Surgery checklist 2016/17 - Last years graphic need new data



**KEY Information**

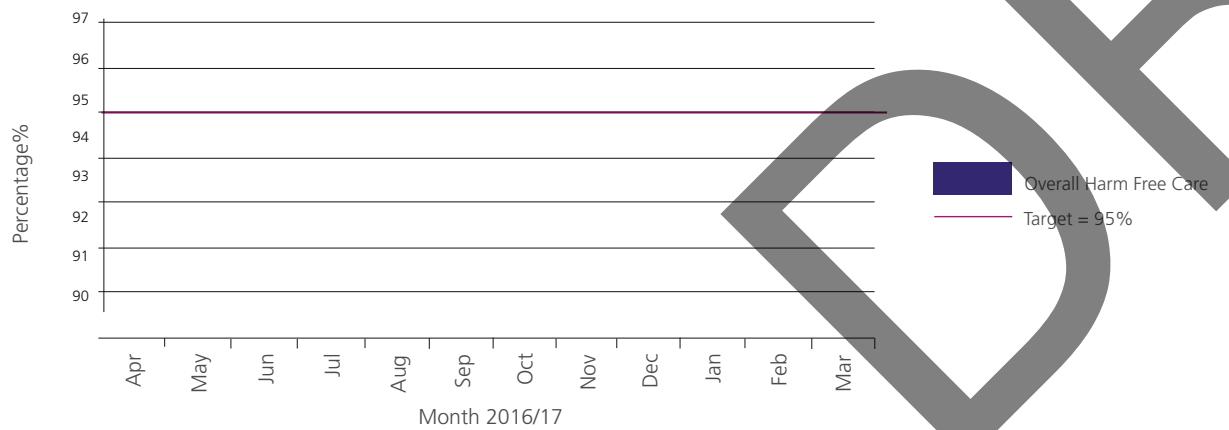
- WHO Safer Surgery - Audit – 3 sections (%pts where all sections complete)
- WHO Safer Surgery - brief (% lists where complete)
- WHO Safer Surgery - Audit - brief and 75% debrief (% lists where complete)

**Harm free care**

We continue to undertake monthly prevalence audits looking at four harms – pressure ulcers, falls; catheter related UTIs and DVT- We review harms via the incident reporting

framework with lessons learned shared locally and across the organisation.

Harm free care by peer with national average - need this years data



**Pressure ulcers**

Pressure ulcer prevention remains one of the key priorities within the Trust and is incorporated within the Trust Safety Plan for 2017 which focuses on ensuring consistency in identifying when our patients are at risk of developing pressure damage and ensuring they have all the preventative strategies in place to reduce the risk of our patients going on to develop pressure damage.

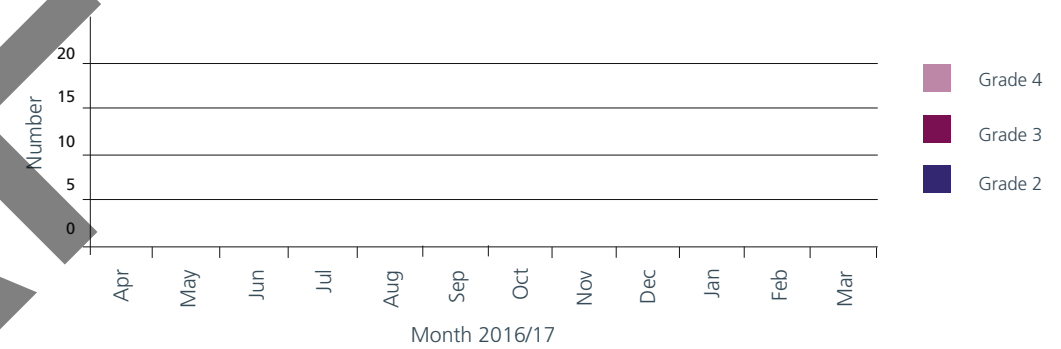
damage still occurs in low levels. In the coming year the Tissue Viability service will be engaged in the National NHS Improvement Stop the Pressure Campaign to eliminate avoidable pressure ulcers within the Trust. The campaign will focus on the early identification of at risk patients and reacting quickly to the early warning signs and preventing pressure damage occurring. This initiative will support the Trust Safety Plan with a huge focus on preventing harm occurring to our patients.

In line with the Trust vision to provide patients the safest care possible the Trust continues to promote being open with the reporting of pressure damage incidences in order to learn from mistakes and improve future care for patients. With continued ongoing monitoring and review of grade 3 pressure ulcers the Trust strives to keep our safety promises by learning from incidents, changing care when required and reducing harm to our patients.

During 2016 our focus on community pressure ulcer prevention has continued with a new initiative working in partnership with West Midlands Fire Service as part of their Safe and Well project, focusing on offering fire safety advice to patients in their own homes using pressure relieving air flow mattresses. The first event in April 2017 included raising awareness within our District Nursing teams of the need to consider the risk of fire and to offer patients a referral to have advice from the West Midlands Fire Service.

The Trust has sustained our previous improvements in the reduction of avoidable pressure damage; however pressure

Pressure sores 2016/17 - need this years data

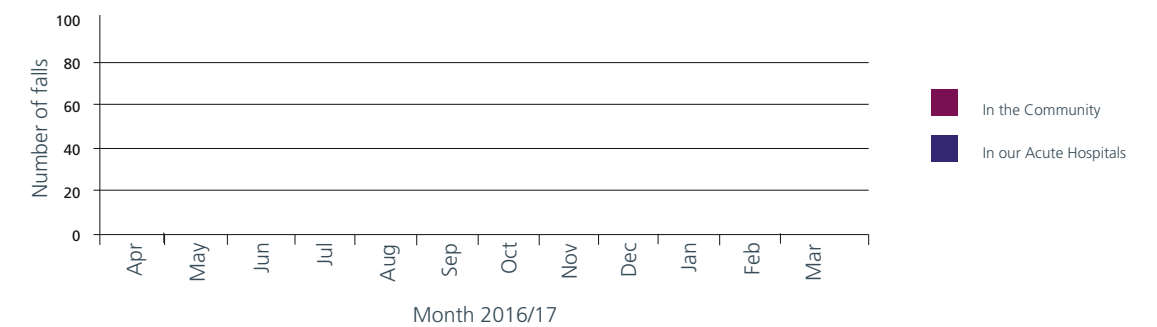


**Falls**

The number of falls in 2016/17 was 807. All incidents with a slip, trip or fall indicated are automatically highlighted and collated on a monthly basis to provide a monthly / quarterly

and annual report. We review this information to try to reduce the risk to our patients.

Falls in 2016/17 - need this years data



**Infection prevention and control**

The prevention and control of health care associated infections (HCAI) remains high on the Government agenda and has been reinforced by the NHS Operating Framework 2015/16, which highlights a reduction in health care associated infection as one of the top priorities. This is also reinforced by The Health Act 2008: Code of Practice for the prevention and control of healthcare associated infection – Revised July 2015.

The aim of the Infection Prevention and Control Service (IPCS) is to develop, utilise and promote infection prevention and control practices that are cost effective, safe and efficient, minimising the risk of patients acquiring infections, during or as a result of their stay in hospital. Working in partnership with health care professionals across the health economy, the Trust is committed to a zero tolerance ambition to eliminate all avoidable HCAI.

To comply with current legislation and meet the National demands from professional bodies such as: Department

of Health [DH]; Care Quality Commission [CQC]; NHS Improvement [NHSI] the IPCS adopt a proactive approach to the identification, management and monitoring through education, training, surveillance, and monitoring of clinical and non-clinical practices in line with national standards such as National Institute for Health and Care Excellence [NICE] guidance, Patient Lead Assessment in the Clinical Environment [PLACE] and National standards of cleaning, guidance and recommendations from Professional bodies.

Organisational structures continue to work well both within our own organisation and across the wider healthcare economy. The IPCS is a fully integrated service incorporating the Acute, Community and Intermediate Care. Partnership working with the Clinical Commissioning Groups (CCG), NHS Improvement [NHSI], Health Protection Unit (HPU) and Public Health England (PHE) through the Health Economy Groups for Infection Prevention and Control continues to thrive.

Key targets for 2016/17

Target	Agreed target/rate [Year end]	Trust rate [End Mar 2016]	Compliant	Comments
MRSA bacteraemia	0 tolerance	1 attributed to SWBH	No	Pre 48hrs [laboratory identified] 1= Sandwell * 1 = City Post 48hrs [laboratory identified] 1= Sandwell 1 = City  All 4 bacteraemia's identified in the laboratory have had a post infection review as per PHE guidance to identify issues and lesson learnt. Of the 4 cases identified 1* has been attributed to SWBH, the other 3 cases have been assigned to a Third Party
C.difficile acquisition toxin positive	30	23	Yes	12 =Sandwell site 9 =City site 2= Intermediate Care
MRSA Screening - Elective [YTD]	85% (locally agreed)	90.6%	Yes	
MRSA Screening - Non Elective [YTD]	85% (locally agreed)	93.2%	Yes	
Post 48hrs MSSA Bacteraemia (rate per 100,000 bed days)	N/A	15 (7.18 per 100,000 bed days)		All Post 48 hrs bacteraemia's have a post infection review to identify issues and lesson learnt.

Blood culture contamination rates

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Blood culture contamination rates	City	2.5%	3.0%	2.7%	3.9%	3.2%	2.5%	3.0%	2.3%	2.1%	1.5%	2.5%	3.3%
	S.Well	3.7%	3.8%	3.9%	4.1%	8.0%	3.3%	4.6%	4.6%	1.9%	1.8%	0.9%	6.1%
(Target = 3% by Ward, dept. and site.) It needs to be recognised that due to the clinical condition of some patients there is a risk of obtaining an unavoidable blood contaminant. However, any Clinician identified as taking a contaminated blood culture is required to attend for further training to reiterate practices. In addition to this, since Aug 2014 the IPCS have introduced a training programme for all new doctors to the Trust.													

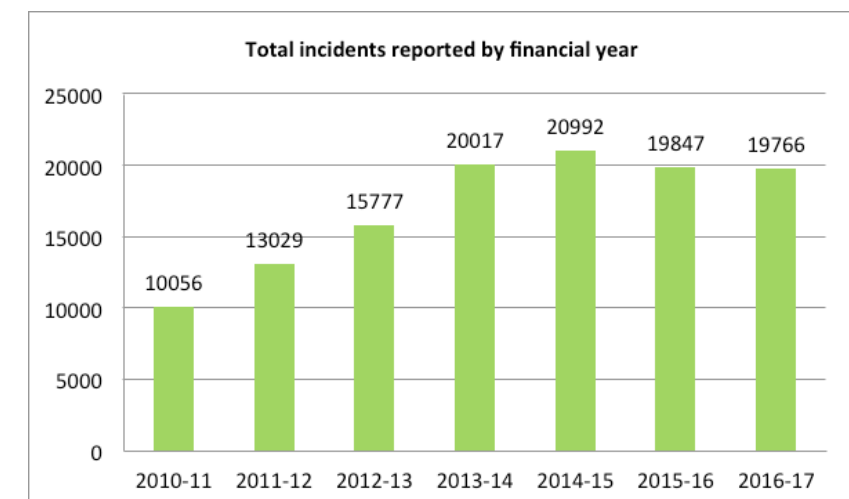
During the period April 2016 – March 2017 there were a total of 2 wards closed [Leasowes and Rowley Regis due to Norovirus which was confirmed] and five bay closures (Sandwell 3, Rowley Regis 2) with Norovirus confirmed in two of these. There were four outbreaks of flu at Sandwell resulting in one ward closure and bay closures in the other areas. Two wards at City were closed with flu during February.

In addition to outbreaks of D&V, due to the emergence of multi resistant organisms, national guidance, increased surveillance and microbiological screening of patients the Trust has identified an increasing number of periods of increased incidence and outbreak attributed to a variety of micro-organisms to include: - Clostridium difficile [CDI] two PIs one confirmed as an outbreak, Extended Spectrum beta lactamase organisms [ESBL], one PI, Carbapenamase resistant organisms [CRO]; Vancomycin resistant enterococci [VRE] one PI confirmed an outbreak at Sandwell, MDR Acinetobacter one PI confirmed as an outbreak at Sandwell. In all incidence post infection reviews have been undertaken and multi-disciplinary and agency meetings held to identify lessons learnt and outcome of lessons learnt.

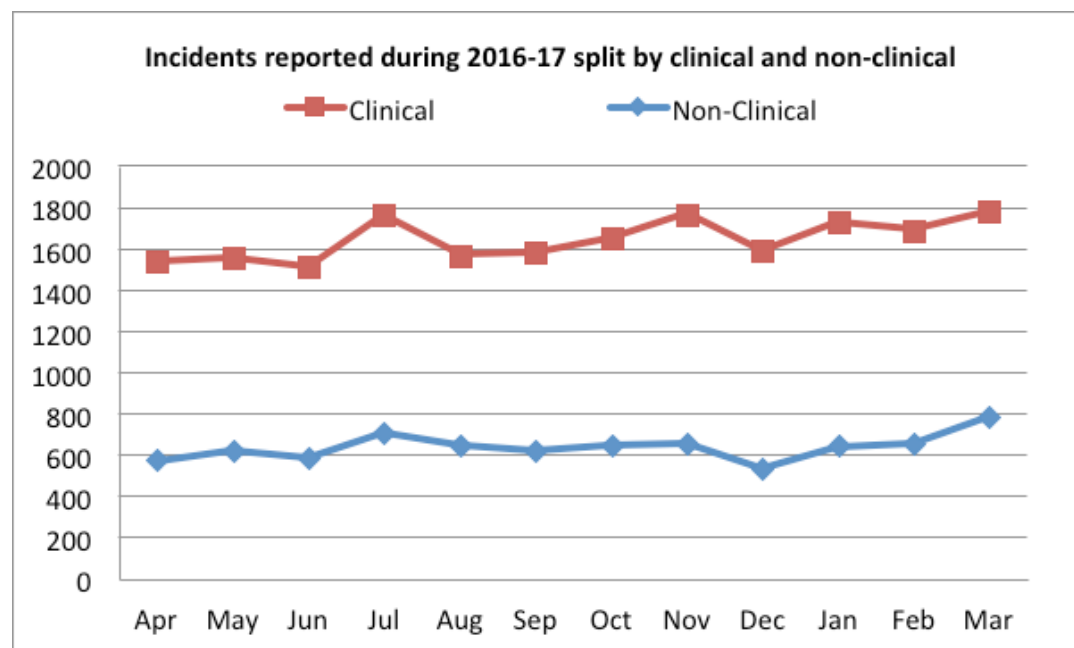
Key to maintaining standards is continued commitment and

Date	Average rate of reporting per 100 admissions	Best reporter/ 100 admissions	Worst reporter/ 100 admissions	Number of incidents resulting in severe harm	Percentage of incidents resulting in severe harm	Number of incidents resulting in death	Percentage of incidents resulting in death
2011/12	6.29	9.82	2.34	86	1.15	14	0.2
2012/13	9.58	12.65	2.49	32	0.32	19	0.15
2013/14	11.67	12.46	1.72	24	0.2	16	0.1
	Average rate of reporting per 1000 bed days	Best reporter/ 1000 bed days	Worst reporter/ 1000 bed days	Number of incidents resulting in severe harm	Percentage of incidents resulting in severe harm	Number of incidents resulting in death	Percentage of incidents resulting in death
2014/15	56.19	84	7	28	0.32	7	0.1
2015/16	50.1	76	16.5	20	0.2	6	0.1
2016/17 (up to Sep 2016)	44.48	73	22	8	0.2	1	0.0

The latest data (April to September) shows an overall position of reduced incidents resulting in severe harm or death.







Incidents are generally categorised into clinical (patient safety) and non-clinical and then further categorised dependant upon their causative factor. The chart above shows the data for the main types of incidents throughout the year, month on month. Serious incidents continue to be reported to the CCG and investigations for these are facilitated by the corporate risk team. Patient safety incidents

resulting in moderate harm or above that do not meet external reporting criteria are investigated at clinical group or corporate directorate level. The number of serious incidents reported in 2016/17 is shown in the following table. This does not include pressure sores, fractures or serious injuries resulting from falls, ward closures, some infection control issues, personal data or health and safety incidents.

2016/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of SIs	1	2	3	2	1	0	3	1	1	1	4	5



Dr Jonha Rizkalla, Emergency Department Consultant

#### Never Events

During 2016/17 four never events were reported. A never event is a serious untoward incident that has either caused or has the potential to cause serious harm that should never

happen if robust controls are in place to prevent them from happening.

Incident	What Happened	Where it happened	What we learned
Maternity (June 2016)	Retained item at surgery	Failure in documenting the correct number of packs left in situ. Failure of handover.	Developed a SOP for sign out and introduced wrist band per pack in situ process. Amended practice (packs must be tied together). SBAR handover now in place.
T&O (June 2016)	Retained item at surgery	Failure to identify that the drill device was left in the operation site due to an incorrect instrument count.	Introduced a surgical pause for operations that take place under xray control. Procedure changed re. counting of instruments. Visual and verbal instrument count by scrub nurse. MHRA contacted about making the drill guide a different colour. Tray standardisation is ongoing.
Ophthalmology (November 2016)	Wrong site surgery	The root cause was identified as a failure to correctly follow positive patient identification procedure.	Reinforce positive patient identification and strengthen consent process. Review and implement where feasible changes to clinic waiting areas. Introduce wristbands for patients attending for an invasive procedure. Review IT system to incorporate ability to flag up patients attending on the same day with same/similar names. Updated SOP.
Gynaecology (February 2017)	Retained item at surgery	The root cause was identified as variance in practice due to inadequate awareness of updated policy.	Ensure the updated policy is made available electronically and all staff to be made aware the changes. Permit use of ribbon gauze as clinically indicated but stop use of Jelonet and blue gauze. Stop removal of packs overnight. Reinforce completion of "Sign out" part of Safe Surgery Checklist.

How we performed against external measures  
Care Quality Commission

CQUINs (Commissioning for Quality and Innovation)

The Trust is contracted to deliver a total of 22 CQUIN schemes during 2016/17. Seven schemes are nationally mandated, a further five have been agreed locally, three identified by the West Midlands Specialised Commissioners, four by Public

Health and one in Secondary Care Dental. The table below details the contracted schemes and indicator of whether the scheme has been achieved during this period of time.

CQUINs for 2015/16			
1	National	Staff Health & Wellbeing - Introduction of health & wellbeing initiatives	✓
2	National	Staff Health & Wellbeing - Healthy food for NHS staff, visitors and patients	✓
3	National	Staff Health & Wellbeing - Improving uptake of flu vaccination	✓
4	National	Sepsis - A&E Screening & Review	X
5	National	Sepsis - Inpatient Screening & Review	X
6	National	Antimicrobial Resistance and Antimicrobial Stewardship - Reduction of antibiotic consumption	✓
7	National	Antimicrobial Resistance and Antimicrobial Stewardship - Review of antibiotic prescribing	✓
8	Local	Cancer - Audit of 2ww cancellations	✓
9	Local	Cancer - Cancer Treatment Summary Record in Discharge Care Plans	✓
10	Local	Cancer - Cancer VTE Advice	✓
11	Local	Safeguarding CSE - Production of a CSE awareness video that is used in staff training sessions	✓
12	Local	Mortality - Achieve an improvement in the % of avoidable and unavoidable death reviews within 42 days	X
13	Local	Discharges - Implementation of transfer of care plans	✓
14	Local	Discharges - Reduction in Readmission Rate (Adults)	✓
15	Spec.	Preventing term admissions to NIC	X
16	Spec.	Haemoglobinopathy improving pathways	✓
17	Spec.	Activation systems for patients with long term conditions	X
18	Public Health	Breast Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population	✓
19	Public Health	Breast Screening - improvement in uptake - Promotion of screening programme	✓
20	Public Health	Bowel Screening - improvement in uptake - Local information collection on reasons for non-participation in screening amongst the general population	✓
21	Public Health	Bowel Screening - improvement in uptake - Promotion of screening programme	✓
22	Secondary care Dental	Sugar Free Medicines Audit	

Performance indicators to be confirmed May 2017.

External Visits

Pathology - UKAS 21 -24 February, 13- 17th March, 3-4th April

A comprehensive quality assurance visit for Pathology at both City and Sandwell took place recently. At the end of the second week of inspections (with Toxicology still to be inspected) feedback was received from the UKAS inspectors. The overwhelming theme was that this has been a good experience for both the lab and the inspectors and “there are no alarm bells” and “no show stoppers”. Most of the findings and recommendations were typical of a lab transitioning from CPA to ISO15189 namely some aspects of verification, traceability and measurement of uncertainty.

The final feedback session took place following two days of inspection in Toxicology. Once again the feedback was positive with all of the assessors stating their willingness to return for future surveillance visits. Two recommendations were made:

1. That the laboratory maintains CPA accreditation until March 2018 when this standard ceases to exist.
2. That accreditation to ISO15189 (2102) is awarded subject to validation of the report by an independent assessor.

In order to be accredited the Trust will have 12 weeks from 4th April 2017 to evidence that the findings have been cleared.

Birmingham and Midland Eye Centre

As a part of the on-going assurance for the Birmingham and Midland Eye Centre based within Sandwell and West Birmingham footprint a planned unannounced visit was agreed by Sandwell & West Birmingham Clinical Commissioning Group (CCG). The purpose of the visit was to gain assurance across the elements of a range of quality and safety measures. The visit took place on 24th November 2016. Overall the visit was a very positive experience.

In the Emergency Department/Urgent Care Centre, feedback to the inspectors from patients regarding their experience of past and present experiences within the department was extremely positive and praise was extended to the staff for their care delivery and expertise. The visitors spoke to patients and their families, some of whom had been attending for many years and therefore were a good barometer of the consistency of the care delivered. It was noted all patients gave positive feedback of their experience of the department and the treatment that they had received.

In outpatients, the team encountered exemplary care for patients in both the reception area and in the treatment room with a patient that had been shadowed from ‘self-check in’ to treatment. Excellent knowledge and skills were observed in the treatment room regarding procedures and checklists and overall the inspectors were very impressed with the level of professionalism and expertise displayed by the nurses throughout the procedure.

The visiting team highlighted some recommendations for improvements including the location of the triage function and records management, however there were no serious

concerns identified during the visit.

Health Education West Midlands visits

Health Education West Midlands (HEWM) visits are vitally important for the continued quality assurance of training we provide at Sandwell and West Birmingham Hospitals and ensure the development of good training practice for both undergraduate and postgraduate medical education.

Training undergraduate and post graduate staff plays a big part in ensuring safe, high quality care for our patients provided by caring and compassionate clinicians. HEWM visited the trust once within the last year in November, looking at the Medical training provided in Medicine. The visiting panel noted that there is a ‘strong education ethos’ within the Trust which is providing trainees with a good training environment and supported by supervisors who were engaged in education and training and described by trainees as friendly and supportive. It was reported that there is strong educational governance within the Trust and board level engagement, support for education and training and a positive and proactive approach to quality improvement with both trainees and trainers engaged in the process. There were some areas highlighted for improvement which included improved simulated procedural skills training for core medical trainees.

All trainees who met the visiting panel recommended their training post and recommended the Trust as part of the friends and family test.

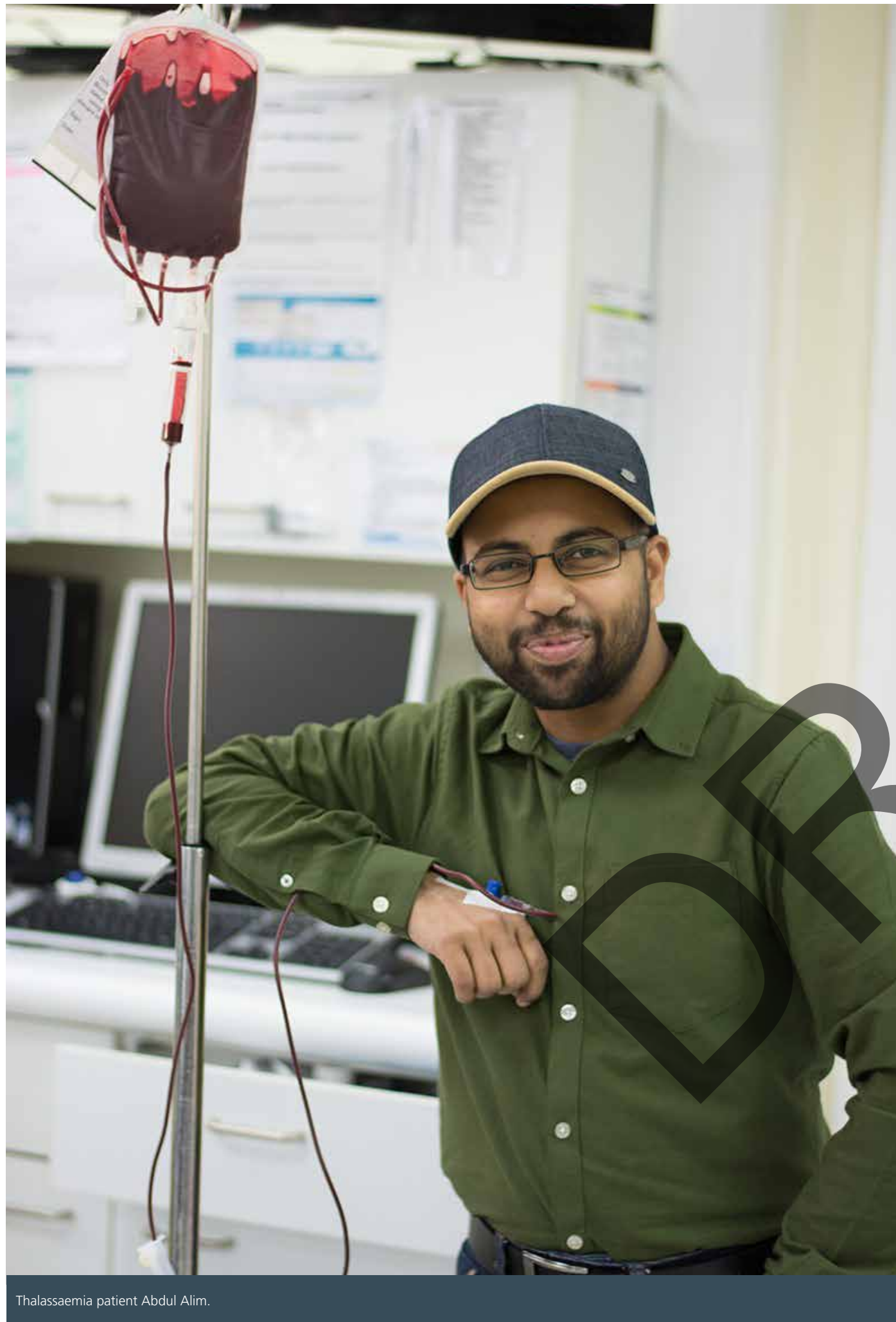
Revalidation – NHS England Revalidation Assurance

In 2016 NHS England visited SWBH for a quality assurance inspection of our appraisal and revalidation process for doctors. The visiting team met with the Responsible Officer, Appraisal Lead, Head of Medical Staffing and Revalidation Lead for the Trust and reviewed revalidation associated documentation prior to the visit.

The team were content that Sandwell & West Birmingham Hospitals NHS Trust’s existing policies, processes and procedures for appraisal and revalidation were adequate and met requirements of the current processes. It was noted that the Responsible Officer had a good team in place that complied with obligations for the completion and timely submission of quarterly reports to NHS England along with the Annual Organisational Audit and Statement of Compliance. The Responsible Officer is a member of the board and presents an annual report prepared by the Head of Medical Staffing which also includes their Statement of Compliance for approval.

It was noted that some of the documentation was due for review and the visiting team suggested the review would be an opportunity to strengthen policy documents in terms of process and consequences. The recommendations included documenting the escalation process and consequences of non-engagement, the responsibilities of both the appraiser and the appraisee. It was also recommended that a scheme of delegation put in place to make it clear who has delegated responsibility to process recommendations on GMC Connect on behalf of the Responsible Officer.





Thalassaemia patient Abdul Alim.

#### Participation in clinical audits

During 2016/17, Sandwell & West Birmingham NHS Hospitals Trust has participated in 40 national clinical audits and 3 national confidential enquiries (Clinical Outcome Review Programmes) covering NHS services which the Trust provides. SWBH has reviewed all the data available to them on the quality of care in all of these services.

During that period Sandwell and West Birmingham NHS Trust participated in 100% of national clinical audits and 100% national confidential enquiries of which it was eligible

to participate in.

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham NHS Trust participated in and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audits	Participated Yes /No	Percentage of eligible cases submitted
<b>Women's &amp; Child Health</b>		
Neonatal Intensive and Special Care (NNAP)	Yes	100%
Diabetes (National Paediatric Diabetes Audit)	Yes	100%
Paediatric pneumonia	Yes	Ongoing
Cystic Fibrosis Registry	Yes	100%
<b>Acute care</b>		
Hip, knee and ankle replacements (National Joint Registry)	Yes	96%
Severe trauma (Trauma Audit & Research Network)	Yes	50%
Adult Critical Care (Case Mix Programme)	Yes	100%
National COPD Audit (Secondary Care)	Yes	100%
- Pulmonary rehabilitation		
- Secondary care	Yes	63%
National Emergency Laparotomy Audit (NELA)	Yes	62%
Asthma (paediatric and adult) care in emergency departments	Yes	100%
Severe Sepsis and Septic Shock – care in emergency departments	Yes	100%
Consultant sign off (Not included in list/ spreadsheet)	Yes	100%
<b>Long term conditions</b>		
Diabetes (National Diabetes Audit) Adult		
- Diabetes (National Foot Care Audit)	Yes	100%
- National Diabetes Inpatient Audit	Yes	100%
- National Pregnancy in Diabetes Audit	Yes	100%
- National Core Diabetes Audit	Yes	100%
Adult asthma (British Thoracic Society)	Yes	96%
Inflammatory Bowel Disease (IBD) programme/IBD Registry	Yes	Ongoing
<b>Heart</b>		
Acute Myocardial Infarction & other ACS (MINAP)	Yes	100%
Heart Failure (Heart Failure Audit)	Yes	90%
Cardiac Rhythm Management Audit	Yes	100%
Acute stroke (SSNAP)	Yes	90%+
Cardiac arrest (National Cardiac Arrest Audit)	Yes	100%
Coronary angioplasty (NICOR Adult Cardiac interventions audit)	Yes	100%
<b>Cancer</b>		
Lung Cancer (National Lung Cancer Audit)	Yes	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	100%
National Prostate Cancer Audit	Yes	100%
Oesophago- gastric Cancer (National O-G Cancer Audit)	Yes	100%
Head & Neck Cancer Audit	Yes	100%

	Participated Yes /No	Percentage of eligible cases submitted
<b>National Audits</b>		
<b>Blood and Transplant</b>		
National Comparative Audit of Blood Transfusion (Audit of patient blood management in scheduled surgery)	Yes	100%
National Comparative Audit of Blood Transfusion (Use of blood in haematology)	Yes	100%
<b>Older people</b>		
Falls and Fragility Fractures Audit Programme - (FFFAP) – National Hip Fracture Database	Yes	100%
- Fracture Liaison Service Database	Yes	100%
National Audit of dementia	Yes	61%
British Association of Urological Surgeons Audits (BAUS) - Nephrectomy Audit - Percutaneous Nephrolithotomy - Stress Urinary Incontinence Audit	Yes	Ongoing
<b>Other people</b>		
Elective Surgery (National PROMs Programme)	Yes	71%
National Ophthalmology Audit	Yes	100%
Endocrine and Thyroid National Audit	Yes	100%
Breast & Cosmetic Implant Registry	Yes	100%
<b>National Confidential Enquiries (Clinical Outcome Review Programmes)</b>		
Medical & surgical programme - National Confidential Enquiry into Patient Outcome & Death (NCEPOD)		
The Trust participated in the following studies in 2016/17		
- Physical and mental health patient in acute hospital	Yes	90%
- Non-invasive ventilation	Yes	100%
- Cancer in children, teens & young adults	Yes	Ongoing
Maternal, infant and newborn clinical outcome review programme	Yes	100%
Child Health Clinical Outcome Review Programme		
- Chronic neurodisability	Yes	Ongoing
- Young people's mental health.	Yes	Ongoing

#### Participation in clinical research

Approximately 3200 patients receiving NHS services provided or sub-contracted by SWBHT in 2016-2017 were recruited during that period to participate in research approved by a research ethics committee and/or the Health Research Authority. Of these, in excess of 2,500 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 600 were recruited into non-NIHR portfolio studies.

Participation in clinical research demonstrates our ongoing commitment to improving the quality of care offered to patients and to making a contribution to wider health improvement. Furthermore, it ensures that clinical staff remain abreast of the latest treatment possibilities.

There are over 300 research studies being undertaken across the Trust in various stages of activity, from actively recruiting participants into new studies to those in long term follow-up. In 2016/17, 60 new studies have been given Trust approval to commence (42 NIHR portfolio studies and 18 non NIHR portfolio studies). 95 NIHR portfolio studies have actively recruited research participants in 2016/17.

During 2016/17, patient recruitment was highest in cardiovascular disease, ophthalmology and rheumatology although research activity has taken place across a full range of disciplines including cancer (breast, lung, colorectal, and haematological, gynaecological, and urological malignancies), stroke, diabetes, gastroenterology, surgery, dermatology, maternity, obstetrics & gynaecology, paediatrics, respiratory, orthopaedics and physiotherapy.

#### Important new developments in 2016/17 include:

- Increasing the internationally recognised excellence of our research portfolio: we have received major funding from sources including the MRC, Arthritis Research UK and the EU for research into a range of disease areas including corneal scarring, early arthritis, Bechet's disease and atrial fibrillation.
- Increasing the breadth of our clinical research portfolio with new research initiatives in a range of areas including clinical immunology, respiratory medicine and orthopaedics.
- Increasing the range of health care professionals contributing to our research portfolio: physiotherapists and speech and language therapists have made major contributions to our research and we have seen important developments in the involvement of clinical nurse specialists contributing to research delivery.
- Translating research into better and safer care: SWBH researchers have been involved with/led the development of national / international clinical guidelines for a range of diseases including Parkinson's disease, Early arthritis, Rheumatoid arthritis, Atrial fibrillation, Gynaecological cancers and pregnancy and rheumatic diseases.
- We have integrated research into a number of our community based clinics.
- We have continued our efforts to make R&D more visible within the organisation and to its patients for example through patient representation on the R&D committee and the use of social media channels to promote R&D activities.



Thalassaemia patient Harsha Ladva.



Strategic Objective      Priorities for 2017/18



Safe, High Quality Care



Accessible and Responsive



Care Closer to Home



Good Use of Resources



21st Century Infrastructure



An engages and effective organisation

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CQUINs (Commissioning for Quality and Innovation (CQUINs) 2017-18

The following CQUIN (commissioning for quality innovation) targets are agreed with our NHS commissioners. We assign CQUIN leads on clinical and operational levels to appropriately support each CQUIN. We publish monthly data on how we are doing against milestones and this is published in the Trust's Integrated Quality & Performance Report, which is discussed in our public board meetings. The NHS Commissioners are informed of progress on a quarterly basis.

Strategic Objective	Goal Name	Description of Goal
Goal Number	NHS Staff Health & Well Being	Achieving an improvement in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress
	Reducing the Impact of Serious Infections	Antimicrobial Resistance and Sepsis
	Improving services for people with Mental Health needs	Improving services for people with Mental Health needs who present to A&E
	Offering advice and Guidance (A&G)	Set up and operate A&G services for non-urgent GP referrals
	NHS e-Referrals CQUIN	GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service
	Proactive and Safe Discharge	Improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS)
	Preventing ill Health	Preventing ill Health by risky behaviours (alcohol and tobacco)
	Improving the assessment of wounds	Increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment
Specialised Services	Personalised Care / support planning	Embedding personalised care and support planning for people with long-term conditions
	Inpatient Paediatric Services	Improve Paediatric Intensive Care (PIC) capacity utilisation.  In some cases children could be better managed by providing high dependency care closer to home but more needs to be done to understand demand particularly in relation to care delivered in acute hospitals.
	Activation System for Patients with Long Term Conditions – HIV	Activate patients (the knowledge, skills and capacity to manage their own condition) to enable better outcomes including reduced frequency of exacerbations and associated high cost interventions.
	Improving Haemoglobinopathy Pathways through ODN Networks	Organising Haemoglobinopathy care be organised on a clearly defined network basis. This is set out in published standards produced by specialist societies for sickle cell disease and thalassaemia.
Public Health and Dental	Breast Cancer Screening	Improving access and uptake through patient and public engagement.
	Bowel Cancer	Improving access and uptake through patient and public engagement.
	Secondary Care Dental	Sugar Free Medicines Audit.

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## Partnerships with a purpose

### Hospital shop is a hit with staff and patients

An exciting new partnership with social enterprise Agewell has led to the opening of a new shop at Sandwell Hospital. Patients and staff have been flocking to the new business which stocks a range of sandwiches, snacks, drinks, toiletries, gifts and newspapers. The shop helps Agewell generate revenue to support older people over 50 who are in need. The organisation has been working closely with our 'Icares' team in providing sessions to help patients with their posture, in the aim of preventing falls and increase patients' confidence when they are at home. The group has been offering their 'Befriending' services at the Trust for a while, also known as "Edna's Army", which sees Agewell volunteers visit the wards and spend time with patients who feel lonely and need more support from the community.



Pauline Withey, Agewell Service manager, and Deborah Harold, Chief Executive of Agewell.



#### Your Trust Charity

Your Trust Charity is the new re-branded name for Sandwell & West Birmingham Hospitals NHS Trust Charities. The team was set up in July 2016 and the mission of the charity is: *"To enhance the experience of all people using our hospitals including staff, patients and their families. We will do this by providing additional facilities and supporting innovative projects that create a comfortable and secure environment."*

#### SWBH moments

Your Trust Charity has created 'SWBH Moments' as part of this re-branding. The idea is simple - it celebrates the 'moments' of patients and their families - which would not have been possible without funding or charitable grants from Your Trust Charity. This could be a time where an intervention saved a life, made a real difference to someone, or resulted in some positive changes that our care can create.

#### New appeals and themes

The team have also engaged with staff across the Trust to help create some new exciting appeals and themes, which cover many aspects of the Trust's work, and will help to raise more money for Your Trust Charity. The following eight appeals and themes have been developed and are

currently being promoted - more themes will be created in the future:



Your Trust Charity team Johnny Shah, Ola Odubanjo, Amanda Windwood.

Fundraising and working within our community  
Your Trust Charity has had a very successful year for donations and in-kind gifts, and very gratefully thanks individuals, companies, community groups and schools, as well as legacies, that made this all possible. Thanks go to the continuing partnership with New Square Shopping



Centre in West Bromwich, who raised over £4,000 for Your Trust Charity in the last year. This included a Summer Fun Event, and an appearance by Zog, the much loved children's character created by Julia Donaldson, at the launch of the charity's brand new appeals.

Your Trust Charity is also very grateful for the donations of Christmas gifts, decorations and time for a number of Trust departments from the following: ACT Ministry, Bristnall Hall Academy, Tesco, Santander, Stuart Bathurst School, West Bromwich Albion Football Club, West Bromwich Building Society, and Westminster School.

#### Looking Ahead

A five year fundraising strategy to 2020/21 has been developed, which aims to position Your Trust Charity as one of the leading healthcare charities in the region. It plans to diversify income streams, focusing on 6 key areas which involve: individual (one-off, regular and lottery), corporate, legacy and trusts/foundations. It also aims to increase total income year-on-year, supported by the new brand which will act as a focal point to re-engage with members, supporters and donors. Your Trust Charity will shortly be dissolving the linked and associated charities, becoming established as a single entity.

#### The Midland Metropolitan Hospital Appeal

In November 2016, a fundraising appeal to raise a minimum £2m for enhanced benefits from the new Midland Metropolitan Hospital was launched with senior business leaders and key Trust stakeholders. The campaign focuses on five main themes, identifying the added value that supporters can bring, to make a real difference to those using and delivering services. These themes include: Arts, Education & Heritage, Research & Development, Furnishings & Equipment, and Community Regeneration.

#### 2016/17 Grants Programme and Partnerships

Thanks to a generous legacy donation, Your Trust Charity has been able to run another large and small grants programme, building on the success of the 2014/15 programme. The Charitable Funds Committee received 49 bids in total, and assessed them against the following four themes:

1. Infrastructure - Improvements to SWBH environment and facilities including support of integrated care.
2. Education - Supporting the educational development of clinical and non-clinical staff, to secure the long term future of health and social care in Sandwell and West Birmingham.
3. Innovation - Helping the trust to be a leader of innovation through pump priming activities, running pilots and testing out new ideas and technologies for care that enhance outcomes for local people.

4. Community resilience - Supporting communities to improve their health outcomes.

A particular focus was applied to partnership working, and on this basis the committee approved in principle the grants of 13 new projects of almost £400,000, which includes the following large grants:

- The Sapphire Project: Agewell CIC and West Bromwich African Caribbean Care Centre - this grant of £109,080 has created an innovative partnership with these two organisations. They will both work with the Trust over 12 months to bridge the gap from hospital to home and into self-management for older and vulnerable people, ensuring they get home and build resilience to stay at home safely.
- Parenting Young People Programme: St Basil's and the University of Birmingham - this grant of £48,750 will develop, deliver, and evaluate a 2 year programme for Trust staff that will help them increase their confidence in their parenting & caring roles. By improving their staff wellbeing and engagement, the programme will aim to reduce their stress and ensuing staff absenteeism.
- New Day Hospice: this grant of £29,308 will provide a number of added-value activities for patients, their families and carers in the new Day Hospice. These include a well-resourced and inviting new arts and crafts area, a wellbeing room, complimentary therapy provision, and the training of staff on M Tech massage and FABS exercise.

Small grants projects approved in principle from the included the following:

- Growing for Health: Ideal For All - this project will deliver taster 'hands on' gardening, food growing, cooking, health eating awareness sessions for staff, patients and the wider public at the Trust and Ideal For All's market garden in Oldbury.
- Cape Community Care Day Centre - to provide a health advice and advocacy service for clients at the day centre. This volunteer-led service will deliver a number of health communication sessions and home visits, focusing on clients with dementia.
- Taking Sandwell Hospital Into The Digital Age - to provide the radio station (a registered charity) with digital equipment for broadcasting their service through the internet. This will develop their service and engage with more listeners, greatly enlarging the reach of the station.

#### 2014/15 Grants Programme

In addition to the large grant awarded to Black Country Women's Aid mentioned earlier in this Annual Report, another large grant awardee from 2014/15 continues to improve the experience of the Trust's patients and families.

Neonatal jaundice is a common condition in babies, especially those born pre-term. Baby Jai was born five weeks early. Thanks to a £60,000 charitable grant, the Neonatal Department was able to purchase 10 bilipads, which

provide therapy through UV lights. These bilipads have enabled Jai's parents, and many other parents, to hold their babies during those precious early days whilst they recover. This is their SWBH Moment.



Saul Wilkin Mzobe pictured at the Zog and the flying dragon Your Trust Charity public reading event.

## Partnerships with a purpose

### Phantom bus stop is creating a sense of security for dementia patients



Ward Sister Hayley Griffiths at the Lyndon 4 Bus stop

The Trust and the charity Better Understanding of Dementia (BUDS) are the driving force behind a new way to help patients suffering from the disease – by creating a “bus stop” on a ward. It has been installed on Lyndon 4, at Sandwell Hospital, to create a feeling of love and security for dementia patients as well a distraction. Ward Sister, Hayley Griffiths, who worked with BUDS on the project, said: “Patients with dementia will repeatedly ask to go home and they will often try to leave the ward. Staff will be able to take patients to sit in the bus stop for a short while which will calm them down and making them feel more in control.

“We hope that this will reduce the amount of time patients try to leave the ward, and a better approach to calm and reassure dementia patients.” BUDS Training and Development Officer Claire Mahmood, said: “Being in hospital can be very stressful for people with dementia who often want to go home. The bus stop is a proven way of calming and reassuring people and also gives a great space for staff to spend time with patients.” from the community.

### 3 Accountability Report

Corporate Governance Report

Director's Report

The Trust Board meets monthly. The Chair of the Board is Richard Samuda and the Vice-Chair is Olwen Dutton. During the year, two Non-Executive Directors completed their term of office. Marie Perry, a new Non-Executive Director filled one of these posts. At the time of writing, recruitment is underway for a new Non-Executive Director from the University of Birmingham to fill the remaining vacancy.

Non-Executive Directors: Board and Committee attendance

The Trust did not hold any Remuneration Committee meetings during 2016/17.

Non-Executive Directors: Board and committee attendance	Trust Board	Audit and Risk Management	Quality and Safety	Finance and Investment	Charitable Funds	Workforce & Organisational Development	Major Projects Authority	Public Health, Equality & Community Development
Richard Samuda, Chair	12/12		9/11	10/10	3/4	4/4	5/5	3/4
Olwen Dutton, Vice-Chair	11/12	2/4	9/11					
Dr Paramjit Gill, Non-Exec Director*	10/11					3/3		3/3
Mike Hoare, Non-Exec Director	11/12		7/11				5/5	
Harjinder Kang, Non-Exec Director	9/12	2/4		9/10		4/4	3/3	
Waseem Zaffar, Non-Exec Director	10/12	0/1			4/4			3/4
Robin Russell, Non-Exec Director**	1/4	2/2		2/2				
Marie Perry, Non-Exec Director***	5/6	2/2		4/5				
Gianjeet Hunjan*, Non Exec Director	4/4	3/3	4/4				1/1	1/1

Executive Directors: Board and committee attendance	Trust Board	Quality and Safety	Finance and Investment	Charitable Funds	Workforce & Organisational Development	Major Projects Authority	Public Health, Equality & Community Development
Toby Lewis, Chief Executive	11/12			2/4	3/4	5/5	4/4
Rachel Barlow, Chief Operating Officer	12/12	5/11	5/10		1/4	3/5	
Kam Dhami, Director of Governance	12/12	7/11					
Raffaella Goodby, Director of Organisation Development	12/12		7/10		4/4	4/5	4/4
Colin Ovington, Chief Nurse+	7/9	7/7		2/3	2/4		0/2
Elaine Newell, Interim Chief Nurse++	3/3	3/4		0/1	0/2		2/2
Dr Roger Stedman, Medical Director	12/12	7/11				2/5	4/4
Tony Waite, Director of Finance and Performance	11/12	6/11	10/10	2/4		5/5	

Key	
a/ b	a= the number of meetings attended b= the total number of meetings with apologies submitted for the meetings not attended
*	Stepped down from his position as Non-Executive Director in February 2017
**	Stepped down from his position as Non-Executive Director in July 2016
***	Appointed as full NED from 1 Oct 2016
+	Left the Trust in December 2016
++	Joined the Trust Board in December 2016
^	Became a member of different committees part way through the year

The Trust Executive Group is:

- Toby Lewis, Chief Executive Officer (Board Member)
- Rachel Barlow, Chief Operating Officer (Board Member)
- Dr Roger Stedman, Medical Director (Board Member)
- Colin Ovington, Chief Nurse (Board Member) – until December 2016
- Elaine Newell, Interim Chief Nurse (Board Member) – from December 2016
- Tony Waite, Finance Director (Board Member)
- Raffaella Goodby, Director of Organisational Development (Board Member)
- Kam Dhami, Director of Governance (Board Member)
- Ruth Wilkin, Director of Communications
- Alan Kenny, Director of Estates and New Hospital Project
- Mark Reynolds, Chief Informatics Officer

The members of the Audit and Risk Management Committee at 31 March 2017 were Marie Perry (Chair), Olwen Dutton, Harjinder Kang and Waseem Zaffar.

Committee	Purpose
Trust Board	The Trust is led strategically by the Board with Non-Executive Directors and the Executive Team working collectively to drive the strategic direction of the Trust and ensure high quality patient care, safe services and sustainable financial management over the medium/long term. The Board meets monthly.
Audit & Risk Management Committee	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Quality and Safety Committee	The Committee provides oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. During this year the Committee has contributed to the development of the Trust's Quality and Safety Plans which form core pillars of the Trust's strategic direction. The Committee meets monthly.
Finance and Investment Committee	The Committee provides oversight and assurance in respect of the Trust's financial plans, investment policy and the robustness of major investment decisions. The Committee has retained a sharp focus on the Trust's delivery against its Long Term Financial Model. The Committee has met monthly since July 2015.
Charitable Funds	The Committee provides oversight and assurance in respect of how the Trust's Charitable Funds are invested to the benefit of patients in accordance with the wishes of donors. The Committee meets quarterly.
Workforce and Organisational Development	The Committee provides oversight and assurance of delivery against the Trust's workforce and OD strategies, including the programme of workforce transformation, recruitment and retention and sickness absence management. The Committee meets quarterly.
Major Projects Authority	The Committee provides the Board with assurance concerning the strategic direction to support the project to establish the Midland Metropolitan Hospital (MMH) and that the programme of interim reconfigurations is consistent with the long term direction towards the new hospital. The Committee focuses specifically on the delivery of the MMH business case.
Public Health, Community Development and Equality Committee	The Committee provides oversight and assurance regarding plans to drive holistic public health interventions and the Trust's equality ambitions. The Committee meets quarterly.
Remuneration Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets as and when required. No Remuneration Committee meetings were held in 2016/17.



## Partnerships with a purpose

The Sapphire Project: Supporting older adults and carers in hospital and at home



Sapphire Service volunteers pictured with Jessie John, Ambulatory Assessment Nurse.

A new project is set to improve the experience of older people and their carers while they are in hospital.

Funded through Your Trust Charity, The Sapphire Service is jointly run by Agewell and the West Bromwich African Caribbean Resource Centre. The funding will enable the service to work with the wards from the moment patients are admitted up to when they are discharged and back at home. Some of the support to be provided by The Sapphire Service includes befriending patients and helping with eating and hydration. While Agewell, will be providing a wider service, the role of the West Bromwich African Caribbean Resource Centre will be to target African Caribbean and dual heritage older adults and carers.

Deska Howe, Older People and Health Divisional Manager, West Bromwich African Caribbean Resource Centre said: "We aim to reduce any isolation suffered by patients and improve their hospital experience." Agewell CEO, Deborah Harrold added: "The Sapphire Service will support the discharge planning process, by advocating for patients." Patients will receive a visit within seven days of their discharge after which the Sapphire Service will provide community intervention from the two organisations for up to six weeks.



Director of Governance Kam Dhami at a staff question time.

## Register of interests

Name	Interests Declared
<b>Chairman</b>	
Richard Samuda	<ul style="list-style-type: none"> <li>• Director – 'Kissing It Better'</li> <li>• Non Executive Director – Warwick Racecourse</li> </ul>
<b>Non-Executive Directors</b>	
Olwen Dutton	<ul style="list-style-type: none"> <li>• Partner – Anthony Collins LLP</li> <li>• Fellow – Royal Society of Arts</li> <li>• Member – Lunar Society</li> <li>• Member – Council of the Birmingham Law Society</li> <li>• Member – Labour Party</li> <li>• Trustee – Writing West Midlands</li> </ul>
Michael Hoare	<ul style="list-style-type: none"> <li>• Director-Metech Consulting</li> <li>• Director CCL Group</li> <li>• Director of Nobu Ltd</li> </ul>
Harjinder Kang	<ul style="list-style-type: none"> <li>• Management Consultant – Chiesi Pharmaceutica S.p.A.</li> <li>• Management Consultant – Galbraith Wight Ltd</li> <li>• Trustee – Birmingham Botanical Gardens</li> <li>• Director – Abnasia Ltd</li> </ul>
Marie Perry	<ul style="list-style-type: none"> <li>• Head of Finance &amp; Procurement at the Consumer Council for Water</li> </ul>
Waseem Zaffar	<ul style="list-style-type: none"> <li>• Elected Councillor – Lozells &amp; East Handsworth Ward (Birmingham City Council)</li> <li>• School Governor at Heathfield Primary School.</li> <li>• Member of Unite the Union and the Labour Party.</li> <li>• Director at Simmer Down CIC</li> </ul>
<b>Executive Directors</b>	
Toby Lewis (Chief Executive)	<ul style="list-style-type: none"> <li>• Board member – Sandwell University Technical College</li> <li>• Independent member - Council of Aston University</li> </ul>
Rachel Barlow (Chief Operating Officer)	<ul style="list-style-type: none"> <li>• None</li> </ul>
Elaine Newell (Chief Nurse)	<ul style="list-style-type: none"> <li>• None</li> </ul>
Roger Stedman (Medical Director)	<ul style="list-style-type: none"> <li>• Partner – Excel Anaesthesia (private anaesthesia services)</li> </ul>
Tony Waite (Director of Finance & Performance Management)	<ul style="list-style-type: none"> <li>• None</li> </ul>
Raffaella Goodby (Director of Organisation Development)	<ul style="list-style-type: none"> <li>• None</li> </ul>
Kam Dhami (Director of Governance)	<ul style="list-style-type: none"> <li>• None</li> </ul>

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Toby Lewis  
(Chief Executive)  
Date

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# Remuneration and Staff Report

The Trust has a Remuneration and Terms of Service Committee, whose role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Committee meets as required.

Membership of the Committee is comprised of the Trust's Chair and all Non-Executive Directors. At 31 March 2017, these were:

- Richard Samuda (Chair)
- Olwen Dutton (Vice Chair)
- Harjinder Kang
- Paramjit Gill
- Waseem Zaffar (Associate Non-Executive Director)
- Marie Perry
- Michael Hoare (Non-Executive Director designate)

Items contained within the tables Salaries and Allowances of Senior Managers and Pension Benefits and the section on pay multiples are auditable and are referred to in the audit opinion.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS								
Name and Title	2016-17				2015-16			
	(a) Salary (bands of £5,000) £0	(b) Expenses payments (taxable) to nearest £0	(c) All pension related benefits (bands of £2,500) £0	(d) Total all payments and benefits (bands of £5,000) £0	(a) Salary (bands of £5,000) £0	(b) Expenses payments (taxable) to nearest £0	(c) All pension related benefits (bands of £2,500) £0	(d) Total all payments and benefits (bands of £5,000) £0
Richard Samuda, Chair	20-25	100	0	25-30	20-25	32	0	25-30
Olwen Dutton, Non Executive Director (Vice Chair)	5-10	0	0	5-10	5-10	0	0	5-10
Robin Russell, Non Executive Director (from 1/6/15)	5-10	0	0	5-10	5-10	0	0	5-10
Waseem Zaffar, Associate Non Executive Director (from 1/6/15)	5-10	0	0	5-10	5-10	0	0	5-10
Gianjeet Hunjan, Non Executive Director (until 16/8/15)	0	0	0	0	0-5	0	0	0-5
Sarindar Singh Sahota, Non Executive Director (until 1/8/15)	0	0	0	0	0-5	0	0	0-5
Harjinder Kang, Non Executive Director	5-10	0	0	5-10	5-10	0	0	5-10
Paramjit Gill Non Executive Director (from 14/4/14)	5-10	0	0	5-10	5-10	0	0	5-10
Michael Hoare, Non Executive Director Designate	5-10	0	0	5-10	5-10	0	0	5-10
Toby Lewis, Chief Executive	190-195	200	72.5-75	265-270	175-180	0	62.5-65.0	240-245
Antony Waite, Director of Finance & Performance Management	150-155	0	120.0-122.5	270-275	135-140	0	32.5-35.0	170-175
Colin Ovington, Chief Nurse (until )	105-110	0			110-115	0	17.5-20.0	130-135
Elaine Newell, Chief Nurse (from )	35-40	0	60.0-62.5	95-100	0	0	0	0
Roger Stedman, Medical Director	170-175		160-162.5	330-335	165-170		17.5-20.0	185-190
Rachel Barlow, Chief Operating Officer	125-130	0	125.0-127.5	250-255	105-110	0	30.0-32.5	140-145
Kam Dhami, Director of Governance	95-100	0	22.5-25.0	120-125	95-100	0	25.0-27.5	125-130
Raffaella Goodby Director of Organisation Development (from 11/2/15) - (See Note 1)	95-100	0	22.5-25.0	120-125	95-100	0	10.0-12.5	110-115

## Pensions

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

## Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated Real Increase in CETV.

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Name and title	PENSION BENEFITS							
	Real increase in pension at age 60 (bands of £2500) £0	Real increase in Lump sum at pension age (bands of £2500) £0	Total accrued pension at age at 31 <sup>st</sup> March 2017 (bands of £5000) £0	Lump sum at pension age related to accrued pension at 31 <sup>st</sup> March 2017 (bands of £5000) £0	Cash Equivalent Transfer Value at 31 <sup>st</sup> March 2017 £0	Cash Equivalent Transfer Value at 31 <sup>st</sup> March 2016 £0	Real Increase in Cash Equivalent Transfer Value £0	Employers Contribution to Stakeholder Pension £0
Toby Lewis, Chief Executive	2.5-5.0	2.5-5.0	45-50	120-125	703	609	94	0
Antony Waite, Director of Finance & Performance Management	5.0-7.5	10-12.5	50-55	145-150	950	844	106	0
Elaine Newell, Chief Nurse (from )	2.5-5.0	7.5-10.0	30-35	100-105	640	580	59	0
Roger Stedman, Medical Director	7.5-10.0	12.5-15.0	50-55	130-135	830	675	155	0
Rachel Barlow, Chief Operating Officer	5.0-7.5	12.5-15.0	35-40	100-105	592	491	101	0
Kam Dhami, Director of Governance	0-2.5	0	35-40	95-100	562	529	33	0
Raffaella Goodby Director of Organisation Development (from 11/2/15)	0-2.5	0	0	0	18	4	14	0

4

Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/Member in the Trust in the financial year 2016/17 was £192,500 (2015/16, £180,000). This was 7 times (2015-1,7) the median remuneration of the workforce, which was £26,302 (2015/16, £28,298).

In 2016-17, 3 (2015/16, 6) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £195,000 to £275,000 (2015-16 £180,000-£275,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The Trust's average workforce numbers totalled 6879, and the change in average number of WTE employed across year was a reduction of 231. The change in WTE employed from March 2015 to March 2016 was a reduction of 98. This has not resulted in any material changes to the composition of the workforce.

The basic pay of the Trust's most highly paid individual has increased between 2014/15 and 2015/16 by 27% (from £213,556 to £272,256,). However, this includes elements of pay that are wholly variable and may change significantly from one year to another for this and any other individuals in receipt of them.

The vast majority of Trust employees are subject to national pay settlements and have, in accordance with those national settlements, received a consolidated inflationary increase in pay in 2016/17 of 1%. Where applicable, employees have continued to make incremental progression within existing pay scales. Pay settlements have not had a material effect on the calculation of the pay multiple above.

Staff Report

Staff Numbers - average Number of Employees under contract of service

	2016-17		2015-16	
	Total Number	Permanently employed Number	Other Number	Total Number
<b>Average Staff Numbers</b>				
Medical and dental	821	727	94	799
Ambulance staff	0	0	0	0
Administration and estates	1,302	1,166	136	1,341
Healthcare assistants and other support staff	1,788	1,514	274	1,775
Nursing, midwifery and health visiting staff	2,248	1,922	326	2,250
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	737	693	44	714
Social Care Staff	0	0	0	0
Healthcare Science Staff	0	0	0	0
Other	0	0	0	0
<b>TOTAL</b>	<b>6,896</b>	<b>6,022</b>	<b>874</b>	<b>6,879</b>

Of the above - staff engaged on capital projects

Staff Numbers - Cost of Employees under contract of service

	2016-17		2015-16	
	Total £'000s	Permanently employed £'000s	Other £'000s	Total £'000s
<b>Staff Costs</b>				
Medical and dental	85,787	71,735	14,052	81,321
Ambulance staff	0	0	0	0
Administration and estates	36,264	32,153	4,111	35,967
Healthcare assistants and other support staff	52,414	42,254	10,160	48,735
Nursing, midwifery and health visiting staff	100,101	80,322	19,779	93,948
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	23,545	22,556	989	22,323
Social Care Staff	0	0	0	0
Healthcare Science Staff	12,766	10,924	1,842	13,014
Other	166	166	0	209
	<b>311,043</b>	<b>260,110</b>	<b>50,933</b>	<b>295,516</b>

	2016-17 Number	2015-16 Number
Total Days Lost	0	69,941
Total Staff Years	0	6,201
<b>Average working Days Lost</b>	<b>#DIV/0!</b>	<b>11.28</b>

	2016-17 Number	2015-16 Number
Number of persons retired early on ill health grounds	9	4
Total additional pensions liabilities accrued in the year	<b>£000s 323</b>	<b>£000s 201</b>

Exit Packages

Exit package cost band (including any special payment element)	2016-17		Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages £
	*Number of compulsory redundancies	Cost of compulsory redundancies						
Less than £10,000	1	£1,997	0	£0	1	£1,997	0	£0
£10,000-£25,000	0	£0	0	£0	0	£0	0	£0
£25,001-£50,000	3	£130,714	0	£0	3	£130,714	0	£0
£50,001-£100,000	0	£0	0	£0	0	£0	0	£0
£100,001 - £150,000	1	£136,458	0	£0	1	£136,458	0	£0
£150,001 - £200,000	0	£0	0	£0	0	£0	0	£0
>£200,000	0	£0	0	£0	0	£0	0	£0
<b>Total</b>	<b>5</b>	<b>£269,169</b>	<b>0</b>	<b>£0</b>	<b>5</b>	<b>£269,169</b>	<b>0</b>	<b>£0</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

As a single exit packages can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 7.4 which will be the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.



Off Payroll Engagements

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as at 31 March 2016	6
Of which, the number that have existed:	
for less than 1 year at the time of reporting	0
for between 1 and 2 years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for greater than 3 years	5

Off payroll engagements are subject to risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where appropriate, that assurance has been sought and received.

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months there are no new engagements between 01 April 2015 and 31 March 2016.

There are no off payroll engagements of Board members or senior officials with significant financial responsibility between 01 April 2015 and 31 March 2016, however a Board member was seconded from Birmingham City Council from 11 February 2015 until 30th November 2015 at which point the individual was employed directly by the Trust.

The Trust continues to make progress to reduce the number of non substantive (agency, bank and other off payroll engagements) staff it uses from 9 in 2014/15 to 6 in 2014/15, i.e a reduction of 33%.

Consultancy Disclosure

A disclosure will be made – allow one page for draft

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**Partnerships with a purpose**

Trust duo land apprenticeships with leading charity



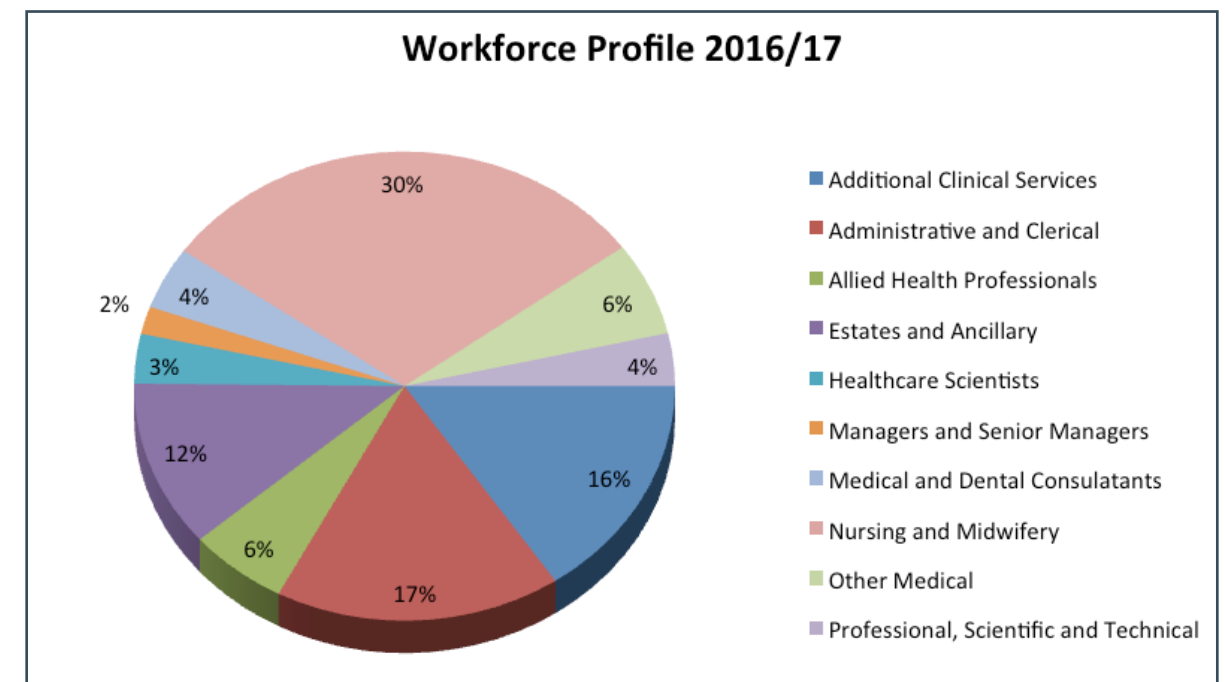
(left to right) Apprentice Darren Showell, Estates operational manager Nick Lane, and Apprentice Mike Williams.

Two employees are proof that if you're ready to take the opportunity, you can make a career change at any time in life. Both Darren Showell and Mike Williams, have joined the Trust's Estates team and are working as adult apprentices whilst being trained by the independent charity JTL. Darren is now a mechanical craftsperson, whilst Mike is an electrical craftsperson. JTL offers training courses and NVQs across the building services sector. Estates Operational Manager, Nick Lane, said: "It's natural to think that apprenticeships are only for the young, but the fact is that older people are just as eager to learn new skills – and they bring a huge amount of life experience into the workplace. When we advertised our two adult apprenticeships, we had a massive response. Darren and Mike were the stand-out candidates – and they've proved that again by being accepted on to the JTL course. JTL are notoriously choosy – they take only one in every 10 people who apply."

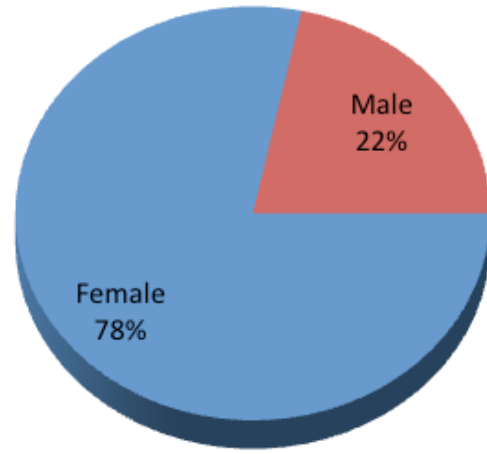
Our workforce

Health and Wellbeing

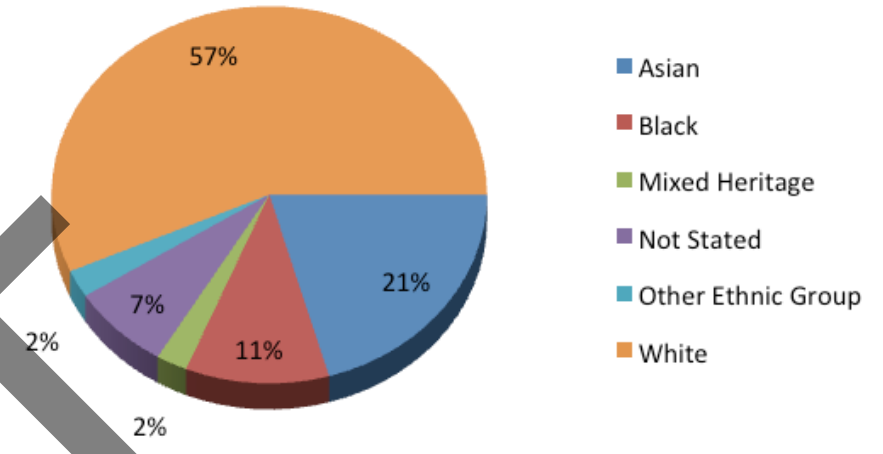
The Flu Jab Campaign was the most successful in the region with 73% of our staff taking up the free flu jab, against a national average of 49%. The campaign has won national awards and been featured as a positive case study on the NHS Employers Website. 'Flu Fighter Fred' was an honoured guest at the annual staff awards and the work of the Occupational Health Team and the peer vaccinator programme was recognised and celebrated.



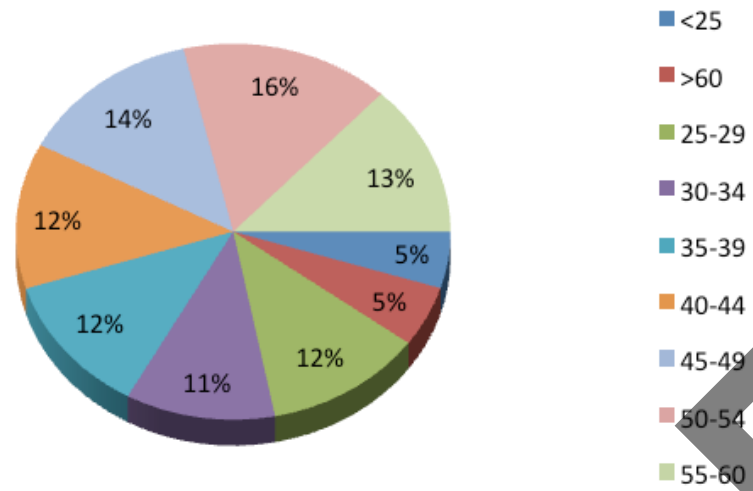
### All Employees Gender Profile 2016/17



### Ethnicity Profile 2016/17



### Age Profile 2016/17



### Workforce profile: Senior Management by Band

Band 7	26
Band 8 - Range A	42
Band 8 - Range B	19
Band 8 - Range C	18
Band 8 - Range D	11
Band 9	8
Directors & Chief Executive	9
Chair	1



Pictured at a Staff Wellbeing event are Raffaella Goodby, Director of Organisational Development, Stuart Young, Nurse and Elaine Newell, Chief Nurse.



## Partnerships with a purpose

### Live and Work transforms young lives

It's a multi-award winning scheme which has transformed the lives of many homeless people. The Live and Work project has seen the Trust work with the charity St Basil's to provide apprenticeship opportunities to young people, while providing those who were previously homeless or at risk of homelessness a safe place to live. This partnership has received many regional and national awards, including the Apprenticeship Employer Innovative Partnership award 2016, for its innovation and how it has helped transformed many young lives. Jim Pollitt, Associate Director of Learning and Development, said "It's brilliant to get recognition for a scheme that promotes diversity, equality and inclusion. Our aim is to teach the young apprentices

transferable, universal skills so that they can flourish and advance in their chosen field. Once their apprenticeship's completed, they're eligible to apply for permanent, paid work at SWBH and elsewhere."



The Live & Work team organises a Festive Coffee event to raise awareness of the project in partnership with St Basils Homeless Charity. (Left to right) Jevon Johnson, apprentice, Jamie Gillen, Supervisor, Ann Garrity, Manager Helen Colbourne, Project Coordinator, Sarah Short – Trainer/Assessor, Julie Smith, trainer/Assessor and Maxine Griffiths, Widening Participation Manager.

#### Recruitment Activity

We have had a really successful year in recruitment which enabled us to recruit 737 new starters with our highlights including the launch of a SWBH branding campaign which showcases the Trust's plans together with the opportunities and benefits available to employees. We have used targeted social media as a recruitment aid to great effect. Our guaranteed jobs for students who completed their training with us, recruitment fairs and 'One Stop' recruitment days where candidates are interviewed, complete numeracy and literacy tests and undertake pre-employment checks on the same day have resulted in over 125 new staff nurses starting with the Trust. We have also continued to increase the number of apprentices by working with local colleges and offering accommodation to young people at risk of homelessness as part of our Live and Work Project.

#### Sickness absence data and actions to come

#### Listening to our staff

The organisation is widely acknowledged for its long term commitment to improve employee engagement and currently acts on staff feedback. We take a thorough approach to engagement through the biggest NHS survey in the country – Your Voice. Your Voice polls every member of staff every six months and asks them questions that generate a score of engagement. The score is generated through questions we ask about motivation, involvement and advocacy. As well as the engagement score, Your Voice provides us with rich data in the form of staff comments. Many teams report that reading people's comments is

incredibly informative and helps them identify how to make improvements.

Key highlights from the latest Your Voice survey November – December 2016:

- Response rate was 16% from 1,024 individuals and 171 teams.
- Group response rate varied from 8% (Medicine) to 29% (Community).
- Directorates are asked to generate two or three actions that aim to make a difference to the engagement scores, response rate and importantly how results of Your Voice and action taken is communicated.

Cape Community Care Day Centre - to provide a health advice and advocacy service for clients at the day centre. This volunteer-led service will deliver a number of health communication sessions and home visits, focusing on clients with dementia.

#### NHS Staff Survey

A sample of 1,250 staff complete the NHS Staff Survey and this year our response rate improved by 9% on last year. We are currently developing our action plan with leaders from our clinical and corporate groups.

- We score well on reporting incidents of violence and bullying / harassment and lower than other Trusts in the number of times people have experienced such abuse.
- 91% of staff reported having an appraisal in the last 12 months (Trust average 86%).

## Partnerships with a purpose

### Hand-in-hand with our partners to promote health and wellbeing

A community partnership project has seen the Trust working with different local organisations to 'make a difference' to our patients and employees' health and wellbeing. One successful collaboration includes working with 'Ideal for All', a local horticultural growing and engagement project, that regularly sells, and promotes locally grown fresh fruit and vegetables within the hospital. This project also supports those vulnerable or isolated individuals that benefit from meeting other people and they also get to 'grow' their own produce. The group also support those suffering from cancer related illnesses and this extends to families and carers too, with open coffee mornings, set in a quiet and tranquil garden.

Sandwell College has also joined the project, with its sports and physical activity team supporting our employees with inductions at the inhouse

#### Staff Friends and Family Test

We are required to poll staff once a quarter with the staff friends and family test questions (would I recommend this organisation as a place to receive care / would I recommend my organisation as a place to work). We do this through

gym based at the West Bromwich hospital. Jenny Wright, Health and Wellbeing manager, said: "We have strengthened partnerships and extended our acute hospital services to include programmes and benefits for both patients and employees. This has also given opportunities for local community projects to develop and flourish, within a safe environment that reflects the health needs of our local population."



Gym Intern Josh Bingham and Sports Lecturer Scott Thomas from Sandwell College at the new gym at Sandwell Hospital.

each Your Voice survey, the national staff survey and an additional poll of a sample of 1250 staff.

Support for disabled employees to come

## Partnerships with a purpose

### Health visiting team join forces with Sandwell Council

A partnership between our Health Visiting Team and Sandwell Metropolitan Borough Council means that the two teams are working closely together to give the community better support. Our Trust and the local authority have joined forces to deliver key public health messages and health visiting services across the Sandwell area. The partnership is not only helping to deliver excellent care, it is also giving the health visiting team and council a better understanding of the specific services offered by each other to benefit Sandwell residents.

Some paediatric and gynaecology services are available in GP practices to ensure seamless and cost effective care for patients. Sarah Farmer, Sandwell Metropolitan Borough Council Early Years Programme Manager 0-19, said: "We want to give health visitors the chance to articulate how they want to see the services working and also looking

at how we can promote council services such as our healthy lifestyle and welfare rights services through health visiting.

"There are a lot of opportunities such as multi-agency training and also working with other parts of the council, for example children's services." There is also a partnership with Sandwell Council and our maternity and health visiting teams to develop an enhanced pathway for women with more complex needs for support with parenting.



(Left to right) Professional lead Randeep Kaur, health visitor Gaynor Roberts and Nikki Ingram, health visiting team leader.



## Partnerships with a purpose

### New era in district nursing starts at Rowley

The way district nursing is delivered at Rowley Regis Hospital has been transformed after the Trust joined forces with GPs in the area. A new clinic has been set up at the site and sees patients from the 'Your Health Partnership – the four practice GP federation that SWBH is working with on a range of innovative projects.

Group Director of Nursing, Sarah Shingler, told Heartbeat: "The clinic grew out of district nurses' commitment to explore new ways of improving our productivity. We also wanted to make a contribution to meeting SWBH's vision of offering patients the right treatment in the right place at the right time. Key to that is freeing up capacity – and that starts with understanding what patients

actually need." In the coming year work will continue with all GP Practices across the area to improve care. The Trust will carry on strengthening its commitment to deliver integrated care by agreeing more formal partnership arrangements with some groups of primary care provider organisations in our catchment area.



Kenneth Ruston (seated centre) tried out the new district nursing clinic at Rowley Regis Hospital."

#### Equality, diversity and inclusion

The NHS England report 'Action Plan on Hearing Loss' (2015) states that there are over 45,000 children with long term hearing loss and over 10 million adults who are either deaf or have some degree of hearing impairment in the United Kingdom. The Trust serves a population of approx. 530,000. The figures from the report suggest that up to one in seven people are affected with some kind of hearing impairment. For the Trust, that equates to 75,714 people or 14.2% of its population. As a result the Trust has carried out a number of actions to address this issue. The Hearing Services Centre has distributed Ward Hearing Aid Care Kits which contain information about caring for patients with a hearing aid. And going forward, the Trust is considering

the use of "Facetime" for non-medical discussions. Communication+ provides a 'Face Time' service for Deaf patients who have this facility. If ward devices enabled the app, this could be used for non – medical communication. Work has started to try and redress this inequality. Working with an external provider, Communication +, the Trust Interpreting Service is about to launch a text relay service. This will enable Deaf patients to send a text message when they need to book a GP appointment, make, change or cancel a hospital appointment or call for an ambulance. This service will be provided 24/7 and will go some way to ensuring that Deaf patients have a better experience.

the job will help them to avoid moving around, giving them the income and be close to their families and friends."



Left to Right: New graduate Vasily Vdovichnko with Lawrence Kelly, Learning Work Coordinator, at the Construction jobs recruitment event

## Partnerships with a purpose

### Working with Carillion to deliver super hospital

A partnership with construction firm Carillion to build the Midland Metropolitan Hospital has led to around 800 jobs with the number set to rise. The Trust has previously worked with Sandwell Council, Birmingham City Council and the Job Centre to organise recruitment events and more are planned in the future as the multi-million pound building takes shape. Abbie Hewett, Coach at Job Centre Plus, said: "We have been working very closely with SWBH to help people find jobs with the new hospital. We believe that this is beneficial for both as the Trust can get local workforce who are familiar with the local culture and for local people,

## Partnerships with a purpose

### Sufferers of disease get special attention from team

Diabetic patients are able to access the excellent care available from the Trust thanks to a collaboration with Sandwell and West Birmingham Clinical Commissioning Group. The DiCE team (Diabetes in Community) spends at least half a day, every two months with GPs to provide support to patients. In some cases they attend clinics within surgeries, where they see patients face-to-face, examples are brought to case discussions or conversations are held either over the telephone or by email. The initiative enables primary care clinicians and diabetes specialists to work together in the best interests of the patient to improve the patient experience with more care delivered locally.

TO COME

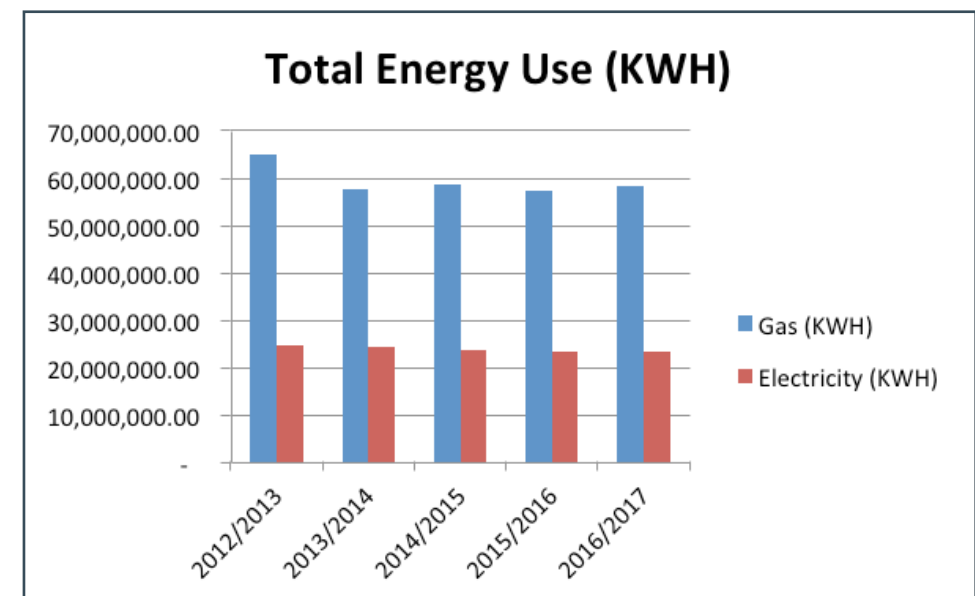
#### Sustainability Report

The Trust continues to carry out work to reduce our impact on the environment and use resources more efficiently. Since 2011, we have been working to reduce our environmental impact by using energy and water wisely, managing waste disposal to reduce adverse environmental impacts, engaging our staff and other sustainable initiatives. We are working to deliver our Sustainability Action Plan and embed Sustainability into the core of our organisation. Our overarching aim is to deliver high quality care without exhausting resources or causing excessive environmental damage. We also have a growing number of Sustainability Champions who help increase the awareness of Sustainability throughout the Trust.

#### Energy and water use in our building

Each year we spend around £4 million heating and lighting

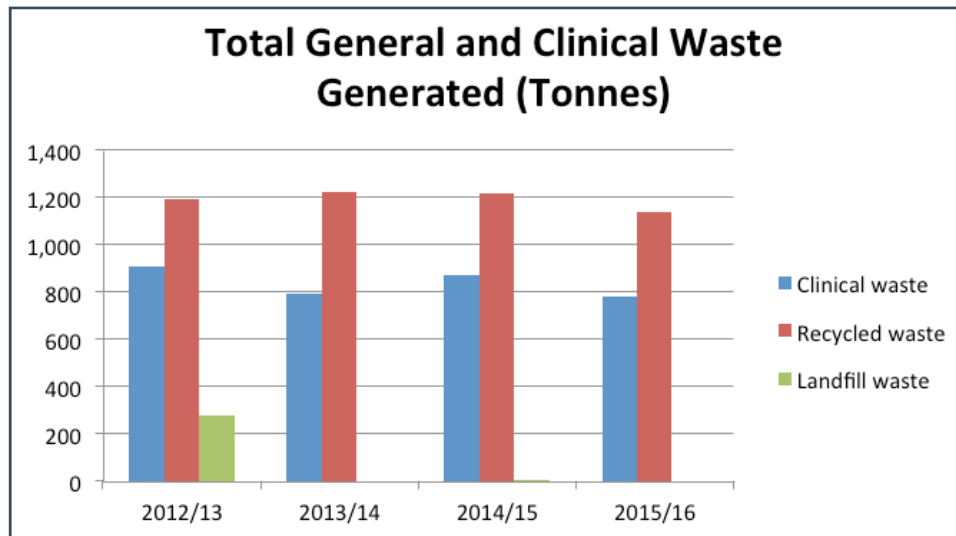
our estate. We remain committed to stabilising and then reducing our energy consumption. Overall energy usage has remained similar to the previous year, although we have seen the addition of new equipment and facilities. We have delivered a number of energy efficiency schemes, including boiler replacements, upgrade of lighting to LED, solar PV at City Hospital and Rowley Regis Hospital, chiller replacements, optimisation of heating controls, and staff engagement. Our carbon emissions generated from energy consumption for 2016/17 totalled 24,324\* tCO2e. Our water consumption has increased around 7% based on the previous year. In 2016/17, the Trust used 248,511.70\* m3 of water – in carbon emissions that equates to 226 tCO2e. Water is essential in maintaining high levels of hygiene but through on-going improvements it is hoped that water consumption will stabilise.



## Waste

The Trust has been working to reduce unnecessary wastage of resources. Through engaging with staff, moving to paperless/paper light working, and liaising with our waste contractor, we have significantly reduced the amount of clinical and general waste generated. Since 2013/14, the total combined volume of general and clinical waste

generated by the Trust has reduced by 20%. Alongside this, since 2014, the Trust has been diverting general (domestic) waste from landfill. Clinical waste is sent for incineration with energy recovery and 100% of our general waste is recycled or reprocessed at a local facility.



## Transport and Travel

The Trust is gathering data on the impact of our transport services. We are also supporting staff in moving towards more sustainable and active modes of travel with new cycle storage facilities, dedicated cycle lanes, pool bikes for staff, travel information kiosks, free bike checks for staff, and many more. Our work has been recognised with the following awards:

- Birmingham Connected Sustainable Travel Award (2015)
- Winner of the Centro 'Most Proactive Organisation, Cycling' Award (2015)
- Gold Standard Top Cycling Location (2015)
- Top Walking Location (2016)
- Platinum Top Active Travel Location (2016)

We will soon be installing electric vehicle charge points across the Trust for staff, patients and visitors to access.

## Wider Sustainability Plans

As part of the Trust's Public Health Plan, in 2014 we set the following targets for 2017; to stabilise energy consumption, reduce the amount of waste we send to landfill, and improve on our NHS Good Corporate Citizen Assessment score – all of which have now been achieved. We will continue to improve on this year-on-year. The Trust is also working to ensure that our new Midland Metropolitan Hospital is energy efficient and easily accessible by sustainable modes of travel.

## Our finances and investments

### Directors' Report

Although a surplus was reported for 2015/16 the Trust exited the 2015/16 finance year with an underlying deficit in excess of £16m. Throughout 2016/17 operational teams have been challenged to identify and deliver internal efficiencies that would address both this deficit and the efficiency saving required as part of the 2016/17 tariff. The environmental factors that contributed to the underlying deficit brought forward have continued to impact the Trust in 2016/17. Manifestations of these include greater acuity in attendances at A&E, high levels of beds occupied by people medically fit for discharge as well as difficulties in the recruitment of certain staff groups.

As a consequence of these factors elective income is below the level planned and agency spend has continued at high levels. These have contributed to the deficit reported for the 2016/17 financial year. While reporting a deficit is disappointing that the level of reported deficit has been maintained at nearly £5m below the underlying brought forward position is encouraging. This is particularly so given the progress made in respect of CQC actions, the MMH project and the EPR implementation.

However, the long-term target for the Trust to generate underlying, cash backed surpluses in order to support the necessary investment programme. Consequently from a financial perspective the 2017/18 financial year will be dominated by a focus on addressing the underlying deficit while securing performance levels required for the MMH. The Trust exits the 2016/17 financial year with an underlying deficit in excess of £25m. The business planning process indicates that this can be addressed within the coming financial year but that there are some key external

dependencies to this and so a high degree of risk is attached to this outcome. It is expected that the original financial performance trajectory that was envisaged as part of the MMH investment plan will not be recovered until after the 2017/18 financial year.

The performance of NHS trusts is measured against four primary financial duties:

- the delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- not exceeding its Capital Resource Limit (CRL);
- not exceeding its External Financing Limit (EFL);
- delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

### Breakeven Duty

For 2016/17 the Trust agreed an income and expenditure target surplus of £6.6m. Due to the factors outlined above this was reset during the year to a deficit and a deficit. The deficit was set at the level of £6.84m. Achievement of this revised target was subject to delivery of an in year recovery programme. This programme depended on a combination of additional income and pay bill reduction. Material components of both income and pay bill improvement depended on resolution of issues in the wider health economy and consequently not directly controllable by the Trust executive. That these were not resolved within the financial year impacted on the recovery programme and so the Trust deviated further from plan and delivered a deficit of £11.933m. On the basis of this performance the Trust has failed to meet its main budgetary objective of break even.

For the purpose of measuring statutory accounts performance, the Trust generated a surplus in year of £6.996m.



As has been the case in previous years, the presentation of financial results requires additional explanation owing to adjustments generated by valuation updates to the Trust's assets as well as changes to the accounting treatment for donated and government grant funded capital assets. These technicalities are explained in the detailed notes to the Trust's published 2015/16 Statutory Accounts (separate document).

Figure 6.1

Income and Expenditure Performance	2016/17	2015/16
	£000s	£000s
Income for Patient Activities	416,916	405,531
Income for Education, Training, Research & Other Income	43,281	38,167
Total Income	460,197	443,698
Pay Expenditure	(311,043)	(295,516)
Non Pay Expenditure including Interest Payable and Receivable	(151,033)	(147,586)
Public Dividend Capital (PDC) - Payment	(5,117)	(4,850)
Total Expenditure (Including Impairments and Reversals)	(467,193)	(447,952)
Surplus/(Deficit) per Statutory Accounts	(6,996)	(4,254)
Exclude Impairments and Reversals	(5,161)	8,390
Adjustment for elimination of Donated and Government Grant Reserves	224	(279)
Surplus/(Deficit) per DH Target	(11,933)	3,857

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOCi). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). DH holds allocations centrally for the impact of impairments and reversals.

Although the reported performance of the Trust's I&E was below plan, local positions within Clinical Groups and directorates, indicate further divergence from this plan. The scale of the divergence is such that the operational performance would have resulted in a deficit position in excess of £25m rather than the reported £11.9m deficit. Challenges to achieving the required level of operational performance throughout the year have been consistent and include elective capacity and interim staffing levels. As a consequence of these factors capacity management and patient flow initiatives have been a focus of executive led projects throughout the year and will remain central to the business planning undertaken in readiness for the 2017/18 financial year. It is intended that this will continue to be an organisational competency that is subject to review and challenge by the accountable officers and by the Board's Finance and Investment Committee throughout the current two year planning period.

**CRL**  
Further detailed information on capital spend is shown below at Figure 6.5. The CRL sets a maximum amount of capital expenditure a trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the

Figure 6.1 shows how the Trust's reported performance is calculated. The deficit in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the duties summarised above (ie I&E breakeven, CRL, EFL, capital cost absorption).

**CRL**  
CRL although the Trust may undershoot. Against its CRL of £18.968m for 2016/17, the Trust's relevant expenditure was £18.967m, thereby undershooting by £0.001m and achieving this financial duty.

**EFL**  
The EFL is a control on the amount a trust may borrow and also determines the amount of cash which must be held at the end of the financial year. Trusts are not allowed to overshoot the EFL although the trust is permitted to undershoot. Against its EFL of £56.399m, the Trust's cash flow financing requirement was £46.962m, thereby undershooting by £9.437m and achieving this financial duty.

**Capital Cost Absorption Rate**  
The capital cost absorption rate is a rate of return on the capital employed by the Trust which is set nationally at 3.5%. The value of this rate of return is reflected in the SOCi as PDC dividend (as shown in Figure 6.1), an amount which trusts pay back to DH to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5% and accordingly the Trust has achieved this financial duty.

**Income from Commissioners and other sources**  
The main components of the Trust's income £460.197m in 2016/17 are shown in the following in Figure 6.2 which shows an overall increase of £16.499m, 3.72%.

The largest items driving this increase are £5.3m sustainability and transformation fund money (STF), £3m taper relief and £3m in relation to the end of life care contract which the Trust won. These represent new income streams for 2016/17; STF is central funding made available to Trust's to

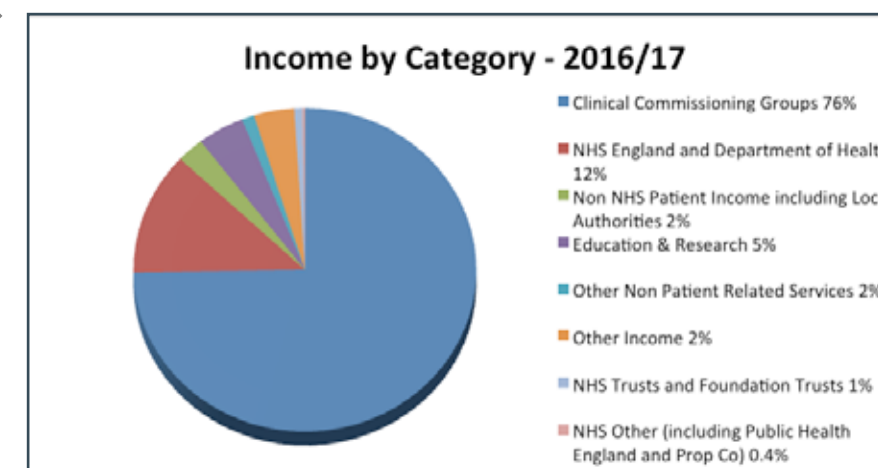
support performance of emergency services and is allocated on the basis of 2014/15 costing information. Taper relief relates to funding for elements of the MMH project while end of life funding is money due to the Trust for services provided under that contract.

While there have been some reclassifications of income, Figure 6.2

Sources of Income	2016/17	2015/16
	£000s	£000s
NHS England and Department of Health	56,536	53,895
NHS Trusts and Foundation Trusts	3,560	4,078
Clinical Commissioning Groups	343,930	338,649
NHS Other (including Public Health England and Prop Co)	1,070	1,605
Non NHS Patient Income including Local Authorities	11,820	7,304
Education & Research	20,351	20,028
Other Non-Patient Related Services	5,387	7,288
Other Income	17,543	10,851
Total Income	460,197	443,698
Adjustment for elimination of Donated and Government Grant Reserves	224	(279)
Surplus/(Deficit) per DH Target	(11,933)	3,857

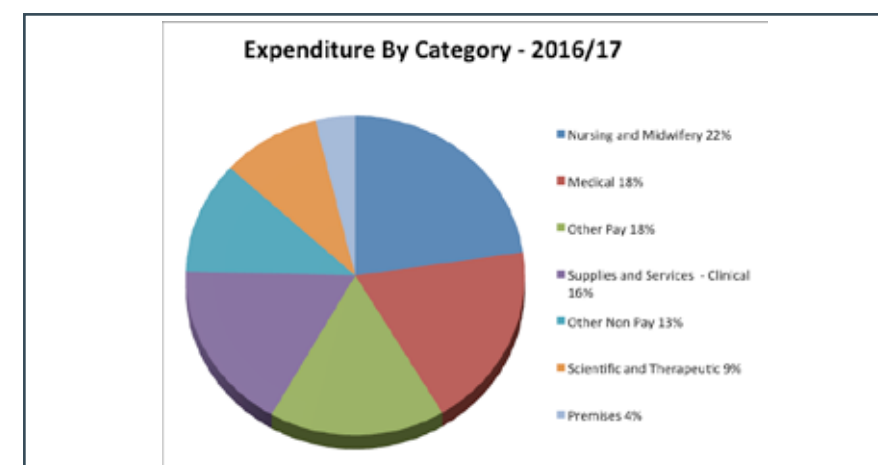
Within Figure 6.3, the pie chart below, the largest element 76% of the Trust's resources flowed directly from CCGs and 12% from NHSE with the next significant element 5% being education, training and research funds. The

Figure 6.3



**Expenditure**  
Figure 6.4, the pie chart below shows that 67% of the Trust's cost was pay and, within this, the three largest groups were nursing and midwifery 22%, medical staff 18% and scientific and therapeutic 9%. The remaining

Figure 6.4



including a grossing up of charges relating to staff recharges to other organisations which has the impact of appearing to increase income and expenditure between years while in fact the overall net impact of this is nil, income growth was planned as part of the MMH initiative. Repatriation of certain activity was a key part of this and so some level of income growth was expected.

Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate doctors and other clinical trainees. It also has an active and successful research community.

33% of operational expenditure was non pay, the largest element of which was clinical supplies and services which included drug costs at 16%.

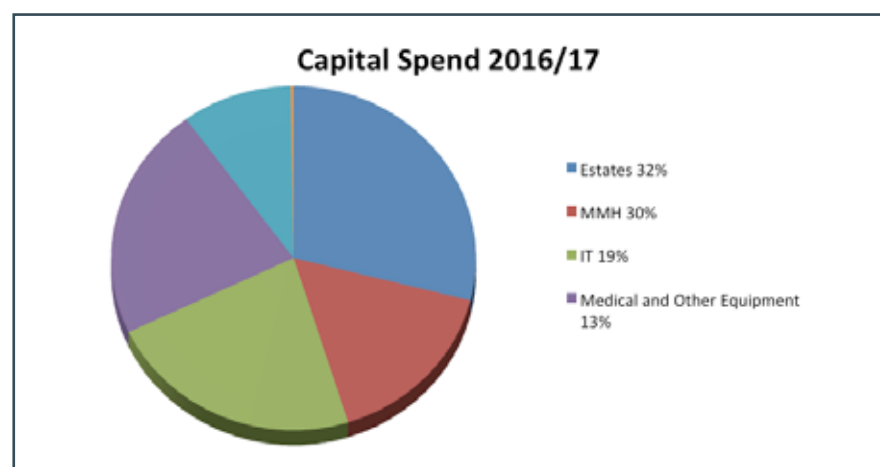


## Use of Capital Resources

Capital expenditure differs to day to day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust's gross spend during

2016/17 on capital items was £19.029m. This is adjusted by any donated items when measured against the CRL (see earlier). A breakdown of this gross expenditure is shown in the pie chart below.

Figure 6.5



The Trust spent a significant proportion – 62% - of its capital budget on the Midland Metropolitan Hospital (MMH) and Estates. Specifically, £8.596m was spent on MMH and upgrading the Trust's Estate, including ensuring compliance with statutory standards. Medical and Other Equipment accounted for £4.195m while £0.049m was spent on equipment identified for clinical quality improvement. IT spend totalled £4.332m of which £1.861m was for the Electronic Patient Record system.

Sickness Absence – not currently available

Staff sickness data will be provided on a national basis by DH for 2016/17 and covers the calendar year ended 31 December.

## Audit

The Trust's External Auditors are KPMG LLP. They were appointed for 2014/15, 2015/16 and 2016/17 by the Audit

Commission. Further to the demise of the Audit Commission, the Trust itself is now required to take responsibility for the appointment of its auditors. Accordingly a competitive tendering process was undertaken during 2016 for when the current contract expired. Following this process, which included the existing auditors, Grant Thornton were appointed. 2017/18 will be the first years accounts affected by this change.

The cost of the work undertaken by the Auditor in 2016/17 was £91k including VAT. The fee in respect of auditing charitable fund accounts at £10.4k is excluded from this sum, but the audit of the Quality Accounts is included.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are unaware. In addition the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

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

	NOTE	2016-17 £000s	2015-16 £000s
Gross employee benefits	8.1	(311,043)	(295,516)
Other operating costs	6	(148,908)	(145,715)
Revenue from patient care activities	3	411,619	405,531
Other operating revenue	4	48,578	38,167
<b>Operating surplus/(deficit)</b>		<b>246</b>	<b>2,467</b>
Investment revenue	10	66	136
Other gains and (losses)	11	0	50
Finance costs	12	(2,191)	(2,057)
<b>Surplus/(deficit) for the financial year</b>		<b>(1,879)</b>	<b>596</b>
Public dividend capital dividends payable		(5,117)	(4,850)
Transfers by absorption - gains		0	0
Transfers by absorption - (losses)		0	0
<b>Net Gain/(loss) on transfers by absorption</b>		<b>0</b>	<b>0</b>
<b>Retained surplus/(deficit) for the year</b>		<b>(6,996)</b>	<b>(4,254)</b>
<b>Other Comprehensive Income</b>		<b>2016-17 £000s</b>	<b>2015-16 £000s</b>
Impairments and reversals taken to the revaluation reserve		654	(36,230)
Net gain/(loss) on revaluation of property, plant & equipment		0	0
Net gain/(loss) on revaluation of intangibles		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Other gain/(loss) (explain in footnote below)		0	0
Net gain/(loss) on revaluation of available for sale financial assets		0	0
Net actuarial gain/(loss) on pension schemes		0	0
Other pension remeasurements		0	0
<b>Reclassification adjustments</b>		<b>0</b>	<b>0</b>
On disposal of available for sale financial assets		0	0
<b>Total comprehensive income for the year</b>		<b>(6,342)</b>	<b>(40,484)</b>
<b>Financial performance for the year</b>		<b>2016-17 £000s</b>	<b>2015-16 £000s</b>
Retained surplus/(deficit) for the year		(6,996)	(4,254)
Prior period adjustment to correct errors and other performance adjustments		0	0
IFRIC 12 adjustment (including IFRIC 12 impairments)		0	1,368
Impairments (excluding IFRIC 12 impairments)		(5,161)	7,022
Adjustments in respect of donated gov't grant asset reserve elimination (if required)		224	(279)
Adjustment re absorption accounting		0	0
<b>Adjusted retained surplus/(deficit)</b>		<b>(11,933)</b>	<b>3,857</b>

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

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

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

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

The notes on pages 93 to 123 form part of this account.

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

		31 March 2017	31 March 2016
	NOTE	£000s	£000s
<b>Non-current assets:</b>			
Property, plant and equipment	14	207,430	196,381
Intangible assets	15	166	386
Investment property		0	0
Other financial assets		0	0
Trade and other receivables	19.1	43,017	846
<b>Total non-current assets</b>		<b>250,613</b>	<b>197,613</b>
<b>Current assets:</b>			
Inventories	18	5,268	4,096
Trade and other receivables	19.1	18,503	16,308
Other financial assets		0	0
Other current assets		0	0
Cash and cash equivalents	20	23,902	27,296
<b>Sub-total current assets</b>		<b>47,673</b>	<b>47,700</b>
Non-current assets held for sale		0	0
<b>Total current assets</b>		<b>47,673</b>	<b>47,700</b>
<b>Total assets</b>		<b>298,286</b>	<b>245,313</b>
<b>Current liabilities</b>			
Trade and other payables	21	(69,915)	(54,144)
Other liabilities		0	0
Provisions	24	(1,147)	(1,472)
Borrowings	22	(903)	(1,306)
Other financial liabilities		0	0
DH revenue support loan	22	0	0
DH capital loan	22	0	0
<b>Total current liabilities</b>		<b>(71,965)</b>	<b>(56,922)</b>
<b>Net current assets/(liabilities)</b>		<b>(24,292)</b>	<b>(9,222)</b>
<b>Total assets less current liabilities</b>		<b>226,321</b>	<b>188,391</b>
<b>Non-current liabilities</b>			
Trade and other payables	21	0	0
Other liabilities		0	0
Provisions	24	(3,396)	(3,095)
Borrowings	22	(25,910)	(25,591)
Other financial liabilities		0	0
DH revenue support loan	22	0	0
DH capital loan	22	0	0
<b>Total non-current liabilities</b>		<b>(29,306)</b>	<b>(28,686)</b>
<b>Total assets employed:</b>		<b>197,015</b>	<b>159,705</b>
<b>FINANCED BY:</b>			
Public Dividend Capital		205,362	161,710
Retained earnings		(24,979)	(17,993)
Revaluation reserve		7,574	6,930
Other reserves		9,058	9,058
<b>Total Taxpayers' Equity:</b>		<b>197,015</b>	<b>159,705</b>

The notes on pages x to xx form part of this account.

The financial statements on pages [a to b] were approved by the Board on [date] and signed on its behalf by

Chief Executive: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Information on reserves****1 Public dividend capital**

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

**2 Income and expenditure reserve**

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

**3 Revaluation Reserve**

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

**4 Other reserves**

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

**Statement of Cash Flows for the Year ended 31 March 2017**

NOTE	2016-17 £000s	2015-16 £000s
	<b>Cash Flows from Operating Activities</b>	
	246	2,467
	Operating surplus/(deficit)	
6	14,015	12,946
	Depreciation and amortisation	
16	(5,161)	8,390
	Impairments and reversals	
11	0	0
	Other gains/(losses) on foreign exchange	
4	(62)	(527)
	Donated Assets received credited to revenue but non-cash	
	0	0
	Government Granted Assets received credited to revenue but non-cash	
	0	0
	Release of PFI/deferred credit	
	(1,172)	(629)
	(Increase)/Decrease in Inventories	
	(44,176)	864
	(Increase)/Decrease in Trade and Other Receivables	
	0	0
	(Increase)/Decrease in Other Current Assets	
	13,866	10,270
	Increase/(Decrease) in Trade and Other Payables	
	0	0
	(Increase)/Decrease in Other Current Liabilities	
	(910)	(3,139)
	Provisions utilised	
	844	199
	Increase/(Decrease) in movement in non cash provisions	
	<b>(22,510)</b>	<b>30,841</b>
	<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	
	<b>Cash Flows from Investing Activities</b>	
	66	136
	Interest Received	
	(16,718)	(22,925)
	(Payments) for Property, Plant and Equipment	
	0	(53)
	(Payments) for Intangible Assets	
	0	0
	(Payments) for Investments with DH	
	0	0
	(Payments) for Other Financial Assets	
	0	0
	(Payments) for Financial Assets (LIFT)	
	0	50
	Proceeds of disposal of assets held for sale (PPE)	
	0	0
	Proceeds of disposal of assets held for sale (Intangible)	
	0	0
	Proceeds from Disposal of Investment with DH	
	0	0
	Proceeds from Disposal of Other Financial Assets	
	0	0
	Proceeds from the disposal of Financial Assets (LIFT)	
	0	0
	Loans Made in Respect of LIFT	
	0	0
	Loans Repaid in Respect of LIFT	
	0	0
	Rental Revenue	
	0	0
	<b>(16,652)</b>	<b>(22,792)</b>
	<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	
	<b>(39,162)</b>	<b>8,049</b>
	<b>Net Cash Inflow / (outflow) before Financing</b>	
	<b>Cash Flows from Financing Activities</b>	
	43,652	0
	Gross Temporary and Permanent PDC Received	
	0	(500)
	Gross Temporary and Permanent PDC Repaid	
	0	0
	Loans received from DH - New Capital Investment Loans	
	0	0
	Loans received from DH - New Revenue Support Loans	
	0	0
	Other Loans Received	
	0	0
	Loans repaid to DH - Capital Investment Loans Repayment of Principal	
	0	(1,000)
	Loans repaid to DH - Working Capital Loans/Revenue Support Loans	
	0	0
	Other Loans Repaid	
	0	0
	Cash transferred to NHS Foundation Trusts or on dissolution	
	0	0
	Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	
	(84)	(1,017)
	Interest paid	
	(2,145)	(2,011)
	PDC Dividend (paid)/refunded	
	(5,655)	(4,607)
	Capital grants and other capital receipts (excluding donated / government granted cash receipts)	
	0	0
	<b>35,768</b>	<b>(9,135)</b>
	<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	
	<b>(3,394)</b>	<b>(1,086)</b>
	<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>	
	<b>27,296</b>	<b>28,382</b>
	<b>Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period</b>	
	0	0
	Effect of exchange rate changes in the balance of cash held in foreign currencies	
20	<b>23,902</b>	<b>27,296</b>
	<b>Cash and Cash Equivalents (and Bank Overdraft) at year end</b>	

**NOTES TO THE ACCOUNTS****1. Accounting Policies**

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

**1.1 Accounting convention**

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

**Going Concern**

These accounts have been prepared on a going concern basis

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

**Management Assessment of Going Concern**

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

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

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

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

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

**1.2 Acquisitions and discontinued operations**

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

**1.3 Movement of assets within the DH Group**

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

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

**1.4 Charitable Funds**

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

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.5 Critical accounting judgements and key sources of estimation uncertainty**

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

**1.5.1 Critical judgements in applying accounting policies**

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

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

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

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

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

**PFI Asset Valuation**

From 1st April 2015, the Trust has accounted for the Valuation of its PFI Hospital (BTC) on the basis of Depreciated Replacement Cost excluding VAT. When determining the change in treatment, the Trust sought advice from its appointed VAT Advisors to confirm the appropriateness of its judgement.

**Managed Equipment Scheme**

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

**1.5.2 Key sources of estimation uncertainty****Property Valuation**

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



**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.6 Revenue**

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

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

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

**1.7 Employee Benefits****Short-term employee benefits**

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

**Retirement benefit costs**

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

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

**1.8 Other expenses**

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

**1.9 Property, plant and equipment****Recognition**

Property, plant and equipment is capitalised if:

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

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

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****Valuation**

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

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

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

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

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

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

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

**Subsequent expenditure**

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

**1.10 Intangible assets****Recognition**

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

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

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

**Measurement**

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

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

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.11 Depreciation, amortisation and impairments**

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

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

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

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

**1.12 Donated assets**

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

**1.13 Government grants**

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

**1.14 Non-current assets held for sale**

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

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

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

**1.15 Leases**

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

**The trust as lessee**

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

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

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

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

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****The NHS trust as lessor**

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

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

**1.16 Private Finance Initiative (PFI) transactions**

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

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

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

**Services received**

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

**PFI Asset**

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

**PFI liability**

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

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

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

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

**Lifecycle replacement**

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

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

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

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

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

**Other assets contributed by the NHS trust to the operator**

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



**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.17 Inventories**

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

**1.18 Cash and cash equivalents**

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

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

**1.19 Provisions**

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

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

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

All percentages are in real terms.

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

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

**1.20 Clinical negligence costs**

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

**1.21 Non-clinical risk pooling**

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

**1.22 Carbon Reduction Commitment Scheme (CRC)**

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

**1.23 Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.24 Financial assets**

Financial assets are recognised when the NHS trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

**Financial assets at fair value through profit and loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the NHS trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset

**Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

**Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

**Notes to the Accounts - 1. Accounting Policies (Continued)****Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Financial assets are initially recognised at fair value. Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the NHS trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset and that have an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

**1.25 Financial liabilities**

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

**Financial guarantee contract liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The amount of the obligation under the contract, as determined in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*; and

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****Financial liabilities at fair value through profit and loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the NHS trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

**Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

**1.26 Value Added Tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**1.27 Foreign currencies**

The NHS trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

**1.28 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. Details of third party assets are given in Note 34 to the accounts

**1.29 Public Dividend Capital (PDC) and PDC dividend**

Public dividend capital represents taxpayers' equity in the NHS trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**1.30 Losses and Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the NHS trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

**1.31 Subsidiaries**

Material entities over which the NHS trust has the power to exercise control are classified as subsidiaries and are consolidated. The NHS trust has control when it is exposed to or has rights to variable returns through its power over another entity. The income and expenses; gains and losses; assets, liabilities and reserves; and cash flows of the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS trust or where the subsidiary's accounting date is not co-terminus.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

**1.32 Associates**

Material entities over which the NHS trust has the power to exercise significant influence so as to obtain economic or other benefits are classified as associates and are recognised in the NHS trust's accounts using the equity method. The investment is recognised initially at cost and is adjusted subsequently to reflect the NHS trust share of the entity's profit/loss and other gains/losses. It is also reduced when any distribution is received by the NHS trust from the entity.

Associates that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'

**1.33 Joint arrangements**

Material entities over which the NHS trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the NHS trust is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

**NOTES TO THE ACCOUNTS****Notes to the Accounts - 1. Accounting Policies (Continued)****1.34 Research and Development**

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

**1.35 Accounting Standards that have been issued but have not yet been adopted**

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2016-17. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

**1.36 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

## 2. Operating segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

## 3. Revenue from patient care activities

	2016-17 £000s	2015-16 £000s
NHS Trusts	284	629
NHS England	51,239	53,199
Clinical Commissioning Groups	343,930	338,649
Foundation Trusts	3,276	3,449
Department of Health	0	196
NHS Other (including Public Health England and Prop Co)	1,070	1,303
Additional income for delivery of healthcare services	0	500
Non-NHS:		
Local Authorities	9,008	5,640
Private patients	172	159
Overseas patients (non-reciprocal)	1,100	192
Injury costs recovery	1,283	1,283
Other Non-NHS patient care income	257	332
<b>Total Revenue from patient care activities</b>	<b>411,619</b>	<b>405,531</b>

## 4. Other operating revenue

	2016-17 £000s	2015-16 £000s
Recoveries in respect of employee benefits	0	0
Patient transport services	135	166
Education, training and research	20,351	20,028
Charitable and other contributions to revenue expenditure - NHS	0	0
Charitable and other contributions to revenue expenditure -non- NHS	0	0
Receipt of charitable donations for capital acquisitions	62	527
Support from DH for mergers	0	0
Receipt of Government grants for capital acquisitions	0	0
Non-patient care services to other bodies	5,190	6,595
Sustainability & Transformation Fund Income	5,297	
Income generation (Other fees and charges)	9,893	6,544
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue	7,650	4,307
<b>Total Other Operating Revenue</b>	<b>48,578</b>	<b>38,167</b>
<b>Total operating revenue</b>	<b>460,197</b>	<b>443,698</b>

## 5. Overseas Visitors Disclosure

	2016-17 £000s	2015-16 £000s
Income recognised during 2016-17 (invoiced amounts and accruals)	1,100	192
Cash payments received in-year (re receivables at 31 March 2016)	143	98
Cash payments received in-year (iro invoices issued 2016-17)	166	33
Amounts added to provision for impairment of receivables (re receivables at 31 March 2016)	0	0
Amounts added to provision for impairment of receivables (iro invoices issued 2016-17)	735	162
Amounts written off in-year (irrespective of year of recognition)	123	86

## 6. Operating expenses

	2016-17 £000s	2015-16 £000s
Services from other NHS Trusts	1,782	1,020
Services from CCGs/NHS England	0	0
Services from other NHS bodies	507	2,146
Services from NHS Foundation Trusts	6,947	7,434
<b>Total Services from NHS bodies*</b>	<b>9,236</b>	<b>10,600</b>
Purchase of healthcare from non-NHS bodies	3,397	1,596
Purchase of Social Care	0	0
Trust Chair and Non-executive Directors	64	66
Supplies and services - clinical	79,133	71,033
Supplies and services - general	6,912	6,485
Consultancy services	934	852
Establishment	4,518	3,884
Transport	1,839	1,527
Service charges - ON-SOFP PFIs and other service concession arrangements	2,166	863
Service charges - On-SOFP LIFT contracts	0	0
Total charges - Off-SOFP PFIs and other service concession arrangements	0	0
Total charges - Off-SOFP LIFT contracts	0	0
Business rates paid to local authorities	1,597	1,299
Premises	17,429	16,207
Hospitality	0	0
Insurance	90	110
Legal Fees	145	49
Impairments and Reversals of Receivables	1,382	515
Inventories write down	8	57
Depreciation	13,853	12,714
Amortisation	162	232
Impairments and reversals of property, plant and equipment	(5,219)	8,278
Impairments and reversals of intangible assets	58	112
Impairments and reversals of financial assets [by class]	0	0
Impairments and reversals of non current assets held for sale	0	0
Internal Audit Fees	220	197
Audit fees	91	91
Other auditor's remuneration	0	27
Clinical negligence	7,577	6,476
Research and development (excluding staff costs)	242	242
Education and Training	1,111	1,206
Change in Discount Rate	388	(23)
Capital Grants in Kind	0	0
Other	1,575	1,020
<b>Total Operating expenses (excluding employee benefits)</b>	<b>148,908</b>	<b>145,715</b>
<b>Employee Benefits</b>		
Employee benefits excluding Board members	309,639	294,183
Board members	1,404	1,333
<b>Total Employee Benefits</b>	<b>311,043</b>	<b>295,516</b>
<b>Total Operating Expenses</b>	<b>459,951</b>	<b>441,231</b>

\*Services from NHS bodies does not include expenditure which falls into a category below

## 7. Operating Leases

### 7.1. Sandwell and West Birmingham Hospitals NHS Trust as lessee

	Land £000s	Buildings £000s	Other £000s	2016-17 Total £000s	2015-16 £000s
<b>Payments recognised as an expense</b>					
Minimum lease payments				44	138
Contingent rents				0	0
Sub-lease payments				0	0
<b>Total</b>				<b>44</b>	<b>138</b>
<b>Payable:</b>					
No later than one year		0	25	25	131
Between one and five years	73	0	47	120	216
After five years	127	0	24	151	146
<b>Total</b>	<b>200</b>	<b>0</b>	<b>96</b>	<b>296</b>	<b>493</b>
Total future sublease payments expected to be received:				0	0

## 8. Employee benefits

### 8.1. Employee benefits

	2016-17 Total £000s	2015-16 Total £000s
<b>Employee Benefits - Gross Expenditure</b>		
Salaries and wages	262,812	253,134
Social security costs	23,743	18,800
Employer Contributions to NHS BSA - Pensions Division	27,185	26,766
Other pension costs	0	0
Termination benefits	0	0
<b>Total employee benefits</b>	<b>313,740</b>	<b>298,700</b>
<b>Employee costs capitalised</b>	<b>2,697</b>	<b>3,184</b>
<b>Gross Employee Benefits excluding capitalised costs</b>	<b>311,043</b>	<b>295,516</b>

### 8.2. Retirements due to ill-health

	2016-17 Number	2015-16 Number
Number of persons retired early on ill health grounds	9	4
	£000s	£000s
Total additional pensions liabilities accrued in the year	323	201

### 8.3. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.



**9. Better Payment Practice Code****9.1. Measure of compliance****Non-NHS Payables**

	2016-17 Number	2016-17 £000s	2015-16 Number	2015-16 £000s
Total Non-NHS Trade Invoices Paid in the Year	107,147	255,483	112,909	157,420
Total Non-NHS Trade Invoices Paid Within Target	56,239	204,246	99,996	138,820
Percentage of NHS Trade Invoices Paid Within Target	52.49%	79.95%	88.56%	88.18%

**NHS Payables**

	2016-17 Number	2016-17 £000s	2015-16 Number	2015-16 £000s
Total NHS Trade Invoices Paid in the Year	2,141	31,490	2,022	28,228
Total NHS Trade Invoices Paid Within Target	1,011	16,038	1,449	18,762
Percentage of NHS Trade Invoices Paid Within Target	47.22%	50.93%	71.66%	66.47%

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

**9.2. The Late Payment of Commercial Debts (Interest) Act 1998**

Amounts included in finance costs from claims made under this legislation  
Compensation paid to cover debt recovery costs under this legislation

	2016-17 £000s	2015-16 £000s
Amounts included in finance costs from claims made under this legislation	1	2
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>1</b>	<b>2</b>

**10. Investment Revenue****Interest revenue**

	2016-17 £000s	2015-16 £000s
Bank interest	66	136
<b>Total investment revenue</b>	<b>66</b>	<b>136</b>

**11. Other Gains and Losses**

Gain/(Loss) on disposal of assets other than by sale (PPE)  
Gain/(Loss) on disposal of assets other than by sale (intangibles)

	2016-17 £000s	2015-16 £000s
Gain/(Loss) on disposal of assets other than by sale (PPE)	0	50
Gain/(Loss) on disposal of assets other than by sale (intangibles)	0	0
<b>Total</b>	<b>0</b>	<b>50</b>

**12. Finance Costs**

	2016-17 £000s	2015-16 £000s
<b>Interest</b>		
Interest on loans and overdrafts	0	4
Interest on obligations under finance leases	0	0
<b>Interest on obligations under PFI contracts:</b>		
- main finance cost	1,332	1,391
- contingent finance cost	813	618
<b>Total interest expense</b>	<b>2,145</b>	<b>2,013</b>
Other finance costs	0	0
Provisions - unwinding of discount	45	42
<b>Total</b>	<b>2,190</b>	<b>2,055</b>

**13. Finance Costs****13.1. Other auditor remuneration**

	2016-17 £000s	2015-16 £000s
<b>Other auditor remuneration paid to the external auditor:</b>		
1. Audit of accounts of any associate of the trust	0	0
2. Audit-related assurance services	0	
3. Taxation compliance services	0	
4. All taxation advisory services not falling within item 3 above	0	
5. Internal audit services	0	0
6. All assurance services not falling within items 1 to 5	0	
7. Corporate finance transaction services not falling within items 1 to 6 above	0	
8. Other non-audit services not falling within items 2 to 7 above	0	
<b>Total</b>	<b>0</b>	<b>0</b>

**13.2. Limitation on auditor's liability**

There is no limitation on auditor's liability for external audit work carried out for the financial years 2016/17 or 2015/16.

**14.1. Property, plant and equipment****2016-17****Cost or valuation:**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>At 1 April 2016</b>	16,640	140,725	0	10,283	101,531	3,833	31,689	1,997	306,698
Additions of Assets Under Construction				3,540					3,540
Additions Purchased	0	4,732	0		1,805	0	6,193	0	12,730
Additions - Non Cash Donations (i.e. physical assets)	0	0	0	0	49	0	13	0	62
Additions - Purchases from Cash Donations & Government Grants	0	0	0	0	0	0	0	0	0
Additions Leased (including PFI/LIFT)	0	105	0		2,592	0	0	0	2,697
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as Held for Sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	(1,149)	0	0	(694)	0	(35)	0	(729)
Revaluation	0	0	0	0	0	0	0	0	(1,149)
Impairments/reversals charged to operating expenses	0	0	0	0	0	0	0	0	0
Impairments/reversals charged to reserves	0	654	0	0	0	0	0	0	654
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
<b>At 31 March 2017</b>	<b>16,640</b>	<b>145,067</b>	<b>0</b>	<b>13,823</b>	<b>105,283</b>	<b>3,833</b>	<b>37,860</b>	<b>1,997</b>	<b>324,503</b>

**Depreciation**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>At 1 April 2016</b>	0	0	0		82,000	3,295	23,461	1,561	110,317
Reclassifications	0	0	0		0	0	0	0	0
Reclassifications as Held for Sale and reversals	0	0	0		0	0	0	0	0
Disposals other than for sale	0	0	0		(694)	0	(35)	0	(729)
Revaluation	0	(1,149)	0	0	0	0	0	0	(1,149)
Impairment/reversals charged to reserves	0	0	0	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	0	(5,219)	0	0	0	0	0	0	(5,219)
Charged During the Year	0	6,369	0	0	4,533	170	2,710	71	13,853
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
<b>At 31 March 2017</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>85,839</b>	<b>3,465</b>	<b>26,136</b>	<b>1,632</b>	<b>117,073</b>
<b>Net Book Value at 31 March 2017</b>	<b>16,640</b>	<b>145,066</b>	<b>0</b>	<b>13,823</b>	<b>19,444</b>	<b>368</b>	<b>11,724</b>	<b>365</b>	<b>207,430</b>

**Asset financing:**

Owned - Purchased	16,640	124,681	0	13,823	10,826	368	11,712	364	178,414
Owned - Donated	0	329	0	0	769	0	12	0	1,110
Owned - Government Granted	0	861	0	0	0	0	0	0	861
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP PFI contracts	0	19,195	0	0	7,849	0	0	1	27,045
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>Total at 31 March 2017</b>	<b>16,640</b>	<b>145,066</b>	<b>0</b>	<b>13,823</b>	<b>19,444</b>	<b>368</b>	<b>11,724</b>	<b>365</b>	<b>207,430</b>

Note 16-16.2

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**Revaluation Reserve Balance for Property, Plant & Equipment**

	Land	Buildings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>At 1 April 2016</b>	4,684	2,239	0	0	7	0	0	0	6,930
Movements (specify)	0	644	0	0	0	0	0	0	644
<b>At 31 March 2017</b>	<b>4,684</b>	<b>2,883</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,574</b>

**Additions to Assets Under Construction in 2016-17**

Land	0
Buildings excl Dwellings	3,540
Dwellings	0
Plant & Machinery	0
<b>Balance as at YTD</b>	<b>3,540</b>



**14.2. Property, plant and equipment prior-year**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>2015-16</b>									
<b>Cost or valuation:</b>									
At 1 April 2015	37,740	160,654	922	6,303	101,421	3,833	27,362	1,997	340,232
Additions of Assets Under Construction				5,855					5,855
Additions Purchased		5,958	0		3,155	0	4,327	0	13,440
Additions - Non Cash Donations (i.e. Physical Assets)	0	0	0	0	527	0	0	0	527
Additions - Purchases from Cash Donations & Government Grants	0	0	0	0	0	0	0	0	0
Additions Leased (including PF/LIFT)	0	472	0		0	0	0	0	472
Reclassifications	0	2,797	(922)	(1,875)	0	0	0	0	0
Reclassifications as Held for Sale and Reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	0	0	0	(3,572)	0	0	0	(3,572)
Revaluation	(7,446)	(6,580)	0	0	0	0	0	0	(14,026)
Impairment/reversals charged to reserves	0	0	0	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	0	0	0	0	0	0	0	0	0
Transfers to NHS Foundation Trust on authorisation as FT	(13,654)	(22,576)	0	0	0	0	0	0	(36,230)
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
<b>At 31 March 2016</b>	<b>16,640</b>	<b>140,725</b>	<b>0</b>	<b>10,283</b>	<b>101,531</b>	<b>3,833</b>	<b>31,689</b>	<b>1,997</b>	<b>306,698</b>
<b>Depreciation</b>									
At 1 April 2015	0	0	0		80,792	3,119	21,552	1,460	106,923
Reclassifications	0	0	0		0	0	0	0	0
Reclassifications as Held for Sale and Reversals	0	0	0		0	0	0	0	0
Disposals other than for sale	0	0	0		(3,572)	0	0	0	(3,572)
Revaluation	(7,446)	(6,580)	0		0	0	0	0	(14,026)
Impairment/reversals charged to reserves	0	0	0		0	0	0	0	0
Impairments/reversals charged to operating expenses	7,446	832	0		0	0	0	0	8,278
Charged During the Year	0	5,748	0		4,780	176	1,909	101	12,714
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0		0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0		0	0	0	0	0
At 31 March 2016	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82,000</b>	<b>3,295</b>	<b>23,461</b>	<b>1,561</b>	<b>110,317</b>
<b>Net Book Value at 31 March 2016</b>	<b>16,640</b>	<b>140,725</b>	<b>0</b>	<b>10,283</b>	<b>19,531</b>	<b>538</b>	<b>8,228</b>	<b>436</b>	<b>196,381</b>
<b>Asset financing:</b>									
Owned - Purchased	16,640	120,940	0	10,283	18,563	538	8,227	436	175,627
Owned - Donated	0	325	0	0	968	0	1	0	1,294
Owned - Government Granted	0	842	0	0	0	0	0	0	842
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP PFI contracts	0	18,618	0	0	0	0	0	0	18,618
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>Total at 31 March 2016</b>	<b>16,640</b>	<b>140,725</b>	<b>0</b>	<b>10,283</b>	<b>19,531</b>	<b>538</b>	<b>8,228</b>	<b>436</b>	<b>196,381</b>

Note 16-16.2

**14.3. (cont). Property, plant and equipment**

The Trust's property assets (land and buildings) were revalued during the year by the District Valuation Service and using Modern Equivalent Asset valuation techniques with a valuation date of 31st March 2016. Valuation was undertaken with reference to the size, location and Service Potential of existing buildings and the basis on which they would be replaced by Modern Equivalent Assets.

The Trust owns Non Operational Land assets which are currently held as surplus assets. These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

Asset lives for currently held assets are as follow:-

	Years
Buildings exc Dwellings	12 to 50
Plant & Machinery	0 to 10
Transport Equipment	0 to 5
Information Technology	0 to 10
Furniture and Fittings	0 to 10
Software Licences	0 to 4
Licences and Trademarks	0 to 1

**15. Intangible non-current assets****15.1. Intangible non-current assets**

	IT - in-house & 3rd party software	Computer Licenses	Licenses and Trademarks	Patents	Development Expenditure - Internally Generated	Total
	£000's	£000's	£000's	£000's	£000's	£000's
<b>2016-17</b>						
<b>At 1 April 2016</b>	0	2,954	213	0	0	3,167
Additions of Assets Under Construction						0
Additions Purchased	0	0	0	0	0	0
Additions Internally Generated	0	0	0	0	0	0
Additions - Non Cash Donations (i.e. physical assets)	0	0	0	0	0	0
Additions - Purchases from Cash Donations and Government Grants	0	0	0	0	0	0
Additions Leased (including PFI/LIFT)	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as Held for Sale and Reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation/positive indexation	0	0	(58)	0	0	(58)
Impairments/reversals charged to operating expenses	0	0	0	0	0	0
Impairments/reversals charged to reserves	0	0	0	0	0	0
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0
Transfer (to)/from Other Public Sector bodies under Absorption	0	0	0	0	0	0
<b>At 31 March 2017</b>	0	2,954	155	0	0	3,109

**Amortisation**

<b>At 1 April 2016</b>	0	2,669	112	0	0	2,781
Reclassifications	0	0	0	0	0	0
Reclassified as Held for Sale and Reversals	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Upward revaluation/positive indexation	0	0	0	0	0	0
Impairment/reversals charged to reserves	0	0	0	0	0	0
Impairments/reversals charged to operating expenses	0	0	0	0	0	0
Charged During the Year	0	162	0	0	0	162
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0
Transfer (to)/from Other Public Sector bodies under Absorption	0	2,831	112	0	0	2,943
<b>At 31 March 2017</b>	0	123	43	0	0	166

**Asset Financing: Net book value at 31 March 2017 comprises:**

Purchased	0	123	43	0	0	166
<b>Total at 31 March 2017</b>	0	123	43	0	0	166

**Revaluation reserve balance for intangible non-current assets**

<b>At 1 April 2016</b>	£000's	£000's	£000's	£000's	£000's	£000's
Movements (specify)	0	0	0	0	0	0
<b>At 31 March 2017</b>	0	0	0	0	0	0

Note 17-17.3

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**15.2. Intangible non-current assets prior year**

	IT - in-house & 3rd party software £000's	Computer Licenses £000's	Licenses and Trademarks £000's	Patents £000's	Development Expenditure - Internally Generated £000's	Total
	£000's	£000's	£000's	£000's	£000's	£000's
<b>2015-16</b>						
<b>Cost or valuation:</b>						
<b>At 1 April 2015</b>	0	2,901	0	213	0	3,114
Additions - purchased	0	53	0	0	0	53
Reclassifications	0	0	213	(213)	0	0
<b>At 31 March 2016</b>	0	2,954	213	0	0	3,167
<b>Amortisation</b>						
<b>At 1 April 2015</b>	0	2,437	0	0	0	2,437
Impairments/reversals charged to reserves	0	0	0	0	0	0
Charged during the year	0	232	0	0	0	232
<b>At 31 March 2016</b>	0	2,669	112	0	0	2,781
<b>Net book value at 31 March 2016</b>	0	285	101	0	0	386
<b>Net book value at 31 March 2016 comprises:</b>						
Purchased	0	285	101	0	0	386
<b>Total at 31 March 2016</b>	0	285	101	0	0	386

**15.3. Intangible non-current assets**

Asset lives for intangible assets (purchased computer software) range from 0 to 5 years. Assets are initially recognised at cost and amortised over the expected life of the asset. They have not been revalued.

An intangible asset in respect of Carbon Emission Credits is included in the Trust's accounts to reflect the receipt and consumption of these credits. They are valued at market price at 31st March 2017.

**16. Analysis of impairments and reversals recognised in 2016-17**

	2016-17 Total £000s
<b>Property, Plant and Equipment impairments and reversals taken to SoCI</b>	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	(5,219)
<b>Total charged to Annually Managed Expenditure</b>	<b>(5,219)</b>
<b>Total Impairments of Property, Plant and Equipment charged to SoCI</b>	<b>(5,219)</b>
<b>Intangible assets impairments and reversals charged to SoCI</b>	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>
Unforeseen obsolescence	58
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
<b>Total charged to Annually Managed Expenditure</b>	<b>58</b>
<b>Total Impairments of Intangibles charged to SoCI</b>	<b>58</b>
<b>Financial Assets charged to SoCI</b>	
Loss or damage resulting from normal operations	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>
Loss as a result of catastrophe	0
Other	0
<b>Total charged to Annually Managed Expenditure</b>	<b>0</b>
<b>Total Impairments of Financial Assets charged to SoCI</b>	<b>0</b>
<b>Non-current assets held for sale - impairments and reversals charged to SoCI.</b>	
Loss or damage resulting from normal operations	0
Abandonment of assets in the course of construction	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
<b>Total charged to Annually Managed Expenditure</b>	<b>0</b>
<b>Total impairments of non-current assets held for sale charged to SoCI</b>	<b>0</b>
<b>Total Impairments charged to SoCI - DEL</b>	<b>0</b>
<b>Total Impairments charged to SoCI - AME</b>	<b>(5,161)</b>
<b>Overall Total Impairments</b>	<b>0</b>
<b>Donated and Gov Granted Assets, included above</b>	
PPE - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0
Intangibles - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	0

**16. Analysis of impairments and reversals recognised in 2016-17**

	Property Plant and Equipment	Intangible Assets	Financial Assets	Non- Current Assets Held for Sale	Total £000s
<b>Impairments and reversals taken to SoCI</b>					
Loss or damage resulting from normal operations	0	0	0	0	0
Over-specification of assets	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Unforeseen obsolescence	0	58	0	0	58
Loss as a result of catastrophe	0	0	0	0	0
Other	0	0	0	0	0
Changes in market price	(5,219)	0	0	0	(5,219)
<b>Total charged to Annually Managed Expenditure</b>	<b>(5,219)</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>(5,161)</b>
<b>Total Impairments of Property, Plant and Equipment changed</b>	<b>(5,219)</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>(5,161)</b>

**Donated and Gov Granted Assets, included above**

PPE - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL  
 Intangibles - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL

£000s

0

0

**17. Commitments**

**17.1. Capital commitments**

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2017 £000s	31 March 2016 £000s
Property, plant and equipment	2,659	2,177
Intangible assets	0	0
<b>Total</b>	<b>2,659</b>	<b>2,177</b>

**18. Inventories**

	Drugs	Consumables	Work in Progress	Energy	Loan Equipment	Other	Total	Of which held at NRV
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Balance at 1 April 2016</b>	<b>1,761</b>	<b>2,217</b>	<b>0</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>4,096</b>	<b>0</b>
Additions	37,831	1,336	0	74	0	0	39,241	0
Inventories recognised as an expense in the period	(38,061)	0	0	0	0	0	(38,061)	0
Write-down of inventories (including losses)	(8)	0	0	0	0	0	(8)	0
Reversal of write-down previously taken to SOCI	0	0	0	0	0	0	0	0
Transfers to NHS Foundation Trust on authorisation as FT	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector	0	0	0	0	0	0	0	0
Bodies under Absorption Accounting	0	0	0	0	0	0	0	0
<b>Balance at 31 March 2017</b>	<b>1,523</b>	<b>3,553</b>	<b>0</b>	<b>192</b>	<b>0</b>	<b>0</b>	<b>5,268</b>	<b>0</b>

The value of Consumables Inventories "Additions" and "recognised as an expense during the year" is not separable for the purpose of this note and shown as a net movement, however the value of adjustments to Consumable Inventory items is included within total expenditure in Note 6 of these Accounts

**19.1. Trade and other receivables**

	Current		Non-current	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000s	£000s	£000s	£000s
NHS receivables - revenue	10,739	10,372	0	0
NHS receivables - capital	0	0	0	0
NHS prepayments and accrued income	0	0	0	0
Non-NHS receivables - revenue	5,541	3,665	0	0
Non-NHS receivables - capital	0	0	0	0
Non-NHS prepayments and accrued income	1,090	1,310	0	0
PDC Dividend prepaid to DH	190	0	(156)	(238)
Provision for the impairment of receivables	(3,134)	(1,819)	0	0
VAT	2,003	1,115	0	0
Current/non-current part of PFI and other PPP arrangements prepayments and accrued income excluding PFI lifecycle	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables	2,074	1,665	43,173	1,084
<b>Total</b>	<b>18,503</b>	<b>16,308</b>	<b>43,017</b>	<b>846</b>

**Total current and non current**

Included in NHS receivables are prepaid pension contributions:

The great majority of trade is with NHS Clinical Commissioning Groups (CCG's) . As CCG's are funded by Government to buy NHS patient care no credit scoring of them is considered necessary.

**19.2. Receivables past their due date but not impaired**

	31 March 2017	31 March 2016
	£000s	£000s
By up to three months	863	1,038
By three to six months	1,457	1,323
By more than six months	2,702	2,013
<b>Total</b>	<b>5,022</b>	<b>4,374</b>

[Give details of any collateral held and, if possible an estimate of the fair value]

**19.3. Provision for impairment of receivables**

	2016-17	2015-16
	£000s	£000s
<b>Balance at 1 April 2016</b>	<b>(2,057)</b>	<b>(1,644)</b>
Amount written off during the year	149	102

**20. Cash and Cash Equivalents**

	31 March 2017	31 March 2016
	£000s	£000s
<b>Opening balance</b>	<b>27,296</b>	<b>28,382</b>
Net change in year	(3,394)	(1,086)
<b>Closing balance</b>	<b>23,902</b>	<b>27,296</b>
<b>Made up of</b>		
Cash with Government Banking Service	23,873	27,272
Commercial banks	0	0
Cash in hand	29	24
Liquid deposits with NLF	0	0
Current investments	0	0
<b>Cash and cash equivalents as in statement of financial position</b>	<b>23,902</b>	<b>27,296</b>
Bank overdraft - Government Banking Service	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>23,902</b>	<b>27,296</b>
Third Party Assets - Bank balance (not included above) See Note 34	1	0
Third Party Assets - Monies on deposit	0	0

**21. Trade and other payables**

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
NHS payables - revenue	15,177	10,203	0	0
NHS payables - capital	0	0	0	0
NHS accruals and deferred income	2,652	2,406	0	0
Non-NHS payables - revenue	12,896	3,841	0	0
Non-NHS payables - capital	7,218	4,965	0	0
Non-NHS accruals and deferred income	25,836	26,966	0	0
Social security costs	3,408	2,746		
PDC Dividend payable to DH	0	347		
Accrued Interest on DH Loans	0	0		
VAT	0	0	0	0
Tax	2,728	2,670		
Payments received on account	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>69,915</b>	<b>54,144</b>	<b>0</b>	<b>0</b>
<b>Total payables (current and non-current)</b>	<b>69,915</b>	<b>54,144</b>		
<b>Included above:</b>				
to Buy Out the Liability for Early Retirements Over 5 Years	0	0		
number of Cases Involved (number)	0	0		
outstanding Pension Contributions at the year end	3,762	1,158		

**22. Borrowings**

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
Bank overdraft - Government Banking Service	0	0		
Bank overdraft - commercial banks	0	0		
Loans from Department of Health	0	0	0	0
Loans from other entities	0	0	0	0
<b>PFI liabilities - main liability</b>	<b>903</b>	<b>1,306</b>	<b>25,910</b>	<b>25,591</b>
<b>LIFT liabilities - main liability</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Finance lease liabilities	0	0	0	0
Other (describe)	0	0	0	0
<b>Total</b>	<b>903</b>	<b>1,306</b>	<b>25,910</b>	<b>25,591</b>
<b>Total other liabilities (current and non-current)</b>	<b>26,813</b>	<b>26,897</b>		

**Borrowings / Loans - repayment of principal falling due in:**

	DH £000s	31 March 2017	
		Other £000s	Total £000s
0-1 Years	0	903	903
1 - 2 Years	0	1,217	1,217
2 - 5 Years	0	2,915	2,915
Over 5 Years	0	21,778	21,778
<b>TOTAL</b>	<b>0</b>	<b>26,813</b>	<b>26,813</b>

**23. Deferred income**

	Current		Non-current	
	31 March 2017 £000s	31 March 2016 £000s	31 March 2017 £000s	31 March 2016 £000s
<b>Opening balance at 1 April 2016</b>	<b>4,707</b>	<b>4,858</b>	<b>0</b>	<b>0</b>
Deferred revenue addition	5,040	4,707	0	0
Transfer of deferred revenue	(4,707)	(4,858)	0	0
<b>Current deferred Income at 31 March 2017</b>	<b>5,040</b>	<b>4,707</b>	<b>0</b>	<b>0</b>
<b>Total deferred income (current and non-current)</b>	<b>5,040</b>	<b>4,707</b>		



**24. Provisions**

	Comprising:					
	Total	Early Departure Costs	Legal Claims	Restructuring	Other	Redundancy
	£000s	£000s	£000s	£000s	£000s	£000s
<b>Balance at 1 April 2016</b>	4,567	963	373	70	2,850	311
Arising during the year	500	72	181	0	110	137
Utilised during the year	(910)	(96)	(215)	(61)	(227)	(311)
Reversed unused	(47)	(3)	(37)	0	(7)	0
Unwinding of discount	45	13	0	0	32	0
Change in discount rate	388	68	0	0	320	0
Transfers to NHS Foundation Trusts on being authorised as FT	0	0	0	0	0	0
Transfers (to)/from other public sector bodies under absorption accounting	0	0	0	0	0	0
<b>Balance at 31 March 2017</b>	<b>4,543</b>	<b>1,017</b>	<b>302</b>	<b>9</b>	<b>3,078</b>	<b>137</b>
<b>Expected Timing of Cash Flows:</b>						
No Later than One Year	1,147	92	302	9	607	137
Later than One Year and not later than Five Years	907	368	0	0	539	0
Later than Five Years	2,489	557	0	0	1,932	0

Amount included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

<b>As at 31 March 2017</b>	£000s	154,786
<b>As at 31 March 2016</b>	£000s	130,664

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Injury Benefits £2,614,000, HMRC Off Payroll Engagement £325,000 and National Poisons potential expenditure of £74,653

Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cashflows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

**25. Contingencies**

<b>Contingent liabilities</b>	31 March 2017	31 March 2016
NHS Litigation Authority legal claims	(188)	(202)
Employment Tribunal and other employee related litigation	0	0
Redundancy	0	0
Other - Pension and Injury Benefits	(92)	(507)
<b>Net value of contingent liabilities</b>	<b>(280)</b>	<b>(709)</b>

<b>Contingent assets</b>	0	0
<b>Net value of contingent assets</b>	<b>0</b>	<b>0</b>

**26. Analysis of charitable fund reserves**

The Trust has not consolidated charitable funds within this set of accounts

Note 35-37

**27. PFI and LIFT - additional information**

The information below is required by the Department of Health for inclusion in national statutory accounts

A contract for the development of a new hospital was signed by the Trust and its PFI partner on 11/12/2015. The purpose of the scheme is to deliver a modern, state of the art acute hospital facility on the Grove Lane site in Smethwick, Birmingham.

The Midland Metropolitan Hospital (MMH) will be fully operational in 2018. The hospital is being delivered through PF2 and which involves an 30 year concession period ending in 2048/49. At the end of that concession period the asset shall pass into the ownership of the Trust or successor body.

The anticipated asset value of the hospital when brought into use will be £323,638,000

The Trust shall receive £97m of Public Dividend Capital which it expects to pay to its PFI partner as a contribution to the costs of the hospital development

The Trust is contractually committed to a total Unitary Payment cost in respect of the Midland Metropolitan Hospital of £698,443,000 payable over the life of the 30 year concession

Note 12.1 (Property, Plant and Equipment) includes £13,107,786 (2015/16 £10,283,792) as Assets under Construction in respect of the Midland Metropolitan Hospital. This represents costs incurred directly by the Trust in support of the hospital development

The Trust currently operates the Birmingham Treatment Centre (BTC) under a PFI concession and accounts for a Managed Equipment Service (MES) as a PFI scheme. The values below represent the financial obligations relating to the BTC and MES Scheme only

**Charges to operating expenditure and future commitments in respect of ON and OFF SOFP PFI**

	2016-17 £000s	2015-16 £000s
Total charge to operating expenses in year - Off SoFP PFI	0	0
Service element of on SOFP PFI charged to operating expenses in year	2,166	863
<b>Total</b>	<b>2,166</b>	<b>863</b>

**Payments committed to in respect of off SOFP PFI and the service element of on SOFP PFI**

	2016-17 £000s	2015-16 £000s
No Later than One Year	2,570	929
Later than One Year, No Later than Five Years	10,286	3,955
Later than Five Years	23,242	17,741
<b>Total</b>	<b>36,098</b>	<b>22,625</b>

The estimated annual payments in future years are not expected to be materially different from those which the Trust is committed to make during the next year.

**Imputed "finance lease" obligations for on SOFP PFI contracts due**

	2016-17 £000s	2015-16 £000s
No Later than One Year	2,175	2,638
Later than One Year, No Later than Five Years	8,699	8,760
Later than Five Years	30,243	31,134
<b>Subtotal</b>	<b>41,117</b>	<b>42,532</b>
Less: Interest Element	(14,304)	(15,635)
<b>Total</b>	<b>26,813</b>	<b>26,897</b>

**Present Value Imputed "finance lease" obligations for on SOFP PFI contracts due**

	2016-17 £000s	2015-16 £000s
<b>Analysed by when PFI payments are due</b>		
No Later than One Year	903	1,306
Later than One Year, No Later than Five Years	4,132	3,990
Later than Five Years	21,778	21,601
<b>Total</b>	<b>26,813</b>	<b>26,897</b>

**Number of on SOFP PFI Contracts**

Total Number of on PFI contracts	2
Number of on PFI contracts which individually have a total commitments value in excess of £500m	0



**28. Impact of IFRS treatment - current year**

The information below is required by the Department of Health for budget reconciliation purposes

**Revenue costs of IFRS: Arrangements reported on SoFP under IFRIC12 (e.g PFI / LIFT)**

	2016-17 Income £000s	2016-17 Expenditure £000s	2015-16 Income £000s	2015-16 Expenditure £000s
Depreciation charges		1,723		450
Interest Expense		2,145		2,005
Impairment charge - AME		0		1,368
Impairment charge - DEL		0		0
Other Expenditure		2,167		863
Revenue Receivable from subleasing	0		0	
Impact on PDC dividend payable		(140)		(284)
<b>Total IFRS Expenditure (IFRIC12)</b>	<b>0</b>	<b>5,895</b>	<b>0</b>	<b>4,402</b>
Revenue consequences of PFI / LIFT schemes under UK GAAP / ESA95 (net of any sublease revenue)		6,404		3,643
<b>Net IFRS change (IFRIC12)</b>		<b>(509)</b>		<b>759</b>

**Capital Consequences of IFRS : LIFT/PFI and other items under IFRIC12**

Capital expenditure 2015-16	2,697	414
UK GAAP capital expenditure 2015-16 (Reversionary Interest)	756	656

Revenue costs of IFRS12 compared with ESA10	2016-17 Income/ Expenditure IFRIC 12 YTD £000s	2016-17 Income/ Expenditure ESA 10 YTD £000s	2015-16 Income/ Expenditure IFRIC 12 YTD £000s	2015-16 Income/ Expenditure ESA 10 YTD £000s
Depreciation charges	1,723		450	
Interest Expense	2,145		2,005	
Impairment charge - AME	0		1,368	
Impairment charge - DEL	0		0	
<b>Other Expenditure</b>	<b>2,167</b>	<b>6,404</b>	<b>863</b>	<b>3,643</b>
Service Charge	0		0	
Contingent Rent	0		0	
Lifecycle				
Impact on PDC Dividend Payable	(140)		(284)	
<b>Total Revenue Cost under IFRIC12 vs ESA10</b>	<b>5,895</b>	<b>6,404</b>	<b>4,402</b>	<b>3,643</b>
Revenue Receivable from subleasing	0		0	
<b>Net Revenue Cost/(Income) under IFRIC12 vs ESA10</b>	<b>5,895</b>	<b>6,404</b>	<b>4,402</b>	<b>3,643</b>

Note 39

**29. Financial Instruments****29.1. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCG's and the way those CCG's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

**Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

**Credit risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the trade and other receivables note.

**Liquidity risk**

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

**29.2. Financial Assets**

	At 'fair value through profit and loss'	Loans and receivables	Available for sale	Total
	£000s	£000s	£000s	£000s
Embedded derivatives	0			0
Receivables - NHS		10,739		10,739
Receivables - non-NHS		5,522		5,522
Cash at bank and in hand		23,902		23,902
Other financial assets	0	0	0	0
<b>Total at 31 March 2017</b>	<b>0</b>	<b>40,163</b>	<b>0</b>	<b>40,163</b>

Embedded derivatives	0			0
Receivables - NHS		10,372		10,372
Receivables - non-NHS		3,665		3,665
Cash at bank and in hand		27,296		27,296
Other financial assets	0	0	0	0
<b>Total at 31 March 2016</b>	<b>0</b>	<b>41,333</b>	<b>0</b>	<b>41,333</b>

**29.3. Financial Liabilities**

	At 'fair value through profit and loss'	Other	Total
	£000s	£000s	£000s
Embedded derivatives	0		0
NHS payables		15,177	15,177
Non-NHS payables		12,877	12,877
Other borrowings		0	0
PFI & finance lease obligations		26,813	26,813
Other financial liabilities	0	0	0
<b>Total at 31 March 2017</b>	<b>0</b>	<b>54,867</b>	<b>54,867</b>

Embedded derivatives	0		0
NHS payables		10,203	10,203
Non-NHS payables		3,841	3,841
Other borrowings		0	0
PFI & finance lease obligations		26,897	26,897
Other financial liabilities	0	0	0
<b>Total at 31 March 2016</b>	<b>0</b>	<b>40,941</b>	<b>40,941</b>

**30. Events after the end of the reporting period**

There are no events to report that occurred after their reporting period

**31. Related party transactions**

During the year none of the Department of Health Ministers, trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health is regarded as a related party. During the year 2015/16 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

NHS Sandwell & West Birmingham CCG  
Birmingham and the Black Country  
NHS Birmingham Cross City CCG  
Health Education England  
NHS Birmingham South & Central CCG  
NHS Walsall CCG  
NHS Litigation Authority

NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Department for Education and Skills in respect of University Hospitals Birmingham NHS Foundation Trust, Sandwell MBC and Birmingham City Council.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the Trust board. The the summary financial statements of the Funds Held on Trust are included in this annual report and accounts.

**32. Losses and special payments**

The total number of losses cases in 2016-17 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	196,248	53
Special payments	144,805	76
Gifts	0	0
<b>Total losses and special payments and gifts</b>	<b>341,053</b>	<b>129</b>

The total number of losses cases in 2015-16 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	150,889	125
Special payments	210,982	66
<b>Total losses and special payments</b>	<b>361,871</b>	<b>191</b>

**33. Financial performance targets**

The figures given for periods prior to 2009-10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

**33.1. Breakeven performance**

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Turnover	327,536	348,475	359,161	384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197
Retained surplus/(deficit) for the year	3,399	6,524	2,547	(28,646)	(6,885)	4,540	(3,441)	(2,505)	4,585	(4,254)	(6,996)
Adjustment for:											
Timing/non-cash impacting distortions:											
Pre FDL(97)24 agreements	0	0	0	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0	0	0	0
Adjustments for impairments	0	0	0	36,463	9,533	(2,395)	8,872	8,922	(263)	8,390	(5,161)
Adjustments for impact of policy change re donated/government grants assets						358	1,092	334	331	(279)	224
Consolidated Budgetary Guidance - adjustment for dual accounting under IFRIC12*				(557)	(455)	(640)	0	0	0	0	0
Absorption accounting adjustment							0	0	0	0	0
Other agreed adjustments							0	0	0	0	0
Break-even in-year position	5,726	0	0	0	0	0	0	0	0	0	0
Break-even cumulative position	9,125	6,524	2,547	7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)
	(4,402)	2,122	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769	25,936

\* Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Materiality test (i.e. is it equal to or less than 0.5%):  
Break-even in-year position as a percentage of turnover  
Break-even cumulative position as a percentage of turnover

The amounts in the above tables in respect of financial years 2005/06 to 2008/09 inclusive have not been restated to IFRS and remain on a UK GAAP basis.

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
%	%	%	%	%	%	%	%	%	%	%	%
	2.79	1.87	0.71	1.89	0.57	0.44	1.51	1.54	1.04	0.87	-2.59
	-1.34	0.61	1.30	3.10	3.64	3.77	5.20	6.66	7.59	8.51	5.61

**33.2. Capital cost absorption rate**

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

**33.3. External financing**

The Trust is given an external financing limit which it is permitted to undershoot.

	2016-17	2015-16
	£000s	£000s
External financing limit (EFL)	56,399	(1,217)
Cash flow financing	46,962	(1,431)
Finance leases taken out in the year	0	0
Other capital receipts	0	0
External financing requirement	46,962	(1,431)
<b>Under/(over) spend against EFL</b>	<b>9,437</b>	<b>214</b>

The overspend against EFL was caused by *[specify where material]*.

**33.4. Capital resource limit**

The Trust is given a capital resource limit which it is not permitted to exceed.

	2016-17	2015-16
	£000s	£000s
Gross capital expenditure	19,029	20,347
Less: book value of assets disposed of	0	0
Less: capital grants	0	0
Less: donations towards the acquisition of non-current assets	(62)	(527)
<b>Charge against the capital resource limit</b>	<b>18,967</b>	<b>19,820</b>
Capital resource limit	18,968	19,860
<b>(Over)/underspend against the capital resource limit</b>	<b>1</b>	<b>40</b>

**34. Third party assets**

The Trust held cash and cash equivalents which relate to monies held by the NHS Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2017	2016
	£000s	£000s
Third party assets held by the Trust - Patients' Monies	1	2

DRAFT

# TRUST BOARD PUBLIC MEETING MINUTES

**Venue:** Anne Gibson Board Room, City Hospital      **Date:** 6<sup>th</sup> April 2017, 0930 – 1300h

## Members Present:

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

## In Attendance:

Mrs C Rickards, Trust Convenor (CR)  
 Mrs R Wilkin, Director of Communications (RW)  
 Ms G Towns, Head of Corporate Governance (GT)  
 Mr S Young, Staff Nurse – until end of item 2 (SY)  
 Mrs G Downey, Consultant – item 13 only (GD)

Minutes	Reference
<b>1. Welcome, apologies and declaration of interests</b>	<b>Verbal</b>
<p>Apologies had been received from Mr Hoare and Cllr Zaffar.</p> <p>The members present did not have any interests to disclose.</p>	
<b>2. Staff Story</b>	<b>Verbal</b>
<p>The Chair advised patient stories would be presented to future meetings. He welcomed Mr Young, the Chair of the Trust's LGBT Staff Network who was also a Staff Nurse in the Emergency Department.</p> <p>Mr Young advised three meetings of the network had been held to date. Not all staff were "out" at work and therefore may engage with the network through other channels such as social media or contacting Mr Young directly and in confidence. Mr Young stated the need to have a LGBT staff network to ensure equality of perception. Mr Young was of the view the profile of the LGBT network was strong with many staff wearing the LGBT lanyards and engaging on social media. Mr Young outlined the recent LGBT history month which had used the daily staff bulletin email to share stories of the LGBT community. Mr Young reported that whilst most staff were welcoming there had been an incident where a staff member's car had been vandalised. This had been dealt with by Mr Lewis and Mrs Goodby and Mr Young thanked them for their handling of the matter.</p> <p>Mr Young informed the Board that the LGBT Staff Network would have a stall at the Birmingham Pride event which would also enhance the Trust's profile for recruitment. Mr Young advised the Trust had just become a Stonewall Diversity Champion which enabled the Trust to access resources. The Trust would be benchmarking itself against the Workplace Equality Index and would be submitting to Stonewall in 2018 with a view to eventually being ranked within the top 100 employers.</p> <p>Mr Young confirmed the network continued to work with Trade Union partners to identify homophobic comments. He</p>	

reported that the Trust had dealt with such instances well. He reflected on his own experience of receiving such comments at work and suggested challenging such views and behaviour is key to addressing issues.

Ms Newell asked what the Trust could provide to support the network. Mr Young stated that not all staff members were open about their sexuality work and therefore the network wished to identify a safe space for LGBT staff. Mr Young also asked that the Trust was a voice for the group and if matters were escalated to senior colleagues, they continued to be dealt with appropriately.

Ms Dutton asked if the LGBT voice was heard within the community staff cohort; Mr Young advised that the majority of the LGBT lanyards had been requested by community teams and attendance at LGBT staff network meetings was predominantly from members of the community teams.

Mr Lewis suggested the LGBT staff network could be linked in with the volunteering agenda; it was agreed this would be explored. Mrs Goodby commended Mr Young for his work with the network much of which had been undertaken in his own time. The Board expressed their thanks to Mr Young; the Chair conveyed the Board's support to the LGBT staff network.

**ACTION:**

- **Link between LGBT staff network and volunteering to be explored (RW)**

**3. Questions from the public**

**Verbal**

A question was asked about the Sustainability and Transformation Plan (STP) and the benefit this had to patient care, the workforce and the financial benefit.

Mr Lewis was of the view that government funding would increasingly be paid via the STP, whether capital approval or soft revenue. The Black Country STP had not made much progress in planning although it could be expected it would impact upon GP facing organisation MCPs. Mr Lewis stated that beyond that, it was unclear what impact the STP would have although it largely seemed to endorse the Trust's long-term vision. The Chair stated that it was too early to identify the impact upon staffing.

**4. Chair's opening comments**

**Verbal**

The Chair stated he had visited the new cardiac gym in the Sheldon Block at City Hospital which provided valuable resources to patients. The Chair also thanked all staff for their efforts during the recent CQC inspection.

**5. Workforce & OD Committee**

**SWBTB (04/17) 001  
SWBTB (04/17) 002**

**(a) Report from the meeting held on 17<sup>th</sup> March 2017:** Mr Kang highlighted the following matters from his report:

- **Workforce consultation:** As at 6<sup>th</sup> April 2017 there were only seventeen members of staff still at risk which was a reduction since the committee meeting. Mr Kang noted the achievement of the OD team to reduce the number of at risk staff;
- **People programme:** Mr Kang stated this needed to be as prominent on agendas as infrastructure projects. Early warnings on KPIs needed to be identified;
- **PDR process:** This had been discussed at the March 2017 Trust Board meeting also. It was noted Doctors would have two appraisals;
- **Recruitment update:** Recruitment activity had been successfully undertaken at recruitment fairs.

**(b) Minutes of the meeting held on 12<sup>th</sup> December 2017:** The Board received the minutes.

**6. Finance and Investment Committee**

**SWBTB (04/17) 003  
SWBTB (04/17) 004**



**(a) Report from the meeting held on 31<sup>st</sup> March 2017:** The Chair highlighted the following matters from his report:

- **Financial position:** The Trust remained on track for a £12m deficit. FIP2 would be providing support after Easter. Mr Waite advised the External Finance Limit (EFL) was managed within target and he expected the Trust to have fully utilised the capital expenditure limit of circa £19m. Mr Lewis stated the delivery of the £12m deficit could be affected by late data challenges from the CCG;
- **Loan:** It was anticipated an application for a loan would be made early in the financial year.

**(b) Minutes of the meeting held on 24<sup>th</sup> February 2017:** The Board received the minutes.

## 7. Quality and Safety Committee

SWBTB (04/17) 005  
SWBTB (04/17) 006

**(a) Report from the meeting held on 31<sup>st</sup> March 2017:** The Chair highlighted the following matters from the report:

- **Mortality reviews:** Dr Stedman advised the mortality review presented to the Committee had been requested by the Trust Board in January 2017. Dr Stedman confirmed the review had outlined the procedures for vulnerable groups and identified where there had been gaps. Dr Stedman confirmed this would be refreshed and returned to Quality and Safety Committee in June 2017;
- **Patient reported health outcomes following planned surgery:** The Chair confirmed that the Committee had spent time discussing this item;
- **Safety Plan rollout:** A progress report had been given on the Safety Plan rollout.

**(b) Minutes of the meeting held on 24<sup>th</sup> February 2017:** The Board received the minutes.

## 8. CQC inspection feedback

Verbal

Miss Dhama thanked staff for their efforts during the CQC inspection. Preliminary feedback had been delivered by the CQC on 30<sup>th</sup> March 2017. Miss Dhama noted that the report would be issued in July 2017 but the feedback had indicated significant improvements since the last inspection in October 2014. Positive feedback had been received for end of life care. Initial CQC feedback had indicated the medicine group was not where it should be, a view the Trust had already shared with the CQC prior to the inspection. Areas for improvement such as Deprivation of Liberties (DOLs) had been identified by the CQC. The CQC had complimented the Trust on the visibility of leaders, the Quality Improvement Half Days (QIHDs) and the introduction of QIHDs to wards.

Mr Lewis drew a distinction between the medical wards and the Emergency Departments and stated feedback on the Emergency Departments had been largely more positive than the Trust's self-assessment. Mr Lewis advised the People Plan would consider how staff are developed; it was important this was actioned particularly to encourage diversity.

Mr Lewis stated that staff had commented upon IT issues and confirmed there had been problems but these were being addressed. The move from notes to electronic records would be a significant change for the Trust and going forwards there would be more reliance upon IT.

## 9. Chief Executive's Report

SWBTB (04/17) 007

Mr Lewis highlighted the following matters from his report:

**(a) Halal meals:** Mr Lewis advised he had instructed an external expert to undertake a review on this matter.

**(b) Smoking:** Mr Lewis confirmed there was no further update on this matter and he would report again in a month's time.

- (c) **Financial position:** Mr Lewis stated the need to reduce agency spending would be key to the 17/18 financial plan. He confirmed Thornberry nursing usage would be switched off from 1<sup>st</sup> June 2017. He stated that Emergency Department doctors needed to be recruited to and non-clinical agency staff usage would also be curtailed. Mr Lewis stated this represented a significant change for the organisation and therefore a deadline of 1<sup>st</sup> June 2017 had been set.
- (d) **A&E waiting times:** Mr Lewis stated performance needed to reach 90% by June 2017. A rapid assessment and treatment service in A&E, particularly at Sandwell, would be rolled out which assessed patients quicker and enabled acute patients to be seen earlier. Mr Lewis stated the A&E and acute medicine relationship was not where it should be and work was being undertaken to improve this.
- (e) **Facilities department:** Mr Lewis confirmed he and Ms Newell were considering the impact of the Midland Met Hospital and the Trust's financial pressures on the facilities department. He stated that there may be outsourcing opportunities available to the Trust but no decision had been made and the Workforce and OD Committee would scrutinise this area. The Board discussed the large number of facilities staff who were drawn from the local area and therefore lived near their site of work. Mr Lewis confirmed the next workforce review consultation would commence in February/March 2018 and facilities would feature within this review. The Board discussed the future estate model nothing there were three different facilities arrangements in place at present and the need for a simpler, streamlined model was required. Mrs Goodby confirmed this matter would also be presented to PPAC .
- (f) **CCG contract dispute:** Mr Lewis confirmed that the dispute had not been resolved. Both NHSI and NHSE had corresponded with the Trust but Mr Lewis was of the view the CCG's proposal would not enable the Board to execute its capital commitments, which are essential for patients. Mr Lewis confirmed he continued to try to resolve the matter with the CCG.
- (g) **Clinical staff recruitment:** Mr Lewis confirmed that whilst nursing recruitment had been successful, Doctor recruitment remained an issue. Mr Lewis advised he had commissioned a piece of work to consider the current gaps. His intention was to reflect on how best this could be worked through by the Board. The Board discussed the positive impact the Midland Met. Hospital was having upon recruitment and the draw of the new hospital for potential staff.
- (h) **Living wage:** Mr Lewis advised that the Trust had honoured its commitment to increasing hourly rates in line with the living wage, noting the pressures this placed on the wage bill. The increase would be paid to staff in April 2017 and backdated to 1<sup>st</sup> November 2016.
- (i) **Safe staffing:** Ms Newell confirmed the wards which remained a focus for the Trust were Lyndon 5 and AMU at Sandwell General Hospital. Concerns largely focused upon inconsistency of care and clinical team issues due to a high turnover of staff. The Trust's observations appeared largely to mirror those of the CQC. Lyndon 5 housed temporary unfunded beds with associated agency staff. Ms Newell confirmed leadership changes had been made in this area and the CQC had identified some improvement. Ms Newell advised the concerns around Sandwell AMU focused on patient flow issues and clinical team rapport. She advised that buddies and mentor support had been put in place at the AMU to remedy this. Ms Barlow confirmed it had been the aspiration to close D16 on 1<sup>st</sup> April but due to consistency of care and length of stay issues, the target to close the ward had been revised to 30<sup>th</sup> May 2017. Ms Barlow stated a decision would need to be made on the future of Lyndon 5 during the year as the length of staff was reducing and the ward always started the day with a large number of open beds. A planned partial reduction exercise would be undertaken after Easter within fifteen beds removed. Mr Lewis outlined the plans for the two AMU teams. The Board discussed the need for multi-disciplinary working between all clinicians. Miss Dhami outlined to the Board the Listening Into Action events which had been held for the Medicine Group. All wards had identified in their self-assessment that they were not where they wanted to be. The wards had been given twelve weeks to rectify those issues with their rapid improvement plans which had received Executive oversight. Miss Dhami expected that when the matter was returned to the Board in July clear improvements would be identifiable. Mr Lewis stated the Executive Team needed to help the Medicine wards identify the issues and solution. He advised that at the Midland Met Hospital the Trust would be moving away from the idea of a Registrar being the only dominant voice on a ward, noting the need for a culture change. Mr Lewis reflected that in the Listening to Action events Junior Doctors had contributed useful ideas but

the rapid improvement plans did not identify any roles for Junior Doctor. The Board discussed the importance of staff being able to speak up and contribute ideas and agreed a multi-disciplinary approach would assist in this.

#### 10. BCA Pathology Service

SWBTB (04/17) 008

The Board discussed the proposals, in particular the proposed financial savings. Ms Dutton questioned if the projected financial savings would materialise immediately; Mr Lewis advised the proposal would also enable the Trust to offer a consistent fifty two week service. Ms Dutton suggested that if approved, the Trust emphasised that its decision was not solely for financial reasons. The Board discussed the parity of partners with Mr Lewis confirming all would have equal status. Dr Stedman advised that if approved, a clinical model for a broader pathology service would emerge. It was noted the proposals included doctors and the proposed managing company would not be an employing body. Mr Lewis suggested that in addition to the written recommendations in his paper, a caveat should be the proposal must be subject to confirmation that any changes are consistent with the vacating of City Hospital and the move to the Midland Met. Hospital. **Subject to the inclusion of the additional wording, the Board provided approval:**

- 1. To confirm to Steering Group stakeholders it is committed to progressing with the formation of a single Black Country Pathology Service Management Team, accountable to a Board level oversight group with delegated authority, comprising of all four CEOs, Medical Directors, and a Non-Executive Director from Dudley who will Chair the Oversight Group.**
- 2. The Steering Group will become the BCPS Transitional Management Team, and members will be required to act as unitary group considering the route to maximum public value (improved outcomes, improved experience of service and better use of resources). The Transitional Management Team, working to the oversight Board, will aim to establish the ongoing single management team by October 2017. They will start to progress the actions already identified as potential quick wins.**
- 3. The Transitional Management Team, making use of the agreed open book policy, will develop a strategic outline case (SOC) and will commission LTS directly to further analyse the locally available options for service configuration. This (SOC) work will be completed by end of April 2017 and a paper based on this will go to the first meeting of the Board Oversight Group for consideration. Assuming a preferred option can be agreed at this stage, a comprehensive business case for the preferred option(s) will then be produced with the intent to reach a final decision point before the end of the summer.**
- 4. Confirmed its intent to establish a single Black Country Pathology management team in late 2017 on the assumption that long term clinical and financial sustainability is believed to better served through a Black Country Pathology Service in some shape or form. This is subject to further formal approval at that time and provided that the strategic outline case (expected April/May) and further detailed Business Case (expected August) provides sufficient evidence to proceed with confidence.**
- 5. Pathology services remain with current Trusts with no immediate change to clinical, financial or workforce arrangements, pending the formal approval and establishment of a single Black Country Pathology management team in October 2017, and subject to formal approval by all Boards at that time.**

#### 11. Trust Risk Register

SWBTB (04/17) 009

Miss Dhami confirmed there were no new risks to consider. The following risks were discussed:

- (a) Risk 2272, unsubstantiated beds:** Ms Barlow confirmed a risk assessment had been completed in December 2016 and January 2017. Forty eight beds in medicine had been closed. An escalation procedure had been embedded into the team with the use of activity cards; these had been used less than ten times. Reflection and learning was undertaken after every use of the activity cards. Ms Barlow outlined the process for releasing ambulances when the activity cards were in use; the Trust had received feedback from West Midlands Ambulance Service that the practice was considered the best in the region.
- (b) Risk 328, clinical group recruitment:** Ms Barlow outlined recent recruitment activity which had resulted in successful appointments. The Board noted there remained a risk regarding clinical group leadership and

directed this was considered by the Executive Team to identify any gaps.

- (c) **IR35:** Mrs Perry asked if any risks to the Trust regarding IR35 had been considered. Mrs Goodby confirmed the Trust had considered IR35 in detail and had completed an NHSI return. The Internal Audit service had also been asked to review the Trust's response to IR35. No individuals had left the Trust as a result of IR35 but it was noted the new financial year had only just begun.
- (d) **Risk 1738, Ophthalmology outpatients (children):** The Board directed that steps were taken to close down this risk.
- (e) **Risk 553, Oncology:** Mr Lewis advised that a two month contract extension had been signed to continue to the service as it stood. Mr Lewis' understanding was that University Hospitals Birmingham (UHB) wished for more management oversight and autonomy. Mr Lewis had issued a document to NHSE advising UHB's proposals were unsafe. NHSE had responded with a letter containing information from eighteen months ago and Mr Lewis was unclear on the relevancy of the information. Mr Lewis advised the Trust remained of the view that if the service was to be relocated a public consultation would be required. Mr Lewis advised that the Aseptic Pharmacy had staff retention issues and therefore a decision had been made a year ago to close the service. At that time a back-up plan had been to outsource the service; he confirmed that since 1<sup>st</sup> April 2017 this had become the Trust's preferred model. Mr Lewis agreed to issue a briefing note to Board members after the meeting. Mr Lewis commented upon the financial impact the proposals posed to the Trust and the impact this had upon the Trust's cash position. Mr Lewis stated the proposals were for all providers to effectively split the funds but the Trust favoured a different approach and Mr Lewis was of the view the Trust should not be affected by solid tumour.

The Board requested that a high/low impact assessment was completed on all risks on the Trust Risk Register.

**ACTION:**

- **Executive Team to identify any clinical group leadership gaps (RB)**
- **Risk 1738, Ophthalmology outpatients (children): Steps to be taken to close down this risk (RSt)**
- **Briefing note on Aseptic Pharmacy staff outsourcing to be circulated to Board members (TL)**
- **High/low impact assessment to be completed on all risks on the Trust Risk Register (KD)**

**12. Never Event**

**SWBTB (04/17) 010**

Mrs Downey was in attendance for this item. Dr Stedman confirmed the Never Event had been due to human error. The patient was well and the staff member was being supported. Mrs Downey confirmed the ribbon gauze pack had been removed in clinic. Mrs Downey advised the Never Event had occurred during the night when a nurse had noted the wristband to advise there was a pack in situ but had assumed this was a vaginal pack which had fallen out. The Nurse had not read the patient's notes which identified the pack was a ribbon gauze pack.

The Board discussed the policy changes that two members of staff should be present to remove packs. The member of staff was a night shift worker and had not been fully briefed on the policy change. The report recommended packs were not removed overnight; Mr Lewis asked if this was because there were not two members of staff available on the night shift. It was confirmed this was not the case. Mrs Downey advised the recommendation had been made as it was unnecessary for packs to be removed overnight as the primary purpose of the pack was to stop bleeding. Mrs Downey stated the patient's GP had seen the pack during a check-up but had not referred the patient to the hospital and had left the pack in. This had caused some delay to the removal of the pack. Mr Lewis agreed to raise this with Claire Parker from the CCG.

Ms Downey confirmed the relevant procedures had been followed as the patient had been wearing a wristband indicating a pack was in-situ but the nature and location of the pack had not been communicated in handover. Mr Lewis asked if staff members had signed to confirm they had been made aware of policy changes; it did not appear this had been actioned for the gynae team. Ms Newell suggested that the issue had arisen as the member of nursing staff had looked in the wrong place and had not consulted the patient's notes, not that she had been unaware of the policy.

**The Board directed the following:**

- (a) **Ms Downey ensures that all staff are aware of the policy and provides Mr Lewis with assurance on this;**

- (b) Ribbon gauze packs continue to be used but use of the other types of pack are discontinued;
- (c) Packs are not removed outside of hours and a definition of “out of hours” was to be identified;
- (d) A clinical audit is undertaken on this within the next three months.

The Board also requested confirmation on how the Trust TTRs Never Events.

**ACTION:**

- TL to raise matter with Claire Parker from the CCG regarding the GP’s missed opportunity to refer the patient to the gynae team for pack removal (TL)
- Ensure all staff are aware of the policy and provide Mr Lewis with assurance on this (GD/RSt);
- Ribbon gauze packs continue to be used but use of the other types of pack are discontinued (GD/RSt);
- Packs are not removed outside of hours and a definition of “out of hours” was to be identified (GD/RSt);
- A clinical audit is undertaken within the next three months (RSt/KD)
- Confirmation to be provided on how the Trust TTRs Never Events (KD)

**13. Integrated Performance Report**

**SWBTB (04/17) 011**

Mr Waite highlighted the following in the Integrated Performance Report (IPR):

- RTT: performance had returned back to standard;
- Acute diagnostic waiting times: performance had improved;
- Stroke: performance had improved;
- Readmissions: the Trust had maintained its performance whilst local Trusts had fallen behind;
- VTE: Out of hours completion appeared to impact upon performance and therefore Doctors on duty over the upcoming bank holidays had been written to and reminded of the need for compliance;
- Neutropenic Sepsis: Ms Barlow advised that revised processes had been put in place which were likely to positively impact the March results;
- Patient experience: Mrs Goodby asked how transgender patients were placed in the appropriate ward. Ms Newell confirmed the re-launch of the Trans Policy would assist in ensuring greater understanding. Dr Stedman confirmed there had been no same-sex breaches in February 2017 and asked the IPR was corrected. Mr Lewis requested that confirmation was also issued on the appropriate placement of teenagers for children and adult wards;
- Complaints: Miss Dhami confirmed that performance had slipped. There had been significant changes within the governance team and this had impacted upon performance. It was anticipated that performance would return to standard after 1<sup>st</sup> April 2017.

The Board received the report.

**ACTION:**

- Guidance to be issued for teenagers and children/adult wards (EN)

**14. Financial performance: P11 February 2017**

**SWBTB (04/17) 012**

The Board received the report.

**15. Production plan**

**SWBTB (04/17) 013**

The Board discussed the Production Plan with particular focus on the following areas:

- (a) **Ophthalmology**: Ms Barlow highlighted ophthalmology’s planned delivery on pages 26 to 30 of the plan. Historically Ophthalmology had failed to deliver and therefore this area would be given focus throughout 17/18. The clinical directorate were fully engaged with the Trust’s plans and a daily PMO meeting was held where each member of booking staff was held to account for their booking activity. Ms Barlow advised that the Trust had previously been booking one to two weeks in advance and this had now moved to three to four weeks’ in advance with six week advance booking to be achieved by the end of April 2017. Productivity would focus around cataract work with more procedures to be delivered in 17/18. Ms Barlow advised the Trust’s proposed

activities in this area were reasonable against a peer list. Ms Barlow informed the Board that the performance of theatres had been challenged by high sickness due to workforce changes which on reflection could have been dealt with differently. New leadership was in place and the production plan took into account the Trust's digital plans. Ms Barlow referred the Board to page 28 of the plan which provided a weekly view on capacity. This had identified that bookings for the next six weeks were under-prescribed and future bookings were too front loaded. The booking team would be organised to tap into capacity for later months. Mr Lewis stated he had received letters from speciality leads confirming they had signed up to the production plan but had not yet received signed letters from Consultants. Mr Lewis stated there had been a couple of staff members who had been reticent to sign the letters as they had not had confidence in the digital platform. Mr Lewis was happy for staff to contact him with their concerns but the position remained unchanged and signed letters would be required. Miss Dhami asked what would happen if targets were not met; Ms Barlow advised performance would be tracked on a weekly basis and dependent upon the reasons for the performance, there may be a consequences discussion at year-end.

**(b) General Surgery:** Mr Lewis asked if recruitment issues had affected performance; Ms Barlow confirmed there had been workforce challenges in 16/17 but lessons had been learned and transitional cover would be arranged when a surgeon leaves. Ms Barlow advised that the Trust was booking to match DNA rates and as those reduced booking practices would be adjusted accordingly. Ms Barlow confirmed that when patients telephoned for an appointment they were no longer advised to call back at a later date. Ms Barlow thanked HealthWatch for highlighting this practice at the March 2017 Trust Board meeting and confirmed organisational practice had changed as a result. Ms Barlow informed the Board that certain medicine specialities such as dermatology had a historically high DNA rates; patients were being telephoned to confirm appointments to reduce the number of DNAs. Mr Kang asked after the Trust's access policy for patients who did not attend appointments. Mr Lewis stated NHSE were of the view stated patients had two chances but the Trust disagreed and reduced this to one non-attendance. Ms Barlow confirmed the CCG were supportive of this position and a conversation had been held with the CCG around clinical outcomes for DNAs. Ms Barlow stated it was important strong communication was maintained with GPs.

The Board approved the Production Plan.

The Chair enquired after the governance arrangements for the Production Plan. The Board directed that Finance and Investment Committee had oversight of the Production Plan.

The Board requested that the Production Plan be presented to the May 2017 Trust Board meeting with all four elements of the tests to be satisfied.

**DECISION:**

- **Production Plan approved**
- **Finance and Investment Committee to have oversight of the Production Plan**

**ACTION:**

- **Matter to be returned to the May 2017 Trust Board meeting with all four elements of the tests to be satisfied (TW)**

<b>16. Register of Interests April 2017</b>	<b>SWBTB (04/17) 014</b>
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The Board approved the Register of Interests for April 2017 noting Ms Dutton would provide details of her role with the Alms Society.

<b>17. Application of the Trust Seal</b>	<b>SWBTB (04/17) 015</b>
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The Trust Board approved the affixing of the Seal of the Corporation to seal numbers 230 and 231.

<b>18. Minutes of the meeting held on 2<sup>nd</sup> March 2017</b>	<b>SWBTB (04/17) 016</b>
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The minutes of the meeting held on 2<sup>nd</sup> March 2017 were agreed as a true record subject to the following amendments:

- (a) **Minute 3, guidance for procedures of limited clinical value to be circulated**: Mr Lewis asked for this action to be removed as it was not his recollection of the discussions.

**19. Matters arising**

**SWBTB (04/17) 017**

The following open actions were updated:

- (b) **Minute 3, forward plan for dermatology appointments**: This had been captured in the Production Plan and the action was marked as closed;
- (c) **Minute 3, discharge of patients if an appointment is unavailable**: This had been closed;
- (d) **Minute 9a, MPA/surplus city estate**: Mr Lewis advised that heads of terms would be circulated. A Committee comprising of Mr Samuda, Mr Kang, Ms Perry, Mr Kenny and Mr Lewis had been arranged. The matter would be presented to a future Private Trust Board meeting. The action was updated accordingly;
- (e) **Minute 12, self and sustainable bed base**: Mr Lewis confirmed this action had been closed.

**20. Any other business**

**Verbal**

There were no items of any other business.

Signed .....

Print .....

Date .....

## Public Trust Board

Action Log following meeting held on 6<sup>th</sup> April 2017

Minute number	Action	Assigned to	Due Date	Status
<b>From meeting held on 6<sup>th</sup> April 2017:</b>				
2	<u>Staff story</u> : Link between LGBT staff network and volunteering to be explored.	Ruth Wilkin	May 2017	Open
11	<u>Trust Risk Register, Risk 328, clinical group recruitment</u> : Executive Team to identify any clinical group leadership gaps.	Rachel Barlow	May 2017	Open
11	<u>Trust Risk Register, Risk 1738, Ophthalmology outpatients (children)</u> : Steps to be taken to close down this risk.	Roger Stedman	June 2017	Open
11	<u>Trust Risk Register, Risk 553, Oncology</u> : Briefing note on Aseptic Pharmacy staff outsourcing to be circulated to Board members.	Toby Lewis	May 2017	Open
11	<u>Trust Risk Register</u> : High/low impact assessment to be completed on all risks on the Trust Risk Register.	Kam Dhami	June 2017	Open
12	<u>Never Event</u> : TL to raise matter with Claire Parker from the CCG regarding the GP's missed opportunity to refer the patient to the gyane team for pack removal.	Toby Lewis	May 2017	Open
12	<u>Never Event</u> : Ensure all staff are aware of the policy and provide Mr Lewis with assurance on this.	Gaby Downey/Roger Stedman	May 2017	Open
12	<u>Never Event</u> : Ribbon gauze packs continue to be used but use of the other	Gaby	May 2017	Open

# Sandwell and West Birmingham Hospitals

NHS Trust

	types of pack are discontinued.	Downey/Roger Stedman		
12	<u>Never Event</u> : Packs are not removed outside of hours and a definition of “out of hours” was to be identified.	Gaby Downey/Roger Stedman	May 2017	<b>Open</b>
12	<u>Never Event</u> : A clinical audit is undertaken within the next three months.	Roger Stedman/Kam Dhami	May 2017	<b>Open</b>
12	<u>Never Event</u> : Confirmation to be provided on how the Trust TTRs Never Events.	Kam Dhami	May 2017	<b>Open</b>
13	<u>Integrated Performance Report</u> : Guidance to be issued for teenagers and children/adult wards.	Elaine Newell	June 2017	<b>Open</b>
15	<u>Production Plan</u> : Matter to be returned to the May 2017 Trust Board meeting with all four elements of the tests to be satisfied.	Tony Waite	May 2017	<b>Closed – on agenda</b>
CEO report	<u>Aspiring to Excellence</u> : Training model progress report to be presented to the Board.	Raffaella Goodby	May 2017	<b>Open</b>
CEO report	<u>Emergency planning and business continuity planning</u> : Localised plans to be presented to the Board.	Kam Dhami	July 2017	<b>Open</b>
CEO report	<u>Living Wage</u> : Outcome of Trust’s scrutiny of the costs of maintaining the Living Wage commitment.	Raffaella Goodby/Tony Waite	May 2017	<b>Open</b>
<b>From meeting held on 2<sup>nd</sup> March 2017:</b>				
6(a)	<u>Public Health, Community Development &amp; Equality Board</u> : Diversity Pledges to be returned to a future Trust Board meeting.	Toby Lewis/Raffaella Goodby	May 2017	<b>Open</b>
9(a)	<u>Major Projects Authority Committee</u> : Heads of Terms to be circulated to	Toby Lewis	May 2017	<b>Open</b>

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	the Board (action updated on 6 <sup>th</sup> April 2017).			
10(e)	<u>CEO report/Consistency of care:</u> Consistency of care reviews to be presented to the July 2017 Trust Board meeting.	Kam Dhami	July 2017	Open
10(f)	<u>CEO Report/ Never Event:</u> Review of Never Events over the last few years to be presented to the Trust Board including the event, how it was resolved, changes in practice that resulted from the Never Event and how the Trust disseminates new policies and changes across the Trust.	Kam Dhami	May 2017	Open
12	<u>Aspiring to Excellence:</u> Reviews of the appraisal programme to be brought back to the Board at regular intervals.	Raffaella Goodby	June 2017	Open
13	<u>Non-pay procurement plans:</u> Communications to staff should ensure the message that the changes were not only for cost savings but were part of the Trust's wider financial plans.	Ruth Wilkin	May 2017	Open
14	<u>Production Plan:</u> Confirmation to be provided that general surgery and ophthalmology are able to meet their activity projections.	Rachel Barlow	May 2017	Open
14	<u>Production Plan:</u> Confirmation to be provided that elective access is fit for purpose.	Rachel Barlow	May 2017	Open
14	<u>Production Plan:</u> Consultants to agree and sign up to the production plan. Those who do not sign the plan are to meet with TL & RSt.	Toby Lewis/Roger Stedman	May 2017	Open
15	<u>Trust Risk Register:</u> Consideration to be given to IR35 legislation being added to the risk register.	Raffaella Goodby	April 2017	Open
15	<u>Trust Risk Register:</u> Risk assessment of imaging and pathology results reporting and acknowledging electronically by clinicians to be sent to CLE	Kam Dhami	April 2017	Open

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	and presented to Trust Board in April if required.			
20	<u>Managing Serious Incidents</u> : neglect findings from the Coroner to be included in SI reporting.	Kam Dhami	May 2017	Open
20	<u>Managing Serious Incidents</u> : Quality and Safety Committee to consider this area in more detail and returned the matter to the Board.	Kam Dhami	May 2017	Open
<b>From meeting held on 2<sup>nd</sup> February 2017:</b>				
9(e)	<u>Chief Executive's Report</u> : Living Wage arrangements to be reviewed in six months' time. The forecast in the paper would be modelled again and if differences were identified, the matter would be returned to the Board.	Raffaella Goodby	August 2017	Open
10	<u>Trust Risk Register</u> : A risk assessment to be completed on moving away from paper to electronic records.	Kam Dhami	March 2017 April 2017	Open
11	<u>Volunteer service</u> : Progress report on volunteering to be presented to the June Trust Board meeting.	Ruth Wilkin	June 2017	Open
11	<u>Volunteer Service</u> : Consideration of refugees/asylum seekers to be recruited to the volunteer schemes.	Ruth Wilkin	June 2017	Open
12	<u>Integrated Performance Review</u> : Staff sickness data to be identified and circulated to the Board.	Raffaella Goodby	March 2017	Open
CEO	Overseas visitors – remains a focus for Audit Committee and finance team.	Kam Dhami/Tony Waite	Ongoing	Open
CEO	Children and Young People's Champion – over the summer seek to agree where improvement effort might focus first.	Toby Lewis	July 2017	Open
<b>From the meeting held on 5<sup>th</sup> January 2017:</b>				
14	<u>Learning Disabilities, People's Parliament</u> : Matter to be returned to May	Toby Lewis	May 2017	Open

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	Trust Board with a progress report.			
CEO	Spring 2017 review will be conducted to confirm whether the Trust is on 'bed trajectory' for Midland Met in October 2018.	Toby Lewis	Spring 2017	Open
CEO	Track EPR's delivery via MPA.	Roger Stedman	Ongoing	Open
CEO	People programme – determine with MPA and Workforce and OD how this will be overseen at Board level.	Raffaella Goodby	April 2017	Open
<b>From meeting held on 1<sup>st</sup> December 2016:</b>				
CEO	Agreed to take steps in Q4 to ensure that all recruitment panels better reflect the diversity of the organisation and our local community.	Raffaella Goodby	April 2017	Open
CEO	Sickness absence rates – return to the Q4 projection based on specific targeted support plans for every individual who has been absent for 28 days or more and a clear 'pipeline' plan for anyone entering that capacity.	Raffaella Goodby	April 2017	Open
<b>From meeting held on 4<sup>th</sup> August 2016:</b>				
14	<u>Localised suppliers of multi-cultural / multi-faith meals:</u> matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report
<b>From meeting held on 5<sup>th</sup> November 2015:</b>				
17	<u>Smoking cessation:</u> Matter to be resolved and reported to Trust Board.	Toby Lewis	Monthly verbal progress report until resolved	Open – verbal update with the CEO report